

# LOCKDOWN LIFE

## Mental Health Impacts of COVID-19 on Youth in Canada



# Summary of Recommendations



**1. Incorporate a “whole school approach”, promoting youth engagement in schools in order to improve emotional well-being and learning outcomes.**



**2. Build capacity for schools to identify youth at risk of mental health challenges.**



**3. Encourage parents to foster supportive home environments.**



**4. Strengthen community partnerships and system-level data collection to address COVID-19 impacts and barriers for marginalized youth.**



**5. Expand community funding and supports to enhance social networks for youth.**

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Ce document est disponible en français

ISBN: 978-1-77318-195-0

Mental Health Commission of Canada. (2020).

LOCKDOWN LIFE: Mental Health Impacts of COVID-19 on Youth in Canada

Ottawa, Canada

This document is available at [mentalhealthcommission.ca](https://mentalhealthcommission.ca).

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The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

## What is this report about?

The purpose of this report is to outline the findings from the HEADSTRONG COVID-19 Survey to improve service programming and inform policy for diverse youth across Canada. The data collection period was from April 20, 2020 to June 24, 2020.

The survey provides an overview of how youth from different regions are generally doing during the pandemic. The survey questions were focused on the challenges they faced, the strategies they used for coping, the help-seeking behaviours they engaged in to support their mental health and any positive experiences they had during this period of uncertainty. The survey also examined the communication methods youth used to stay connected with others and to find information on protection against COVID-19.

### **What is HEADSTRONG?**

HEADSTRONG is an evidence-based anti-stigma initiative created by the Mental Health Commission of Canada (MHCC). This initiative is focused on inspiring youth aged 12 to 18 years to *Be Brave, Reach Out and Speak Up* about mental health. HEADSTRONG is based on a two-part model for change. The first component includes the HEADSTRONG Summit, which brings together groups of students from various schools to hear stories of hope, recovery and resiliency from speakers with lived experience of mental health challenges. The second component encourages students to create their own HEADSTRONG chapters at school to increase awareness of mental health and

anti-stigma and promote educational activities regarding these issues. Stigma is the primary focus for HEADSTRONG because it often prevents people from seeking help for their mental health concerns. Research suggests that 40% of parents admit that they wouldn't tell anyone if their child were experiencing a mental health problem and five out of six young people diagnosed with a mental health condition and needing support do not receive professional help. By equipping youth leaders with knowledge and resources on stigma prevention, they can challenge misconceptions about mental health while empowering their own communities to take action.<sup>1</sup>

# What have we learned so far?

The COVID-19 pandemic has had serious global economic and social impacts, and it continues to alter the lives of many people. Young people are particularly vulnerable to the disruptions the pandemic has caused, and many are being left behind in education, economic opportunities, health and well-being during a crucial stage of their development. A more detailed summary of key studies and reports can be found in Table 1 in the Appendix.

### Impacts on Emotional Well-Being and Learning

Emotional difficulties among young people may be exacerbated by social isolation, family stress, increased risk or exposure to abuse and systemic racism.<sup>2</sup> The nationwide school closures in Canada caused disruptions to students' education, and alternative methods for curriculum delivery, such as online learning,

were introduced. These changes can negatively impact students' learning outcomes and pose greater harms to their overall mental health during periods of extended isolation and loneliness.<sup>3</sup> According to Statistics Canada, youth are at higher risk of experiencing poor mental health (compared to other age groups) during the pandemic.<sup>4-5</sup>

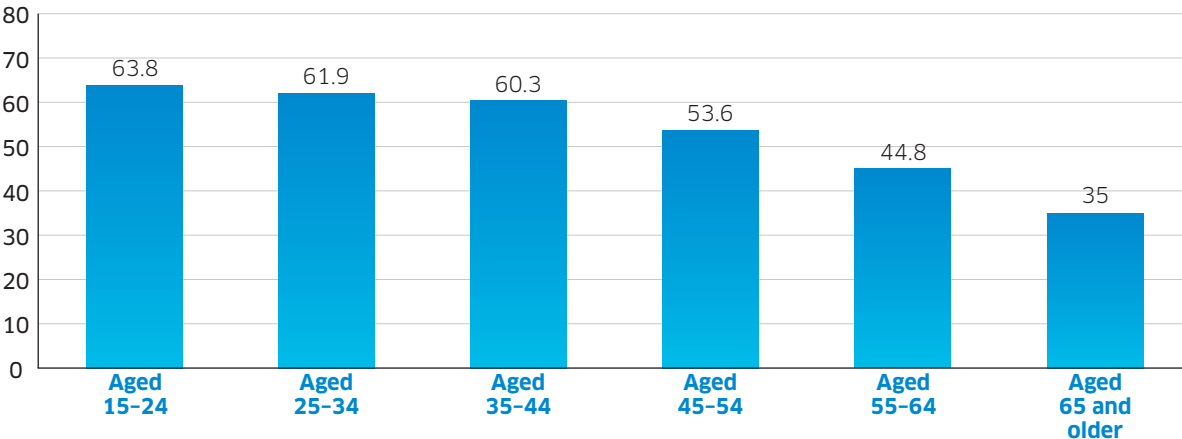


Figure 1: Canadians' self-perceived poor mental health by age group during the pandemic (% of respondents)

Statistics Canada's research also suggests that about 36% of young people were very or extremely concerned about family stress from confinement and 34% were very or extremely concerned about maintaining social ties with their loved ones. Similarly, a study conducted by the Centre for Addictions and Mental Health (CAMH) reported that youth are experiencing mental health challenges during the pandemic, including depression and anxiety.<sup>5</sup> For those with existing mental health conditions, rates were even higher. Additionally, half of the respondents with pre-existing mental health challenges reported disruptions in their access to mental health services and supports. The CAMH study also found that 18% of all respondents had suicidal thoughts in the early stages of the pandemic.

### Impacts on Marginalized Youth

Marginalized youth are at particular risk of COVID-19 and its impacts.<sup>6-7</sup> This category includes young refugees, youth living in rural areas, indigenous, racialized people and ethnic minority youth, young persons with disabilities, and young people of diverse sexual orientations and gender identities.<sup>7</sup> Some youth may not have stable housing, so they cannot safely engage in home-based social distancing. Evidence suggests that school closures in particular can have adverse effects on students from low-income households because they may lack stable Internet access or the necessary devices to attend virtual classes.<sup>6</sup> This may result in further stigma and discrimination against certain groups, which in turn could exclude them from accessing essential health and community services.<sup>7</sup>

### Self-Care and Resilience

Although most of the existing literature on the pandemic's mental health impacts on youth has focused on negative outcomes, some studies have also highlighted evidence of resilience, post-traumatic growth and positive outcomes<sup>8-9</sup>

**“The one main piece of advice my friend told me was [try to continue doing the things you love]. So, I am drawing, doing crafts, sitting in the sun, which has finally decided to show itself, while listening to music, and watching TV or social media.”**

A recent survey of young people (aged 14 to 27 years) conducted by CAMH found that nearly half of youth with existing mental health challenges and 40% of those who have never sought mental health treatment have experienced improved self-reflection and self-care during the pandemic.<sup>6</sup> This includes benefits such as spending more time with family, a decline in reported substance use, having less stress from school and more time to plan future goals, and engaging in hobbies and relaxation activities. Also, Statistics Canada (2020) outlined the healthy activities that young people have used during the pandemic, and these can serve as protective factors. For instance, many young people aged 15 to 30 years old reported engaging in healthy behaviours such as communicating with friends and family (90%), exercising indoors (66%) and exercising outdoors (62%). These activities were reported more frequently by youth who identify as females compared to those identifying as



**Despite the negative outcomes caused by the pandemic, it has served as an important event for some young people that has fostered their emotional development as they transition into adulthood.**

males.<sup>4</sup> The Association for Canadian Studies in partnership with Experiences Canada and the Vanier Institute of the Family have also reported that a majority of youth have experienced feelings of happiness throughout the pandemic.<sup>10</sup> For example, 90% of 12- to 14-year-olds and 84% of 15- to 17-year-olds have reported being happy often or sometimes. Also, 83% of youth aged 12-14 years and 75% of youth aged 15-17 years reported having more meaningful conversations with others throughout the pandemic. Despite the negative

outcomes caused by the pandemic, it has served as an important event for some young people that has fostered their emotional development as they transition into adulthood. Therefore, understanding current barriers to timely access to mental health resources and what has worked well to improve the well-being of young people during this crisis will enable service providers and policy makers to tailor future interventions based on the unique and emerging needs of youth in Canada.

