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An Outlook on Mental Health:

A Priority for all Youth

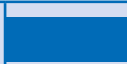
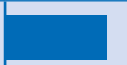


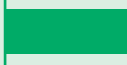






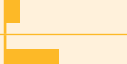






Key findings from the 2021 Halton Youth Impact Survey

In June 2021, 2599 young people completed the Halton Youth Impact Survey (HYIS). In November 2021, 44 youth participated in a [Youth Data Party](#) to validate the findings and share feedback on how their peers, schools, communities, and organizations serving youth can make a positive impact on young people in Halton. This is the first in a series of Data Action Bulletins to share findings from the Halton Youth Impact Survey and mobilize community partners to take action to support youth in Halton. For more information on the Halton Youth Impact Survey, visit [HYIS Results](#).

We partnered with UNICEF Canada, the Canadian Index of Wellbeing, Ontario Trillium Foundation and the Medivae Foundation on this project.

This bulletin analyses the responses of 1915 youth in the 13 to 18 age range.

Sociodemographic characteristics of this sample.

		N	%	
GENDER	Female	996	52%	
	Male	838	44%	
	Non-binary	27	1%	
	Another gender identity*	46	2%	
AGE	13-15 years	1010	53%	
	16-18 years	905	47%	
GRADE	Elementary school	132	8%	
	Secondary school	1620	92%	
MUNICIPALITY	Burlington	284	19%	
	Halton Hills	86	6%	
	Milton	427	28%	
	Oakville	729	48%	
IMMIGRATION	Newcomer**	220	12%	
	More than 5 years	256	14%	
	Born in Canada	1385	74%	
CONDITION	Living with chronic illness or disability	182	10%	
VISIBLE MINORITY***	Belongs to a visible minority group	986	53%	
INDIGENOUS	Identifies as First Nations, Métis, Inuit or other	176	10%	

* Participants could self-identify and enter their own gender identity. The most common response was non-binary. Other responses included: gender fluid (13), questioning/not sure (10), demigirl (3), agender (12), genderqueer (2).

** Living in Canada for five years or less.

*** The definition of visible minorities is employed here to make the data comparable to Statistics Canada census data. The Employment Equity Act defines visible minorities as "persons other than Aboriginal peoples, who are non-Caucasian in race and non white in colour".

Mental health in Halton and beyond

The COVID-19 pandemic has amplified an existing mental health crisis globally. For young people, isolation from their peers, change to their routines and the inability to participate in regular activities has created much uncertainty.

In Canada, overall mental health decreased from 2018 to 2020, with women and young people experiencing more significant negative impacts.¹ This is part of a trend in Ontario and Halton that began before the pandemic. For example, in Halton, the rate of emergency department visits and hospitalizations for mental health for 10-17-year-olds increased significantly from 2006 to 2015, while the rate of ED visits and hospitalizations for females was as much as 2.5 times higher than males.²

National data comparing youth self-rated mental health before and during the pandemic has already shown the impact of this period on youth mental health.³ This is particularly relevant in Halton Region where, in 2021, only 3 in 10 youth (aged 13-18) reported their mental health as very good or excellent, according to the latest data from the Halton Youth Impact Survey.⁴

Much of the data points to increased vulnerability for females and young people. There are also other intersectionalities that increase not only the risk of experiencing mental health challenges but also accessing quality services. Recent studies highlight increased vulnerability of those who are already experiencing mental health challenges,⁵ those living with a disability,⁶ low-income individuals and families,⁷ those with unstable housing or who are homeless,⁸ 2SLGBTQI+ individuals,⁹ and Indigenous and other racialized individuals.¹⁰ A new report from Children's Mental Health Ontario highlights the unique experiences of Black youth, Indigenous youth and other racialized youth in accessing relevant, culturally sensitive mental health services. The report argues that "children and youth from marginalized communities are the most at risk of developing serious mental health conditions, and the least represented in care and treatment" while at the same time facing barriers including "racism, discrimination and cultural insensitivity".¹¹ The report further highlights the impact of racial biases and stereotypes from service providers on trust, leading youth to no longer seek mental health support. For those who do seek support, financial barriers may impede access "as marginalized groups are overrepresented in low-income communities."¹²

