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Youth Mental Health Workshop Report

May 27th, 2020

With appreciation to the RBC Foundation

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1.0 Executive Summary

The Brain Canada Foundation (BCF), also known as ‘Brain Canada’, is a national registered charity headquartered in Montreal that enables and supports excellent, innovative, paradigm-changing brain research in Canada. Our vision is to understand the brain, in health and illness, to improve lives and achieve societal impact.

Youth mental health is a major health, social, and economic challenge. Although Canada has come a long way in gathering evidence to drive change in the mental health system, more investment is needed to help support the almost 1.2 million children and youth affected by mental illness in our country.

To date, in partnership with Health Canada through the Canada Brain Research Fund (CBRF), we have invested over \$14 million towards supporting research on mental health and neuropsychiatric disorders, half of which focused specifically on child and youth mental health. Brain Canada wanted to better understand what was needed to create meaningful change in Canadian youth mental health in order to maximize the impact of our programs.



In the fall of 2019, with sponsorship from the RBC Foundation, Brain Canada moved forward with phase one of a two phase initiative on youth mental health: an interactive workshop. Through a partnership with Wisdom2Action, an organization which specializes in youth mental health engagement, along with guidance from the Mental Health Commission of Canada (MHCC) and experts from our network of funded researchers in the field, Brain Canada identified and recruited the experts and key stakeholders needed from across the youth mental health sector to help accomplish our goal of better understanding existing gaps in knowledge and services and prioritizing areas for further support.

This report outlines the process and outcomes of a two-day workshop hosted by Brain Canada and the RBC Foundation in March 2020. This priority-setting exercise laid the necessary groundwork to move into the second, or implementation phase of the initiative.

2.0 Project Introduction

Mental illness remains a major health concern for the world's young people, making up almost half of the disease burden for youth aged 10-24 years (Gore et al, 2011). It is a particular challenge in this developmental stage, with 75% of mental illness developing by the age of 24 (Kessler et al, 2005). Despite increased attention, and emergent models of youth mental health services, the challenge of youth mental health is not abating. In the US, the rate of reported childhood disability has risen significantly between 2001 and 2011, due to increased rates of mental health and neurodevelopmental disorders (Houtrow et al, 2014). There are numerous potential long-term consequences of mental illness, including health-related disability, decreased educational and employment outcomes, and increased rates of substance use and criminality (Erskine et al, 2015). Suicide is the second leading cause of death amongst youth worldwide, with increased vulnerability to suicide seen in those with mental health disorders and in certain populations, such as Indigenous youth (Pollock, Naicker, Loro, Mulay & Colman, 2018; World Health Organization, 2014).

At the same time, there is a worldwide gap between youth mental health needs and available services (Patel et al, 2018). Many youth do not seek mental health treatment, and it is estimated that only approximately 20-30% of youth in high income countries receive needed mental health treatment (Mei et al, 2020; Mental Health Commission of Canada, 2017). This treatment gap is particularly concerning as mental illness is responsive to early intervention and effective approaches can help prevent mental illness from becoming a chronic condition (Dunne et al, 2017).

Brain Canada recognizes child and youth mental health as a crisis and an area in need of innovation. Beyond funding excellence in brain research for more than 20 years, Brain Canada is uniquely placed to act as a convenor of key stakeholders through our network of funded researchers as well as the partnerships and collaborations we have built across the non-profit, government, and private sectors. Using this network, our goal was to connect diverse stakeholders in the field of youth mental health to not only identify the greatest challenges, but to move beyond knowledge and into action. Importantly, we wanted to better understand how to guide the implementation of identified key priorities by determining the opportunities and approaches that will have a meaningful impact for youth.

3.0 Project Partners



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Brain Canada is a national registered charity that enables and supports the very best Canadian neuroscience - fostering collaborative research, building capacity, and accelerating the pace of discovery in order to improve the health and quality of life of Canadians who suffer from brain disorders. For two decades, Brain Canada has made the case for the brain as a single, complex system with commonalities across the range of neurological disorders, mental illnesses and addictions, brain and spinal cord injuries. Looking at the brain as one system has underscored the need for increased collaboration across disciplines and institutions. This will lead to a smarter way to invest in brain research that is focused on outcomes that will benefit patients and families. Brain Canada's vision is to understand the brain, in health and illness, to improve lives, and achieve societal impact.

Through the Canada Brain Research Fund, an innovative partnership with the Government of Canada (through Health Canada), Brain Canada encourages Canadians to increase their support of brain research, and maximize the impact and efficiency of those investments. Over the past 20 years, Brain Canada and its donors and partners have invested \$250 million in 300 research projects across the country.

RBC Future Launch is RBC's commitment to empower Canadian youth for the jobs of tomorrow. RBC is dedicating \$500 million to help young people feel better prepared for their future by offering practical work experience, skills development, networking opportunities and access to mental well-being supports and services. Beyond our funding, we bring together RBC's broader capabilities to help address the barriers young people and our youth-focused partners face.



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Since 2011, Wisdom2Action has been supporting the well-being of children, youth, families and communities, and organizations through evidence, evaluation, and engagement. At Wisdom2Action, we believe that youth engagement is critical for more effective policies and programs. We consider youth engagement as a principle, policy, and as a central component of all project planning and implementation; we also advocate for youth engagement as an evidence-based practice.

We are committed to community-development and capacity building and take an appreciative and strength-based approach to our work, helping people see the positive and identify what people, organizations, and communities need more of through appreciative questions, interviews and story sharing, creative exploration and co-analysis.



Naomi Azrieli
Chair, Board of Directors
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4.0 Project Background

Workshop / Phase 1 Vision

This workshop aimed to convene 30 to 40 thought leaders, advocates, researchers, clinicians and professionals working on the front lines, youth, community stakeholders, funders, and policy makers - all active and engaged in youth mental health in Canada. The goal was to identify gaps and opportunities in current youth mental health services and programs in Canada in order to inform strategic investment in phase 2 of the initiative.

The workshop objectives included:

1. Review specific challenges, needs, and gaps in youth mental health services, as well as experts and delivery agents of youth mental health;
2. Explore key issues that would enable the community to deliver more effective programs and outcomes;
3. Identify programmatic opportunities to support youth mental health, including scaling up current efforts to improve the delivery of mental health services or validating primary and second-line practices.

The information gathered at the workshop will be used to guide funding in key areas identified during the workshop as being top priorities for stakeholders and demonstrate the greatest promise of achieving impactful youth mental health outcomes.



Project Principles

Brain Canada Foundation and **Wisdom2Action** approached workshop planning with several guiding principles:

Youth Engagement

Youth engagement that allows young people to be key stakeholders in the decisions that affect them is positive for both youth and the services they use (Checkoway, 2011; Dunne, Bishop, Avery & Darcy, 2017; Lancet Commission, 2017). Youth engagement has an increasing role internationally in identifying youth mental health priorities and approaches as one component of how to increase effectiveness of mental health interventions (Halsall et al, 2019; Hawke et al, 2019; Heffernan et al, 2019).

To support youth engagement in this project, active participation and co-creation by youth was incorporated into the development of the workshop. A diverse youth host team, all engaged in youth mental health advocacy, were convened. They met online four times in advance of the workshop and discussed the approach and design of the event and review the pre-workshop survey results. On March 9, they met in Toronto to confirm the approach as well as their roles and responsibilities as hosts. Youth advocates were also invited as workshop participants.



Diverse Stakeholders

There was a recognition that a diverse group of stakeholders was needed to effectively consider issues and opportunities for youth mental health research and programming. Brain Canada and W2A worked intentionally with various groups of stakeholders to ensure representation from key sectors, such as academic and clinical research, service provision, community-based organizations, education, and philanthropy. Geographic representation was also considered during the stakeholder invitation stage, leading to representation from many provinces across Canada. All travel and accommodation costs for participants to attend the workshop were reimbursed by Brain Canada and the option to have costs pre-paid was offered to youth hosts so as to reduce any financial barriers to participating in the workshop.

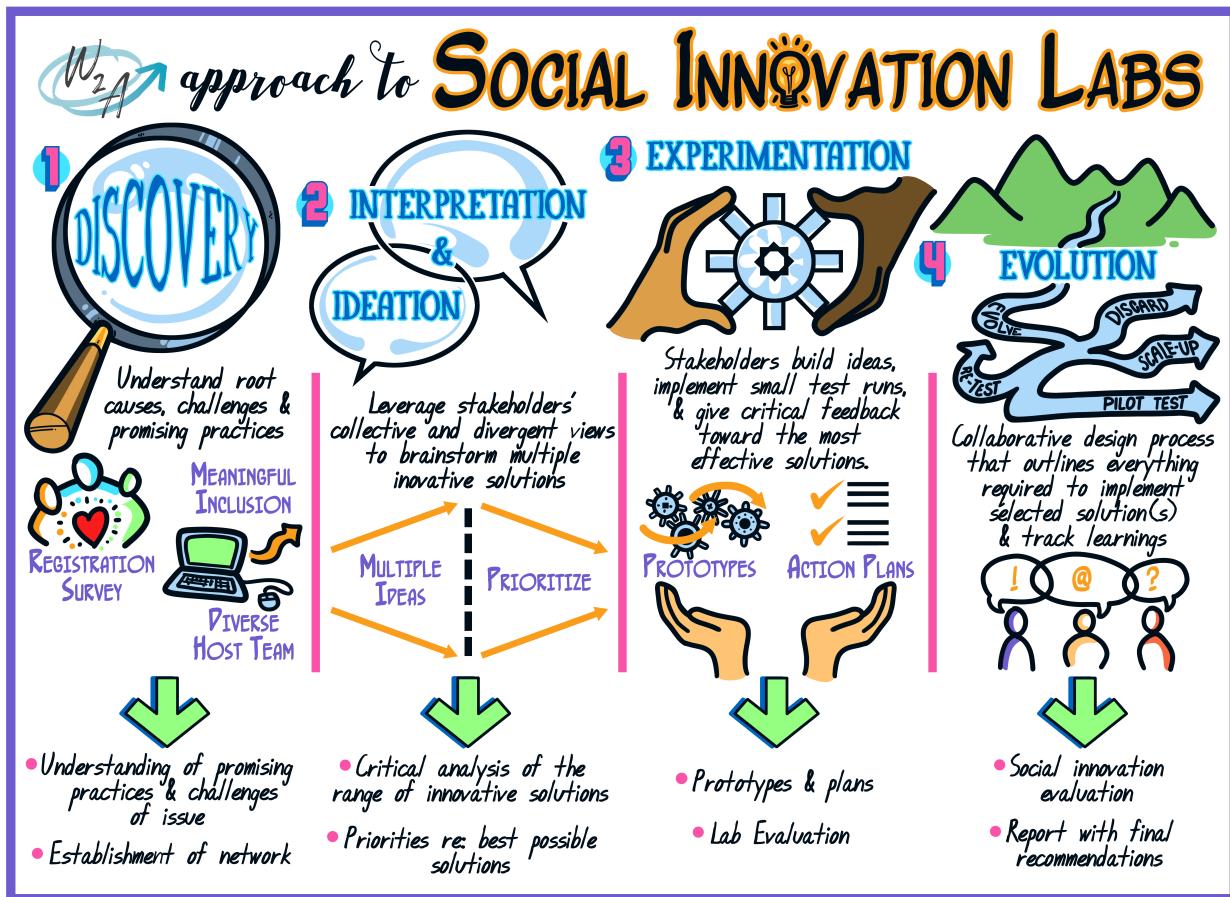
Despite these efforts, there were still gaps in representation, although it is important to recognize that many attendees related to youth mental health in multiple ways. Participation in the workshop was limited to 40 attendees in order to focus on group interaction and discussion as opposed to presentations. Thus, while every effort was made to include the many stakeholder groups affected/involved in youth mental health, complete representation for all stakeholders was not possible. Concerns around the COVID-19 outbreak, which led to travel restrictions and quarantines in the days and weeks following the workshop, also led to cancellations for certain stakeholders representing key sectors and demographics.

