Youth engagement guide for mental health policymaking

Made by youth for youth

Acknowledgments

A collaborative effort made it possible to develop this youth-centered guide. At each step of the development process, the project team made sure that the Collaborative's members could be actively engaged in the co-creation process. The strong passion and commitment of the Collaborative's members fostered in-depth discussions on ways of improving youth engagement in mental health policymaking.

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Cover Art

"Shattering barriers and building a more inclusive world" by Vanna Nguyen

The cover reflects the collaborative design process. I designed the covers based on the suggestions from young people in the workshop and their experiences in mental health policymaking. The cover represents a part of young people whom they see and hope to see while engaging in mental health policymaking. Through the collaboration and discussion between myself and young people, I was inspired to represent their goals, ideas, and lived experiences. The glass ceiling symbolizes the barriers to participation which young people are aware of and experienced in their mental health policymaking. Breaking the glass ceiling not only empowers young people to be able to participate in mental health policymaking, but also provides opportunities for future young people who want to engage in mental health policymaking. This guide serves as a hub of knowledge for young people so they can break the glass ceiling.

Disclaimer

For the purposes of this document, "mental health conditions" are used as a way of encompassing the wide range of lived experiences with mental health problems and illnesses. Definitions presented in the Key Concepts are based on discussions with the Collaborative's members about concepts they felt were important. We apply these definitions in the guide to reflect how young people viewed and understood those words and concepts in the context of the world they inhabit. We use the term "Adults" and "Decision-Making Partners" to refer to individuals and organizations that influence policy and policy engagement, including those whose roles directly influence policy (e.g., politicians, political parties) and indirectly (e.g., teachers, parents, researchers, youth facilitators in the youth-supporting and/or community organizations).

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Introduction

Background

Youth mental health is a top priority in the Government of Canada's Youth Policy (2019). Many young Canadians participate in policymaking to share their perspectives and lived experience, to influence youth mental health policies, and to advocate for better access to mental health services. However, past studies have identified diverse groups of young people are rarely involved, including, Indigenous young peoples, those with disabilities, those who identify as 2SLGBTQ+, and those from low socio-economic status.

Young people are not participating due to multiple barriers, including lack of information, time constraints, lack of financial support and accommodation issues, and lack of belief that they can influence the policymaking process and outcomes. Young people shared their frustrations when they realized that they were only there to meet an 'inclusion checklist.' To address these challenges, we decided to co-create a youth engagement guide with young people on mental health policymaking.

Purpose of this guide

Provide young people who are new to the space of policymaking with introductory information and guidance.

Help decision-makers and adult allies identify and address barriers to youth participation, empowerment, and leadership.

Who created this guide?

The project team consisted of three researchers, a youth facilitator, two adult allies, and one research trainee. The project team collaborated with Youth Collaborative for Mental Health Policymaking in Canada. The Collaborative consists of 45 young people aged 16 and 29 years from Alberta, British Columbia, Manitoba, Nova Scotia, Nunavut, Ontario, and Quebec in Canada. The Collaborative created this guide to support young people and decision-making partners to create more accessible and inclusive practices and approaches in mental health policymaking processes across a range of settings.

What makes this guide special is "The Collaborative" members themselves. The project organizers put out an open call for passionate young people who wanted to get involved in an initiative to create a youth engagement guide in mental health policymaking, regardless of their experience. The resulting Collaborative is diverse in age, gender identities, province or territory of residence, Indigenous background, cultural and immigration background, linguistic background, dis/ability, lived and loved experience of mental illness, and experiences and knowledge of mental health policymaking.

Introduction

How was this guide created?

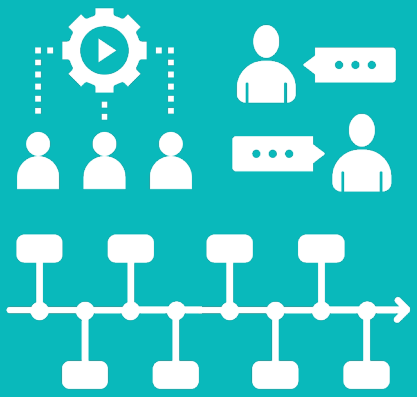
This guide was created using a process of co-creation and co-design. Both the young people as co-creators and the project team members as co-designers worked towards the same goal, but taking on distinct roles to collaborate as a team.

Co-Creation

A collaborative approach of understanding complex problems and designing solutions by engaging various actors at all stages. The aim is to guide current and future young people involved in mental health policymaking initiatives along with policymaking partners who engage with young people.

Young people of the Collaborative took on various actor roles as co-creators. Throughout the different stages of the project, they provided input on how the guide should be developed, and designed workshop formats.

Aside from contributing to the content for the guide, they also leveraged their lived experiences to promote participation and shaped a process for knowledge mobilization and dissemination.



The co-designers continuously innovated and created a safe space to ensure voices of the Collaborative members were heard and to mobilize their ideas and experience to bring the guide to life.

The project team provided remuneration, accommodations, and multiple means of engagement.

Giving equal value to expertise by lived experience and expertise by profession or education and sharing decision-making power.

Co-Design

Section 1: Breaking barriers to mental health policymaking

Section overview

This section offers ideas on overcoming barriers young people face when participating in mental health policymaking.

It explains different ways in which young people can contribute to co-designing mental health policies alongside decision-making partners. Young readers will learn how to get started, build connections, and prepare for active participation in mental health policymaking.

Decision-making partners will also learn how to support young people who are motivated to improve current mental health policies, programs, and services.

Key takeaways

- Young people can play various roles in different stages of the policymaking process.
- Financial support is a key facilitator for participation.
- Active networking is a starting point for participation in mental health policymaking.
- Information about the timeline of a policymaking process helps young people know when they can expect to see their contributions.

Key concepts

Advocacy

The act of supporting or taking action for a cause through media engagement and campaigning.

Capacity building

Process of strengthening skills and abilities to identify issues related to mental health challenges in systems, practices, and research, propose and implement sustainable solutions.

Co-Design

A participatory approach involving collaborations with people who are affected by a particular challenge and integration of diverse ideas and knowledge to find innovative solutions.

Decision-making partners

Policymakers, adult allies/facilitators, youth supporting organizations.

Grassroots

A movement or initiative started and driven by regular people in a community, working together from the ground up to create change.

Mad studies

An academic field and a social movement that explores the experiences, history, and rights of people with mental health challenges, focusing on their voices and perspectives.

