



CHSSN

Youth Pulse Check

survey results report

Compiled by Sunita Nigam, PhD,
for the Community Health and Social Services Network
and the 24 organizations under the Youth Mental Health Initiative

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Report Highlights

This document outlines the most important findings of the Youth Pulse Check, a mental health survey filled out by 456 English-speaking youth between the ages of 18-29 from 14 regions across the province of Quebec. Although 90% of respondents said they struggled at least somewhat often with their mental wellbeing and 81% of respondents, said that the COVID-19 pandemic has increased their struggles to feel well at a level 3 or more on a scale of 1 to 5, the survey revealed that many English-speaking youth feel there are significant gaps and barriers in accessing mental health services in their region. If many youth reported having sought out help in the past without success—meeting with barriers such as long wait lists, the prohibitive costs of mental health support, or the unavailability of services in English— other youth reported not having sought out help because of a lack of information about services to which they might turn.

Service gaps in mental health were revealed to be especially dramatic in Quebec's most rural regions, where cultural stigma about mental health challenges and accessing mental health services is also higher than in Quebec's more urban regions. As one youth commented, "I live in an isolated region, and I wouldn't say that mental health services are lacking, I would say they are non-existent. People suffer in silence because they have no idea where to turn to receive support."

Beyond service gaps in mental health for Quebec's English-speaking youth, significant levels of stigma about mental health challenges and accessing mental health services represent a barrier to English-speaking youth across Quebec getting the help they need. The fact that many of the respondents did not have access to a family doctor presented another significant barrier to them being able to access mental health support. The survey revealed that English-speaking youth are not turning to public health and social service resources as a first resort or in large numbers. Instead, they rely heavily on culturally and linguistically safe informal support networks provided by their friends, significant others, and families. The YPC also demonstrated that English-speaking youth and their peers function also as vital informal channels for disseminating information about formal mental health resources. Still, 15% of respondents said that they would not know who to turn to if their mental health took a turn for the worse.

Subgroups that were shown to be particularly vulnerable to mental health struggles and to exclusion from mental health services were LGBTQIA2S+ respondents, Black respondents, respondents having exited foster care, and respondents with disabilities. Comments from respondents emphasized a special lack of knowledge about women and girls living with disabilities. Women, gender non-conforming, and LGBTQIA2S+ respondents were also found to be more likely to take care of a loved one on a daily basis, a factor that research has shown is correlated with poorer mental health in the case of women (Johnston et al.). The majority of respondents felt there should be more mental health services in their region adapted for Indigenous youth, youth from immigrant, refugee, and racialized backgrounds, LGBTQIA2S+ youth, youth with disabilities, and youth who are struggling financially.

Regarding the last group of youth, an important finding of the survey was the extent to which respondents felt that financial stress negatively impacted their mental health. This finding is especially significant given that English-speaking youth are more likely to experience socio-economic vulnerability than their French-speaking peers. In 2016, “68.2% of English-speaking youth compared with 59.8% of French-speaking youth [...] were living on a low-income [(\$20,000 or less)]” and that 13.3% of English-speaking youth compared with 9.8% of French-speaking youth were unemployed (Pocock, 2018). When asked about activities they felt they could benefit from, respondents highlighted activities focused on building their financial skills and employability as well as on the development of other life skills such as cooking.

Together, the findings of the YPC suggest that high numbers of Quebec’s English-speaking youth are experiencing mental health struggles and that these struggles are exacerbated by the feelings of disempowerment, frustration, and isolation that come from not being able to, or not knowing how to, access professional mental health support. Commenting on the unavailability of mental health support in English for people with disabilities in her region, one respondent poignantly shared, “Most days I’m drowning in agony and there’s nothing I can do about it.”

The YPC also reveals that the size of service gaps and barriers varies according to region as well as to the identity intersections of English-speaking youth. As one respondent noted, “Systemic oppressions play a major role in the difficulties a community faces alongside a person’s biopsychosocial factors.” When mental health service providers have not been trained in culturally appropriate, trauma-informed, and gender and trans-affirming practices they risk worsening rather than improving the mental health and overall health of clients experiencing systemic oppressions as they replicate these very oppressions, re-traumatize clients, and/or deter clients from seeking essential help in the future (Shaheen-Hussain; Center for Substance Abuse Treatment; Buffalo Center for Social Research; Matouk and Wald).

The high numbers of detailed optional comments that were offered by the YPC respondents and of respondents that wish to be contacted by their local organizations participating in the YMHI suggests that Quebec’s English-speaking youth have strong and valuable opinions and experiences to share about accessing mental health support as a young English speaker in this province, and that mental health is an issue that is important to them.

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Introduction

The following sections provide an overview of some of the most important findings of the Youth Pulse Check (YPC)—a mental health survey filled out by 456 English-speaking youth between the ages of 18-29 from 14 regions across the province of Quebec. The goal of the Youth Pulse Check is to assist community organizations in gaining a better understanding of the mental health challenges and needs of English-speaking youth living in their territory. The results of the survey reflect patterns in some of the challenges, needs, and desires of Quebec's English-speaking youth in taking care of their mental health. These patterns are consistent with existing research on mental health and Quebec's Official Language Minority Community.

Context

Research on the mental health and well-being of Quebec's youth since the COVID-19 pandemic has revealed concerning increases in symptoms of anxiety, depression, and trouble sleeping compared with data that was collected prior to the pandemic. These increases are especially high amongst Quebec's English-speaking youth. A study conducted by Dr. Melissa Genereux of the Faculty of Medicine and Mental Health Services University of Sherbrooke and advisor to Quebec's Directorate of Mental Health Services revealed that 37% of adults in Quebec aged 18-24 reported symptoms of anxiety or depression in the two weeks previous and that "[English speakers] are twice as likely as [French speakers] to have anxiety or depressive symptoms." Prior to the COVID-19 pandemic, young English speakers were also less likely to describe their mental health as excellent (31.3%) compared to their French-speaking counterparts (43.5%), to have good self-esteem (44.9%, compared to 53.7%), or to report having people they can count on (71.9% versus 79.8%) (Pocock, 2015). Recent studies demonstrate that Quebec's English-speaking youth have low access to information about available mental health services (Pocock, 2018) and that the infrastructure for mental health services for this demographic contains numerous gaps. There are 225,590 English-speaking Quebec youth between ages 15-29 across the province. They represent 20.5% of the larger English-speaking population of Quebec.



These challenges led to the creation of the Youth Mental Health Initiative (YMHI). The YMHI is funded by the Secrétariat à la jeunesse, supported by the Lucie and André Chagnon Foundation, and managed by the Community Health and Social Services Network (CHSSN). Within the YMHI, CHSSN partnered with 24 organizations who collaborated with 221 other organizations working in 12 regions across Quebec and 3 partners working throughout the province of Quebec with the central goals of:



improving the access of Quebec's English-speaking youth between the ages of 15-29 to mental health services and resources.



involving Quebec's English-speaking youth between the ages of 15-29 in the design and implementation of mental health activities and events.



reducing stigma around mental health struggles and the recourse to mental health services amongst Quebec's English-speaking youth between the ages of 15-29.

The Youth Pulse Check (YPC) was a survey designed by CHSSN for the YMHI to 'check the pulse' of Quebec's English-speaking youth between the ages of 18-29 by asking them questions about:

- their mental wellbeing
- their coping mechanisms
- their knowledge about existing mental health services and resources
- their experiences seeking mental health support
- their opinions about gaps in adapted mental health services for different demographic subgroups of English-speaking youth
- factors that negatively affect their mental wellbeing
- their desires for workshops and activities from their community organizations

Survey Description

During the period in which the survey ran between December 20, 2021 to March 31st 2022, COVID-19-related public health measures had begun to relax. However, as the Omicron variant then arrived and spread throughout Quebec and there was a strict re-tightening of public health measures and social distancing. The swift return to social distancing measures coloured the survey responses concerning the impact of COVID-19 on the mental health of respondents. As one YPC respondent commented, “COVID-19 has canceled life for 22 months, which has greatly impacted the mental health of many young people.” There were 456 English-speaking youth from across Quebec who responded to the survey.

Objectives

The purpose of the YPC was:



to equip participating organizations in the YMHI with information about the needs, desires, opinions, and realities of English-speaking youth living in their region during the pandemic and facilitate their pursuit of appropriate research avenues, outreach strategies, and mental health programming and support for this population.



to compare patterns that emerged in the YPC with recent research on the mental health needs of Quebec’s English-speaking youth.



to promote the crisis services offered by Kids Help Phone.



Methodology

Recruitment and incentive

To recruit respondents, and with the help of the digital agency, Third Wunder, the YPC was disseminated through Instagram and Facebook by organizations and institutions across Quebec from December 20, 2021 to March 31st 2022. At the beginning of the survey, respondents were asked whether they needed mental health support urgently, in which case they were asked not to complete the survey and to call Kids Help Phone immediately. Kids Help Phone was also promoted at the end of the survey. A dollar was donated to Kids Help Phone, Canada's only 24/7 e-mental health service offering free, confidential support to young people in English and French, for every survey completed.

Design

The YPC was designed to enable CHSSN and participating organizations to analyze the responses according to region and according to especially vulnerable subgroups of Quebec's English-speaking youth, for example, youth having exited foster care, Indigenous youth, racialized youth, youth who feel they are struggling financially, and youth of different genders. As such, the survey asked respondents to provide information about their region and their identity intersections.