Evidence-Based, Holistic Approaches

The workshop aimed to identify potential solutions built on a combination of research, practice, and lived experience, valuing all of these components as essential for innovation. Linked to this, was a commitment to consider a holistic perspective of mental health, beyond clinical treatments for instance.

Social Innovation Lab Approach

Social innovation labs are an approach to tackling complex societal challenges that do not have a simple solution in a single sector. It recognizes that often, complex issues are not being effectively solved through traditional approaches and that new ways of working together are needed. Social innovation lab processes typically offer a series of structured steps to lead groups into a process of experimenting and prototyping potential innovations. It is an approach that values diverse stakeholder participation and building a deep understanding of the experiences and priorities of system users.



There are several structured steps in social innovation to address the objectives of the workshop:

Discovery

A core component of a social innovation lab is developing an in depth understanding and empathy towards the perspectives of all system stakeholders. To start the process of understanding the priorities of the workshop participants, the workshop was preceded by a participant survey to generate ideas and inform the workshop themes and agenda.

On the first evening of the workshop, the youth team presented the "challenge statements" that had been developed based on the information collected in the pre-workshop survey. To enhance shared understanding amongst diverse stakeholders,



participants were invited to interview each other in pairs and share stories of their experience in the youth mental health system - looking backward, looking inward, and looking forward (Interview template in **Appendix D**). Table groups then debriefed their interviews in terms of observations and reflections, with encouragement to remain curious, and to offer highlights and what resonated. An array of observations were recorded for the next day.

This stage of the social innovation approach helped us successfully complete our first objective: to review specific challenges, needs, and gaps in youth mental health services, as well as experts and delivery agents of youth mental health.

Interpretation & Ideation

In the interpretation phase, participants were invited to collectively reflect and elaborate on the challenge statements and observations. Building on the previous night's observations, participants were asked to look beyond themes for links, disjunctions and conflicts to develop insights. This brainstorming – using Post-Its in different colours and sizes that allowed for a visual representation of how the discussion evolved - expanded collective understanding of the issues. These insights were then used to develop opportunity statements for future action - options for addressing the challenge statements that included the discussion and interpretation process. Although not all of the challenge statements could be addressed through this process, all remain important and deserve consideration through other opportunities. The focus of the group discussions during the workshop is reflected in the opportunity statements that participants then prioritized for experimentation.



This stage completed our second objective for the workshop: to explore key issues that would enable the community to deliver more effective programs and outcomes.

Prototyping and experimentation

A main objective in a social innovation approach is to have the group collectively consider real options for meeting the opportunity statements. Participants are encouraged to build operational ideas – "prototypes" – quickly and creatively. Workshop participants had access to diverse materials to make models of their ideas and their experimentation was guided by a series of templates that highlighted key questions to



consider. Participants then provided quick prototype overviews to other participants who challenged and provided feedback. Participants revised their prototypes and two groups joined their ideas together. Participants presented the updated prototypes one final time, and participants provided a rating of desirability, acceptability and feasibility for each idea.

The prototyping and experimentation stage allowed us to address our third objective: to Identify programmatic opportunities to support youth mental health.

Evolution

While outside the scope of Phase 1 of this initiative, the final social innovation stage is evolution, which involves a chance for participants to implement their prototypes. This stage essentially represents the second phase of the Brain Canada Youth Mental Health Initiative. Ideally, the social lab approach then brings participants back together to evaluate and collectively reflect on early implementation efforts.

Instagram Wall

Participants were invited to build a live Instagram wall. This provided an alternative approach for participants to get to know each other.

Opening & Closing Circle

Circles are used to open and close discussions as a way to bring all participants together in equal positioning. Hosting a circle – where every participant has a chance to speak into the circle – can be an effective tool when convening diverse groups of stakeholders and is part of an anti-oppressive approach to make space for all voices to be heard.

Mindset Activities

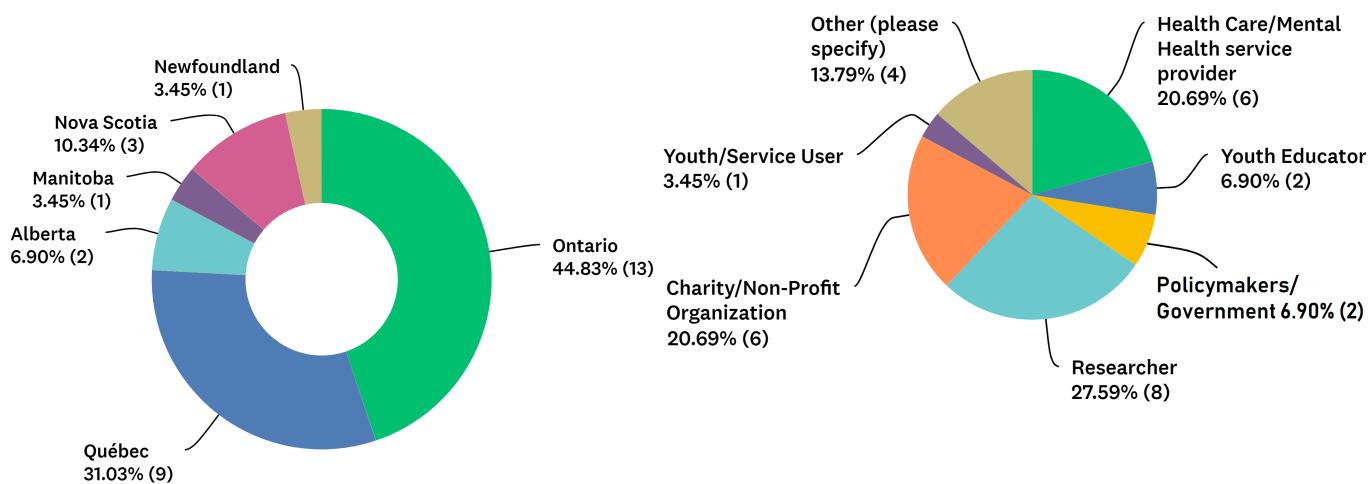
Throughout the workshop, the host team led a number of mindset activities. These activities were not only designed to energize the group, but in convening a variety of stakeholders, each activity forced participants to seek out creative ways to communicate and remember how different everyone's perspective can be. It was hoped that these experiences would help participants remember the importance of clear communication and of not making assumptions when working quickly and collectively to design prototypes.

5.0 Pre-Workshop Survey Results

Brain Canada, with input from the Mental Health Commission of Canada, kicked off the discovery process during workshop registration by asking participants to complete an online survey to identify and prioritize challenges, gaps, and opportunities that they were currently aware of regarding youth mental health. In addition to providing demographic information and quantitatively polling responses to key questions, the survey also allowed for qualitative, open-ended answers, to expand on specific issues and offer further insights. This concise, 10 question survey, was separated into three main sections.

Section 1 of the survey focused on demographic information. A total of 29 invited participants across 6 provinces completed the survey (out of 40 total invitees). Respondents had diverse backgrounds in the youth mental health sector including academic and clinical researchers, healthcare/mental health service providers, policymakers/government workers, youth educators, charity/non-profit organizations, and youth advocates or services users (**Figure 1**).

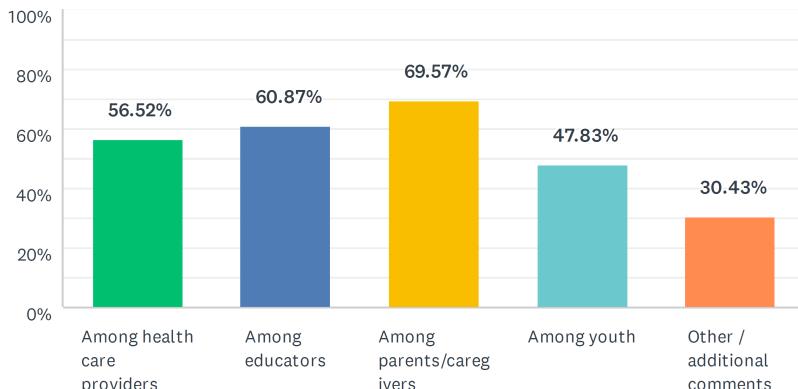
Figure 1. Demographic information on survey respondents.



In section 2, respondents were asked to identify the greatest issues and challenges in youth mental health across several main thematic areas (5 questions total). Respondents were also encouraged to provide additional comments to expand on their responses.

The first question addressed the issue of awareness of youth mental health and illness across various stakeholder groups. Almost 70% of respondents indicated that the issue of awareness was particularly problematic among parents and caregivers of youth, followed by educators (**Figure 2**).

Figure 2. Issues and Challenges: Awareness of youth mental health and youth mental illness



#	OTHER / ADDITIONAL COMMENTS (PLEASE SPECIFY)
1	1 - Educators 2 - health care providers 3 - parents/caregivers As mental health issues may present by age 12 it is important that there is awareness in the community among educators, parents, and caregivers. Mental health literacy and awareness are also key for schools, as well as some short screening tools that can help educators detect risk. Prevention and health promotion on mental health and addictive behaviours are also important in schools and primary care. For health care providers, evidence suggests that primary care should be the first point of entry into the system, however, expertise and comfort varies among providers. Initiatives such as collaborative care / stepped care initiatives / access to experts (e-consult or rapid access for assessment) have been necessary to provide support to primary care if individuals are not responding to first line treatments.
2	Youth spend most of their day in school. That's where mental health awareness needs to be promoted and understood.
3	I think among all of the above - mainly awareness of risk and protective factors for mental health, and the role that all the "people and places" where children are seen can play in supporting optimal health and preventing mental illness. For youth - I think we need to be more focused on promoting mental health and improving individuals' sense of capacity to protect and grow their own mental health and to seek help within families and communities before problems become big; I think many teens become focused on mental illness early on (often by "googling" problems) which can affect their sense of hopefulness. We need to be aware of the real "social contagion" effects that can happen (documented by research) when we aggregate youth in inpatient units, support groups or skills groups for mental illness and measure that psychosocial interventions are avoiding harm as well as promoting health. We need developmentally sensitive services landscapes that can engage families of children at high risk of mental health problems during key transition periods - e.g., preschool (e.g., through concerted primary care/early childcare/school); transition to high school (e.g., preventing substance use, mood and conduct problems) and transition to early adulthood. Supporting parents to develop parenting skills that have been demonstrated to improve child outcomes is also essential. group-based parenting programs are very important, however tailored 1:1 approaches are also needed for parents who do not engage.
4	Teachers
5	Among major stakeholders who make the key decisions about funding for services and research
6	I am not however convinced that broad general awareness and stigma reduction campaigns have proven worth in terms of outcomes and ROI. This, without specifically being connected to actual promotion of help-seeking and services development, would be not valuable.
7	A clear knowledge base that is accessible and consistent across sectors is absent. Since children and youth don't live in one sector or setting, we need to ensure that everyone that touches the lives of these young people understand when a mental health issue is present, and then how best to support that person and their family.

The second question in this section related to issues and challenges in accessing youth mental health services. Eighty-eight percent of respondents indicated a lack of services as being the greatest challenge to access for youth, followed closely by wait times for services (**Figure 3**).

