



At the heart of the Youth and Mental Health
Portrait : Let's Imagine Change Together

IN SHORT ! #7

THE PORTRAIT IN
INFOGRAPHICS



WITH THE FINANCIAL
SUPPORT FROM THE

Fondation Lucie
et André Chagnon



MOUVEMENT
Jeunes
et **santé**
mentale

PROJECT MANAGER : Angela-Maria Aloa

PROJECT DEVELOPMENT AND STRUCTURING :

Anne-Marie Boucher, Ann-Esther Lehman, Catherine Bois-Lapointe, Demetry Cloutier, Émilie Roy, France Angéline Brault, Frédéryck Anaël Caissy, Grace Tabaka, Marie-Ève Archambault-Labelle, Maryse Perron, Pamela Petit-Frère, Pascale Monette, Sarah DeGrâce, Steven Collin-Basquill, Yami Morin and Younes Lagrue.

Delphine Lalande-Levac, Myriam Lepage-Lamazzi, Myriam Rémillard

PEDAGOGICAL TOOL DEVELOPMENT : Angela-Maria Aloa and Myriam Lepage-Lamazzi

PEDAGOGICAL TOOL ANIMATION AND DATA CODING :

Angela-Maria Aloa, Élisabeth Drouin, Maëva Garcin

DATA ANALYSIS : Angela-Maria Aloa et Myriam Lepage-Lamazzi

DATA STRUCTURING : Angela-Maria Aloa

COLLECTIVE DATA REFLECTION :

Anne-Marie Boucher, Ann-Esther Lehman, Catherine Bois-Lapointe, Demetry Cloutier, Émilie Roy, France Angéline Brault, Frédéryck Anaël Caissy, Grace Tabaka, Maggie Carrier, Marie-Ève Archambault-Labelle, Maryse Perron, Pamela Petit-Frère, Pascale Monette, Sarah DeGrâce, Steven Collin-Basquill, Yami Morin et Younes Lagrue.

SPECIAL REVIEW TEXT BY : Angela-Maria Aloa

VISUAL DESIGN AND TEXT SIMPLIFICATION : Delphine Lalande-Levac

THE MJSM WISHES TO THANK EVERYONE, NEAR AND FAR, FOR THEIR PARTICIPATION IN THE PROJECT THROUGH OUR ONLINE AND IN-PERSON ACTIVITIES. WE ARE DEEPLY GRATEFUL FOR YOUR PRESENCE, COMMENTS AND INVOLVEMENT !

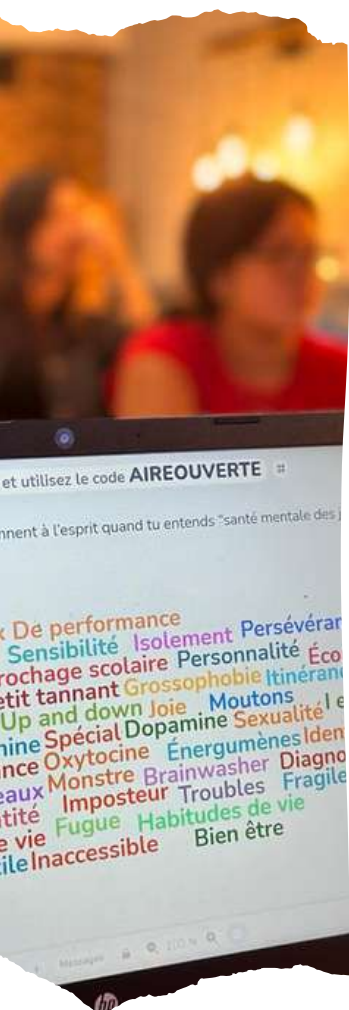


Mouvement Jeunes et santé mentale (MJSM) is a grassroots social movement supported by national associations, with the mission of fighting against the medicalization of social problems affecting youth. It was born in 2016 after an outcry during the forum “Pour un regard différent en santé mentale.” The message from the youth was unanimous: They weren’t interested in consultation unless it led to change. They wanted to participate in an active movement countering society’s tendency to medicalize every challenge that young people experience.

Another finding from the forum was the importance of centring youth along every step of the processes or discussions that affect them. As a result, the Mouvement decided to lead by example and develop a space for action “For, By, and With young people.”

Since our inception, youth have been at the heart of each of our decisions and actions, which are currently built around 4 demands chosen and confirmed as priorities during meetings that brought together youth from across the province, and supported by over 2,000 people and organizations via our Joint Declaration.

WHAT IS THE "YOUTH AND MENTAL HEALTH PORTRAIT : LET'S IMAGINE CHANGE TOGETHER" PROJECT?



The Youth and Mental Health Portrait: Let's Imagine Change Together is a broad, province-wide consultation with youth and young adults between the ages of 14 and 35 who come from a wide range of social environments. It has several objectives :

- Exploring young people's **issues and needs** in terms of mental health and psychological well-being.
- Sharing concrete, **collective solutions and opportunities** for leverage with the goal of addressing these issues.
- Putting together our **strategic plan** : What's next for the Mouvement?

The Portrait officially began when we created several tools to hear from young people :

- 1 **AN ONLINE QUESTIONNAIRE**
- 2 **WORKSHOPS**
- 3 **FOCUS GROUPS WITH MULTIPLE GROUPS OF YOUNG PEOPLE (YPS, RACIALIZED YOUTH, INDIGENOUS YOUTH, NEURODIVERGENT YOUTH, AND YOUTH EXPERIENCING PHYSICAL LIMITATIONS)**

Several regions were reached: Saguenay, Bas-Saint-Laurent, Mauricie, Estrie, and the greater Montreal area (Montreal, Laval, Monteregie). **By the numbers, the Portrait is :**

 **444 QUESTIONNAIRES**  **44 WORKSHOPS**  **8 FOCUS GROUPS**

In total, **over 850 youth** from all different backgrounds were consulted. We are excited to present you with this great project!

This themed review, **(Non-)Access to Mental Health Care and Services : Obstacles to Deconstruct**, is one of a large series of 7 other reviews that you can access for free on our website, mouvementjeunessm.com. Happy reading !



#1

At the heart of the Youth and Mental Health
Portrait : Let's Imagine Change Together

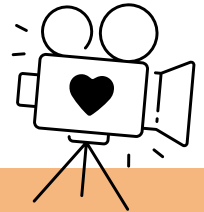
OUR PORTRAIT : TLDR VERSION

MAJOR FINDINGS FROM OUR CONSULTATIONS

FINDINGS THAT EMERGED FROM OUR CONSULTATIONS (PART 1)

YOUNG PEOPLE HAVE A LOT TO SAY AND ARE WILLING TO TAKE THE TIME TO DO SO

While the items on the questionnaire were all optional, many respondents took the time to write long and detailed answers, showing a real need for space in which to express themselves — some even overcame challenges with writing to do so!



LISTENING TOOLS

USING VIDEOS MADE OUR LISTENING TOOLS MORE ACCESSIBLE

The youth appreciated the videos, which made the tools more accessible and showed our consideration for those who are less comfortable with reading.

IMPLEMENTING SAFE-SPACE CONDITIONS TO HELP PARTICIPANTS SHARE FREELY

During workshops, youth participants were comfortable talking, sharing some aspects of their personal lives, going into detail about their experiences, etc.

ACCORDING TO SELF-REPORTS, YOUNG PEOPLE CONSIDER IDENTITY AND LIFE EXPERIENCES TO BE CRUCIAL NOTIONS

The idea of centring “identity” within the Portrait and showing connections to life experiences spoke strongly to participants. They quickly grasped and adopted the theme !



