

A GENERATION AT RISK: THE STATE OF YOUTH MENTAL HEALTH IN CANADA



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Executive Summary

It has been at least five years since Canadians have received a national youth mental health report but longer, if ever, since we have seen a report of this scale, depth and history complete with recommendations for action.

This report examines youth mental health by multiple variables, including ethnicity and gender identity, and lived experiences with a disjointed mental health system (i.e., service access, quality and need). With the contribution of leading Canadian mental health organizations, Mental Health Research Canada (MHRC) draws on our research and historical data to thoroughly review the state of youth mental health. The findings underscore the collective recognition of the urgency to improve support and do better for our youth, the generation at risk.

For the purpose of this report, youth are defined as 16-24 years old, unless otherwise stated. Some cited statistics may reference different age ranges, including children, depending on the source and publication. In these instances, the report will reference both the statistics and the age it encompasses.

The mental health of children and youth has been in decline for many years, both in Canada and globally.[1]

According to Statistics Canada's Community Health Survey[2], a significant divergence in mental health indicators emerged from 2015 to 2020 for individuals aged 18 to 34. Since that time, the number of young people reporting good mental health decreased by 13.2%, while the overall decrease for all ages was only 7.2%. This means positive mental health indicators declined 55% more for young people during this period—indicating Canadian youth were already struggling before the COVID-19 pandemic.



In Canada, 19% of the youth population accessed mental health support in the past year, and a further 9% needed help but did not access it. According to MHRC's Data Hub, youth and younger Canadians are 50% more likely to access mental health services and 250% more likely to need services but not access them, compared to other age groups.[3] In Canada, **we have over 1.25 million youth in need of mental health support - approximately 550,000 of whom are receiving help, while 720,000 are not.**

We also know **mental health challenges do not discriminate** — they impact youth of all ages, cultures and socio-economic backgrounds. However, the need for help, barriers to access and types of services required vary between populations. Young women, 2SLGBTQI+, Indigenous and newcomer youth have higher rates of mental health support needs. For instance, Black youth are less likely to use publicly funded services, often relying on community-based resources instead, while private service access is more common among those with group benefit coverage or the financial means to afford it.[4]

Studies that focus on stigma indicators are showing significant progress - youth are increasingly open to talking about mental health, especially with their peers. Prejudicial attitudes towards people with mental health issues are also low among youth.[5] There is a clear generational shift in how youth perceive and engage with mental health content. This shift is partly due to the Canadian-based mental health organizations supporting this report which have helped reduce stigma and foster more open conversations. We need to build on the progress made to date to ensure we continue to make positive changes in how Canada delivers and funds services for youth.

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The positive change will happen by creating a youth mental health system focused on three key pillars: prevention and early intervention (including upstream investments), service quality (including evaluation), and access to services (including system navigation and scalability). This report highlights how all Canadians can take an active part in being positive changemakers by improving mental health literacy, funding community-based mental health services, and supporting service providers to better meet the needs of our youth. The data undeniably presents a disjointed system and funding structure that has created a health crisis for our younger generation. To enable our youth, we must build an integrated system that meets the growing demands and expectations of young people - a system shaped by youth for youth. Today's children and youth are the future of our country. Setting them up for success is necessary to ensure long-lasting prosperity for them and Canada.

“

To advance mental health in Canada, we must collaborate. Without collaboration, there will always be duplication of efforts, inefficient use of resources and missed opportunities to strengthen and scale evidence-based solutions. Collaboration starts with leaders and requires an authentic belief in true collective impact.

Akela Peoples, CEO, Mental Health Research Canada

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MHRC is proud to have partnered with leading Canadian-based mental health organizations in contributing to this report: Aire Ouverte, Jack.org, Kids Help Phone (KHP), the National Association of Friendship Centres (NAFC), Strongest Families Institute (SFI), Youth in Mind Foundation and Youth Wellness Hubs Ontario (YWHO). While these are not the only organizations serving youth, their collective reach highlights the significant demand for youth mental health supports across Canada:

- In Quebec, **Aire Ouverte**, part of the Integrated Youth Services movement in Canada, has 30 permanent sites and 13 satellite sites for youth aged 12-25.
- In 2023/24, **Jack.org** engaged over 28,000 youth participants through their programs, underscoring the critical need for continued investment in youth mental health support nationwide.
- In 2023, **Kids Help Phone**, which offers a full range of e-mental health services, provided support to young people 4.7 million times, the highest number of annual interactions in the organization's history.
- In the last year, **the National Association of Friendship Centres** supported at least 1,500 Indigenous youth with their mental health and the Centre's services were accessed over 12,000 times.
- In 2021/22, **Strongest Families Institute**, which provides full mental health intervention programs for children, youth and families, received the highest number of referrals in their 10-year history - a 51% increase in demand.
- Each year, **Youth in Mind Foundation** reaches over 50,000 young people across Quebec through its two in-class workshops, while also offering 350 free online tools for youth, parents, and schools.
- From 2020-2023, **Youth Wellness Hubs Ontario**, part of the Integrated Youth Services movement in Canada, had more than 100,000 service visits from youth aged 12 to 25 across 20 sites.

Introduction

It has been at least five years since Canadians have received a national youth mental health report but longer, if ever, since we have seen a report of this scale, depth and history complete with recommendations for action.[6] While various data sources exist, a comprehensive analysis that compiles existing data while considering intersecting issues has been missing. This report provides insights into what we know about youth mental health and highlights program and service solutions from organizations across the country.