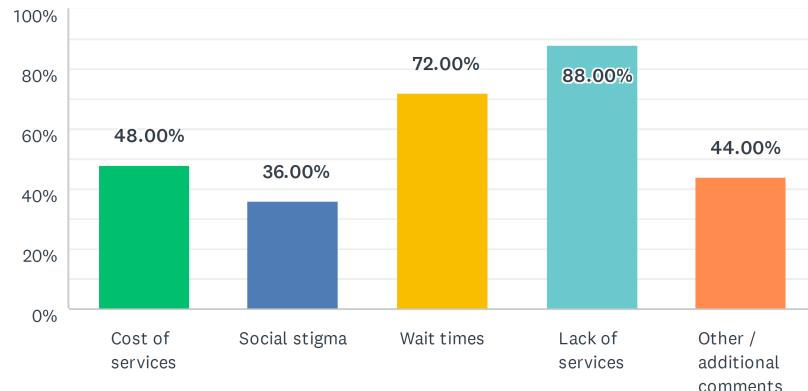
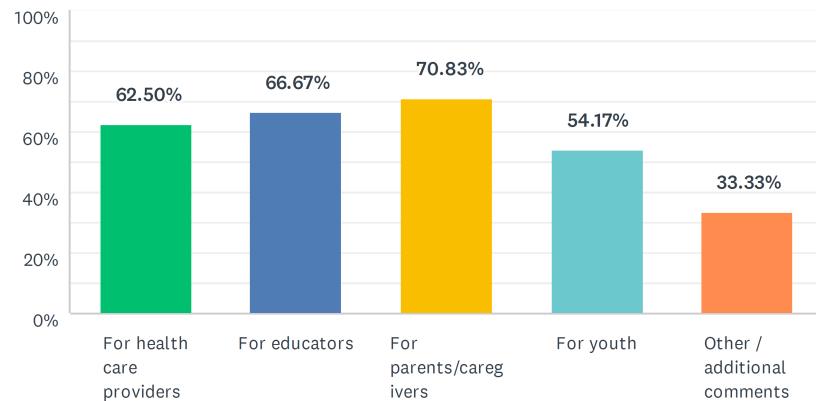


Figure 3. Issues and Challenges: Access to youth mental health services

#	OTHER / ADDITIONAL COMMENTS (PLEASE SPECIFY)
1	1 - Lack of services 2 - wait times Wait times – are difficult to measure and to determine if it is a wait for assessment/initiation for services/specific programs. More specific question would be “criteria for access” to programs.
2	There remain few spots compared to the demand. And, most case is one-off.
3	lack of accessible, tailored prevention services that are evidence-based and monitored/maintained for quality
4	Lack of the appropriate service at the appropriate place and not necessarily lack of the service per se
5	Lack of coordination
6	Youth grouped with/treated as adults People don't know which door is the right door
7	Some groups, e.g. those with developmental challenges, have very few services available as they transition into young adulthood.
8	Not having the right type of services. Looking broader outside traditional therapy/services
9	A lack of high quality, consistent services across the province is a problem. There are also disruptions when a child/youth moves from one setting to another--the absence of clear and consistent care pathways is a real challenge.
10	Lack of specialized services, especially for LGBTQ youth/families under 12.
11	For young people, it can be difficult to navigate the many resources on offer in their community and decide on when they should access a specific resource to meet their unique mental health needs

The third question in the issues and challenges section of the survey asked about education and training programs in youth mental health. While there appeared to be a need for more education and training across all stakeholder groups, increased training for parents and caregivers was the top-rated response, with just over 70% of respondents selecting this group. In the comments section, several respondents highlighted the need for integrated education programs as well as more training for primary care providers such as family doctors and nurses (**Figure 4**).

Figure 4. Issues and Challenges: Education/training programs in youth mental health



#	OTHER / ADDITIONAL COMMENTS (PLEASE SPECIFY)
1	All are important, however looking forward, workforce capacity and competencies in this area is of concern. All provinces have documented increased presentations in the youth for mental health and addictions yet core competencies for this target group are limited and investment needs to be made in training professionals.
2	I think we need a spectrum of universal/targeted and clinical programs
3	Teachers
4	Primary care doctors and nurses
5	For policymakers, both legislators and governmental and nongovernmental agencies
6	Bolstering capacity for assessment and treatment in primary care; there are disparities in this regard based on region. Family doctors manage greater complexity of mental health issues in rural/suburban as compared to urban areas--in my experience anyway.
7	Again, these need to be integrated seamlessly with services and interventions, and not separately pursued for their own sake.
8	Health care providers need to better orient young people to the suite of community mental health resources available to them. This offloads the burden of crisis services (i.e. emergency health services, psychiatrists)

The fourth question focused on the effectiveness of existing resources, such as mental health technologies, programs, and services for youth. Just over 70% of respondents indicated that a lack of adequate resources and/or financial support was the primary issue, followed by the ability of the resource to reach its target audience. Respondents further elaborated that sustainability of programs and a lack of continuity of care were major barriers to the efficacy of current resources (**Figure 5**).

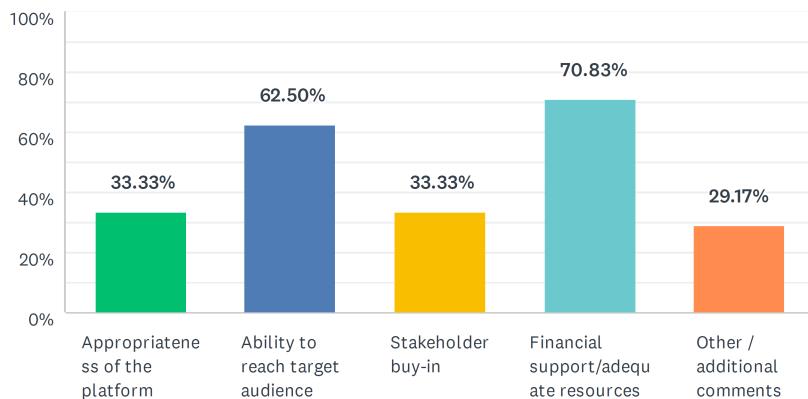
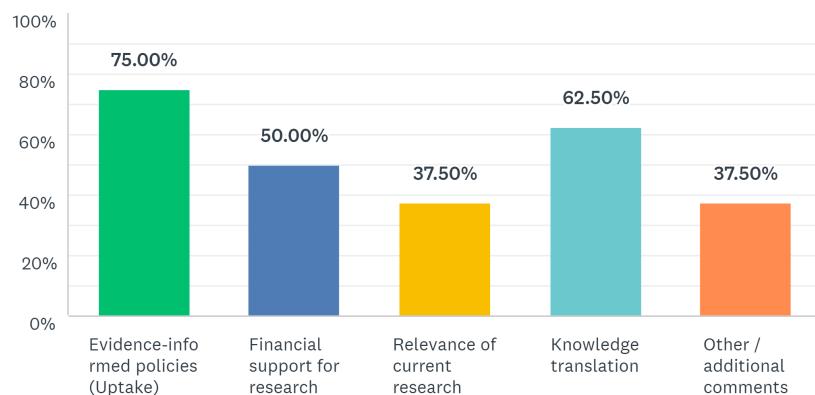


Figure 5. Issues and Challenges: Effectiveness of existing resources

#	OTHER / ADDITIONAL COMMENTS (PLEASE SPECIFY)
1	Effectiveness and safety of resources available to youth and their family. With online information searches being the primary source of knowledge for this target group more awareness and attention moving forward is warranted.
2	If most people don't know where to look or what's available, that's a problem.
3	Need to be able to engage high-risk populations (e.g., low-income; depressed/mentally ill caregivers, traumatized populations) through more assertive and sustained outreach efforts that also engage in a less stigmatizing manner; high-quality universal and evaluated school-based interventions that also engage families; better linkages between school, primary care and families to keep "eyes on" young children as they develop, to buffer protective factors and minimize risk factors
4	Youth need to feel safe in order to engage and this takes time to build trust. The current system is not set up for continuity of care, appropriate team-based care (so they don't have to tell their story multiple times), transitions between services and services tailored to unique needs.
5	Lots of programs, but many are not based on the types of intervention that are best supported by research (eg lots of expenditure on walk-in clinics, despite zero evidence of same; whereas, it is very difficult to obtain publicly funded CBT, DBT, etc)
6	Many of the programs are grant funded, which makes sustainability and retaining qualified staff/counsellors very challenging.
7	basic lack of services

The final question in this section related to challenges of research and evidence in youth mental health. The uptake of research findings to form evidence-informed policies was identified as the greatest challenge in youth mental health research by 75% of survey respondents, followed by issues around knowledge translation (**Figure 6**).

Figure 6. Issues and Challenges: Research/evidence in youth mental health



#	OTHER / ADDITIONAL COMMENTS (PLEASE SPECIFY)
1	Look to bridge between evidence-informed policies and knowledge translation to the front-line service provider. Integrating implementation science into these types of change initiatives is required for sustainability.
2	All are so important! we do need a range of mental health foci from primary research to health services and policy - I think that there needs to be a "clear eye" on meaningful research and implementation science work because there are many evidence-based treatments out there that are not effectively translated , evaluated and sustained within clinical care. We need to do better to integrate what is known about the social determinants of health (income inequality, under-education, caregiver mental illness, childhood trauma) into more effective public and clinical health interventions. We need to think about interconnected systems of interventions that are more tailored to family and youth profiles (including psychosocial profiles), needs and choices - we need to "bake in" systems of research and evaluation into improved systems of care.
3	Uh
4	We do have a set of evidence-informed practices/ approaches but there's a lack of application/availability/wide spread support for them.
5	Actualizing identified problems and solutions into concrete changes in practice and education.
6	A question: are youth involved in developing research questions/design
7	When one considers that psychiatric disorders are the primary health problem of youth, combined with the fact that early intervention has the potential to benefit people throughout their lives, there is a tremendous gap in funding. Youth mental health/psychiatric research should be funded on a similar scale to stroke/dementia in the elderly. But it is not even close. We need more research to generate the knowledge needed to guide treatment development and testing. More guidelines and knowledge translation are somewhat helpful, but we need more data to inform those guidelines and knowledge translation.
8	in order, I would say 6, 7, 4 and then 3 and 5 should be prioritized!
9	Not seeing a lot of research translate into school-based policies or curriculum. Very much a patch work approach across Canada.

At the end of section 2, survey respondents were invited to further elaborate on the major issues and challenges in youth mental health. In particular, insights on the interaction of these topics was encouraged to better capture any high-level, overarching issues which were not covered in the individual thematic questions.

