

Diversifying Discourse:
Best Practices for the Effective Engagement of Equity-Deserving Youth in Mental Health
Advocacy

by

Victory Angeli

Submitted in partial fulfilment of the
requirements for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
August 2024

Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the
Mi'kmaq. We are all Treaty people.

© Copyright by Victory Angeli, 2024

DEDICATION

This paper is dedicated to the young people who work tirelessly to improve the state of North American mental health systems. Program advisors, research collaborators, and community representatives: I see you.

TABLE OF CONTENTS

LIST OF TABLES	vi
ABSTRACT	vii
LIST OF ABBREVIATIONS USED	viii
ACKNOWLEDGEMENTS	ix
CHAPTER 1 INTRODUCTION	1
3.1 CHAPTER SUMMARIES	2
3.2 TERMINOLOGY.....	5
CHAPTER 2 METHODOLOGY	8
2.1 INSTITUTIONAL ETHNOGRAPHY.....	8
2.2 ORGANISATIONAL STUDIES.....	11
2.3 INTERSECTIONALITY.....	13
2.4 PRIMARY RESEARCH.....	16
2.4.1 Recruitment and Data Collection	19
2.5 SECONDARY RESEARCH.....	24
2.6 LIMITATIONS	27
2.7 APPLICATIONS	28
2.8 CONCLUSION.....	29
CHAPTER 3 CONCEPTUALISING ENGAGEMENT	30
3.1 ON MARGINALISATION.....	30
3.2 HART'S LADDER OF PARTICIPATION	33
3.3 BENEFITS TO YOUTH.....	38
3.4 BENEFITS TO THE MENTAL HEALTH SECTOR.....	43
3.5 BENEFITS TO EQUITY-DESERVING COMMUNITIES.....	47
3.6 CONCLUSION.....	49
CHAPTER 4 OUTREACH	50
4.1 MEANINGFUL OUTREACH	50
4.1.1 Systematic Recruitment.....	51
4.1.2 Visible Events.....	52
4.2 RATIONALISING ENGAGEMENT	56
4.2.1 Perceptions of Injustice.....	56
4.2.2 Reciprocity.....	59

4.3 FINDING CATALYST	60
4.3.1 Word of Mouth.....	61
4.3.2 Public Presence	62
4.4 JOINING CATALYST.....	63
4.4.1 Combating Obstacles.....	64
4.4.2 Building Community	68
4.4.3 Personal Advancement	73
4.5 GATHERINGS	77
4.6 CONCLUSION.....	83
CHAPTER 5 RETENTION	84
5.1 RELATIONSHIP BUILDING.....	84
5.1.1 Motivators and Role Models	85
5.1.2 Positive Feedback	87
5.1.3 Benefits of the Bond	90
5.2 SAFEGUARDING ACCESSIBILITY	93
5.2.1 Providing Compensation	94
5.2.2 Physical Accessibility	98
5.2.3 Psychological Accessibility.....	101
5.2.4 Internal Policies.....	102
5.2.5 Managing Meetings.....	105
5.3 CATALYST: RETAINING VOLUNTEERS.....	108
5.3.1 Accessibility Done Right	109
5.3.2 Personal Constraints	115
5.3.3 Uneven Oversight	123
5.4 CONCLUSION.....	136
CHAPTER 6 ENCOURAGING EQUITY	137
6.1 LEADERSHIP BUY-IN.....	137
6.1.1 Equity, Diversity, and Inclusion Training	139
6.1.2 Diversifying Workforce.....	142
6.2 GOVERNING YOUTH ENGAGEMENT	145
6.2.1 Safeguarding Flexibility.....	146
6.2.2 Humility over Competency	147
6.3 CATALYST: INTERNAL POLICIES	151
6.3.1 EDI Successes	151
6.3.2 EDI Challenges.....	155
6.3.3. Case Study: “It Felt like Tokenism”	160
6.3.4 Recommendation: Increase Co-Development	161
6.4 CONCLUSION.....	161

CHAPTER 7	EXPANDING NETWORKS	162
7.1	<i>EDUCATORS</i>	162
7.1.1	Case Study I: GuysWork	165
7.2	<i>LAY LEADERS</i>	167
7.2.1	Case Study II: ACCESS Open Minds	169
7.2.2	Case Study III: CARES Program	170
7.3	<i>THIRD-SECTOR ORGANISATIONS</i>	171
7.3.1	Case Study IV: Community Advisory Panels	173
7.3.2	Case Study V: Toronto Youth Outreach	175
7.4	<i>NETWORK FACILITATION</i>	176
7.4.1	Socio-Historic Literacy	176
7.4.2	Redistributing Resources	179
7.4.3	Cross-Group Buy-In	180
7.4.4	Communication Competency	182
7.4.5	Case Study VI: the Working Group	184
7.5	<i>EXPANDING NETWORKS: CATALYST</i>	189
7.5.1	Challenge: ‘Universal’ Outreach	189
7.5.2	Strategy: Engage Educators	192
7.5.3	Strategy: Engage Community Leaders	194
7.6	<i>RAPID GROWTH</i>	202
7.6.1	EXPANSION OVERVIEW	202
7.6.2	Youth as Organisational Representatives	206
7.6.3	Constraining Support	213
7.6.4	Institutional Solutions	218
7.7	<i>CONCLUSION</i>	224
CHAPTER 8	CONCLUSION	225
REFERENCES		228
Appendix A: Invitation to Participate		238
Appendix B: Participant Intake Form		242
Appendix C: Participant Informed Consent Form		246
Appendix D: Mental Health Resources		248
Appendix E: MOU		249

LIST OF TABLES

- Table 1 According to official survey data published in 2022, there is an observable under-representation of Black, Indigenous, male, and low-income identifying persons in Catalyst’s youth network. This table captures the differences between the demographic makeup of Catalyst’s network versus the general population in its country of operation..... 4
- Table 2 This is an overview of whom I interviewed for my thesis. This table includes participants’ pseudonyms, the personal identities they disclosed, their general place of residence, and their level of engagement with Catalyst..... 6

ABSTRACT

Contemporary North American mental health organisations often struggle to diversify the discourse informing their programs. Youth-facing institutions may have disproportionately few individuals identifying as low-income, male, Black, or Indigenous among their networks. This paper discusses strategies to close this gap, combining insight from a literature review and interviews with nine young mental health advocates. To attract diverse youth, adult allies are encouraged to grow their institution's presence in public places that young people already frequent, like local libraries, community hubs, and recreational centres. Organisations should provide in-kind compensation to youth supporters, meet accessibility needs, and extend honoraria. Institutions may invest in equity, diversity, and recruitment training for staff, and write policy safeguarding youth voice across the organisation. Finally, mental health bodies are encouraged to network with educators, lay leaders, and other charitable groups to promote wide-spread social change, and to develop wrap-around support for equity-deserving communities.

LIST OF ABBREVIATIONS USED

EDI	Equity, Diversity, and Inclusion
NYC	National Youth Council
HR	Human Resources
CAP	Community Advisory Panels
CARES	Collaborations for At-Risk (youth) Engagement and Support
ICH	(Centre for Research on) Inner City Health
YOW	Youth Outreach Workers
WG	Working Group
CI(U)SSS	Integrated Health and Social Services Centres (French)

ACKNOWLEDGEMENTS

I extend my sincerest thanks to the friends, mentors, and supporters who empowered me to complete this thesis. I am incredibly grateful to Dr. Margaret Robinson (my supervisor), Dr. Brenda Beagan (my second reader) and Dr. Robin Oakley (my third reader) for their thoughtful feedback. I deeply appreciate the work that the Faculty of Graduate Studies undertakes to maintain my program, and I thank the instructors who will facilitate learning opportunities for many cohorts to come.

I would like to thank Catalyst, the organisation I profile in this thesis, for consistently supporting my research. I am deeply grateful to the nine young people whose interviews informed my work, and I thank the many others who helped spread the word. I sincerely appreciate the volunteer opportunities that other North American mental health organisations have extended to me, both during my degree and in years past. I would not be the advocate, or the researcher, that I am today if not for the work of Free Your Mind, Foundry, Jack.org, and Kickstand. You are doing amazing work.

Last, but certainly not least, I would like to thank my closest relations for their kindness. A special shout-out goes to Lucky, for her endless patience and loyalty. I thank my parents, who provided financial support; my friends, who offer an unshakeable shoulder to lean on; and my classmates, who walked alongside me as I tackled the many challenges of graduate schooling. I appreciate your encouragement and understanding.