Mental health, like physical health, is a continuum, ranging from healthy to ill based on factors like mood, attitude, performance, sleep, physical health, social well-being and substance use.[7] Just as with physical health, one can be more resistant to challenges in mental health. Mental health indicators for youth began declining before the COVID-19 pandemic, especially among young women and have worsened since.[8] While no one factor is solely responsible, most research points to a combination of social disconnection and socio-economic challenges as key drivers of this decline.

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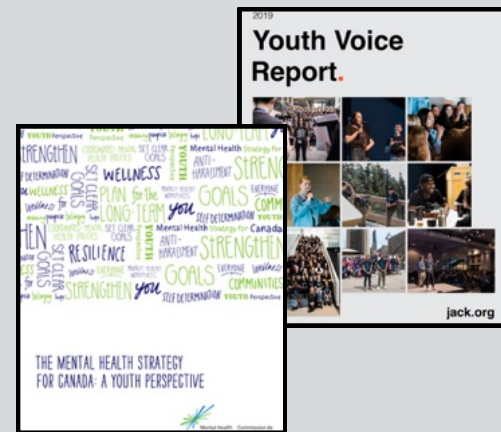
I was dealing with feelings of self-harm and anxiety. I thought I needed help... but wasn't sure if this was just what people felt. It was my parents that pushed me. They could see my mental health was stopping me.

- Female, British Columbia, 18 years old

”

Previous national reports on youth mental health include:

- **Jack.org, Youth Voice Report, 2019**
- **Mental Health Commission of Canada, The Mental Health Strategy for Canada: A Youth Perspective, 2015**



We also know the negative impacts of social media on youth - **MHRC reports that one in four (28%) Canadians feel social media has a negative impact on their mental health, a figure higher than what was seen during the COVID-19 pandemic.**[9] Understanding this data, grounded in evidence-based research and with youth perspectives, is crucial for pinpointing where governments, organizations, and communities must focus their efforts to address this growing problem. The ultimate goal is to improve prevention and early intervention measures, service quality and access to care.

The Canada Health Act says very little about mental health, as most of this legislation was written before mental health was recognized as a population health concern. As a result, provinces and territories have developed their own mental health acts, leading to 13 different legislative frameworks across the country.[10] Under the Canada Health Act, most mental health and substance use services are covered only if they are delivered by physicians or in hospitals.[11] However, the majority of mental health treatment, as well as early intervention and prevention efforts, occurs outside these settings.

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In fact, approximately 70% of mental health services are delivered outside of provincial health systems, even though the bulk of mental health funding is directed toward these systems.[12] The remaining services are offered through group insurance, out-of-pocket payments, community programs, school-based initiatives, and free or self-directed resources.[13] **According to the Canadian Mental Health Association, governments across Canada are currently underfunding mental health and substance use health investments**, allocating just 6.3% of healthcare budgets. [14] This is not inline with the 7% previously reported and fails to meet the goal of 9% by 2022 as set out by the Mental Health Commission of Canada.[15] According to the Organization for Economic Co-operation and Development, Canada ranks below average compared to many peer countries (e.g., France 15%, Germany 11.3%, and UK 9%).[16]

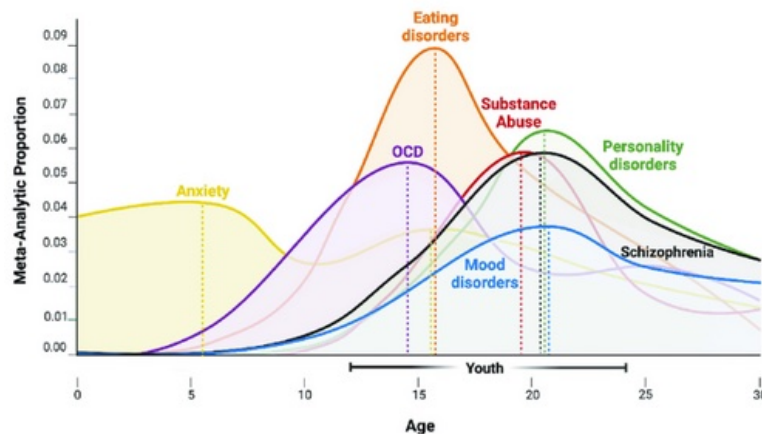
Canada has made some progress over the years in advancing research, resources and services to meet the growing needs of its diverse youth population. It is clear that the public supports a stronger, better-funded mental health system. In fact, when the 2024 Canadian budget announced \$500 million for youth mental health, it was the most positively received item among all the budget announcements.[17]



Access to services has increased in many areas. Not only did the Federal Government invest the aforementioned \$500 million, but there has also been continued expansion of service access, such as the implementation of the 9-8-8: Suicide Crisis Helpline. The Federal Government also invested in critical infrastructure funding for KHP to scale services, enabling coast to coast to coast access. The Integrated Youth Services model is also expanding, with implementation in 9 out of 10 provinces. Tracking and data collection on youth accessing supports were key components of the recent Federal - Provincial Transfer Agreements on Health. Additionally, we anticipate evaluation and research results in the coming years from the Integrated Youth Services Network of Networks Initiatives, which is developing a Canada-wide network of provincial and territorial learning health systems for youth. [18]

About Youth Mental Health

Between 66% and 75% of mental health issues first manifest before the age of 24.[19] Issues that begin in youth often persist throughout the individual's lifespan. By addressing these issues early, we can prevent and intervene to provide youth with better coping strategies to enable young people to have more fulfilling lives and reduce long term mental health challenges.