SAFE SPACES WITHIN MJSM

Every opportunity for participation within MJSM should be a safe space. For us, that means a space that is :

1. Respectful and caring, where people feel safe
2. Free from judgement and discrimination
3. Guided by a zero-tolerance policy for any form of discrimination or bullying
4. Guided by a zero-tolerance policy for violence or harassment
5. Respectful of people's identities (e.g., in terms of ability, ethnocultural backgrounds, neurodivergence, gender, etc.), people's consent and discomfort or others' needs.

FINDINGS THAT EMERGED FROM OUR CONSULTATIONS (PART 2)

THERE WERE MORE VOLUNTEERS THAN SEATS FOR OUR FOCUS GROUPS

The demand to participate in our focus groups was high, despite our not having made major recruitment efforts. So many people were interested that we had to create waiting lists or even turn them away.

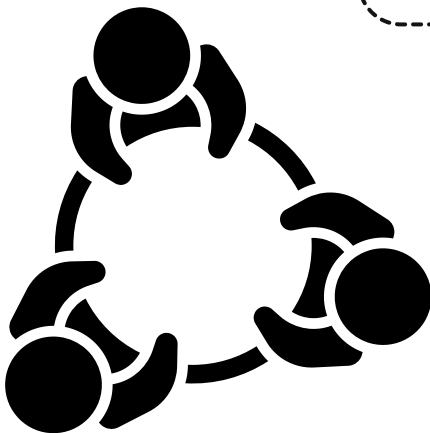
LISTENING TOOLS

FOCUS GROUPS FOR EACH SPECIFIC COMMUNITY ARE NEEDED

Having a truly welcoming space is crucial for young people. These moments of sharing were intense and already showed benefits on well-being, but there are too few spaces like these.

A HOLISTIC AND LONG-TERM STRATEGY IS NEEDED TO TRULY REACH INDIGENOUS YOUTH

Outreach towards Indigenous youth is challenging. It takes time to create connections, develop a relationship of trust and collaborate with their communities on joint projects.



IMPACTS OF VIRTUAL OPTIONS ON ACCESSIBILITY

Online focus groups helped people who live outside major urban centres and some neurodivergent people to participate more easily. It's not only a transportation issue—it's also about breaking isolation. As one participant put it :

“I'm the only person of colour in my organization. It felt good to talk with you, because there's no one to talk to here.”

And yet, it had been recommended that we do everything in person, out of concerns that youth would refuse to participate or share freely if activities took place online.

FINDINGS THAT EMERGED FROM OUR CONSULTATIONS (PART 3)

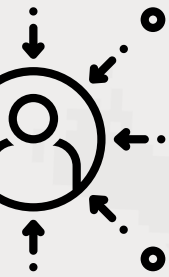
NEW STORIES : TRENDS THAT SURPRISED US OR CONFIRMED IMPORTANT NUANCES

1

TWO NEW THEMES EMERGED :

The collective issue of offering and receiving support

- It's crucial to have support and an attentive network.
- It helps reduce the impacts of discrimination and inequality.
- It can make all the difference between a rough patch and a slippery slope.



Clearing up myths, opening a dialogue : mental health without taboos or judgement

- Showing how challenges are normal and human.
- Promoting mental health for all.
- Creating spaces free from taboos.
- Dispelling biases.

2

IT'S ALL WELL AND GOOD TO TALK ABOUT MENTAL HEALTH RIGHTS, BUT WHAT ARE THEY FOR?

Our findings when mental health rights were brought up during workshops :

- Participants often questioned their purpose. We almost only talk about them when they're not respected — rarely to present their baseline purpose.
- The right to be accompanied was well understood, as it meets an essential need. It's a good opening to get the conversation started.



3

OVERWHELMING STRUCTURAL DISCRIMINATION

Many participants said, "The system needs to work differently," which shows how mental health is impacted by each person's identities and inequalities.



4

MIXED FEELINGS ABOUT MEDICATION AND DIAGNOSES

Opinions about medication and diagnoses were very mixed. For some, they are crucial, while others believe that a hasty diagnosis ruined their lives. What matters is how we perceive them. The real problems almost entirely come from labels, their side effects and their impacts in school and in society.



A DISCRIMINATORY HEALTH CARE SYSTEM (PART 1)

INEQUALITY FROM CHILDHOOD TO ADULTHOOD, LIVING AND GROWING IN AN UNSTABLE AND INSECURE ENVIRONMENT

Familial and intrafamilial violence :

Families are often a source of trauma and toxicity for young people. It's hard to talk about. When a parent hurts their child, it's justified by saying it's out of love. We consider "family" to be sacred.

(Sexual, physical and psychological violence, intimate partner violence, abuse, mistreatment, manipulation, etc.)

“

WHEN I WAS GROWING UP, NO ONE EVER SAID THAT I WAS GOOD, OR PRETTY. IN THAT HOUSE, NOTHING I COULD DO WAS USEFUL AND MY PERSONALITY WAS NOT WELCOME.

”

I WAS HELD AGAINST MY WILL AT PIERRE-BOUCHER HOSPITAL IN LONGUEVILLE IN 2020.

“ I BECAME A MOTHER AT 22. I GOT LABELLED A 'BAD MOM' AND WAS REFUSED SERVICES WITH MY FIRST CHILD. I HAD TO PAY OUT OF POCKET TO FIND OUT THAT SHE HAD ASD. I WAS EXHAUSTED, BEYOND OVERSTIMULATED AND HAD NO HELP ! ”

Violence ingrained in the context in which youth grow up :

Experiences of homelessness, struggling in school, or problems with alcohol, drug or game use have a real impact on young people's mental health.

Youth claim multiple, diverse, and — especially — complex identities.

SPECIALISTS DON'T UNDERSTAND US !

Having to explain over and over “who I am” rather than “why I'm here” reinforces whatever distress motivated me to come in the first place.

Youth feel shame, disparagement, loss of self-esteem and a rejection of their identity.

They don't want to be prisoners of their identities, but it's fundamental to respect them for who they ARE.

DISASTROUS IMPACTS AND CONSEQUENCES ON YOUNG PEOPLE

This distress then leads youth to isolate themselves to avoid suffering.

A DISCRIMINATORY HEALTH CARE SYSTEM (PART 2)

WHEN THE SYSTEM DECIDES THAT WE'RE NOT "GOOD ENOUGH" FOR IT

I'M TRANS... WHAT ELSE DO I NEED TO SAY? APPARENTLY, I DON'T HAVE THE RIGHT TO EXIST IN MOST OF NORTH AMERICA.

I THINK THE THING THAT HAD THE BIGGEST IMPACT WAS BEING CALLED GIFTED; I OFTEN FELT MISUNDERSTOOD OR JUDGED BY MULTIPLE PEOPLE FOR BEING "TOO GOOD" OR LIKE I THOUGHT I WAS BETTER THAN OTHER PEOPLE, AND WHEN I'VE WORKED WITH SPECIALISTS IN THE PAST I FELT LIKE THEY DIDN'T UNDERSTAND WHERE I WAS COMING FROM.

I'M NOT PROUD TO BE INDIGENOUS, BECAUSE I REINFORCE STEREOTYPES ABOUT THE INUIT WITH MY ADDICTION. PEOPLE AREN'T SURPRISED — THEY EXPECT YOU TO BE AN ADDICT!

I'M FROM GUADELOUPE. I HAD A HARD TIME FINDING A SPECIALIST—THERE'S REALLY A BIG DIFFERENCE WHEN PEOPLE HAVEN'T HAD THE SAME EXPERIENCES AS ME. I WAS WASTING TIME EXPLAINING HOW I LIVED, MY LIFESTYLE, RATHER THAN EXPLAINING MY UNDERLYING PROBLEM.