Policy

A plan or a set of rules to be used as a guide for action.

Policymaking

Participation in the creation and modification of policy, including research participation and sharing knowledge to inform policies.

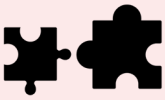
Challenges

Canada's Youth Policy states that mental health is a top priority for young Canadians. Many young Canadians are working hard to create a society that promotes the physical and mental health of young people. However, there are many barriers and challenges young people may face before and during participation in mental health policymaking. Here are some challenges affecting a young person's ability to participate in mental health policymaking.

"The word "policy" is daunting and adult-y."

Limited opportunities to be involved

"I am living in a low-income neighborhood where mental health is not a priority."



"Being told I am too young or I am too old or I am still at high school."

"Opportunities are limited because I live in a rural area."

"The time commitment is too much for me."

"I have constraints in scheduling."

Uncertainty, personal beliefs, and lack of confidence

I am not sure how much/how to share and discuss.

I do not feel like I am able to contribute.

I feel my voice will not be heard.

I am culturally taught not to speak up.

My ideas are seen as insignificant because I am a youth.

Fostering opportunities

There are many ways to facilitate young people's participation in mental health policymaking, such as outreach, financial support, training, accessibility, and peer facilitation. Financial support is particularly critical since it not only compensates the time of young people but also shows recognition of people with lived experience as valuable. How to facilitate young people's participation will be covered throughout the guide and in certain highlighted sections.

Compensation

- Provide financial support such as compensation, child support, travel expenses, and food vouchers to youth participants.
- Provide flexible options (cash, gift cards)
- Alternative forms of compensation can include:
  - Offer the option for volunteer hours or official volunteers status
  - Issue a certificate at the end on behalf of the organizers
  - Offer resumé support to help with career building
  - Provide letter of reference

"[I] was volunteering, and I had to pay for transit, food, etc., and I was just a kid."

"Compensation shows recognition of people with lived experience as valuable as well as professional."

Youth roles and contributions

Young people can play various roles in designing, implementing, and monitoring and evaluation of mental health policies. Example roles may include:

Youth consultant

Provides expert advice and insights based on their lived/living experiences and knowledge of youth mental health, helping to shape programs and policies.

Youth advisory council member

Provide a voice for youth, while advising council on important issues, programs, services concerning mental health/well-being of youth.

Youth co-researcher

Actively participates in the research process, collaborating with professionals to design studies, collect data, analyze results, and share findings.

Youth ambassador

Raises awareness and advocates for mental health issues within their community, promoting positive mental health practices and policies among their peers.

Youth peer facilitator

Leads and guides discussions or activities among other young people, fostering a supportive environment where peers can share their experiences, learn about mental health topics, and advocate for change.

Youth roles and contributions

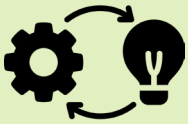
There are endless paths and opportunities for young people to engage in mental health policymaking by finding what works best to their skills and interests!

How can young people contribute to mental health policymaking?

Policy co-design

- Provide youth perspectives on what is working and what is not working/ lacking in the policy.
- Lead peer-to-peer discussions.
- Evaluate plain language and accessibility of initiative/project materials.
- Engage in research initiatives that inform policy decisions, providing insights from a youth perspective.
- Join workshops/training sessions focused on policy development to learn how to contribute effectively.

Implementation



- Promote support for decisions and policy changes by being a trusted voice for peers.
- Communicate updates to other youth and the public.
- Liaise between policymakers and their communities to ensure smooth and effective roll-out.
- Help organize and run programs or initiatives that support implementation.
- Work to ensure that resources are allocated to support the implementation and sustainability of mental health policies.

Follow-up and evaluation

- Engage with youth during the evaluation process by involving them in developing evaluation methods.
- Support monitoring and assessing the impact and acceptability of policies by collecting feedback from other youth.
- Participate in evaluation teams to ensure alignment with previous discussions.
- Contribute to surveys, interviews, and focus groups to provide ongoing insights into the policy's effectiveness.

Advocacy

- Act as a bridge to facilitate communication between youth and adults.
- Amplify the voices of underrepresented youth.
- Champion mental health policies by raising awareness, educating others, and advocating for necessary changes.

Policymaking can take time, so it is important for young people to find the right level of engagement by considering the time required for a change. At a micro-scale (e.g., community group, school, neighborhood), immediate (or temporary) changes and actions can come about in a shorter timeframe. On the other hand, making more large-scale changes (e.g., Federal, Provincial levels) can take a lot of time.

Young people taking action: Networking

Active networking can help youth find opportunities in mental health policymaking.

Leverage already existing connections and ask for referrals to other influential people.

Search for individuals and organizations in the field of interest through community centers, health centers, and LinkedIn / Social media.

Send e-mails to decision-making partners.

"I find most people on LinkedIn are very receptive to adding connections even if they don't directly know you. So, I'd say don't be afraid to add someone if they are in your field of interest."

Young people taking action: Preparation

If you are new to mental health policymaking, you can start preparing yourself so that you feel more comfortable participating in mental health policymaking activities.

Learn about

Policy Landscape

- Roles and responsibilities of organizations/governments
- What policy priorities are for different stakeholders
- How mental health and public policies intersect
- Policy timelines and understanding of what happens after policies are developed
- How the government operates

Mental Health

- General mental health literacy
- Culturally sensitive language around mental health
- Youth mental health landscape in your city/country

Activism

History of activism by different communities and movements (mad studies, disability activism)

Your rights

Rights of young people and other citizens targeted by a policy or policymaking process

Strengthen

- Confidence
- Advocacy for others in your community
- Coping practices to handle difficult processes involving disappointment/goals not being met

Attend

- Media training to develop skills for interacting with media
- Patient-Oriented Research Curriculum in Child Health
- Equity, Diversity, and Inclusion training
- Shadowing/volunteering to learn through observation

Young people taking action: Preparation

Cultivate skills in

Communication

- Social etiquette about how to approach and engage stakeholders including writing e-mails
- How to provide feedback effectively (Highlight the shortcomings of policy/ what they need to change/what changes may look like)
- How to approach people engaging in microaggressions/stereotypes and how to advocate against these actions[1,2]

Research

- How and where to read about policies

Collaboration

- How to listen to others and share your ideas

"Policymaking is a collaborative effort."