Ethical considerations

Insofar as surveying people about their mental wellbeing is a sensitive exercise, CHSSN and the evaluator thought carefully about the effects that responding to the survey might have on the wellbeing of respondents. Valuing the mental health and outreach expertise of the organizations participating in the YMHI and the Advisory Committee for the YMHI, CHSSN and the evaluator consulted these experts

throughout the creation of the survey. Three primary actions were taken to minimize the potential harm of the survey on the wellbeing of respondents. Firstly, the survey directed youth in crisis to Kids Help Phone instead of asking them to complete the survey. Secondly, the survey ended with strengths-based questions focused on the positive coping mechanisms that the respondents have already adapted in their daily lives. Thirdly, respondents were provided the contact information for Kids Help phone once they completed the survey. While the survey responses were collected anonymously, respondents were given the option to provide their email address if they wished to be contacted by a local organization participating in the YMHI. The decision to allow respondents to provide this information was debated, as those who decided to provide it relinquished their anonymity. Ultimately, CHSSN and the evaluator determined that the value of incorporating the possibility of directly consulting youth—which included the potential of increasing youth leadership across the YMHI and connecting youth with needed services and resources—was greater than the value of maintaining the anonymity of respondents who consented to provide their contact information. Precautions were taken to limit access to their information to their local YMHI organization exclusively.

Analysis

The evaluator analyzed the data and calculated percentages globally as well as according to region, identity intersections (i.e. their gender, whether they are perceived or treated as a person of colour, etc.) as well as according to whether the respondents lived in Quebec's most urban regions (Montreal, Laval, and Capitale-Nationale) or in the rest of the province, which includes highly rural and isolated regions. This enabled the identification of especially vulnerable subgroups of English-speaking youth and to identify specific patterns amongst these subgroups.

Statistical viability

Using Slovin's Formula—a formula for calculating a sample size of respondents that can be used to make inferences about a population as a whole when using a random sampling technique—the number of responses received for the YPC survey is statistically viable, with a 95% confidence level, for the total population Quebec's English-speaking youth (225, 590). The minimum required sample size for this population with a 95% confidence level is 399 respondents. This being said, there were certain limitations to the randomness of the sampling technique used for the YPC worth noting. For example, the survey does not capture the responses of the unknown number of youth who accessed the survey but, being in crisis, contacted Kids Help Phone instead of completing the survey. The survey was also not accessible to youth without internet access. These factors excluded some youth from the random survey. While plain language was used in the survey questions, youth with very low literacy, including youth with Nonverbal Learning Disorder, might have been excluded from responding. This being said, at least one survey response was filled out by the parent of a youth with nonverbal autism. Because of the limitations on the randomness of the data collected through the YPC, it is suggested that this data be used in conjunction with other research and knowledge about the gaps and barriers English-speaking youth face in accessing mental health services in Quebec.

Limitations

Significantly, the fact that 73% of the respondents were women skews the portrait of how this data represents the wellbeing of young men. Notably, there was some oversights in the design of the questions. The survey asked respondents whether they “helped or supported a loved one on a daily basis (your significant other, your parent, your friends, your neighbour, your child, your sibling)” with the goal of identifying young carers within the data. A young carer is a youth “who takes care of a family member who has a chronic illness, disability, mental health or substance use issue and/or problems related to old age” (Ami-Québec). While 234 respondents answered that they “help support a loved one on a daily

basis,” due to the general nature of the phrasing of the question, it is unclear how many of these respondents were referring to caring for their children who do not have a chronic illness, disability, mental health or substance use issue. In future surveys, it would be important to phrase this question more specifically and to include a separate question asking if the respondent is a parent, which might also impact their mental wellbeing. Notably, the survey neglected to include “Caribbean” as a possible response to a category with which respondents who said they were perceived or treated as a person of colour could identify. While the survey asked about gender in order to determine whether and how gender non-conforming respondents were especially vulnerable, and while the survey asked all respondents whether they felt there should be more services adapted for members of LGBTQIA2S+ communities, it neglected to ask about the sexual orientation of respondents. This oversight means that no conclusions can be drawn about the relative vulnerability of youth according to their sexual orientation.

Feedback

The value of consulting youth through this survey was reflected in some of the feedback offered by respondents. One respondent commented, “Thank you for doing this survey. The English community (along with other minorities) is being pushed out of Quebec by the current (and past) provincial government and we need our voices heard and represented.” Another respondent wrote, “Thank you for giving us the opportunity to share our situation by collecting actual data through this survey.” CHSSN also received constructive feedback from the respondents. One youth commented, “I absolutely adore the interface you've been using, this has been a pleasure to take! It might be good to include questions about private mental health care vs public in future research—I see a private counselor (at my own expense) even though I'm struggling financially, but I know many others can't do so. Would be interesting to explore!:)”

Respondent Demographics

456

respondents completed the survey

Language

- 201 or 46%** said they were either not very comfortable or not comfortable at all speaking French and feeling understood
- 141 or 31%** said they were either not very comfortable or not comfortable at all understanding spoken or written French.
- 108 or 24%** of respondents said they were very comfortable speaking French and feeling understood
- 146 or 34%** of respondents said they were very comfortable understanding spoken or written French

Age

- 28%** of the respondents were between the age of 18-20
- 25%** of the respondents were between the age of 21-23
- 21%** of the respondents were between the age of 24-26
- 26%** of the respondents were between the age of 27-29

Gender

- 335 or 73%** of respondents, identified as women.
- 91 or 20%** of respondents identified as men.
- 24 or 5%** of respondents identified as non-binary.
- 12 or 3%** of respondents identified as transgender.
- 2** respondents identified as Two-Spirit.
- 5** respondents identified as other.
- 5** respondents said that they preferred not to answer.

Other Identity Intersections

- 90 or 20%** of respondents said that they are perceived or treated as a person of colour
- 27 or 6%** of respondents identified as Indigenous
- 10 or 2%** of respondents were previously in the foster care system

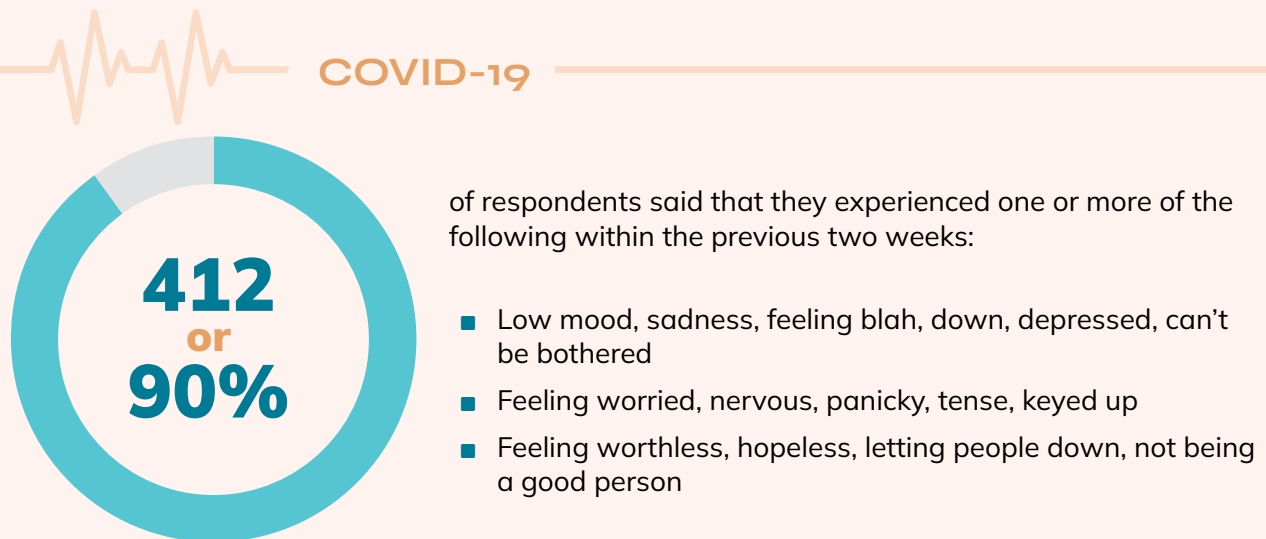
Employment and education

- 189 or 41%** of respondents were employed full-time.
- 137 or 30%** of respondents were employed part-time.
- 57 or 12%** of respondents were unemployed.
- 10 or 2%** of respondents were self-employed.
- 172 or 38%** of respondents were studying full-time.
- 43 or 9%** of respondents were studying part-time.