#	RESPONSES
1	a. Often the first point of contact for questions is through online searches. There is a need to be aware of information platforms (apps or websites) that are being accessed. Are these sites providing safe messaging? Is there a mechanism for reviewing content and what is the process if it could potentially cause harm? b. Mental health literacy in the schools through health promotion / public health awareness initiatives.
2	I think we need to look carefully at the social processes and shifts that undermine the health and well-being of children, youth and families - like loss of social networks, changes in employment stability and shifts in how we aggregate and educate our kids in schools. We need to be able to speak to these very "big picture" policy landscape shifts because ultimately we are treating too many kids "downstream" from root causes, and we need to look at how some kids are vulnerable to their environments by virtue of early-onset or more biological/temperamental liabilities.
3	Lack of services for adolescents-early adults who are transitioning from pediatric to adult care.
4	There has been a long of changes in recent years within the youth mental health system (e.g., integrated hubs, more attention to TAY) but the long-standing challenges of systems level integration remain as does funding and application of best practices. We also need to define different categories of youth and tailor training and services accordingly – given that the age can range from 12 to 24 or even 30 depending on which definition is used, then one size definitely cannot fit all and we should stop using the term 'youth' in such a general way, it is too broad in scope. Current and future education resources should incorporate sex and gender components and use appropriate language to better support youth with their sexual and gender identities.
5	Research is lacking in areas of rural vs urban youth mental health gaps, and white vs BIPOC youth experiences using Canadian youth mental health services.
6	A critical issue as it pertains to Indigenous populations is the definition of youth- often the conversation around youth mental health focuses on teenagers when we know Indigenous children as young as 8 years old are committing suicide. Ensuring the conversation is expanded to include young children, as well as thinking about the necessity of positive early childhood experiences and supporting parents and families wary on would be enormously beneficial.
7	Youth are not being involved in many decisions regarding youth mental health. Families and parents are more typically involved, but not youth and their voice needs to be included.
8	Stigma. Simply put, psychiatric disorders account are the leading cause of disability across the lifespan. Early intervention is key. The need for novel treatments, both biological and psychosocial, is great. Whatever has been accomplished has been done with pennies on the dollar relative to equivalent brain disorders in old age.
9	Mental health among youth require policies and action plans based on solid research and with the intent to remove any negative stigma surrounding this pressing issue.
10	Science and evidence and its link to services and policy development, so that YMH does not develop as a short-term fad but can be a sustained area of services and research innovation and can truly improve outcomes for young people
11	Need more resources, programs and knowledge mobilization efforts for LGBTQ2 children and youth, who are often underserved and further stigmatized when they access existing supports and services. Suicide prevention, especially for transgender and non-binary youth, needs to be a top priority.
12	linking research and practice
13	We conducted a robust research process to identify the major issues in youth mental health and articulate policy solutions to these issues. They can be found at www.jack.org/yvr . Please have a read of the report, it may help inform some of these workshops!

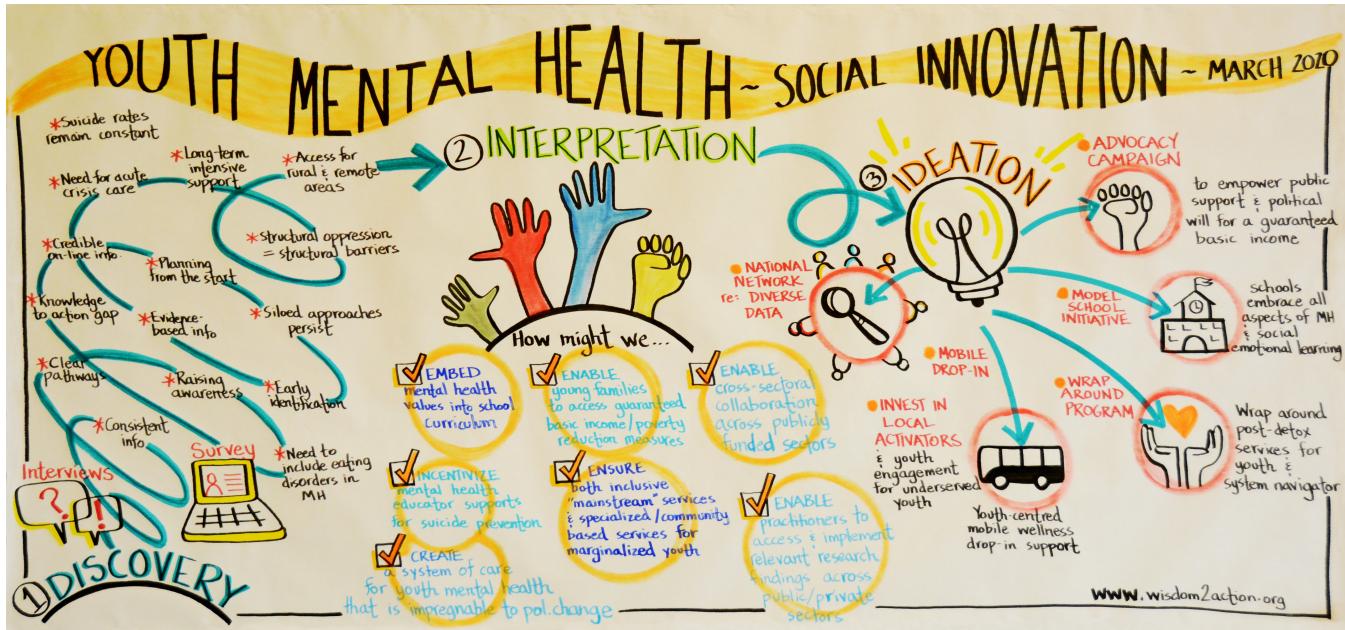
The third and final section of the survey was purely qualitative and asked respondents what they saw as being the major areas of opportunity in addressing any of the issues and challenges mentioned in section 2. They were also encouraged to provide specific recommendations and examples of successful programs. Their responses are shown below:

#	RESPONSES
1	a. Throughout the country there are various pilot programs occurring (FRAYME, Access open Minds, Foundry, Youth Hubs etc) however is there sustainable funding for scope and spread of programs if evaluated as effective. b. Integration of mental health and addictions in service delivery models (partnerships, transition, same spot offered).
2	Large-scale studies of universal-targeted-clinical interventions; evaluations of systems or programs that cut across policy jurisdictions, such as health, education, social services; We have been working to implement and evaluate the "Family Check-Up", the first Canadian study to examine this flexible, targeted prevention program - in the past 5 years more compelling US evidence is emerging suggesting its effectiveness as a preventive mental health intervention for highest-needs children from infancy to adulthood. There are also very important programs such as MATCH (a modular psychotherapy approach, very well-supported with research by Chorpita and Weisz) and work focused on children experiencing trauma out of Oregon by Pears and Fisher.
3	more services and supports for families and youth
4	Fighting stigma/increasing helpseeking behaviours More mental health services / intervention via internet
5	Co Create trajectories and clinical pathways that make sense to young people and parents and that do not add to the challenges they already face
6	Systems working together to ensure preventive programs are reaching youth at an early age.
7	Training other health care providers to care for youth with mental health concerns appropriately.
8	INVOLVE/ENGAGE YOUTH!!! Let's stop having planning meetings about youth without them in the room. Earlier intervention is an opportunity worth consideration. We have enough evidence on ACES, brain development and experience of trauma in childhood to intervene with youth at risk of later mental health challenges. Youth also identified this as a top need in a recent consultation with 25 youth. We also heard that youth want access to education, fitness, life skills training, volunteering, paid employment as part of their recovery. The treatment system should consider these needs.
9	I think that accessibility is one of the most misunderstood issues about youth mental health. I think when we say accessibility, folks think about geographic accessibility or perhaps something to do with physical ability. However, I like to think about things in broader terms--factors that will get in the way of a young person using the service after they know about it, can afford it and can physically get there. I think asking this question then reveals other potential barriers--age/gender/sexual orientation/ethnic identity of practitioners, a space that doesn't just say it's inclusive but demonstrates it, etc. etc. I think we need to be speaking more directly with youth about what these factors affecting accessibility might be.

#	RESPONSES
10	- Integrated youth mental health systems: ACCESS Open Minds Model, Ontario Youth Wellness Hubs, etc. (however, still important to think about what we really mean by integrated services and how these really meet the needs of all mental illness or if that even is the goal here. - YoungOnes program in Toronto, allowed youth 16-25 (?) to access services at no cost for about 10 sessions with therapist. - Low-barrier shelters and safe-injection sites, we need to be looking at what this means for mental health and opportunities to support homeless and addicted populations. This is an important step in removing silos of homelessness, addiction, and mental health. - What innovative ideas are we not using to promote youth wellness and early intervention? Can we implement senior/youth partnerships programs? Can we pair stray dogs with recovering addicted youth? Can we create more spaces for group youth therapy which would allow for more resources - think NA/AA sessions but for general mental health - NS schizophrenia society does this and its lovely but not well known, and because of the society name people with other mental illnesses often do not attend. REMOVING SILOS is the BIGGEST issue that I see though, there are silos in how we address youth (w)holistic needs, but also in how we are addressing mental health issues together. Community based organizations and the "formal" sector need to be working together cohesively to fill gaps and not to just be fighting for further funding and closing off the conversation. Imagine if there was a network of us all working to find a bed or a doctor for anyone who needed one? We could really take a page out of the shelter network systems that exist in how we work together to address youth mental health service gaps.
11	More innovative solutions to service delivery, particularly in remote and rural, prevention based services, and impact of early development on later mental health.
12	.The successful introduction of the CAPA model in the Royal's Youth Outpatient Program had reduced wait times by over 12 months in Ottawa.
13	Faster access; streamlining; emphasizing evidence based treatment
14	Addressing high levels of absenteeism within the public school system that are often related to mental health issues.
15	It would be good to support platforms that are not regional but can truly become national platforms. It will be crucial that these platforms integrate all important functions - services, research, innovative trials, stakeholder engagement, KT, policy/advocacy, and not one or two of these!
16	The length/time for youth to receive services and support. The system needs to be ready to respond for when youth need the support.
17	Funding is wonderful--but people need to know how to use these dollars in a way that is efficient and effective in producing good outcomes for children, youth and families. Supports re: quality improvement, system planning, implementation and evaluation are critical.
18	AI and mental health, such as text message support is critical for hard to reach populations and for youth who may not have parental support (i.e. LGBTQ youth).
19	Headspace in Australia is a key program Issues could be addressed by improved integration of research and treatment
20	1) Provide support in navigating the complex system of youth mental health services 2) Involved young people in decisions about their mental health both at the policy-level and in one-on-one interactions with service providers 3) Provide a comprehensive suite of resource options along the care continuum on post-secondary campuses and in communities where young people live 4) Reimagine teaching and assessment practice to decrease the burden of mental health struggle 5) Provide evidence-based guidelines to young people so they can navigate social media in a way that promotes their mental health + create digital environments that protect and promote youth mental health

The survey results were analyzed and discussed by the youth host team who endorsed a series of challenge statements to highlight areas identified by participants. You can find the full list of challenge statements in **Appendix A**. These statements reflect the input of participants at a specific point in time and are neither intended to be an exhaustive list of mental health system issues, nor are they intended to negate the amazing progress being done in youth mental health across Canada by all stakeholders.

6.0 Workshop Findings



Challenges and Opportunities

Through interviews and interpretation, a range of opportunity statements were created (see **Appendix B**). While they did not directly address all of the challenges that had been highlighted in the survey, this does not detract from the significance of the issues identified as challenges.

Through consensus-building, key themes emerged, including: the need for system integration and collaboration, support for rural and remote youth and communities, increased support for families, youth engagement, better data, and harm reduction services for youth. These were matched with possible program ideas for each theme, that were again reviewed and prioritized by workshop participants. Participants noted that the themes and program priorities - which spanned prevention to intervention - and highlighted specific challenging contexts.

Working in small groups, participants were challenged to build "prototypes" for the programs - to experiment, and try and test ideas in a short time period. Participants followed a series of templates to guide planning, testing, and providing feedback on prototypes/programs (**Appendix C**).

You will find below the priority areas that participants focused on to develop prototypes.

Priority: Supporting Families and Communities

Challenge Statement

While there have been several effective awareness-raising campaigns, more specific action-oriented resources are needed. In particular, there is a critical need to support parents, families, and caregivers with accurate and up-to-date information about how best to promote mental health, identify signs of difficulty, provide appropriate support, and help their child towards professional supports when needed.