## Findings and Implications

The HEADSTRONG COVID-19 Survey findings are grouped into four main sections in this report: key challenges faced, coping strategies, communication methods used, and help-seeking behaviours of youth. More detailed information can be found in the Appendix in Tables 2–7, and a full list of quotes can be found in Table 8.

Although sociodemographic data was not collected in this survey, HEADSTRONG continues to have a strong record in engaging with youth who are from First Nations, Inuit and Metis communities, as well as other racialized populations, gender-diverse groups and newcomers. For instance, in October 2016, the first HEADSTRONG summit was held specifically for First Nations (FN) youth, and since then they have held over 22 summits with 50% to 100% FN youth audience members and FN speakers. In 2019, HEADSTRONG also began working with racialized youth and since then has held many summits for racialized youth from more than 44 non-white ethnicities. Therefore, HEADSTRONG’s model is responsive to culture and works to organize programs that reflect the needs of diverse youth.

### Who answered the HEADSTRONG survey?

In total, there were 137 youth who responded to the survey, ranging in age from 12 to 24 years (see Figure 2 below). Most of the respondents were between 14 to 18 years of age. In terms of geographical regions, most respondents were from Ontario (82%), followed by Alberta (7%), Quebec (4%), Saskatchewan (2%), British Columbia (1%) and unknown (4%).

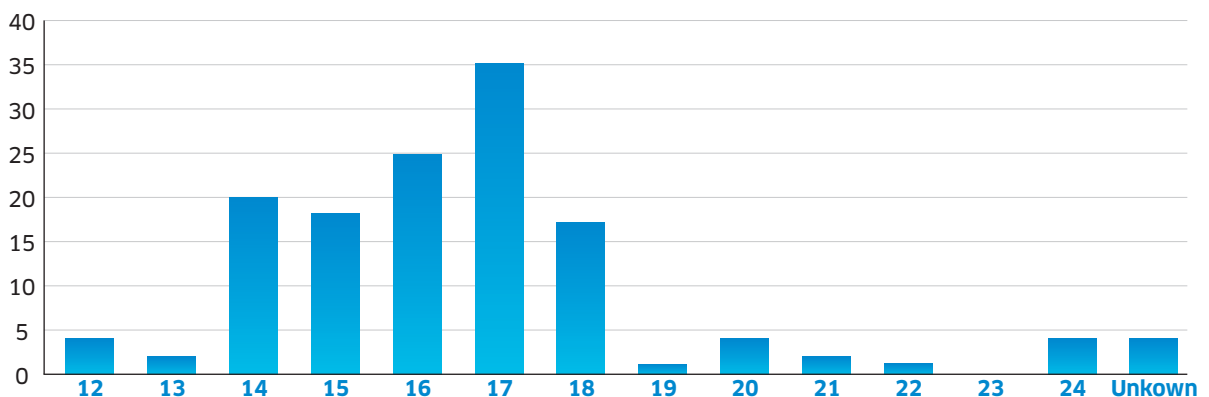
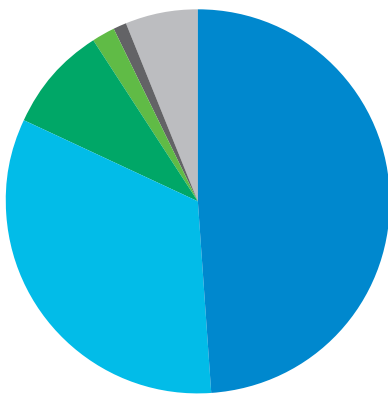


Figure 2: Age distribution of youth (% of respondents)

### What are the biggest challenges that youth are facing?

According to the survey results, there were many different challenges that youth faced during the pandemic. The main challenges included feeling isolated and lonely (48%), followed by closures of in-person schools and moving to remote learning (33%), limited access to mental health and other health-related supports (9%), fears of acquiring COVID-19 for oneself or loved ones (2%), lack of employment opportunities (1%) and other challenges (6%).



- Isolation/Loneliness - 49%
- School closures to virtual learning - 33%
- Limited access to mental health & other health-related supports - 9%
- Fears of acquiring COVID-19 for oneself/others - 2%
- Lack of employment opportunities - 1%
- Other reasons - 6%

Figure 3: Key challenges faced by youth (% of respondents)

### Isolation and Loneliness

Nearly half of the respondents mentioned isolation and loneliness due to not seeing their loved ones either through social gatherings or in school environments.

“Learning at home on my own, not being able to ask questions to my teachers directly. Missing friends & family. I’m also really missing the school environment.”

This highlights the need for in-person connection. Given that the pandemic seems like it will continue to be with us for some time and that schools and other gathering places may have to close again, it is important to address best practices that will allow youth to sustain a balance of in-person interaction and virtual supports while adhering to safe public health guidelines.

### School Impacts

Many youths reported school-related concerns such as having limited engagement with their classmates when asking for help or when raising questions about course content. Some youth reported challenges regarding managing both their mental health and school workload, while living with their family members and having limited space in their home to study without disruptions. Students expressed concerns about homeschooling, specifically about learning course content on their own or being assisted by family members with limited subject knowledge. Given that schooling will continue to be a mix of in-person and online classes for some time,



these concerns expressed by students highlight the need to identify strategies to effectively support teachers in promoting student engagement. Some youth may choose to attend in-person classes where they are able to interact with teachers and classmates. However, there are still many youth who are unable to attend in-person schooling due to being immunocompromised or not wanting to risk acquiring the virus and spreading it to family members, especially if others at home are at high risk. Some senior-level high school students reported being disappointed about not being able to go to social events, such as prom and graduation, with friends one last time before leaving for post-secondary education in fall 2020. There is a need to find innovative approaches to support youth, especially when they are feeling worried about falling behind in their courses and maintaining their mental health and well-being.

### **Marginalized Youth Impacts**

The pandemic has been a stressful period for everyone, but evidence from survey results demonstrates that marginalized populations continue to be disproportionately impacted by the pandemic. For instance, some youth reported having limited access to communication devices and data plans in order to stay connected virtually. Some people are forced to choose between either using limited data coverage for school purposes or to connect online with their loved ones. Additionally, some youth living in smaller homes lack a safe space to connect virtually. This is concerning as some youth reported having regular conflicts in their household, thus leading to increased anxiety and potential exposure to violence. For those young people who reported not feeling safe while confined at home, existing in-person community supports are crucial to mitigate the impacts of physical and social isolation.