CHAPTER 1 INTRODUCTION

The gap in youth mental health outcomes, for socially privileged versus equity-deserving communities in North America, remains wide. People who experience interlocking marginalisation, such as members of 2SLGBTQIA+, racialised, Indigenous, or low-income communities, are at particularly high risk of poor mental health (Craig and Furman 2018; Yamaguchi et al. 2023a). Young people who attempt to solicit mental health support report facing financial constraints, a lack of culturally appropriate services, or physically inaccessible resources (Aguiar and Halseth 2015; Mertens 2021). Mental health service providers or advocacy bodies, including ACCESS Open Minds, Foundry, Jack.org, Kickstand, and the Trevor Project, work to address these gaps (Cullen et al. 2023; Danseco et al. 2017; Halsall et al. 2020). The effectiveness of their programs is influenced by their ability to meaningfully engage youth, particularly from demographics under-represented among mental health advocates and shared decision-makers.

The academic literature demonstrates a clear under-engagement of youth outside of a White, middle-class, and cis-female mainstream (Clark et al. 2021; Gajaria, Guzder, and Rasasingham 2021; Van Doesum et al. 2016). Efforts to engage young people in formal mental health advocacy in the North American context are inextricably linked to mainstream conceptions of health and illness. Institutions positioned to make decisions on mental health—such as provincial health authorities and registered charities—typically ascribe to biomedical, individualised, and Eurocentric understandings of wellness (Bozinoff et al. 2017; Colley 2003; Kral et al. 2011). A lack of diversity in youth voice compromises a social movement’s ability to capture the needs of

subordinated communities, as equity-deserving youth are left out of decision-making spaces.

This thesis examines how mental health institutions can construct social environments conducive to meaningful youth advocacy, whereby equity-deserving youth work with adult allies to improve mental health outcomes for underserved communities. My findings are generally applicable to organisations operating across North America. However, my primary research focuses on the activities of a North American mental health charity that I call “Catalyst.” This organisation, along with its programming, have been assigned pseudonyms to protect their privacy.

I am well-positioned for my project, considering my place in Catalyst’s political economy. I have personal experience working with Catalyst as a youth mental health advocate. I volunteered as a Branch president, a Presenter, a Gathering participant and organiser, and a long-term advisor. My activities brought me into close working relationships with staff and youth leaders alike. My connections to Catalyst’s research and evaluations team granted me entry into spaces where programmatic decisions are made. As I finalise my recommendations stemming from this research project, I will bring actionable suggestions to Catalyst staff. I elaborate on my efforts as a community-based researcher, including the details of my collaboration with Catalyst, in Chapter 2.

3.1 CHAPTER SUMMARIES

Diversifying Discourse is organised into eight chapters, including this introduction and a conclusion. In “Chapter 2: Methodology,” I centre my work in relation to the sociological theories most relevant to the project. My thesis adopts practices from institutional ethnography and insights from organisational studies, as championed by Dorothy Smith

(1987, 2005) and Joan Acker (1990, 2006, 2012) respectively. I apply intersectionality (Cole 2008; Collins 2010; Crenshaw 1999) to my interpretations of data, and I advance intersectional discourse when recommending strategies. I describe the primary and secondary research completed for this thesis. My primary research consisted of insights generated from nine hour-long, semi-structured interviews conducted with current and former Catalyst youth volunteers. My secondary research included a Joanna Briggs Institute Comprehensive Systematic Review of social science literature related to youth engagement in mental health advocacy. I explain the steps I took to centre the experiences of equity-deserving persons, and to responsibly advise Catalyst as they seek to engage low-income, Indigenous, Black, or male-identifying youth.

In “Chapter 3: Conceptualising Engagement,” I outlined the ways that entrenched systems of marginalisation impact North American mental health organisations’ efforts to engage youth outside of the mental health mainstream. The “mainstream,” or the demographic most likely to embrace wellness discourse, consists of White, middle-class, and cisgender women. I argue that the relative exclusion of other communities from mental health advocacy spaces is rooted in historic and ongoing discrimination, such as the dispossession and denigration of Indigenous and Black voices. I explore how organisations can push back against tokenism and recommend Hart’s (1992:8) Ladder of Participation as a tool for organisations to measure levels of youth engagement. I write in support of diversified youth leadership, describing how inclusive discourse benefits youth advocates, the general mental health sector, and equity-deserving communities alike. Whether equity-deserving youth choose to initiate discussions with adult-led institutions,

and whether they remain involved as social justice activists, helps shape the direction of North American mental health care.

Youth engagement begins as soon as a young person learns about an organisation. “Chapter 4: Outreach” describes four strategies that mental health advocacy and support groups may use to attract youth supporters to their programs. Organisations with a strong public presence, and who embed their activities in the communities where equity-deserving youth live, are likely to increase their membership. Young people who have an existing interest in mental health, such as those who perceive a gap in resources, may choose to stay. I apply these principles to Catalyst. I outline the importance of word-of-mouth to youth engagement and identify reasons why youth choose to join Catalyst specifically, given the many mental health organisations in North America.

“Chapter 5: Retention,” identifies eight factors that keep equity-deserving youth coming back as long-term contributors. Institutions with a welcoming atmosphere, internal accountability mechanisms, and clear mission statements are more successful at retaining historically marginalised supporters. I recommend ways for Catalyst to strengthen their appeal to equity-deserving groups and troubleshoot their programming. I recommend greater transparency in communications between staff and youth volunteers, particularly regarding organisational values. An organisation’s ability to communicate their mission statements, and to structure their programs so they reflect values salient to youth, are crucial to membership and retention.

In “Chapter 6: Encouraging Equity,” I identify five steps that mental health organisations can take to responsibly engage under-represented youth as advocates. All members of the institution, from front-line staff to executive leaders, should learn and

uphold equity, diversity, and inclusion (EDI) principles in their daily work. Organisations may take small steps toward workplace inclusivity—such as investing in EDI workshops—and work towards major breaks from the *status quo*—such as diversifying hires and providing employees with greater workplace flexibility. Mental health organisations must take stock of their resources, such as their ability to mentor incoming advocates or to compensate youth for labour and take steps toward appropriate mobilisation. I recommend ways for Catalyst to apply EDI practices to their programming, and I build on recommendations made in previous chapters.

“Chapter 7: Networking” highlights the importance of partnerships to successful mental health advocacy. Mental health organisations are encouraged to connect with educators, lay leaders, and fellow advocacy bodies to uplift marginalised youth by amplifying their ideas. Established organisations must navigate power imbalances between partners and redistribute resources so that less privileged voices are heard along with dominant ones. I provide case studies to illustrate partnerships with educators, health service providers, and other nonprofit organisations, and I describe the outcome of several collaborative projects. Finally, I apply my findings to the Catalyst context, and suggest they develop their own networks in each of the three aforementioned sectors.

3.2 TERMINOLOGY

In this section I cover key terms used in *Diversifying Discourse*. For the purposes of this thesis, a mental health movement or institution is “established” when it: 1) is registered with local governments, such as when it has obtained charitable status; 2) has a name and mission statement recognisable to mental health advocates; and 3) enjoys enough legitimacy to influence political decision-making around youth mental health.

I use the term “advocacy” to define a range of mental health promotion initiatives, from anti-stigma campaigns to rallies promoting radical changes to a mental health system. Advocacy initiatives addressed in this thesis posit that: 1) current mental health systems do not adequately serve the needs of equity-deserving youth residing in North America; 2) systemic inequalities, historic dispossession, or institutional shortcomings contribute to difficulties meeting youth needs, and 3) social mobilisation is a way to close these gaps.

North American mental health organisations are rooted in systemic oppression. Nelson, Prilleltensky, and MacGillivray (2001:650) define “oppression” as a “state of asymmetric power relations” in which some groups dominate others, and “subordinate parties” resist domination. (2001:650). Oppressors maintain their strategic positions by restricting subordinate communities’ access to resources, or by reinforcing fear and self-deprecation in those they seek to control (650).

The goal of soliciting youth input in established social movements, upheld by credible institutions, is to empower young people in the pursuit of social justice. “Social justice” describes a set of values that promote a “fair and equitable allocation of resources and burdens” in society (Nelson et al. 2001:655). Prerequisites to achieving social justice include access to “financial and material resources” among the least privileged members of a given population (2001:655). Access to resources maximises self-determination and good health – including mental health – which allows marginalised communities to navigate daily challenges and responsibilities.

In its pursuit of social justice, an ideal youth mental health advocacy movement should empower subordinated¹ and underserved populations such as Black, newcomer, or Indigenous youth (Kurzawa et al. 2022; Wray-Lake and Abrams 2020; Yamaguchi et al. 2023a). Empowerment is a concept interrelated with social justice, but the terms are not interchangeable. An individual or group experiences empowerment when they participate in decision-making and have some control over their daily lives (Nelson et al. 2001:656). Even if empowered, socially subordinated groups or individuals may not enjoy a “fair share” of resources, a right that social justice upholds (2001:656). Despite definitional differences, movements embracing social justice and empowerment are connected in their fight against oppression.