Opportunity Statements

- How might we help families to connect and advocate in engaging ways that give them a voice that creates change with government and institutional structures?
- How might we equip caregivers and parents with skills to support their children's mental health and recovery?
- How might we enable young families to have supports in their homes in ways that develop mentally healthy children?
- How might we enable families to acquire the skills and resources to make them stronger and self-sufficient in caring for their communities?
- How might we enable young families to access guaranteed basic income/poverty reduction measures?

Background

Addressing the social determinants of health (SDOH) was a key concern amongst workshop participants. Inequality and oppression can render individuals and communities more vulnerable to mental illness, leading to disparities in service access, and affecting treatment adherence. (Settipani et al, 2018). Aiding families to enable them to support their young people is also critical. For example, family support for mental health treatment can offer protective factors to the development of ongoing depression in young people (van Harmelen et al, 2016).

A number of opportunity statements developed by participants focused on the need to support families and communities. Actions that were highlighted included providing parent support and training on the identification of youth mental health concerns and support to families during treatment. Other opportunities that were brought forward included peer and respite support for parents, as well as addressing sources of stress for families, such as providing adequate household income. Participants also reinforced the need for those in the youth mental health sector to engage in broader social and economic debates because social change is necessary to achieve positive outcomes for all youth.

Program Idea: Advocacy for Universal Basic Income

The idea: Amongst the ideas brought forward to support families was the issue of reducing economic inequality. One group of participants chose to focus on the development of an advocacy campaign to empower public support and political will for guaranteed basic income. This idea was seen as highly desirable and viable but participants were mixed in their estimation of its feasibility.

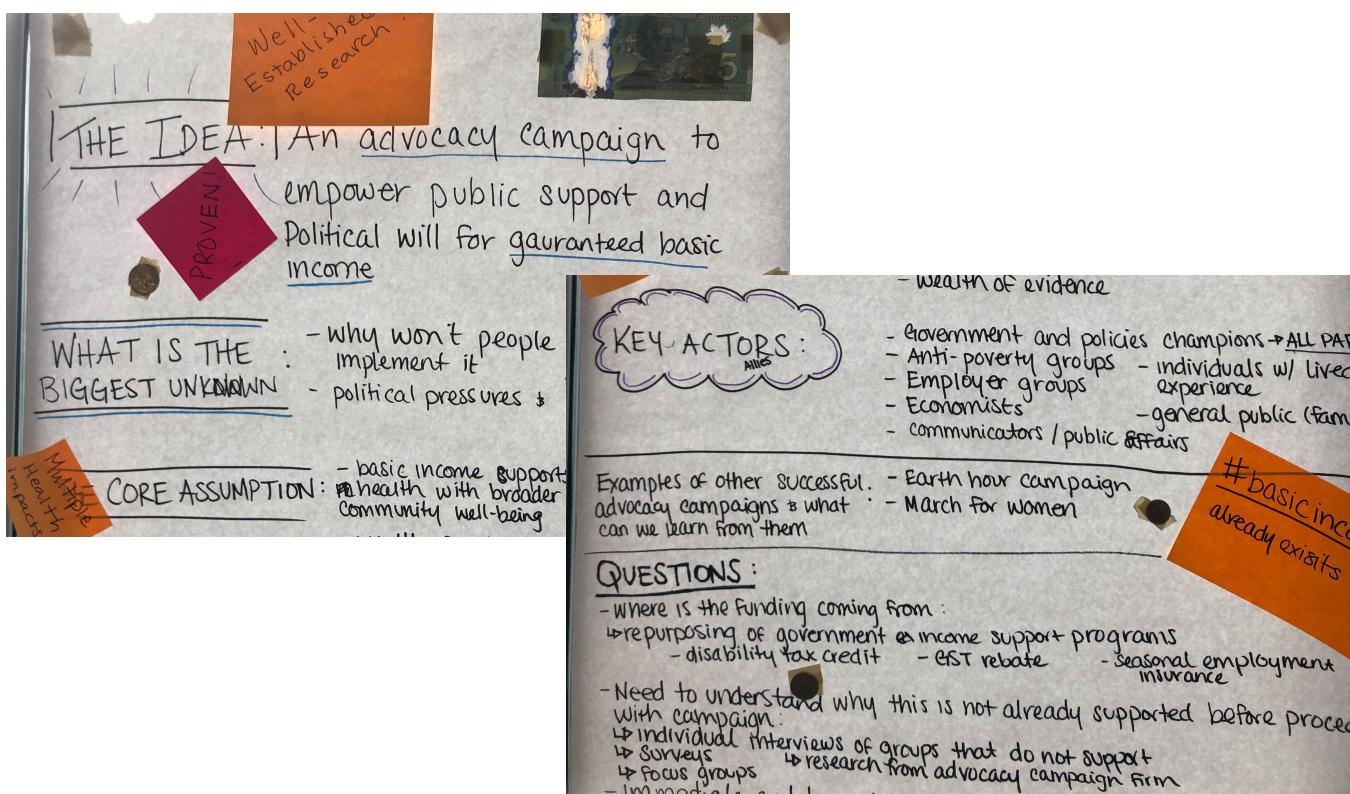
What is the biggest unknown: Why won't people support this and implement this? Political pressures and differences.

The assumption: Basic income supports child and youth mental health with broader impacts on family and community well-being.

Key actors: government and policies; anti-poverty groups; employer groups; economists; communicators/public affairs; individuals with lived experience; general public including families

Examples of other advocacy campaigns we can learn from: Earth Hour campaign; March for Women

Questions: Where is funding coming from?



Challenge Statements

- There is a lot of information about mental health online - apps, websites, social media, technology-enabled mental health care, etc. Unfortunately, there are many well-intentioned but harmful sites that young people will encounter on-line. It's often not clear what is credible, how to promote research-based sources and how to control or caution against the use of potentially harmful information or resources.
- Rural and remote areas struggle more for access to mental health services; e-mental health is part of the answer but young people deserve other choices too.
- Young people don't have access to clear pathways of care, from primary health care to early intervention and to intensive services. Primary health care providers are well-positioned to identify youth mental health problems early and would benefit from more tools and resources for responding and mobilizing support in this area.
- Diverse populations cannot find appropriate care in their local context. Structural oppression continues to result in structural barriers to health care.

Opportunity Statements

- How might we outreach to and build better relationships with diverse communities?
- How might we reduce inequities in mental health systems across jurisdictions?
- How could we elevate and support diverse populations and communities to create their own approach to address mental health challenges? One size does not fit all.
- How might we leverage technology to increase the number of pathways and alternatives for support to have great impact? Evaluate digital services and sustainability; culturally appropriate and access for vulnerable populations
- How might we enable coordination and alignment of services towards integration to help people have continuity of care to increase access and positive outcomes and impact?
- How might we incentivize cross-sectoral collaboration to ensure mental health service provision to children and youth?
- How might we help connect and integrate youth mental health service providers and services in ways that benefit the great collective mental health needs of youth (communication and collaboration)?
- How might we enable youth to influence services or systems in ways that are impactful on services and outcomes in measurable ways?
- How might we engage youth to be involved in their own care in ways that are meaningful to them?
- How might we help young people and adults to navigate the mental health system in ways that get people the help they need, how and when they need it?

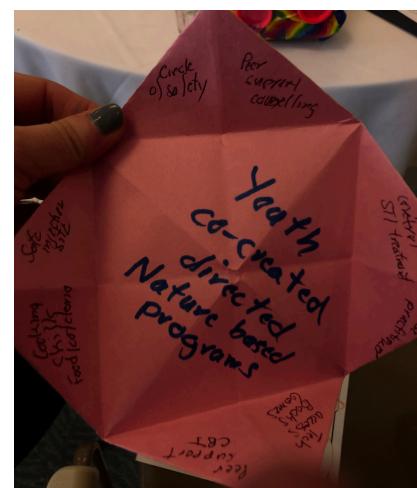
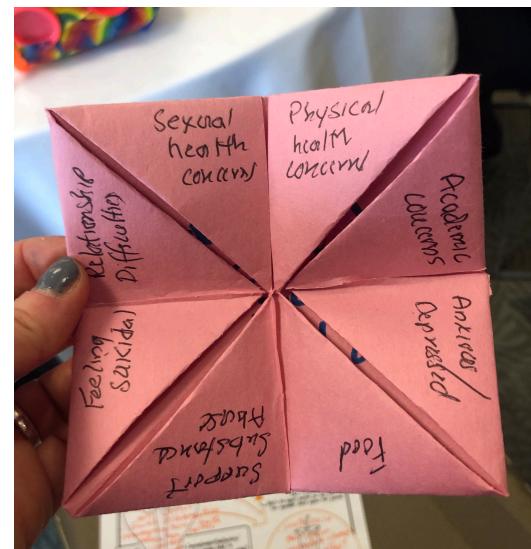
Background

Integrated youth services (IYS) is an adolescent services delivery model being implemented through various initiatives in Canada and internationally, including in Ireland and Australia (Hetrick et al, 2017; Malla et al, 2018; Salt, Parker, Ramage & Scott, 2017). IYS initiatives seek to overcome common service barriers for youth seeking

access to mental health services and other services, such as those provided by non-profit organizations in housing, vocational and education supports, recreation and culture.

A key aspect of IYS initiatives and other new approaches is an increased level of collaboration or integration of clinical mental health services and community-based non-profit organizations' (NPO) services (Hetrick et al, 2017; Malla et al, 2018). NPO services are particularly important for youth with complex needs and who are multiple service users requiring support for basic needs, such as education, employment, and housing (de Voursney & Huang, 2016; Garland, Aarons, Brown, Wood & Hough, 2003; Mitchell, 2011). Integrated approaches usually build from shared principles of 'meeting youth where they are at', 'no wrong door for youth to enter' and 'providing the right service at the right time in the right place'.

Building on this foundation, participants were concerned about ensuring access to equitable and effective youth mental health services in rural and remote communities, which remains a challenge in Canada (Dube et al, 2019). Outreach services in Canada and Australia have been built on existing organizations or programs in rural areas as a base (Bridgman et al, 2019). The ACCESS Open Minds Network site in the Acadian Peninsula in New Brunswick provides outreach mental health services in person on a mobile basis, where youth choose the setting, and the program is set up to respond (Dube et al, 2019).



Program Idea: A Mental Health Bus and Wellness Passport

The idea: This prototype suggests a mobile mental health bus that is able to meet youth where they are at on a consistent schedule, and could offer support in rural or other under-served communities. The focus would be on providing integrated service options across a range of issues (mental and physical health, academic support, basic needs, sexual health, social connection and more). In addition to the in-person option, this service would be complemented by a “wellness passport” app. This app would contain one single health record and the youth would decide who has access to what information. There would also likely be a permanent, physical location associated with the integrated service. There would be ingoing support for youth engagement including working with local youth activators to develop, implement and evaluate the service, as well as enhance capacity to work with diverse groups of youth. This idea was viewed as highly desirable, feasible and viable by participants.

What is the biggest unknown: How to initiate shared medical record; how to engage all required services

The assumption: This type of service will be able to serve diverse communities of youth because of integrating community services with health services. It would be youth co-created and directed with food, youth friendly space, wifi and more, that will help ensure the service is attractive to youth.

Key actors: Educator involved; youth leadership; navigator

Questions: What can be learned from current integrated youth services projects?

Priority: Integrated Mental Health and Substance Use Harm Reduction Services for Youth

Challenge Statement

A siloed approach to mental health and substance use persists, and youth often face abstinence rather than harm reduction approaches.

Opportunity Statements

How might we create a more joined-up mental health and substance use treatment system to serve youth with concurrent disorders in ways that improve wellness?