This chart shows the likelihood of getting a mental illness onset at a specific age. This does not reflect the prevalence of each condition as each illness has a different overall prevalence rate.[20]

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It's no surprise that mental health conditions are a global concern - **the World Health Organization reports that mental health conditions are among the leading causes of illness and disability among youth.** The global prevalence of mental disorders is estimated at 14.6% for those aged 15-19.[21] **Youth are particularly vulnerable due to exposure to violence, poverty, stigma and housing issues, especially in humanitarian and fragile settings.**[22]

There are enormous societal costs associated with not having an effective mental health system for youth, including both direct costs and lost productivity.[23][24] **The economic value lost due to untreated mental health conditions could be redirected towards preventative measures, telephone coaching support, peer support care, housing and community health services.**

“**There needs to be more services, particularly low-cost services... services for those not working or who don't have benefits.**”- Female, Alberta, 18 years old



Individuals with mental health conditions often experience lower lifetime earnings due to missed opportunities and the ongoing burden of their conditions. Most people with mental health conditions require some degree of lifetime support.[25] The economical impact is not only on the individual but on their support system as well. According to SFI, approximately 30% of families who complete their programs have an annual income of less than \$30,000, with about 65% of these families being single-parent households.

By approaching youth mental health care with a focus on prevention and early intervention, we can reduce the burdens and constraints within the healthcare system, enhance economic productivity, and improve quality of life. Today's children and youth are the future of our country; setting them up for success is essential for ensuring a prosperous future for Canada.

MHRC surveyed youth with a mental health diagnosis or those seeking mental health support to understand their needs and experiences in accessing care. Key recurring themes from their feedback included:

- The critical role of parents in understanding and seeking help for mental health conditions
- The role of parents in discerning diagnoses
- The shortage of available services
- The impact of free or campus services and challenges with frequent rotation of counsellors
- The numerous failed attempts to find the right help
- Concerns about losing access to services upon graduation
- The ongoing presence and impact of stigma

Did you know? Quick Stats

Approximately **1.25 million of Canada's 4.6 million youth require mental health support each year**. This includes 19% of the 15 to 24 age group who have accessed mental health resources in the past year, with an additional 9% indicating they need services but are not receiving them. In total, 28% of youth aged 15 to 24 are in need of or are accessing mental health services. [26]



57% of youth have unmet needs. Of the 874,000 youth accessing services, nearly 300,000 have unmet needs. Adding these to the 420,000 not accessing services but needing them, around 720,000 youth require mental health support but aren't getting it. [27]

Suicide is the second leading cause of death among young people in Canada, accounting for 21% of deaths. MHRC's findings show that Canadian youth aged 16 to 24 are more likely to report suicidal ideation and planning than any other age group, with 24% experiencing suicidal thoughts and 8% planning a suicide attempt. [28]
[29]

Over half (52%) identified as 2SLGBTQI+ for service users. Additionally, 10% identified as Indigenous (versus 5% of the overall population), and 6% identified as Black (versus 4% of the overall population). [31]

Youth with high personal screen time (6+ hours daily) are 2.35 times more likely to experience suicidal ideation (34% vs. 14%), alcohol dependency (12% vs. 6%), and cannabis dependency (18% vs. 6%). High screen time also correlates with a 2.5 times higher rate of self-rated anxiety (28% vs. 12%) and severe mental health symptoms (15% and 14% vs. 5% on GAD-7 and PHQ-9). Additionally, it's linked to a 2 times higher risk of self-rated depression (22% vs. 11%) and 3 times the likelihood of severe mental distress. [32]

Youth are **more likely to self-report high anxiety (17%) and high depression (17%)** levels compared to older Canadians. [33]

50% of youth aged 18-34 felt climate change negatively impacts their mental health. [30]

While youth are far more likely to be consuming media and talking about mental health, the rate of understanding of literacy about deeper mental health concepts and terminology was no better than any other age group. This suggests that while this group is willing to learn **we are not making mental health education readily available.** [34] [35]

Interactions with young people about key issues are rising. Between January 2023 and July 2024, 23% increase in interactions about physical abuse, a 19% increase regarding eating and body image, and a 16% increase in interactions about emotional abuse. [36]

The History of Mental Health Indicators

Tracking consistent youth mental health indicators over time is challenging. Historically, Canada's health care system was not collecting, evaluating and tracking the mental health of Canadians. To put it simply, mental health data was not a public health concern and no mechanisms were available to collect and report this information for the longest time. We are now asking ourselves: **Is youth mental health worsening, or is mental health across all age groups deteriorating?**

“
I went to see my nurse practitioner. She put me on the waitlist for a government program. There was a bit of a wait, but in the meantime, I looked up techniques to help myself.
Female, Newfoundland and Labrador, 26 years old.”

Reliable data on youth mental health is available dating back to 1977.[37] Although indicators and rates of change may be debated, there is broad agreement that youth mental health has worsened for this generation. The Centre for Addiction and Mental Health (CAMH) has reported a 345% increase in fair/poor youth mental health indicators since 2007.[38] Additionally, data from Statistics Canada shows a divergence between youth and adult mental health starting in 2016, with a more significant shift observed among female youth.[39] In 2023, the number of youth aged 13 and under who have contacted KHP about suicide doubled compared to 2019.[40] Statistics Canada's Canadian Community Health Survey indicates that the rate of those 18 to 34 years old reporting very good or excellent mental health decreased from 72.4% to 59% from 2015 to 2020, a decline of 13.4%, compared to an overall decrease of 7.2% across all age groups.[41]

Recent data sources on youth mental health include the CAMH's 2023 Ontario Student Drug Use and Health Survey (OSDUHS) and Statistics Canada's 2023 Canadian Health Survey on Children and Youth. KHP has created the largest dataset on youth mental health in Canada, offering valuable discoveries through the KHP Insights page. The SFI has conducted numerous clinical trials and possesses a large dataset on child, youth and family mental health, including outcome data and client satisfaction data. For research into specific populations and interventions, the Canadian Institute for Health Research is a major funder of academic mental health research in Canada. All these sources were captured in this report to illustrate the realities of the youth mental health crisis.

