TOGETHER TOWARDS RECOVERY

Research Summary Report

Table of Contents

Who are we?

ABRAR Trauma and Mental Health Services is a national organization dedicated to providing affordable, trauma-informed, art-based, and culturally sensitive mental health support for diverse newcomers and immigrant populations. Services are carried out through professionals with lived experiences who create safe and Inclusive environments. We resonate with our community members and respect diversity, vulnerability, resilience, different perspectives, and passion. We aim to create client-centred, and culturally appropriate safe spaces that help newcomers and immigrants heal and thrive after surviving trauma, specifically through trauma-informed and art-based early interventions.

With the support of ABRAR, the In This Together team was created in early 2021, consisting of a team of young professionals and students with lived mental health challenges. The team consists of immigrants and community leaders from other equity-seeking groups (BIPOC, LGBTQ2+, Youth in and from care). Our team was able to draw on their experiences with trauma and recognize the potential long-term impacts of COVID-19 on Canadian youth. The pandemic and how we approached it has been traumatic for most people, especially marginalized youth. This prompted us to create the In This Together campaign, which we successfully launched on February 1st, 2021, with an open letter including our call to action. The campaign advocates for collaborative community efforts to ensure mental health support for marginalized youth are prioritized during and after the pandemic.

The journey of In This Together has been supported by many national and local organizations. More specifically, CMHA Peel Dufferin, Kids Help Phone, YWCA Hamilton, BAM Collective, Youth Gravity, Jack.org, The Students Commission, Mental Health Commission of Canada, YMCA Canada, The New Mentality, and Bell Let's Talk.

Introduction:

During the challenging times of COVID, it is essential to recognize and address the disproportionate impact on the mental health of marginalized youth, including members of our BIPOC, newcomer, youth with disabilities, youth in and from care, and 2SLGBTQIA+ communities. The “In This Together” campaign helps youth from marginalized communities feel heard and ensures they are not alone.

This campaign aims to amplify the voices of young people and raise awareness of the disproportionate impact of COVID-19’ on the mental health of marginalized youth.This campaign will ultimately highlight the importance of early intervention as a stepped-care approach for mental health care during and after the pandemic.

The In This Together conference helps connect young people and decision-makers to inspire action to establish a national post-pandemic mental health recovery plan.

In This Together Call to Action Feb 2021:

We ask elected leaders of Canada to:

1. Immediately work towards ensuring access to early intervention and a stepped-care type model for mental health care services as recommended by the CAMH (Policy paper July 2020).
2. Establish a Post-Pandemic Mental Health Recovery Plan and ensure that the wellbeing of marginalised young people is prioritised.
3. Ensure the recovery plan involves collaboration between governments, ministries, and sectors, and places a great priority on funding and supporting grassroots and community-based services.
4. Work collaboratively with young people to ensure the plan is informed by and co-created with young people.
5. Identify specific, measurable, and achievable goals and a clear outline of actionable steps and timelines to ensure the successful implementation of the recovery plan.

Throughout our campaign, the In This Together team conducted a national survey that explored the impact of COVID-19 on marginalized youth mental wellbeing. Our survey initially reached 535 participants, but our results only included the 309 responses that met the inclusion criteria. Additionally, we ran art-based and trauma-informed support groups for BIPOC youth. They also conducted two mental health workshops with the support of other institutions, including a workshop led by CMHA Peel Dufferin facilitator (Alison Person - Youth Net Coordinator-) and another funded by the University of Toronto and NMC CESI. To help create a healing space for Canadian youth, we organized an art event where local youth artists could share their work, such as music and poems, with other youth to help lift their spirits and escape the struggles and loneliness of living in a pandemic. In May 2021, we hosted our first National Conference, “Together Towards Recovery,” where we shared our preliminary findings. The initial campaign also provided youth with a platform to share their insights and perspectives with decision-makers through four panels: Youth with Lived experience, Mental health young professionals, Advocates/Activists, Youth-led Grassroots

Review of existing literature

The surging rate of mental health challenges requires the mental health sector to restructure its strategy and practice norms [5]. Many studies have highlighted the effects of the COVID-19 pandemic on population health. Substantial evidence has identified growing mental health challenges for children and adolescents. Our literature review highlights particular themes: risk communication and community engagement, economic recovery measures, disproportionately inaccessible treatments, and social protection measures. Public health measures that do not equitably address the needs of marginalised or systematically disadvantaged populations in Canada continue to impact mental health and well being following the first wave [8].