Background

The highest rate of onset of mental health disorders is the late adolescence period which mirrors a developmental period where substance use increases and is most likely to become problematic (Hamilton et al, 2015; Dunne et al, 2017). Concurrent mental health and substance use disorders can result in increased poor health outcomes,

including rates of disability, along with homelessness, increased contact with the justice system, and decreased educational attainment (Grella, Hser, Joshi, & RoundsBryant, 2001; Lewinsohn, Rohde, & Seeley, 1995). Serving youth with mental health issues and issues of substance use can be challenging. There is a need for integrated approaches that address the complexity faced by young people (Henderson et al, 2017). Youth are also often challenged to access harm reduction approaches that are available to adults (Jenkins et al, 2017). There is also the risk that substance use relapse can lead to service exclusion in other sectors, including mental health and education (BCRCY, 2018; Bozinoff et al, 2017; Merkinaite et al, 2010).

Where services are available, for example detox services, youth report that they are discharged with no further treatment available. Youth in the BC study titled "Time to Listen" felt the lack of post-detox services contributed to them relapsing. "When you leave detox, there is nothing lined up ... you can't put off that problem for a week." (BCRCY, 2018; p.39)



Program Idea: Trauma-Informed, Harm Reduction Detox Services

The idea: Developing a trauma-informed, harm reduction approach to supporting youth with mental health issues and substance use disorders who wish to access detox services. In particular, the model would not allow youth to fail due to a relapse and would provide ongoing, consistent support from one person. If a young person completed a detox program, and subsequently experienced a setback, they would be able to seamlessly re-enter the program, always with the support of their navigator. A recovery support navigator role has been studied elsewhere showing promise for improved continuity of care post-detox if combined with counseling and education (Lee et al, 2020).

What is the biggest unknown: Are detox services available for youth? Is there a person or role that can provide wrap around support?

The assumption: Youth have unique needs that need wrap around support; That youth having a wrap around support system for detox would provide better harm reduction support and reduce chances of re-entry into detox services or falling through additional system cracks.

Key actors: Youth, Detox, Mental health services, housing, employment services.

Questions: What exists? What's missing? Who could be responsible for this role or program?

Priority:
Supportive Schools

Challenge Statement

School is a natural setting for enhancing mental health awareness and knowledge, promoting wellness and student social emotional skills, supporting early identification, and offering prevention and early intervention services. While some jurisdictions have moved forward in trying to optimize this opportunity in systematic ways, implementation has not been consistent in approach nor level of effort. Every student in a Canadian school should have access to these learning opportunities and services to ensure upstream support for mental health and well-being.

Opportunity Statements

- How might we help/enable educators to be better equipped to recognize youth mental health concerns and intervene in ways that connect youth to services?
- How might we support progress in school mental health across jurisdictions?
- How might we connect youth to Elders to enhance cross-generational knowledge?

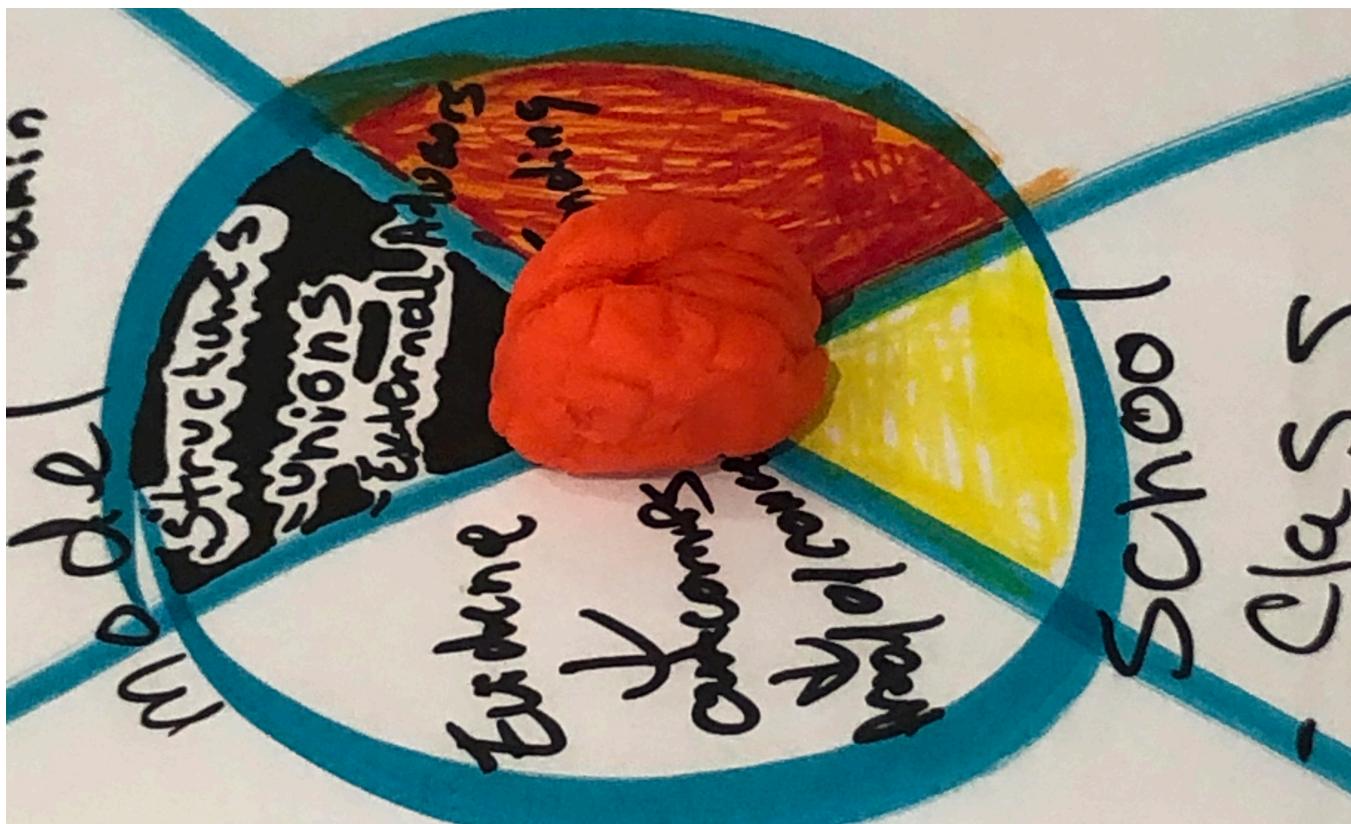
Background

Schools have been identified as a natural location to provide mental health services (Patalay, Giese, Stankovic, Curtin, Moltrecht & Gondek, 2017). Integrating mental health literacy builds on public health and guidance traditions in schools, which uses the school setting to promote broad-based messages and school mental health programs can aid in early identification of mental health concerns (Levitt et al, 2007). Schools are also a valuable setting for social competence education that can deter substance abuse (Faggiano et al, 2014). However, schools need to be able to offer cultural competent approaches to improve the mental health (Larson et al, 2017).

Program Idea: A Model School

The idea: The proposal is to develop a school model that embraces all aspects of mental and physical health, as well as social emotional learning, utilizing research, technology and caring practices. It involves building a school based on balance through the Medicine Wheel model. The Medicine Wheel is an Indigenous symbol which represents health, healing, and the interconnectedness of the world at large. It is a symbol that can take on many forms and interpretations across Indigenous cultures but is universal in its circular form and emphasis on balance, such as the balance between the four cardinal directions (Indigenous Corporate Training Incorporated, 2020; Native Voices). The circle starts in the East, which is red and aligned with the birth phase. This phase is inherently physical, so reminds the schools to ensure physical activity and mindfulness practices. Next is the South which is yellow and represents the youth phase of life which focuses on emotional development. This model school would address emotional development in class, through clubs, via peer support and with community leaders. Next is the West which is white and aligns with the adult phase of life which emphasizes cognitive development, and the school would support this through events, assemblies, external advisors and family champions. North is the final phase which is black and focuses on the Elder stage of life. The school would encompass this stage by working with Elders to host sharing circles, cultural grounding and land-based learning. This idea was seen as highly desirable, moderately feasible, but participants were concerned about its viability.

Key Actors: Parents, health professionals, school administration, private funders, educators, Elders and spiritual or historic advisors, community leaders and family champions. Each student has a mentor/one adult as an advisor; as well as peer support.



Challenge Statements

- There is a lack of consistency of mental health information across jurisdictions and from sources. We need more and better data to measure current need, impact of treatment and non-treatment and identify mental health benchmarks for young people.
- The findings from current mental health research are not always used in practice. It's not clear if increased knowledge translation efforts have improved this transfer. There may be other factors to consider in bridging the knowledge-to-action gap.

Opportunity Statements

- How might we increase reliable data on mental health, including cause of death/rate of suicide mental health benchmarks?
- How do we enable researchers to translate their findings to relevant care for youth?
- How do we expand the definition of knowledge to include research, clinical wisdom and youth and family voices?
- How might we incentivize more integrated knowledge translation and dissemination between disciplines?
- How might we learn from and use data to identify gaps; identify level of service needed; geographical insight on needs; empower youth, provide agency, inform system-level change; build accountability into service?
- How might we enable organizations to have frameworks for evaluation of implementation and outcomes, to monitor over time in ways that allow for CQI, and unimplementation of failed or poor performing initiatives?