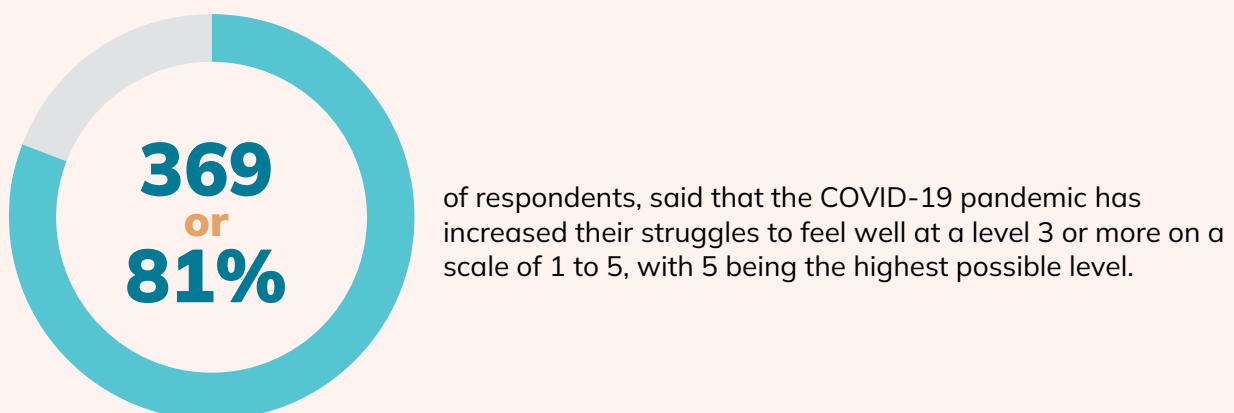
General Findings

A major finding of the YPC is that many English-speaking youth feel there is a dramatic lack of adequate mental health services and support in English in their region. Given the sensitive nature of using mental health services, the fact that so many youth commented on feeling underserved in the area of mental health emphasizes the importance of ensuring the availability, affordability, and accessibility of mental health services and support in English for Quebec's Official Language Minority Community youth.

The survey captured the pulse of English-speaking youth during the pandemic when public health measures were tightening up and glaringly:

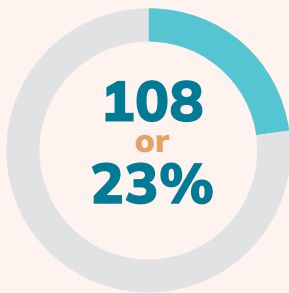


Of these respondents, 206, or over 50% said they experienced these feelings "all of the time" or "most of the time" and only 14, or 3% said they experienced these feelings "hardly ever."

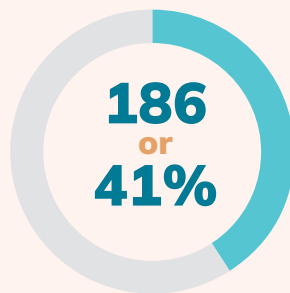


As one youth commented:

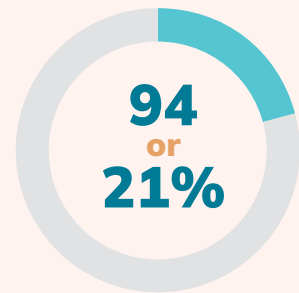
“The measures put in place by the provincial government during this pandemic have been extremely damaging to young people’s mental health, not only mine but pretty much everyone I know. There has been no indication that these measures will ever fully end and no support given as an alternative to the measures.” This aligns with early research in 2021 that youth (18-24 and 25-34) were the group that felt most strongly that the public health measures were excessive and unclear (Généreux, 2021).



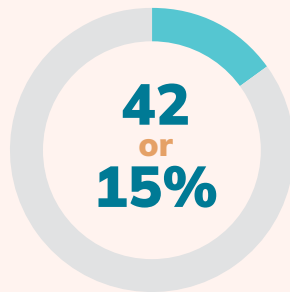
of respondents were **open to being contacted** by a local organization to share their thoughts on access to mental health services for English-speaking youth.



of respondents said that they **do not have access to a family doctor**.



of respondents are **currently seeing a therapist**.



of respondents said that **they would not know who to turn to** if their mental health took a turn for the worse.



of respondents **shared a comment** about the accessibility of mental health services and resources in Quebec.

Language and Access

A distressing finding was that only 108 or 24% of respondents, said they were very comfortable speaking French and feeling understood when talking about their mental health and only 146 or 34% of respondents, said they were very comfortable understanding spoken or written French when it comes to their mental health. Therefore, the majority, that is 201 or 46% of respondents, said they were either not very comfortable or not comfortable at all speaking French and feeling understood when talking about their mental health and 141 or 31% of respondents, said they were either not very comfortable or not comfortable at all understanding spoken or written French when it comes to their mental health. This feedback suggests that access to mental health services and resources in English plays a major role in English-speaking youth seeking out and using mental health services and resources. The urgency of expanding Quebec's mental health services in English was highlighted poignantly by one respondent:

"I found my cousin after she almost committed suicide. Family called the police and she was hospitalized against her will. She was released after a week and they didn't even get her a therapist. The social worker said there were no English options for her, only a French support group. Our system is very sad. She was given ZERO help!! I'm the only one in my family supporting my cousin because she is angry at the rest of the family for calling the police."

Several respondents highlighted numerous challenges in accessing mental health support in English in the province. A major factor contributing to this challenge for many English-speaking youth is not having access to a family doctor. Notably, 186 or 41% of the respondents said they did not have access to a family doctor. One youth noted:

"Not having a family doctor has made it hard to seek help because, due to a lack of French, it is hard to have the courage to make appointments."

Other respondents shared that the only way they were able to access needed services was by going outside of Quebec. One respondent wrote:

"Not having a family doctor has made it hard to seek help. I have been struggling with severe anxiety and the only help I can find is out-of-province."

One youth noted the lack of English language support services outside of hospitals:

"English language support services outside of hospital setting is limited."

Another youth noted that the lack of services for English speakers in the province is especially high in their region for youth between the ages of 17-30;

“I have experienced in general a lack of services for youth between the ages of about 17 to 30. I find that most groups are catered toward (or restricted to) are teens or adults above 30, but the period between those ages is such an important period of transition into the workforce, out of school, and into autonomy.”

One respondent described a prime example of a break in the continuum of communications about health services in English, which leads to setbacks (even increased harm) to pitfalls in accessing services and along a person’s overall trajectory towards wellness. They wrote:

“Having additional English services offered would be great. I don’t think it is sometimes realized how even a little thing can become a huge burden when it is not in your primary language—for example, the phone system and signs at the Local Community Service Centres (CLSCs) for COVID testing all being in French. I was experiencing symptoms and had to go get tested for the first time. I could not figure out where to park, and even once I did I sat in front of a car tent for 30 minutes before realizing there was no one even there at the time. When I called the COVID hotline, I was directed to someone who could not speak English, all the while I did not want to walk in the building as I didn’t want to get anyone sick just in case I tested positive. I think I cried the entire drive back to my home out of frustration, and once there figured out how to make an appointment online and then went back. I am sure these uncertain times are causing a lot of strain on the mental health of everyone. I am happy I have a great support system, and have learned some strategies to aid my mental health, but I know that is not the case for everyone.”

About 30% of respondents said that they have not sought out help for their mental health in the past. Of these respondents, 39% said they did not reach out for help because they did not know what services were out there. Moreover, 15% of all respondents said that they would not know who to turn to if their mental health took a turn for the worse.

These findings suggest that many English-speaking youth experiencing mental health struggles, which can be a highly isolating experience, are further isolated and disempowered by their lack of knowledge about services and resources they can access to support their wellbeing.



Financial Stress And Wellness

One of the most remarkable findings of the survey is its demonstration of the respondents' perception of a high positive correlation between poverty/financial stress and the mental health struggles of respondents. Furthermore, 32% of respondents said that their financial struggles negatively impacted their mental health. This correlation, which is consistent with existing research on the relationship between financial stress and mental health, is compounded by the limited accessibility of English mental health services in the public sector, on the one hand, and the high cost of therapy in the private sector, on the other. This combination of factors means that English speakers without the financial means to pay for private therapy are excluded from access to mental health services in high numbers. Significantly, the COVID-19 pandemic has had positive correlation with job and income loss. "For individuals already experiencing poverty, the crisis has further exacerbated their social exclusion and threatened their survival strategies" (L'Observatoire de l'ACA). Several youth commented on their frustrations with not being able to see a therapist due to the prohibitive cost of private sector support and the exorbitantly long waitlists (sometime multi-year-long) to see a mental health professional in the public sector,

"There needs to be more in-person therapy services for people who are financially struggling, including being able to see a therapist for consecutive weeks to get help. I don't know how much more stress everyone can take without getting help. This country's healthcare is a sham and I'm sick of it."

Another youth shared:

"I would like to emphasize that the only reason I have not been able to access therapy is because it is not financially possible. For me and many of the people around me it is not possible to access any therapy services because the price is simply way too high and we cannot afford it."

Yet another youth wrote:

"The only reason I have finally been able to see a therapist is because it is free at school. Otherwise, I would never be able to afford even subsidized therapy."

The YPC findings about the relationship between financial stress and mental health align with existing research on the topic. This research demonstrates that individuals dealing with financial stress are "twice as likely to report poor overall health," four times as likely to suffer from sleep problems, headaches, and other illnesses," and "more likely to experience strain in [their] personal relationships (Financial Consumer Agency of Canada).

Notably, 3 subgroups were especially highly represented in those who said that their mental health was affected by their financial struggles. Financial struggles disproportionately affected the mental health of Black respondents (44% of whom said their financial struggles affected their mental health), to respondents who identify as non-binary, transgender, Two-Spirit, or other (49% of whom said their financial struggles

affected their mental health), respondents who have aged out of foster care (90% of whom said their financial struggles affected their mental health). These findings are consistent with existing research on job loss and financial struggles amongst People of Colour (see the Colors of COVID Project) and people who have exited foster care during the COVID-19 pandemic.

