

Youth
Voice
Report



Introduction

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

The State of Youth Mental Health

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

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

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

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

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

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

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

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



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

Meet the Jack.org Network

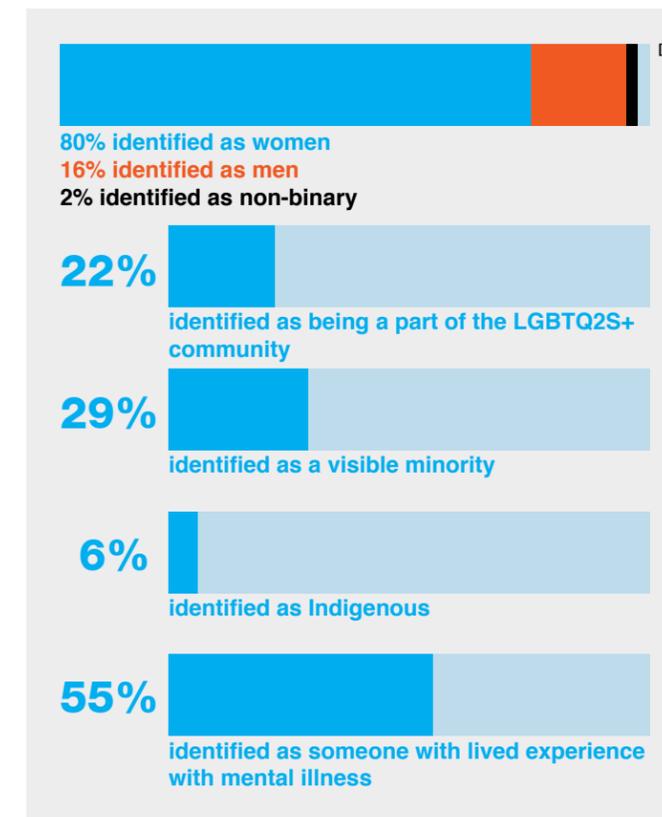
At Jack.org, young leaders are speaking up about mental health to ensure that this 'crisis of access' is taken seriously.

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

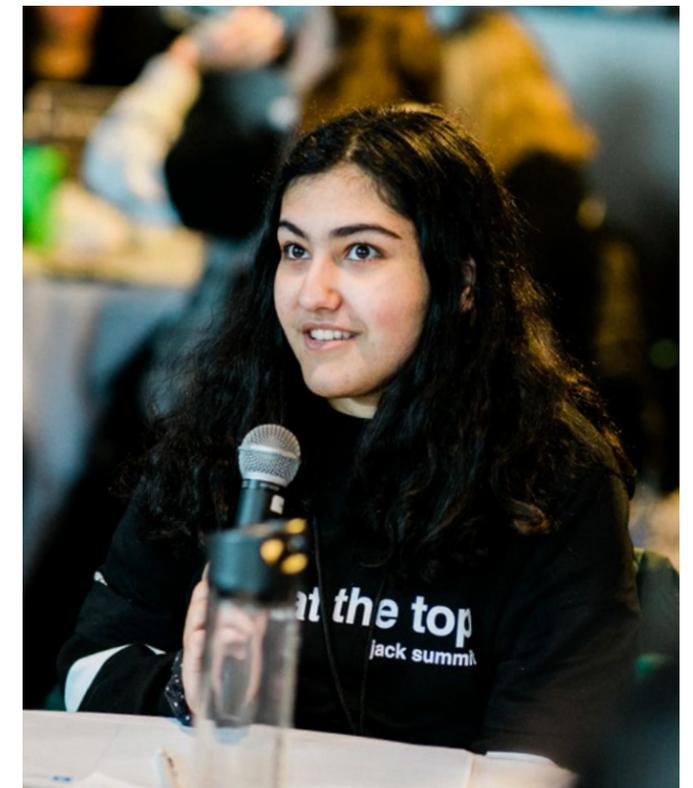
The action of these young leaders to raise awareness of mental health and available mental health resources aims to help ensure that young people identify mental health struggles early and understand how to access support to prevent mental health struggles from worsening into crises.