¹ In this paper, I use both “subordinate” and “marginalised” as adjectives to describe communities who have been dispossessed, left out of policy-making spaces, and otherwise silenced through systemic oppression. Systems of dispossession, which include racism, colonialism, and xenophobia, stem from historic and ongoing violence. They go beyond the fault of any individual and are not shortcomings of the groups they denigrate.

CHAPTER 2 METHODOLOGY

This thesis, *Diversifying Discourse*, applies theoretical concepts congruent with organisational studies and intersectionality, and my research structure borrows from Dorothy Smith's (1987, 2005) writing on institutional ethnography. My primary research consisted of nine semi-structured hour-long virtual interviews. Participants were members of a North American charity who engages youth in mental health advocacy. I call this organisation "Catalyst," which is a pseudonym assigned to protect the organisation's privacy. I situate myself as a community-based researcher with experience volunteering across most of Catalyst's major programs, which I describe later in this chapter. I am collaborating with Catalyst to improve inclusivity in their formal initiatives by applying my primary research. My secondary research consisted of a comprehensive literature review, drawing from elements of the JBI (2024) Comprehensive Systematic Review method. This yielded a detailed overview of the North American youth mental health landscape, and generated recommendations adaptable to various established movements. My analysis was tailored to Catalyst's initiatives, which are detailed in later pages.

2.1 INSTITUTIONAL ETHNOGRAPHY

Institutional ethnography, as conceptualised by Dorothy Smith (1987, 2005) is an alternative to standard sociology. Smith (1987:2) defines a "sociology" as a "systematically developed consciousness of society and social relations." It is not only an academic discipline, but also a lens through which everyday experiences can be understood. Traditional sociology, as it was established in mid-twentieth century North America, observes a distinction between the body and mind (1987:77). The world of

theorising, speaking, and writing was of the mind, and the physical movement of the thinker was of the body (77). Social scientists, who distributed academic commentary from the world of theory, were decontextualised from everyday life (1987:2). The sociologist appeared to exist outside of their own physical locus, as if they could observe society, social interactions, and social locations without occupying space or enacting their own rituals (2). Sociological research collected numerous narratives, “combining” or “distilling” key ideas, and ultimately merging them into a supposedly objective account (1987:77). The product inevitably ignored the nuances in perspectives held by study participants, the structural norms influencing the process of research, and the sociologists’ own biases. In contrast, Smith’s (1987, 2005) sociology extends primacy to the lived experiences of individuals and encourages sociologists to refine their conclusions in discussion with participants. The grounded nature of institutional ethnography makes it a particularly strong fit for *Diversifying Discourse*. I sought to analyse and communicate the nuances of youth experiences with mental health advocacy, as captured in their personal narratives, and institutional ethnography provides a framework for this endeavour.

Institutional ethnography provides a framework for examining relations of power from the standpoint of subordinate groups (Smith 1987:22), with inquiries arising from the “actual experience” of people as they are embedded in the unique historical and social contexts shaping daily life (1987:49). Developed during the twentieth-century women’s movement, institutional ethnography exists to produce a common discourse that historically marginalised communities can use to describe shared experiences, and the systems of domination that produce them (1987:58). Institutional ethnography recognises

the distinct insights possessed by equity-deserving groups (1987:80), as their distance from dominant social positions fosters an acute awareness regarding relations of ruling (1987:74). By questioning inconsistencies between their own experiences and the seemingly universal descriptions of life touted by elites, equity-deserving people “call into question” the organisation of popular discourse (74). This notion of subordinate expertise is highly relevant to the women’s movement. By speaking with their peers, women gained awareness around oppression, rape, harassment, violence, and similar incidents (Smith 2005:7). Not only did these women name their experiences, but they also recognised commonalities in each other’s stories that made organised protest possible (7). Given Smith’s insight on subordinated expertise, it follows that the members of equity-deserving communities are best positioned to lead and inform social justice movements.

In contrast with traditional sociology, institutional ethnography emphasises the locality of the sociologist, and the settings through which they pass. Rather than possessing objective views of the social, a researcher’s work is shaped by their interests, opportunities, and disciplinary regulations (Smith 1987:142). A researcher’s thinking is always mediated—by texts in their field, for example—and their work is grounded in a definite social location (142). The institutional ethnographer’s “fundamental resource” is human experience, belonging to their informants or to the researcher themselves (2005:124). They take a dialogic approach to sociology, in which the sociologist discusses findings with participants to build a faithful representation of participant narratives, rather than definitively applying their own interpretations to others’ stories (Smith 2005:50). The relatively egalitarian nature of institutional ethnography facilitates its goal—developing a discipline capable of explaining the social organisation of the

everyday world, in a way that activists can take up to ameliorate the actualities of human life.

Despite the promising nature of institutional ethnography, the method does not fully prevent researchers from reinforcing their domination in an academic setting. The researcher, who transforms participant experiences into academic findings, may misrepresent individual narratives or misinterpret emergent themes. The researcher's ability to wield disciplinary knowledge to shape a study's narratives is a source of power inaccessible to others. To guard against these challenges, I adopted an iterative approach to data-gathering. Following each interview, I sent the participant an electronic copy of their own transcript, along with a list of emergent themes I extracted from our conversation. I asked participants whether my portrayal of interview data aligned with their lived experiences, and I actively encouraged them to provide constructive critique. The institutional ethnographer commits to ongoing learning, and I practice this willingness to shift my own worldview over the course of my research. I elaborate upon my research methods, including accountability safeguards, later in this chapter.

2.2 ORGANISATIONAL STUDIES

The meaningful engagement of equity-deserving youth in North American mental health advocacy is shaped by hierarchies of workplace authority, which (re)produce systemic inequalities (Acker 1990, 2012; Alvesson, Ashcraft, and Thomas 2008; Atewologun, Sealy, and Vinnicombe 2016). These hierarchies impact the experiences of under-engaged youth in advocacy and shape their perceptions of adult-led movements². Work

² This conclusion is evidenced by the primary data generated as part of this thesis. It is further discussed in later chapters.

inequalities, which Acker (2006:443) defines as “systemic disparities between participants in power and control over goals, resources, and outcomes,” prevail along intersectional lines. All institutions have “inequality regimes,” which are “loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, and racial inequalities within particular organisations” despite any commitments to egalitarianism (443). The abstract notion of jobs is developed by humans, and their creation involves some level of administrative subjectivity.

Most modern organisations have a gendered substructure, resulting from inequalities built into “job design, wage determination, distribution of decision-making and supervisory power, the physical design of the workplace, and rules... for behaviour at work” (Acker 2012:215). Jobs traditionally viewed as feminine, for example, are grouped into a few classifications with stagnant wages. Meanwhile, jobs viewed as masculine receive more specific role descriptions and a greater range of compensation (2012:215). As a result of workplace inequities related to gender, women in large organisations may end up trapped in lower-level roles, or promoted as tokens who enjoy little authority.

Hiring processes are also subjected to intersectional biases. Seemingly objective criteria like “competence” involve judgement, where internalised biases against gender minority, queer, disabled, and racialised people come into play (Acker 2012:219). If granted entry into an organisation, subtle biases impact the contributions that new hires may realistically make on a day-to-day basis. Supervisory practices are often shaped by the gender and race of both supervisor and newcomer (Atewologun et al. 2016:451). Depending on the socialisation of either party, the supervisory relationship may preserve

traditional gendered and racialised workplace patterns (2016:451). For instance, North American women in the non-profit and social service sectors may be influenced to perform disproportionate amounts of organisational housekeeping (Morrow and Malcoe 2017:245). Women who speak to organisational researchers (Acker 2012; Atewologun et al. 2016) report that they are expected to complete overtime, undertake emotional labour, and otherwise compensate for institutional shortcomings aggravated by reduced funding.

In some organisations, equity-deserving workers may also be pushed out of decision-making spaces. For instance, White men may “devalue and exclude” women of all backgrounds by “not listening to them in meetings,” or ignoring their opinions on workplace decisions (Atewologun et al. 2016:451). Forms of hierarchy vary across institutions. They adapt to the surrounding society, local politics, shared history, and popular culture (Acker 2006:443). Regardless of their exact manifestation, structural biases against equity-deserving workers remain widespread in the North American context, and these often-invisible processes compromise the ability of mental health organisations to engage historically marginalised youth.

2.3 INTERSECTIONALITY

Intersectionality, which originated in the 1980s, is a flexible term that confronts the challenges of difference and benefits of sameness in social movement politics (Cho, Crenshaw, and McCall 2013:22). Crenshaw (1991), who conceptualised intersectionality, recognised that experiences of (dis)advantage existed along multiple interrelated axes. People who embodied multiple marginalised identities were unintentionally harmed by the singularly focused social movements of the late twentieth century (1991:1252). Activists who are members of multiple equity-deserving groups, such as Black women,

report the need to “split” their political energies between sometimes opposing movements (1252). Narratives of racial justice, for example, were based on the experience of Black men, while narratives of gender equality were driven by White women (1991:1298). There were few spaces where Black women could share the entirety of their experiences, or where their voices could drive critical discussions.

