Youth Engagement and Mental Health Preliminary Report

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Executive Summary

This report is part of a larger project, aimed at examining potential links between youth's engagement and mental health knowledge and wellness. The current report is based on early findings from this project, specifically comparing the experiences of youth who do and do not identify as LGBTQ. We examined links between youth's engagement and mental health knowledge and wellness, in a diverse youth population. We found some differences in these associations for minority and non-minority youth. Youth participants in this project (N = 135; Mean age = 17.5 years; SD = 2.8) are were connected to organizational partners of the Centre of Excellence for Youth Engagement. Participants self-identified across various minority status groups, including LGBTQ (48%).

LGBTQ and non-LGBTQ youth in the current study reported having the same level of knowledge around mental health supports and strategies. Their ratings on all of the other mental health indicators, however, were different. LGBTQ youth reported significantly higher rates of emotional problems (e.g., feeling left out of things, trouble making decisions), physical complaints (e.g., headaches), and psychological complaints (e.g., difficulties sleeping, feeling "low"). LGBTQ youth also reported significantly lower rates of emotional well being (e.g., feeling fit, well, and full of energy).

We also compared the scores for LGBTQ and non-LGBTQ youth on their experiences being engaged within their various youth programs. The two groups did not differ in how safe and welcoming they felt in programs, how much voice they had, or in their ratings of how collaborative and respected they felt in their relationships with adult program staff

Our current findings suggest that there is a need for increased supports for LGBTQ youth. This increased support appears to be critical in order to build youth's resiliency, as well as preventing or reducing the greater mental health challenges that they experience.

Introduction

Youth's voice and youth engagement have come increasingly under focus in youth services in Ontario and throughout Canada. Youth engagement involves young people in meaningful decision making, including program choices, advocacy efforts, public education, anti-stigma initiatives, and health promotion activities. Governments, public health, and non-profit organizations across Canada have widely adopted youth engagement as a tool for promoting youth mental health (Pan-Canadian Joint Consortium on School Health, 2014; Centre for Addiction and Mental Health Resource Centre, 2012). Despite the popularity of youth engagement as a mental health promotion tool, however, direct evaluations of youth engagement as youth mental health promotion are limited. Research on youth engagement in minority populations, moreover, who carry an excess burden of mental health problems, is particularly lacking (Ramey, Lawford, Rose-Krasnor, Freeman, & Lanctot, submitted; Ciocanel et al., 2017; Russell & Fish, 2016).

In this project, we are examining potential links between youth's engagement and mental health knowledge and wellness, in a diverse youth population. The current preliminary report is based on early findings from this project, specifically comparing the experiences of youth who do and do not identify as LGBTQ.

Background and Invitation

The Centre of Excellence for Youth Engagement CEYE is a network of youth, organizations and academics focused on identifying best practices in youth engagement programs and initiatives. The SCC's and CEYE's network purpose is to contribute to a world where young people are valued and heard and where their ideas for improving themselves and the lives of their peers and communities are put into action.

The methodology used in this study was grounded in Action Research and the Centre of Excellence for Youth Engagement's (CEYE) Knowledge in Action (KIA) Model. Action Research focuses on studying "the resolution of… organizational issues together with those who experience these issues directly" (Coghlan & Brannick, 2014, p. 6). The KIA model posits that the closer the consumer is to the generation of knowledge, the more likely the uptake (Bowen & Zwi, 2005; Graham et al., 2006; Kitson, Harvey & McCormack, 1998; Lavis et al., 2003; Tugwell et al., 2007). In line with these models, adults and youth have worked together, or at least provided consultation and input, at every stage of the project. The Sharing the Stories research platform used in the current project was developed through a process of youth-adult partnership. We are sharing preliminary findings with participants and stakeholders throughout the research project. We also value stakeholder feedback into all elements of the data analysis, data interpretation, implications, and recommendations.

