SFU MORRIS J. WOSK CENTRE FOR DIALOGUE

COMMUNITY DIALOGUE ON YOUTH MENTAL HEALTH

Summary What We Heard Report

Context

Dateandtime: May 7, 2021, 3:30-6:00PM; Zoom

Between October 2020 and May 2021, 12 youth from Richmond, British Columbia, have collaborated on a weekly basis in the Agenda Gap program. The Agenda Gap program, which is led by a research team at the University of British Columbia and funded by the Public Health Agency of Canada, seeks to equip youth to identify the everyday conditions that impact mental health in their communities and among their peers and to take action through policy advocacy. On May 7th, 2021, National Child and Youth Mental Health Day, the Richmond Agenda Gap youth cohort convened a group of community stakeholders and allies for an online dialogue they co-designed on youth mental health. The focus of the dialogue was to co-create actionable ideas that would promote more intergenerational dialogue and literacy on youth mental health. This community dialogue brought together community stakeholders and allies in the areas of education, and mental health. This dialogue was co-designed by the Agenda Gap cohort and the SFU Morris J. Wosk Centre for Dialogue (Centre for Dialogue). Prior to this community dialogue, the Centre for Dialogue hosted three tailored workshops to introduce the cohort to the practice of 'dialogue' and facilitation, as well as to support the preparation of the community dialogue.

This 'What We Heard Report' was prepared by SFU's Morris J. Wosk Centre for Dialogue to provide an overview of participant input and discussions at workshop. By documenting the views and ideas of session participants, it is hoped that it will support future collaborative action.

Participant breakdown

Total attendees: 28(includes staff, Agenda Gap cohort members, community stakeholders and allies)
Total participants: 20 (includes Agenda Gap cohort members, community stakeholders and allies)
Number of staff: 3SFU staff, 2 UBC researchers, 3 UBC Agenda Gap facilitators

Agenda and format

Thecommunitydialogue wasstructured in the following way:

- Opening remarks and territorial acknowledgements (led by Julia Guo, Agenda Gap cohort)
- Opening round and introductions in randomized small groups of 4
    - o Introductions in small groups: Name, Organization/School, grade (if applicable)
    - o Respond to one of the following prompts:

        What supported your mental health in your community when you were a high school student?

        or

As a high school student, what currently supports your mental health in your community?

- Presentation (Agenda Gap Richmond cohort)
    - Presentation included: introduction to Agenda Gap and cohort's objectives, summary of cohort activities, brief explanation of the mental health promotion approach, and series of virtual skits to share stories of youth experiences with mental health (https://youtu.be/-nBSY0STgR4)
- Small group dialogue: A vision for intergenerational dialogue on youth mental health

3 breakout groups, each with approximately equal number of students and community stakeholders and a designated facilitator and notetaker.

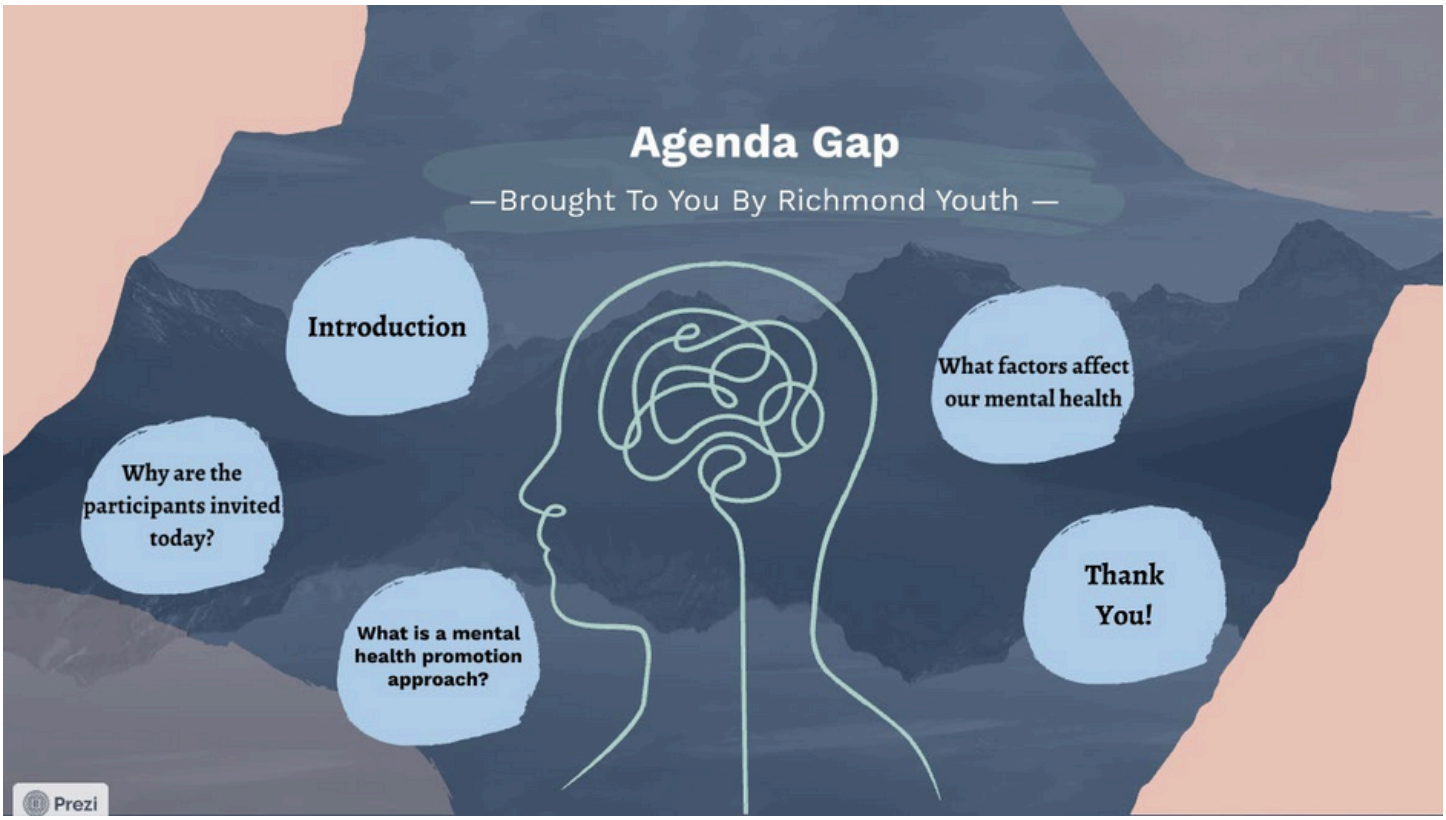
- Round of introductions
- What is your vision for intergenerational dialogue on youth mental health?
- What could this look like in 5 years?
- What kinds of conversation would we be having?
- What does it feel like?