Priority Youth Populations

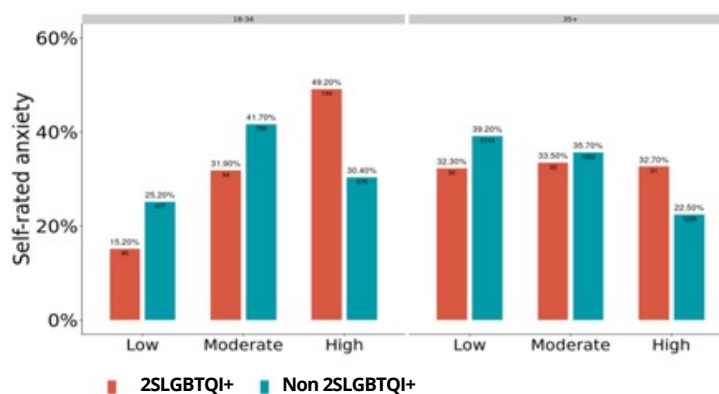
Research shows that certain youth populations have more and different needs than others. Members of 2SLGBTQI+, newcomers, Black, and Indigenous communities have higher rates of poor mental health, barriers to accessing care along with higher rates of needing tailored and culturally specific services.[42]



Examining the intersections of identity, as well as intersectionality (i.e., the overlapping systems of oppression that impact certain communities based on their identity) as it informs the experiences of equity-deserving groups for the following communities can give us a clear understanding of the needs to better meet their specific mental health challenges.

2SLGBTQI+ Communities

MHRC data indicates that overall mental health indicators for 2SLGBTQI+ community members are approximately 65% to 75% more negative compared to non-2SLGBTQI+ individuals.[43] The COVID-19 pandemic was particularly challenging for these groups, as many relied on social connections through support networks that were disrupted during lockdowns.[44] Both data and interviews reveal a significant gap in mental health supports, with help-seekers expressing a need for services and staff specifically tailored to 2SLGBTQI+ groups.



Self-rated anxiety levels of 2SLGBTQI+ and non-2SLGBTQI+ individuals since the onset of the COVID-19 pandemic, separated by age group. Data collected from MHRC Polls 6 (April 2021) and 7 (June 2021). Total number of responses included in this figure is 1,049 in the 18-34 year old category, and 2,815 in the 35+ year old category.[44]

According to KHP, the number of 2SLGBTQI+ youth aged 13 and under who reached out about suicide in 2023 increased by 2.5 times compared to 2019.[45] For 2SLGBTQI+ youth over 13 years old, there was a 15% increase in contacts. Additionally, youth from these communities are significantly affected by climate change and are more likely to benefit from resources aimed at addressing the mental health impacts of climate change, as identified by KHP.[46]

Gender and Sex Disparities

Research from various countries consistently shows that young women have more negative mental health indicators compared to young men. This disparity is evident in self-rated mental health, clinical screenings, diagnosis rates, suicide attempts, and service access. Studies have extensively examined this issue, highlighting factors such as eating disorders, body dysmorphia, trauma from violence, interpersonal issues, and a higher prevalence of mood disorders among young women. According to the Canadian Institute for Health Information, in 2020, 58% of hospitalizations for mental health disorders among children and youth aged 5 to 24 were for females, compared to 42% for males. Females aged 15 to 17 were twice as likely to be hospitalized as their male peers.[47] Young women are also more likely to recognize and report mental health symptoms before they become severe. While men have higher rates of substance use disorders, women experience higher rates of mood and anxiety disorders.[48]

In 2023, 65% of youth in Canada aged 13 and under who texted KHP identified as female, while 23% identified as part of a gender queer community, and 9% identified as male. This data suggests that male youth may face unique barriers to seeking help, such as stigma, gender norms, and lack of awareness about available resources.[49]

Newcomers

MHRC's interviews with newcomers to Canada highlighted self-stigma as an additional barrier.[50] Many newcomers come from cultures where mental health is not highly valued, leading to a lack of recognition of the need for mental health support. Between January 1 and July 31, 2024, KHP reported that 9% of their service delivery was dedicated to supporting youth who have been in the country for less than five years (i.e., newcomers).[51]

“**Yes, it would be good if they came from the same community.... I would like to talk to someone who can fully understand what I am experiencing.**” Female, 24, Newfoundland, came to Canada 3 years ago

The report highlights that newcomers are particularly vulnerable to feelings of isolation, past trauma, racism, bullying, and suicidal ideation. Notably, one in every eight texting interactions from newcomers concerns suicide, compared to one in eleven from non-newcomers. In response to these challenges, KHP launched *New Journeys: An Action Plan for Strengthening Supports for Newcomer Youth*, which addresses the growing needs of this population.