**“Seeing sad stuff on the news and being quarantined with fighting family and anxiety.”**

### **Other Key Challenges**

There were youth who mentioned the difficulties they faced during the pandemic in managing pre-existing or new mental health challenges as well as other health-related issues. For instance, some youth could no longer attend in-person therapy sessions and some expressed concerns about coping with their condition due to other stresses they faced at home. Therefore, further research is needed to understand how best to support the mental health of youth who cannot attend in-person therapy supports. Careful consideration must be given when adopting alternative modes of treatment delivery to ensure that benefits outweigh harms. Other challenges that youth reported facing were specifically related to fears of being exposed to COVID-19 themselves or having their loved ones exposed, specifically because their loved ones are frontline workers or because they are immunocompromised.

Also, the pandemic is a difficult period for youth looking to gain work experience in order to build their knowledge and skills as they transition into early adulthood. Some youth mentioned that they were laid off from work or that job application processes were halted due to physical distancing restrictions or the financial concerns businesses were facing during the pandemic. As governments develop post-pandemic recovery plans, our survey results highlight the importance of creating entry-level job opportunities for youth while equipping them with the skillsets needed to succeed in the workforce.

### What are youth doing to cope?

The coping behaviours of youth were assessed to further understand the methods they used to maintain their mental health and wellness during the pandemic. We also sought to provide an overview of youth who are not coping well during the pandemic. Most youth reported that they were able to cope (85%), while some reported not knowing how to cope (7%) or were unsure how to cope (4%). A small number of youth (4%) felt that no coping was needed, and a few gave no response (1%). Most youth used a wide range of coping methods to deal with the constant changes happening in their surrounding environments. As Figure 4 (below) shows, many respondents reported using a combination of coping methods (30%) to help find a balance

between staying connected with others and taking care of their own emotional well-being. Yoga, meditation, exercise, and walking outdoors (20%) was the most common set of coping methods. Besides these, respondents reported using a range of sets of coping methods: staying connected with family, friends and/or their counsellor (8%); playing music, instruments or doing art work (7%); using online resources like watching TV, podcasts and playing video games (4%); writing, journaling, reading books or drawing (2%); and using resources organized by schools to inform students about coping strategies (2%). A small number of young people reported not being stressed or needing to use a coping method (4%).

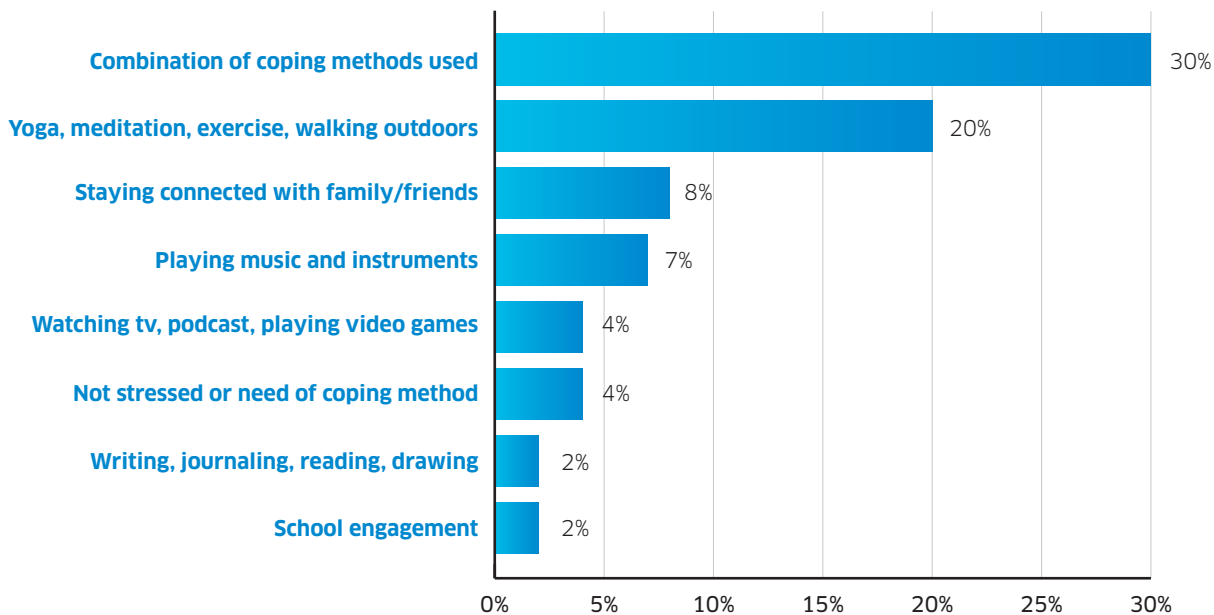


Figure 4: Different coping methods used by youth (% of respondents)



Some youth reported that the pandemic restrictions gave them time to engage in tasks and activities for which they were previously too busy. These include reflecting on their past actions, figuring out personal goals to achieve in the future, engaging in activities with family members in the home, and catching up with friends and relatives.

Some youth reported that the pandemic restrictions gave them time to engage in tasks and activities for which they were previously too busy. These include reflecting on their past actions, figuring out personal goals to achieve in the future, engaging in activities with family members in the home, and catching up with friends and relatives. Some respondents reported making connections that would not otherwise have happened if not for the pandemic.

**“I have connected with people that I would never in a million years think about talking to. Also, me and my family have gotten to grow closer to each other.”**

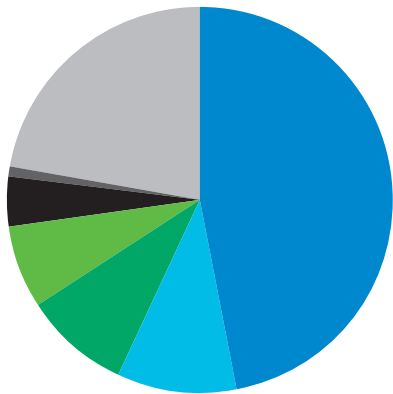
However, there were some youth who could not cope or lacked knowledge of the resources available to help them cope. It is important to note that some young people tried different ways of coping but found that nothing seemed to work. The stress they were experiencing would overwhelm them no matter what they did to remain hopeful.

**“I’ve tried taking breaks, doing light workouts, talking with friends. But at the end of the day, the work is still there and everything I’ve tried goes down the drain. Sadly stress is constant.”**

Our findings suggest that young people often experience stressful situations differently. This highlights the importance of better directing youth to a range of existing resources in their communities based on their unique needs. Another concern is the limited supports provided directly by schools. There is an urgent need for schools to play a key role in sharing relevant coping resources and fostering safe virtual platforms for students to actively participate with their classmates. Most of the youth surveyed indicated experiencing loneliness and a sense of isolation. School-based coping resources and virtual platforms can be especially beneficial for youth with few friends or who lack supportive family members at home.

#### **How are youth staying connected with others?**

The survey indicates youth are using various communication methods to stay connected with their family and friends during the pandemic. Figure 5 (below) shows that some young people used specific forms of technology to communicate: home phone or cellphone to call and text (9%); virtual platforms including Facetime, Skype, Zoom, Google Meets, Google Hangouts and several other resources (7%); popular social media platforms such as Facebook, Instagram, Snapchat and Tik-Tok (4%); and one respondent indicated using virtual meetups organized by their school (1%). Almost half (47%) of respondents used two or more of these methods to communicate with others. However, there were also some youth who reported having little to no communication with others, either through a virtual platform or other methods (10%). Technological barriers, such as limited access to devices or data coverage, were key factors in limiting this groups’ electronic communication. A relatively high number of respondents (22%) did not disclose the communication methods they used.