Stigma

Another finding is that stigma around mental health and using mental health services amongst English-speaking youth remains high, especially but not exclusively in more rural regions. About 28% of the overall respondents said that they would or do feel judged by others around them for seeking out help for their mental health. When you look only at the most urban regions of Quebec (Montreal, Laval, and Capitale-Nationale), 24% of the respondents said they felt that they would be judged for seeking help. In the rest of Quebec, this percentage jumps to 32%. As one respondent noted:

“If you’re working on the issues of mental health on the islands, you must look into the fact that having mental illnesses is considered very taboo here and you should make people aware that having mental illnesses or struggling is a normal thing in life. Target young kids, youth and adults of the community. God knows they all need it.”

Altogether, the questionnaire feedback suggests that there remains work to be done to reduce stigma around mental health struggles and services amongst Quebec’s English-speaking youth.

Urban vs. Rural

Certain findings defined the difference between rural and urban. Higher levels of perceived stigma around mental health struggles is not the only thing that distinguishes the experiences of English-speaking youth living in Quebec's rural regions from those of their urban counterparts. Many youth from the regions commented on the dramatic lack of services in some of the most rural and geographically isolated parts of the province, including and especially the North Shore. As one youth stated:

"I live in an isolated region, and I wouldn't say that mental health services are lacking, I would say they are non-existent. People suffer in silence because they have no idea where to turn to receive support."

The desperation for more services was especially palpable in the following comment from a resident of the Lower North Shore:

"As a resident of the Lower North Shore, I feel like if the provincial and federal governments hadn't neglected us for the last century we wouldn't be in this situation (poverty, rapid population decline, lack of employment, lack of law/authority, lack of proper healthcare, over-priced plane tickets, extremely slow mail service, poor quality drinking water, spoiled "fresh" food, etc.). This is all due to the undisputed fact that the route 138 remains incomplete. Sure, we have the most freedom in the world being a borderline anarchist society, but at what cost? All it would take for us to disappear into history is if the

teachers within our remote villages quit for better-paying salaries somewhere else. This pandemic is a joke to us compared to our already prolonged problems. Seriously COVID who? Whoever reads this, I can only hope you're in a position to help make our desperate cries heard. Sincerely, some young adult trying to save his home."

Other youth echoed a chorus of responses that emerged from this region:

"There is no one to turn to other than the health centre and the waitlist for a psychologist is ridiculous and you spend years on that list. Doctors think it's best to put you on medication but that is only one part of the problem. There is no access to therapy, let alone in English, and how can we pay for it when we are struggling to get by as it is? The communities do not acknowledge mental health and the smaller isolated ones have few activities that would support getting together and socializing without involving alcohol. It feels like there is nowhere to turn to but the internet, and that isn't really all the stable in itself."

Another wrote:

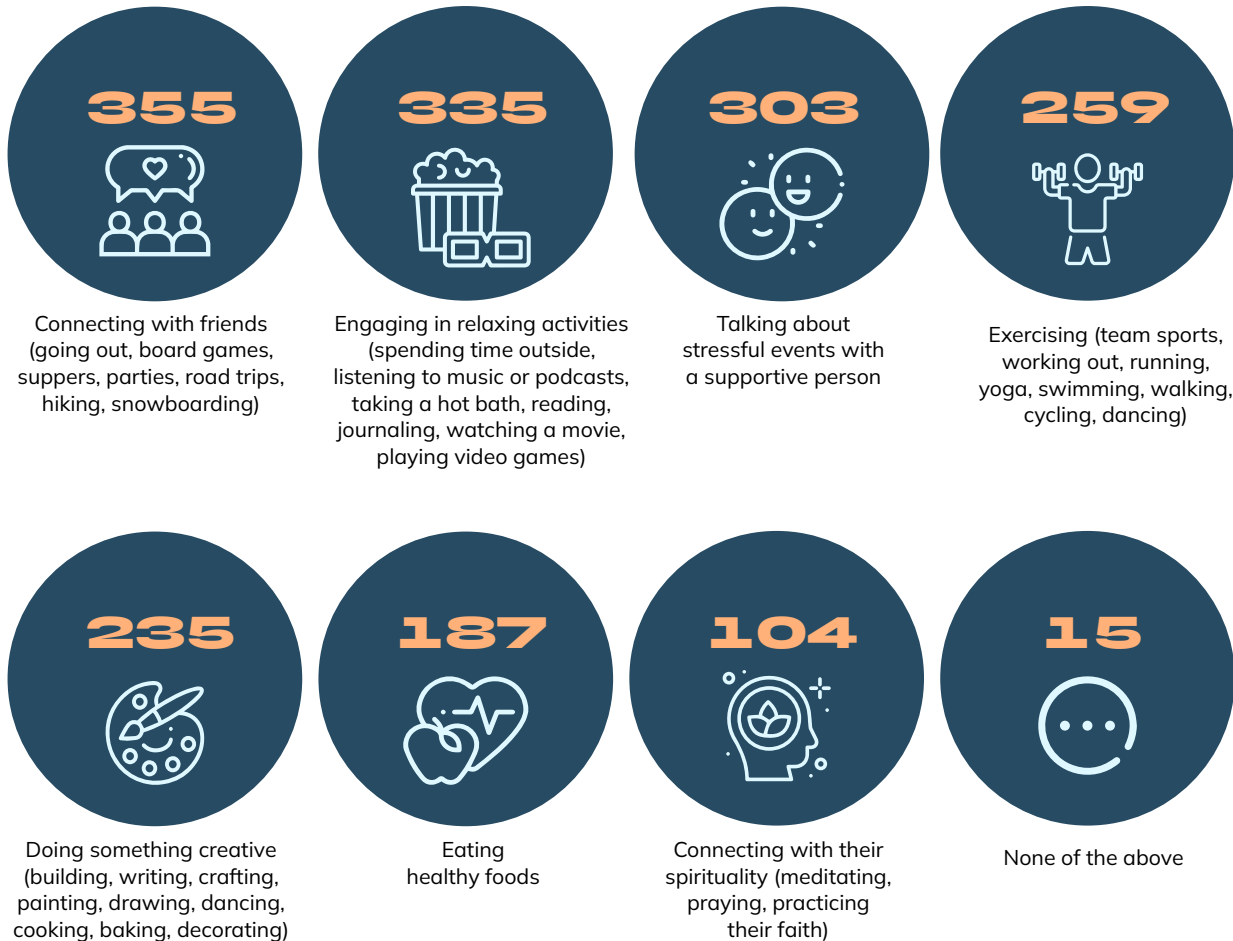
"Counseling is often helpful and much needed in this area, but it is something totally inaccessible and not promoted. Most families here are low-income and cannot afford online therapy or something else out of pocket. The need for counseling here has been talked about for decades, but no real progress has been made."

Coping

The definitive findings from the qualitative responses that were gathered by the questionnaire point to an urgent need for a response to a dramatic lack of services in the North Shore and in other geographically isolated parts of Quebec.

Notably, nearly all the respondents used one or more adaptive coping strategies, or coping strategies that are likely to enhance mental health, and many youth reported that connecting and talking with friends were privileged go-to activities for feeling well.

Respondents said they engaged in one or more of the following activities to feel well:



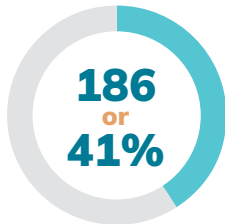
Respondents also shared using less adaptive coping mechanisms, or strategies that are not likely to enhance mental wellbeing overall and in the long run to feel well. To add to this, 295, or 65% of respondents said they are concerned about how much time they spend on their phone. Exactly 158 respondents, or 35% of respondents, said they used one or more of the following substances to feel well:



Notably, 3 subgroups were especially highly represented in those who said they used drugs and/or alcohol to feel better. Whereas 35% percent of the total number of respondents said they consume drugs and/or alcohol in order to feel well, this percentage jumps to 59% in the case of gender-nonconforming respondents, to 71% in the case of Black respondents, and to 90% in the case of respondents who have aged out of foster care.

Gaps in Service Access

An unsurprising and glaring finding was that gaps in service access presented important obstacles for respondents in their attempts to feel well. English-speaking youth feel there is a dramatic lack of adequate mental health services and support in English in their region. That few felt there were clear pathways to care available to them is alarming and more so when we consider the obstacles like language barriers, awareness of the resources open to them and the capacity of the resources to respond to their needs, the gaps are exponentially felt.



of respondents do not currently have access to a family doctor, and 64 of these or 34% of them said that they felt not having access to a family doctor prevented them from getting the help they need.