Black Youth

MHRC data indicates variance in how ethnicity impacts mental health access. Black Canadians, for example, indicate being much more likely (300% higher) to not access services when needed in the past year compared to non-Black Canadians. Black Canadians were also less likely to access publicly funded mental health care support compared to non-Black Canadians due to reasons such as mistrust of mental health professionals.[52] [53]

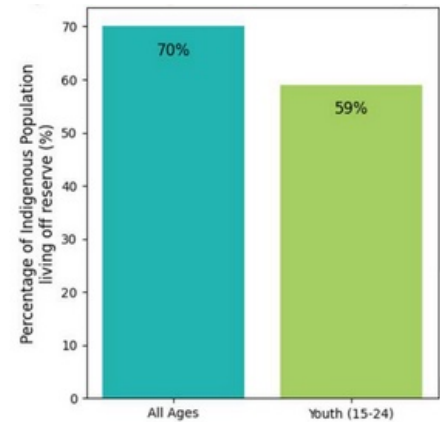
Black children and youth face many barriers to access mental health care including racism and discrimination. When looking at wait times for mental health care, Black-Caribbean populations waited on average 16 months for care, more than twice the wait time experienced by white patients.[53] As race-based data related to all health outcomes are not collected in Canada, there is little information about the prevalence of mental illness in Black populations. In the United States, Black youth are more likely to be diagnosed with major depressive disorder than non-Black youth and six times more likely to die by suicide due to their depression.[53] The health disparities and need of care is persisting and as a result there has been an uptake of mental health needs from Black populations. According to SFI, service user data shows that referrals from Black communities doubled in 2023 compared to previous years.



Indigenous Youth

Indigenous peoples, particularly youth, experience significantly higher suicide rates compared to non-Indigenous individuals. First Nations youth aged 15 to 24 die by suicide approximately six times more often than their non-Indigenous peers. Inuit youth face even higher rates, with suicide rates about 24 times the national average.[54]

There are regional differences with Indigenous peoples living off reserve residing in Quebec and Nunavut reporting the highest levels of good to excellent mental health, while Alberta, British Columbia and Ontario had the lowest levels. Results from the Indigenous People survey highlight that while most Indigenous people living off reserve report good to excellent mental health, there has been a decrease amongst youth, and there is a smaller portion who report good to excellent mental health.[55] A 2017 Statistics Canada survey revealed that although the likelihood of having mood disorders was approximately the same for all age groups of Indigenous peoples, Indigenous youth are less likely than older age groups to report their mental health challenges.[56]



Age comparison of self-perceived mental health (good to excellent) based on the 2022 Indigenous Peoples Survey.[57]



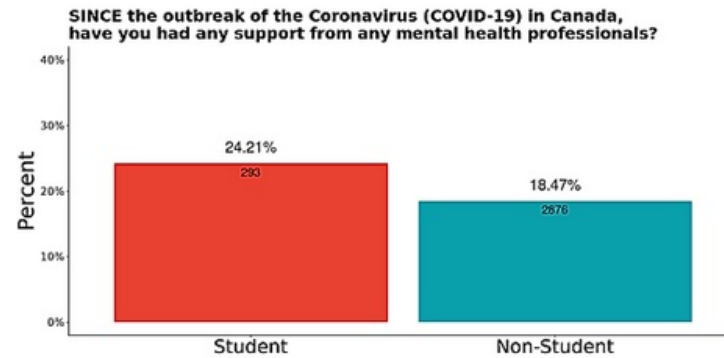
It also cannot be ignored that Indigenous youth, especially those living in remote communities, have barriers when it comes to accessing adequate mental health support. In 2022, 50.1% of First Nation reserve areas in Canada had access to the minimum broadband speeds of 50 megabits per second (Mbps) for downloads and 10 Mbps for uploads, compared to 93.5% of all Canadian households, limiting the ability to utilize virtual supports.[58] Notably, the Government of Canada has a target to connect 100% of Canadian households to high-speed internet by 2030.[59]

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Students

Student mental health is a frequently discussed topic. Youth who are in the student population have worse mental health indicators compared to other age groups, however, compared to non-students, they are actually showing better mental health indicators.[60] This suggests that students have better mental health and greater access to mental health resources compared to their non-student peers. Students benefit from centralized access points through guidance services and campus resources, leading to greater awareness of available support.

According to Jack.org's Campus Assessment Tool, 56% of students are aware of campus mental health services, though only 39% are comfortable accessing them due to lingering stigma.[61] It is also important to note that mental health challenges may act as a barrier for some students in accessing post-secondary services. To respond to the needs of students, post-secondary institutions must have the ability to support the mental health needs of students and implement the *National Standard for Mental Health and Well-being for Post Secondary Students*. [62]



Access to mental health support, since to the onset of the COVID-19 pandemic for post-secondary students and non-students. Data collected from MHRC Poll 4 (December 2020) to Poll 8 (August 2021). Total number of responses included in this figure is 293 post-secondary students and 2,876 non-students.[60]



Prevention and Early Intervention

Early support for youth can help form coping strategies and healthy cognitive behaviours that can result in healthier outcomes and lessen the need for later interventions. As mental health challenges start at an early age, prevention efforts must start even younger. Three primary methods are here:

- **Investing in mental health literacy**
- **Building support systems for youth and for those around youth**
- **Strengthening resilience**



Improving mental health literacy can help reduce one of the major barriers: self-stigma. Many people still find it easier to talk about mental health in general terms or in relation to others rather than discussing their own experiences. MHRC's studies indicate that while youth are increasingly engaged with mental health media, progress is still needed to deepen their understanding and enhance their personal mental health literacy.[63]

Improving mental health literacy among youth and their support systems—such as teachers, parents, and social service providers—can significantly enhance various aspects of youth mental health. Support systems play a crucial role as trusted individuals during times of need and crisis, guiding and assisting youth in understanding and navigating the mental health system. Non-clinical navigators are essential in helping youth discuss their mental health concerns early and encouraging timely treatment. When both youth and their support systems are well-informed, youth are more likely to manage their mental health effectively, and support systems are better equipped to identify concerns and direct individuals to appropriate help.