"I started with a local patient organization, learning about the mental health field and understanding how to communicate at the level of the stakeholders was important. This opportunity helped me understand the landscape and what priorities are for different stakeholders and how to approach conversations with them."

Suggestions for decision-making partners

Support from decision-making partners can also help young people develop skills necessary to engage in change. They are also expected to learn how to meet young people on their level and effectively engage with them. (Please see the next section "Sharing lived experience safely").

Identify what they're interested in/ passionate about (e.g., research, knowledge translation, public speaking, advocacy) as well as their unique skill sets.

Inform youth about **a realistic policy timeline** (Youth may not see a change happening during their involvement).

Be open to feedback/differing ideas on how/what youth want to contribute.

Clarify **youth's roles, process, expected contributions, and compensation** (FAQ guide is helpful).

Provide youth opportunities to work within their skillset and interest areas as well as opportunities to build their skills.

Provide guidance on how to navigate websites to find relevant policies and how to read them (**Infographics and summaries** are helpful).

Motivate youth to act for change and highlight how they can contribute.

Section 2: Sharing lived experience safely

Section overview

This section presents power of sharing lived experiences as well as unexpected consequences based on experiences shared by youth participants.

Young readers will learn about tips before/during/after sharing their lived experiences in the policymaking process so that you protect your safety, well-being, and values.

Decision-making partners will also learn what they should know and do before/during engagement with young people to prevent negative experiences and to work towards creating a safe and welcoming space/environment.

Key takeaways

- Sharing lived experiences can help build a community that drives change and innovations in mental health policies.
- Sharing lived experiences can also bring unintended consequences.
- Protecting young people's safety and well-being is crucial when they share their lived experiences.
- Decision-making partners are responsible for creating a welcoming and respectful environment for young people to feel safe.

Key concepts

Lived experience

Personal experience of having mental health conditions, including ideas, preferences, and emotions.

Safety

Feeling of confidence and comfort that individuals are not exposed to discrimination, judgment, harassment or emotional or physical pain.

Living document

Document that is periodically reviewed and updated. An example of a living document in mental health policymaking would be a safety protocol.

Well-being

A comprehensive state where young people develop by harmonizing mental health, physical health, and nutrition, supported by education and community initiatives. This involves informed decision-making, embracing healthy habits, and building resilience and self-care, resulting in a deeply fulfilled, balanced, and empowered life.

Stigma

A person or a group of people is not respected or is treated in a negative way because of a particular characteristic (e.g., cultural background, mental health condition, a disability). There are multiple layers of stigma (systemic, social/societal, interpersonal, intrapersonal/internalized self-stigma).

Power of shared lived experiences

Young people can participate in mental health policymaking by sharing their lived experience or the knowledge gained from their lived experience depending on how they are engaged (Refer to Section 1: Youth roles and contributions). In the workshop, youth participants discussed their motivation behind sharing lived experience as being a part of a healing journey and it may bring positive feelings as a meaning making process of what they are going/went through. The sharing of lived experiences can be through diverse ways, such as but not limited to conversations with peers, trusted adults, health professionals, in a private focus/research group or public speaking setting. Sharing lived experience can bring positive impacts on community building and help inform mental health policies. Strength and courage to share lived experiences can lead to:

Policy Changes

- Can help create community-specific policy changes
- Expand knowledge about possible solutions for a mental health related issue with public policy
- Can provide new insights by showing how different identities navigate the health system

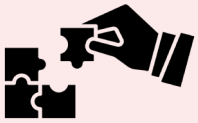
Community Building

- Can help young people build relationships with those they are engaging with
- Develop a sense of solidarity and support between young people
- Inspire other young people who will go into mental health policymaking in future
- Reduce stigma by fostering understanding of young people's lived experiences

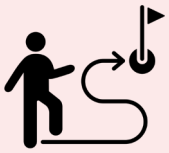
"As a community, we grow up and change because we decided to be the change!"

Complexities

The sharing of lived experience can have different meanings and/or purposes for young people. During the workshop, some youth participants stated that sharing lived experience can be a part of their **personal healing journey** by making meaning of what they are going/went through and providing them **a sense of purpose**.



[Sharing lived experience gives] "feeling a sense of contribution."



"You actually feel like you have lived expertise, gives a purpose to what you went through."

[Sharing lived experience] "bring[s] a sense of 'i can use my experience for good'."

Other youth participants **felt differently** about sharing lived experience as a form of validation by providing a sense of purpose or attaching a higher meaning. Instead, they felt that it can be dismissive and take blame away from the source of the problem.

"You don't owe anyone anything for your experience, it does not have to be for good."

"Sharing an experience should not be validated on the ability to share, but the strength and courage to endure it".

"Choosing to be a kinder person is where the strength came from, not the aftermath of trauma."

We acknowledge that expression (how participants described their lived experiences) may not be the same for everyone. In the workshop, youth participants chose to share their perspectives, and terminologies they used to share their lived experience do not reflect or encompass the (shared) lived experience of all the young people who chose to use the same terminologies.

Unintended consequences

Youth participants shared the negative aspects of sharing lived experience in mental health policymaking. They identified experiences that were different from what they expected such as worries about bumping into people they know in their personal/professional life, their ideas being used and making them feel exploited, which led them to develop concerns over their safety and how it negatively impacted on their health and wellbeing.

Concerns include:

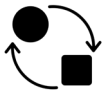
- Privacy
- Labeling judgment and stigma
- Emotionally difficult and retraumatizing
- Burnout/Feeling as if once you start, you can't stop
- Feeling pressure to represent all youth
- Do not know how/what to share that is helpful to others without triggering
- Can be targeted by others who may minimize your experience
- Unknown future implications
- Negative consequences at home

Concerns when sharing lived experiences in mental health policymaking:

"Patient pornography": Shared lived experiences are being exploited and extracted to further organizations' own agenda/funding rather than for caring about people with lived experience themselves.

Lived experiences can be **interpreted in a different way by others** leading to a policy change, leading in the unintended way that you wanted it to (e.g., discriminating a certain population by mistake).

Depending on who is selected to share lived experience, the answers can be **skewed** (inaccurate or biased) /too individual specific. For example, if young people were recruited from only one organization to participate in a policy engagement initiative that is meant for all young people, their voices might lead decision-making partners to assume it is the voice of all youth.



What youth said may be **edited by facilitators** to better fit the policy agenda.

Lived experiences may not be considered "hard data/scientific" enough to bring about policy change.