- Plenary report back
- 10-minute break
- Small group dialogue: How can we promote better intergenerational dialogue about youth mental health?

Same breakout groups. Participants used Google Jamboard as a visual tool to support group brainstorming and pitch selection (in the next segment).

- How can we promote betterintergenerational dialogue about youth mental health? As a group, brainstorm different strategies, approaches and ideas to realize this vision – to destigmatize and to center mental health promotion. Be specific and creative. Try to build upon each other's ideas! (Approximately 20 minutes)
- Select an idea, identify a volunteer and together create a short 3-minute pitch.
    - What specific issue are you trying to address?
    - What is the idea/action?
    - Why is this an exciting idea for the group?
    - Who needs to be involved?
    - What are some preliminary next steps?

- Group idea pitches
- Closing round and closing remarks
    - Closing round prompt: Drawing from today's presentation and dialogue, what is one commitment you are prepared to make? What is one key reflection?
    - Closing remarks from an Agenda Gap cohort member
    - Exit survey circulated by UBC team



Above: Screenshot of the presentation made by Agenda Gap Richmond cohort

What is your vision for intergenerational dialogue on youth mental health?

Belowis asummaryofthe responsestothe question "What is yourvisionforintergenerational dialogue on youth mental health?" across the three breakout groups. *Notethattheorderingofthe points doesnot indicate importance or frequency of each theme.*

- To have more dialogue about mental health amongst children, youth and adults of all ages.
- To have no shame or stigma about talking about mental health.
    - o The conversation is open and understanding, rather than defensive and argumentative.
    - o Seeing a counsellor is normal and comfortable.
    - o There is an emphasis on working proactively, preventing mental illness and promoting mental wellness.
- To have many avenues/outlets/channels to discuss mental health. Resources are widely available, accessible and presented frequently.
- To have more physical gathering spaces to bring communities together.

- To have student success defined not only by how well a student does academically, but also by their mental wellbeing.
- To have every sector and community better connected and integrated to support mental wellbeing. It is not designated and restricted to one part of society, nor it is a one-off conversation.
- To have mental health promotion integrated within the education system, starting in elementary school.
- To have educators who are active in promoting mindfulness and wellness.
- To have all teachers are equipped to have conversations about mental health with students.
- To have everyone value good mental health. There is no need to convince someone that discussing mental health is important and normal.
- To have recognition that "Expertise" in mental health includes lived experience.
- To have youth and students meaningfully involved in decision-making processes. This inclusion is not tokenistic nor performative.
    - o Services are co-created with those with lived experience. For example, advisory or advocacy councils meaningfully include youth in the development of services, policies and programs.
    - o Adults, parents and guardians have more widespread opportunities to hear youth perspectives. Adults have ongoing opportunities to learn about youth mental health.
    - o Increased opportunities for youth leadership. Youth are not just needing to be taught or managed, they need to lead.
- To have particular spaces with cultures that tend to stigmatize conversations about mental health, become open, safe and healthy contexts for mental health conversations.