- Combination of two or more communication platforms - 47%
- Limited to no communications platforms used - 10%
- Home phone, cell phone - 9%
- Virtual platforms (facetime, skype, zoom, google meets, etc.) - 7%
- Social media platforms (facebook, instagram, snapchat, tik-tok) - 4%
- Specific platforms implemented by schools - 1%
- Unknown/other - 22%

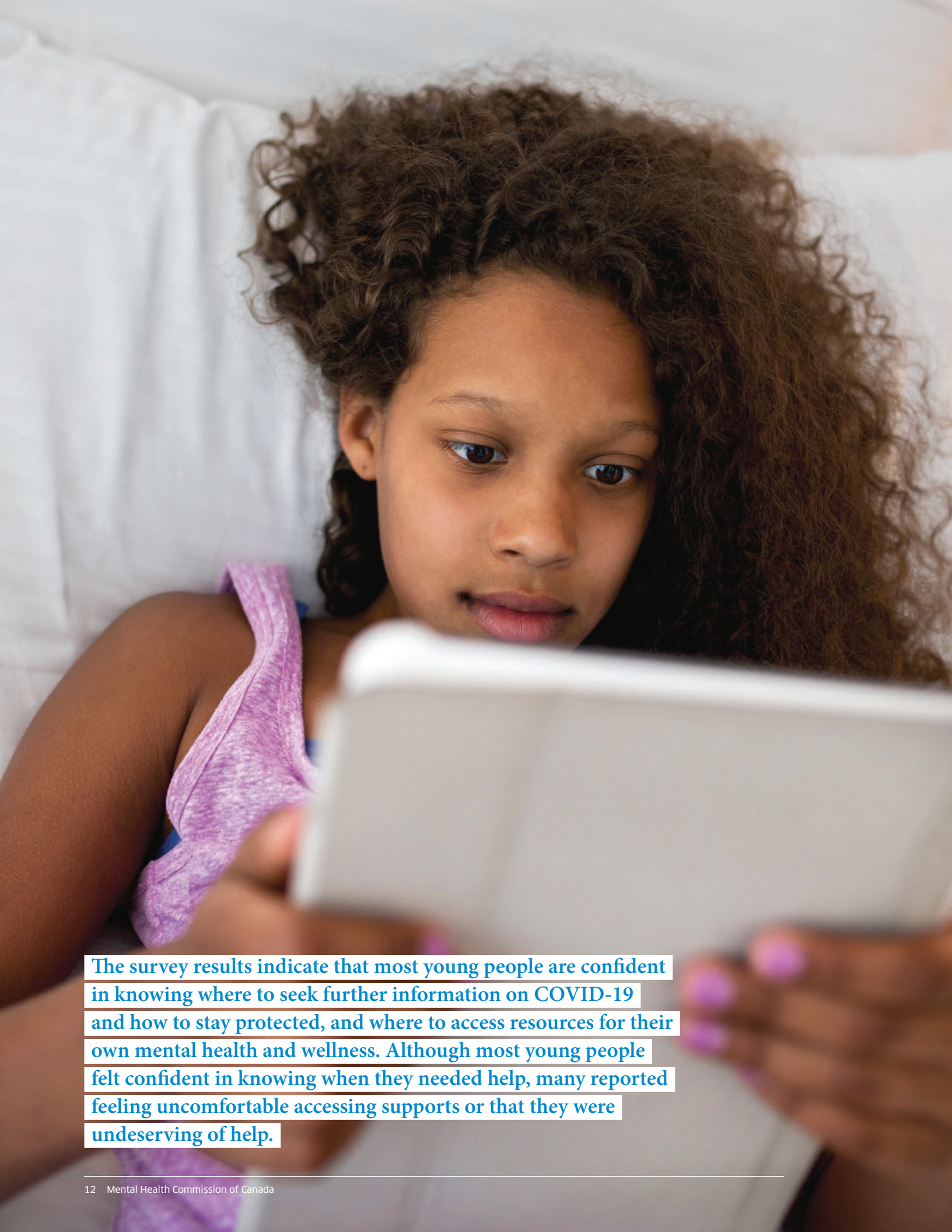
Figure 5: Types of communication methods used by youth (% of respondents)

The use of various communication methods highlights the resiliency of young people and their desire to keep their loved ones close despite the barriers that they face due to physical distancing measures. According to literature, there is a widespread assumption that young people's familiarity with technology generally makes them feel comfortable using online platforms to connect with others.<sup>11</sup> However, our survey results suggest this is not the case for many young people. Many respondents reported feeling distressed despite using many different online platforms to stay engaged. As new virtual platforms become available, many people assume that anyone who wants to use them can easily do so, but this is not always the case. There is a growing digital divide between more privileged youth and

marginalized youth who do not have access to devices and data plans in order to use virtual platforms. Some youth are left in unsafe environments where a lack of access to technology not only prevents them from connecting with others virtually but can also hinder them from becoming aware of the various mental health supports available to them in their communities. These findings highlight the importance of mitigating the digital divide by increasing marginalized young people's access to virtual platforms. Specially, attention should be paid to youth living in remote communities and to providing visible minority groups with culturally sensitive programming.

**“I’ve tried my best, but it becomes very hard because there’s just no way to feel truly connected and I feel like my relationships are wasting away.”**

Privacy is also a matter of concern for youths using online platforms to keep in touch with loved ones, especially those under 18 years of age. There is a need to identify guidelines that parents can use to ensure that their children can access these resources and be protected from online bullying, violence, scams and data breach concerns.



**The survey results indicate that most young people are confident in knowing where to seek further information on COVID-19 and how to stay protected, and where to access resources for their own mental health and wellness. Although most young people felt confident in knowing when they needed help, many reported feeling uncomfortable accessing supports or that they were undeserving of help.**

### How are youth getting help?

As shown in Figure 6, youth are using various resources to stay informed about COVID-19, including news about the virus itself but also safety measures to stay protected. They mostly sought help from online resources (53%), followed by family (25%), friends (4%) and school (3%). Young people also turned to a range “other” means (15%) to inform themselves.

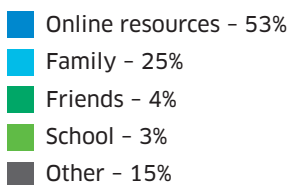
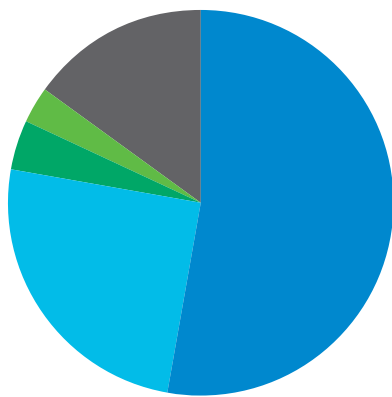


Figure 6: Help-seeking resources used by youth (% of respondents)

Overall, respondents indicated that they knew where to get help if needed (80%), including resources for their mental health concerns, while 17% reported not knowing where to turn for help and 4% were unsure or had blank responses.

The survey results indicate that most young people are confident in knowing where to seek further information on COVID-19 and how to stay protected, and where to access resources for their own mental health and wellness. Although most young people felt confident in knowing when they needed help, many reported feeling uncomfortable accessing supports or that they were undeserving of help.