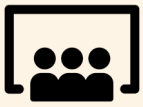
Young people taking action: Preparation

Advice for young people **before** sharing their lived experience in mental health policymaking to maintain safety and well-being.

Set out boundaries

- Make sure you are emotionally ready to share. It's okay if not. **Don't pressure yourself** into sharing prematurely.
- Think what you hope to have happen after you share.

Know the audience



- Reach out to the organizer and/or person who participated before.
- **Understand the purpose of the project** and how information will be taken and will be used.
- Ask yourself - Who will be there? What type of background might these individuals have?
  How can I help them/how will my story help them?

Acknowledge the potential emotional toll

- Practice self-care routines to manage any distress.
- Make sure that you have **resources and helpline information.***

Make sure you have a support system

- **Discuss with the facilitator beforehand** and ask what resources for support are available.
- Seek a mentor who has experience and/or who can stand up for you and provide support.

***Resources for your safety & well-being**

- Walk-in clinics
- Peer support resources
- Helplines (e.g., Kids Help Phone)
- Mentorship
- Compensation

"Know that your unique experience opens other peoples' eyes, because believe it or not, doctors and clinicians don't know everything."

Young people taking action: Sharing

Advice for young people **while** sharing their lived experience in mental health policymaking to maintain **safety and well-being**.

It is important to have **a trusted person for support** (e.g., friends, family, or mental health professionals, who can provide emotional support) before, during, and after sharing your experiences.

Share safely

- Share only what feels safe and keep personal details private.
- Share the details that are relevant to others.
- Always ask whether disclosures will be deidentified before disclosing.
- Be respectful and mindful of others' feelings.

Listen to your feelings

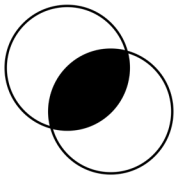
- If you feel scared about telling your story, you can quit without justifying it.
- No need to power through everything to be an advocate.

Ensure your contributions are recognized

Get fair compensation and/or recognition for your time and effort in contributing and make sure that your stories are used appropriately.

Young people taking action: Sharing

Advice for young people **while** sharing their lived experience in mental health policymaking to maintain **values and morals**.



Reflect on your reason for participating and whether that aligns with the project.

- Set out what it is that you are willing and not willing to do for the project that you are working on.
- Understand that your integrity might be challenged. Different organizations/people treat you differently.

Be honest, stick to your values, speak your truth.

- If you are being pushed to say something you are uncomfortable speaking a topic you don't know much about, don't.
- Know that while your work is helping others, it's most important to take care of yourself first.
- It is OK to make mistakes and withdraw. Use it as learning experiences for your future involvements.

You don't have to agree with the rest of the group.

- If you have a unique perspective that you think is being overlooked, share it if you feel comfortable
- If you don't feel safe with the rest of the group, **personally message the facilitators**. For example, if you have intersectional identities that others in the group don't relate to.

Consider group dynamics and potential barriers when participating in group-sharing settings:

- You may feel more pressure to share very personal experiences based on hearing others open to share theirs
- There may be expectations that decision-making partners look for specific responses

Suggestions for decision-making partners

Suggestions for decision-making partners **before** engaging with young people:

Ask yourself "Why am I engaging youth": Are my reasons "genuine" or "performative"?

Be sensitive: Some youth are still going through experiences that they are sharing.

- Apply anti-bias training: find online kit
- Make an effort to engage with young people in an informal setting by relating to them over common interest

Recognize that many young people are often harmed by institutions (e.g., schools and hospitals) which can trigger disengagement.

Create a safe enough space as youth who have never participated may not know how to participate.

Learn about acknowledging, validating, empathy, and signs of discomfort.

Have knowledge of harm reduction: Disregard previous biases when listening to young people's story.

Understand confidentiality: Confidentiality is a key to trust building with youth.

Be transparent about limitations of the policy you are trying to make.

Recognize the implicit power dynamics that young people face.

Ask youth participants how they would like to participate and how they can be supported: Each individual has different needs.

What does a safer space look like to young people?

- Non-judgmental, inclusive, and welcoming
- Pronouns and identities are respected and participants use respectful language
- Content warnings are provided when necessary
- Participants actively listen and do not interrupt
- Participants are patient and open to listen to others
- What is shared remains confidential
- Participants are mindful of how much space they might be taking up based on certain privileges or their position in society
- If somebody does something inappropriate, the behavior is corrected with kindness and compassion
- Accommodations are offered

"You can learn just as much from youth as they can learn from you."

Bonus tip: Co-create a living document of terms and agreements with young people and decision-making partners to ensure a safe environment for everyone.

Suggestions for decision-making partners

Suggestions for decision-making partners **while** engaging with young people:

	Be patient: It may take some time for young people to share their stories. Meeting without patience and trust cannot be completed.
	Be a respectful active listener: Keep a neutral and non-judgemental tone and validate young people's emotions and experiences.
	Work in a trauma-informed way: Recognize that you are asking young people to share something private. Avoid the use of triggering words and topics.
	Check in: Check where young people are at their mental health journey through an anonymous survey.
	Respect privacy: Provide options of de-identifying information, pseudonyms for names, options of not showing camera.
	Be accessible: Understand young people share their ideas in different ways by being aware of dis/ability, invisible disability, neurodivergent.
	Remind young people about their rights: Ask for consent and let them know that they can withdraw anytime.
	Make sure that young people are adequately compensated (Option of raffle entry is disrespectful).
	Ensure that the space you are working is open for all and inclusive (facilitators ensure that all opinions are being heard).
	Ask young people about their level of participation and ensure that proper supports and precautions are in place if someone needs support
	Speak more about your own experiences with mental health to destigmatize speaking about mental health.
	Invite young people to lead the youth engagement. Young people will engage differently with their peers than they will with researchers or policymakers- possibly more honestly and comfortably.

Reflection questions

For young people:

What experiences have shaped who you are or how you approach life or the work that you do? Is there something or someone you wish had been there during those times? What could have led to better support or better outcomes for you, your community, or your peers? What can you do to advocate for that change, learn more about it, or connect with people who have been through similar experiences?

For decision-making partners:

Whose interest is guiding this work, who is it serving? Are you best positioned to address this?

"A small panel is also good since youth feel more comfortable sharing."

"A diversity panel is important as youth with equity-deserving backgrounds can feel what they share can be understood."