Despite the difficult circumstances, there have been positive mental health outcomes. According to a recent survey, 83 per cent of youth aged 12-14 years-old and 75 per cent of youth aged 15-17 years-old indicated that they had had more meaningful conversations during the pandemic,¹³ while nearly 80 per cent of respondents to another survey were aware of Kids Help Phone,¹⁴ suggesting a broader acceptance of the importance of mental health support.

What is the state of youth mental health in Halton and what can be done to improve the mental health of young people?



Key findings from the Halton Youth Impact Survey

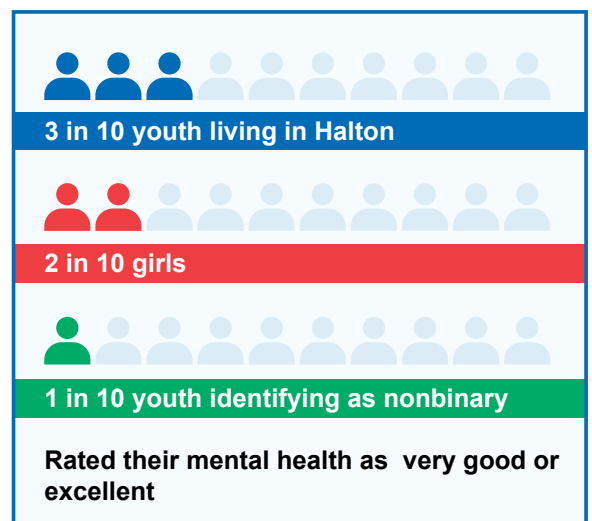
- **3 in 10 young people** in Halton rated their mental health as very good or excellent
- **3 in 10 youth** rated their life satisfaction as high. Measures of life satisfaction offer subjective assessments of wellbeing and happiness. Ratings of life satisfaction varied greatly among the diverse identities in the survey.
- **2 in 10 youth** reported having a diagnosed mood or anxiety disorder
- **3 in 10** experienced at least one of the following about every day: having difficulties with sleep, feeling low, irritable, or nervous
- **3 in 10 youth** rated most of their days as quite a bit or extremely stressful
- Young people in Halton Hills were less likely to rate the quality and accessibility of mental health services as very good or excellent.

Mental health and wellbeing in Halton: the numbers

Self-rated mental health

Self-rated mental health provides a measure of youth's perception of their overall mental health status. It is measured on a five-point scale (excellent, very good, good, fair and poor). A number of surveys in Canada and worldwide use this indicator for monitoring general mental health in the population.

Youth identifying as Indigenous and newcomer youth who have lived in Canada for five years or less were more likely to rate their mental health as very good or excellent, compared to their peers (independent of gender or age).