When applied thoughtfully, intersectional thinking makes positive impacts on social movements (Bonilla-Silva 2021; Cho et al. 2013:22; Cole 2008). Several conceptualisations of intersectionality have emerged since the 1980s, each with potential to bring systems of domination into focus (Atewologun et al. 2016; Choo and Ferree 2010; Gueta 2020). Political intersectionality critiques discourses normalised in “law, policies, social services, and ‘objective’ academic knowledge” around social ills (Gueta 2020:3). For instance, discourse around domestic violence based on White narratives may “effectively silence or erase” the experiences of racialised women (3). Representational intersectionality focuses on “broader cultural discourses” to explain how unflattering images of multiply marginalised people are perpetuated through mass media, and how such stereotypes cause further harm (3). Systemic intersectionality focuses on the convergence of disempowerment in the lives of multiply marginalised people (Choo and Ferree 2010:135; Atewologun et al. 2016:224). Many contemporary scholars have embraced these conceptualisations of intersectionality and make efforts to avoid elevating a single axis of subjugation above others.

Despite its popularity in sociological discourse, intersectionality is not applied uniformly across social justice movements. Contemporary activism, including the meaningful engagement of youth in mental health discourse, does sometimes revolve

around single axis organising (Acker 2006, 2012; Cole 2008; Delgado and Stefancic 2021). Intersectional thinking requires intentional self-reflection, which can be an uncomfortable and disruptive process to organising (Cole 2008; Crenshaw 1999). Intersectionality begins by recognising that even constituencies considered “unproblematically monolithic” are “in fact coalitions of sorts” (Cole 2008:446). Groups like “the Black community” or “women of colour” can encompass people of different ethnicities, socioeconomic classes, and geographic locations (2008:446). The agendas set by advocacy collectives typically reflect the “interests and experiences” of coalition members with the most access to resources, whether that be disposable income, political networks, or social status (446). Exclusionary practices within coalitions may be rationalised through discourses of “authenticity,” referring to “ideological claims about how group membership ought to be defined” (446). While successes of intersectional social movements should not be understated, they are not yet the norm.

Effective evaluations of social movements require that advocates ask questions directly relating to the interplay between gender, race, class, and other dimensions of inequality (Acker 2012:220). Intersectional thinking intentionally avoids additive thinking, where aspects of human identity are considered separately from one another, and oppression is ranked by how many marginalised identities an individual carries (Choo and Ferree 2010:131). The rejection of enumerating identities is congruent with practices highlighting “dynamic social forces” more so than “categories” (2010:134). Activists must grow comfortable discussing the fluid practices of racialisation, economic exploitation, and gender performance rather than adhere to static notions of race, class, and gender (134). Resisting essentialism—the reduction of complex experiences to single

identity categories—may reconstruct the concept of community (Collins 2010; Weber 2001). Collins (2010:11) argues that, rather than being a simple cognitive construct, the concept of community is “infused with emotions and value-laden meanings.” Definitions of community typically paint them as “sites of political engagement and contestation,” where individuals engage with (in)justice and (dis)privilege (2010:12). Intersectional examinations of one’s own advocacy work could be underlaid with hesitancy, as leaders struggle to accept their own complicities in reproducing social inequality. Thus, proponents of social movements may have difficulty embracing truly intersectional practices.

2.4 PRIMARY RESEARCH

Catalyst is a charity working to empower youth in mental health advocacy. It occupies a distinct space in North American mental health discourse and has social presence in its country of operation. It has a hierarchical bureaucratic structure that includes an executive leadership team, a board of directors, and (at its biggest) around 100 paid staff. Catalyst has ties to major institutions, both domestic and international. Partners include a power company, a bank, and a foreign charitable foundation. Catalyst is non-partisan, non-denominational, and nonprofit, with a team of over 3000 young supporters across its country of operation. Catalyst is youth-informed: young people give feedback on administrative decisions, even if they do not directly lead Catalyst’s organisational planning.

There are both top-down and grassroots elements³ to Catalyst’s programming. The organisation is known for three key offerings, which I term “Gatherings,” “Presentations,” and “Branches.” Gatherings are recurring events, mainly planned by Catalyst staff. They include annual and regional conferences where young participants meet high-profile speakers, such as political ministers. Presentations are workshops that cover the basics of mental health literacy, being there for oneself, and supporting others. Presentations are peer education initiatives, which make space for young people to share their personal mental health journey and make individual-level connections. Branches are community-based advocacy hubs or student-led societies in schools. While they are funded by Catalyst, Branches are overwhelmingly youth-driven, and Branch members have final say over which projects they complete, so initiatives vary widely across sites.

Finally, Catalyst engages a small number of youths through two high-level⁴ programs. One resembles a council of youth who advise staff across the organisation. Some councillors attend meetings with Catalyst’s communications team and bring youth voice to projects with corporate partners. Other councillors may inform internal research and evaluation efforts, where youth influence survey design, co-interpret data, and co-author presentations at academic conferences. The second program brings youth to Catalyst’s Board of Directors, where they attend meetings in a non-voting capacity and speak on of youth engagement. Board-involved youth may conduct focus groups with

³ I recognise that “top-down” and “grassroots” are labels popularised by Western activist bodies and does not necessarily resonate with all community-based organisations. However, these are terms that some Catalyst-involved volunteers used, so I am following their lead. Furthermore, these categories seem appropriate in describing Catalyst, which is a mainstream organisation established by affluent, White, and Western professionals.

⁴ This is a term borrowed from Western corporate culture. In this thesis, “high-level” programs are opportunities that bring young people into administrative decision-making spaces. Again, my use of corporate vocabulary reflects Catalyst’s history and workplace culture. Catalyst functions within the context of late-stage capitalism, and it shares many structural traits with for-profit companies.

Catalyst’s general youth volunteers, or collect data for reports, as a way of communicating network insights.

Since Catalyst is a rapidly evolving organisation, the descriptions of their programs above do not represent the entirety of their efforts. My description is informed by conversations with Catalyst staff in 2023, and by my experience as a youth volunteer. My goal is to demonstrate how the charity occupies a distinct space in North American mental health advocacy, and not to provide a comprehensive breakdown of every single program hosted by Catalyst.

A barrier to Catalyst’s ongoing push for health equity is the disproportionately low participation of youth identifying as male, Indigenous, Black, or low-income in their network. In 2022, Catalyst staff sent a national survey to all youth engaged in their programs. The survey was part of Catalyst’s regular data-gathering efforts, which help staff to better understand the changing demographics of Catalyst’s youth volunteers. Catalyst staff received 836 responses; a pool large enough to provide critical insight into who made up their pool of supporters. Consider the extent to which Black, Indigenous, low-income, and male-identifying people are under-represented in the organisation.

Table 1: Makeup of Catalyst’s Youth Network

Self-identified community	% prevalence in Catalyst network	% prevalence in area of operation	difference in % prevalence
Men	17	50	33
Black	3	6	3
Indigenous	6	7	1
Low Income	1	11	10

The incongruity between the demographic makeup of Catalyst’s youth network and the population in Catalyst’s area of operation, sparked the questions that evolved into my thesis. I undertook my primary research to gain insight into the challenges and successes facing equity-deserving youth involved with Catalyst, to generate easily applicable recommendations for Catalyst’s administrators.

2.4.1 Recruitment and Data Collection

I conducted semi-structured interviews with nine participants in Fall 2023. Ethics approval was granted by the Social Sciences and Humanities Research Ethics Board at Dalhousie University (Application 2023-6762). Interview participants were young adults over the age of 18 with experience volunteering with Catalyst. They self-identified with one or more equity-deserving communities that Catalyst works to engage, namely Indigenous, Black, male, or low-income youth. To safeguard recollection, preference was given to youth who were currently involved with Catalyst, or who had been involved in the past three calendar years. All participants met these preferences.

I recruited in three phases. I first attracted participants’ attention using social media outreach. I chose Instagram as my main platform because it was most popular among Catalyst volunteers, according to word of mouth. I made a series of social media posts on my personal account, asking potential interviewees to email me. By January 2024, I still needed participants, so I proactively messaged potential interviewees. This adhered to the protocol approved by research ethics (2023-6762), which included social media promotion without requiring participants to initiate all communication.