Section 3: Diversity and inclusion

Section overview

Today's youth mental health policymaking is still missing the voices of certain groups of young people (e.g., Indigenous peoples, young people with disabilities, those who identify as LGBTQIA2S+, those with low socio-economic status).

This section presents why diversity is important in youth mental health policymaking and how to create more inclusive and accessible and spaces that enable the active participation of diverse young people.

Key takeaways

- Each person's viewpoint, experience, and ideas equally matter.
- Diversity can make a mental health policy that benefits all.
- Accessibility and equity need to be placed in all phases of policymaking processes.
- Diversity in young people as well as in people with power creates a more inclusive space for participation.

Key concepts

Stigma

A person or a group of people is not respected or is treated in a negative way because of a particular characteristic (e.g., cultural background, mental health condition, a disability). There are multiple layers of stigma (systemic, social/societal, interpersonal, intrapersonal/internalized self-stigma).

Advocacy

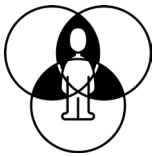
The act of supporting or taking action for a cause through media engagement and campaigning. The act of speaking out for people whose voices are not heard.

Health equity

Regardless of their background, everyone has a fair chance to be as healthy as possible without discrimination.

Community engagement

Process of working collaboratively with community members to address issues.



Intersectionality

How different aspects of a person's identity (such as race, gender, sexual orientation, disability, and socio-economic status) overlap creating unique experiences and challenges that impact their health and well-being. These overlapping identities can influence both privilege and oppression.

Example: A young Black woman with a physical disability might face distinct challenges in accessing mental health services, not only because of her disability but also due to the combined effects of racial and gender discrimination.

Biomedical model

Viewing people's health by focusing on conditions of their body (biological factors). ***Example:*** *Mental health viewed through the biomedical model focuses on biological conditions. It focuses on treating the illness through medical options.*

Biopsychosocial model

Viewing people's health holistically by considering not only their physical body but also their feelings and thoughts and social environment. The biopsychosocial model of mental health looks at biological as well as other factors such as living conditions, lifestyle, and income to provide care and support to meet people's needs.

Western-centric

Prioritize Western (North American/European) values, norms and experiences over other cultural perspectives.

Challenges

Issues related to diversity and inclusion in youth mental health policymaking

Not everyone has the appropriate resources and support to participate. **Systemic and structural barriers** that create unreasonable "hoops" to jump through to have youth voices heard.

Example:
Young people in rural or underserved areas may face challenges in accessing reliable health information. This can be due to limited internet connectivity, fewer local health services, or lower availability of educational resources.

"Diversity in government officials is lacking. Having diversity will make it a safe space for people who want to participate and puts less stress on individuals as opposed to just having one black person represent the entire community. It is important to have diversity and inclusion as indigenous voices have been left out for so long, yet have important perspectives to share."

Lack of **trauma-informed and culturally competent** engagement practices with young people.

Lack of openness to diverse opinions due to cookie-cutter format that always seeks specific kind of experience/background of young people.

Lateral violence and prejudice in communicating between different groups.

Importance of diversity and inclusion

Why are diversity and inclusion important in mental health policy making? Everyone's experiences, identities, and voices are important and should be equally valued in mental health policymaking.

Current situation of youth mental health policymaking

Lived experience with mental health in addition to intersectional identities is often overlooked.

Intersecting factors like race, socio-economic status, and gender can influence the level and nature of stigma experienced by individuals with different mental health conditions.

"It is difficult for people with intersecting identities to allocate for all of them at once. And certain people get asked to be in one group and it leaves many others out making it more difficult to speak up for different aspects of my own identity."

Certain mental health conditions (e.g., schizophrenia) tend to face higher levels of stigma compared to others (e.g., anxiety/depression).

Disparities in access to acute mental health care for rural young people exist. This disparity affects their overall mental health outcomes and engagement with policymaking.

"Don't expect young people to speak on behalf of entire communities. Communities are not monolithic."

Importance of diversity and inclusion

What is missing in today's Western-centric systems

Indigenous Wholistic* perspectives

Wide spectrum of mental health experiences and perspectives that are shaped by different **intersectional identities (geographic location, ethnicity and race, dis/ability, LGBTQIA2S+ etc.), and culture, religion, spirituality**

Representations of diverse mental health conditions and dis/ability

**Wholistic is used to refer to Indigenous ways of knowing, being, and doing.*

The biomedical model is often prioritized over the biopsychosocial model.

"I believe in diversity and inclusion in mental health policymaking because my experience as a trans individual is often overlooked."

Diversity and inclusion can help...

Achieve **health equity**

Address representation issues

Facilitate **community engagement**

Develop effective policies that benefit all members of society, not the privileged few

Change and **challenge colonial structures** and systems (e.g., patriarchy, ableism)

Create innovations (e.g., teletherapy) by recognizing and including voices of young people in rural and remote communities

Suggestions for decision-making partners

Accessible and inclusive space

- Incorporate staff and youth advisors that share lived-experiences and/or **cultural competence and anti-racism lens**
- Regularly measure and assess diversity in the space
- Have diverse people in power
- Meet young people where they are at and seek to understand the spaces they tend to interact and engage in
- Provide training for "how to engage in policymaking" and resources for those who may have reduced access to resources/health literacy
- Ensure accessible accommodations are in place for all types of ability/ disability (See table below)

Text materials	Use large font size, different formats, translated text, audio, text-to-speech.
Meeting schedule	Allow flexible timing of meetings around young people's commitments (e.g. afternoons/weekends, time zones, school calendar etc.).
Preparation	Provide meeting materials ahead of the meeting (e.g. 5-7 days ahead so the young people can prepare).
Feedback format	Allow for feedback or input from young people in various forms (e.g. text messaging, closed social media groups, over the phone, by email, adapted surveys etc.). Have a system for feedback integration and report back (let young people know what feedback was accepted/rejected and why if possible).
Language	Consider ways to remove a language barrier (e.g., translation of materials, discussion group per language, interpretation services). Limit legal/ technical jargon and ensure plain language.
Technology	Ensure compatible with different online platforms (computer, phone).
Activity	Provide multiple options: Online/virtual and in-person discussions (ie. focus groups, working groups, etc.) and written formats (reviewing, commenting, group chats or discussion boards).

Suggestions for decision-making partners

Health literacy levels can vary widely among young people, influenced by factors such as educational background, socioeconomic status, and geographic location. Addressing these disparities is crucial to ensure that all young people can effectively engage with and benefit from mental health resources and the opportunity to participate in mental health policymaking.