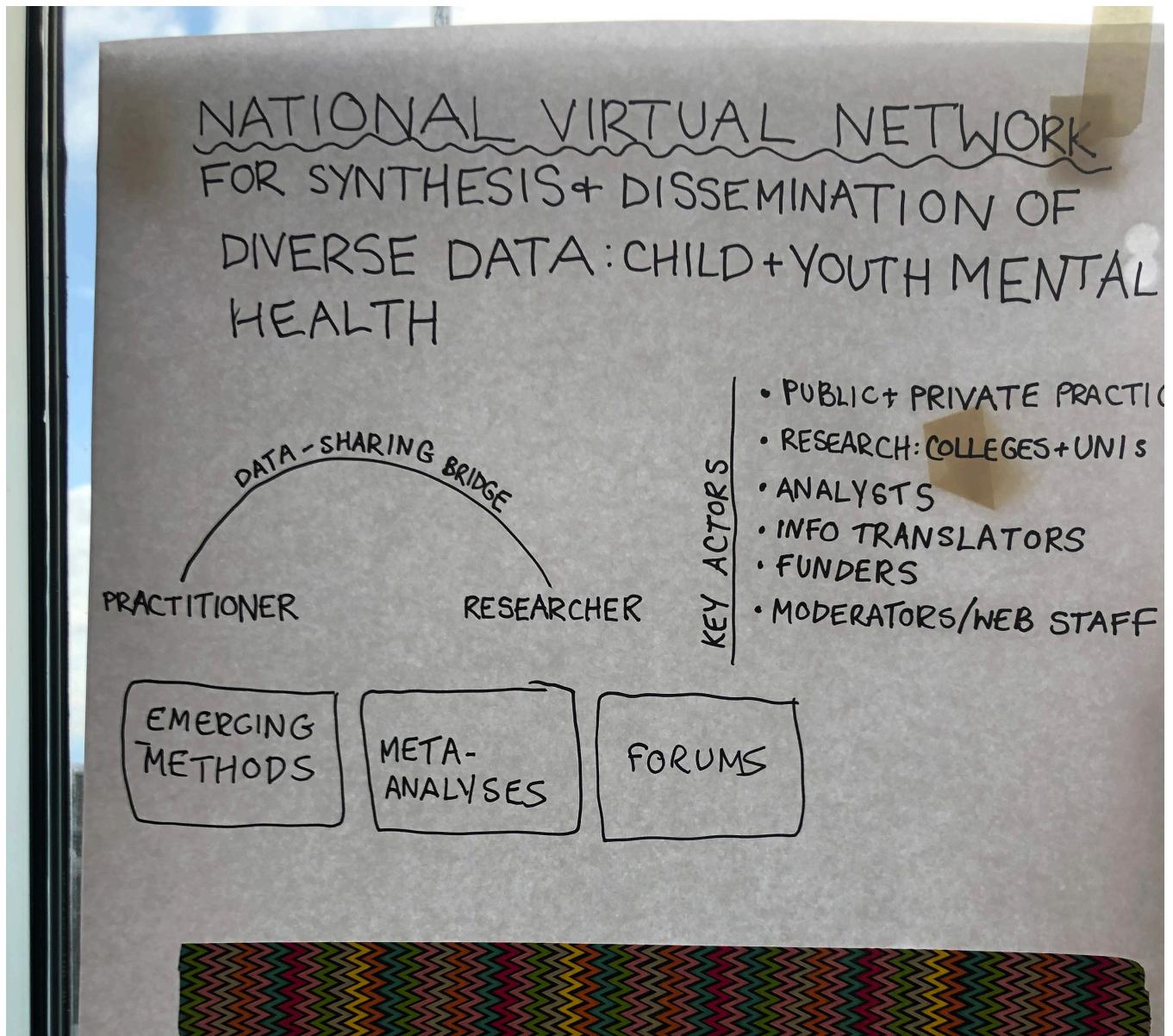
Background

The structure of publicly funded health care in Canada that divides federal funding from provincial service provision is a barrier to understanding the state of mental health, illness and services across Canada. In 2002, the Report on the Future of Canadian Health Care referred to mental health as the “orphan child” of this system (Romanow, 2002) and the first mental health strategy for Canada was only developed by the Mental Health Commission of Canada in 2012 (MHCC, 2012). There is a consistent lack of data on child and adolescent mental health status, treatment access, and outcomes Canada and around the world (Boydell et al, 2009). Limited data is usually available on wait times for services but generally provided without any contextualization. Patient outcomes are rarely tracked in a comprehensive or systemic approach. This lack of data impedes evidence-informed service, planning, policy making, and funding decisions.

Program Idea: National Data Network

The idea: There is a need for a national network for synthesis and dissemination of diverse data on child and youth mental health. The Network should be able to establish a data sharing bridge between practitioners and researchers. It could offer information on emerging methods, meta-analyses, and support community of practice forums. This idea was viewed as highly desirable, and moderately feasible and viable.

Key Actors: It would build on and unite existing models such as ICES (CA) and CORC in the UK. Participants also noted the need to think about working with the Canadian Institute for Health Information (CIHI) and EENet.



7.0 Conclusions & Next Steps

This project was led by a diverse team of young people that inspired and supported a wide-range of participants across many sectors and disciplines to connect and deliberate on youth mental health in Canada. Through a pre-workshop survey and the social innovation lab process, the group was able to reach consensus, in a short period of time, to concentrate on select areas of priority. Although other challenges remain, these five focus areas reflect the evolution of participants' discussion at the workshop:

1. Supporting families and communities by addressing social determinants of health;
2. Integrated service delivery to diversify and increase access to care;
3. Integrated mental health and substance use harm reduction services for youth;
4. School-based support to enhance mental health awareness and knowledge, and to offer prevention and early intervention services; and
5. Better and more consistent data to enable knowledge translation across jurisdictions and varied sources.

In addition to these five areas, there were several other themes that resonated throughout the workshop. This included a focus on "equity above all", with a particular recognition that certain youth face increased barriers to accessing competent care due to their sexual orientation, gender identity, racial or cultural background, or other unique status such as being young parents. Participants also urged for increased funding to support diverse communities through targeted interventions, policy, research, and advocacy. Additionally, there was a strong recognition that it is important in youth mental health to bring together research, practice, and lived experience through child, youth, and family voices to create evidence. Some participants noted that youth mental health advocacy needs to include intersectional issues as well as serious mental health issues that may be rarer, yet require research and treatment, even if that means having just one example of the service in the country. The focus on families, communities, and integrated approaches mirrored a strong interest in systemic approaches and changes. Participants also noted a lack of systemic approaches to children's rights in Canada that also hampers child and youth well-being.

The Brain Canada/RBC workshop happened mere days before the entirety of the world shifted to respond to the Covid-19 pandemic. The pandemic and our global response has revealed a starkly disproportionate impact on vulnerable communities, including youth. In addition to immediate necessities as youth deal with uncertainty and the loss of safety nets (such as school, employment, and social connection), long-term solutions are needed to handle the predicted "fourth wave" of health care pressure in mental health. The amazing work carried out by diverse stakeholders across the youth mental health sector requires increased support to meet these new challenges. **Ensuring that we are co-creating, funding, evaluating, and researching a responsive and effective youth mental health sector has never been more important.**

Appendix A: Challenge Statements

- The findings from current mental health research are not always used in practice. It's not clear if increased knowledge translation efforts have improved this transfer. There may be other factors to consider in bridging the knowledge-to-action gap.
- While there are many small pilots and "islands of excellence" in youth mental health in Canada, many emergent research-informed youth mental health models, services, and practices struggle to scale up and become sustainable. Moving beyond pilots requires us to think about scalability and sustainability as part of initial decision-making and funding allocation. Expensive short-lived 'add-on' approaches will not move the needle on enhancing mental health for Canadian children and youth.
- While there have been several effective awareness-raising campaigns, more specific action-oriented resources are needed. In particular, there is a critical need to support parents, families, and caregivers with accurate and up-to-date information about how best to promote mental health, identify signs of difficulty, provide appropriate support, and help their child towards professional supports when needed.
- More awareness raises hopes for services that are not always available or appropriate to the need. There is not enough data on the impact of mental health awareness programs and whether increased awareness has resulted in improved outcomes.
- School is a natural setting for enhancing mental health awareness and knowledge, promoting wellness and student social emotional skills, supporting early identification, and offering prevention and early intervention services. While some jurisdictions have moved forward in trying to optimize this opportunity in systematic ways, there is still a staggered front. Every student in a Canadian school should have access to these learning opportunities and services to ensure upstream support for mental health and well-being.
- There is a lot of information about mental health on-line - apps, websites, social media, technology-enabled mental health care, etc. Unfortunately, there are many well-intentioned but harmful sites that young people will encounter on-line. It's often not clear what is credible, how to promote research-based sources and how to control or caution against the use of potentially harmful information or resources.
- Rural and remote areas struggle more for access to mental health services; e-mental is part of the answer but young people deserve other choices too.
- Young people who need intensive services often face long waits and sometimes have to resort to care in the emergency room to receive help. There is an urgent need for more evidence-informed services for young people who need acute crisis care, and more long-term intensive support.
- There is a lack of consistency of mental health information across jurisdictions and from sources. We need increased data to measure current need, impact of treatment and non-treatment and identify mental health benchmarks for young people.

- Young people don't have access to clear pathways of care, from primary health care to early intervention and to intensive services. Primary health care providers are well-positioned to identify youth mental health problems early and would benefit from more tools and resources for responding and mobilizing support in this area.
- Diverse populations cannot find appropriate care in their local context. Structural oppression continues to result in structural barriers to health care.
- Structural oppression – racism, misogyny, homophobia, transphobia, classicism, colonialization – continues to result in structural barriers to health.
- Eating disorders have high mortality rates but often do no figure in mental health services.
- Suicide rates have remained constant and there are emergent challenges– younger children, stigma, prevention, postvention.
- A siloed approach to mental health and substance use persists, and youth often face abstinence rather than harm reduction approaches.
- Young people with neuro-developmental disorders, such as Autism Spectrum Disorder, often struggle to find appropriate mental health services.

Appendix B: Opportunity Statements

Families

- How might we help families to connect and advocate in engaging ways that give them a voice that creates change with government and institutional structures?
- How might we equip caregivers and parents with skills to support their children's mental health and recovery?
- How might we enable young families to have supports in their homes in ways that develop mentally healthy children?
- How might we enable families to acquire the skills and resources that make them stronger and self sufficient in caring for their communities?
- How might we enable young families to access guaranteed basic income/poverty reduction measures?

Research, evidence and knowledge mobilization

- How might we help families, practitioners and other stakeholders find barrier free access to new knowledge? "relevant, credible and timely evidence"
- How might we help enable pre-service and ongoing professional development for all practitioners to inform mental health service provision to children and youth? How can we extend this to connecting between public and private practitioners?
- How might we increase reliable data on mental health, including cause of death/rate of suicide mental health benchmarks?
- How do we enable researchers to translate their findings to relevant care for youth?
- How might we change mental health awareness to include better knowledge sharing across programs and services?
- How might we enable current research, programs and technology that can save lives to gain awareness using a current culture/pop culture in ways that create publicity to create long-term, measurable change?
- How do we expand the definition of knowledge to include research, clinical wisdom and youth and family voices?
- How might we incentivize more integrated knowledge translation and dissemination between disciplines?
- How might we learn from and use data to identify gaps; identify level of service needed; geographical insight on needs; empower youth, provide agency, inform system-level change; build accountability into service?

- How might we enable organizations to have frameworks for evaluation of implementation and outcomes, to monitor over time in ways that allow for Continuous Quality Improvement (CQI), unimplementation of failed or poor performing initiatives?
- How might we ensure specialized and sub-specialized for young people with severe and complex/comorbid mental illness (access, resources and continuity of care)? Should be holistic and wrap around models of cross sectoral that address social determinants of health – housing, food security, mental health, employment, education.
- How can we ensure publicly funded research serves communities and reaches those who need it?
- How might we help educators and decision makers to change teaching and assessment practices in ways that promote student mental health at all ages?
- How might we leverage technology to increase the number of pathways and alternatives for support to have great impact? Evaluate digital services and sustainability; culturally appropriate and access for vulnerable population
- How might we enable coordination and alignment of services towards integration to help people have continuity of care to increase access and positive outcomes and impact?
- How might we enable coordination and alignment of services towards integration to help people have continuity of care to increase access and positive outcomes/impact?
- How might we use respite care, regulation, support, oversight, better training, etc. to manage practitioner burnout?

Health systems/pathways of care

- How might we create a system of care for youth mental health that is impregnable to political change?
- How do we increase public awareness and evidence-based practice and implementation of population health principles and approaches that move beyond the medical model of mental health?
- How might we enable youth to access the natural environment and land-based programs?
- How might we empower communities to identify and address gaps in services in ways that complement existing healthcare services?
- How might we help services and policy to adopt novel solutions based on research by telling the “story”?
- How might we incentivize cross-sectoral collaboration to ensure mental health service provision to children and youth?

- How might we help connect and integrate youth mental health service providers and services in ways that benefit the great collective mental health needs of youth (communication and collaboration)?
- How might we create a more joined up mental health and substance use treatment system to serve youth with concurrent disorders in ways that improve wellness?
- How might we help institutions to create spaces where institutional/structural challenges can be addressed by public involvement?
- How might we enable business and industry to provide support for families who are affected by mental health issues in ways that reduce barriers and amplify the need for cultural change?
- How might we engage different kinds of funders?
- How might we increase use of and decrease stigma of mental health related leave and flexible work options?
- How might we enable corporations to make mental health a leading priority within existing CSR programs?