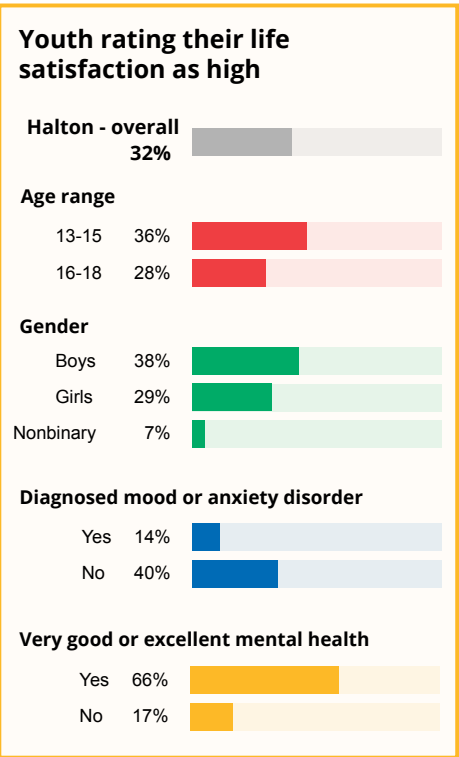


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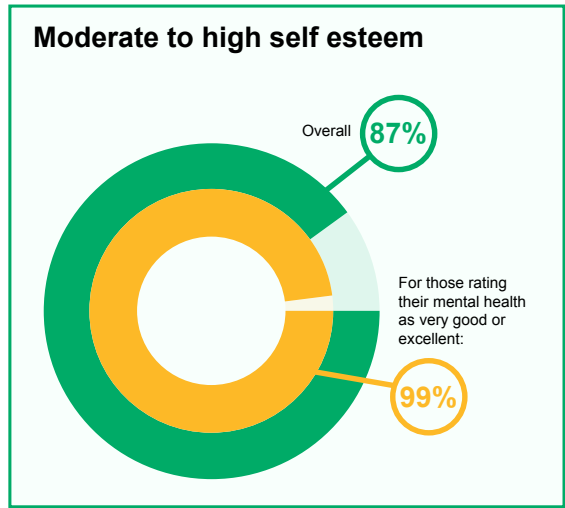
Life satisfaction

Life satisfaction measures an individual’s subjective assessment of their own wellbeing and general happiness. It is measured on a 11-point scale where higher scores reflect higher satisfaction with life in general. Research shows a relationship between life satisfaction and mental health.

On a scale of 0 to 10, a rating of 8 or higher was considered high. In Halton, 32% of youth reported high levels of life satisfaction.



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Self-esteem

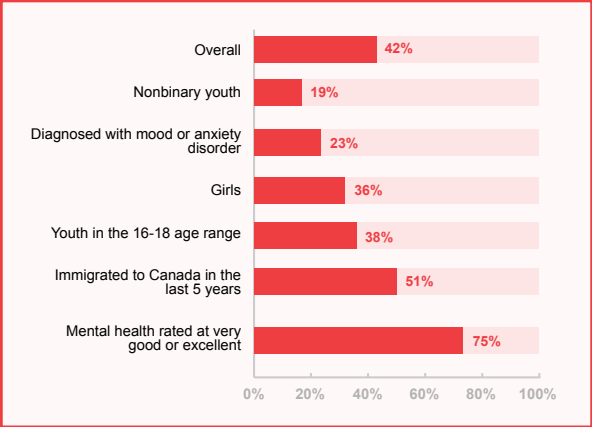
Self-esteem is the percentage of youth that have moderate to high self-esteem. The measure is comprised of 6 questions adapted from the Rosenberg Self-Esteem Scale and was used in the previous Halton Youth Survey (2012). The indicator provides a global assessment of self-worth, measuring both positive and negative feelings about oneself.

High Personal Power

Personal power is the percentage of youth reporting that they feel they have control over “things that happen to me”. It is comprised of three questions developed by the OKN research committee, used in the previous Halton Youth Survey (2012).

Forty-two percent of young people in Halton scored high for Personal Power. Girls and nonbinary youth, youth in the 16-18 age range, and youth who had a diagnosed mood or anxiety disorder were less likely to have high Personal Power compared to their peers.

Newcomer youth who had been living in Canada for five years or less were more likely to have a high Personal Power score, compared to those who were born in Canada. Those that rated their mental health as very good or excellent were also more likely to have high Personal Power.



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Diagnosed mental health disorders

Diagnosed mental health disorders is the percent of youth reporting they have been diagnosed for either an anxiety or mood disorder. The indicator provides insight into the prevalence of mental health problems in our sample. The percent may under-report prevalence due to possible barriers to accessing care.