Research Methods

Procedure

Invitations to participate in the survey have been shared with Students Commission of Canada (SCC) and CEYE partners and stakeholders. This included programs using the Sharing the Stories platform, and youth at the #CanadaWeWant conference, held in March of 2018. Data will continue to be collected throughout 2018 and beyond. Participants who chose to participate completed an informed consent form, and then completed surveys either online or on paper.

Several *Sharing the Stories* (http://www.sharingthestories.ca) quantitative survey modules have been used to examine changes in outcomes from youth's experience around their own engagement in their program, and their mental health.

Mental health and wellness was measured with scales of mental health knowledge (e.g., "How would you rate your knowledge of strategies to address mental health and wellness?") and emotions and mental wellness (e.g., "During the last week, how often have you… felt lonely?"). Questions are drawn from mental health modules of the International Health Behaviour in School-aged Children Study, an ongoing cross-national study of early adolescents and adolescents conducted in collaboration with the World Health Organization (Freeman et al., 2016).

The Merit Survey (Zeldin et al., 2014) was used to measure youth-adult partnerships. The Merit Survey tool was developed to assess program quality (e.g., safety), voice, and sense of community and youth-adult partnerships.

In addition, all participants were asked standard demographic questions, including youth's minority status (e.g., age, sexual orientation, gender identity, perceived income).

The majority of the questions were rated on a 5-point scale [e.g., 1 *(strongly disagree*) to 5 (*strongly agree*)] to determine the level at which participants agreed or disagreed with the statements/questions. Questions regarding mental health knowledge was rated from 1 (*very little*) to 10 (*a lot*).

Data Management

Data are securely housed at the CEYE in a centralized database. Participants' survey data are stored separately from their identifying information to ensure that their survey answers are confidential. Data are not used for any purpose other than research and evaluation, as described in the consent form that participants complete. The *Sharing the Stories* process has been reviewed and approved by Research Ethics Boards at Queen's University, Brock University, Bishop's University, and Humber Institute for Technology and Advanced Learning.

Analysis

The quantitative analysis of the data was conducted using SPSS and R software. Graphs were produced to allow for a visual representation of the data.

A note on statistical significance: **Statistically significance** refers to the likelihood of arriving at the same conclusion (e.g., that two things are related to each other) just by chance, assuming the association does not exist in the real world. In other words, to say that a finding is statistically significant means that it is unlikely that our findings just occurred randomly. The most frequent research standard requires at least a 95% certainty that the result did not occur by chance. The certainty of a particular finding is reported with a p ("probability") value. The p value represents the percent chance that the results did occur randomly. For example, a *p* value of 0.03 would mean that there is a 3% chance that the results did occur randomly.

Results

The survey responses from approximately 135 youth were included in the current report. Youth's average age was 17.5 years (*SD* = 2.8). Almost half (48%) self-identified as LGBTQ.

Survey responses are illustrated through the use of graphs (see below) and key findings are highlighted to provide a starting point from which to reflect on the data.

LGBTQ and non-LGBTQ youth in the current study reported having the same level of knowledge of mental health supports and strategies (see Figure 1). Their ratings on all of the other mental health indicators, however, were different. LGBTQ youth reported significantly higher rates of physical complaints (see Figure 2), psychological complaints (see Figure 3), and emotional problems (see Figure 4) than did non-LGBTQ youth . They also reported significantly lower rates of emotional well being (see Figure 5).

We also compared LGBTQ youth and non-LGBTQ youth engagement within their program. The two groups did not have different ratings of how safe and welcoming they felt in programs, how much voice they had, or how collaborative and respected they felt in their relationships with adults in the program. We do not present each of the findings here, due to space considerations. However, more information is available from the first author upon request.

