



EXECUTIVE SUMMARY



According to Statistics Canada, young people aged 15-24 are more likely to report mental illness and/or substance use disorders than any other age group (Statistics Canada, 2003). Mental health and addictions problems often begin early in life—during childhood and adolescence. Young people between the ages of 15-24 are three times more likely to have a substance use problem than people over the age of 24 (MOHLTC, 2011). The relationship between substance misuse and mental health disorders has been established. Youth diagnosed with a substance use disorder have been found to have a substantially increased risk for a mental health disorder, including depression or other mood disorders. Similarly, children with mental health problems tend to initiate substance use at earlier ages and are more likely to develop problematic substance use than children without these disorders (Armstrong et al., 2002).


Despite these alarming facts, only one in five Canadian children and youth who need mental health services currently receive them (PHAC, 2006). Mental health stigma represents a significant barrier to promoting and addressing child and youth mental health (CAMH, 2013). Education and awareness related to substance use and reduced stigma around mental illness is needed.

The Registered Nurses' Association of Ontario (RNAO) Youth Mental Health and Addiction Champions (YMHAC) Initiative utilizes a peer-led model in which Youth Leads situated within schools work with their local public health unit, district school boards and schools to mentor Youth Champions, who in turn, plan, implement and evaluate local youth engagement activities. The local youth engagement activities are designed to promote mental health, reduce stigma, and improve knowledge and awareness concerning substance misuse and its prevention.


The pilot project—led by the RNAO in partnership with six public health units—was implemented in 2014 with the support of local public health leads, mental health leads, school boards, and adult allies within participating schools. Other important stakeholders who provided support to, and alignment with, the project included mindyourmind, the Ontario Centre of Excellence for Child and Youth Mental Health, and School Mental Health ASSIST. The YMHAC pilot project incorporated five main components including: 2-day centralized training for Youth Leads; development of Youth Champions cohort; program promotion and communication; partner collaboration and networking; and support and capacity building. Throughout the project the RNAO provided coordination and support to enable the sites to implement activities in their schools and communities.

Evaluation was an important component of the YMHAC project and focused on three





areas including: impact on youth outcomes; understanding the successes, gaps and lessons learned concerning the implementation process; and, sustainability. The evaluation utilized multiple methods to gather data from a range of project stakeholders, including a pre-post survey of Youth Leads and Youth Champions, focus groups with Youth Leads and Public Health Leads, a survey of Initiative Leads, and the collection of youth activity profiles. Research and ethics approval was obtained from the school boards where applicable.



Overall, the YMHAC project met with much success. Perhaps one of the most significant gains was that the YMHAC efforts helped to shift stakeholder attitudes from a mental illness focus toward mental health promotion. Program stakeholders were enthusiastic about the project, and all stakeholders spoke very passionately about the work they had accomplished and the difference they had made.

Youth Leads and Champions demonstrated increased knowledge and awareness of strategies to promote mental health and reduce substance misuse. Together with the Public Health Leads, Initiative Leads, Youth Leads and Youth champions implemented over 75 activities over the school year related to mental health promotion, stigma reduction, raising awareness of mental health issues and awareness of locally based resources; all of which aimed to create a supportive and resilient school and community environment for youth.

Although at the time the evaluation was conducted health units were still very much in the midst of the project and had yet to realize its full impact, early findings suggest that the impact will be significant. One very important gain for Public Health Leads, for example, was that YMHAC helped to strengthen relationships with school boards. Such partnerships are critical for public health units to support the work they do related to youth mental health and also to help school boards recognize the important contributions of public health and its school health team to youth mental health promotion. Continued work is needed to build upon and sustain these relationships.

Other gains noted included integration of Champion initiatives into school programming, requests from school boards to expand champion workshops to additional schools, and plans to integrate such a program into existing school structures. An important finding is that Initiative Leads reported the YMHAC work to be congruent with the other work they perform in the school, which will only help to support integration and uptake. All of these gains will help to sustain YMHAC.