WHENEVER I WENT TO SEE A SPECIALIST, AS A NON-BINARY PERSON, THEY ASKED ME TO CHOOSE — I ABSOLUTELY HAD TO SAY IF I WAS A MAN OR A WOMAN.

WHEN WE TALK ABOUT OUR WELL-BEING, ABOUT WHAT'S GOING ON INSIDE, WE'RE TALKING ABOUT OUR INNER LIVES. LANGUAGE IS OUR INNER LIVES, IT'S HOW WE EXPRESS OURSELVES, HOW WE THINK. WHY WOULD THEY KEEP THAT FROM US?

WE CAN'T TALK ABOUT MENTAL HEALTH WITHOUT TALKING ABOUT INTERSECTIONALITY


A broad diversity of youth and young adults have needs that are overlooked. Gender, class, financial circumstances, racial categories (perceived ethnic origin) and the ability to be a person society considers "valid," both physically and mentally, go to the very HEART of intersectionality.

Today, we want to discuss these identities, these life experiences, and all their intersections!

A DISCRIMINATORY HEALTH CARE SYSTEM (PART 3)

WHEN THE SYSTEM DECIDES THAT WE'RE NOT "GOOD ENOUGH" FOR IT

- These issues are complex and nuanced, which means that very few concrete and specific solutions have been raised. Despite that challenge, here are all the leverage points youth brought up :



1 RECOGNIZING INTERSECTIONAL KNOWLEDGE

“The government should recognize intersectionality!”

2 INCLUSIVE AND BETTER TRAINED CARE AND SUPPORT WORKERS



- It is incredibly important to recognize our attitudes and biases as professionals.
- Getting training about intersectionality and anti-oppression helps us avoid unconsciously reproducing social inequalities in the services we provide.



3 INTERVENTION STRATEGIES THAT TAKE CONTEXT INTO CONSIDERATION

From trauma-informed approaches to harm-reduction, we need to make sure that we are centring the person, their journey and their understanding of their own experiences in every conversation, reflection and decision.

4 VALUING COMMUNITY INITIATIVES

“It would be good to be able to use community services, I’d like there to be Black and Latino people there, so we could be treated in alignment with how we live [...] organizations that are adapted to different points of view, values, traditions and customs.”



BUT IT'S NOT THAT SIMPLE! WHO IS RESPONSIBLE FOR THIS EDUCATION?

For example, how should care and support workers who are white get training about the issues that racialized people experience? Even if they do learn about it, simply understanding isn't a magic solution. It should not fall upon the people experiencing oppression to “prove that your reality exists and that it's true and legitimate, that you're always devoting energy to defend who you are.”

CENTRING WHAT YOUTH HAVE TO SAY: LISTEN TO US! (PART 1)

THE QUESTION OF REPRESENTATION

PRIORITIZE ASSEMBLIES AND YOUTH ORGANIZATIONS WHEN TAKING ACTION RELATED TO MENTAL HEALTH.

“We are the best-placed people to speak for us!”



**HEARING FROM
YOUTH IS ESSENTIAL
AND SHOULD BE
DONE WITH CARE**



**IT IS CRUCIAL TO HAVE MULTIPLE VOICES
AND PERSPECTIVES AT THE TABLE.**

It's important to ensure that we're not always consulting the same youth demographic.

**“MOST OF THE TIME, THEY PICK
TOKEN YOUTH AND THAT'S IT I”**

One young person cannot represent their entire cohort and all their experiences.



**STOP VIEWING YOUTH AS DISORGANIZED AND
POWERLESS**

Young people are not lazy, ignorant, disinterested, or indifferent to the world around them. If we give them tools and respect, they can change the world.



WHAT DO WE MEAN BY “TOKEN YOUTH” OR TOKENISM?

This is when a person is put forward to give the impression that an entire group is represented, without really giving them any power or listening to them. For example, a Black woman or young trans person might be thrust into the spotlight to “show diversity,” without being given any real decision-making power. It's lip service rather than real change.

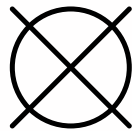
CENTRING WHAT YOUTH HAVE TO SAY: LISTEN TO US! (PART 1)

HOW DO WE LISTEN TO YOUNG PEOPLE ?

- If we want youth to be more present, we have to listen to them, take them seriously, consider them and value them more

1 AVOID AGEISM

If someone is supporting their ideas with knowledge, showing that they understand the issues at hand, they should be listened to and taken seriously, regardless of their age.



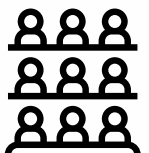
2 RECOGNIZING YOUNG PEOPLE'S LIVED EXPERIENCES

Youth who have experienced a certain issue are best placed to identify the problems and co-construct solutions that actually meet their needs.



3 INCLUDE YOUNG PEOPLE IN EXISTING BODIES BY RESERVING A CERTAIN NUMBER OF SEATS FOR THEM

It's one thing to say that there's room for youth, but it's important to have concrete spaces where decisions are being made.



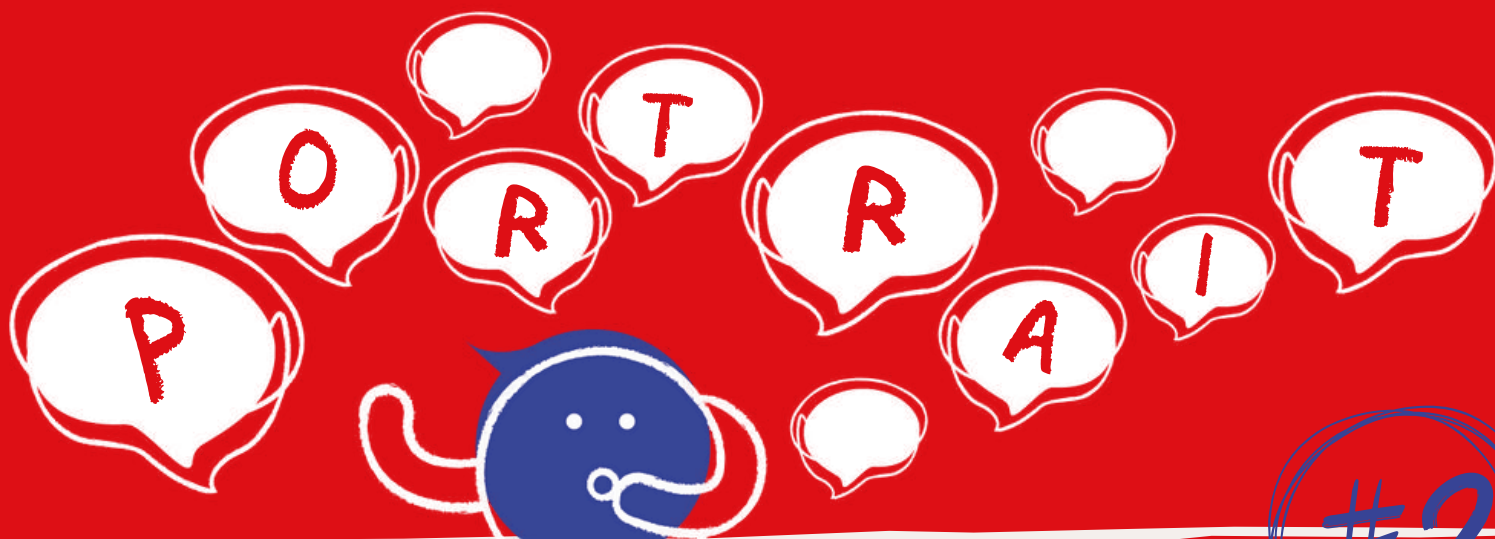
4 ELIMINATE TOXIC POSITIVITY FROM EDUCATIONAL AND MEDICAL SETTINGS !