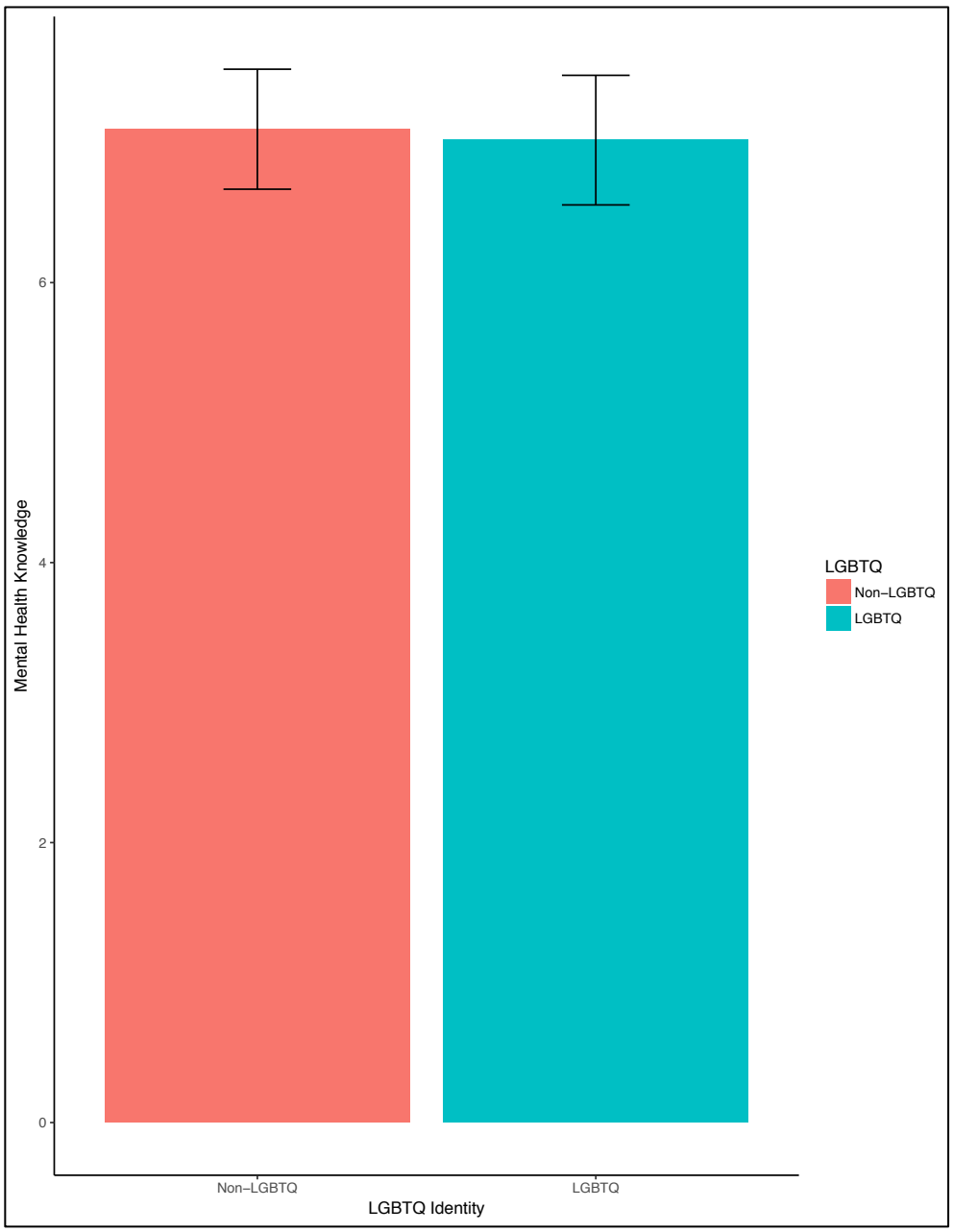

Figure 1. Mental Health Knowledge. Responses by survey participants indicated that youth who identified as LGBTQ and non-LGBTQ had similar levels of mental health knowledge (e.g., knowledge of strategies to address mental health and wellness, knowledge of services to address mental health and wellness) ($t[121] = 0.248$, $p < 0.81$). Error bars indicate 1 standard deviation from the mean (an indication of variability around the mean).