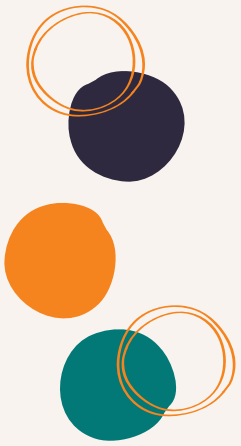
Cost et al. conducted a study of child and adolescent mental health in Ontario to examine the impact of COVID-19 emergency measures [3]. They found that mental health deteriorated following the first wave of the pandemic and was strongly associated with more significant stress from social isolation. Additionally, emergency measures were associated with deterioration across six mental health domains: depression, anxiety, irritability, attention, hyperactivity, obsessions/compulsions. This study highlights the importance of in-person school extracurricular and social activities associated with developmental milestones for children. During the pandemic, accessible mental health services are a crucial mitigation strategy for children and youth.

Similarly, a study reflecting the effects of the H1N1 2009 pandemic indicated that a significant increase of Generalized Anxiety Disorder (GAD) and health anxiety rates were elevated higher than previous pandemic research and previous population norms [8]. Overall research pertaining to COVID-19 measures suggest that mental health services and public health responses should be targeted and integrative, aiming to improve social well-being [3]. To ameliorate our response strategies, an overview of response measures taken by other International rapid response teams should be taken into consideration. Canada can continue to leverage existing participant cohorts which are monitored and developed through a youth perspective and any responsive research ethics boards [6].

Taha, Sheena and colleagues discussed the effects of the H1N1 2009 pandemic on the general public's response to uncertainty. Their findings indicated that while economic recovery is crucial to rebuilding a functional economy, healthcare professionals, policymakers, and business leaders must collaborate with the public when developing comprehensive public health emergency measures. Such research would assist in exploring how mental health and wellbeing is affected by public health measures that do not equitably address the needs of marginalized or systematically disadvantaged populations in Canada. The authors suggest that public health strategies should focus on providing resources to encourage and equip the general public with adaptive coping strategies, such as acceptance and help-seeking behaviours to increase intolerance and resilience to uncertainty [8]. They also recommend providing structured and targeted psychological support to those struggling with the uncertainties that accompany a pandemic.

Furthermore, Lisa et al. (2020) highlighted the direct impacts the COVID-19 pandemic has had on youth's well-being needs and coping strategies in Ontario, Canada. Researchers have emphasized that the current pandemic has posed various challenges for the previously implemented mental health strategies and interventions. As a result of the pandemic, "disaster medicine" has become a core emergency preparedness response skill set for mental health professions. Youth expressed a need for better mental health and self-care coping strategies to support them during the challenges of uncertainty linked to the pandemic [6]. Some of the concerns youth raised included the need for more mental health support, financial support, and recreational activities to keep them engaged. COVID-19's impact on youth's career and academic milestone trajectories was also a primary concern, one that continues to rise as the pandemic continues [6].

Moreover, Jain connects current mental health services to cultural universalism. For context, cultural universalism is the perspective that symptom presentation and modes of behaviours in psychopathology have a universal standard [5]. Cultural universalism negates the need for cultural sensitivity and treatments to adequately serve the needs of diverse populations in mental health settings [5]. This results in the oversimplification and generalization of different individuals' symptom presentation, healthy coping mechanisms, and ideological and institutional practices. The existing literature suggests incorporating culturally inclusive mental health strategies to enhance mental health treatment in all cultures, especially due to the social measures exacerbated by the pandemic [5].



