



The Youth Voice Report

2021-2022

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Introduction

Youth voices are and will continue to be instrumental in building healthier communities. For over a decade, young people in the Jack.org network have been extremely attentive and responsive to the mental health challenges, successes, and needs of themselves, their peers, and the larger communities they are a part of. As a network of advocates spanning coast to coast to coast, Jack.org's young leaders are uniquely positioned to add nuance and value to the national conversation about mental health. This report seeks to highlight the mental health realities of young people in our network and assist stakeholders in understanding the challenges youth face in achieving optimal mental health and well-being for themselves and their communities. Along with an overview of the current state of youth mental health in Canada, this report discusses salient issues among the Jack.org network in terms of what causes youth to struggle with their mental health, what prevents young people from accessing mental health care and support, and what strategies and next steps can improve the current situation.



State of Youth Mental Health in Canada

Youth mental health in Canada continues to be in a state of crisis. Approximately 1.2 million young people in Canada are impacted by mental illness, and suicide remains the leading cause of non-accidental death among young people (Mental Health Commission of Canada, n.d.). Youth in Canada aged 15–24 are the least likely of any age group to report excellent or very good mental health (Statistics Canada, n.d).

It's important to understand that the mental health crisis is more acute within specific populations, especially racialized, Indigenous, and 2SLGBTQ+ communities. The current colonization of Indigenous lands, structural racism, institutionalized discrimination, and continued stigma surrounding mental illness place distinct burdens on specific youth populations in Canada. For example, anti-Indigenous racism and the dominance of colonial systems have contributed to conditions where First Nations youth die by suicide five to six times more than the national average, and Inuit youth die by suicide at 11 times the national average (Health Canada, 2015). Although Black youth in Canada are more likely to struggle with their mental health, they are less likely to receive formal care compared to their white counterparts (Whitley, 2016). The barriers to accessing care for Black youth include but are not limited to internalized stigma, financial constraints, and increased likelihood to face discrimination and mistreatment in the mental healthcare system (Fante-Coleman, 2020). Additionally, 2SLGBTQ+ youth are 14 times more likely than their non-2SLGBTQ+ peers to die by suicide or struggle with substance use (Rosario et al, 2009). Addressing these matters and related challenges is paramount in all work that seeks to address the mental health crisis.

The COVID-19 pandemic has further magnified the economic, political, and social conditions that simultaneously cause youth to struggle and prevent them from accessing help. Since the start of the pandemic, the decline of youth mental health has been documented by a growing number of studies. Only 40% of youth reported good or excellent mental health in the first year of the pandemic, compared to 60% prior to the start of the pandemic (Statistics Canada, 2020). School closures and significant changes to learning environments caused many youth to struggle with their education and to experience isolation and loneliness. A survey conducted by Children's Mental Health Ontario found that over 60% of youth reported feeling a combination of negative emotions such as being upset, worried, sad or angry about school closures (Children's Mental Health Ontario, 2020). The switch to remote learning was especially challenging for youth with specialized accessibility needs and those in underserved, rural, and remote communities who may lack reliable internet access (Mental Health Commission of Canada, 2020). The inaccessibility of public education for these youth can result in further stigma about accessing, and exclusion from, mental and physical health-care (Mental Health Commission of Canada, 2020).

One potential upside is that youth mental health struggle has received significant media coverage during the pandemic, elevating crucial conversations about mental health struggle and the lack of available, appropriate, and affordable resources and supports. One-third of Canadians aged 15 or older who report having a need for mental health care say those needs are not fully met (Center for Addiction and Mental Health, n.d.). The youth mental health crisis indicates an urgent need for more accessible, available, and diverse mental health resources, but there is also a pressing need to address the sources of youth mental health struggle by building and fostering communities where young people can thrive.