**“I know where to get help, but actually feeling comfortable to reach out for it is another issue entirely.”**

This may be the result of stigma associated with mental health concerns and a lack of support from family members or schools to encourage and empower youth to seek help without fear of judgement by others. Also, some youth felt that there was no point in finding help because it would only be a Band-Aid solution that wouldn't address the underlying causes of their mental health challenges. Some respondents indicated that they previously sought supports for their mental health but are still not getting the help they need. *The platforms used youth to seek to help should also be used by relevant stakeholders and youth allies to disseminate youth-centred resources on mental health.*

# Recommendations for Programming and Policy

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## 1. Incorporate a “whole school approach” to promote youth engagement in schools to improve emotional well-being and learning outcomes.

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As schools re-open, students have the option to attend in-person or virtual classes. However, in-person extracurricular activities, such as sports, games and social events, will not be happening in the same capacity as previous years. Students who attend in-person classes will still engage with their teachers and classmates, and this can help reduce feelings of isolation and loneliness. However, those attending classes virtually are placed in a difficult situation in which engagement with their classmates is more limited; this could potentially lead to mental health concerns if other supports are not provided for these students.

Therefore, to ensure no one is left behind, schools should use creative methods to keep students engaged in in-person settings and virtual methods for those attending online. Schools have implemented various strategies to foster safe and fun virtual spaces for all students. For example, teachers have taken on the role of allocating and monitoring informal virtual meetings for different cohorts so that students can stay connected. Other creative ideas that schools can implement to support youth mental health and engagement include the following resources provided through Kids Help Phone and other organizations. <sup>7, 12</sup>

“Please just try to keep posting positive things or more coping strategies because it’s honestly hard to even talk about how we’re feeling. Even if we do reach out and talk to someone, no one’s ever gone through this before, so it’s pretty hard to describe our problems.”

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## 2. Build capacity for schools to identify youth at risk of mental health challenges.

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The school environment provides opportunities for teachers and administrators to make contact with students, intervene when needed, and to recognize and address barriers to learning and healthy development. However, youth who are at-risk for mental health concerns are often unwilling to ask for help. Thus, *school personnel can play a critical role in actively screening, identifying and referring at-risk youth to appropriate community-based services.* Public health nurses are particularly well situated to understand the culture of their respective schools and can use their knowledge to foster mental health promotion among students and draw attention to available community supports.

However, while school personnel can contribute to the provision of targeted interventions, training on how to effectively assess for at-risk youth and the use of standardized school policy that guides referrals to community-based intervention is not readily available in most



schools in Canada. After nationwide school closures due to COVID-19, some Canadian schools started providing school-based virtual mental health services without having standardized guidelines in place. Given the increased mental health distress experienced by some youths during the pandemic, there is likely to be an ongoing need for virtual mental illness risk assessment protocols, hence guidance on e-delivery is urgently needed for the well-being of young people in the long term.

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### **3. Encourage parents to foster supportive home environments.**

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Parents can create a home environment that facilitates their children's healthy development during the pandemic. For students learning online, parents can help establish a daily routine for their children that factors in age-appropriate education programmes to help supplement course content while also incorporating time for leisure activities. It is best that parents and their children come up with these plans together to help create a sense of stability, because those learning online may face limited interactions with their classmates and teachers. It is also recommended that parents encourage their children to ask questions and express their feelings when they are comfortable to do so rather than forcing them. Some youth may have different reactions to stress or be unaware of how to cope, so it is crucial that parents remain patient, understanding and supportive. Parents should acknowledge their child's feelings and assure them that it's natural to feel scared, especially during the pandemic when the situation is constantly changing.

Also, parents should play a key role in monitoring their children's use of digital platforms. Although virtual supports can allow youth to keep learning and stay connected, increased online access brings heightened

risks for children's safety, protection and privacy. It is important that parents have discussions with their children about what they need to know when using the Internet and what appropriate behaviour looks like on virtual platforms.

Additionally, parents can foster a greater sense of community online through active collaborations between parents and staff. Doing so could equip parents with the skills and leadership to support the development of positive attitudes and behaviors among their children and build healthy home and school environments. For example, having consistent check-ins with their children's teachers online can help ensure that students are properly learning the course content and to identify and address any challenges in a timely manner. Another recommendation is to give parents opportunities to be involved in developing or reviewing current school policies supporting youth mental health during the pandemic and to offer feedback.

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### **4. Strengthen community partnerships and system-level data collection to address COVID-19 impacts and barriers for marginalized youth.**

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Marginalized groups are systematically prevented from accessing resources that are normally available to the general population, and these resources are critical in enabling them to reach their full potential and become contributing members of society. The impacts of marginalization are exacerbated for youth who are at high risk of poverty, homelessness, social isolation, violence, racism, discrimination, mental health challenges, and/or stigma. The fragmentation of the efficient allocation of resources along with discrimination against marginalized youth within existing institutions contribute to poor development outcomes for

these populations. Transformative change at a systems' level is required to more appropriately meet the needs of marginalized young people through new and ongoing partnerships of community organizations with various levels of government. For instance, there have been recent partnerships with community organizations, governmental leaders and technology-based companies to expand data coverage and provide devices to people in low-income neighbourhoods in the City of Toronto.<sup>13</sup>

Also, these system-level partnerships require that disaggregated sociodemographic data on marginalization be collected, analyzed, and disseminated to better understand the public health impacts facing specific groups. For instance, access to this data is critical in order to develop evidence-based policy decisions and interventions at the government level while ensuring that public resources are allocated in most the strategic way possible. Some Ontario municipalities have started collecting race and other sociodemographic data for those infected with COVID-19, including marginalized youth populations.

Currently, there is no collection of nationwide and standardized data on sociodemographic factors relating to health, nor does legislation that directs governments to collect this data<sup>14</sup> The collection of this information by government, agencies or community organizations is at their discretion. There are unequal concentrations of cases (infections and fatalities) and mental health challenges amongst marginalized populations. The evidence also suggests that there is an urgent need to implement appropriate sociodemographic data collection guidelines across all sectors involved in youth well-being in Canada.

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## **5. Expand community funding and supports to enhance social networks for youth.**

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There are various funding opportunities provided by different levels of government for projects that can improve access to mental health care supports and services for youth in Canada. However, more can be done by using existing community resources to better target the mental health needs of diverse youth and how best to get this information to them in a timely manner. Also, this highlights the important association between social connectedness and healthy development for young people. For instance, community centres in Hamilton have donated bicycles to youth from low-income households so that they can be physically active while adhering to public health safety guidelines.<sup>15</sup> Other places, including libraries, community halls, youth centres, churches, community colleges, and recreational facilities, could expand their Wi-Fi coverage and monitor group size to ensure physical safety of youth in the space.

Initiatives such as the ones outlined above allow youth who are feeling isolated and lonely to connect with their friends and other community members in a meaningful way, while learning how to promote psychosocial well-being and resilience. Also, it is crucial to identify community resources that are currently available and address the types of services that are lacking, including access to culturally appropriate supports for racialized youth. In addition to mental health resources, there is also a need for continued funding to provide measures to protect against COVID-19, including cleaning supplies and personal protective equipment for youth using these services in their communities.