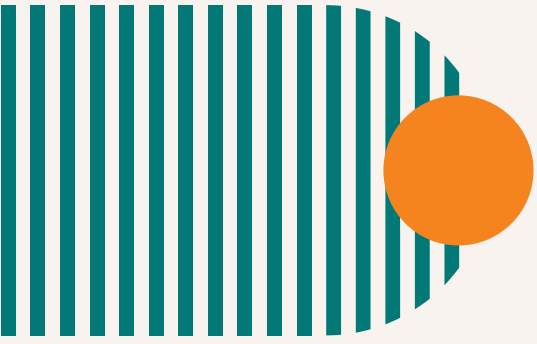
Moreover, Jain connects current mental health services to cultural universalism. For context, cultural universalism is the perspective that symptom presentation and modes of behaviours in psychopathology have a universal standard 5. Cultural universalism negates the need for cultural sensitivity and treatments to adequately serve the needs of diverse populations in mental health settings [5]. This results in the oversimplification and generalization of different individuals' symptom presentation, healthy coping mechanisms, and ideological and institutional practices. The existing literature suggests incorporating culturally inclusive mental health strategies to enhance mental health treatment in all cultures, especially due to the social measures exacerbated by the pandemic [5].

In This Together Survey Methodology

Survey Design:

We began our research phase in February 2021 with a review of existing literature on the effect of the pandemic on youth mental health and, in particular, youth from underserved communities. Our review revealed significant gaps in the literature, in identifying critical barriers that youth from marginalised communities face in accessing and maintaining mental health care services. To address these gaps, we designed a cross-sectional survey that consisted of both open response questions and Brief COPE (COPE-B) scale questions. Brief COPE. Brief COPE (COPE-B) is a validated 28-item scale evaluating a range of coping strategies. We created a custom 1 to 4 scale and a single 1 to 5 scale with selected items that reflected COVID-19 coping challenges.

We developed several custom questions in consultation with youth-led advocate teams from marginalised communities across Canada. Our youth advocate teams raised concerns over multiple disruptions in mental health services and barriers faced by marginalised youth and their family members. We, therefore, designed custom questions with open-ended, multiple-choice, and Likert scale questions to reflect youth experiences during COVID-19. Overall our survey consisted of 35 questions that were divided into the following categories:



1. Personal Information
2. Feedback and Recommendations (Open-ended questions)
3. Self Assessment
4. Coping Challenges
5. Feedback on supports and Services

Informed consent was obtained before starting the survey. Most questions were not mandatory to ensure no undue pressure on the participants. So, each participant could leave answers blank if they did not feel comfortable answering them. We did not include incomplete responses in our research tally. Participants could also choose to end the survey at any time.

Recruitment

Random opportunity sampling was used to recruit participants between the ages of 15-29 who reside in Canada. We created promotional materials such as posters, videos and social media posts to raise awareness around the campaign and the survey itself. Then we reached out to our community partners and youth advocates from diverse communities to circulate the survey on their social media platforms as well as email lists. Everyone with a link was permitted to complete the survey.

Method of Data Analysis

We received 535 responses for our survey. Of these responses, we excluded 224 responses as they compromised the validity of our data. We excluded these respondent entries after manually reading each of the 535 response sets and realizing that there were many repeated entries from individuals that may have taken advantage of the $5 honorarium that was provided for taking the survey. We also excluded responses of participants that were not from Canada or those that answered the survey in another language.

Results of Quantitative and Categorical Data

Demographic Information from Rapid Survey

Demographic information included questions about the participant's age, gender, ethnic background, country of origin, and education and employment status. The sample consisted of 176 female participants, 126 male and 10 non-binary. The majority of participants in the sample identified as women, a member of an immigrant, refugee or racialized community, and were from Ontario. The majority held full-time or part-time positions and were post-secondary students.