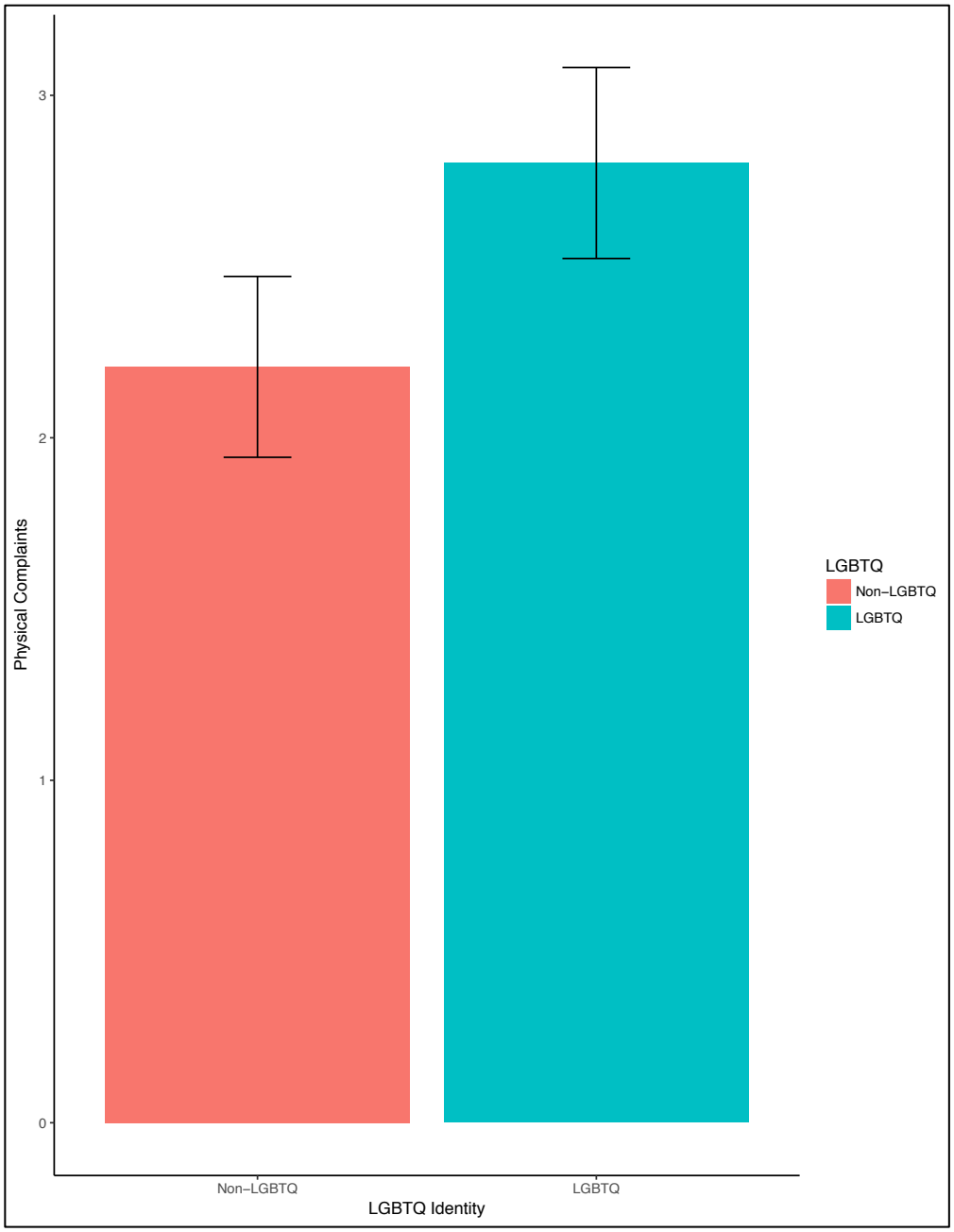

Figure 2. Physical Complaints. Responses by survey participants indicated that youth who identified as LGBTQ had statistically higher levels of physical complaints (e.g., headaches, stomachaches) ($t[121] = 3.10$, $p < 0.01$).