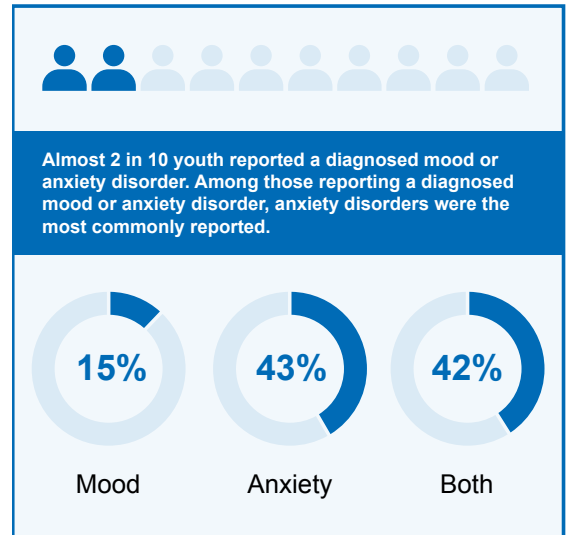
Among the 18% who reported having a diagnosed mood or anxiety disorder, anxiety disorders were more frequent than mood disorders.

Youth in the 16 to 18 age range (compared to youth in the 13 to 15 age range), girls and nonbinary youth (as compared to boys), and youth who did not rate their mental health as very good or excellent were more likely to report having a diagnosed mood or anxiety disorder. Youth identifying as Indigenous were also more likely to report having a diagnosed mood or anxiety disorder. Immigrant youth were less likely to report a mental health diagnosis, independently of their age, gender, or time living in Canada.

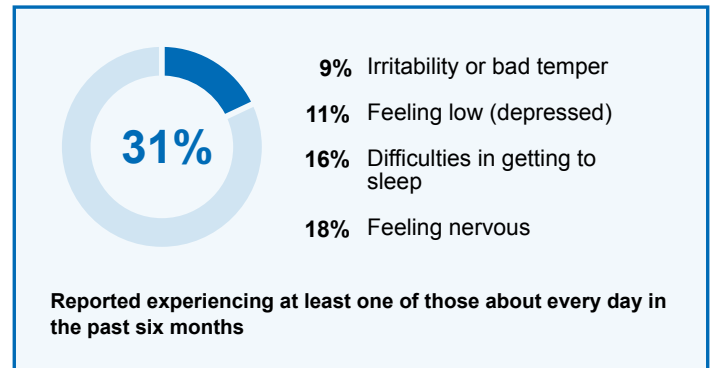
While the survey did not include a full questionnaire on symptoms that could be indicative of a mental health diagnosis, youth did report symptoms they experienced in their daily lives.

Girls were almost two times as likely as boys to report at least one symptom. Youth identifying as Indigenous and newcomer youth living in Canada for 5 years or less were less likely to report one of these symptoms.

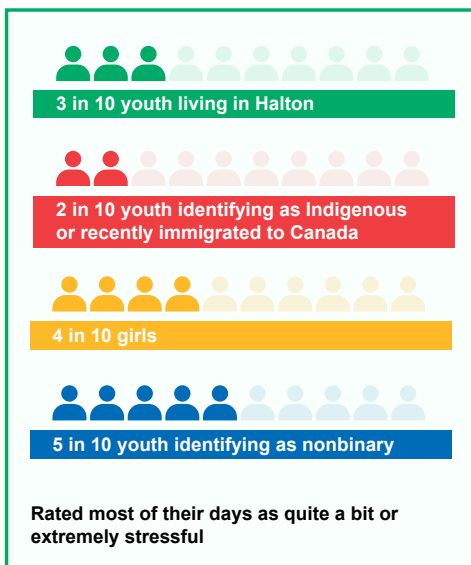
Independent of their gender and age, youth with a diagnosed mood or anxiety disorder or who did not rate their mental health as very good or excellent were more likely to mention at least one symptom. Excluding youth with a diagnosed mood or anxiety disorder, 20% of the youth with no mental health diagnosis reported experiencing at least one of those symptoms about every day.