Responses for Coping Strategy Styles

We used the COPING-BRIEF (COPE-B) to assess coping strategies that participants in our survey practised in the current pandemic. On a scale of 1 to 4, the sample evaluated a range of mental health coping strategies. Response options ranged from 1 (Not at all) to 4 (Significantly). The scores of the measurement scales were computed as the mean of the 12 items that compromised each scale. The most common coping behaviour across the sample was related to accessing mental health resources and services in the community when they needed them. However, the sample also reported experiencing long wait times of 2-3 days or 1-3 weeks. The least practised coping behaviour across the sample was related to physical health. Over half the sample expressed that their poor psychological well-being was likely associated with the ongoing pandemic.

Key research themes

1- Inaccessibility:

The primary barrier to mental health identified through our research is the inaccessibility of services. Over 129/309 respondents reported difficulty seeking care when they needed it most. Many individuals did not know where to get long term help. Even when they were willing to reach out, long wait times became a major deterrent. This issue is also highlighted in a 2022 study by CAMH. Their research indicated that 75% of children with mental disorders do not have access to specialized treatments, and one-third of those 15+ do not feel their mental health needs are being met [1]. Barriers are increasingly apparent within marginalized groups who also deal with the extra burden of exclusion based on discrimination. With the emergence of the pandemic, privacy became another key concern for youth, especially those living in unsafe home environments where they cannot express their needs openly.

Long Wait Times were a major deterrent to getting/seeking help. According to a 2020 report by Children's Mental Health Ontario (CMHO), funding for mental health services has decreased despite the increase in need. To elaborate, about 28,000 children and youth are on waitlists to receive mental health services, and it takes them about 2.5 years to be contacted by practitioners and start treatment. This number does not include the 200,000 marginalised children and youth who are half as likely to be put on waitlists or receive any form of contact or mental health support. Although there is a gap between the need for and access to mental health services in general, this gap is significant for marginalised populations, including "Black and Indigenous, 2SLGBTQ+, Francophone and immigrant communities and other equity-seeking groups" [10].

CMHO (2020) also found that long wait times are especially a problem for children and youth because early intervention is critical for effective, long-term treatment.10. Lack of treatment access and the need for early intervention create a vicious cycle for patients; they cannot access the treatment needed for better outcomes, and this lack of access worsens their symptoms. Besides long wait times, marginalised youth face the additional barrier of not accessing any treatment at all or treatments not tailored for their needs (e.g., not culturally sensitive). This is consistent with our findings, where youth feel discouraged from reaching out, and when they do, they are faced with long wait times, a time not everyone has.

Key research themes

2- Ineffective Treatment:

67/309 participants felt that they had received ineffective treatment, meaning the care they received was inadequate or only effective short term. This could be due to the fact that many services are “too generic” or do not cater to their specific needs as young people. One participant shared that "The service left me feeling worse than before since they didn’t help me at all.They just said “are you in danger” and when I said no they basically said ok goodnight.”
Furthermore, most, especially racialized youth, have an increased fear of institutionalization, stemming from harmful stereotypes reinforced by discriminatory practices in the field. Loss of control is a prominent issue in the mental health field, whereby clients do not have authority over their own care. Unfortunately, this has detrimental effects on the quality of care overall because clients cannot actively participate in their treatment—fear of Institutionalising is especially prominent for racialized youth, as identified in our report.

3- Financial Barriers :

The COVID-19 pandemic has increased the mental health needs of Canadian youths. However, an extremely-common theme underlying the responses in our research was that Canadian youths face financial barriers when it comes to receiving adequate mental health care. 99/309 participants shared that financial barriers were some of the most significant preventative factors to seeking and using mental health services. Many respondents felt as though mental health care was either too expensive or inadequate and discontinuous when provided free of charge. Subsidized mental health care often involves sitting through long waitlists while struggling with other issues. To contextualize this, one respondent mentioned, “I just can’t vibe with the counsellors, but they’re limited, and thus, I can’t just switch!” Addressing this issue is at the forefront of ensuring that youth, many of them not yet financially independent or in financially precarious situations, are able to access the care they are more likely to need during the COVID-19 pandemic.

As previously mentioned, wait times continue to increase in the mental health sector. This is especially true regarding free and subsidized services, often overwhelmed with intake appointments. Private organizations offer the most continuous care to clients; however, they are not covered by OHIP, meaning Canadians must pay out of pocket for these services.