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

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



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



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

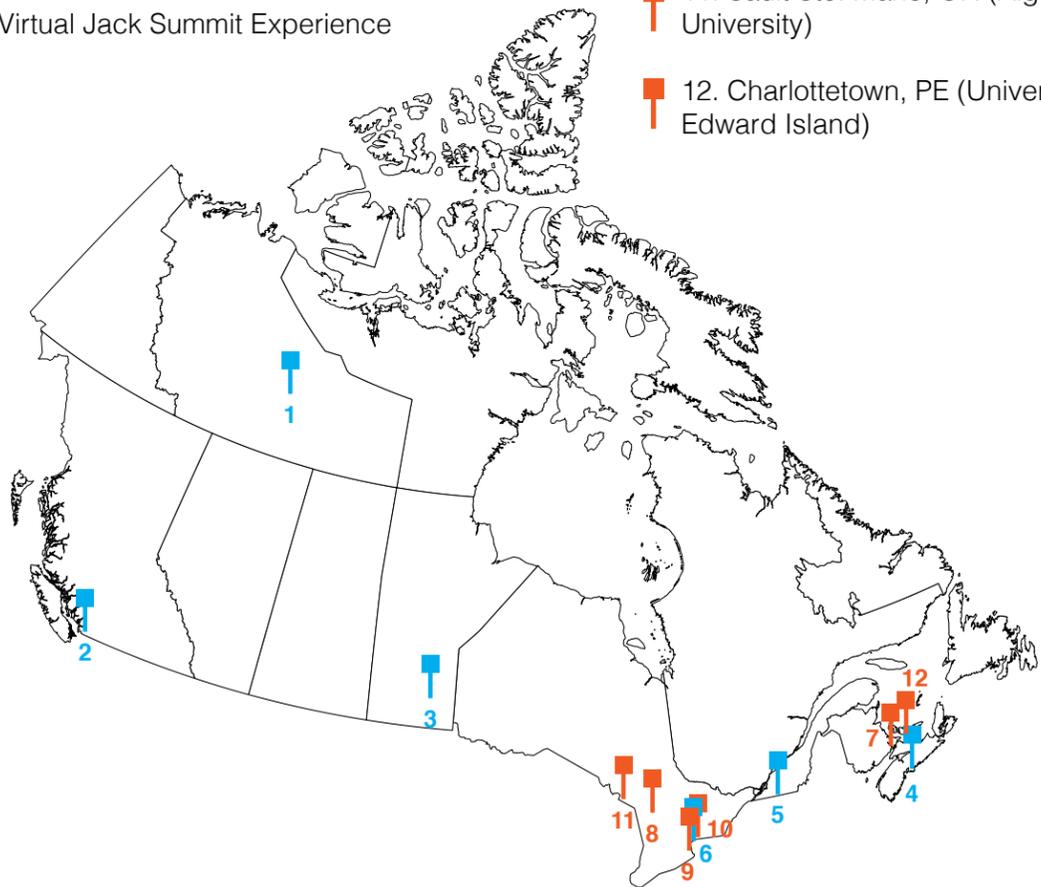
Information from six Jack Chapters was gathered through the Campus Assessment Tool (CAT), a participatory research tool conducted by post-secondary Jack Chapters, to better understand the services and resources available at institutions across the country and gain the perspectives of young people in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

NATIONAL & REGIONAL JACK SUMMITS

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

CAT Chapters

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



74%

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

54%

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

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

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

Summit Collaboration Sessions

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

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

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

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

Overview of Challenges and Recommendations

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

What is the Need?

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

Academic Stress.

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

Uncertainty About Digital Mental Health Services.

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

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

Difficulty Finding the Right Fit.

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



Recommendations

1

Encourage the use of teaching practices that support student wellbeing.

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

2

Help young people access and navigate online mental health services.

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

3

Increase the availability of culturally appropriate mental health services.

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

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



Encourage the use of teaching practices that support student wellbeing.

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

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

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

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

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



Detailed Recommendations

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

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

a. Provide mental health breaks in class.

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

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

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

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

c. Facilitate dialogue about mental health.

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

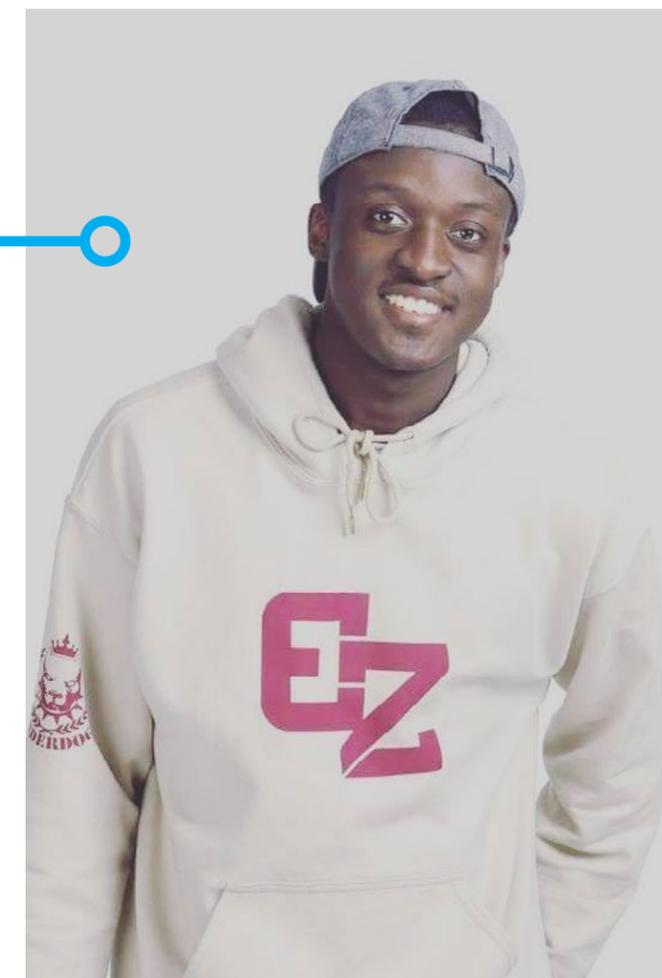
UBC and SFU, which recommend instructors talk with students about how they are doing (particularly if it seems they are struggling), as well as model discussions of mental wellbeing by sharing their own self-care practices.

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

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

d. Consider grading and assessment policies that increase flexibility.

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



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

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

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

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

Need for Structural Change

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

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

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

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

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

