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## Highlights from Mental Health Promotion for Youth in Canada: A Scoping Review

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### Background

The CAMH Resource Centre, based in the Health Promotion and Prevention Unit at the Centre for Addiction and Mental Health (CAMH), works with the Ministry of Health and Long-Term Care to build capacity amongst public health and health promotion audiences in Ontario. One focus for the CAMH Resource Centre is mental health promotion. Recently, the CAMH Resource Centre conducted a scoping review of Canadian youth mental health promotion programs to learn about the range and types of activities in this emerging field.

The goal of this review was to identify successful youth mental health promotion and mental illness prevention programs in Canada. The CAMH Resource Centre chose to focus on youth mental health promotion and mental illness prevention activities given that in Ontario between 15% and 21% of children and youth report experiencing at least one mental health challenge.<sup>1</sup> In addition, symptoms of mental illness tend to first appear in youth, especially those that are dealing with major life changes or live in remote communities.<sup>1</sup>

The results of this review are available in a report called: *Mental Health Promotion for Youth in Canada*. The focus of this issue of @ a glance is to present a summary of the review's full report.

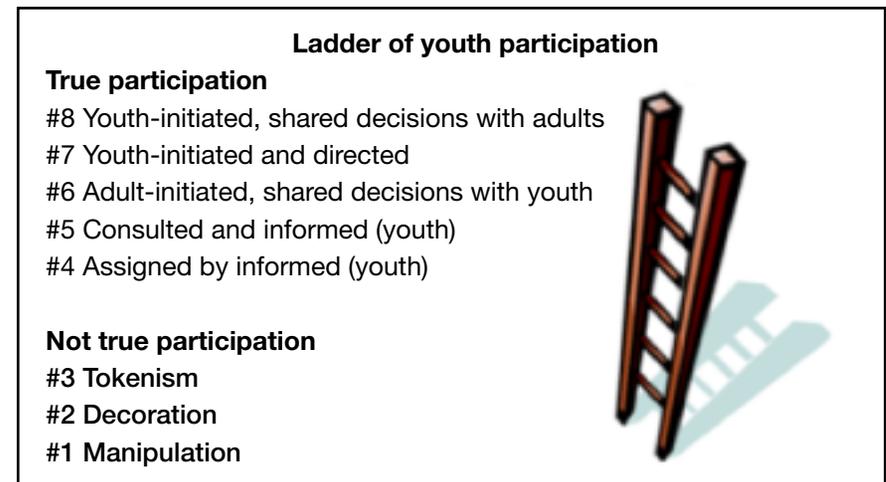


## What is this scoping review about?

A scoping review is an exploratory study meant to identify the range and types of programs that exist in a particular field of study.<sup>2</sup> Our review looked at youth mental health promotion and mental illness prevention programs in Canada. In this summary and in the review, “mental health promotion” refers to activities that focus on building capacities for positive mental health and well-being, while taking into account the social determinants of health; “mental illness prevention” refers to programs and activities to avoid illness or to prevent illnesses from worsening. Mental health promotion and mental illness prevention programming can include a wide range of, often overlapping, strategies and activities that promote mental health or prevent illness. To identify mental health promotion and mental illness prevention programs for this review, we searched for programs in five academic databases, conducted an Internet search for grey literature or research that has not been published, and spoke with youth mental health experts.

This scoping review applied a youth engagement lens. A common definition of youth engagement is “the meaningful participation and sustained involvement of a young person in an activity that has a focus outside him or herself.”<sup>3</sup> Engaging youth in a meaningful way has been linked to a variety of positive health outcomes. Our youth engagement strategies drew upon Roger Hart’s ladder of youth participation<sup>4</sup> (see Box 1) and the former Ministry of Health Promotion and Sport’s principles of youth engagement<sup>5</sup> (see Box 2) to select programs with a meaningful level of youth engagement for our review.