**Community centres in Hamilton have donated bicycles to youth from low-income households so that they can be physically active while adhering to public health safety guidelines.**

## References

1. HEADSTRONG. (n.d.). Retrieved from <https://www.mentalhealthcommission.ca/English/resources/training/headstrong>
2. Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., ... & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), 779–788.
3. Courtney, D., Watson, P., Battaglia, M., Mulsant, B. H., & Szatmari, P. (2020). COVID-19 impacts on child and youth anxiety and depression: challenges and opportunities. *The Canadian Journal of Psychiatry*, 65(10), 688–691. <https://doi.org/10.1177/0706743720935646>
4. Findlay, L., & Arim, R. (2020). *Canadians report lower self-perceived mental health during the COVID-19 pandemic*. Minister of Industry. <https://www150.statcan.gc.ca/n1/en/pub/45-28-0001/2020001/article/00003-eng.pdf?st=sC11mm16>
5. Statistics Canada (2020). *Canadians' mental health during the COVID-19 pandemic*. Minister of Industry. <https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2020039-eng.pdf?st=mOOSUZkG>
6. Children's Mental Health Ontario (2020). Potential impacts of COVID-19 on child and youth mental health: Considerations for service planning during and post-pandemic. [https://www.cymh.ca/en/projects/resources/covid-19/covid-19\\_pandemic\\_impacts\\_on\\_child\\_and\\_youth\\_mental\\_health.pdf](https://www.cymh.ca/en/projects/resources/covid-19/covid-19_pandemic_impacts_on_child_and_youth_mental_health.pdf)
7. United Nations for Youth (n.d.). *Protecting and mobilizing youth in COVID-19 responses*. Retrieved September 12, 2020, from <https://www.un.org/development/desa/youth/news/2020/05/covid-19/>
8. Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14, 1–11.
9. Morganstein, J. C., Fullerton, C. S., Ursano, R. J., Donato, D., & Holloway, H. C. (2017). Pandemics: Health care emergencies. In Ursano, R., Fullerton, C., Weisaeth, L., & Raphael, B. (Eds.). *Textbook of Disaster Psychiatry*. (2nd ed.) (pp. 270–283). Cambridge University Press.
10. Association for Canadian Studies. (2020, May 21). *Social impacts of COVID-19 on Canadian youth*. <https://acs-aec.ca/wp-content/uploads/2020/05/Youth-Survey-Highlights-May-21-2020.pdf>
11. Hynan, A., Murray, J., & Goldbart, J. (2014). “Happy and excited”: Perceptions of using digital technology and social media by young people who use augmentative and alternative communication. *Child Language Teaching and Therapy*, 30(2), 175–186.

12. Reimers, F., Schleicher, A., Saavedra, J., & Tuominen, S. (2020). *Supporting the continuation of teaching and learning during the COVID-19 Pandemic: Annotated resources for online learning*. OECD. <http://www.oecd.org/education/Supporting-the-continuation-of-teaching-and-learning-during-the-COVID-19-pandemic.pdf>
13. City of Toronto. (2020, May 04). *City of Toronto and partners help connect vulnerable populations with internet access during COVID-19 pandemic*. Retrieved September 11, 2020, from <https://www.toronto.ca/news/city-of-toronto-and-partners-help-connect-vulnerable-populations-with-internet-access-during-covid-19-pandemic/>
14. McKenzie, K. (2020, July 07). *Briefing to Standing Committee on Health: Canada's COVID-19 response*. Retrieved from <https://www.wellesleyinstitute.com/wp-content/uploads/2020/07/Briefing-to-Standing-Committee-on-Health-for-Wellesley-Website-1.pdf>
15. Craggs, S. (2020, June 01). *After outpouring of donations, Hamilton's bike share system gets new council support*. CBC News. Retrieved from <https://www.cbc.ca/news/canada/hamilton/sobi-1.5593156>
16. Arim, R., Findlay, L., & Kohen, D. (2020). *The health and behavioural impacts of COVID19 on youth: Results from the Canadian Perspectives Survey Series 1*. Minister of Industry. <https://www150.statcan.gc.ca/n1/en/pub/45-28-0001/2020001/article/00020-eng.pdf?st=dazt72u5>

### **Additional Research and Data on Mental Health Impacts of COVID-19 on Youth in Canada**

Nanos Research (2020). *COVID-19 and increased alcohol consumption: NANOS poll summary report*. Retrieved from <https://www.ccsa.ca/covid-19-and-increased-alcoholconsumption-nanos-poll-summary-report>

Ayer, S. (2020, April 30). *COVID-19 and the repercussions for mental health in Toronto*. Toronto Foundation. Retrieved from <https://torontofoundation.ca/wp-content/uploads/2020/04/TF-Better-Toronto-Coalition-Brief3-v01-2.pdf>

# Appendix

Table 1: Mental Health Impacts of COVID-19 on Youth in Canada

Organization	Description	Findings
<p><b>Statistics Canada</b></p>	<p>A survey was conducted with more than 4,600 people across 10 provinces between March 29 and April 3, in which 22% of the respondents were youth aged 15 to 30 years old. This survey focused on the major concerns expressed by Canadian youth regarding the impact of COVID-19 and the types of activities they engaged in for improving their mental or physical health.</p>	<ul style="list-style-type: none"> <li>• Young people reported engaging in healthy activities throughout the pandemic.</li> <li>• About 90% communicated with friends and family, over 66% exercised indoors and 62% exercised outdoors.</li> <li>• Youth who identified as female were more likely than those who identified as male to communicate with their friends and family (97% vs. 90%) and to exercise indoors (73% vs. 59%).</li> </ul>
<p><b>Centre for Addictions and Mental Health (CAMH)</b></p>	<p>A survey was conducted with 622 young people aged 14 to 27 years between April 10 and 24, 2020 to better understand how the COVID-19 pandemic has impacted their mental health.</p>	<ul style="list-style-type: none"> <li>• ~50% of respondents had previously sought mental health services while the other half had not sought mental health supports. Both groups reported experiencing mental health challenges (including depression and anxiety) during the pandemic, but rates were higher for those with existing mental health challenges.</li> <li>• 68% of those who had previously sought mental health supports indicated mental health challenges during the pandemic compared to 40% of those who had not previously sought mental health support.</li> <li>• 18% of all respondents reported having suicidal thoughts in the beginning stages of the pandemic.</li> <li>• Half of respondents with pre-existing mental health challenges reported disruptions in access to mental health services and supports during the pandemic.</li> <li>• Both groups reported improved self-reflection and self-care throughout the pandemic such as spending more time with family, reduced reported substance use, less stress from work and school, and more time to engage in hobbies and relaxation activities.</li> </ul>

Organization	Description	Findings
<b>Association for Canadian Studies in partnership with Experiences Canada and Vanier Institute of the Family</b>	<p>A survey was conducted with 1,191 young people aged 12 to 17 years between April 29 to May 5, 2020. Respondents were asked about their experiences, attitudes and behaviours during the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> <li>• Youth who identified as female were more likely than youth who identified as male to report feeling sad often or sometimes during the pandemic (72% compared to 55%).</li> <li>• Respondents aged 15 to 17 years showed higher levels of pandemic-related sadness with 72% reporting sadness often or sometimes compared to 59% among those aged 12 to 14-years.</li> <li>• ~ 90% of 12- to 14-year-olds and 84% of 15- to 17-year-olds reported being happy often or sometimes during the pandemic</li> <li>• 83% of youth aged 12-14 years and 75% of youth aged 15-17 years indicated having more meaningful conversations throughout the pandemic.</li> </ul>
<b>Children's Hospital of Eastern Ontario Research Institute</b>	<p>The study consists of two online surveys: a survey for young people aged 12-25 years old and a survey for parents or caregivers with children aged 4-25 years old. The researchers are interested in knowing how young people and their families feel about the pandemic, how they are coping, what types of mental health services or supports they are currently accessing and which services or supports they would like to access in the future.</p>	<ul style="list-style-type: none"> <li>• Most young people reported a deterioration in their mental health during the pandemic and the need for increased for services in the coming months.</li> <li>• Risk factors for young people who are more likely to need services include those who are older, female, have less family income, live in a northern community, and are currently getting help for a mental health concern.</li> <li>• Over 90% of respondents, including those who reported not having a mental health diagnosis or concern, were interested in future support or services.</li> <li>• Young people already getting help for a mental health concern or who reported worse mental health since the pandemic began indicated a greater preference for seeing a doctor or counsellor (either virtually or in person).</li> <li>• Young people who reported that their mental health was the same or better since COVID-19 preferred online self-help supports/information and wellness tools.</li> </ul>

