

Youth and Mental Health: Quantitative and Qualitative Analyses of Youth Net/Réseau Ado Focus Groups

Executive Summary
Background

Youth Net/Réseau Ado (YN/RA) is a regional bilingual youth mental health promotion and mental illness prevention program developed as a result of the 1993 *Canadian Youth Mental Health and Illness Survey* (CYMHIS), sponsored by the Canadian Psychiatric Association. This survey indicated that mainstream Canadian youth are at a disturbingly high risk for mental health problems. It also indicated that youth are largely dissatisfied with existing mental health services and that they are most willing and comfortable interacting amongst themselves. Furthermore, previous research has revealed that death by suicide remains the second most common killer of youth in Canada, and that adolescence is the only age group where suicide is on the rise.

Youth Net/Réseau Ado strives to increase awareness and communication and decrease the negative stigma regarding mental health and illness issues, promote good mental health, facilitate early intervention for mental illness, develop plans for making the present mental health services more youth appropriate, and help youth develop connections with a safety net of professionals. A primary way in which YN/RA is achieving this is by listening to youth via focus groups, which provide an open forum for them to communicate their issues and opinions. We listen to the experts, the youth themselves. To date, YN/RA has organized 446 focus groups in Western Quebec and Eastern Ontario.

Focus groups are 1.5 hour sessions with generally 8 - 12 participants and are facilitated by two young people (aged 20 - 29). Facilitators receive training in group facilitation and in crisis intervention. These facilitators bring different educational backgrounds and life experience to the program (students from psychology, social work, former street-involved youth, youth group leaders, etc). All have a definite commitment to the well-being of youth. The team of facilitators is also made up of young women and men from diverse ethnic, cultural and linguistic backgrounds to reflect the heterogeneity of the youth population with whom they are working. Each focus group is structured around 5 main questions: (1) What is mental health? (2) What is mental illness? (3) What issues are important to you? (4) How do you deal with these issues (with prompts to discriminate between help involving and not involving others)? Who do you talk to when you have a problem? (5) How would you change the mental health system so that it better meets your needs?

From September 1995 to June 1998, 4624 youth (aged 12-20 years) participated in YN/RA focus groups. Fifty-one percent of the groups were held in English and 49% in French. Fifty-six percent of the participants were female and 44% were male. Eighty-four percent of the groups were held with youth in mainstream school programs and 16% were

held with youth in non-mainstream programs (including street youth, youth in alternative education programs, youth in care, young offenders in detention centers, gay, lesbian and bisexual youth, aboriginal youth, adolescent mothers). The present is a summary of the quantitative and qualitative information provided by youth in the focus groups.

Synopsis of Quantitative Findings

Youth who participated in YN/RA focus groups were asked to complete a brief questionnaire on their attitudes and behaviors as they related to mental health and illness. Many of these questions were similar to those used in the CYMHIS (1993). The following summary compares and contrasts the responses from both mainstream and non-mainstream YN/RA groups, with particular attention to gender differences.

Non-mainstream youth reported both more physical health (50.3% vs. 45.1%) and mental health (39.2% vs. 35.1 %) concerns relative to mainstream youth. Females reported significantly more physical health (53.0% vs. 37.3%) and mental health (41.7% vs. 28.2%) concerns than did males.

Overall, a great number of youth reported significant levels of stress (68.6% of non-mainstream youth and 62.5% of mainstream youth) and depressive feelings (48.6% of non-mainstream and 39.8% of mainstream youth). Looking at stress and depression data by gender, more females reported significant feelings of stress (71.9% vs. 52.7%) and depression (47.8% vs. 32.8%) than did males.