Methodological Approach

To better identify and understand some of the issues influencing youth mental health, we engaged in an extensive consultation process with Jack.org's network of youth mental health advocates. We reviewed application data from the 2020 National Jack Summit, contributions from collaboration sessions at National and Regional Jack Summits from 2020–2021, and input from Jack.org's 13 Network Representatives across Canada to delineate the issues that are top of mind for the Jack.org network¹. Over the past year, key themes including financial insecurity as well as recognition and discussion on the negative impacts of COVID-19 and related health measures were defined by the Jack.org network.

After identifying the most pertinent areas of concern for the Jack.org network, we designed and distributed a survey to compile a better understanding of youth knowledge and perspectives on these issues. We also incorporated Network Representative feedback into the survey to ensure that the questions resonated with youth in different regions of the country. Along with standard demographic questions, the survey consisted of 14 questions that sought to understand young people's perspectives and experiences regarding the key themes, and how these factors influence their own and their communities' mental health. Some of the questions explored coping mechanisms, community strengths, and recommendations for community-based solutions and policy changes.

¹ [Jack Summits](#) are skill- and network-building conferences that collectively bring together hundreds of young mental health advocates to learn from each other and surface youth-identified priorities and perspectives related to mental health. Summit collaboration sessions are moderated discussion groups in which youth advocates are invited to share and discuss their perspectives on priorities and barriers to optimal mental health in their communities, and potential systems solutions.



We distributed the survey to our national network of young advocates, resulting in a total of 836 responses. Jack.org staff then analyzed all of the survey responses using thematic coding, created a report outline drawing on these themes, and consulted the Network Representatives to add additional insight to the data and provide feedback on the report outline. Two Network Representatives provided detailed feedback on the final report.

Of the 836 respondents, 79% identified as women, 15% as men, 5% as non-binary and 1% as transgender. The overrepresentation of women and underrepresentation of men is a persistent demographic gap in the Jack.org network, and is mirrored across varied mental health research studies and interventions. Survey data from Ontario was also over-represented, as only 43% of respondents were from other provinces or territories. Generally, the respondent pool was diverse in terms of ethnoracial identity, with 52% of respondents identifying with a racialized ethnicity, and a total of 12 ethnoracial groupings represented. 29% of respondents identified as 2SLGBTQ+. However, Indigenous youth were underrepresented, accounting for 4% of the respondents (compared to just under 7% of the youth population in Canada) (Statistics Canada 2021). Overall, while acknowledging the aforementioned limitations, the diversity of identities and lived experiences in the Jack.org network still offers nuanced insight and perspectives on youth mental health.

What is causing mental health struggle among youth?

Over the past two years, youth have had to navigate the uncertainty of the pandemic on top of their academics, employment, social lives and various other engagements, all while trying to secure their future in a precarious world. There are several intersecting factors that cause youth to struggle with their mental health, including their identity, geography, socioeconomic status, and lived experiences. As such, there is no identifiable single root cause of the youth mental health crisis.

With that said, over the past couple of years, youth in the Jack.org network have consistently highlighted financial insecurity and the COVID-19 pandemic as two key influencers of poor mental health. In surveys administered to Jack.org network members in 2019–2020, 93% of respondents (n=251) indicated financial stress to be the second highest source of mental health struggle for themselves and their peers. The following year, in response to an open-ended question about the biggest community-wide barriers to optimal mental health, 55% of respondents mentioned the COVID-19 pandemic, and 43% mentioned financial stress (n=133), the first and third most commonly reported barriers, respectively².

² In both surveys, academic stress was either the first or second most commonly-reported barrier. We have addressed this issue at length in both the 2019 and 2020 *Youth Voice Reports*.



FINANCIAL INSECURITY

The relationship between financial stress and mental health is well documented. Those who are dealing with financial stress are more likely to experience anxiety, depression, and overall poor health (McCloud, 2019). Based on the data reported above, we surveyed youth in the Jack.org network about financial insecurity to better understand how they define it, and how it directly impacts their mental health. Of the respondents, 63% agreed that financial security is a personal mental health stressor and 66% worry about finding a job that will provide financial security (n=830). Although just 9% of the Jack.org network (n=810) report facing immediate financial concerns, such as affording food or housing, a large percentage of the network experiences a persistent worry about their future socioeconomic security and quality of life. These anxieties about the future are influenced by escalating student debt, unaffordable housing, and lack of meaningful employment (Bialik & Fry, 2019).