Once participants confirmed their interest in *Diversifying Discourse*, I emailed them an Invitation to Participate form and a link to the Participant Intake Survey

(Appendices A and B). I received an automatically generated email from Microsoft Office whenever a participant completed the survey, and I confirmed their eligibility within 72 hours. I followed up by emailing participants the Informed Consent Form (Appendix C), soliciting their electronic signature, and asking for questions or concerns. Once a participant’s initial inquiries were addressed, I worked with each participant to set up the video interview. Reflecting the ongoing nature of consent, whereby engagement is negotiated across the lifetime of the study rather than achieved in a moment, I checked in with participants between questions. Participants were free to amend or withdraw their contributions up until April 30, 2024, the estimated date of completion for the first draft of my thesis. Participants were informed of this dynamic through the Introduction to Participate Form and reminded prior to the start of their interviews.

Table 2 Participant Information

Participant	Region	Identities	Involvement
Aaron	Western	White, middle-class, cis-male	High
Amir	Central	Racialised, cis-male	High
Noah	Central	Black, middle-class, cis-male	High
Josephine	Eastern	Indigenous, middle-class, cis-female	Moderate
Michael	Western	Black, middle-class, cis-male	Moderate
Oliver	Central	White, middle-class, cis-male	Moderate
Brandon	Eastern	White, middle-class, cis-male	Low
Cameron	Central	White, low-income, cis-male, gay	Low
Jasvir	Eastern	Racialised, middle-class ⁵ , cis-male	Low

⁵ Jasvir disclosed past experiences of having low income, which he said impacted his ability to engage with Catalyst. He now identifies as middle-class, which he denoted on the Intake Form.

Table 2 describes the participants interviewed and the identities they reported. All participants are assigned pseudonyms. The table is organised by the level of engagement interviewees described. Each level is ordered alphabetically by participants' pseudonyms.

Table 2 includes key demographic information reported by participants, either through the Intake Form (Appendix B) or spontaneously during the interview.

Participants were asked to disclose their geographic location, which I grouped into three regions: Western, Eastern, and Central North America. Participants were asked about their "ethnic background" (Appendix B), and they provided a variety of responses.

Multiple individuals self-identified as simply "White" or "Black," while other participants denoted specific ethnicities. To protect participants' identities, as there were few Catalyst volunteers who shared these other participants' distinct ethnic backgrounds, I described everyone who self-identified outside of the "White" and "Black" communities as "racialised" or "Indigenous." Individuals described as "racialised" are visibly non-White, and individuals described as "Indigenous" belong to some First Nation, Métis, or Inuit community in North America. When prompted, most participants shared their gender identity, including whether they identified as transgender. Finally, the Intake Form provided space for participants to share their socioeconomic status⁶, which all but one person disclosed. Where someone chose not to share a certain identity, there was no data included in the table.

⁶ The Intake Form included one multiple-choice item related to socioeconomic status. That question asked whether a participant identified as having low income, based on federal definitions used in the country of Catalyst's operation. I described anyone not having low income as "middle class," a term that I use as an umbrella category. I recognise that there is an under-representation of participants experiencing low-income within this study, and this is a limitation to my work. I also understand that experiences of volunteerism can differ greatly between people who live somewhat above the low-income cut-off, versus people who enjoy considerable wealth. These considerations fall outside the scope of my thesis and are topics I hope to explore in future studies.

Participants were also asked about the extent of their engagement with Catalyst. A participant is considered high⁷ engagement if they have directly and repeatedly informed administrative decisions within the organisation. High engagement youth may be experienced Presenters or have held leadership positions across multiple Catalyst programs. Moderate engagement youth are usually active across several programs and have held some local-level leadership positions. They may indirectly inform administrative decisions at Catalyst, but do not have recurring contact with the executive leadership team. Low engagement youth are short term volunteers with Catalyst and may have left the organisation within one year. They are unlikely to have held leadership positions, even if they aspire to in the future. They usually have experience with only one or two lower-intensity Catalyst programs.

I conducted original interviews on an ongoing basis, starting in November 2023 and ending in January 2024. All interviews were virtual and conducted over Microsoft Teams. I took audio recordings of all nine interviews and took video recordings where participants felt comfortable keeping their cameras on. During the interviews, which were an hour in length, participants were asked to describe their experience volunteering with Catalyst. They were prompted to describe their roles at the organisation, and to comment on the (in)accessibility of Catalyst programs. They were encouraged to give examples of a time they felt welcome as a Catalyst volunteer, and a time they felt alienated. Later questions broadened the scope of the interview to include program recommendations,

⁷ The terms “low,” “medium,” and “high” engagement are purely of my own creation. They serve as general descriptors to contextualise participants’ insight into Catalyst. I do not mean to de-emphasise the insights generated by “low” engagement youth, as opposed to “medium” and “high” engagement youth. However, there are significant differences in how young people perceive Catalyst based on the intensity of their volunteer engagements, which I will expand upon in Chapters 4 through 6. Overall, these categorisations are a result of research production, and serve more as clerical devices than immutable identity markers.

where participants were asked to reflect on administrative changes Catalyst could make to safeguard equity, diversity, and inclusion. Depending on the experiences a participant shared, and their level of comfort during the interview, I may have prompted them to link Catalyst's equity-promoting projects to social movements spotlighting equity-deserving voices. I was diligent to safeguard participant wellness throughout the interview process. I checked in with participants regularly, made space for breaks, and shared professional mental health resources in case a participant felt unwell following our discussion. Resources (Appendix D) were tailored to participant identities as they self-reported through the Intake Form. All resources were free to use, and most were available 24/7.

Following the completion of each interview, I downloaded auto-generated transcriptions using Microsoft Teams' "transcribe" feature. I reviewed each interview manually to correct errors and to note participant tone of voice, the speed at which they spoke, and where applicable, their body language and hand gestures. In the spirit of narrative ownership, all participants received a digital copy of their transcript, to share as they saw fit. I shared preliminary themes I extracted from each interview with the participant and made space for them to share feedback. Some participants explicitly confirmed my interpretations and expressed gratitude at being able to share their advocacy experiences with a Catalyst insider. Others were non-responsive, or provided only a single sentence affirming that they had no concerns about my project. Participants were also encouraged to email me with any lingering comments, questions, or concerns. A small number asked follow-up questions regarding data de-identification and future dissemination, which I answered in detail.

All participants received a \$25 electronic grocery gift card as honorarium. This was emailed through giftcards.ca, a secure third-party electronic database. In one case, a participant lived in such a rural area that they could not access a major grocery chain and was unable to find a match on giftcards.ca. Upon discussion, I sent the participant a direct transfer of \$25. No other participants indicated concern with the honoraria dissemination process, and no participant reported an adverse event related to participation in *Diversifying Discourse*. The results of my primary research are discussed in Chapters 4 through 7.

2.5 SECONDARY RESEARCH

To complement my primary research, I carried out a comprehensive environmental scan of relevant social science literature inspired by the JBI (formerly Joanna Briggs Institute) Comprehensive Systematic Review framework. Developed in Australia and practiced across North America, the JBI (2024) is an internationally recognised process for health research. It considers evidence-informed health care as a form of social decision-making, and it values the feasibility, appropriateness, meaningfulness, and effectiveness of healthcare practices (JBI 2024). The JBI model is particularly suited to action research, which mobilises scholarly findings to create real-world change. The JBI's roots in examining healthcare systems, and its ongoing focus on community advocacy, made it an excellent fit for *Diversifying Discourse*.

My journey with the JBI model began in June 2021, at which time I completed the official JBI Comprehensive Systematic Review training offered remotely by the JBI Centre of Excellence in affiliation with Dalhousie University. The intensive week-long course covered search strategies, qualitative and quantitative research methods, and

knowledge dissemination skills (JBI 2024). The training provided me with high level considerations for comprehensive literature reviews, which I practiced consistently as a Masters student. I applied my JBI training to *Diversifying Discourse* in Spring 2023, during which time I scoped literature across three databases (PsycInfo, SAGE, and Wiley). My search terms were adapted to each database, but generally resembled the following:

“Engage* or consult* or inform* OR evaluate OR determin* OR drive* OR recogniz* OR invol* OR inclu* OR lead AND mental health OR psychiatry OR wellness OR distress OR crisis OR mental illness* AND equity-deserving OR equity-seeking OR marginalised OR marginalised OR equitable OR under-represent* OR underrepresent* OR divers* OR minorit* OR underprivileged* OR low-income OR poverty OR raciali* OR gender minority OR queer OR transgender OR newcomer OR under-represent* OR underrepresent* OR under-engage* OR unengage AND movement OR activism OR initiative* OR revolutionize OR advocacy OR advocate OR activist OR protest OR movement* OR service AND youth* OR young people OR young adult* OR teen* or adol* AND [country]* anywhere.”

To be considered for inclusion, a text must be selected by the algorithm based on the settings above. Only documents and materials published after 2000 were included in my scan. I selected this cut-off date to ensure that findings reflected best practices generated by up-to-date social science studies. Only articles available in English were included, a pragmatic consideration stemming from my lack of access to professional translation services. These search parameters generated an initial yield of 975 items.