As one youth without access to a family doctor commented:

“I was pushed through a university program with mental health appointments postponed time after time until I finished the degree. I got a psychiatrist appointment a few months later and had 2 appointments with him before I had to go on medical leave and I was never connected with a new psychiatrist. I was on the family doctor waitlist for 4 years even though I deal with fibromyalgia. I largely felt abandoned by the medical system before the pandemic even hit.”



of respondents are currently seeing a therapist, psychologist, psychiatrist, social worker, or other mental health professional and 35% of respondents had seen one in the past, 168 or 37% of respondents have never reached out for help. When asked why, these respondents answered the following:

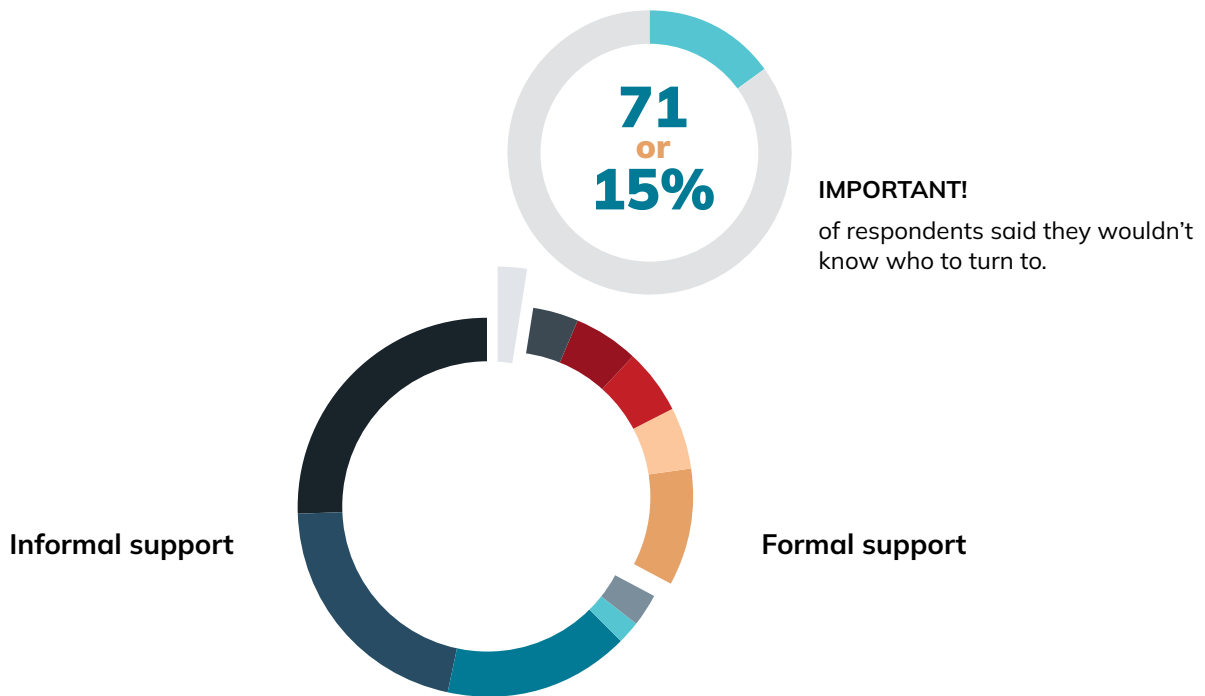


- I do not know what services are out there: **66**
- I needed more support from people in my life: **32**
- The wait time for services is too long: **35**
- The help wasn't available in English: **15**
- I was worried that the service would not be of good quality: **32**

In some cases where a service exists, the low visibility of that service presents an obstacle to potential clients in using that service. The survey data also reflects the low confidence a number of respondents have in their ability to access adequate and timely services in English for their mental health. This low confidence in being able to access the help they need deters them from seeking out help.

The Pros and Cons of Informal Support

An important finding of the survey is the extent to which English-speaking youth rely on informal support networks in their attempts to feel well. When asked who they would turn to if their mental health took a turn for the worst:



- 299 or 65% of respondents said they would turn to their friends.
- 241 or 53% of respondents said they would turn to their family.
- 180 or 40% of respondents said they would turn to their significant other.
- 24 or 5% of respondents said they would turn to a local support group.
- 35 or 7% of respondents said they would turn to a community organization.

- 113 or 25% of respondents said they would turn to their family doctor or a clinic.
- 58 or 13% of respondents said they would turn to a Local Community Services Centre (known as CLSC).
- 65 or 14% of respondents said they would turn to a help hotline.
- 65 or 14% of respondents said they would turn to their school.
- 45 or 10% of respondents said they would turn to a hospital.

What is notable about these findings is how they point to the fact that English-speaking youth are not turning to public health and social service resources as a first resort or in large numbers. Instead, they rely heavily on informal support networks provided by their friends, significant others, and families. As one youth commented,

“I include in “connecting with friends” just having a phone discussion with them as well. It’s very important to just have someone to talk to when I am feeling isolated because it makes me realize that I am not as alone as I had originally thought. Playing Dungeons and Dragons or video games at least once a week with my friends is extremely helpful.”

While these findings reflect high levels of community resilience amongst English-speaking populations in Quebec, they also raise concerns about the limitations and potential pitfalls of relying on informal support as a replacement for formal support instead of as a supplement to it. While informal support is important for improving a person’s wellbeing, it cannot act as a substitute for the support of professionals who are formally trained in best practices related to prevention, treatment, and intervention.

Significantly, respondents said their friends also play a very important role in disseminating information about the mental health professionals and resources to which they do turn. As one youth commented:

“I was able to find therapy quickly when needed, as my friends who have had therapy were very open about it and I was able to ask them for advice. Their hard work and open attitude made the process easier for me, and helped destigmatize it in my eyes. I would have felt much too embarrassed asking my family or church for help.”

Two hundred and eighty-eight or 63% of respondents said they have reached out for help from a mental health professional at some point in the past. When asked how they heard about the help for which they reached out, they answered the following:



- Through a friend: 59
- Through a Google search: 52
- Through a medical professional (doctor, nurse): 47
- Through a teacher: 45
- Through social media: 16
- Through a family member: 16
- Through a social worker: 6
- Other (employee assistance program, school supports, referral from DPJ): 70

These responses suggest that English-speaking youth and their peers function as vital informal channels for disseminating information about formal mental health resources.

Several remarkable findings can be gleaned from the comments section of the survey that flag the particular challenges of specific demographic subgroups of the respondents and provide insights into what youth find most helpful.

Systemic Oppression



Systemic oppression refers to the ways in which certain groups of people are disadvantaged by the policies and processes of an institution that privilege other groups. This results in a system that oppresses groups in the areas of health and social services, employment, education, justice, culture, and social participation. In Canada and Quebec, groups that are systemically oppressed include, for example, Black and Indigenous people, People of Colour, refugees and immigrants, LGBTQIA2S+ people, people having exited foster care, people with disabilities. In the context of COVID-19, areas with high concentrations of racialized populations living in economically disadvantaged conditions saw high COVID-19 infection rates (L'Observatoire de l'ACA)—another example of systemic oppression. The national State of Youth Report (Government of Canada, Canadian Heritage, 2021) notes another example where there is “especially a need for better support for youth that are affected by bullying and discrimination, an issue which disproportionately impacts people of colour, LGBTQ2 youth, youth with disabilities and those from marginalized communities, including linguistic minorities”. Respondents to the YPC underlined the role that systemic oppression plays in their mental wellbeing and access to mental health support.

“Systemic oppressions play a major role in the difficulties a community faces alongside a person’s biopsychosocial factors.” “Systemic issues such as a lack of culturally responsive services and transportation for rural youth to services create additional obstacles” (Gov of Canada, Canadian Heritage, 2021).

“My experience with mental health and wellbeing is significantly impacted by my lived experiences as a queer non-binary person. I experience discrimination, judgment and violence in some form on most days, but I also have a strong support network of queer and trans people I can count on.”

The current system is seen to have “created distrust among vulnerable, marginalized, Indigenous, and LGBTQ2 youth and youth with disabilities who may not feel safe accessing care due to unequal treatment in the healthcare system” (Government of Canada, Canadian Heritage, 2021).

As another youth commented;

“Immigrants and refugees must get more help for their kids who are born in Canada, as their kids are Canadian, but they are not getting certain benefits. There should be at least a permanent daycare facility for the kids of refugees so they can work and help their kids. They don’t get any benefits from the government for their kids born in Canada until their court hearing decisions, which makes things very difficult if they don’t have family or friends who can take care of their kids while they work or learn French. I could not learn French for 3 years as I had no daycare service for my kids. Later on, I got temporary community daycare help, so I started learning French. If the government wants people from other countries to learn French they should not just give them money to do so, but give them daycare services for their kids so they can learn French and contribute to Quebec society later on.”

Youth with Disabilities

The lack of mental health support for (especially English-speaking) individuals living with a disability was felt acutely during the COVID-19 pandemic, especially as Quebec's public health measures failed to take into account the effects of these measures on people living with disabilities, many of whom cannot wear a mask, and many of whom were already living in conditions of social isolation (L'Observatoire de l'ACA). Several respondents with disabilities commented on the (sometimes dire) need for more support for an understanding of the mental health needs of English-speaking youth living with disabilities, with two respondents highlighting the special lack of knowledge about women and girls living with disabilities:

"I have Borderline Personality Disorder, Complex Post-Traumatic Stress Disorder, and am likely autistic. I've been trying to get help pretty much my whole life, but because I'm female and in Quebec I wasn't diagnosed with anything until my early 20s. All the services are available in French but almost no services are available in English. Most days I'm drowning in agony and there's nothing I can do about it."

"Please have more studies, resources, and awareness around ADHD in women/girls. It is SUPER overlooked and can often be the source of shame, depression, and anxiety when it is not our fault. "How to ADHD" on YouTube is an amazing advocate."