The high proportion of youth reporting having thought of suicide or having purposely attempted to kill themselves was particularly disturbing. Of mainstream youth, 25.4% reported having had suicidal thoughts at some time in their lives, with 9.8% having had such thoughts within the last three months. Nine percent of mainstream youth reported having made a past suicide attempt. In contrast, 38.9% of non-mainstream youth reported past suicidal thoughts, with 19.1 % of youth having had such thoughts recently. Twenty-three point eight percent of non-mainstream youth indicated that they had made a past suicide attempt. Females reported significantly more lifetime suicidal ideation (32.4% vs. 21.4%), recent ideation (13.6% vs. 8.4%), and suicidal behavior (14.4% vs. 7.6%) than did males. In spite of these elevated rates of suicidal ideation and attempts, 41.8% of mainstream youth and 37.2% of non-mainstream youth never disclosed these thoughts or feelings to anyone. Young men (49.7%) were much less likely than young women (36%) to have ever disclosed such thoughts or feelings to anyone.

There are many youth who, when faced with a mental health concern, will cope by keeping problems to themselves. Non-mainstream youth were more likely to report trying to cope on their own than were mainstream youth (43.7% vs. 33.4%). If youth approach anyone for help about their mental health concerns, they were most likely to talk to friends (32.3% non-mainstream and 47.5% mainstream). A minimal number of both non-mainstream (3.2%) and mainstream (1.1%) youth indicated that they would talk to a professional about such concerns.

Overall, the quantitative YN/RA findings suggest an even higher rate of distress than has been reported previously (e.g., CYMHIS, 1993). Gender differences remain striking across all aspects of mental health. Females reported more concerns for their mental health and more feelings of stress and depression than did males. They also had more suicidal ideation and behavior than males, and they sought out others to discuss their mental health concerns more often than males. There were also many differences between mainstream and non-mainstream youth in both their attitudes and behaviors relative to mental health and illness. This underscores the importance of considering the heterogeneity among youth and the need to consider a variety of solutions to better meet the mental health needs of youth.

Synopsis of Qualitative Findings

The following summary highlights the thoughts, opinions, and ideas of youth participants, as they communicated these to us through the focus groups.

"Mental health is like you're on a teeter-totter and someone can get off."

In their discussions on mental health, only a minority of youth (20%) defined this term in a positive manner. Such comments included an emphasis on effective coping strategies, positive mental states, and high self-esteem. The majority of youth defined mental health in either very negative (32%) or neutral (48%) terms. There appeared to be a limited framework for youth in their understanding of mental health.

"Mental illness means the inability to deal with school, work, parents."

Overall, youth's comments and discussions on mental illness could be grouped into four main areas:

negative emotional states, ineffective coping strategies, sicknesses, and/or specific mental disorders. The following mental disorders were most frequently discussed in focus groups: depression (45.0%) and eating disorders (25.0%). Not surprisingly, there were no (0%) positive definitions given for mental illness. Ninety percent of the comments relating to mental illness were negative, with the other 10% being more neutral.

Youth identified the following issues (stressors) as being important to them: parents (80.0%), drugs and alcohol (65.8%), money (64.2%), and peer issues (61.7%). When asked who they would turn to for help in coping with such stressors, the number one source of support identified by youth was friends (86%), with family (50%) coming in a distant second. Youth reported that they would not turn to the following sources for support: (1) psychologists and/or psychiatrists (43%), and (2) guidance counselors (26%). Clearly, the youth considered their friends as the most important resource for them when they need help coping. Friends were described as trustworthy and able to relate and youth reported feeling comfortable in approaching their friends when they have problems. In contrast, youth did not have a positive view of many professionals and did not want to use their services. Given the predominantly negative view of mental health professionals and services, youth were asked to suggest ways to change the system to better meet their needs.

"Professionals need to learn to shut up and listen and get to know a person, work through options, pros and cons, instead of telling you what to do."

Youth suggested that 24-hour accessibility to support is important. As well, trust and confidentiality when using such services was stressed. Youth mentioned a need for more community-based services and supports. However, youth suggested that the most important change needed in the mental health system is the encouragement of professionals to be more "youth friendly". When asked to explain what "youth friendly" meant to them, the following themes were identified: active listener (35.8% of respondents), understanding (32.3%), positive personality traits (i.e., sociable, dynamic, sense of humor, approachable, positive attitude, approachable) (28.8%), not judgmental (17.0%), helpful (14.6%), cool/like youth (i.e., closer in age to youth or at least youthful in their attitude) (12.4%), respect for confidentiality (11.0%). Youth suggested that professionals need to respect youth, refrain from judging youth, and learn to appreciate all that youth can offer society. Participants also emphasized the need to create a link between friends, who are valued coping resources but who do not always know how to help, and professionals, who are trained but not sought out by youth.