When a young person explains themselves or confides in an adult, responding "It'll be OK" or offering them one-size-fits-all solutions minimizes what they're feeling—the adult is trying to make themselves feel better by calming the young person down.



HOW SHOULD WHITE PROFESSIONALS BE TRAINED ABOUT THE EXPERIENCES OF RACIALIZED PEOPLE?

Training helps, but it doesn't create instant understanding. Learning takes time and hard work. It shouldn't fall on racialized people to constantly justify their experience or prove that racism is real. They should not have to carry that burden on top of the oppression they already experience.



#2

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CLEARING UP MYTHS, OPENING A DIALOGUE

MENTAL HEALTH WITHOUT TABOOS
OR JUDGEMENT

MENTAL HEALTH MYTHS AND TABOOS (PART 1)



UNDERSTANDING THAT MENTAL HEALTH CHALLENGES CAN AFFECT ANYONE—NO ONE HAS PERFECT MENTAL HEALTH

Everyone will face challenges and will need help at different points in their lives.



DECONSTRUCTING HOW WE PERCEIVE “DANGER” IN OTHERS

Stop deciding someone is a danger to themselves just because of their mental health struggles, drug or alcohol use, or other survival strategies.

NORMALIZING TAKING CARE OF OUR MENTAL HEALTH

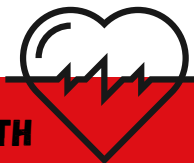
One young person cannot represent their entire cohort and all their experiences.



WHAT DOES THAT MEAN ?

THINKING OF MENTAL HEALTH AS A CONTINUUM

We need to understand that mental health is something we take care of throughout our lives: it's something everyone needs to care for.



MENTAL HEALTH COVERS A WIDE RANGE OF REALITIES

Sharing a label or identifying in the same way as someone else doesn't mean that we experience or express ourselves in the exact same way.



WHAT IS STIGMATIZATION?

Stigmatization is when negative attitudes, beliefs or behaviours target a group of people due to their circumstances. This includes biases, discrimination and stereotypes, which can isolate people whose experience doesn't correspond with that of the majority.

- **Destigmatizing mental health** means removing the bias, shame and judgement that surround it.

MENTAL HEALTH MYTHS AND TABOOS (PART 2)

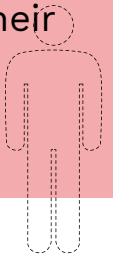
NORMALIZING EXPERIENCING AND TALKING ABOUT OUR STRUGGLES

Society pushes us to perform, sometimes without respecting our basic needs. That has an impact on our mental health—it's important to notice it and talk about it.



NOT TREATING MENTAL HEALTH ISSUES AS BANAL

Normalizing issues doesn't mean we should minimize their impact or invisibilize the challenges that people experience.



WHAT DOES THAT MEAN ?



AVOIDING THINKING THAT YOU'RE "NOT AFFECTED" OR REMOVED FROM MENTAL HEALTH PROBLEMS

Sometimes people try to distance themselves from it, as if mental health was something special that affects others, but not "regular people."

DECONSTRUCTING THE LANGUAGE WE USE

Don't use terms or expressions that are disparaging or that depict mental health negatively.



DESTIGMATIZING WHAT IT MEANS TO HAVE MULTIPLE IDENTITIES

Don't fall in the trap of saying, "If this person doesn't fit into the molds I know, they must not be normal/OK/they have a problem."



THERE ARE 3 TYPES OF STIGMATIZATION

1. Self-stigmatization, when someone internalizes negative judgements about themselves.
2. Social stigmatization, when groups or their loved ones are subjected to negative attitudes or behaviours.
3. Structural stigmatization, when rules or policies reinforce discrimination—for example, refusing service to someone who doesn't correspond to subjective criteria.

HOW DO WE DO IT? (PART 1)

BUILDING AWARENESS AMONG YOUTH

1



EDUCATIONAL CAMPAIGNS IN SCHOOLS

Start the conversation about mental health

1. Talk about the rights that exist
2. Talk about alternative support organizations
3. Devote time to mental health in the classroom
4. Create spaces where young people can see themselves in and understand their peers, encourage solidarity



4

SPECIFIC TOPICS

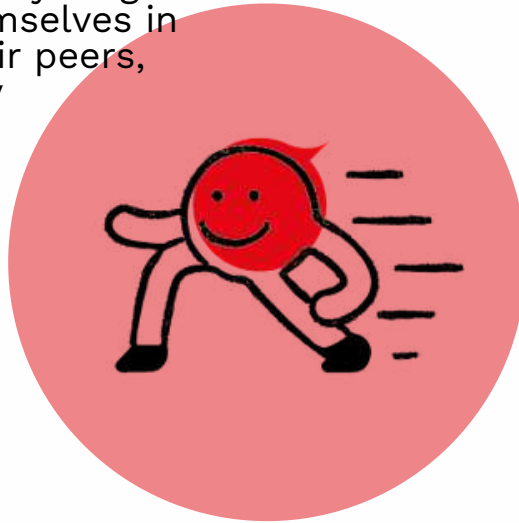
1. Mental health is part of our daily lives : we need to be supported in life. We want the “how-tos” to be clearly indicated.
2. Mental health is also relationships among people: we need to talk about emotions, connections, respect, love.
3. Address the myths and taboos head-on and without holding anything back.

2

EARLIER AND EARLIER

Through media that youth use, but also on topics that are RELATED to the media that youth use (e.g., cyberbullying).

THE GOAL IS TO
RECOGNIZE THAT MENTAL
HEALTH IS JUST AS
IMPORTANT AS PHYSICAL
HEALTH.



3

BY THE PEOPLE INVOLVED AND/OR AMONG YOUTH ONLY

The best people to ask about what is not working well in a system and how to communicate it to others are the people who use the system in question.



HOW DO WE DO IT? (PART 2)

INTERGENERATIONAL EDUCATION

1 PARENTS (1)

Youth want us to take the time to explain things in depth, without assuming they won't understand, especially on topics that are more sensitive or that frighten or confuse them.



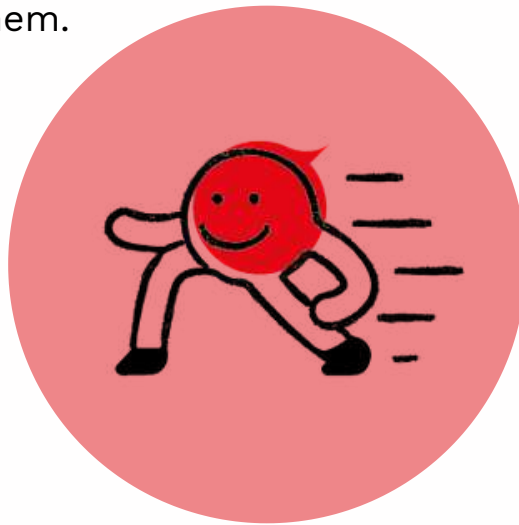
PARENTS DON'T WANT TO ADMIT THAT THE WORLD IS HARDER THAN BEFORE; THEY IGNORE REALITY AND REJECT WHAT THEY DON'T UNDERSTAND.

2 PARENTS (2)

Use support groups, talking groups or traditional media like television and radio to educate parents about what their children are going through.

4 FOR EVERYONE

Talking about mental health may seem complicated, but it's something a lot of people want to discuss. We need to create respectful, safe, constructive and inclusive spaces for dialogue.



3 SENIOR ALLIES

Encourage intergenerational dialogue without excluding seniors out of fear they'll be judgemental or won't understand.

CLARIFICATION

A recurring trend among all the themes in the Portrait is the need to strengthen intergenerational ties, as youth feel a divide between them and previous generations.