Mental health literacy and service access are closely intertwined issues. Increasing service access without improving mental health literacy can lead to more individuals seeking services for issues they might handle independently or for needs that don't require professional intervention. By enhancing mental health literacy, we can better guide individuals to appropriate help when necessary and empower them to manage their mental health more effectively on their own, reducing reliance on external interventions when appropriate.

Resiliency is another key factor, much like physical health. By building capacity and developing effective coping strategies, we can better manage the impacts of everyday stressors. We must break down stigma and foster meaningful conversations with youth, helping them to strengthen their resilience and feel empowered. They should have access to reliable mental health information in collaboration with their trusted support systems. This approach not only supports overall mental wellness but also helps reduce the risk of long-term challenges for those predisposed to mental illness.



Resiliency visualized as a fulcrum. If you build more resiliency, the impact of daily stresses can be affected.[64]

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It has been proven that prevention, combined with treatment, has better mental health outcomes for youth. Early intervention and treatment, recovery-oriented practices, and building resiliency against mental illness will provide this generation a life that is hopeful and fulfilling while preventing a lifetime of challenges.

Organizations like Jack.org, the NAFC and Youth in Mind Foundation are great examples of organizations supporting early intervention. They invest in mental health literacy, build support systems for youth and by youth, and strengthen resilience. Jack.org, for example has prevention and promotion material and programming focused on creating sustainable, healthy environments for all young people. They do this by informing, normalizing, and educating on youth mental health, training young leaders to collaborate and using evidence-based resources and tools to build support systems and improve mental health literacy while offering peer support specific to community and youth needs.

“ Young people’s mental health in Canada has been in decline for far too long. It’s our collective responsibility to learn how to support our youth more effectively and ensure our mental health systems are meeting the needs of youth. Jack.org’s work is to prevent the worst mental health outcomes by making sure youth have the education to recognize mental health struggles and the skills to seek help when they need it; we also work to create healthier communities by providing resources to strengthen our ability to respond when someone is struggling. Education and early intervention save lives and must be expanded if we want to reverse the troubling rise of youth mental distress. We join our partners in calling for a paradigm shift, where youth mental health is fully funded and supported as it needs to be set up for the next generation to lead healthy, happy lives.

Zach Pendley, Chair, Board of Directors, Jack.org

“ The wrap-around programs and services offered by Friendship Centres are essential in enhancing the well-being of Indigenous peoples living in urban areas. Beyond specific mental health support, Friendship Centres provide a wide range of cultural programming that help urban Indigenous people connect with their cultures, traditions and communities. These centres offer holistic support throughout every stage of life, from birth to end-of-life care, fostering a lasting positive impact on mental health and overall well-being. We’re proud of the work of the Friendship Centre Movement and the ability to be there to support when someone reaches out.

Jocelyn Formsma, Chief Executive Officer,
National Association of Friendship Centres

“ Prevention has always been a key part of the solution in mental health. It significantly reduces the societal and human costs of unaddressed issues. Beyond that, we know that awareness and prevention have a direct, positive impact on young people. We meet 50,000 of them each year, and this direct and privileged connection confirms the need to keep reaching out—not just to them, but to their entire support system: school staff, extracurricular teams, family, friends, and any important adults in their lives. We must work together. It is our shared responsibility as a society to fill up the backpacks of our youth with the tools they need to face life’s challenges.

Mélanie Boucher, CEO, Youth in Mind Foundation

Service Quality

The wide range of disconnected service providers, challenges in assessing mental health, and a general lack of funding have all contributed to a sector in need of a reform. In recent years, there has been a shift towards using evaluation methods and incorporating lived experience voices as tools for service improvement. It is crucial to include these components at every stage of programming, service planning and delivery to ensure high-quality services. Progress continues as the sector integrates new technology, deepens the consideration for equity, embraces responsible innovation and evaluation to improve the quality of services for youth mental health.



We may never have enough service providers to meet the full scope of need in Canada. However, by focusing investments on validated solutions in the Canadian context, innovating service delivery methods through co-design and research, and adopting a stepped care approach[65] to scale up youth-based services, we can maximize our available resources and enhance their effectiveness. Continuous evaluation will drive service improvement, and by integrating proven innovations, new technologies and outcome measurements, we can develop new strategies to address capacity issues and transform the mental health system.

SFI has been designed to scale quickly to reduce waitlists. Not only does SFI use validated screeners in assessing change in clients, but they complete follow up checks after program completion, reporting outcomes regularly to their funders. This data and information is then used to support quality improvement measures which helps the organization better understand how their services and interventions are working to improve the mental health of more than 10,000 youth and families they serve annually. Through effective evaluation, SFI reports an above 85% success rate, with fewer than 10% of youth returning for additional services.



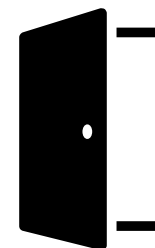
In the wake of the COVID-19 pandemic, which has exacerbated youth mental health challenges, investing in our future generation now is essential for fostering a resilient, healthier society and securing the foundation for a thriving Canadian economy. Our youth can't wait any longer! Together we need to take action to provide timely access to impactful services for our youth and their families through targeted investments. Measurement-based care and rigorous reporting are vital not only for accountability but also to ensure that engagement in virtual mental health and well-being services translates into meaningful outcomes—because 'access' alone does not equal positive outcomes!