Organization	Description	Findings
<b>Statistics Canada</b>	A survey was conducted with more than 4,600 people across 10 provinces between March 29 and April 3, in which 22% of the respondents were youth aged 15 to 30 years old. This survey focused on the major concerns expressed by Canadian youth regarding the impact of COVID-19 and the types of activities they engaged in for improving their mental or physical health.	<ul style="list-style-type: none"> <li>• Young people reported engaging in healthy activities throughout the pandemic.</li> <li>• About 90% communicated with friends and family, over 66% exercised indoors and 62% exercised outdoors.</li> <li>• Youth who identified as female were more likely than those who identified as male to communicate with their friends and family (97% vs. 90%) and to exercise indoors (73% vs. 59%).</li> </ul>
<b>Association for Canadian Studies in partnership with Douglas Foundation and Leger</b>	A survey was conducted with 1,526 Canadians aged 18 years and older in early May 2020 by a group of researchers. They examined depressive symptoms during the COVID-19 pandemic using an 8-item adapted version of the Patient Health Questionnaire [PHQ-8].	<ul style="list-style-type: none"> <li>• 42% of young adults aged 18 to 24 years experienced moderate to severe depressive symptoms and represented the age group with the highest levels of both moderate-severe and mild depression (34%).</li> <li>• This age group scored the highest levels of moderate to severe and mild depression in the 2015-2016 Canadian Community Health Survey, but rates were much lower in 2015-16 as compared to 2020 (11.3% and 19.9%, respectively).</li> </ul>
<b>Nanos Research (commissioned by the Canadian Centre on Substance Use and Addiction – CCSA)</b>	Nanos conducted a hybrid telephone and online random survey of 1,036 Canadians aged 18 years or older between March 30 to April 2, 2020. The participants were randomly recruited by telephone using live agents and completed a survey online.	<ul style="list-style-type: none"> <li>• Results indicated that 21% of adults aged 18-34 years have started drinking more at home since the start of the pandemic compared to 25% of those aged 35-54 years and 10% of those aged 55 years and older.</li> <li>• The reasons for increased alcohol consumption for young people (18-34 years) were mainly due to boredom (58.3%), lack of regular schedule (56.6%), stress (31.9%), and loneliness (20.8%). Similar trends for increased cannabis use among young people aged 18-34 years were also reported.</li> </ul>



Organization	Description	Findings
<p><b>Kids Help Phone</b></p>	<p>Kids Help Phone has implemented various data collection methods during the pandemic to assess the impact of its services on youth, while highlighting key concerns and barriers faced by young people.</p>	<ul style="list-style-type: none"> <li>• Kids Help Phone reported a 350% increase in service requests just weeks after the onset of the pandemic.</li> <li>• Kids Help Phone in Ontario reported increased concerns in the following topic areas: isolation (59%), anxiety or stress (54%), gender or sexual identity (50%), eating or body image (45%), substance abuse (40%), grief (36%), relationships (31%), emotional abuse (24%), sexual abuse (23%), self-harming (17%), depression (15%), physical abuse (15%), and suicide (2%).</li> </ul> <p>*Please note that this data reflects the total increase during March 12–April 21, 2020 from their texting platform and does not include any other contact platforms.</p> <ul style="list-style-type: none"> <li>• Although the number of acute calls has increased, the percentage of calls that were severe were similar to previous years. Thus, the absolute number of children who are in immediate danger has increased as has demand for referrals to child welfare.</li> <li>• 76% of youth who reached out indicated that they would not have reached out to anyone else, while 84% felt better after their conversation. These findings speak to the importance of these services provided by Kids Help Phone in supporting the mental health of children/youth.</li> </ul>

Table 2: Different Challenges Faced by Respondents

Key Themes	Description	# of Respondents	% of Respondents
<b>Physical Isolation/Loneliness</b>	This includes respondents who felt physically isolated/lonely due to not seeing their family/friends; whom are stuck at home with the same people and having nothing to do or not being able to do other outdoor activities; whom are not able to access other services.	66	48.2%
<b>School</b>	This includes respondents who are having challenges with distant learning, such as not having enough support from teachers to ask questions/help with homework; challenges with homeschooling (learning either by oneself or other family member); being given a heavier course load than usual; not being able to attend certain classes and engage with others in the classroom; and/or not being able to attend school events such as prom and graduation with friends one last time before leaving to university/college in Fall 2020.	45	32.8%
<b>Mental Health/Other Health Concerns</b>	This includes respondents who are dealing with new or existing mental health/other health challenges, such as not being able to physically attend therapy and/or concerns regarding coping with their condition due to other challenges at home.	13	9.5%
<b>Employment</b>	This includes respondents who have been out of work due to COVID-19 (job opportunity was cancelled/halted).	2	1.5%
<b>Fears of Acquiring COVID-19 (for oneself or loved ones)</b>	This includes respondents who have fears that their family members/loved ones may acquire COVID-19 due to their employment as frontline workers or other reasons.	3	2.2%
<b>No Response/No Challenges Faced/Other</b>	This includes instances where respondents did not provide an answer, did not mention having any challenges, or their challenges did not fall into any of the above categories.	8	5.8%
<b>TOTAL</b>		<b>137</b>	<b>100%</b>

Table 3: Different Coping Methods Used by Respondents

Coping Methods	# of Respondents	% of Respondents
<b>Music/Playing Instrument/Arts</b>	10	7.3%
<b>Online/TV/Podcasts/Video Games</b>	6	4.4%
<b>Yoga/Meditation/Exercise/Walks/Resting</b>	28	20.4%
<b>Journaling/Writing/Reading/Drawing</b>	3	2.2%
<b>Family/Friends</b>	11	8.0%
<b>School Engagement</b>	3	2.2%
<b>Combination of two or more of the above coping methods used</b>	41	29.9%
<b>Not Stressed</b>	5	3.6%
<b>Undisclosed/Not Coping/Blanks/Other Category</b>	30	21.9%
<b>TOTAL</b>	<b>137</b>	<b>100%</b>

Table 4: Overall Coping Behaviour of Respondents

<b>Coping Ability</b>	<b># of Respondents</b>	<b>% of Respondents</b>
Yes	116	84.7%
No	9	6.6%
Not stressed (no coping needed)	5	3.6%
Unsure how to cope/have no coping method	6	4.4%
Unknown (Blanks)	1	0.7%
<b>TOTAL</b>	<b>137</b>	<b>100%</b>