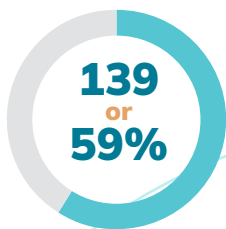
"I have struggled while living my entire life with ADHD. While I have a supportive doctor and I am on stimulant medication, there is a lack of support from specialists for adults. Living with this neurodivergence is extremely difficult for me and having access to English-language services tailored to this group would be helpful. It would also help if medical professionals were better educated on updated information regarding this disorder as an entire emotional-regulation side is not well-known. (Should be in a new addition of the DSM.)"

"I believe the Montérégie area like île Perrot, needs to have special needs services, offered in English to support those who require their services, it makes it easier for all those impacted"

Young Carers and Parents

A young carer is a youth “who takes care of a family member who has a chronic illness, disability, mental health or substance use issue and/or problems related to old age” (Ami-Québec). While 234 or 51% of respondents answered that they “help support a loved one on a daily basis,” due to the general nature of the phrasing of the question, it is unclear how many of these respondents were referring to caring for their children who do not have a chronic illness, disability, mental health or substance use issue. Currently the data collected by the YPC about young caregivers includes parents of children who do not necessarily have a chronic illness, disability, mental health, or substance use issue.

Of the respondents who answered that they help support a loved one on a daily basis, 139 or 59%, said that these caring activities impacted their mental health at a level 3 or more on a scale of 1 to 5, with 5 being the highest possible level. One respondent noted:



“I’m keeping it together because I have to. I care for my child, my spouse, and other relatives. I’m exhausted, but there is no other choice. I know I am not alone in this, but it’s so hard to know where to turn when I’m in need of help. Especially when my time is so limited. I can’t get help during ‘normal hours,’ I do not have time.”

Caregiving and the Gender Gap

Notably, a large gender gap plays a role in determining whether a person is likely to support a loved one on a daily basis. Amongst the 234 who support a loved one on a daily basis, 166 (71%) were cisgender women, 22 (9.4%) responded that they identified as trans, non-binary Two-Spirit, other, or preferred not to answer, and 46 (19.6%) were cisgender men. While respondents who identified as trans, non-binary, Two-Spirit, other, or who preferred not to answer only represented 1% of the total number of respondents, they represented 9.4% of the respondents who help support a loved one on a daily basis.

In the context of COVID-19, this data suggests a possible alignment, which needs to be explored further, with existing research on how “pandemics have historically exacerbated gender inequalities” (Johnston et al.). In particular, recent research on the effects of COVID-19 on gender disparities in childcare obligations shows that “existing asymmetrical distributions of child care obligations in Canada and Australia have been amplified during the pandemic, resulting in a

disproportionate burden on women. During the pandemic we also find that, in households with children, women tend to report experiencing poorer mental health than men” (Johnston et al.). A consultation carried out by the Quebec Lesbian Network revealed that a third of the women in the LGBTQIA2S+ community consulted “took on a role as a family caregiver or had a dependent for whom they provided housing” during the COVID-19 pandemic, which had an effect of their mental wellbeing (Johnston et al.). Gender-based violence and family violence have also increased during the COVID-19 pandemic (Johnston et al.), further increasing the vulnerability of women and gender-nonconforming individuals.

Beyond indicating a need for flexible service times for those who are not able to consult within the 9am-5pm time frame due to caregiving obligations, the data collected by the YPC suggests that much more can be done to support the mental wellbeing of young caregivers (including parents and young carers), and especially women and LGBTQIA2S+ caregivers in the context of COVID-19.

What Youth Want In Adapted Services



Predominantly, many youth responded that they felt there was a need for English mental health services adapted to different demographic subsets of their peers in their communities:

- 253 or 55% of respondents felt that there should be more mental health services tailored to Indigenous peoples in their region. This feedback aligns with existing research on the mental health, addiction, and suicide crises faced by Indigenous communities (and corresponding service gaps) as the result of ongoing settler colonialism, which have been dramatically exacerbated by the COVID-19 pandemic. The feedback also aligns with leading research on the importance of prioritizing traditional Indigenous perspectives and practices concerning trauma, healing, and counseling (Panofsky et al.).
- 261 or 57% of respondents felt that there should be more mental health services tailored to people who identify as LGBTQIA2S+ in their region. This feedback aligns with findings about the vulnerability intersections of LGBTQIA2S+ individuals, who are, for example, “disproportionately affected by different factors of socio-economic vulnerability” and for whom mental health struggles have been dramatically exacerbated by the COVID-19 pandemic. (L’Observatoire de l’ACA).
- 274 or 60% of respondents felt that there should be more mental health services tailored to people with disabilities in their region. This feedback aligns with existing knowledge of the gaps in mental health support and other service gaps for individuals living with disabilities.
- 279, or 61% of respondents felt that there should be more mental health services tailored to people from racialized, immigrant, and refugee backgrounds in their region. This feedback aligns with existing knowledge about the intersecting vulnerabilities and systemic oppression of people from racialized, immigrant, and refugees backgrounds in Quebec and with the need for improving mental health services for immigrant, refugee, ethnocultural, and racialized populations (McKenzie et al.). Research shows that these populations are “more exposed to the known social determinants that contribute to mental health problems and illnesses, tend to access mental health services less often, and face numerous barriers when accessing services” (McKenzie et al.).
- 377, or 83% of respondents felt that there should be more mental health services tailored to people who are financially struggling in their region. This feedback aligns with existing knowledge about the intersecting vulnerabilities of people living in economically disadvantaged conditions in Quebec.

Respondents who indicated they were unemployed or only employed part-time also emphasized the following as activities they felt would benefit their wellbeing:

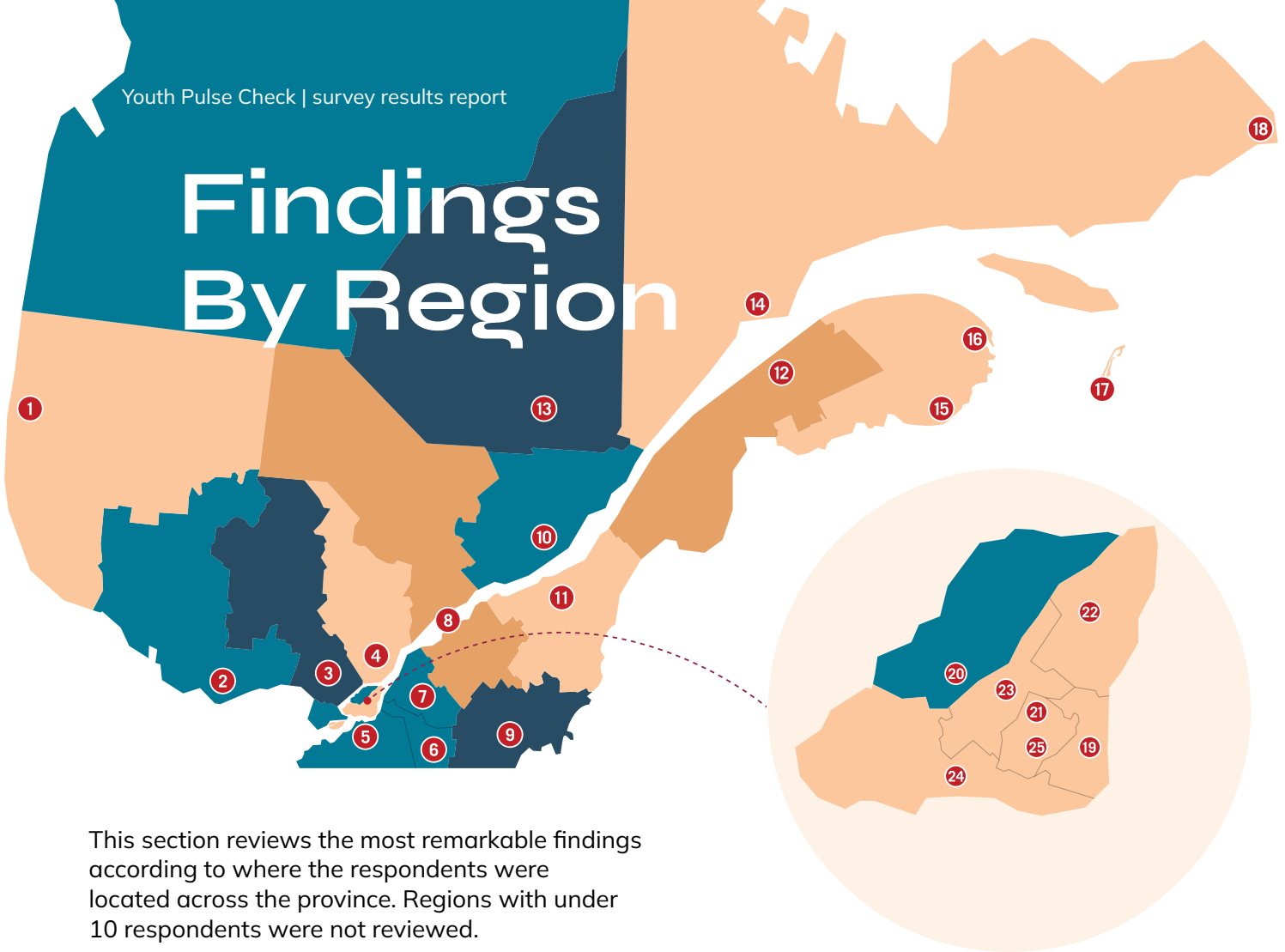


- Activities focused on building their financial skills (budgeting, understanding credit, handling loans): **126**
- Activities focused on employability (updating and translating CVs, practicing interviewing): **68**
- Activities focused on improving their cooking skills (simple how-two, conserving food, cooking large portions): **70**
- One-on-one help: **79**
- Help getting important things sorted (driver's licence, SIN card, vaccination): **57**

This feedback might help to orient organizations and institutions eager to respond to some of the most pressing needs and desires of English-speaking youth in their region.