Dr. Patricia Lingley-Pottie, President & CEO, Co-founder,
Strongest Families Institute



Access to Services

To create a mental health system, we must improve existing services and provider coordination to have better access to services for youth. This will be accomplished by increasing the availability of services by investing in technologies and community health solutions with high scalability. Improving access to services will help youth to easily navigate the system and connect them to the right care.



Barrier free access will help youth connect with services that meet their needs. Successful service models demonstrate that improved access can open up the right doors and provide the right care for our youth. Holistic service delivery models, such as the Integrated Youth Services model, offers a “one-stop shop” designed by and for youth, addressing mental health, substance use and sexual health. Continued funding for this model of care will help eliminate barriers that many youth experience when seeking initial care. Technology also plays a crucial role in connecting with youth, particularly those in rural or small communities where services may be limited. It helps bridge the gap for those who may not have access to physical locations, ensuring they receive the support they need.

KHP and the Integrated Youth Services model, exemplified in this report by Aire Ouverte and YWHO (with similar models adopted in other provinces that are co-developed with youth and reflect local context and need), are prime examples of reducing barriers and enhancing service access. In 2023, KHP’s strong digital service model found that 52% of their texting interactions came from youth in rural communities. Additionally, 7% of interactions were through their new online messaging service, launched in March 2024. These initiatives build on a legacy of providing low-barrier, centralized access to support. YWHO has found that for about 40% of youth visits, youth report that they ‘don’t know where they would have gone’ or would have gone ‘nowhere’ if services like YWHO weren’t available. The Integrated Service model reduces barriers to access by co-designing services with youth with lived and living experience of mental health and/or substance use services.

“

We can’t deny a stark reality in this country – one in two young people struggles with their mental health alone. That’s not “fine.” In fact, that’s a crisis. I can tell you that in 2023, Kids Help Phone disrupted Canada’s e-mental health landscape to help support young people more than 4.7 million times – the highest number in our 35-year history. Kids and technology are changing faster than ever – and so must we. Kids Help Phone is collaborating with communities from coast to coast to coast to help identify and address service gaps. We’re also innovating with leading-edge technology to develop new access points youth need, want and prefer. We do this because no young person should ever have to navigate their mental health on their own. I believe we must secure a brighter tomorrow for generations by focusing on youth and their well-being today.

Katherine Hay, President and CEO, Kids Help Phone

”

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Integrated Youth Services in Canada, and Youth Wellness Hubs Ontario are transforming the delivery of youth mental health and substance use health services through partnering with youth, families, communities and each other. Drawing on existing evidence-based practices and creating new approaches, YWHO, and IYS are delivering high quality services that are evaluated on an ongoing basis and new knowledge is shared efficiently across research and practice networks. By facilitating youth-focused services across sectors to come together, we are ensuring the holistic needs of youth can be addressed effectively to support optimal outcomes, as defined by youth, for youth. By consistently measuring needs and outcomes, we are ensuring constant strengthening of services and evidence, and by working collectively, we are achieving much needed system change more effectively than ever before.

Dr. Jo Henderson, Executive Director,
Youth Wellness Hubs Ontario

The Aire Ouverte centers have been expanding across Quebec since 2019. This project aims to connect with young people where they are and listen to them in spaces designed for and with them. The Aire Ouverte model provides youth aged 12 to 25, along with their families, with an integrated network of physical and mental health services all in one location. The services offered were developed in collaboration with young people, families, and community partners. Aire Ouverte makes support for Quebec's youth more accessible with tailored services, including walk-in options with no wait lists. Mental health issues are increasingly prominent in our society, and seeking help when needed is crucial. Aire Ouverte is designed to meet this need, and more and more young people are using and valuing these services.

Myriam Tessier, Head of Programs,
Aire Ouverte Quebec

Take Action to Create Positive Change

IMPROVE YOUR OWN MENTAL HEALTH LITERACY

This is key to understanding both your own mental health and how to support those around you.

Begin by recognizing that experiencing some ups and downs is a normal part of life and does not necessarily mean you have anxiety and depression. Concern arises when these issues interfere with your ability to meet everyday needs. As you deepen your understanding, you'll uncover resources, services, and networks that can assist you on your mental health journey. Know that it is okay to seek help as needed whether it's for a tough moment or for ongoing support. Be aware of common triggers for poor mental health, such as excessive screen time, negative interactions on social media, and poor social connections.

This lesson is critically important for individuals such as parents, caregivers, teachers, coaches, and youth counselors—essentially, anyone who interacts regularly with youth. The organizations mentioned in this report offer valuable resources to support and enhance your understanding and approach for youth mental health.

Others like www.mentalhealthliteracy.org, www.albertafamilywellness.org, www.cannabisandmentalhealth.ca, www.stationsme.ca can help too.



DEMAND CHANGE IN HOW WE SUPPORT MENTAL HEALTH IN CANADA

Systematic changes need to be driven by governments and policymakers who fund the existing disjointed system.



As this report is being drafted, various analyses are underway to assess the impact of the recent Federal Health Transfers, which included significant funding for mental health. However, early results suggest that the impact on mental health services across provinces is not yet meeting expectations.