Table 5: Communication Platforms used by Respondents

<b>Technology-based methods</b>		<b># of Respondents</b>	<b>% of Respondents</b>
<b>Social Media</b>	This includes respondents using only Facebook/Messenger, Instagram, Snapchat, and/or Tik-Tok.	6	4.4%
<b>Other Virtual Platforms</b>	This includes respondents using only Facetime, Skype, Zoom, Google Meets, Google Hangouts, email, House Party, Netflix Party, and/or Discord).	9	6.6%
<b>School</b>	This includes respondents staying connected through virtual meetups set up specifically through one's school.	1	0.7%
<b>Phone (Regular)</b>	This includes respondents using their home/cellphone to call and text others (without using apps/platforms).	12	8.8%
<b>Combination of two or more of the above methods</b>	This includes a combination of any of the above methods for staying connected with others (social media, other virtual platforms, regular phone, and platforms organized specifically by schools).	65	47.4%
<b>Limited to no communication platforms/methods used</b>	This includes respondents who had little to no contact with others using communication technologies. (whether through a platform or faced accessibility barriers to technology).	14	10.2%
<b>Undisclosed/Blanks/Other Communication Methods</b>	This includes respondents who did use a communication platform to stay connected but did not specify the name; also includes blanks and other communication platforms not mentioned in the above categories (Xbox, other video game platforms, etc.).	30	21.9%
<b>TOTAL</b>		<b>137</b>	<b>100%</b>

Table 6: Resources for COVID-19 Information Used by Respondents

Sources for seeking COVID-19 Information	# of Respondents	% of Respondents
Family	34	25%
Friends	6	4%
Online	73	53%
School	4	3%
Other	20	15%
<b>TOTAL</b>	<b>137</b>	<b>100%</b>

Table 7: Knowledge of Resources for Seeking Help Used by Respondents

Knowing where to get help if needed	# of Respondents	% of Respondents
Yes	110	80%
No	23	17%
Unsure/Blanks	4	3%
<b>TOTAL</b>	<b>137</b>	<b>100%</b>

Table 8: Respondent Feedback from HEADSTRONG COVID Youth Survey

<b>Best Experiences—What has been the best part of this experience for you?</b>
<p>“Improving my self-care habits such as eating well, getting 8 hours of sleep, and having more down time. It’s nice having time to stop and breathe.”</p> <hr/> <p>“I have connected with people that I would never in a million years think about talking to. Also, me and my family have gotten to grow closer to each other.”</p> <hr/> <p>“The best part of this experience for me is that I get more time to myself, to reflect on my life and all my past actions.”</p> <hr/> <p>“Having time to relax and not feel so rushed. I’ve realized how privileged I am to have food in my fridge, have a roof over my head and be able to be comfortable in my own home.”</p> <hr/> <p>“I feel like I’ve had lots of time to explore things I normally wouldn’t have made time for, doing more projects and reading and learning more.”</p>
<b>Challenges Faced—What has been the most challenging part of the COVID-19 experience for you?</b>
<p>“Learning at home on my own, not being to ask questions to my teachers directly. Missing friends &amp; family. I’m also really missing the school environment.”</p> <hr/> <p>“Not being able to do all of my schoolwork because of limited Internet and not being able to see friends and family.”</p> <hr/> <p>“Online schooling isn’t working well at all. It’s extremely challenging for people with learning disabilities.”</p> <hr/> <p>“As a senior in high school, it’s been really hard dealing with having these milestone events pushed back or completely taken away. Dealing with the loss of time from spending these next few months together with my friends has been really hard as many of them will be going hours away come the fall for school.”</p> <hr/> <p>“I would also like to share how challenging online school is for not only people who don’t have access to the Internet but for those who struggle to motivate themselves to do work. I’m finding it very hard to adjust to the new normal that coronavirus has caused us to have.”</p> <hr/> <p>“Staying at home and not seeing friends. Getting homeschooled by my mom. Hard to distinguish between personal time and school time.”</p> <hr/> <p>“Trying to balance my mental health and schoolwork and trying to learn subjects that are challenging.”</p> <hr/> <p>“Seeing sad stuff on the news and being quarantined with fighting family and anxiety issues.”</p>
<b>Coping Strategies—What are some things you have been doing to cope when you feel stressed?</b>
<p>“The one main piece of advice my friend told me was ‘try and continue doing the things you love’. So I am drawing, doing crafts, sitting in the sun, which has finally decided to show itself, while listening to music, and watching TV or social media.”</p> <hr/> <p>“I’ve been trying to stay indoors and just play some games with my friends that live a couple hours away, talking to them to get my mind off everything. It really does help and keeps me busy and focused.”</p> <hr/> <p>“Thanks to our amazing guidance counselor, I am continuing some coping methods she has taught me. Different breathing exercises and some mindfulness to cool me down in stressful or aggravating situations.”</p> <hr/> <p>“I’ve tried taking breaks, doing light workouts, talking with friends. But at the end of the day, the work is still there and everything I’ve tried goes down the drain. Sadly, stress is constant.”</p> <hr/> <p>“I talked to my friends, surround myself with love from my family, go for walks, and watch TV.”</p> <hr/> <p>“I honestly just try and distract myself, which is kinda making it worse. I’m just pushing my problems aside and they’re kinda building up because I have no outlet.”</p> <hr/> <p>“Please just try to keep posting positive things or more coping strategies because it’s honestly hard to even talk about how we’re feeling. Even if we do reach out and talk to someone, no one’s ever gone through this before, so it’s pretty hard to describe our problems.”</p>

### Communication Methods—How have you been keeping in touch with friends?

“I’ve tried my best, but it becomes very hard because there’s just no way to feel truly connected and I feel like my relationships are wasting away.”

“I do weekly check-ins with 3 of my classes. My youth group also uses Zoom so we can see everyone. I also have delivered treats to my friends and get to see their faces from a distance.”

“...I’m part of a few group chats, I’m doing a book study over Zoom, I text my best friend every day. My friends and I have a group chat of about a dozen people and we’re doing a spirit month right now where we dress up as something different each day to help pass the time and stay positive.”

### Help-Seeking Behaviours—Do you know where to get help if you need it?

“Yes, asking my teachers and brother for schoolwork. And for if things get too overwhelming, I contact education assistance for help and school councillor. Outside of school, no I don’t know.”

“I can call a help line (or 911 if it’s really bad) if I’m feeling like a danger to myself or others. I can contact teachers/councillors at my school, or phone my local clinic. I can talk to people I trust. There are also mental health apps I can download if it becomes a regular issue.”

“I know where to get help, but actually feeling comfortable to reach out for it is another issue entirely.”

“My school mental health club that provides many good resources and a number to text if we are feeling off.”

### Additional Quotes from the “Other Category”

“As I’m sure many teenage males can relate, when growing up it was generally frowned upon for guys to have any expressive emotions. When teenage boys reach out for help it is seen as ‘unmanly’ or ‘weak’. Personally, I have huge insecurities about my masculinity and how others look at me in terms of ‘manliness’ or ‘strength’. Due to these insecurities created by the messages put out to young boys about masculinity, I have a hard time opening up and will avoid opening up to people, keeping any harmful feelings about myself inside. If you really want to help us youth, or at least guys like me, you will fix and change the expectations of ‘manliness’ put on young boys. I believe that by doing this, more males in the future would be able to open up about their feelings, allowing them to get the help they need, unlike the teen males now due to it being seen as wrong.”

“The headstrong program is absolutely amazing! It has been a great outlet.”

## Acknowledgements

HEADSTRONG and the MHCC would like to thank the youth who took the time to share their experiences and the stakeholders who shared the survey with their networks. As well as to acknowledge the contributions of the following MHCC staff:

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Contact Headstrong to learn more about reducing stigma and encouraging youth to “Be Brave, Reach Out and Speak Up” in your community

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