### Box 1. Roger Hart’s Ladder of Youth Participation



Source: RA Hart, 1992

In addition to programs that engaged youth, we also included in this review programs that reported success in their evaluations. However, rather than assessing the quality of evidence for each program, we reviewed the programs to identify common program elements. Even though we did not evaluate the evidence of each program, we wanted to explore the potential of these programs to promote youth mental health. To do this, we compared the approaches within the programs we reviewed with the proven and promising youth mental health promotion practices listed in the CORE Public Health Functions evidence review report that was developed by British Columbia’s Ministry of Health.<sup>6</sup>



## Box 2. Youth Engagement Principles

**Inclusiveness:** Respect diversity, including opinion, religion, gender, race/ethnicity, sexual orientation, image, ability, age, geography and mental health. Remove barriers to participation.

**Positive youth development:** Promote a positive youth development approach.

**Accountability:** Develop standards of practice and accountability for youth engagement/development work, including responsibility for reporting back to youth.

**Operational practices:** Use operational practices that sustain youth engagement, for example, using adults as allies/partners with youth; youth-led and/or peer-to-peer initiatives; approaches that provide opportunities to youth for meaningful action; recognition of mutual benefit for adults and youth and demonstration that youth contribution is valued.

**Strengths-based approach:** Focus on youth assets, develop skills and build capacity (i.e., education; training; ongoing professional development; opportunities for group knowledge, skills and networks).

**Flexibility and innovation:** Remain open to new ideas and be willing to take risks and challenge established processes and structures. Be flexible to hear and respond to youth-initiated ideas.

**Space for youth:** Provide caring and supportive environments and spaces where youth feel safe.

**Transparency:** Be upfront about the purpose of engaging youth and ensure that outcomes of their engagement are clearly relayed and understood by youth.

**Sustainability of resources:** Ensure that youth engagement activities and initiatives are financially sustainable.

**Cross-sector alignment:** Co-ordinate, where and when possible, across non-government and government agencies and sectors to ensure alignment of youth-engagement approaches.

**Collaboration:** Share knowledge and facilitate action while fostering development of strong, lasting relationships.

*Source: Ministry of Health and Long-Term Care, 2011*

From this comparison we discovered that a majority of the programs in our review share close similarities with at least five of the proven and promising practices identified in the CORE report (i.e. universal programs, school-based programs, interpersonal and dating violence prevention programs, and sports/recreation and eating disorders programs). Because of the similarities among these programs, we think the programs in this review have the potential to promote youth mental health.

Looking at the common characteristics among the programs we reviewed, we made 16 recommendations for future research in the area of youth mental health promotion programming. We then took a youth engagement approach by conducting four discussion groups with diverse youth to get feedback on these recommendations for research. In these sessions, we asked youth what they considered to be important actions for mental health promotion.

## What did we find?

Through the search, we found 24 programs. The programs had different target audiences, settings and evaluation methods. Despite these differences, there were often common characteristics across the 24 programs. The common elements that we observed among these successful programs include:



### 1) A MIX OF MENTAL HEALTH PROMOTION AND MENTAL ILLNESS PREVENTION APPROACHES

The programs identified represent a mix of mental health promotion and mental illness prevention approaches. These approaches reflect that promotion and prevention activities often overlap within programs or are applied in complementary ways. As one example, activities such as physical activity and art-based strategies were used in both a mental health-promoting and therapeutic context to help reduce stress experienced by youth.

### 2) YOUTH ENGAGEMENT APPROACHES THAT WERE BASED ON THE AGE OF THE PARTICIPANTS

The second common element noted is that many programs connect their youth engagement approaches with the ages of participants. For example, the three programs in the review delivered for a younger population (typically a range of 14 years and younger) generally used strategies that were less youth-directed and more participation-based. Such programs positioned youth as experts and provided a safe space for discussion. Another set of three programs targeted an older youth population (typically a range of 15 years and older) and tended to use engagement strategies that were created, owned and directed by youth. For instance, youth created resource materials and content, implemented programs for other youths and mentored those with shared experiences.