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Stress

This indicator measures youth's perception of how stressful most of their days are. It is measured on a five-point scale (extremely, quite a bit, a bit, not very, and not at all stressful). A number of surveys in Canada and worldwide use this indicator for monitoring general levels of stress in the population.

In Canada, in 2020, just over 1 in 10 youth aged 12 to 17 evaluated that their days were quite a bit or extremely stressful¹⁵. In Halton, a little over 3 in 10 youth reported experiencing this level of stress in their lives.

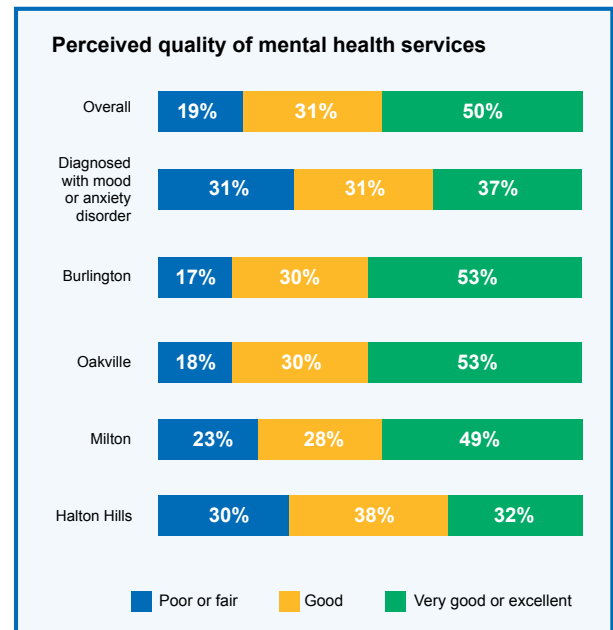
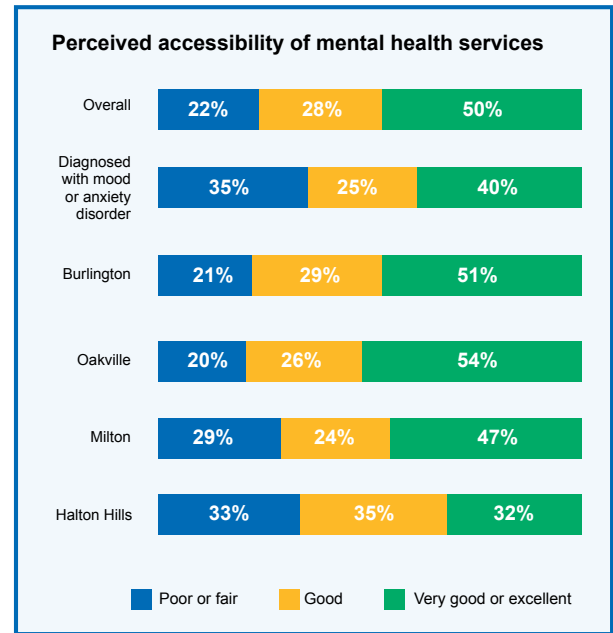
Youth who had a diagnosed mood or anxiety disorder were more likely to report an elevated level of stress (independent of their gender and age). Youth who had rated their mental health as very good or excellent were less likely to report high levels of stress (independent of their age and gender).

Perception of quality and accessibility of mental health services

Perception of the quality and accessibility of mental health services measures youth perceptions of the overall quality and overall accessibility, regardless of whether they have or have not ever used or tried to use services. The indicator provides insight into whether young people expect to find adequate care if they need it. It is based on a five-point scale (poor, fair, good, very good, or excellent).

Youth's perception of mental health services varied. Youth diagnosed with a mood or anxiety disorder were more likely to rate quality and accessibility of services as poor or fair (independent of gender or age). Girls, regardless of having a mental health diagnosis, were also more likely to give lower ratings to quality and accessibility of mental health services. Youth identifying as Indigenous, newcomer youth living in Canada for 5 years or less, and youth who rated their mental health as very good or excellent were less likely to give lower ratings to mental health services' quality and accessibility (independently of having a diagnosed mood or anxiety disorder).