Government

- How might we help enable public servants to allocate funds in ways that improve access to services for children and youth?
- How might we enable government to develop political will to invest across the continuum of staged care and lifespan that enhances promotion, prevention and early intervention?
- How might we demonstrate the value and benefit (social and financial) of upstream work to all levels of government?
- How might we advocate at a federal level for a Canadian child and youth advocate?

Cultural Responsiveness

- How might we institutionalize applying an equity lens in all youth mental health services?
- How might we increase the level of cultural competence/responsiveness to ensure services are accessible and relevant to a diversity of people to increase inclusion in co-designing and developing the future?
- How can we help ensure both inclusive/mainstream services and specialized/community-based services for marginalized youth?
- How might we outreach to and build better relationships with diverse communities?

- How might we reduce inequities in mental health systems across jurisdictions?
- How could we elevate and support diverse populations and communities to create their own approach to address mental health challenges? One size does not fit all.
- How do we engage more young males in service development to support young men's mental health?

School Mental Health

- How might we help/enable educators to be better equipped to recognize youth mental health concerns and intervene in ways that connect youth to services?
- How might we support progress in school mental health across jurisdictions?

E-mental Health

- How might we maintain a high, consistent standard of info among e-mental health apps for youth? (fact checking, standardized regulations, frequent audits, re-assessment of needs)
- What standards as they related to mental health outcomes should e-mental health apps be held to?
- How might we better understand “user-centred design and interface” to increase accessibility and navigability, including in intensive needs setting and for “high risk” youth?
- How might we enable youth and children to access client-centred and wrap around care in ways that guarantees individualized care?
- How might we connect youth to Elders to enhance cross-generational knowledge?
- How might we enable youth to create meaningful peer support networks that lead to proactive learning, healing and connection?
- How do we create a standard for youth peer support or training?
- How might we ensure access, resources and continuity of care for youth with neurodevelopmental disorders and mental health challenges?
- How might we create realistic/effective mental health awareness programs for youth that give enough information but don't lead to unrealistic service expectations?
- How might we enable youth to influence services or systems in ways that are impactful on services and outcomes in measurable ways?
- How might we engage youth to be involved in their own care in ways that are meaningful to them?
- How might we help young people and adults to navigate the mental health system in ways that get people the help they need, how and when they need it?

- How might we build from within by education community members to provide local care and offer choices to youth?
- How might we ensure queer youth have access to inclusive and affirming care?
- How might we empower youth to use their data to have more agency in making change (individual and aggregate)?

Clinical Practice

- How might we support clinicians and ensure ongoing delivery of evidence-based practice with competence and fidelity?
- How might we help clinicians, youth and families to work effectively in ways that builds consensus?
- How might we support service providers and clinicians to take care of themselves in ways that reduce burnout?
- How might we build the business case with money to identify both social and financial impact of collaboration and integration?

Appendix C: Interview Template



Discovery Interviews

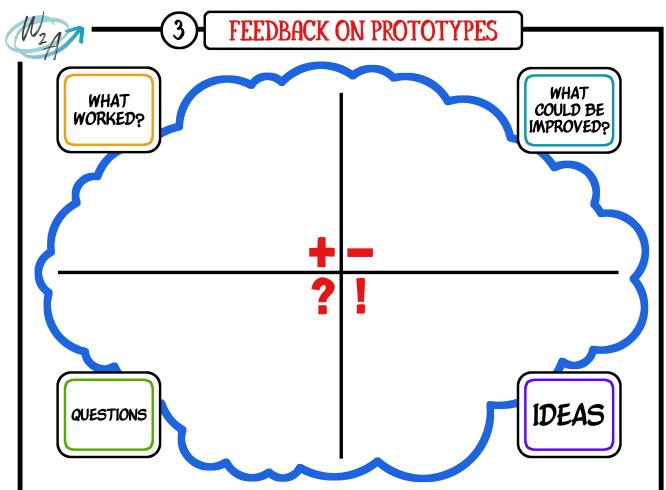
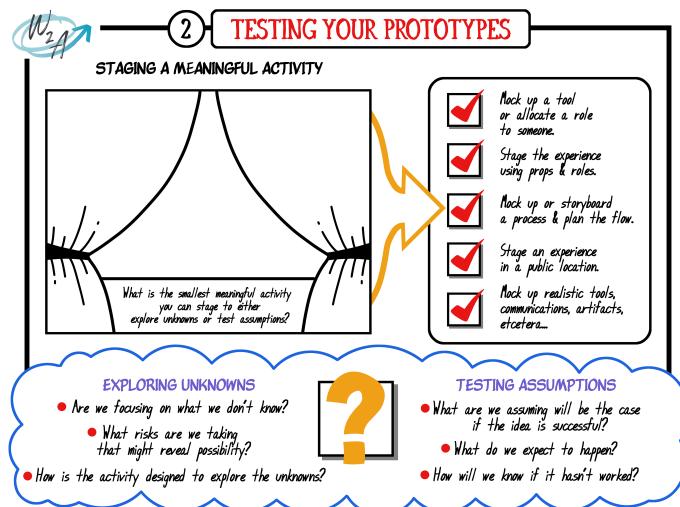
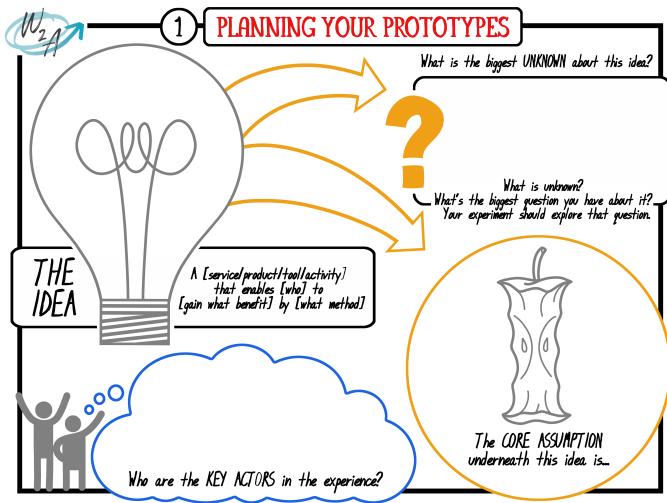
Looking backward- Tell me about a time when you engaged in effective youth mental health work, or when you or someone you know accessed effective mental health support.

- What did you experience? What did it look like, what did it feel like?
- Was there effective youth/family engagement?

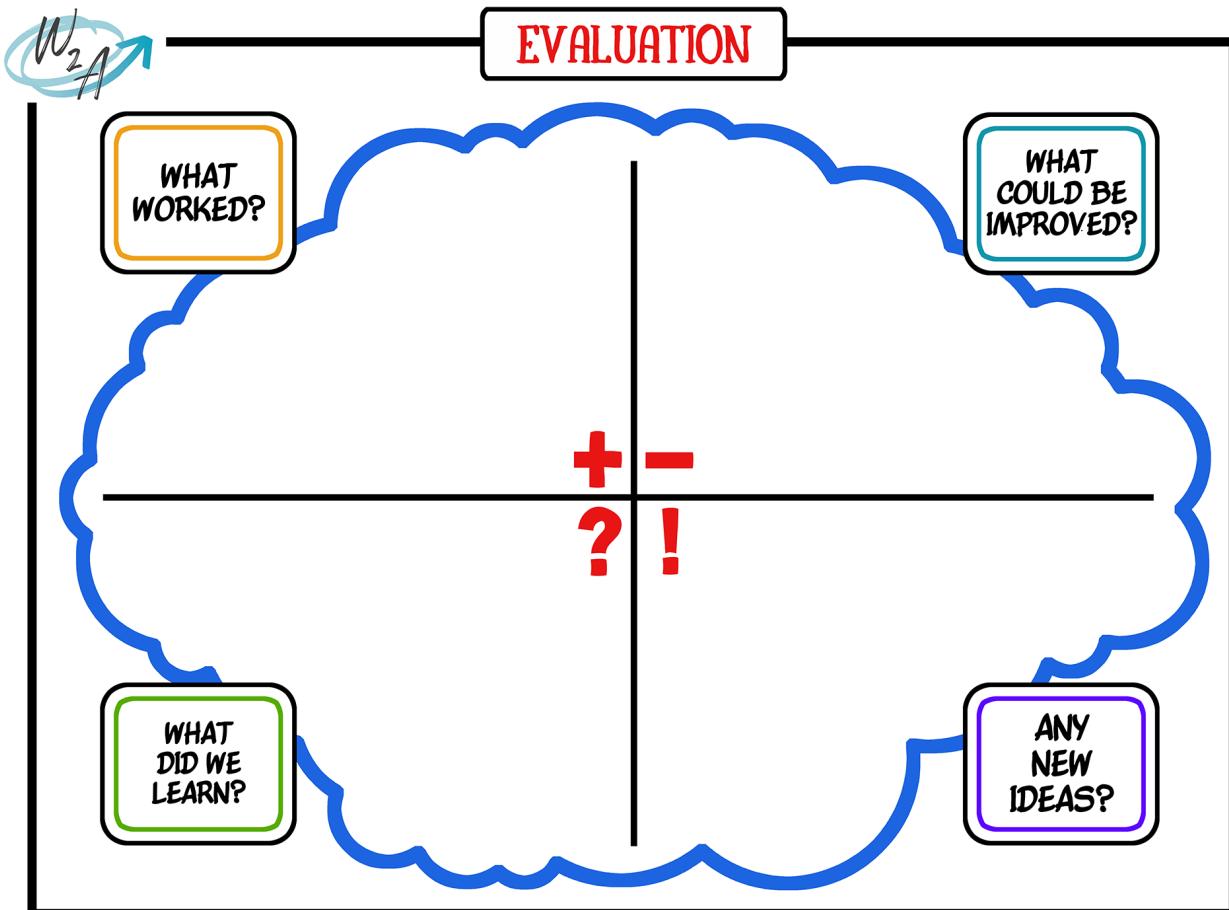
Looking Inward- What did you value about the service, the service providers and/or your role?

Looking Forward- If you could have unlimited resources to create a responsive, effective youth mental health system, what would you do?

Appendix D: Prototype Templates



Appendix E: Workshop Evaluation Overview



What worked?

- Well organization – were able to move through a detailed, step wise process
- Strong logistics – catering and location
- Having movement and a creative approach
- Having a structured approach to prototyping
- Kind and caring hosts and youth-led approach
- Discovery through survey and interviews was effective
- Opportunity statements were great
- Opening circle
- Feedback stage of prototypes was good
- 'prototype demonstrated how easily ideas can be converted into action"
- Supportive environments
- Including funders

What did you learn?

- “We have the answers but there are sizeable structural barriers that need to be circumvented.”
- Clear need for collaboration
- Depth of challenges to resolve
- Exposure to diverse perspectives
- Existing programs and services – profile
- Every field speaks a different language around mental health – learned how to translate and relate this
- I learned many ideas about moving forward on truth and reconciliation
- There is so much to be done. However, passion trumps all and this group cares.

What could be improved?

- Time, pace and transitions – too limited time
- Limited time for prototyping – more time to evaluate and develop
- Further time for analysis and development of prototypes
- More on school mental health
- Provide case studies of innovation
- More time for roundtable discussions
- Front load prototyping information in pre-workshop communication
- More networking time
- Increased diversity of participants:
- Increased numbers of young people and advocates
- Increase regional participation
- Increased diversity
- Increased policy makers
- More focus on ASD population and other neurodevelopmental disorders, more focus on more severe mental illness

Any new ideas?

- Follow up
- See some of these prototypes get funded!
- Increased sessions like this
- Further insight into serving and reaching underrepresented groups
- How will we know if our idea sharing influenced a new initiative in youth mental health?

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