This becomes problematic, especially for youth, because therapy sessions can cost hundreds of dollars, and youth are rarely financially independent or stable. Resources provided through academic institutions are often surface level or focus heavily on academic struggles alone, only providing a few sessions. Academic institutions that provide insurance are still limited in the allotted coverage per student, usually capping at 500 dollars.

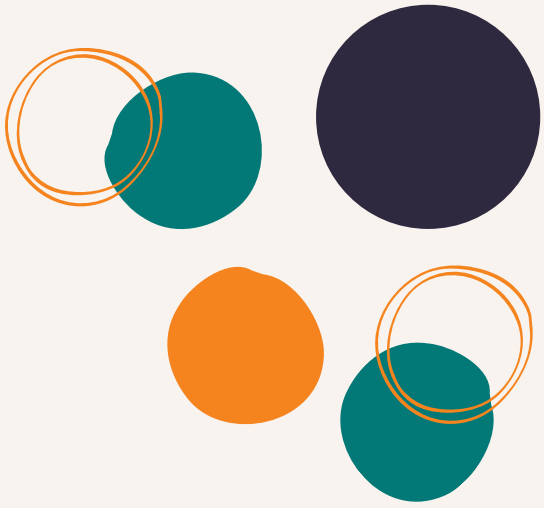
4- Stigma:

61/309 participants shared that stigma and family resistance surrounding mental health acts as a deterrent to seeking or using mental health support services. For instance, one youth in our study reported that they do not seek mental health care because they felt "[mental health care service providers] are gonna think I'm crazy". Another participant said they did not seek support "because of the stigma that comes with it". In these challenging circumstances, our research supports an urgent need to push for the de-stigmatization of mental health so that struggling youth can access the support they need.

Fear of being treated differently by friends, schoolmates, teachers, or colleagues prevents people from disclosing their accessibility needs to their school or workplace. Labelling theory refers to instances where a health diagnosis becomes integrated with one's identity, either by labelling oneself or being labelled by others as "different." Labelling has negative implications of prejudice or low self-esteem and becomes a barrier to meaningful treatment. This implication is especially true for youth, who are still developing their identity, and other marginalized groups, who are often already experiencing stereotyping in other aspects of their lives.

"There needs to be more work done destabilizing the stigma around mental health in schools, workplaces and hospitals. There has to be an actual initiative that informs and educates Canad(ians) of the importance of mental health care."

Youth Participant



Key research themes

5- Lack of Cultural Sensitivity:

58/309 Participants shared their discomfort with a lack of cultural sensitivity within mental health services. Understanding and sensitivity to an individual's culture, language, religion and/or ethnicity creates a barrier to accessing quality mental health care. Previous negative experiences also prevent individuals from seeking mental health care again. To elaborate, the Canadian Community Health Survey compared Canadian people who self-identify as Black, South Asian or belong to a subgroup of East Asian ethnicities who experienced a major depressive episode. They found that 60%, 85% and 74%, respectively, were less likely to seek treatment than respondents who identified as White [4]. This is often due to being alienated from Western-centric narratives in standard clinical practises. This was reflected by our survey respondents that wished to "talk to someone with a similar ethnic background and/or some of the same cultural and social identities or experiences growing up so that [they] can relate to them better." Such concerns of individuals seeking treatment prompt a push for increased diversity in mental health professionals and improved depth and regulation of cultural sensitivity training.

Our research supports the drive for culturally appropriate and sensitive services and approaches used by providers to address diverse backgrounds, including minority groups and marginalised demographics. One specific example of the critical need for cultural sensitivity within mental health care comes from the following statement shared by one of our participants: "A lot of publicly funded programs don't have practitioners that are aware of how systemic issues impact marginalised people. You can't medicate or talk therapy people out of genuine fear for their lives because of societal issues. Trying to explain that to a professional who isn't empathetic to this is exhausting."