For many young people, the stress of trying to afford important expenses alongside the high cost of tuition can be overbearing, as illustrated by a network member below:

“I feel stress about financial security when I am struggling to manage working, school, extracurriculars, and social time. I have always needed to work at least one job to be able to afford my post-secondary education, and this can be so draining and time consuming that it takes away from my study time and impacts my mental health. Also, cost of living is very expensive and stressful and I often find myself weighing whether I should live in a less comfortable space to be able to better afford it, or whether I should take on the extra cost of a nicer apartment or room for the benefit of my mental health. Financial security would be being able to make choices for the benefit of my mental health without worry and stress over the monetary cost.”

These sorts of daily stressors contribute to a disproportionate mental health burden faced by the 11% of youth in Canada who live below the poverty line (Government of Canada, 2020). Classism, social stigma, and other forms of social marginalization place an increased burden on the mental health of young people in Canada experiencing poverty³. Mental health burdens rooted in poverty are even more widespread among recent immigrants, people with

³ Tilleczek, Ferguson, Campbell, and Lezeu. Mental Health and Poverty in Young Lives: Intersections and Directions. *Canadian Journal of Community Mental Health*. 33(1): 63-76. <https://doi.org/10.7870/cjcmh-2014-006>

disabilities, Indigenous peoples, and racialized groups who have poverty rates of one and a half to two times the national average⁴. Mental illness and experiences with discrimination and poverty are closely related. The primary cause of poor health among Canadians is the material and social deprivation faced as a result of poverty⁵. In addition, those living with mental illness may face major disruptions to their education and employment opportunities due to stigmatization, inadequate resource access, and a multitude of other challenges that accompany living with mental illness⁶. For instance, mental illness often manifests in adolescence or early adulthood, which means it can have a large impact on one's education and career path. The relationship between mental health and poverty is two-fold — mental illness not only pushes many into poverty, but those living in poverty may develop mental illness because of the material and social deprivation they face.



ACADEMIC STRESS AND UNCERTAINTY ABOUT THE FUTURE

Even for youth with more economic advantage, who are disproportionately represented in the Jack.org network relative to the national youth population, uncertainty around the future and worries about securing meaningful employment and quality of life are salient. As youth contemplate moving into adulthood, the prospect of precarity and their ability to achieve financial independence is a major point of stress. Responses from the network indicate a strong correlation between worries about securing stable employment and income and internalized pressure to excel in academics. Increasing academic stress among students is influenced by the perception that academic excellence is required in order to repay loans and live comfortably after graduation⁷. Academic stress can then compound when students are having to work part-time jobs to afford tuition and mitigate mounting student debt.

On the other hand, financial stability and confidence in the future has been linked to better mental health for students⁸. Research has also indicated

4 <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/reports/2020-annual.html#h2.03>

5 Dennis Raphael, *Poverty and Policy in Canada: Implications for Health and Quality of Life* (Toronto: Canadian Scholars' Press Inc., 2007).

6 William W. Eaton and Carles Muntaner, "Socioeconomic Stratification and Mental Disorder," in *A Handbook for the Study of Mental Health: Social Context, Theories and Systems*, ed. Allan V. Horwitz and Teresa L. Scheid (New York: Cambridge University Press, 1999): 275-277.