Following a title and abstract review, the initial yield was reduced to 89. Texts were excluded unless they: 1) included discussion of youth engagement in formal mental health advocacy; 2) addressed challenges engaging equity-deserving communities in mental health work; and 3) addressed the North American context. These selection criteria ensure that findings best reflect the voices of equity-deserving youth living in North America, and that conclusions are most actionable for established mental health bodies across the continent. A full-text review, following the same criteria as the abstract and title review, confirmed the inclusion of 72 items.

As a part of the full-text review, I critically appraised the data and extracted information most relevant to my research question. Extracted data consisted of direct quotations, and a short note describing their relevance to my own work. I stored extracted data in a separate Excel sheet, accessible through my Dalhousie OneDrive. I organised my data into eight general themes, which emerged organically through my reading. The themes consisted of: 1) multidimensional identities: data that addressed the importance of intersectionality to youth engagement in mental health work; 2) benefits of youth engagement: the rationale for incorporating diverse youth voice into advocacy projects; 3) challenges to youth engagement: common obstacles that mental health organisations face when they try to engage under-represented youth in mental health advocacy; 4) institutional support: administrative practices and workplace policies facilitating equitable youth engagement; 5) attitudinal support: patterns of behaviours facilitating equitable youth engagement, as demonstrated by individual adult allies and that most likely morals held by these adults; 6) technical support: tangible, practical services provided to under-engaged youth that safeguard their engagement; 7) knowledge

translation and evaluation: strategies mental health institutions can mobilise to incorporate youth voice into research and science communication efforts; and 8) existing frameworks: case studies that model effective youth engagement in mental health advocacy, as observed in the contemporary North American context.

After I established the eight major themes, I coded my secondary data into sub-themes falling under each general area. This, too, was an inductive process. I shaped and revised my sub-themes until they revealed actionable practices that mental health organisations could use in their operations. I coded my secondary data as I conducted interviews, and I actively compared best practices in the sociological literature with the insights generated by the youth who informed my thesis. The findings emergent from my primary research were very congruent with the information presented in the academic literature, and I have no significant contradictions to report. I present my secondary research in Chapters 3 through 7 of this paper.

2.6 LIMITATIONS

Diversifying Discourse has limitations regarding researcher role and capacity, which impacts the scope and generalisability of data. I undertook this project as a Catalyst insider, which had the potential to generate conflicts of interest. However, I actively managed this risk across my research timeline. I communicated my needs, interests, and boundaries with Catalyst staff as I prepared for, completed, and analysed fieldwork. An example of boundary work was the Memorandum of Understanding⁸ presented to

⁸ My research materials, including a copy of the Invitation to Participate Form (Appendix A), Intake Form (Appendix B), Participant Informed Consent Form (Appendix C), Mental Health Resources List (Appendix D), and the Memorandum of Understanding (Appendix E) can be found at the end of this document.

Catalyst administrators before I applied for ethics approval. I discussed research ethics related to community work with members of the Department of Sociology and Social Anthropology at Dalhousie University, up until the completion of my thesis.

Due to time and personnel constraints, *Diversifying Discourse* is not a full institutional ethnography, which would include in-depth analysis of organisations texts, interviews with staff members across roles, and participant observation. This was simply not feasible for a Masters' level project. As a result, *Diversifying Discourse* does not paint a comprehensive picture of Catalyst's leadership structure, its network of partners, or its plans for the coming years. However, the information contained in this paper follows the spirit of institutional ethnography, in that it begins with the experiences of youth under-represented in North American mental health advocacy. This paper teases out the general programmatic and administrative decisions that either support or discourage diversified engagement.

2.7 APPLICATIONS

The purpose of my interviews, including the emphasis on participant diversity, was to capture the perspectives of the people who have first-hand experience volunteering with Catalyst, a mental health advocacy organisation. Interview findings are meant to inform Catalyst's program administration on a general level, with the aim of extrapolating best practices to similar organisations. The relatively small sample size was adequate for these purposes and was an ideal supplement to Catalyst's existing survey data.

While my findings do not represent the views of all of Catalyst's volunteers, it accurately reflects those interviewed, and produces an evidence base is appropriately robust to generate broad-strokes recommendations for Catalyst staff. Considering the

depth of the qualitative interview findings together with the breadth of the literature review, there is ample evidence to inform the engagement of under-represented youth in mental health advocacy in North America more broadly.

2.8 CONCLUSION

The research methodologies I outlined in this chapter affirm my ability to generate actionable recommendations for Catalyst, a North American mental health advocacy organisation. The key findings presented in *Diversifying Discourse* are highly relevant to adult-led institutions engaging equity-deserving youth, and best practices may be applicable across Canada and the United States. My primary research generated a pool of nuanced insights into Catalyst's programming, and the level of accessibility across their initiatives. My broad-reaching literature review balanced out my relatively small number of interviews. My secondary research provided breadth to my knowledge around North American mental health advocacy, by contributing a general overview of equity-promoting initiatives across numerous nonprofit organisations. Key ideas that emerged from my primary research heavily aligned with those from the existing literature, which I present in Chapters 3 through 7.

CHAPTER 3 CONCEPTUALISING ENGAGEMENT

The previous chapter explored the theoretical underpinnings of my thesis. Insights from intersectionality research, organisational studies, and institutional ethnography inform my investigation, which addresses the challenges facing youth mental health advocacy efforts in North America. This chapter provides an interpretive review of existing social science literature, to describe how systems of marginalisation impact mental health organisations' efforts to engage equity-deserving youth. Obstacles to representative participation include psychiatry's exclusionary history, and tokenistic practices entrenched in institutional mandates. I discuss Hart's (1992) Ladder of Participation and demonstrate how it is used to measure levels of youth engagement. Finally, I discuss the importance of diversifying youth leadership. I cite benefits to service users, the mental health sector, and equity-deserving communities.

3.1 ON MARGINALISATION

Inequities in mental health care begin with discourse around good and ill health. North American models of 'wellness' tend to privatise health, focus on individual deficits, and centre mainstream psychiatric interventions as culturally neutral responses to distress (Latino et al. 2022; Sundar et al. 2012; Wexler, White, and Trainor 2015). Extreme manifestations of poor mental health, such as suicidality, are commonly linked to psychopathology and "intrapsychic experiences," wherein a young person's health outcomes are reduced to their state of mind and ability to cope (Wexler et al. 2015:209). Mental health is thus estranged from its "relational, social, historical, cultural, or political dimensions," all of which critically influence the quality of life available to youth (2015:209). Wexler and colleagues (2015:208) argued that mainstream service providers'

advice for youth to access “professional help,” consisting of biomedical interventions developed by settler psychiatric systems, are offered as “culture-free” responses to distress.

Hegemonic conceptions of mental health are also evident in work done by health service agencies and funding bodies. Young people featured in Bozinoff and colleagues’ (2017:36) paper critiqued a “unilateral focus on harm reduction” in official discourse around substance dependency, which ignored the “day-to-day conditions” of impoverished users’ lives. Edge, Newbold, and McKeary (2014:34) offered similar commentary, claiming that youths’ understandings of health, personal needs, and systemic inequalities are largely ignored by older decision-makers. Adults’ exclusion of youth voice may be a result of altruistic ageism (Bailey et al. 2014; Cullen et al. 2023; McCabe et al. 2022). The state of being young is often synonymised with vulnerability, and adult stakeholders assume that discussion of sensitive topics will cause youth undue psychological distress (McCabe et al. 2022:47). Such misconceptions persist, despite having virtually no supporting evidence (Cullen et al. 2023:3). Adults’ instinct to protect youth may overtake their desire to foster age-inclusive spaces, resulting in decisions that sideline, ignore, or undermine how youth understand their own well-being.

Considering the challenges above, it is unsurprising that subordinated North American youth are less likely to access biomedical mental health services and to participate in established mental health movements. At the service use level, racialised youth are less engaged than their White peers (Gajaria et al. 2021; Sundar et al. 2012; Ungar et al. 2015). Racialised people in Canada cite experiences of “racism, discrimination, and lack of culturally competent care” as obstacles to engaging with

socially normative mental health systems (Gajaria et al. 2021:133). Compared to White people living in Canada, racialised individuals who interact with psychiatric services are more likely to have done so following an arrest or medical emergency (2021:133). Furthermore, racialised people are more likely to have negative experiences when they access biomedical resources, often as a direct result of race-based discrimination (133). More examples of service failures are reported by North American Indigenous communities, for similar reasons (Etter et al. 2019; Latino et al. 2022; Wexler et al. 2015). Kral and colleagues (2011:433) summarised how the individualistic focus of contemporary mental health programs may fail to meet community needs:

Mental health services in Nunavut have tended to be focused on individuals rather than on families or community. Such Westernised individualistic approaches may not work as well as family-oriented approaches consistent with Indigenous notions of self and personhood.