Mutual understanding is a crucial component in building a therapeutic relationship, and oftentimes it is not met, especially within initial sessions. Furthermore, a client's ability to be proactive in their care is not possible without cultural competence. For treatment to be effective, it must be relevant and engaging for the person it is meant to help. There is a lack of variety in caring methods in Canada as we continue to care for clients through a western lens. For instance, one research participant shared a jarring example of their emergency service providers' lack of cultural competency. They stated: "I was detained and hospitalised for a psychotic break. The psychiatrist felt like my "strict and controlling" culture was the root of my feelings of fear and discomfort and tried to get me to leave my home. I found a private psychotherapist who understood my culture well and felt like my quality of care improved."

"I was detained and hospitalized for a psychotic break, the psychiatrist felt like my "strict and controlling" culture was the root of my feelings of fear and discomfort and tried to get me to leave my home. I found a private psychotherapist who understood my culture well and felt like my quality of care improved."

Youth Participant

6- Academic Challenges:

28/309 participants shared that the lack of academic support worsened their mental health. Academic institutions, such as schools and universities, have had to shift their program delivery and resources available to students since the beginning of the pandemic and subsequent lockdowns. With these restrictions and altered virtual learning, many students have reported that the workload has increased and support from staff is largely inaccessible. One of our survey respondents shares that "fully online students have been forgotten about by the school board and the government, [they] get crazy amounts of work and no support whatsoever." Improvements in the aid and resources provided, such as greater accommodation to student needs, further developed mental health curriculum, and access to mental health professionals, are essential to cultivating stronger support systems for youth in these institutions.

Peer support within academic institutions is also crucial; the demand for such programs is clear as more than 90% of students feel isolated amidst the pandemic. Community is an essential aspect of education, as it helps reduce stress and promote wellbeing through socialization and solidarity with fellow students.

Alongside this, academic performance has decreased as students lack quality time with their teachers and are sometimes unable to find the space and time for their studies without the institution's structure. The school's physical space is important for some students to prosper, and the flexibility of working through a screen affords more opportunities for procrastination.

"Students often can reach out to professors, however when you're working you only receive 14 days off. Governments can incentivize businesses to implement paid time off due to mental health concerns; time-off can promote stress relief. Preventive measures for ensuring mental health stability before symptoms worsen such as peer support programs can be beneficial to have as an accommodation plan for businesses and schools. "

Youth Participant

Key Recommendations

Reduce financial barriers to accessing Mental Health Care and Improve Accessibility:

A key step in decreasing the financial burden of mental health support and services is making them available to youth free of charge and in their proximity. While it is now a well-accepted fact that mental health is a critical component of an individual's overall health, this fact is not reflected in our healthcare system. For instance OHIP still does not cover the cost of Registered Social Workers (RSW), Psychotherapists or Psychologists unless they work at a hospital or Family Health Team. This approach directly contradicts the stepped care model as many individuals will not access these services unless they are admitted to the hospital due to a mental health emergency. Therefore, many opportunities for early intervention are missed.

A key recommendation is to provide universal health coverage for counselling, therapy and other social support services for those that cannot afford them. While we understand the economic cost of subsidising or covering such services, the long term return is far greater. According to a report by the Mental Health Commission of Canada, reducing mental health challenges among young people for even 10% of the population would save the economy at least 4 billion dollars per year. Reducing the financial barriers to accessing early mental health interventions will keep more young people out of jails or our hospitals and save costs over time.

Based on the feedback received from the youth participants in our survey, we propose increased mental health counselling services. Many university and college institutions currently provide a limited number of free mental health sessions, commonly only 1-3 sessions. Students have to register for a benefits plan or look for alternative mental health professionals for additional counselling sessions, which are inaccessible options for many students. Furthermore, these initial sessions are limited in duration, with some as short as 15 minutes, leading to surface-level conversations and treatment plans. Increasing the minimum duration and number of sessions available for all students in academic institutions will require increasing the capacity of faculty and facilities dedicated to mental health, ultimately providing more quality care for students.