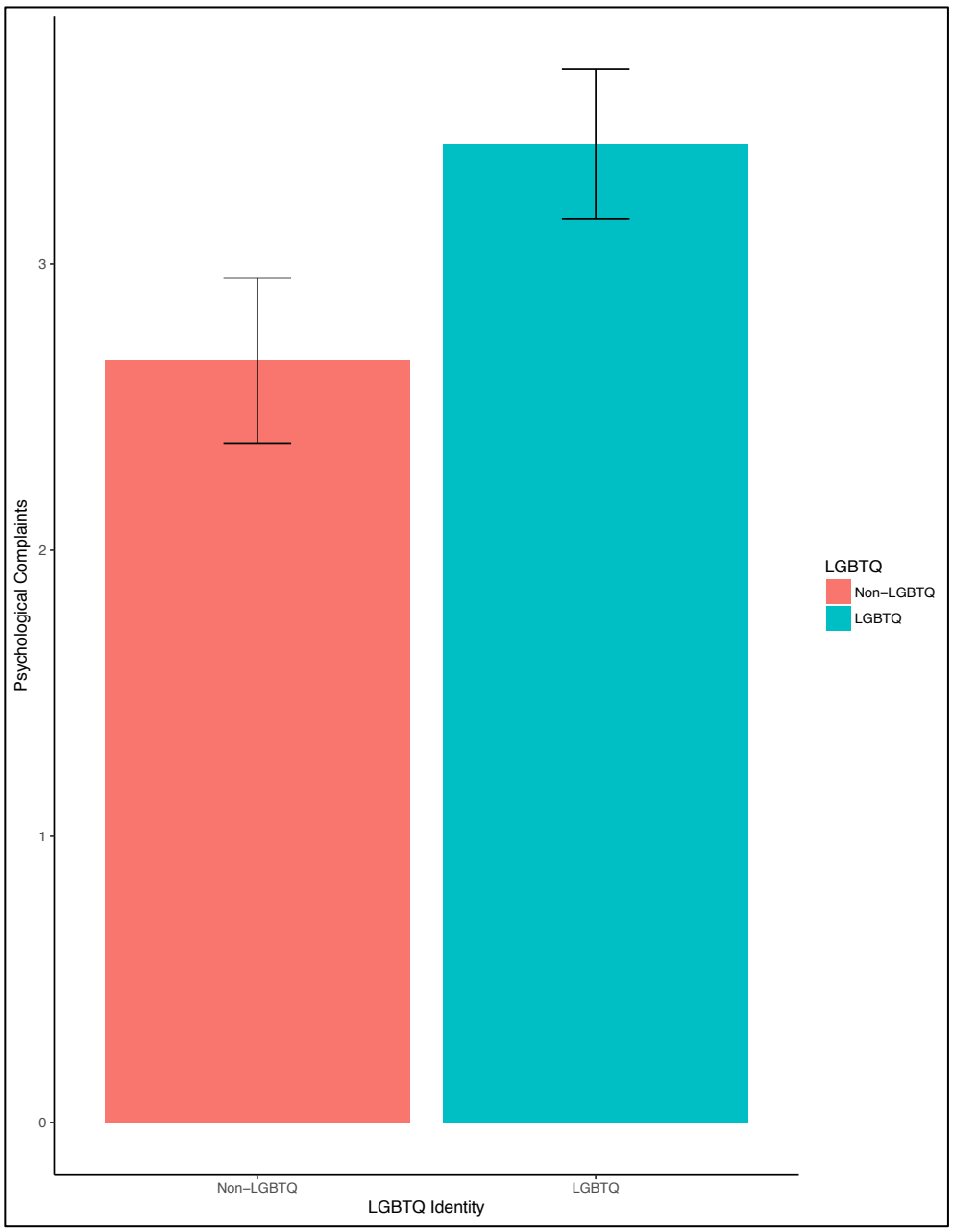

Figure 3. Psychological Complaints. Responses by survey participants indicated that youth who identified as LGBTQ had statistically higher levels of psychological complaints (e.g., difficulties sleeping, feeling "low") ($t[121] = 3.88$, $p < 0.01$).