Findings By Region



This section reviews the most remarkable findings according to where the respondents were located across the province. Regions with under 10 respondents were not reviewed.

1 Abitibi-Témiscamingue Respondents: 3

12 Bas Saint-Laurent Respondents: 2

- Both respondents received the survey from HLSL.

10 Capitale-Nationale Respondents: 19

- 4 respondents received the survey from JHCP.
- 4 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 7 respondents said they consumed substances to feel well.
- respondents said they would benefit from activities related to improving financial skills 8, employability skills 5, cooking skills 6, help getting important things sorted (SIN, driver's license, vaccination) 5, one-on-one help getting their life back on track 8.

8 Centre-du-Québec Respondents: 8

11 Chaudière Appalaches Respondents: 8

14 Côte-Nord (North Shore) Respondents: 16

- 7 respondents received the survey from NSCA.
- 4 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 8 respondents said they consume substances to feel well.

18 Côte-Nord (Lower North Shore) Respondents: 35

- 32 respondents were women and the remaining 3 were men.
- 3 respondents identified as Indigenous
- 14 respondents received the survey from Coasters' Association.
- 11 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 9 respondents said they consume substances to feel well.
- 11 respondents said that they are struggling financially and it affected their mental health
- 11 respondents said that they are struggling financially, but they feel like it's manageable.
- Only 2 respondents, or 0.05% of respondents, are currently seeing a therapist. Compare this with 20% of the total survey respondents who are currently seeing a therapist.
- Respondents in the Lower North Shore reported being particularly highly affected by mental health struggles related to caregiving.
- 8 respondents said they would benefit from activities related to improving financial skills.

9 Estrie Respondents: 25

- 4 respondents received the survey from Townshippers' Association.
- 2 respondents identify as Indigenous.
- 5 respondents said they are struggling financially and it affects their mental health.
- Only 1 respondent, or 0.04% of respondents currently sees a therapist. Compare this with 20% of the total survey respondents who are currently seeing a therapist.
- respondents said they would benefit from activities related to improving financial skills 8 and cooking skills 2.

15 16 17 Gaspésie/Îles de la Madeleine Respondents: 32

- 5 respondents received the survey from CASA.
- 7 respondents received the survey from CAMI.
- 1 respondent received the survey from VGPN.
- 14 or almost half of the respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 13 respondents said they consume substances to feel well.
- 9 respondents said they are struggling financially and it affects their mental health.
- 8 respondents said they are struggling financially, but feel like it's manageable.
- respondents said they would benefit from activities related to improving financial skills 9 and cooking skills 4.

4 Lanaudière Respondents: 4

3 Laurentides Respondents: 11

- 1 respondent received the survey from 4Korners.
- 4 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 5 respondents said they consume substances to feel well.
- 5 respondents said they are struggling financially and it affects their mental health while 6 feel like though they are struggling financially it's manageable.

20 Laval Respondents: 20

- 5 respondents are perceived or treated as a person of colour.
- 1 respondent received the survey from AGAPE.
- respondents said they would benefit from activities related to improving financial skills 5, one-on-one help getting their life back on track 5.

5 6 7 Montérégie Respondents: 35

- 11 respondents are perceived or treated as a person of colour.
- 2 respondents received the survey from MEPEC.
- 3 respondents received the survey from MWCN.
- 16 respondents, just over half, said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 12 respondents said they consume substances to feel well.
- 16 respondents said they are struggling financially and it affects their mental health while 11 feel like though they are struggling financially it's manageable.
- respondents said they would benefit from activities related to improving financial skills 13, employability skills 8, cooking skills 5, one-on-one help getting their life back on track 7.

19 21 22 23 24 25 Montreal Respondents: 169

- 58 respondents are perceived or treated as a person of colour.
- 5 respondents identify as Indigenous.
- 6 respondents received the survey from BGC Dawson.
- 21 respondents received the survey from Y4Y.
- 3 respondents received the survey from ELAN.
- 1 respondent received the survey from Head and Hands.
- 1 respondent received the survey from REISA.
- 1 respondent received the survey from CCS.
- 3 respondents received the survey from Project 10.
- 42 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 62 respondents said that they consume substances to feel well.
- 53 respondents said they are struggling financially and it affects their mental health while 11 feel like though they are struggling financially it's manageable.
- respondents said they would benefit from activities related to improving financial skills 49, employability skills 29, cooking skills 30, help getting important things sorted (SIN, driver' license, vaccination, etc) 31, one-on-one help getting their life back on track 25.

2 Outaouais Respondents: 67

- 7 respondents identify as Indigenous.
- 12 respondents received the survey from Connexions.
- 17 respondents said they would or do feel judged by people around them for seeking out help to support their mental wellbeing.
- 28 respondents said that they consume substances to feel well.
- 28 respondents said they are struggling financially and it affects their mental health while 19 feel like though they are struggling financially it's manageable.
- respondents said they would benefit from activities related to improving financial skills 16, employability skills 10, cooking skills 9, help getting important things sorted 9, one-on-one help getting their life back on track 18.

Conclusion and Recommendations

The YPC confirmed that high numbers of Quebec's English-speaking youth are struggling with their mental health and that many members of this demographic are unaware of existing services and resources they might turn to for support. Particular subgroups in this demographic, including youth having exited foster care, LGBTQIA2S+ youth, Black youth, youth with disabilities, and youth who are caregivers (especially women and LGBTQIA2S+ caregivers), were revealed to be particularly vulnerable to mental health struggles and particularly affected by service gaps and barriers. The YPC revealed many (and sometimes dramatic) gaps in mental health and social services for Quebec's English-speaking youth as well as numerous barriers (including stigma, low trust in health and social services, and financial stress combined with the prohibitive cost of some mental health services) to these youth accessing existing services. Service gaps and barriers were especially numerous in Quebec's more rural regions, where health and social service infrastructures are much less developed than in urban centres, where populations are often dispersed across large geographic territories, and where stigma about seeking out mental health services is felt to be especially high. Youth respondents insisted on the need for more programs and services adapted to the specific needs of: LGBTQIA2S+ youth, youth with disabilities, Indigenous youth, youth from immigrant, refugee, and racialized backgrounds, and youth who are struggling financially.

Building for Diversity and Inclusion

Given the different vulnerabilities that youth of different identity intersections (of race, language, gender, disability, etc.) experience

which affect their mental health, and given the different barriers that youth of identity intersections face in accessing mental health support, it is recommended that:

- organizations and institutions keep top of mind which subgroups of English-speaking youth are likely to be excluded and included in each initiative, program, or activity they carry out.
- organizations and institutions think creatively about how to more actively include some of the most vulnerable subgroups of English-speaking youth in their offerings by adapting services to their distinct realities and needs.

This will involve building diversity, flexibility, and adaptability into the design of initiatives, programs, and activities. It might also mean consulting and collaborating with existing or new partners who have expertise in designing and adapting services and resources for particular subgroups of English-speaking youth. Crucially, inclusion does not mean making a program, service, or activity designed for less vulnerable population groups available to more vulnerable population groups. Inclusion means designing a program, service, or activity that is responsive to the distinct needs and realities of more vulnerable population groups alongside those of less vulnerable population groups.

Raising the Awareness of Health Partners

Given the substantial feedback from Quebec's English-speaking youth that they experienced gaps and barriers in accessing mental health support within the public healthcare system, and given the substantial feedback from this

population that they feel the need for more services adapted to the specific realities of Indigenous youth, LGBTQIA2S+ youth, youth with disabilities, youth having exited foster care, and immigrant, refugee, and racialized youth, it is recommended that:

- organizations and institutions schedule meetings with their local CISSSSs and CIUSSSSs as well as other community health partners to raise their awareness of the gaps and barriers English-speaking youth and specific subgroups within this population are experiencing in accessing mental health support (as reflected in this report and elsewhere).
- organizations and institutions collaborate, where possible and appropriate, with their local CISSSSs, CIUSSSSs, and other community health partners in developing intersectoral strategic plans to address these gaps and barriers.

Fostering Youth Leadership

The high numbers of detailed optional comments that were offered by the YPC respondents demonstrate that Quebec's English-speaking youth have strong and valuable opinions to share about accessing mental health support in Quebec. As such, and given the high number of youth respondents who wish to be contacted by their local organizations participating in the YMHI, it is recommended that

- organizations and institutions draw on the expertise of Quebec's English-speaking youth, through: consulting youth; creating youth advisory committees and councils; hiring youth ambassadors and consultants; partnering with organizations run by youth and/or with expertise in working with youth; and inviting youth to sit on organizational boards as members.

Youth are the privileged experts in their own experiences as the most important collaborators in designing services and resources that can support them.