Young people living in Halton Hills were less likely to rate the quality or accessibility of services as very good or excellent, compared to the other three municipalities.

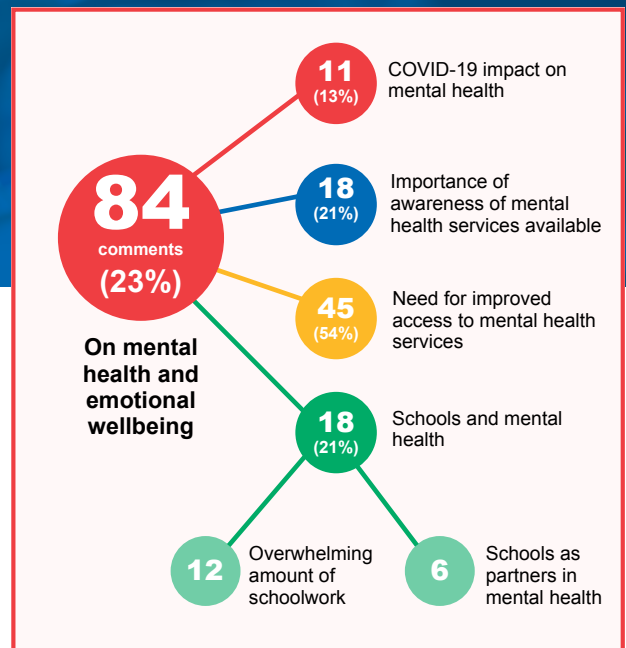


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The story behind the numbers

Qualitative data highlights the importance of mental health and emotional wellbeing to youth, a theme selected by participants at the [Youth Data Party](#). Out of 361 open comments at the end of the HYIS, 84 (23%) were about mental health.



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Youth on their mental health and the impact of COVID-19

Youth at the Data Party described good mental health as feeling relaxed or going to bed without a thousand thoughts racing through their minds. The topic of constant stress and pressure was also discussed. In the open comment section of the survey, participants described feeling overwhelmed with the amount of schoolwork and changes to their school schedules. Many wanted things to go back to normal (no pandemic related restrictions) or wanted to practice sports again.

Youth on mental health awareness

Awareness could be an issue in terms of access to services. Some of the suggestions offered by participants that are described below, already exist in Halton (e.g., youth can access mental health supports on their own confidentially and anonymously, and services can be accessed without fees). Youth that had positive experiences with certain programs wanted others to know that there were professionals willing to listen and help.

Young people preferred to seek care and support on their own. Opt-in mental health check-ins or attentive adults would be helpful in increasing their awareness and connecting them to services sooner. Youth commented on the importance of their peers learning about the services available to them, as well as being able to communicate with their parents and community about mental health.

Youth emphasized the need to decrease the perceived mental health stigma, which they saw as a key barrier to them seeking support.

As one young person said:

“The first step is to normalize speaking about your mental health. It should be equivalent to talking about a headache.”

~Youth Data Party participant.

Youth on access to mental health services

Comments told a story of youth falling through the cracks in the system, of friends who had not found the support they needed, or of young people still searching for treatment. One mother expressed that she wanted to find a free therapist for her child, a young person told their story of sharing with their doctor and leaving without any guidance or referral.

27% of youth who highlighted the need for better access to mental health services, regarded mental health services fees as a barrier. Other youth described frustration with waitlists for free services, while others hoped they would access services on their own or in a way that ensures confidentiality. Completely anonymous services or services delivered through text messages were cited as important by some participants.

Youth on schools and mental health

In schools, difficulties with class schedules and alternating between in-person and online learning were highlighted. Teaching strategies to cope with stress was welcomed by some and criticized by others who did not see enough need for it. Despite conflicting opinions on mental health content taught in school, youth included schools as allies and part of the solution.