Community outreach

- Go to bus shelters, fast food places, libraries, recreation centers, religious places, rural areas, low-income neighborhoods, communities of intersectional identities (First Nations, Inuit, Métis, Black, Disability etc.)
- Hire young people to do community outreach work
- Work with organizations to strengthen the voice of the community they are working with and for continued meaningful partnerships
- Share opportunities with job/volunteer boards that are known to post lots of opportunities for young people (e.g., Charity village, CanWaCH)

No "check-box" recruitment of young people

- Go beyond recruiting a single person who fits a "check-box" and ensure intersectionality within lived experiences.
- Build trust for real relationships with young people with invisible identities such as certain disabilities or involvement with child welfare/justice system
- Have equity and accessibility be the focal points in training, recruitment methods, and discussions
- Provide education for leadership and staff to change their cookie-cutter narratives

Reflection questions

For policymakers:

Who decides on the structure and practices of youth engagement policymakers are doing? Is the target demographic only asked to respond to the questions you're asking, or are they given the opportunity to ask the questions they want to be answering?

Are all young people supported to participate? Who is not at the table that needs to be?

For youth supporting organizations:

Consider the makeup of leadership at your organization (gender, race, age, dis/ability, etc.). How does this influence/limit the work your organization is doing? Consider how to make your organization a more welcoming space that invites, welcomes, and celebrates different kinds of people into leadership (decolonization workshops, SGBA+ workshops, cultural safety, etc.).

What are your blind spots of your work/reach based on who is leading your organization? Identify community partners and other organizations you might be able to collaborate with who are better positioned (i.e., organizations led by First Nations, Inuit and Métis communities, organizations led by Black communities, organizations for & by LGBTQIA2S+ youth or disabled youth, organizations with a specific focus regarding mental health, focused on a specific disorder, symptom, treatment, etc.).

Section 4: Invisible power dynamics

Section overview

Not all lived experiences are treated equally when mental health policies are developed. The youth participants shared the invisible power dynamics they have faced when participating in youth mental health policymaking.

Power dynamics exist in the hidden ways in which some people or groups have more influence or control than others, and often these dynamics are not openly recognized.

This section presents how stigma in society, biases of decision-making partners, and the media's portrayal of mental health experiences of young people can influence their participation in mental health policymaking.

Key takeaways

- Not all young people's voices are equally heard because of biases of people in power, media portrayal, and stigma in society.
- Young people's experiences and perspectives can drive change when given an opportunity.
- Breaking down power dynamics requires decision-making partners to reflect on their own biases and recognize young people as valuable partners for policymaking.

Key concepts

Inspiration porn

The portrayal of people with disabilities as objects of inspiration simply for living their lives with their disability, often serves to make others feel good, rather than to recognize them as full individuals.

"Other"ing [spelling: "othering"]

The act of viewing or treating a person or group as fundamentally different, often in a way that devalues them or marginalizes them.

Social determinants of health

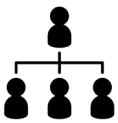
Everyday factors that influence a person's health and well-being, such as where they live, their job, education, income, access to healthcare, and social support.

Environmental determinants of health

Physical surroundings where people live and work, such as air and water quality, housing conditions, climate, and exposure to toxins or pollution.

Strengths-based approaches

Approaches that focus on identifying and building on a person's or group's skills, talents, and positive qualities, rather than focusing on their problems or weaknesses. This helps people use their strengths to overcome challenges and improve their well-being.



Invisible power dynamics

The hidden ways in which some people or groups have more influence or control than others, even if it's not openly recognized. These dynamics can shape decisions and behaviors without being obvious, affecting who gets heard or respected in certain situations.

Stigma

A person or a group of people is not respected or is treated in a negative way because of a particular characteristic (e.g., cultural background, mental health condition, a disability). There are multiple layers of stigma (systemic, social/societal, interpersonal, intrapersonal/internalized self-stigma).

Challenges

Stigma in society

Youth participants shared different lived experiences, such as certain mental health conditions, substance use and/or addictions, are often stigmatized.

The **misuse of mental health terminologies** (e.g., "Delulu" "the intrusive thoughts won" "I'm so bipolar" "psychotic" etc.) in everyday environment.

Here is a language guideline that outlines appropriate and respectful ways of engaging in conversations related to mental illness.

Youth participants discussed that certain conditions (e.g., depression, anxiety) are often more openly discussed in society, generalizing young peoples' mental health to certain conditions, while others (conditions such as schizophrenia, and lived experience with substance use) receive less attention and support, leading to fewer available resources.

"Mental illness can become such an important part of your identity."

Challenges

In the media

Glamorize, exaggerate, or romanticize mental illness to make it more appealing or engaging.

Youth participants shared their concern that the media create stories that are "acceptable" by downplaying or softening the more "scary" or less socially acceptable symptoms.

Reinforcing harmful stereotypes and perceptions further stigmatizes mental health conditions and isolates young people.

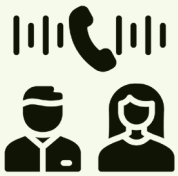
Media tends to use "inspiration porn" to show people with living with disabilities or mental health conditions as those we should be inspired by, and are often made out to make others feel good rather than recognizing them as individuals.

Why is this called "porn"? It focuses on a disability of individuals as their only personality trait in order to make the audience feel pity or admiration. We, the audience, start to identify the person with disabilities as someone extra special and this can reinforce stereotypes.

Challenges

Adults in power

Adults (parents, teachers, community leaders and counselors) can also influence youth mental health policymaking. "Adults" are those who influence young people and take responsibility for them. Youth participants shared how "adults" in their life influenced their participation in mental health policymaking.



"I was the student representative on the mental health team at my high school with parents, community members and teachers. Many teachers at my school had a practice of contacting parents if students confided in them that they were experiencing any symptoms of mental illness, even if the symptoms did not put the student or others at harm.

Many students, especially those with Asian and Middle Eastern cultural backgrounds, found this practice to be unfair and harmful because oftentimes contacting parents against the student's wishes made things worse at home and ended up worsening their mental health issues, as their parents' view of mental health clashed significantly with Western perspectives.

I proposed a policy to change this practice at school so that contacting parents would be limited only to times when the safety of the student/ other students was at risk (e.g. severe suicidal ideation/plans).