Key Recommendations

Invest in early interventions :

To limit the burden on already overextended mental health care infrastructures in Canada, we must invest in early mental health care interventions. Preparing for Canada's impending mental health and well-being crisis will require that general practitioners and family doctors engage in mental health related professional development courses to correctly identify mental health concerns and discern appropriate next steps for youth seeking support.

Moreover, in a climate of increased community mobilization and social innovation, our mental health systems need to be equally as dynamic and tailored to the needs of people, as opposed to centering the needs of regulatory or funding bodies. Funds need to be consistently allocated towards counselling, peer support, support groups for those with lived experiences, as well as long-term and trauma-informed psychosocial counselling services for adolescents and young adults.

For youth, schools are sites that hold potential for effective early intervention. School personnel, such as guidance counselors, even teachers, need to be trained to appropriately respond to mental health crises in ways that recognize a youth's autonomy and assist youth in navigating stressful life events. Educational institutions should be safe spaces for growth and learning for all youth—if schools are hostile and promote discrimination through apathy or inattention, they function as a barrier to mental health and wellbeing. Thus school systems must be given appropriate financial support so that trained mental health counsellors can work on campuses and invest in early interventions.

Key Recommendations

Contribute to the growth and development of culturally diverse services and providers:

Simply investing more money into mental health services is not the answer since it does not directly improve the available services that benefit youth. Rather, funding should be dedicated to grassroots, youth-led, and community based mental health services. Local organizations that deliver indirect mental health support and promote the well being of youth have a strong understanding of the needs of their community and what services would offer the most significant benefit. This is especially important for youth from underserved communities who, in addition to facing challenges accessing treatment, often work with healthcare providers who have no relevant lived experience or contextual understanding of their youth's challenges.

Hence, an essential first step is to ensure that service providers represent the populations they serve and are involved in leadership when making decisions regarding policies, treatment, and delivery of care plans. Having policy advisors and decision-makers from underserved communities ensures their community's needs are heard, which is crucial to providing adequate care.

Youth themselves must be consulted directly, for their perspectives would ensure proper allocation of funds and services. Youth from marginalized and underserved communities should have a platform to represent their community members who face various barriers, including the lack of culturally appropriate mental health services, the inaccessibility of services and financial barriers, etc. Youth councils ensure youth's values and preferences in healthcare are considered. They can advise, provide recommendations and share their insights to ensure that the issues faced by marginalized youth are addressed. Therefore, policy makers such as the newly-established Mental Health and Addictions Minister in Ontario should create a diverse youth council, allowing youth to participate in the decision-making process. This process should be mirrored across all provinces. Doing so would help the Canadian government create inclusive and accessible mental health services for underserved youth.

Key Recommendations

Reduce Stigma through education and awareness

Stigma often stems from cultural or social misconceptions about mental illness, which service providers do not address due to a cultural or social gap between themselves and their youth clients.Hence, we propose that mental health stigma can be reduced through education and awareness of needs from both service providers and service seekers.

Service providers must re-evaluate Western focused and male-centred models of care. Instead, they should consider how youths' unique cultural, racial, or socio-economic backgrounds can prevent them from seeking support or finding adequate mental health care. This includes taking into consideration alternative forms of therapy and care outside of traditional psychiatric treatments. Current clinical care models must incorporate social justice to reduce the stigma surrounding seeking mental health services. Social justice models take into consideration the structural issues rather than the cultural differences that prevent access to care. Removing these structural barriers will make clinical models accessible for people who have not been previously represented in medical models and psychiatry.

Most interventions that counter stigma are created around educating the general public about a deficit that a group holding a certain stigma may have. Instead of blaming these communities, service models should work more closely with those impacted by the relevant stigmas, community-specific educators, parents, and community leaders to address support for common stigma-driven barriers that youth face.