7 Richardson, T., Elliott, P., Roberts, R., & Jansen, M. (2017). A longitudinal study of financial difficulties and mental health in a national sample of British undergraduate students. *Community Mental Health Journal*, 53(3), 344–352. doi: 10.1007/s10597-016-0052-0

8 Adams, Meyers, S., & Beidas, R. (2016). The relationship between financial strain, perceived stress, psychological symptoms, and academic and social integration in undergraduate students. *Journal of American College Health*, 64(5), 362–370. doi: 10.1080/07448481.2016.1154559

that academic stress can transcend class, and that perceived debt and stress about debt may actually have more impact on young people's mental health than actual debt itself⁹. This correlation suggests that uncertainty about finances and future livelihood is one of the factors driving the high self-reported levels of academic stress for young people¹⁰. It also indicates that youth believe, either consciously or unconsciously, that their grades are a key lever available to them in terms of determining their own economic future. These findings have important implications for stakeholders seeking to address pervasive academic stress in the post-secondary context.



CHALLENGES RELATED TO COVID-19

The stress and anxiety youth are facing about securing their livelihoods and future has only been exacerbated by the volatility of the COVID-19 pandemic, and its profound economic, social, and health impacts. The pandemic and its impacts on the Jack.org network, and youth in Canada more generally, are widespread. 79% of respondents from our network agreed that the pandemic has negatively impacted their mental well-being (n=831). 63% are concerned about the long-term impact of COVID-19 on their mental health (n=830), and 90% are concerned about the long-term impacts of COVID-19 on society (n=831). The degree to which youth mental health has been negatively impacted beyond the Jack.org network is variable, but it has been widely documented that youth are experiencing higher levels of anxiety, stress, depression and mood disorders¹¹. Lower levels of life satisfaction and overall well-being have also been documented through several studies¹². At the 2020 National Jack Summit, youth delegates expressed some optimism that the pandemic would lead to positive changes in the delivery of mental health services and stronger community bonds, although it is too soon to tell.

The COVID-19 pandemic has impacted all youth in Canada in one way or another, but its profound and inequitable impacts on Indigenous, Black, 2SLGBTQ+, and other marginalized youth is undeniable. For example, inequitable living and working conditions such as disproportionately high

9 Selenko, E., & Batinic, B. (2011). Beyond debt. A moderator analysis of the relationship between perceived financial strain and mental health. *Social Science & Medicine*, 73(12), 1725–1732.

10 See the 2019 and 2020 Youth Voice Reports for greater elaboration on the theme of academic stress.

11 Zolopa, C., Burack, J.A., O'Connor, R.M. et al. Changes in Youth Mental Health, Psychological Wellbeing, and Substance Use During the COVID-19 Pandemic: A Rapid Review. *Adolescent Res Rev* 7, 161–177 (2022). <https://doi.org/10.1007/s40894-022-00185-6>

12 Zolopa, C., Burack, J.A., O'Connor, R.M. et al. Changes in Youth Mental Health, Psychological Wellbeing, and Substance Use During the COVID-19 Pandemic: A Rapid Review. *Adolescent Res Rev* 7, 161–177 (2022). <https://doi.org/10.1007/s40894-022-00185-6>

experiences with precarious employment, unsafe housing, and limited access to culturally-appropriate healthcare has subjected Indigenous, Black, and other racialized communities to higher rates of infection from COVID-19. Noting the demographic limitations of the network survey results, specifically in regards to the underrepresentation of Black and Indigenous youth relative to the Canadian population, there were no significant findings regarding the disproportionate impacts of COVID-19 on Black, Indigenous, and racialized youth in our network. However, network members who identified as 2SLGBTQ+ reported a greater negative impact of COVID-19 on their mental health and a much higher degree of worry about the long term impacts of the pandemic as compared to those who did not identify as 2SLGBTQ+.



Recognizing barriers and strategies to promote youth mental health

This year's survey shows there are strong correlations between financial stress and uncertainty about one's future economic security. For high school and post-secondary students in the Jack.org network, these anxieties often manifest in the classroom and generate high levels of academic stress. In the [2019](#) and [2020](#) Youth Voice Reports, we explored this in greater depth and put forward several potential solutions for addressing academic stress, including teaching practices that support the well-being of students, increased support to help young people navigate mental health services, and more co-design of mental health resources and services to ensure they are meeting the needs of diverse youth.