Despite a significant amount of debates and policy proposals, there was a lot of pushback from predominantly White teachers and school staff who couldn't understand why some parents would be upset at their children for experiencing mental health symptoms, thus why this was a necessary change in their policy. Unfortunately, the policy was ultimately not changed."

Challenges

"Perceptions of teachers and parents on mental health can be barriers for participation in mental health policymaking. Casual conversations with them about mental health can help facilitate changes in their perceptions."

"My parents are worried that if I share my story of mental health publicly, it might hinder my career path (due to managers discriminating)."

Decision-making partners

- Unintentionally dominate discussion and overlook young people's perspectives
- Impact how much influence young people have in decision making following involvement
- Unintentionally stigmatize certain mental health conditions

"[Policymakers are] not willing to be open about their own lived experience with mental health."

"The issue is located deeper at a systemic level where people with power do not see young people as peers with legitimate knowledge and experience."

Young people taking action: Participation

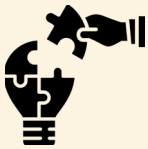
Representation of young people is particularly important

Young people are often seen as too young to speak for themselves and their voices are often **overshadowed by adults** (e.g., parents, teachers, caregivers) who influence and those who lead the mental policymaking space.

This is an issue particularly when it comes to people with disabilities.

Young people can **drive change when empowered** and given the spaces to use their voice.

While young people may be invited to give feedback, they should be given opportunities to lead their own discussions and co-create feedback mechanisms within their youth-adult partnerships (See the Section 5 "Feedback loop").



Young people can be **co-partners** in creating a trauma-informed, youth-friendly mental health system (See youth roles in Section 1).

Suggestions for decision-making partners

Youth participants shared how perception of young people by those in positions of power can be easily influenced by other sources such as media and their own biases. This results in a cycle where young people are hesitant or unable to openly share their lived experience when participating in mental health policymaking due to stigma and discrimination. They provided suggestions about how decision-making partners can establish **equal power balance** when engaging with them in mental health policymaking.

Foster compassion and meaningful engagement with individuals who have lived experience, across all mental health conditions.

Encourage more people in leadership positions to openly share their lived experiences.

Provide training for facilitators to promote equal participation and opportunities for all voices to be heard.

Provide targeted training to decision-making partners around **cultural safety, decolonization**, use of pronouns, and Canada's history of anti-LGBTQIIA+ laws and actions.

Establish **a support structure and ground rules** to promote respectful dialogues while actively addressing power dynamics.

Incorporate **strength-based perspectives** into policies.

Before responding, **acknowledge and validate** the experiences young people share.

Link mental health to the broader context of social and environmental determinants of health.

Reflection questions

For young people:

Consider your standing in society, your proximity to power and privilege. What ways can you can lift up the voices of those who might be missed, overlooked, or undervalued?

For decision-making partners:

How has your own bias of youth with lived experience of mental health been shaped by media portrayal and stigma in the society?

How can you integrate perspectives of young people with less commonly represented mental health conditions in society (e.g., schizophrenia), or substance use in your decision-making processes?

For youth support organizations:

What are the policies and practices established in your organization that can impact youth engagement?

Consider the physical/virtual environment media content in your organization that can make a young person feel that they will not be valued as an equal individual?

Section 5: Feedback loop

Section overview

Some young people note feeling frustrated and disempowered when participating in mental health policymaking, feeling they have little to no influence on decision-making.

This section includes stories that showcase how young people made an impact on mental health policy. Also, this section presents how young people can continue to be engaged in mental health policymaking after completing their involvement.

Key takeaways

- Young people can contribute to making impacts on mental health policies.
- There are many ways for young people to stay involved in mental health policymaking for a long-term.
- Young people's continued engagement requires decision-making partners to provide ongoing updates as well as opportunities for collaboration.

Key concepts

Allyship

The active support and partnerships by individuals or groups who may not be directly affected by mental health challenges but are committed to advocating with and supporting young people in the policymaking process and have a willingness to challenge existing power structures to achieve meaningful change.

Feedback loop

A process wherein information about the impact and effectiveness of policies is continuously gathered, assessed, and used to make improvements. It also involves communicating findings and updates with affected young people, ensuring they are informed and engaged throughout the process.

Adult ally

Adult who actively supports young people have their voice heard through meaningful engagement. Adult allies play a role of preventing those with power and privilege from speaking for (or over) young people with lived experience by building trust with young people and using resources including their own power and privilege to create supportive and collaborative spaces.

Youth influence on policy

Young people can and do have an important influence on policymaking. They have also often expressed feeling frustrated and experienced challenges during their involvement. Here are stories from young people who impacted mental health policies at different levels.

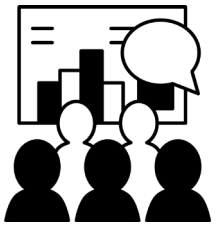
Local community

"When I was in grade 10, a few friends and I created hoodies with "mental health matters" written on them. We sold these hoodies and donated the proceeds to the hospital to support people with mental health issues. We came up with this idea because we wanted to do a project that addressed a significant misconception: many people believe that mental health only concerns those with conditions like depression or anxiety. In reality, everyone has mental health and needs to take care of it. Our goal was to help everyone gain a better understanding of this important topic."

"I feel that I am influencing mental health policies during public speaking and presenting at conference where others are listening when sharing my lived experience."

Local/organizational

"Effective immediate support was mobilized at an organizational level. After a suicide at a graduation party, my mother and I reached out to Kids Help Phone and they provided immediate support to young people and communities who needed critical care."



"Youth Forum is a space for young people to engage in discussion and debate while also sharing their own experiences and views for how we can better the mental health of everyone. I helped to put together the first half of the event that was dedicated to lived experience speakers, mental health advocates, and more, while the second half was dedicated to having conversations with people in power and people in our community about what we can do to improve the system and people's mental health."

Youth influence on policy

Federal

"I provided feedback for a set of Canadian youth policy recommendations created by the Prime Minister's Youth Council and I was happy to see my feedback and opinions reflected in the final published document."

"I got people to sign a petition for the Good Samaritan Act and saw that the Good Samaritan Act was enacted!"

"One way that works to keep young people engaged following a project is continued engagement about the success of the project. One way that this has been done with something I was part of was we created and drafted the publication. It was published, and following its publication we were continually reached out periodically to be updated about the success of it as well as possible opportunities for us to speak to others about it."