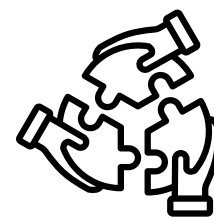
MHRC data indicates that approximately 30% of people reported accessing mental health support in the past year.[66] This figure is relatively low, as those who utilized provincial healthcare systems often had more acute needs and required more frequent support. Consequently, 70% of mental health services are accessed through out-of-pocket expenditures, group insurance, charities, campus services, or community partners. Unfortunately, neither provincial nor federal governments have funded substantial capacity beyond medical interventions. Alternative forms of service access, which often address a wide range of mental health issues at lower costs and with greater scalability, remain underutilized.

Governments must rethink how we fund mental health supports, including modifications to the Canada Health Act by providing universal funding programs for mental health services such as free psychological therapies to all Canadians. A holistic approach is needed — one that considers the full spectrum of service capacity and the broad range of needs across the country. Upstream supports, such as preventative measures through community mental health supports, should be valued and funded with the same urgency as downstream interventions. Additionally, there should be increased focus on youth mental health and the role technology can play in delivering scalable solutions.

ADOPT BEST PRACTICES IN SERVICE DELIVERY

We acknowledge the great work that mental health providers have been doing to improve services, quality of care and access for youth thus far. We also know that some service providers have been slow to adopt best-practices in collaboration, authentically engaging Canadians with lived experience, evaluation and innovation. All providers must challenge themselves with these questions:

- Could I collaborate better by integrating holistic models of community-based care?
- Am I truly listening to the voices of lived experiences?
- Am I robustly and honestly evaluating my programming?
- Am I open to innovative approaches?



Providers play a crucial role in being changemakers and co-creating a mental health system for youth. Let's collaborate, apply evidence-based practices, and embrace responsible innovation, all while celebrating the successes achieved by the mental health community.

Conclusion

The data and stories are clear - youth mental health is worsening. This decline will have long-term impacts on mental health needs, economic output, and quality of life. The findings in this report underscore the urgency of action. As a nation, we must act now to build a better mental health system for our children and youth.

It is also clear that we are making collective progress. A visible and growing movement toward evaluation and focus on youth mental health is underway. This report aims to reinforce and accelerate this progress. We see advancements in how youth discuss mental health and how societal conversations about this issue are evolving. We witness efforts to better evaluate our programs and deepen our understanding of mental health needs. New investments are evident. However, given the scale of the issue, **ongoing diligence, continued effort, and sustained investment will be crucial in determining whether this progress can effectively address this generational challenge.**



About Us

Aire Ouverte

Aire ouverte is part of the Integrated Youth Services movement in Canada and supports young people aged 12 to 25 and their families. It provides tailored resources, bridging youth and adult mental health services while connecting with community partners. The hubs are designed to be accessible, with no wait times, in spaces co-designed by youth and young adults.

For more information, visit : <https://www.quebec.ca/en/health/finding-a-resource/aire-ouverte-services-for-young-people-aged-12-to-25>

Jack.org

Jack.org empowers young people across Canada to become mental health leaders. Through Jack Talks, Chapters, and Summits, they dismantle barriers to positive mental health while sharing resources and building connections. Jack Chapters provide training, mentorship, and digital tools to help young leaders support their peers.

For more information, visit: <https://jack.org/Home>

Kids Help Phone (KHP)

Kids Help Phone is a Canadian charity offering confidential 24/7 text, phone, and online support for youth in crisis. They address mental health, bullying, and suicide prevention, empowering young people with the tools to navigate challenges and make informed decisions.

For more information, visit: <https://kidshelpphone.ca/>

Mental Health Research Canada (MHRC)

Mental Health Research Canada is a national charity that serves to advance mental health through studentships, granting, data collection/analysis and strategic initiatives. As a leading mental health organization in Canada, MHRC is dedicated to improving the lives of all Canadians by advancing mental health knowledge in unique ways—notably by leading, seeding and influencing to create better mental health systems.

For more information, you can visit : www.mhrc.ca

The National Association of Friendship Centres (NAFC)

The Friendship Centre Movement offers culturally relevant programs for Indigenous people in urban areas, supporting health, shelter, youth, justice, and development. In addition to taking action to improve mental health outcomes, Friendship Centres help Indigenous and non-Indigenous people come together, share traditions, and learn from one another.

For more information, visit: <https://nafc.ca/?lang=en>

Strongest Families Institute (SFI)

Strongest Families Institute offers mental health programs nationwide for children, youth, adults, and families impacted by behavioural issues, anxiety, and depression. Through telephone coaching and online access to programming, clients learn and practice skills to manage their daily lives, avoiding long wait lists, geographical barriers, and stigma that can hinder access to care.

For more information, visit: <https://strongestfamilies.com/>

Youth in Mind Foundation

The Youth in Mind Foundation aims to prevent psychological distress in Quebec youth aged 11 to 18. They provide teens, parents, and school staff with online tools and school workshops to raise awareness, destigmatize mental health, and empower young people to face life's challenges.

For more information, visit: <https://fondationjeunesentete.org/en/>

Youth Wellness Hubs Ontario (YWHO)

YWHO is part of the Integrated Youth Services movement in Canada and provides free, youth-friendly, centralized mental health services. In Ontario, 17 Youth Wellness Hubs (YWHO) deliver rapid, low-barrier access to mental health, substance use, primary care, housing, and employment services. YWHO collaborates with youth to enhance support using evidence-based approaches tailored to individual needs.

For more information, visit: <https://youthhubs.ca/>

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Youth Wellness Hubs Ontario

If you need mental health support :
Call or Text 9-8-8 Suicide Crisis Helpline
Visit:

<https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html>