The survey data also demonstrates that mental health stressors are multi-faceted, and they vary along with global events and crises like the COVID-19 pandemic. Stress, uncertainty, and anxiety experienced due to these seismic events can be normal in many cases, and may not necessitate formal mental health care. In other cases, social and political tools will exist to address these root causes of stress, or youth may need to turn to mental health resources to support coping. Given its magnitude and complexity, addressing the youth mental health crisis in Canada requires urgent attention to develop and deliver high quality mental health resources and services that are readily available and accessible to youth. The reality of closures, lockdowns, and social distancing led to an increased availability and uptake of remote and digital mental health services and resources, such as self-guided programs, therapy delivered over the phone, and video-based peer support¹³. The shift online had major implications for the accessibility and quality of mental health service provision. In some cases, these new methods of delivery reduced barriers to care, most notably geographic ones, but in other cases, pre-existing barriers to care, such as affordability or having a safe and private space to access care at home, have been exacerbated by the pandemic.

¹³ Calkins, H. (2021, January). Online therapy is here to stay. *Monitor on Psychology*, 52(1).





BARRIERS TO SERVICE ACCESS

Financial stress and uncertainty have not only contributed to youth mental health struggle, but have also long been major barriers to youth accessing mental health care. 52% of survey respondents have accessed or tried to access mental health services in the past year, while 36% of that same respondent pool have encountered financial barriers when trying to access those services. Among the many factors that prevent youth from getting the help they need, affordability was cited most frequently, with 46% of youth in our network who have not accessed services such as therapy due to high costs. Another 12% of respondents also indicate lack of insurance coverage for mental healthcare as a key barrier to access.

Even when cost is not an issue, long wait times and a lack of specialized services for particular diagnoses and more unique treatment needs may also prevent young people from accessing help. For example, findings from the Jack.org 2020–21 Campus Assessment Tool (CAT) indicate long wait times for campus counseling services. Of the 10 studied campuses, the average wait time for an intake appointment was 1.5 weeks, and 2.5 weeks for a follow up appointment¹⁴. On some campuses, students could be waiting more than eight weeks to see a counselor, particularly during exam seasons. Similarly, the Canadian Institute for Health Information reported that half of Canadians wait up to a month for counseling, and one in 10 wait more than four months¹⁵. The cost of counseling combined with long wait times and limited specialized treatment options, makes it very challenging for youth to get the help they need, as stated below:

“I have tried to get in touch with different therapy treatments and sessions and it was either that the waitlist was too long or that I could not afford it. It made me lose hope in getting better. [It’s] hard to find free or publicly-funded ADHD [Attention Deficit Hyperactivity Disorder] therapy beyond medication. The intensive therapy for BPD [Borderline Personality Disorder] I need is extremely hard to find without paying tons of money.”

¹⁴ The 2020-21 Campus Assessment Tool participating campuses were Trent University, University of Toronto St. George Campus (UTSG), Bishop’s University, Camosun College, University of Guelph, University of Windsor, University of New Brunswick St. John Campus (UNBSJ), Dalhousie University Truro Campus, Ryerson University, and Lakehead University.

¹⁵ CIHI, 2021 - <https://www.cihi.ca/en/measuring-access-to-priority-health-services>





Such perceptions towards the availability, accessibility, and suitability of mental health services are obstacles to youth reaching out for help¹⁶. Preliminary data from the 2020–21 CAT suggests that there is a difference in perception between those who access services compared to those who do not, and research indicates that students’ perceptions of services may influence their likelihood to use services¹⁷. On the 10 studied campuses, 61% of students who reported using services think of the services as high quality, whereas only 24% of those who reported not using services think of them as high quality. Similarly, 54% of service users report feeling as if the services would be responsive to their background and experiences, whereas only 35% of service non-users report feeling that way. Additionally, almost 50% of students who reported using services in the past year feel that the services would be readily accessible to them and meet their needs, whereas just over 30% of students who haven’t used services feel this way. While we cannot infer causation (that negative opinions are contributing to the lower service use), the association is strong and consistent across three years of preliminary data from the CAT project and different perceptions of accessibility and quality. Seeking mental health support can be difficult, overwhelming, and in some cases, disheartening. To effectively serve youth, young people must feel that mental health care is available and accessible when it’s needed, and that it will effectively meet their needs so that they can achieve a state of mental health and well-being.