When service developers ignore the role of family structure, kinship ties, and social organisation in many Indigenous people's lives, they risk imposing settler values on Indigenous ways of life (Kral 2016; Latino et al. 2022; Wexler et al. 2015). The "knowledge, skills, talent, and passion" that Indigenous communities possess may be ignored if psychiatric discourse is accorded supremacy as the "correct" way of knowing (Latino et al. 2022:1202). When Wexler et al. (2015:207) examined service awareness and uptake among Indigenous communities in the United States, they found that Indigenous people who had the "information and skills" to promote psychiatric interventions chose not to apply them. Many Indigenous informants said that referring a loved one to a "stranger," or a mental health clinician, did "not necessarily align with

their community sense of relatedness” (2015:207). Informants prioritised the “interpersonal roles and responsibilities” of close supporting relations, which could not be offloaded to an outsider (207). As Wexler and colleagues (2015:207) discuss, Indigenous youths’ engagement with North American mental health services looks grim. This is true even in the face of extreme distress:

A key learning outcome in gatekeeper training—the increased identification and referral of suicidal youth to mental health services—may not always be viable or useful. The majority of Indigenous youth in North America do not utilise these services, even when referred. Most never receive care even when showing signs of anxiety, anger, depression, or other mental distress.

These examples of poor service uptake may represent challenges experienced by individual communities, but they also point to broader and more systemic issues. Youth mental health systems push out subordinated North Americans through a focus on individual distress, ignorance of systemic barriers to well-being, and lack of culturally driven considerations. Obstacles to meaningful engagement with youth mental health services result in a lack of diverse voices at decision-making tables. These challenges manifest differently, depending on the organisation looking to engage youth, and may be expressed using a theoretical model.

3.2 HART’S LADDER OF PARTICIPATION

To conceptualize contemporary forms of youth engagement in mental health decision-making, I will use Hart’s Ladder of Participation as reference. Hart (1992:8) outlines eight levels of youth engagement, starting with disingenuous value-signalling and ending

with sincere collaboration. The rungs are: 1) manipulation, 2) decoration, 3) tokenism, 4) (youth are) assigned but informed, 5) (youth are) consulted and informed, 6) adult-initiated, shared decision-making with children, 7) child-initiated and directed, and 8) child-initiated, shared decisions with adults. The simplicity of Hart's Ladder of Participation measures not just observable efforts to engage youth in organisational decision-making, but also interrogates the power structures underlying institutions' efforts to solicit youth voice. This makes is a particularly strong fit for *Diversifying Discourse*, a project that examines similar organisational workings and power distributions.

On rung one, "manipulation," youth inclusion in established organisations is done purely to fill adult agendas. Young people are offered little to no agency, and they are expected to follow adult directives even in the absence of shared values. On rung two, "decoration," youth presence is purely performative (Hart 1992:9; Nortvedt, Olsen, and Sjølie 2022:1465). While youth may not be actively manipulated according to adult interests, they still hold minimal decision-making power. On rung three, "tokenism," youth are forced to the bottom of the organisational hierarchy (Nortvedt et al. 2022:1465). They are slightly better integrated into the workplace than at levels one and two, but still hold no real influence.

The concept of tokenism deserves greater consideration, and I define it here. Daya, Hamilton, and Roper (2020:300) describe tokenism as a perfunctory effort to include marginalised voices to project an image of institutional equity. Tokenistic organisations recruit minimal numbers of individuals from under-represented groups, allow them no real sway in agenda-setting, and pushed them out from candid discourse

(Daya et al. 2020; Halsall, McCann, and Armstrong 2021; Sangill et al. 2019).

Organisations may be engaging in tokenism if attempts at community engagement are reduced to box-checking. For example, some service users consulted for research grant applications report troubling experiences (Sangill et al. 2019:810). Some individuals express that they were engaged to meet submission requirements, and not for their personal insight into mental health.

On the middle rungs of Hart's Ladder of Participation, young people are informed about adult-led projects, and participate in some intentional consultation. On rung four, "assigned but informed," youth are introduced to projects and briefed from an adult perspective, with the expectation that they build directly on the ideas adults already approved (Nortvedt et al. 2022:1465). On level five, "consulted and informed," young people are introduced to adults' plans and asked for their thoughts. However, their contributions are limited to feedback, and youth do not shape the agenda (2022:1465). On level six, "adult-initiated," youth are welcomed into conversations about development and may share in decision-making (1465). The middle rungs of the ladder are preferable to the lower ones, but still carry critical flaws.

Biased consultation begins with recruitment, when adult leaders assign greater value to young voices with a limited range of mental health experiences, or who are generally conservative in their calls for system reform. In recruiting youth as consultants, adult decision-makers may disproportionately engage individuals with positive views of the established youth mental health sector (Daya et al. 2020; Halsall et al. 2020; Yamaguchi et al. 2023b). Young people with experiences of housing insecurity, teen parenthood, and incarceration are less likely to be asked for input, even if they are the

most directly impacted by mental health advocacy and service reforms efforts (Yamaguchi et al. 2023a:59). Youth engagement officials may stigmatise individuals struggling with addiction. A youth advisory facilitator (in Yamaguchi et al. 2023a:87) described how certain opioid users were pushed out of decision-making spaces until they met predetermined criteria around sobriety:

People are always wanting to, you know, get the perspectives of young people, but if people are actively using opioids, then they [adults] tend to discount them [young opioid users] and they don't include them and things so it's like, you know, you've got to be clean to come in, you've got to do this, you've got to do that, so it's just that barrier.

In this example, the mental health institution paid lip service to youth engagement, but ultimately rolled back their commitments to inclusion by constraining the types of youth allowed into decision-making spaces. Mental health programs with a high likelihood of impacting opioid users were thus developed without user input. Outside of selective recruitment, adult leaders may avoid critical feedback by filtering the questions they ask young advocates (Daya et al. 2020:300). There may be little space for discussion of sweeping systems reform, such as peer-run services, support for Mad Pride, or recognition of human rights violations associated with psychiatric services (Daya et al. 2020:307). Ultimately, the youth allowed into decision-making spaces are those most likely to propose incremental change to mental health discourse. Preferred youth reflect organisational preference for uncontroversial projects, at the risk of missing the “most innovative contributions” to systems reform (2020:307). While some youth engagement is present at the middle rungs of Hart's Ladder of Participation, excessively narrow youth

engagement rejects community knowledge and solutions, ultimately producing feedback that poorly represents community needs.

The highest rungs of Hart's Ladder of Participation capture the most comprehensive forms of youth engagement. On the seventh rung, "child-initiated and directed," young people take leadership positions in mental health organisations and manage projects, rather than merely following adult directives (Nortvedt et al. 2022:1465). On the eighth and final rung⁹, "shared decisions," young people and adults collaborate fully (2022:1465). This model is generally preferred for mental health advocacy, as it requires adult stakeholders to create and maintain space for marginalised youth at the highest echelons of organisational power (Guinaudie et al. 2020; Luger, Hamilton, and True 2020; Poland et al. 2005). Adult leaders would actively reflect on their privilege as decision-makers, understanding the immutable "power and social-location differentials" between themselves, the organisations they direct, and young people working in adult-facing institutions (Canas et al. 2019:879). At the eighth level, youth advisory groups may be established to facilitate "brainstorming, feedback, and reflection" (Yamaguchi et al. 2023a:64). Young advisors may be invited to join boards of directors or collaborate with executive leaderships of established organisations.

To achieve the highest level of participation from youth, adult leaders must uphold the value of youth voice. Established organisations must intentionally safeguard spaces for youth-centred discourse, regardless of which form shared decision-making

⁹ While Hart's (1992) ladder of participation is often conceptualised as a hierarchal model, where a shift up the rungs is necessarily considered positive, some organisations engaging youth may not have the professional resources to engage youth at the seventh and eighth rungs of the ladder. Similarly, a lack of capacity among youth volunteers may constrain their ability to participate in co-creation initiatives. Rather than always attempting to move up the ladder, adult decision-makers should reflect on their organisation's current ability to engage young people, and solicit the level of youth representation that proves most constructive and sustainable for their programs and community.

takes (Guinaudie et al. 2020; Nelson et al. 2001). Established mental health advocacy movements may include young people at any level on Hart's Ladder of Participation, though most organisations struggle to reach the upper two. Similarly, North American mental health advocacy bodies may move between rungs over time. Later in this chapter, I will refer back to Hart's Ladder of Participation to illustrate how North American mental health organisations effectively engage youth, as well as the benefits that responsible collaboration generates.