"Send professionals on 'field trips', 'youth immersion', see firsthand what is happening in the youth world, help them identify with the youth they've forgotten."

Updates and Future Directions:

YN/RA is continuing to offer focus groups throughout Eastern Ontario and Western Quebec. In addition to its focus groups, YN/RA also provides longer-term therapeutic support groups to youth having difficulties. These groups were initiated as a result of hearing from youth that they needed more practical supports delivered through a continuing group format where they could explore and discuss their life issues and stresses and problem solve together to find solutions. The goals for our youth support model are to: be flexible, youth-directed and empowering in our approach; build youth's capacity to cope with their life stressors; respect and promote youth-identified adaptive coping strategies; and provide a safety net community and professional resources.

Support groups are co-led by experienced facilitators, psychology graduate students, psychology interns, or psychiatry residents, under the supervision of a psychologist and psychiatrist. Two distinct models have been developed and are being implemented throughout the region. The "depression group model" targets those youth with significant depressive symptomatology. Both prior to the group and following the group, participants are assessed on an individual basis. During the group, participants meet weekly for a period of 12 weeks to discuss their lives and any problems they may be having, and to offer suggestions and support to one another. The "support group model" is more general in focus and does not include pre or post assessments. The length of the support group varies depending on the needs of the youth and the schedules involved in their setting.

In partnership with a variety of agencies serving youth, these community-based support groups have been provided to diverse groups of youth. This includes, youth suffering from depression, street youth, youth in alternative education programs, rural youth, and

chronically ill youth. The variety of youth reached by this service is ever widening with our model currently being adapted for young offenders in detention centers, and youth in care.

A participatory evaluation of Youth Net/Réseau Ado's therapeutic support groups was undertaken in 1998. The evaluation was designed to be participatory both through the involvement of the youth in the research design and in participating with their peers in the data collection. Facilitators, staff and community partners were all involved in each step. Results of the evaluation were very positive. Youth and community contacts indicated that YN/RA facilitators were effective at creating a safe, open environment that promoted trust, sharing and mutual support. Youth participants were able to discuss life issues and group problem solve with the support of facilitators. Our facilitators, who formed strong connections with youth participants, were able to serve as a bridge to the safety net of community and professional resources in the community.

From a traditional analytical perspective, the data collected may be viewed as "soft". However, it should be noted that a commitment was made at the onset to ensure equal participation of youth in the conceptualisation and implementation of the evaluation. In addition to the measurable outcomes of the pre-post assessments reflecting increases in self-esteem, reduction in depressive symptomatology and increases in self-perceived global functioning, the less quantifiable outcomes, as expressed by the youth, were central to our participatory evaluation. Both approaches suggested that our therapeutic support groups were an innovative, respectful, and effective way of meeting the mental health needs of many youth.

In addition to the focus and therapeutic groups offered, YN/RA also encourages youth to empower themselves by creating their own mental health promotion and mental illness prevention initiatives. Such initiatives have included a "Healthy Mind in Healthy Body Snow Boarding Project" and the creation of "Youth Fax" "Fax Ado". The later two are newsletters written by youth on a variety of mental health topics identified by youth. Each edition contains poetry, art-work and information written in "speak" on the topic at hand with identification of youth friendly resources that are available for those facing that challenge. YN/RA is available to facilitate the implementation of such youth-generated programs and offers facilitator training to youth so that youth can organize their own focus groups.

Through YN/RA, links are being established between youth and mental health professionals, using a youth friendly and community-based program. YN/RA is trying to educate youth about mental health and illness, and at the same time educate professionals on the flexibility and sensitivity required to better serve youth. YN/RA is now facilitating the development of satellite programs in communities across the country. The goal is for communities to benefit from the lessons learned at YN/RA while adapting our approach and tools to meet the needs of youth in their community.

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