Young people taking action: Continuation

Young people are keen to continue contributing to making changes in the current mental health policy and system. **So, how can young people continue to be engaged?**

Follow youth networks and continue finding opportunities and share them with your peers [Appendix: List of organizations].

Learn from your own experiences, i.e., What worked? What didn't work? Take up leadership roles and to improve experiences for other young people.

Turn the tables! Create spaces for young people to discuss and invite those with more power to consult and listen.

Young people aging out can become adult allies to support and encourage other young people to continue their engagement work (passing on the roles to younger generations).

Suggestions for organizations

Have **a youth engagement coordinator** that follows up and shares opportunities that young people may be interested in.

Identify barriers that may affect young people's involvement and ability to be continuously involved [See Section 1 "Challenges" and this toolkit on how to engage with youth].

Involve young people in **a continuous improvement** or quality assurance capacity after the project is done to make sure their ideas were implemented as intended.

Have a talent "pipeline" with **internships and junior roles** within the organization that young people can partake in to learn more about the field/organization in more of a formal capacity for future career opportunities.

Continue to provide opportunities for engagement in ways that fit young people's busy life.

Fund youth-led projects that unite youth advocates together.

"Follow-up check-in is key as it helps make people feel heard and feel the contributions."

Suggestions for decision-making partners

Report back responses to youth participants in an accessible manner (e.g., lay summary, infographics, comic strip) to make sure young people's perspectives are properly interpreted.

Continue engaging young people in presentations at board of director meetings, creating art, advocating etc.

Mentor young people who were actively engaged and want to continue being engaged.

Have working groups that include young people.

Have a website or a newsletter that young people can sign up for with **updates on the policy development**, so young people can see the final product. Updates can also include cultural shifts that resulted, conversations influenced by their contributions, or policies being implemented that were based on the youth engagement initiative.

Make sure that **funding and time** are available for the above activities to support continued engagement of young people.

Meaning behind the art

Cover Art

Design description:
Young people identified intersecting* barriers as a glass ceiling they cannot break when getting involved in mental health policymaking. By working together to learn more about mental health policymaking, they are breaking these barriers and the glass is shattering above them.

Alt text: Four young people sitting around a table and talking, a bookshelf behind them on a blue background and glass barrier shattering above them.

Section 1 - Breaking barriers to mental health policymaking

Design description:
Four young people are engaging in mental health policymaking in a virtual environment. The "anonymous" avatar in the top left screen highlights the importance of having multiple forms of participation to create an accessible space for all to engage barrier free.

Alt text: Four computer screens of young people. Three participants have their camera on, except for one participant whose camera is turned off.

Section 2 - Sharing lived experience safely

Design description:
Four young people are sitting under a tree that is shaped like a brain, engaging in a conversation. The tree casts a "shadow," which represents a safe space for young people to engage in.

Alt text: Four young people sitting on chairs under a tree, with an orange background, discussing together.

Meaning behind the art

Section 3 - Diversity and inclusion

Design description:
Young people are left out of the conversation and their voices are "missing" in the mental health policymaking space. The decision-making partners are engaging amongst each other, while young people are looking through the glass wall that separates them from either getting involved or from their voices being heard. But not all opportunities are equal and certain young people get left behind. This is represented by the wheelchair user positioned behind the young people standing. This highlights disadvantages that certain young people can experience.

Alt text: There is a glass wall in the middle. On the left, two adults are engaging in a discussion. On the right of the glass wall, three young people are peering through looking at the other side.

Section 4 - Invisible power dynamics

Design description:
The red hands represent decision-making partners or young people with certain privileges who can have more power and influence over other young people. With another hand holding onto a pen writing down the policies. Young people pulling on the red rope on the other side represent their efforts and struggle to ensure their voices are heard and to restore balance. Their blue skin colour signifies young people's collective experiences in invisible power dynamics.

Alt text: Three young people are pulling on a red rope which is held tight by a big hand and another hand holding onto a pen.

Section 5 - Feedback loop

Design description:
Three young people are engaging in leadership opportunities, supported by an adult ally who is sharing their knowledge and experience for the young people. The circle highlights that there is no "end" and that there is room to continuously grow and engage in mental health policymaking.

Alt text: A group of young people and an Indigenous elder engaging with each other, with a yellow circle behind them.

Conclusion

We hope that reading this guide becomes a starting point for young people as well as decision-making partners to have conversations about changes, challenges, and opportunities young people are experiencing in mental health policymaking spaces. We know that it is possible to overcome those barriers, as the Youth Collaborative's members shared during the co-creation process of the guide.

Youth from different walks of life came together in hopes that, by sharing their experiences and ideas, future youth voices will be heard and bring forth changes in youth mental health policymaking. Thank you to the youth across Canada who chose to participate and share their knowledge, stories, and solutions from their lived and mental health policy making experiences to create this guide.

We foresee many young people break through barriers and emerge as influential changemakers, driving positive transformations in mental health policies and systems through collaboration with decision-makers.

Appendix: List of organizations

National

- Prime Minister's Youth Council
- Student Commission of Canada
- Children First Canada
- Canadian Roundtable of Health
- Mental Health Commission of Canada
- The Centre for Addictions and Mental Health
- National Council of Persons with Lived Experience
- Institute of Human Development, Child and Youth Health
- UNICEF Canada
- Kids Help Phone
- Mood Disorders Society of Canada
- Apathy is Boring
- Jack.org

Provincial

- Foundry (British Colombia)
- KickStand (Alberta)
- Imagine Citizen Network-Alberta (Alberta)
- Children and Youth Advisory Council (CAYAC) (Alberta)
- CASA Mental Health (Alberta)
- Huddle (Manitoba)
- Youth Wellness Hubs Ontario (Ontario)
- Empowerment Council (Ontario)
- The New Mentality (Ontario)
- Integrated Youth Services Youth Advisory Committee (Nova Scotia)
- New Brunswick Youth Council (New Brunswick)

Research Institute/Networks

- Knowledge Institute on Child and Youth Mental Health and Addictions
- CHILD-BRIGHT Network
- ACCESS Open Minds

Others

- Local children's hospital
- SickKids
- London Health Science Centre Children's Hospital
- Alberta Children's Hospital
- BC Children's Hospital
- Children's Hospital of Eastern Ontario
- School clubs/unions (highschool, college, university)
- Religious/cultural organizations in your community
- Youth advisory council in municipality (e.g., Toronto Youth Cabinet)
- Social media (LinkedIn, Facebook group, Instagram)
- E-mails