Youth hoped that schools would help connect young people to mental health services and become partners in increasing awareness and mitigating stigma. Participants envisioned schools educating communities and parents on mental health, creating conditions supportive of their emotional wellbeing, and promoting optional mental health check-ins. One participant at the Youth Data Party mentioned a teatime club in their previous school that was very impactful and supportive to youth.

“At one of my old schools, there was a Teatime club, where people drank tea and ate food. They then talked about whatever was on their mind. It was amazing.”

~Youth Data Party participant.



What next? Data to action

The findings from the HYIS provide our community with new, comprehensive data, informed by a youth engagement strategy, and validated by youth from across Halton. Now, it is time for organizations serving youth in Halton to move the data into action.

How can we improve the mental health of young people in Halton while ensuring that services are accessible and relevant?

STEP 1

Consider the conditions we want to see for youth mental health in Halton.

The findings from the HYIS suggest three key conditions we should strive for:

- Support all youth in their mental health
- Reduce the stigma around mental health
- Increase equitable access to mental health services for all youth

STEP 2

Explore and share the findings.

Have conversations about what the results mean, and how we can work together in Halton to respond to these findings.

STEP 3

This Data Action Bulletin posits a series of questions, or Data Actions, to guide discussion and, ultimately, action at your organization. Work through and discuss each question as a group. It is our vision that the conversations catalyzed by these questions will be unique to your organization and create pathways for mobilizing the data within your organization and our communities.

The following questions are a starting point for reflecting on the data in this Bulletin. More data may be found at [OKN Data Portal](#).

- Do the findings support your policies or practices?
- Do the findings call for new policies or practices?
- Do the findings identify gaps in programs and services?

How we achieve these outcomes will be determined by the actions we take, individually in our respective work, and collaboratively as a community. The Data Actions below are designed to guide discussion at your organization.

Support all youth in their mental health

- What is the story behind the numbers and how can we engage with the youth in our networks to turn the curve towards improved mental health?
- How can your organization embody an equity lens to understand the unique experiences of youth from equity-deserving communities?
- Who are the partners with a role to play and how can we work together to achieve our shared goals?

Reduce the stigma around mental health

- What are some ideas for creating safe spaces in your community for learning and talking about mental health?
- If a young person is not comfortable speaking about mental health at home, what can schools do to address that gap, and vice versa?
- How can you share information and raise awareness to reduce the stigma around mental health in a way that is respectful and relevant to different communities?

Increase equitable access to mental health services for all youth

- What are the ways in which your organization can make sure all youth are aware of mental health services?
- What are some ways in which youth services, such as mental health, can be made accessible to all youth in Halton?
- What are the ways in which your organization can respond to the needs of youth from equity-deserving communities, such as embodying humility within staff to ensure the provision of tailored services?



Limitations

- This bulletin covers only responses of youth in the 13-18 age range
- Open invitation sampling strategy (non-probabilistic)
 - Sample is not necessarily representative of all children and youth living in Halton.
 - It is not possible to determine a response rate.
 - However, considering the geographic coverage and the size of the final sample, it's fair to assume that we have a reasonably good cross-section of children and youth living in Halton.
- A higher degree of diversity within this sample calls for caution when interpreting overall ratios. For more details on the composition of the sample see the sociodemographic table
- The data are meant to provide a snapshot of youth wellbeing during COVID, and caution should be used when comparing across time.
- While each indicator is important, using multiple indicators as evidence of strengths and needs provides a more comprehensive representation
- This is a self-report survey and several types of response bias have been identified related to self-report surveys. Use caution when interpreting the findings
- The ratings on perceived quality and accessibility of mental health services cannot be linked to service use, as this survey did not measure previous use of mental health services or the types of mental health services they may or may not have used. This indicator provides insight into how easy or difficult youth believe it may be to access high-quality mental health care.

Endnotes

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