They often say that their feelings are misunderstood. Their parents (and even professionals!) minimize issues like war or the climate crisis, judge their choices and identities, laugh off their emotions or box them in with labels.

HOW DO WE DO IT? (PART 3)

EDUCATE AND TRAIN ALL PROFESSIONALS WHO WORK WITH YOUTH

1 SOCIAL WORKERS



For example, offer training to youth protection workers on trauma-informed approaches and harm-reduction, in addition to cultural sensitivity, as racialized youth are over-represented in youth centres.

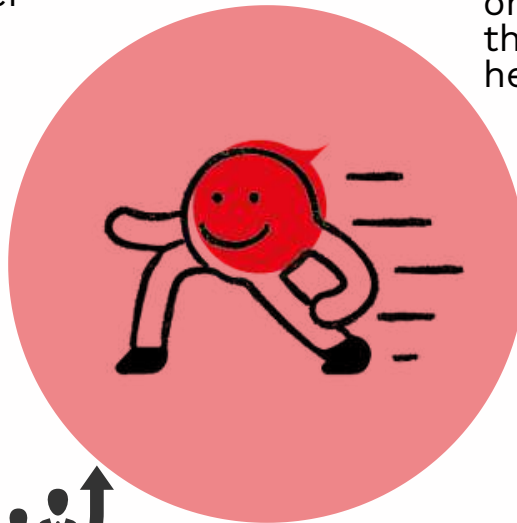
2 HEALTH CARE PROFESSIONALS



Beyond medical and theoretical knowledge, these workers should learn and receive training on different realities that have an impact on health.

4 DON'T LIMIT SCOPE TO MEDICAL PROFESSIONALS

Other professionals have a role to play in improving the response to different mental health issues (e.g., police officers, teachers, businesses, etc.)



3 SPECIFIC TOPICS



Youth need to learn about their rights, but professionals also need to know and respect those rights.

CLARIFICATION

The need for professionals to be trained about the diversity of identities and experiences came up frequently. How can we become aware of our biases and prejudice? By listening with care, avoiding judgements and sexist, racist, classist or colonial projections, and using a trauma-informed approach.



#3

At the heart of the Youth and Mental Health
Portrait : Let's Imagine Change Together

OFFERING AND RECEIVING SUPPORT

A COLLECTIVE ISSUE

SUPPORT NETWORKS: SUPPORT FROM WHOM? FOR WHOM? (PART 1)

FAMILIES CAN PLAY AN IMPORTANT ROLE IN ENSURING THAT MENTAL HEALTH IS NOT A TABOO SUBJECT.

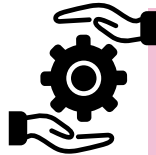


IMPORTANT ROLE IN BUILDING WELL-BEING

When families are present and listening, they play a key role in well-being:

1. Knowing how to listen to what we have to say.
2. Providing support in small day-to-day tasks, even the ones that might seem banal to an outside observer.

THE ROLE OF "FAMILY"



FAMILY MUST HAVE A WELL-DEFINED ROLE

Instead of making decisions for them, they support youth in finding specialists, as much as is possible.

FAMILY IS NOT A SYNONYM FOR PARENT

Grandparents, aunts, uncles, etc. can all be helpful points of reference, as they're often more open to receiving information.



LOVED ONES ALSO NEED SUPPORT

Support from our loved ones is very helpful, but only if they also have support. We can't put everything on them.

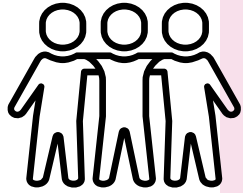


CLARIFICATION

We're talking about the process of finding a community where you feel safe and like you belong. It's important to find community that can give you this.

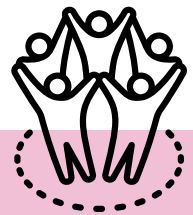
SUPPORT NETWORKS: SUPPORT FROM WHOM? FOR WHOM? (PART 2)

BEYOND BIOLOGY: CHOSEN FAMILY IS A CENTRAL POINT OF SUPPORT FOR YOUTH



FRIENDS ARE A PRIMARY SUPPORT NETWORK

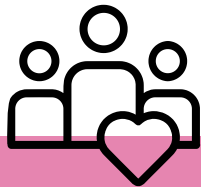
Friendships are a source of unconditional support in which youth feel accepted and not judged.



COMMUNITIES (1)

Finding a community where you feel safe and a sense of belonging is very important. These communities are not only there for us in hard times—they also play a role in prevention and maintaining mental health by sharing the good times.

THE ROLE OF “FAMILY”



PEOPLE YOU CAN REACH OUT TO

1. Social workers
2. Support workers (can have a meaningful impact on youth)

COMMUNITIES (2)

1. Social and/or cultural
2. Virtual: a space where youth can take refuge, express themselves and receive support



OTHER SUPPORT SPACES

PROMOTING AND DEVELOPING SAFE SPACES

1 UNBURDEN MEDICAL RESOURCES

Providing more support groups could lighten the load on staff and reduce waiting lists, allowing young people to get support while waiting to consult a specialist.



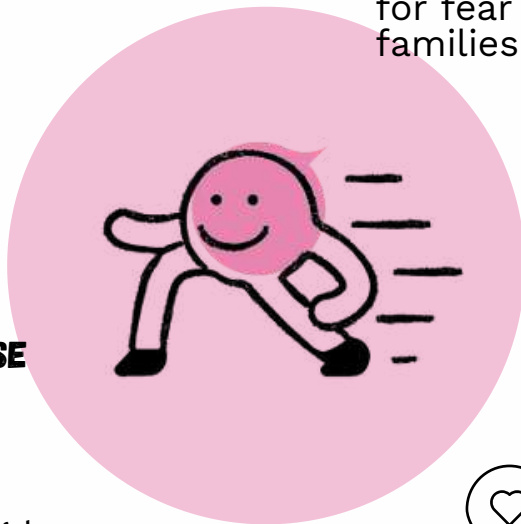
2 UNBURDEN PERSONAL NETWORKS

It's important for youth to have a space where they can speak honestly about what's going on at home. Many of them have challenging emotions about their families but are afraid to talk about it for fear of losing their families.



4 MAJOR GOALS OF THESE SAFE SPACES

Young people should be able to talk about their problems without having to pay. They also need safe spaces where they can express themselves freely, feel less alone and participate in society.



3 THESE GROUPS SHOULD BE DEVELOPED IN MULTIPLE SPACES



- Schools: A “mental health and support” club
- Outside of cities
- New structures: Research labs in school districts that allow for youth participation

DEFINITION OF A SAFE SPACE

It's a space where everyone can feel safe, without fear of judgement or discrimination. In a safe space, we respect one another's differences: their opinions, identities, cultures and experiences. The goal is for everyone to be able to speak freely, be welcomed just as they are, and discuss in a caring environment where listening and mutual respect take primacy.

A LACK OF SUPPORT FOR YOUTH

SUPPORT AT PIVOTAL MOMENTS: THE TRANSITION TO ADULTHOOD

1

YOUNG PEOPLE SAY THEY DO NOT FEEL SUPPORTED



“When you transition into young adulthood, it’s suddenly all on you to manage everything, like calling to schedule appointments. We gain some control, but we lose things, too.” They ask themselves, “When I’m 20, will I have good support around me? If I have a panic attack, will I be all alone? Who will be there for me?”

2

THE IMPACTS OF ISOLATION, SOLITUDE, A LACK OF SOCIAL CONNECTIONS

Being isolated and lacking support makes pretty much everything harder for young people, especially during tough times. Having people you can count on helps make those periods easier. A support network can be a community, but not every community is a real support network.