### 3) PROGRAM OUTCOMES FOCUSED ON RECOGNIZING AND BUILDING THE STRENGTHS OF YOUTH

The third common element relates to the kinds of outcomes targeted by the programs included in this review. Overall, the 24 programs in this review focus on emphasizing assets and developing the capacities of youth participants, all the while rooting mental health and illness as social experiences.

Specifically, program outcomes often focused on:

- i. Improving experiences and understandings,
- ii. Increasing positive feelings,
- iii. Reducing negative feelings,
- iv. Decreasing negative behaviours,
- v. Clarifying feelings and attitudes, and
- vi. Developing skills and awareness.

## What are our recommendations for future research and action?

The programs in this review and their common elements show potential for promoting youth mental health. However, future research is necessary to show how these types of programs might be successful with other communities and groups. Given this, we make the following specific recommendations in the area of youth mental health promotion programming based on the programs in this review:

1. Address critical transition periods.
2. Use social media campaigns that feature youth-created content and individuals with real-life experiences of mental illness.
3. Utilize interactive, relevant and up-to-date online web-based programs and supplement with in-person support.
4. Target delinquent behaviours in school settings through skills training, peer support and concurrent student-parent programs.
5. Focus school-based programs on changing attitudes and behaviours towards mental health.
6. Assess school-based programs for appropriateness of intervention environment.



7. Consider targeted, school-based programs for at-risk youth and ethnic minorities.
8. For interpersonal and dating violence, prevention programs should provide education, skill development and practice, role modeling and/or peer educators.
9. Optimize program formats, as groups settings may not always be appropriate and could reinforce undesired behaviours.
10. Include realistic situations, contemporary styles and language and age-appropriate discussion topics.
11. Encourage sports and recreation activities to address behavioural challenges in at-risk youth and to help youth from the general population cope with feelings of stress.
12. Employ speakers with previous experiences of mental health challenges to increase uptake of key messages, increase understanding and reduce stigma.
13. Research best practices to support homeless youth, prevent problem gambling and foster employment skills in at-risk homeless youth.
14. For homeless youth, mentors can provide support for mental health issues, homework, job searching and network development.
15. To address problem gambling, develop coping skills, teach about emotional responses to gambling and establish realistic expectations.
16. Provide at-risk youth employment skills training programming and hire them to work in community youth programs.

## How can you use the results of this review?

This research describes the types of current youth mental health promotion programs in Canada and shows common elements across successful programs. The promising practices identified by the research have the potential to promote youth mental health. More research will help to determine if these programs could work with different subgroups of youth. Program planners, decision-makers and service providers can use this research to inform their programs and services and also guide future research on youth mental health promotion.



## End Notes

1. Ministry of Health and Long-term Care. [Every door is the right door: Towards a 10-year mental health and addictions strategy—a discussion paper](#). 2009.
2. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*. 2005 Feb;8(1):19-32.
3. Centres of Excellence for Children's Well-being. [What is youth engagement?](#)
4. RA Hart. [Children's participation: From tokenism to citizenship](#). Florence, Italy: UNICEF International Child Development. 1992.
5. Ministry of Health and Long-term Care. [2012-13 HCF Grant Program: Provincial Guidelines](#). Queen's Printer for Ontario. 2011.
6. K Balfour. [Core Public Health Functions for BC: Evidence review. Mental health promotion](#). British Columbia: Population Health and Wellness, BC Ministry of Health. 2007.

## Resources

- Centre for Addiction and Mental Health Resource Centre. [Youth Mental Health Promotion in Canada: A Scoping Review](#). 2012.
- Centre for Addiction and Mental Health. [Best practice guidelines for mental health promotion programs: Children and youth. Theory, definitions and context for mental health promotion](#). 2007.

Ce document est également disponible en français en français sous le titre [Points saillants de l'étude exploratoire sur la promotion de la santé mentale des jeunes au Canada](#)



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