How can we promote better intergenerational dialogue about youth mental health?

Belowis asummary oftheresponses to thequestion"Howcanwepromotebetterintergenerational dialogue about youth mental health?" across the three breakoutgroups. *Note that the ordering of the points does not indicate importance or frequency of each theme.*

- Create more opportunities for young people and stakeholders to meet.
    - o E.g. creating a school/district youth mental health advisory group.
    - o Convening more youth-led conversations with stakeholders and community allies.
- Raise awareness and bring attention to educational resources on mental health in schools in an ongoing way.
    - o Weave mental health education through all educational levels (i.e., grades), it should not be a one-off topic
    - o Incorporate Social and Emotional Learning (SEL) into all aspects of school.
    - o Normalize conversations about mental health.

- o Combat the myth that mental health and mental illness are the same concept.
- o Use a variety of strategies to build awareness

  billboard campaigns

  video series of personal testimonials that profile parents talking about their learnings about mental health through conversations with their children. This series could be shared virtually to maximize engagement and reach. Parents might be more likely to listen to their peers (other parents).

  An arts-based workshop to express and explore what mental health means to you and others.

- Convene more youth-led dialogues on youth mental health with a wider audience (parents, guardians, families, nurses, counsellors, social workers, senior school staff, trustees, decision makers). Examples could include:
  - o Widening the audience of the Agenda Gap cohort presentation (e.g. school district, health authorities, etc.).
  - o Inviting parents, guardians and families into community-wide conversations about mental health to raise awareness and combat stigma. Parents are a key part of this conversation. Often parents do not listen to youth but will listen to teachers. Parents are sometimes surprised to learn that youth have stress and often do not realize that their approach to parenting and relationships with their children can be a major source of stress. Parents themselves may never have had conversations around mental health growing up. Teaching parents how to begin conversation with youth would be a very helpful skill.
  - o Encouraging everyone to embrace being a learner ("pedagogy of confusion").
  - o Convening safe spaces for youth-led intergenerational conversations such as the Capacity Café model developed by the Supporting and Connecting Youth (SACY) program housed in the Vancouver School Board.
- Humanize conversations about mental health and vulnerability.
  - o Use person-first language about mental health and substance use. Words are powerful and some can cause harm.
  - o Be mindful of the language barriers in Richmond, as the first language may not be English. Communication about mental health needs to be culturally tailored.
- Increase mental health promotion education to other students and compensate them for their time.
  - o Sustaining the momentum of the Agenda Gap cohort.
  - o Mentoring younger people to grow the cohort.
- Reframe what it means to 'be ok' and 'be a good student' (moving beyond academics).
  - o Building student capacity in balancing emotions and responsibilities.
- Meaningfully involve youth in decision making.
  - o Take care to not involve youth in a tokenistic way.
  - o Make space for youth to be fully engaged.

Above: Jamboard from Group 1

Above: Jamboard from Group 2

Above: Jamboard from Group 3

Pitches

Group1: Build on this model and host additional dialogues to promote intergenerational dialogue on youth mental health by including diverse and targeted participation.

The goal is to bring more people into the conversation, with a particular focus on parents, teachers, administrators, decision-makers, healthcare and service providers. These dialogues will help to create a common language, understanding and framing about youth mental health. The model already exists and the community dialogue demonstrates that it works. Let us build on this momentum and continue to expand the conversation.

Group 2: Create a shareable video series featuring different groups of people, targeting different audiences (e.g. for parents by parents; for youth by youth).

The goal is to broaden the conversation and maximize engagement and reach. Videos can reach those who may not normally attend dialogue events or workshops explicitly about mental health. They are a great tool for storytelling. Videos can portray diverse personal testimonies and feature and represent voices beyond the group that is gathered in this dialogue. Depending on how it is structured, it can also provide the opportunity to answer important questions.

Group 3: Initiatives to build a common language about mental health between youth and adults

The group recognized that everyone comes into conversations about mental health and wellbeing with different understandings. The group spoke to the importance of creating a common or shared language to discuss mental health. One possible idea would be to create a visual that provides a common starting point for dialogue on mental health. Another idea is to hold another dialogue between youth and different community partners with the goal of building in mental health education throughout the year to destigmatize the conversation. Often, mental health lingo can be challenging to understand, which can hinder change and the involvement of youth in decision-making.

Conclusion

After the two breakout dialogues, participants were asked to share one personal commitment or a key reflection with the larger group. Participants reaffirmed their commitment to working to promote youth mental health, engaging and listening to youth, as well as supporting youth and adults in life-long learning about mental health. Many participants mentioned the importance of supporting youth voices and promoting a common language when talking about mental health. Some also committed to hosting more dialogues in the future. Other participants committed to personally engaging with their families and loved ones on the topic of mental health.

After the round of closing reflections, Tasneet Suri, Agenda Gap cohort, provided closing remarks to conclude the community dialogue.