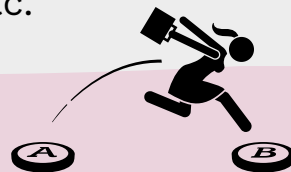


3

KIT FOR THE TRANSITION TO ADULTHOOD

To help with:

1. Daily tasks (housework, cooking)
2. Administrative tasks directly related to legal adulthood: classes on building a monthly budget, how to call an institutional body, etc.



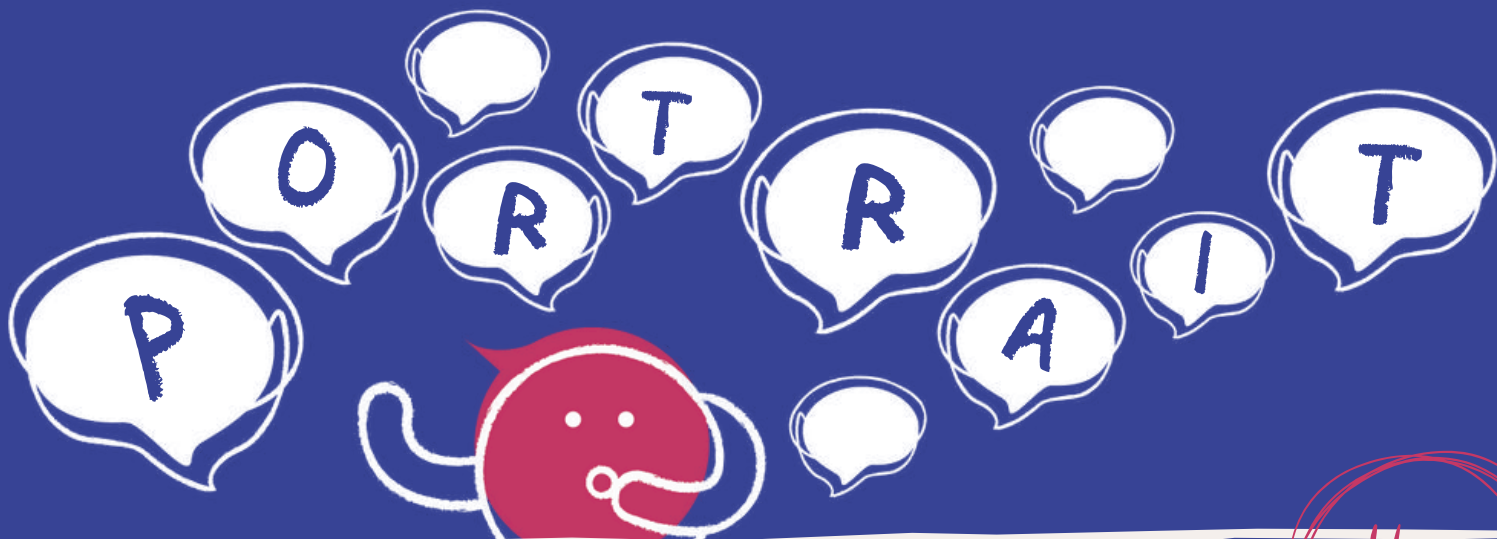
4

KIT FOR THE TRANSITION TO ADULTHOOD—FOCUS ON YPS/DPJ YOUTH

This kit is especially important for YPS/DPJ youth. They are very clear that becoming autonomous is deeply important to them, especially after multiple placements and being constantly treated like a child by case workers or foster families.

CONCLUSION FOR THE SUPPORT NETWORK SECTION

For young people, being listened to and understood when they’re suffering is a mark of respect. It’s important to stay caring and attentive when they talk about their struggles, suffering and questions.



#4

At the heart of the Youth and Mental Health
Portrait : Let's Imagine Change Together



BRIDGING THE DISCONNECT

SOCIAL MEDIA AND DIGITAL SPACES :
ESSENTIAL CONNECTIONS

THE VALUE OF SOCIAL MEDIA (PART 1)

THE VALUE OF SOCIAL MEDIA AND DIGITAL SPACES FOR YOUTH

1

A SOURCE OF INFORMATION AND POPULAR EDUCATION (1)



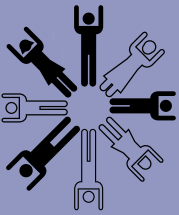
Youth want to find:

1. Online conferences and workshops on interesting topics (e.g., mental health rights, etc.)
2. Vocabulary to help understand our identities (we might not have the words yet)

2

A SPACE FOR EDUCATION AND REPRESENTATION

Social media shows us profiles from a wide range of different people. Young people like to follow people who inspire them, rather than put them down. Seeing diversity opens their minds, makes them think and helps deconstruct their biases.



3

A SPACE FOR EXPRESSION



"It's an outlet. I've been writing a lot of poetry since 2019. Between TikTok and Instagram, it helped me see that I wasn't the only queer artist doing that kind of writing. It's powerful to be able to identify with activist queer poetry."

4

A SPACE FOR SELF-DETERMINATION

"It's helped me with my gender expression. Seeing OOTD (outfit of the day) content from non-binary and transmasculine people (fat people, alternative styles, etc.)"

- Youth gain self-confidence, and the internet becomes a space where they feel supported and proud to be themselves !

PSSST... AROUND HERE, WE SAY FAT PERSON !

WHY? BECAUSE IT'S NOT A BAD WORD. RECLAIMING THE WORD FAT MEANS ASSERTING YOUR EXISTENCE WITHOUT SHAME OR SUGARCOATING.

BUT NO WORRIES — IF YOU PREFER PLUS-SIZE, CURVY, BIGGER-BODIED, OR ANY OTHER TERM, THAT'S TOTALLY VALID TOO!

WHAT MATTERS IS USING LANGUAGE WITH RESPECT AND LETTING EVERYONE CHOOSE THE WORDS THAT FEEL RIGHT FOR THEM.

THE VALUE OF SOCIAL MEDIA (PART 2)

SOCIAL MEDIA IS AN ESSENTIAL SUPPORT NETWORK FOR YOUTH

1

THE EASE OF FINDING HELP



“You can usually find all the community organizations on social media—pretty much every mental health or community group is there.”

- Social media connects physical resources with people who need them

2

ONLINE COMMUNITIES (1)

Following accounts that support youth can give a real boost, especially for 2SLGBTQIA+ communities. The internet can save lives and provide support when someone is feeling alone.



3

ONLINE COMMUNITIES (2)

Some internet relationships can be more secure and comforting, especially for queer individuals. Social media offers a positive space where youth can talk without having to share everything.

4

ALLOW FOR A TRANSITION BETWEEN VIRTUAL AND IN-PERSON CONTACT



1. Having a support system to help you find services (e.g., help finding housing).
2. Getting invited to activities with people like you, with the same identity.
3. Establishing a virtual first contact that can make in-person participation easier, like going for a first visit to an organization after an online activity, etc.

DRAWBACKS OF SOCIAL MEDIA

DRAWBACKS ACCORDING TO YOUTH

1 A LACK OF REPRESENTATION



We see more and more varied profiles, but we often return to the same ones over and over.

- “There aren’t many profiles that defy the norm.”

2 ONLINE RESOURCES ARE TOO FEW AND OFTEN LIMITED

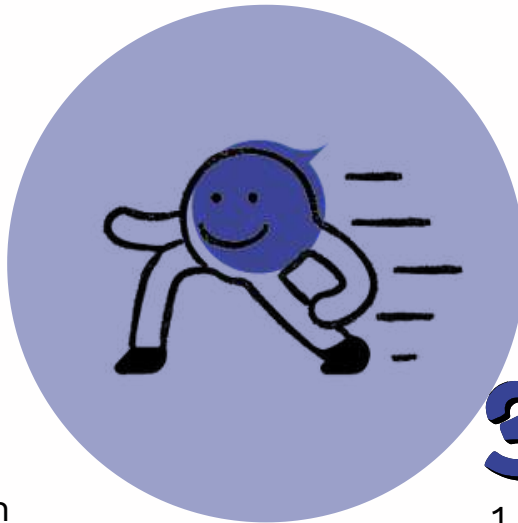


Even if an online resource exists, there aren’t enough, and not many people know about them—accessing them isn’t obvious.