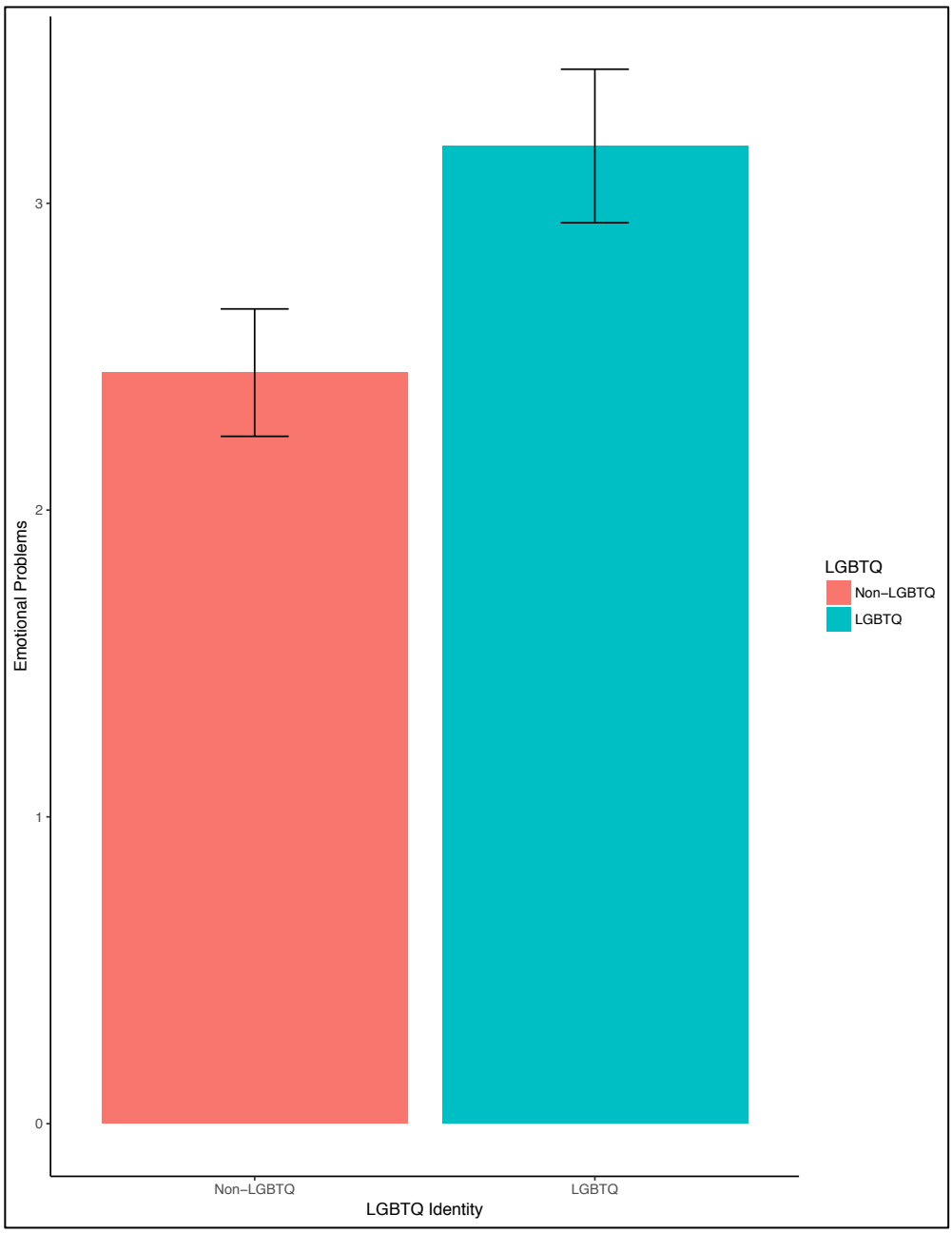

Figure 4. Emotional Problems. Responses by survey participants indicated that youth who identified as LGBTQ had statistically higher levels of emotional problems (e.g., (e.g., feeling left out of things, trouble making decisions) ($t[131] = -4.56$, $p < 0.01$).