In line with Canada's first State of Youth Report (2021), our Youth Pulse Check findings substantiate the experience of English-speaking Quebecers across the province who direly need their rights to accessible mental healthcare to be respected. To help improve that access, there is a need for more education on taking care of one's mental health and in reducing mental health stigma, more culturally responsive resources and analysis of the healthcare system from an intersectional lens by partners who understand what barriers to access exist for vulnerable groups so that accessible, affordable, efficient and holistic mental healthcare services can be provided across rural and urban communities.

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Appendix A

Youth Pulse Check

Are you an English-speaking young adult between the ages of 18 – 29 living in Quebec? We need your help to better understand what challenges young adults are facing and whether you are getting the help that you need. If you aren't, we're going to work harder and smarter (thanks to you) to ensure that you do. Your feedback is entirely anonymous.

For every survey submitted \$1 will be donated by the Community Health and Social Services Network to the Kids Help Phone up to \$500.

Do you need immediate help? If so, please skip this survey and call 1-800-668-6868 or text 686868 to reach a crisis responder. If you identify as Indigenous, you can ask to be connected with a First Nations, Inuk or Métis crisis responder if one is available.

Which community organization sent you this survey?

(Dropdown menu of YMHI community organizations)

How old are you *

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 18 | <input type="checkbox"/> 21 | <input type="checkbox"/> 24 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 22 | <input type="checkbox"/> 25 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 29 |

Which region do you live in? *

- Abitibi-Témiscamingue
- Bas-Saint-Laurent
- Capitale-Nationale
- Centre-du-Québec
- Chaudière-Appalaches
- Côte-Nord (North Shore)
- Cote-Nord (Lower North Shore)
- Estrie
- Gaspésie/Îles-de-la-Madeleine
- Lanaudière
- Laurentides
- Laval
- Mauricie
- Montérégie
- Montréal
- Nord-du-Québec
- Outaouais
- Saguenay-Lac-Saint-Jean

As an English-speaking youth, how comfortable are you speaking French and feeling understood? *

(When you talk about your mental health)

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

As an English-speaking youth, how comfortable are you understanding spoken or written French? *

(When you talk about your mental health)

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

With which gender do you identify? *

- Woman
- Man
- Non-Binary
- Transgender
- Two-Spirit
- Other
- Prefer not to answer

Are you perceived or treated as a person of colour?

- If yes, check the box. If no, skip ahead to the next question

IF yes, Please select any of the following with which you identify:

- Black
- South Asian
- Chinese
- Filipino
- Latin American
- Arab
- Southeast Asian
- West Asian
- Korean
- Japanese
- Persian
- Other

Do you identify as Indigenous?

- If yes, check the box. If no, skip ahead to the next question

Are you currently: *

Check the box that most closely describes your situation

- Employed full time
- Employed part-time
- Unemployed
- Self-employed
- Studying full time
- Studying part-time
- Yes and it affects my mental health
- Yes but I feel like it's manageable
- No

IF unemployed or employed part-time selected; Select the areas that you feel could help you:

(Activities to boost your...)

- Cooking skills (simple how-to, conserving food, cooking large portions)
- Financial skills (how to budget, understanding credit, handle loans)
- Employability skills (updating and translating my CV, practicing interview, navigating job search, negotiating salary and benefits, volunteer opportunities)
- One-on-one help getting my life back on track (planning all of these aspects together)
- Help getting important stuff sorted (SIN card, driver's license, vaccination passport, social assistance application)
- Help and other supports to young parents (access to affordable childcare, progressive re-integration into workforce)
- Other

IF studying; at what level of education are you studying?

- University
- CEGEP
- Trade school
- High School
- Continued Education

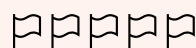
Do you feel like you are struggling financially? *

- Yes and it affects my mental health
- Yes but I feel like it's manageable
- No

Were you in the foster care system?

- If yes, check the box. If no, skip ahead to the next question

Do you feel like the COVID-19 pandemic has made it harder to feel well? *



1 flag being not very hard, 5 flags being extremely hard

Over the past two weeks have you experienced: *

Check the box(es) that most closely describe your situation

- Low mood, sadness, feeling blah, down, depressed, can't be bothered
- Feeling worried, nervous, panicky, tense, keyed up
- Feeling worthless, hopeless, letting people down, not being a good person
- None of the above / not applicable

How often have you felt this way? *

- Hardly ever
- Most of the time
- Some of the time
- All of the time

Do you consume any substances to feel better?

(like alcohol, cannabis, opioids, over-the-counter meds, vaping)

- If yes, check the box. If no, skip ahead to the next question

IF yes, please share which one(s)

- Alcohol
- Cannabis
- Nicotine
- Bath salts
- Pain management drugs (codeine, fentanyl, morphine, oxycodone, hydromorphone, heroin)
- Stimulant drugs (cocaine, speed, meth, uppers, Ritalin, Concerta, Biphedamine, Dexedrine)
- Sedative drugs (Xanax, Ativan, Valium, Nyquil, Lunesta, Ambien)
- Psychedelic drugs (LSD, ketamine, mushrooms, MDMA, PCP, salvia)

IF so; how often do you consume these to feel well? *

- Extremely often
- Often
- Somewhat often
- Not often

IF so, were these prescribed to you?

- If yes, check the box. If no, skip ahead to the next question

Are you worried about how much time you spend in front of a screen (phone, tv, videogame, computer)?

- If yes, check the box. If no, skip ahead to the next question

Do you currently see a therapist, psychologist, psychiatrist, social worker or other mental health professional? *

- Yes
- No, but I have in the past
- No

IF no, why was that? *

- The help wasn't available in English
- I do not know what services are out there
- Wait time for services was too long
- I was worried that the service would not be of good quality
- I needed more support from people in my life to move forward
- I do not have access to Internet at home
- Other

Do you currently have access to a family doctor? *

- Yes
- No

IF no, do you feel that not having access to a family doctor has stopped you from getting the help you need?

If so, please share your thoughts:

Who do you feel you can you turn to if your mental health takes a turn for the worse? *

- CLSC
- Family doctor or clinic
- Friends
- Help hotline
- Hospital
- Local support group
- School (teacher, staff)
- Community organization
- Parents, siblings and other family members
- Religious community
- Significant other
- I wouldn't know who to turn to

Would you or do you feel judged by others around you for getting help for your mental wellbeing?

- If yes, check the box. If no, skip ahead to the next question

Have you reached out for help in the past? *

- Yes
- No

IF yes,What kind of help did you receive? *

- Workshop
- Counseling sessions
- Mental health evaluation
- Support group
- Referral to another service
- Other

IF yes, How did you hear about the service you used?

- A friend
- A teacher
- Social media
- Google search
- Other

IF no, Why was that? *

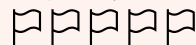
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- Wait time for services was too long
- I was worried that the service would not be of good quality
- I needed more support from people in my life to move forward
- I do not have access to Internet at home
- Other

Do you help or support a loved one on a daily basis (your significant other, your parent, your friend, your neighbour, your child, your sibling)?

If so, please share what form this takes below. If not, please move on to the next question.

- Communicating regularly by phone or visiting in person
- Providing services for activities of daily living (mobility assistance, personal support, health care)
- Providing personal care (combing their hair, shaving their beard, dressing them, helping them get around)
- Helping them obtain care and services (advocating on their behalf, translating information for them)

IF so; How much do these caring activities impact your mental health *



5 flags being the highest impact on your wellbeing, 1 being the lowest

Do you feel that there should be more mental health services in your region adapted for... *

(Because we know that people with different experiences face different struggles, do you feel that for you, your friends, family and community there should be more services adapted for...)

- Members of LGBTQ2S+ communities
- People with disabilities
- People from racialized, immigrant, refugee, or intercultural backgrounds
- Indigenous peoples
- People who are financially struggling

Do you do any of these activities to feel well? *

Select those that you do:

- Exercising (team sports, working out, running, yoga, swimming, walking, cycling, dancing etc.)
- Talking about stressful events with a supportive person
- Eating healthy foods
- Connecting with my spirituality (practicing my faith, meditating, praying)
- Doing relaxing activities (spending time outside, listening to music or podcasts, reading, watching a movie, playing video games, taking a hot bath, journaling etc.)
- Doing something creative (building, writing, crafting, painting, drawing, dancing, decorating, cooking, baking etc.)
- Doing other things to take care of myself (treating yourself to something you love, cuddling with a pet, snuggling under a cozy blanket, having your favourite meal, burning a scented candle)
- Connecting with friends (going out, board games, suppers, parties, roadtrips, hiking, snowboarding)
- None of the above

How often do you do these to feel well?

- Not often enough Somewhat often Often

Is there anything else you would like to add to your responses in this survey?

Your comments are important to us:

Would you be open to being contacted by a local organization to share your thoughts on youths' access to mental health services?

- If yes, check the box. If no, skip ahead to the submit button

IF box checked: If you agree to be contacted by an organization working to improve mental health resources and access to services in English for youth in your region, please provide your email address:

Rest assured your answers will remain confidential

After submission of survey the following message appears:

Thank you for completing our survey and sharing your insights!

Please spread the word and share our survey with your friends, and don't forget to remind them we'll be donating \$1 to Kids Help Phone for every submission!

Share link: <https://bit.ly/3mdC11m>

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**Get in
touch**

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