16 Moroz N, Moroz I, D’Angelo MS. Mental health services in Canada: Barriers and cost-effective solutions to increase access. *Healthcare Management Forum*. 2020;33(6):282-287.

17 Andersen RM, Newman JF. Societal and individual determinants of medical care utilization in the United States. *Milbank Memorial Fund Quarterly—Health and Society* 1973;51(1):95-124.



YOUTH COPING STRATEGIES AND INFORMAL COMMUNITY SUPPORTS

Even while navigating the harsh realities of the pandemic and facing many barriers to accessing high quality mental health care, youth continue to persevere and find new ways to mitigate a mental health crisis that shows no signs of slowing down. Qualitative responses to the Youth Voice Report survey indicate that many youth feel they have become more in tune with their mental health, more resilient, more confident to ask for help, and more empowered to advocate for themselves. Many have found new creative ways to foster social connectedness and build community. The creativity, compassion, and strength exhibited by young people in an effort to support themselves and their peers during the pandemic have been essential to the resilience of communities across the country. With that said, the ability of youth to support themselves and one another does not at all alleviate the need for urgent attention to the crisis of access to formal mental health care.

In our survey, youth were asked to identify what personal strengths they rely on during the pandemic in order to cope with stressors. The most common responses were connecting with friends and family (16%), and using skills learned through therapy such as mindfulness and grounding techniques (15%). 20% of survey respondents indicated a desire to continue video calls and virtual events, and 16% are happy to have had more time to spend with friends and family (online or at home). Other common positive changes cited were enjoying online school or working from home (18%) and not having to commute (13%). As society transitions back to many in-person activities, it is important to gather and understand the perspectives of youth to ensure many of the changes that have positively impacted their lives are retained post-pandemic.

This discussion of youth mental health resource needs and service accessibility is only scratching the surface. More research with youth is required to better understand these issues and potential changes that would effectively address these challenges. For our part, Jack.org plans to launch a revamped student CAT survey of participating post-secondary campuses in the fall, with the goal of further informing these conversations.

Next Steps for Improved Youth Mental Health

The Jack.org network has articulated that financial insecurity, the impacts of COVID-19, and a lack of access to high-quality and affordable mental health services are three of the most substantial factors impacting their mental health today. Many young people are facing immediate financial concerns, such as housing or food insecurity, but a very large portion of the Jack.org network deals with a great deal of concern and uncertainty around their future employment, income, affordability, and overall livelihood, which may manifest as part of academic stress. Many youth are not receiving the care they need to adequately address their mental health challenges, indicating an urgent need for expanded and improved service provision.

The Jack.org network has not only highlighted these issues and an urgent need for systems change, but they have also emphasized the need for more youth involvement in economic, political, and social decision-making. Although mental health services and spaces need to be designed for youth, with youth, youth involvement in mental health decision making must not stop there. The response to the youth mental health crisis must include a social determinants and whole system approach, where the structural and environmental factors that cause youth to struggle are understood and addressed using the perspectives of diverse youth. As mental health advocates and promoters, the Jack.org network is well suited to speak to the issues in their community and how to create conditions where young people can thrive.

Involving young people in decision-making can have positive, and sometimes transformative impacts on initiatives, organizations, policies, systems, and society as a whole (Zeldin et al, 2000). Jack.org and this Youth Voice Report illustrate that no population is better suited to identify and understand the issues youth are facing with their mental health than youth themselves. Economic, political, and socio-cultural norms and systems require reform, and in many cases, a complete rebuilding in order to adequately address the youth mental health crisis. If these changes are made without active and meaningful inclusion and recognition of youth voices, our institutions, communities, and entire country will continue to fall short in promoting, protecting, and serving young people's mental health.