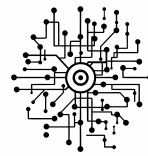
4 SOURCE OF COMPARISONS



Algorithms also create “beauty and normality competitions, which lead people to make comparisons to others.”



3 ALGORITHMS



1. They create an “echo chamber” where you only see the same ideas.
2. This can also flood us with negative information, which harms our mental health.



AN ECHO CHAMBER IS WHEN WE ALWAYS HEAR THE SAME IDEAS, WITHOUT BEING EXPOSED TO OTHER POINTS OF VIEW, OFTEN BECAUSE OF ALGORITHMS OR OUR SOCIAL CIRCLES.

THE DIGITAL DIVIDE

Not every young person has access to a good internet connection, especially outside cities. Many don't have a computer, and some sites don't work well on a phone. As a result, they miss important information and resources, despite expectations that they keep up. This leads to even more exclusion !

HOW CAN WE MAXIMIZE POTENTIAL? (PART 1)

ENCOURAGE USEFUL ADVERTISING (1)

Instead of ads for clothing or products, why not promote online support services on platforms like TikTok, Instagram and Snapchat?



ENCOURAGE USEFUL ADVERTISING (2)

Promote the important role played by youth and youth involvement—after all, we want to help them !

YOUNG PEOPLE'S NEEDS

BOOST ONLINE INITIATIVES (1)

Offer virtual mental health services to help prevent stress related to social environments (like anxiety) and for those with transportation-related difficulties, especially youth outside of major cities.

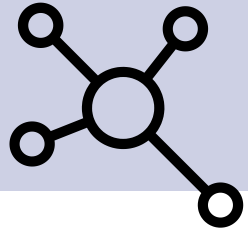
BOOST ONLINE INITIATIVES (2)

Create an online care program to compensate for the lack of access to in-person services.

HOW CAN WE MAXIMIZE POTENTIAL? (PART 2)

MAKE CONNECTIONS BETWEEN SOCIAL MEDIA AND HEALTH CARE PROFESSIONALS

The goal is for professionals to understand the resources available so they can more effectively guide and support youth.



YOUNG PEOPLE'S NEEDS



BETTER STRUCTURES

Create better structures for digital spaces, with better moderation and tools adapted for mental health. For example, on Discord, bots automatically filter inappropriate content based on community guidelines.

TEACHING YOUTH (1)

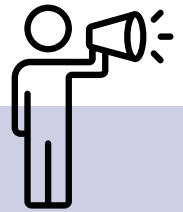
Have a better understanding of which social media behaviours are risky and which are safe.

TEACHING YOUTH (2): ALGORITHMS

How do they work ? How can you maintain equilibrium to prevent “digital self-harm” ?

DIGITAL SELF-HARM REFERS TO THE ACT OF CAUSING DAMAGE TO OR HARMING ONESELF ONLINE, OFTEN THROUGH BEHAVIOURS LIKE PUBLIC HUMILIATION OR SHARING NEGATIVE CONTENT ABOUT ONESELF.

THE IMPORTANCE OF EDUCATION



TEACHING ADULTS

Parents must understand that they don't have all the answers, be ready to question themselves, accept that digital spaces are part of our modern reality, and, especially, really listen to young people's needs.

A LACK OF KNOWLEDGE

Adults are unable to guide youth towards good online behaviours because they often don't really understand the issues or dangers themselves.



TEACH PARENTS FROM WHERE THEY ARE

More and more parents are on social media, so why not provide them with straightforward information on these platforms ?



EDUCATING PARENTS AND OTHER KEY ADULTS

ALSO INVEST IN TRADITIONAL MEDIA

Use media like television or radio to reach older generations.





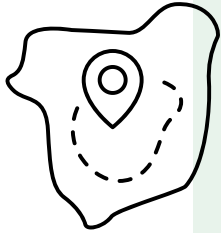
#5

At the heart of the Youth and Mental Health
Portrait : Let's Imagine Change Together

(NON-)ACCESS TO MENTAL HEALTH CARE AND SERVICES

OBSTACLES TO DECONSTRUCT

(NON-)ACCESS TO CARE AND SERVICES (PART 1)



THE GEOGRAPHY FACTOR

Services vary widely based on our geographic location and/or our place of residence.

- E.g., in a city vs a rural area



OBLIGATORY DIAGNOSES

Mental health care and services are often only dispensed if the person has a diagnosis, even if that is not supposed to be the case. Diagnoses are often made quickly, without really evaluating the patient.

FACTORS BLOCKING ACCESS TO MENTAL HEALTH CARE AND SERVICES



WAIT TIMES

Waiting too long to access services and/or have an appointment with a professional.

- “You have to move mountains to get a medical or psychological appointment.”



THE OBLIGATION TO BE IN A STATE OF EMERGENCY

“You have to say that you’re having suicidal thoughts, you’re in a crisis. Sometimes that’s the only way to get things moving.”

(NON-)ACCESS TO CARE AND SERVICES (PART 2)



THE SOCIO-CULTURAL AND/OR LANGUAGE FACTOR

In Quebec, services are overwhelmingly offered in French, but its youth population is diverse and speaks several languages. This diversity is often ignored.

THE DISTINCTION BETWEEN PRIVATE AND PUBLIC

“Mental health should be a right and unfortunately, right now it’s a privilege.”

1. Paying for services
2. Paying for medication



FACTORS BLOCKING ACCESS TO MENTAL HEALTH CARE AND SERVICES

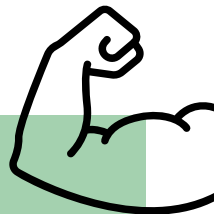
THE POWER DYNAMIC (1) : FEAR OF GETTING HELP

“In our health care system, it's intimidating and difficult to see a doctor.”

- Some youth are afraid they'll be ignored or forced to do something.

THE POWER DYNAMIC (2): THE MULTI-STEP, MULTI-PERSON PROCESS OF GETTING HELP

Support workers are uncollaborative and don't understand youth, so youth lose trust in them. Young people are expected to be open and share everything, even if they're constantly put in front of a new person.



IMPACT ON YOUTH?

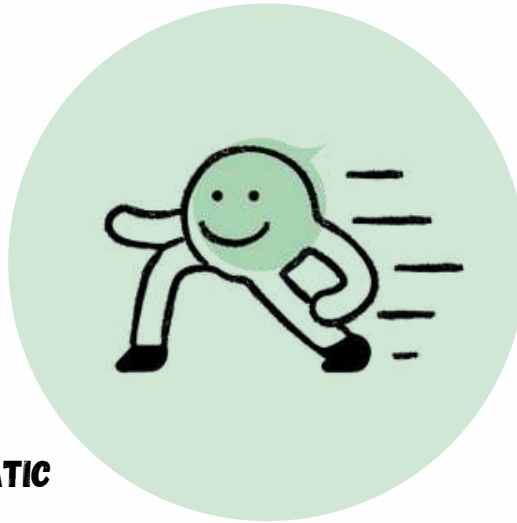
IMPACTS OF THE LACK OF ACCESS AND/OR INADEQUATE SERVICES

1

PHYSICAL AND/OR EMOTIONAL IMPACTS

The difficulty and complexity involved in accessing services can cause youth physical and mental distress.