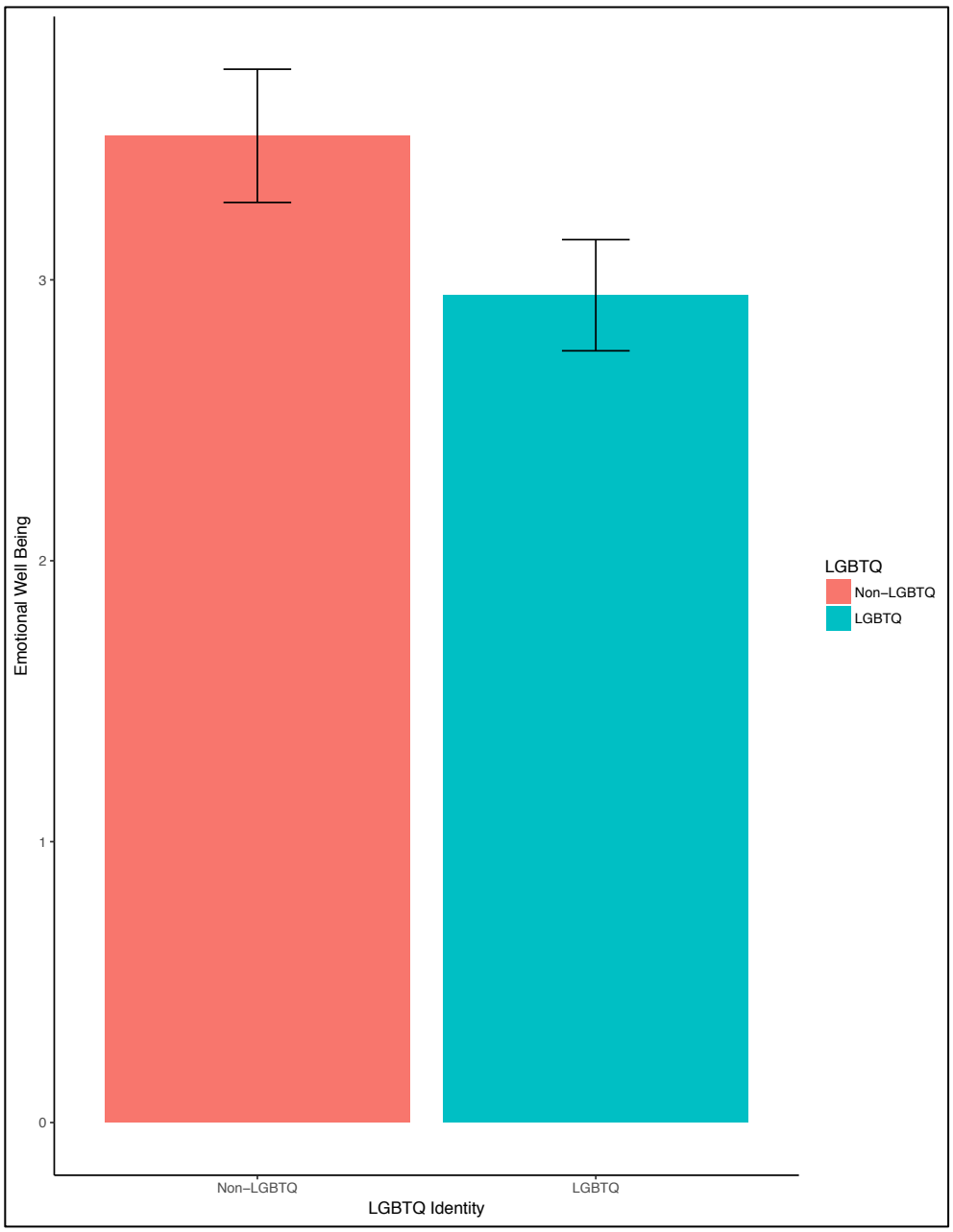

Figure 5. Emotional Well Being. Responses by survey participants indicated that youth who identified as LGBTQ had statistically lower levels of emotional well being (e.g., feeling fit, well, and full of energy) (t[129]= 3.65, $p < 0.01$).