Based on the evaluation, strengths and major achievements have been highlighted, and because of the strong outcomes, recommendations have been made to support spread and sustain these outcomes over the long term.





Strengths and Major Achievements

The following strengths and accomplishments have made this program of great interest to Public Health Units, District School Boards, School Mental Health ASSIST Leads, Teachers, Youth Mental Health Workers and Youth alike. The evaluation demonstrated that the YMHAC Initiative served as a model of youth engagement and met all of the planned objectives of the project. In addition, YMHAC set the stage for further collaborative relationships among and between the key stakeholders. More specifically:

1. Numerous aspects of the program served to raise awareness of the importance of mental health promotion, substance/alcohol misuse prevention and stigma reduction for improving health and wellness, or preventing chronic disease and injury, in particular among all stakeholders, including those in the education system, and, of course, youth.
2. The strong curriculum developed in a collaborative manner involving youth enabled effective training of professionals and lay health educators (i.e., Youth Leads or Champions) to support programs and facilitate activities for behaviour modification and education/awareness.
3. Through the project's focus on the mental health needs of young people, the full engagement of youth throughout all aspects of the project, and the unique YMHAC model, Youth Mental Health Leads and Champions were able to convey and promote to their peers a greater acceptance of mental illness. They also promoted reduction of stigma, understanding of mental health as a part of the health and illness continuum, and increased capacity in raising awareness about strategies to prevent substance use and misuse.
4. Youth Mental Health and Addiction Leads and Champions felt very strongly that they were provided with support, knowledge and strategies to assist and empower peers with mental health and substance use prevention strategies through raising awareness of the issue of mental health as well as of available information, resources and services.

In addition to the key objectives that were clearly addressed in the project, the project methodology, and inclusivity of stakeholders, including youth, enabled other outcomes that will continue to support youth mental health in the future. For example, there appears to be a greater understanding among the stakeholders about how important maintaining ongoing working and collaborative relationships is to effective promotion of youth mental health using both education and community resources and the Youth Lead peer-to-peer model. Moreover, there is much greater clarity related to the time necessary to facilitate both development of resources and activities for youth mental





health Leads and Champions in order to enable them to be effective in their roles related to “at risk” and other peers.



Since the strong partnerships and collaboration were significant in YMHAC success, it is important that projects like this not be rushed, and that educators, in particular, are provided the time to devote to this aspect of healthy living and learning. Finally the ability of the project to maintain an overall guiding structure within a model that supported local context-specific dialogue, partnerships and approaches, has effectively set the stage for sustained collaboration at the local level in relation to youth mental health.

The project has also provided greater awareness about how public health units and school boards can work together within the school context to incorporate programs into the school setting and to navigate the school setting. A specific example of this in the case of the YMHAC project related to the need for ethics review processes regarding the inclusion of a project evaluation, which necessitated additional weeks for the process to be carried out, cutting into valuable implementation time.

Project Enhancements to Maximize Impact

Many public health units are very knowledgeable about how to work with their school boards, and incorporate programs into the school settings. Their involvement was critical to this program’s success, and any such programs in the future should incorporate a strong public health presence along with school board involvement. The successful infrastructure developed for this project will also facilitate a greater focus on “at-risk youth” and should also outreach to further collaborate with youth who are unengaged and struggling at the school or community level. Working to engage them in structured activities, while challenging, can be enabled through the collaborative partnership project model developed, and attention to adequate time and resources in the school and community systems. Furthermore, a common understanding of youth engagement principles amongst all health and education stakeholders is important to continue to promote for student success.

Finally, strategies to engage youth in projects such as this, focusing on mental health, are not common knowledge to all those working in the school and community systems. Lessons learned should be shared widely, with all stakeholder groups, that outline the importance of full involvement of youth in key objectives, and activities, opportunities for learning in creative and stimulating ways, and a focus on action, and reflection.