- E.g., loss of motivation, anxiety, increase in psychological struggles



4

MULTIPLE TRAUMATIC EXPERIENCES

“When the help is more traumatizing than your mental illness, well, you figure out other ways to get help for yourself, which often, unfortunately, means addiction, black-market drugs, and other similar problems.”



2

SOCIAL IMPACTS

Ineffective services can lead to situations of houselessness or isolation when someone doesn't have access to the help they need.



3

FINANCIAL IMPACTS

Medical wandering due to costs. It's expensive to get support, and if you opt for the public system, “it's very long.”



MEDICAL WANDERING IS WHEN SOMEONE GOES FROM ONE DOCTOR TO ANOTHER WITHOUT FINDING AN ANSWER OR SOLUTION TO THEIR HEALTH PROBLEMS.

LISTEN TO US / YOUTH DESERVE A CENTRAL ROLE IN SERVICES

ABOVE ALL WE MUST PRIORITIZE COLLABORATION BETWEEN YOUTH, AS THE PEOPLE CONCERNED, AND HEALTH CARE PROFESSIONALS TO CENTRE WHAT YOUTH HAVE TO SAY

1

PATIENTS ARE THE FIRST TO KNOW THEMSELVES AND KNOW THEIR BODIES

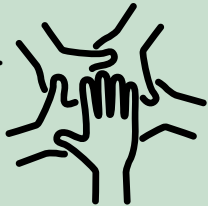


It's important to remind care practitioners and support workers of this fact; it should be a fundamental part of their training.

2

YOUTH SHOULD BE PART OF THE TEAM WITH DOCTORS AND SPECIALISTS

Allow youth to participate in decisions related to their mental health. Their understanding of their own experiences is crucial to address their actual needs and ensure their participation in treatment plans.



3

RENEW/CREATE BONDS OF TRUST BETWEEN PATIENT AND CARE PROVIDER

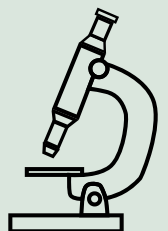
For example, developing an agreement for the relationship: caring behaviour, active listening, patience, consideration, etc.



4

WHEN WE TALK ABOUT PROFESSIONALS, THAT MEANS THE RESEARCH COMMUNITY, TOO

Encouraging collaboration with professors/academic researchers whose work may include realities that affect mental health and use inclusive for-and-by approaches.



THE PROS SHOULD ALSO BE TALKING TO EACH OTHER

ACCORDING TO YOUTH, INEFFECTIVE HEALTH AND SOCIAL SERVICES ARE THE RESULT OF A LACK OF COLLABORATION BETWEEN ALL PARTIES INVOLVED

1

COLLABORATION BETWEEN PROFESSIONALS



Youth are outraged by the lack of communication and coordination between professionals. If they could agree, that would be a good start.

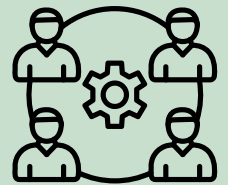
Need for communication between support workers within organizations.

Support workers do not keep one another informed and don't listen to one another.

2

AN INTERDISCIPLINARY APPROACH

AND mental-health-informed approach to ensure a more holistic care process, not band-aid solutions that fail to address the whole situation.



3

BRIDGE THE DIVIDE BETWEEN PROFESSIONALS



Not having to repeat your story every time you're introduced to a new professional, or at shift change. Not ending up with multiple diagnoses, prescriptions, or action plans.

CLARIFICATION

It's important to bring some nuance here. We're not saying professional confidentiality should be eliminated—that's not a good idea for several reasons.

The problem is with labels. Information about someone can end up in their file extremely quickly, and if no one questions it, it will follow them everywhere. Like, something in your school file could have an influence in how you get help with homework, even if it's not relevant anymore.

WHAT ARE THE SOLUTIONS? (PART 1)

YOUTH PROPOSED SOLUTIONS AT MULTIPLE LEVELS

1 USE THE PRIVATE NETWORK TO SUPPORT THE PUBLIC ONE



Being able to see private psychologists through the public system (already available for other medical professions).

2 BE MORE INFORMED

1. A guide on who to see, when, and how to make an appointment
2. More transparency about medications and side effects



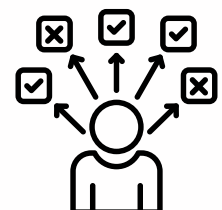
4 MORE FINANCIAL RECOGNITION



1. Improve working conditions for medical staff and support workers.
2. Provide adequate funding for community organizations and social services.
3. Value and reward youth for their role as experts of their own experiences.

3 RESPECT THE RIGHT TO MAKE FREE AND INFORMED DECISIONS

Give youth the information and the time they need to make decisions. If a specialist has concerns about their choice, they can suggest talking it over with a person they trust. But in the end, they must respect the young person's decision, no matter what it is.

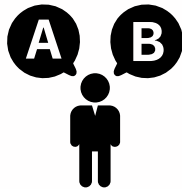


WHAT ARE THE SOLUTIONS? (PART 2)

A CENTRAL SOLUTION: PROMOTE ALTERNATIVES TO MEDICATION. WHY IS THIS IMPORTANT?

1 VERY FEW ALTERNATIVES ARE PROMOTED, WELL FUNDED AND ENCOURAGED

And doctors never recommend them.



4 DON'T UNDERESTIMATE OTHER APPROACHES

1. Promote holistic medicine.
2. Invest in support groups and better living conditions.
3. Add more spiritual practitioners.
4. Explore psychedelic therapies.
5. Use art as a therapeutic tool.



2 YOU SHOULDN'T HAVE TO HAVE A DIAGNOSIS FOR ALL MENTAL-HEALTH RELATED SERVICES (SEEING A THERAPIST, ALTERNATIVE HELP, ETC.)

However, requiring that medication always be accompanied by a diagnosis is important, to prevent prescribing medication too hastily.



3 MORE REGULATION FOR PRESCRIBING ANTIDEPRESSANTS, STIMULANTS, AND ANY OTHER PSYCHOACTIVE SUBSTANCE

E.g., higher minimum age, required interventions before prescription, revisiting treatment plans and making withdrawal plans, etc.



CLARIFICATION

Holistic means that we consider someone in their entirety: their body, mind, emotions, and even their environment, instead of just focusing on one specific problem. It's a global approach to understanding and treating patients.

WANT MORE?



CHECK OUT OUR 7 OTHER SPECIAL REVIEWS!

Hey! Here's a tip: start with #1 and save #8 for last. The others were designed to be read in whatever order you wish, so feel free to do so! 😊

#1

OUR PORTRAIT: TLDR VERSION

MAJOR FINDINGS FROM OUR CONSULTATIONS

#2

CLEARING UP MYTHS, OPENING A DIALOGUE

MENTAL HEALTH WITHOUT TABOOS OR JUDGEMENT

#3

OFFERING AND RECEIVING SUPPORT

A COLLECTIVE ISSUE

#4

BRIDGING THE DISCONNECT

SOCIAL MEDIA AND DIGITAL SPACES : ESSENTIAL CONNECTIONS

#5

(NON-)ACCESS TO MENTAL HEALTH CARE AND SERVICES

OBSTACLES TO DECONSTRUCT

BONUS REVIEW : FOR A DIFFERENT PERSPECTIVE ON MENTAL HEALTH

THAT'S WHAT THE 12-17S ARE TELLING US !

BONUS REVIEW : IN SHORT !

YOU ARE HERE ;)

THE PORTRAIT IN INFOGRAPHICS



#6

OUR MAJOR DEMANDS

AN OVERVIEW OF OUR PRIORITIES