Limitations

The findings presented in this report are based on probabilities and averages, and do not necessarily apply to all individuals who have participated in the research project. Also, the project is in its early stages. The small number of survey responses means swings in the data (averages) may be strongly affected by one individual response. These limitations do not necessarily disqualify the findings from this study. They should, however, be considered when reading through and interpreting the results.

Recommendations and Next Steps

Current findings clearly suggested that the LGBTQ youth who participated in the survey experienced greater mental health concerns and lower emotional well being than do non-LGBTQ youth. At the same time, they experienced programs as being as safe and welcoming as did non-LGBTQ youth. With more participants, we will be able to look more closely at differences within our sample (e.g., differences among types of programs, differences among youth of varying ages).

Although further research is needed, over time and with a larger sample of young people, our findings suggest that there is a need for increased supports for LGBTQ youth. This increased support appears to be critical in order to build youth's resiliency, as well as preventing or reducing the greater mental health challenges that they experience.

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References

Bowen, S., & Zwi, A. (2005). Pathways to "evidence-informed" policy and practice: A framework for action. PLoS Medicine, 2, e166.

Centre for Addiction and Mental Health Resource Centre. (2012). Youth mental health promotion in Canada: A scoping review. Retrieved from http://www.hclinkontario.ca/resources/resources/ mental-health-promotion.html

Centre for Addiction and Mental Health. (2014). *Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19).* Toronto, ON: Author.

Ciocanel, O., Power, K., Eriksen, A., & Gillings, K. (2017). Effectiveness of positive youth development interventions: A meta-analysis of randomized controlled trials. *Journal of Youth and Adolescence, 46*, 483–504. doi: 10.1007/s10964-016-0555-6

Coghlan, D., & Brannick, T. (2014). *Doing action research in your organization* (4th ed.). Thousand Oaks, CA: Sage.

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W. et al. (2006) Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Profession. 26,* 13-24.

Kitson, A. L., Harvey, G., McCormack, B. (1998) Enabling the implementation of evidence based practice: A conceptual framework. *Quality in Health Care, 7,* 149-158.

Lavis, J. N., Robertson, D., Woodside, J. M., McLeod, C. B., Abelson, J., & Knowledge Transfer Study Group (2003). How can research organizations more effectively transfer research knowledge to decision makers? *Millbank Quarterly, 81,* 221-48.

Pan-Canadian Joint Consortium on School Health, 2014). *Youth engagement toolkit.* Retrieved from http://www.jcsh-cces.ca/index.php/resources/youth-engagement

Ramey, H. L., Lawford, H. L., Rose-Krasnor, L., Freeman, J. & Lanctot, J. (submitted). Engaging diverse Canadian youth in youth development programs: Youth-adult partnerships and program quality.

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology, 12*, 465–487. doi: 10.1146/annurev-clinpsy- 021815-093153

Tugwell, P., Santesso, N., O'Connor, A., & Wilson, A. (2007). Knowledge translation for effective consumers. *Physical Therapy, 87*(12), 1728-1738.

Zeldin, S., Christens, B., & Powers, C. (2013). The psychology and practice of youth-adult partnership: Bridging generations for youth development and community change. *American Journal of Community Psychology, 51,* 385–397. doi: 10.1007/s10464-012-9558-y

Zeldin, S., Krauss, S. E., Collura, J., Lucchesi, M., & Sulaiman, A. H. (2014). Conceptualizing and measuring youth-adult partnership in community programs: A cross national study. *American Journal Community Psychology, 54*, 337–347. doi: 10.1007/s10464-014-9676-9.