Conclusion

Ensuring access to equitable and effective mental health services is vital for the wellbeing of Canadian youth. Re-evaluating the efficacy of traditional mental health and substance-use service delivery methods is a way forward. Our results indicate that mental health care systems would benefit from adopting integrative and stepped-care approaches to service delivery. Accordingly, creating effective mental health care systems is not possible without first bolstering strong systems of social care and values of collectivity and collective responsibility in Canada. This requires funding and resources to be allocated to local agencies that respond to the needs of youth who face adverse outcomes due to socio-economic deprivation. Inter-agency collaboration is required to create an adaptive and responsive continuum of care ranging from childhood to adulthood. Moving forward, the integrity of shared funding models between federal and provincial governments is called into question if mental health services are not client and community-centred. While this task is not simple, a need for comprehensive care systems is more important than ever.

Our findings highlight that while economic recovery is crucial in rebuilding a functional economy, healthcare professionals, policymakers, and business leaders must collaborate with community members when developing comprehensive public health and mental health recovery plans.

Acknowledgements

CEO & Campaign Leader
Abrar Mechmechia

Research and Content Advisor
Dr.Omar Reda

Editor & Research and Content Advisor
Dr. Farah Islam

Reviewers & Editors
Hel Kevorkian - Amira Youssef

Strategic Advisor
Irwin Elman

Research Leaders
Rabia Ahmed - Ammani Hanafe

Research team
Aya Saeed - Zenab Gill - Shafia Ahmed - Fatima Ahmed - Janat Akbar - Fatima Albadri - George Lou - Madison McConnell.

In This Together Team
Razan Samara - Alexandra Anis - Rawd Almasoud - Wafaa Dahous - Norhan Ahmed - Siba Najjar - Mariem Ahmed - Faiza Zahid - Sahel Al Sabouni

In This Together Community Leaders
Jenna Robar - Chanice McAnuff - Doug Sroka - Abeer Pamuk - Noor Fadel - Habon Ali - Shabnam - Karly Tripp

Cover Design
Rawd Almasoud

Graphic Design
Wafaa Dahous - Alia Alhammoud

In This Together Funder
ABRAR Trauma and Mental Health Services

In This Together Partners & Supporters
CMHA Peel Duffrin - YWCA Hamilton - The New Mentality - BAM Collective - Youth Gravity - Jack.org - Kids Help Phone - The Students Commission - Bell Let's Talk - Mental Health Commission of Canada - YMCA Canada

References

1.CAMH. The Crisis Is Real. CAMH, Centre for Addictions and Mental Health, 2022. https://www.camh.ca/en/driving-change/the-crisis-is-real.

2.Chen, Charlene Y., and Ryan Y. Hong. "Intolerance of uncertainty moderates the relation between negative life events and anxiety." Personality and Individual Differences, 201 49-53.

3.Cost, Katherine Tombeau, et al. "Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents." European child & adolescent psychiatry, 2021. 1-14.

4.Gadalla, T. M. “Ethnicity and seeking treatment for depression: A Canadian national study” Canadian Ethnic Studies, 2010. 41–42(3–1), 233–245

5.Jain, Samiksh. "Cross-Cultural Differences in the Impact of the COVID-19 Pandemic on Psychological Health." International Journal of Research in Engineering, Science and Management, 2021. 4.9: 179-191.

6.Hawke, Lisa D., et al. "Impacts of COVID-19 on Youth Mental Health, Substance Use, and Well-being: A Rapid Survey of Clinical and Community Samples: Répercussions de la COVID-19 sur la santé mentale, l’utilisation de substances et le bien-être des adolescents: un sondage rapide d’échantillons cliniques et communautaires." The Canadian Journal of Psychiatry, 2020. 65.10: 701-709.

7.Mental Health Commission of Canada. “Making the Case for Investing in Mental Health in Canada”. Mental Health Commission of Canada, 2013. pp. 1-30

8.Taha, Sheena, et al. "Intolerance of uncertainty, appraisals, coping, and anxiety: The case of the 2009 H 1 N 1 pandemic." British journal of health psychology, 2014. 19.3: 592-605.

9.YWCA Canada & YMCA Canada. “Preventing a Lockdown Generation”. YWCA Canada, 2021. pp. 8-85

10. CMHO. “Kids Can’t Wait”. 2020 Report on Wait Times for Child and Youth Mental Health Care in Ontario. Children's Mental Health Ontario, 2020. pp. 1-12.