3.3 BENEFITS TO YOUTH

When young people are meaningfully engaged as advocates, they often enjoy immediate personal benefits that spur them toward transformative engagement with mental health organisations. Dignity is the foundation of emotional empowerment, which refers to the perception that one can “make change in the sociopolitical domain” (Wray-Lake and Abrams 2020:72). Nelson and colleagues (2001:654) elaborated on this definition. They (2001:654) wrote that “personal dignity” is closely associated with the “perceived and actual levels of control” people enjoy over their life experiences. Wray-Lake and Abrams (2020:23) state that incidences of high emotional empowerment among youth are “empirically linked” to further political action and community engagement.

Youth may improve their sense of emotional empowerment through a variety of projects, as long as adult allies consistently assign weight to youth input. A young person affiliated with Wisdom2Action (2023), a consulting firm servicing civil organisations in Canada, told researchers (Canas et al. 2019) about the wide range of work she completed as a youth leader. Youth councillors interviewed by Canas and colleagues (2019:877) developed “new ideas for priorities, activities and projects” that informed the firm's

direction. They provided feedback on existing initiatives and contributed to “community-building, events-design and facilitation.” Young people’s testimonials suggest that Wisdom2Action operates on the seventh or eighth rung of Hart’s Ladder of Participation, where youth are given the tools to lead projects and fully share decision-making powers with adults (Nortvedt et al. 2022:1465). The benefits that young people described to Canas et al. (2019) are reminiscent of effectively managed youth engagement, as predicted by Hart and supported and by his contemporaries.

Youth engaged by other mental health organisations provide similar reports of empowerment even while working on largely divergent projects. Young people engaged by ACCESS Open Minds, a youth mental health service hub, contributed insight on the “look and feel” of organisational common spaces (Reaume-Zimmer et al. 2019:53). The act of selecting artwork for shared places “contributed to youths’ decision-making skills,” as young people made selections based on the feasibility and desirability of multiple options (2019:53). Youth holding advisory positions in a different organisation had the chance to develop new skills with adult support, which ranged from creative pursuits like video-creation to formal communications like completing interviews (Cullen et al. 2023). Finally, youth engaged in participatory research, where they reflected on their experiences with specific mental health resources and made meaning from their personal journeys (Cullen et al. 2023:11). For instance, youth with prior experiences of violence were given the time and space to recognise lingering trauma, find solace with their peers, and heal from negative incidents.

Young people engaged in organised mental health advocacy also benefit from improved relational empowerment. Relational empowerment stems from the belief that

community members can work together effectively, drawing on combined strengths to effect social change (Wray-Lake and Abrams 2020:23). Successful political organising is contingent on advocates' ability to collaborate on a shared goal, manage disagreements, and empower potential supporters (2020:23). Participation in organised mental health movements bring aspiring young leaders together, sparking organic discussions about their interests, strengths, and shortcomings. Cullen and colleagues (2023:8) described an instance of growth, in which a timid youth worked with a mentor to practice knowledge translation:

In developing a presentation, one youth researcher wanted to work on their public speaking but was nervous to do this alone. Another youth researcher with public speaking experience worked with this youth and they presented together. Creating space for mentorship and growth was important for youth researchers.

As the above example illustrates, youth with first-hand experience of program development reported “feeling connected to peers” or “having a sense of belonging” (Cullen et al. 2023:4). Similar sentiments may be important for marginalised youth, whose access to social support and degree of social isolation may vary (Craig and Furman 2018; Edge et al. 2014; Knoll, Pepler, and Josephson 2012). Youths participating in a strength-based program for sexual and gender minority people reported connecting with peers in the local LGBTQIA+ community (Craig and Furman 2018:175). These relationships translated into personalised guidance that helped youth navigate “barriers such as coming out” (2018:175). Likewise, newcomers who take leadership roles in their place of residence experience a greater sense of belonging (Edge et al. 2014:37). A

socially engaged newcomer (in Edge et al. 2014: 37) described the significance of community for refugee youth:

I think building community is such an important thing especially for refugees because you left everything that you knew behind and you need to form trust ... Building trust, building relations, feeling a sense of ownership over your city, community, country and place within them. That is important and that is why I think building that sense of community is a primary goal in almost all our programs.

Youth advocates of all backgrounds can build on their sense of cognitive empowerment through meaningful engagement in mental health advocacy. Wray-Lake and Abrams (2020:72) defines cognitive empowerment as the “knowledge of skills, abilities, and resources needed to make change” in one’s community. A general understanding of governance may inform strategic networking, where young people identify, approach, and hold the attention of political leaders. The more directly a young person informs an organisation’s programming and strategic planning, the greater their proximity is to “high-level actors” in the mental health sector (Halsall et al. 2021:625). Youth advisors interviewed by Canas and colleagues (2019:880) reported having “evolved in their educational and professional trajectories,” allowing them to contribute ideas as “professionals in the sector.” Skills practiced by civically involved youth include writing, conducting research, presenting information, and public speaking (Cullen et al. 2023:4). Recognised youth leaders can draw on these emerging networks to access decision-making spaces closed off to their peers and use their professional skills to inform change on a structural level.

While cognitive empowerment looks different across projects, efforts to spark structural shifts require an ability to communicate effectively with adult allies (Anyon et al. 2018; Furman et al. 2019; Wray-Lake and Abrams 2020). Young people who demonstrate complex thinking but are afraid to voice their opinions can find strength in meaningful engagement. One youth advocate, interviewed by Cullen et al. (2023:9), attributed their newfound confidence to the support they enjoyed as a consultant to a mental health organisation:

Usually I'm one to overthink things before I say them or just be too scared to share, so I was surprised by how much feedback I've given throughout... and just how freeing it is to know that you aren't going to be met with invalidation; especially in having the experiences we've had, in often feeling invalidated—it is freeing to know that you belong and that your voice is valued.

This testimony highlights the profound shift in attitude that organised advocacy offers. The young person's cognitive empowerment shone through the quote. The youth was capable of critical and nuanced thinking, which allowed them to provide significant amounts of feedback. The validation they received implies their contributions were helpful, potentially moving the organisation forward as a champion of youth mental health. Through repeated practice, the advocate learned to engage with constructive discourse, trust the stakeholders around them, and provide their own insights. By contributing to conversation, the advocate demonstrated emotional empowerment—the conviction that their opinion counts. Their allusion to belonging, carried by discussions of “validation,” points to the emergence of relational empowerment (Cullen et al. 2023). Institutions operating at the highest rungs of Hart's (1992:8) Ladder of Participation

facilitate projects where young people come away with a sense of purpose and agency. Positive experiences in advocacy help young people develop the confidence to engage in future change-making, producing a system where youth contribute their voices to change-making initiatives and where youths' insights are responsibly implemented by adults.

3.4 BENEFITS TO THE MENTAL HEALTH SECTOR

Building on concepts of legitimacy and credibility, empowering youth to take part in decision-making helps institutions to consult equity-deserving communities. Previously marginalised voices are directly incorporated into “collaborating and co-developing services” as “equal partners” (Lucente, Kurzawa, and Danseco 2022:154). When young advocates are fully engaged by established mental health organisations—like positioning youth at the highest rung of Hart’s (1992) Ladder of Participation—social movements servicing youth become more effective. Institutions empowering young people strengthen their commitment to equity, diversity, and inclusion, gain youth insight into mental health initiatives, and produce more salient services for target populations (Knoll et al. 2012; Ungar et al. 2015; Yamaguchi et al. 2023b). When adult stakeholders collaborate with youth as equal partners, these organisational benefits can be sustained.

The drive for equity, diversity, and inclusion is congruent with youth engagement. Empowerment is a commitment to social justice, whereby “previously marginalised perspectives” are foregrounded, and the most privileged actors practice “continuous reflexivity” on matters of power and privilege (Canas et al. 2019:876). The inclusion of youth voice at the decision-making table upholds young people’s right to lead mental health advocacy efforts informing services they then use (McCabe et al. 2022:31). The sustainability of meaningful youth engagement requires a “continual enactment of anti-

oppressive practices” (Canas et al. 2019:876). Sustained efforts to share power rests on adult stakeholders’ willingness to make space for young voices.

Youth engagement in mental health advocacy initiatives, particularly in the evaluation of existing projects or services, is essential for generating informed recommendations to improve resources. Youth-friendly evaluation efforts uphold collaborative decision-making, where conclusions are drawn based on “mutually shared ideas” and outcomes flow from “shared principles” (Guinaudie et al. 2020:654). Shared decision-making starts from the very beginning of evaluation efforts, such as writing research questions, and continues to generate benefits until the end of projects, including late-stage data interpretation (Cullen et al. 2023; Laliberte and Varcoe 2021b; Sangill et al. 2019). Young people engaged in evaluations, such as projects examining the efficacy of a given mental health service, begin by examining the relevance of research topics or the safety of proposed discussions (McCabe et al. 2022:42). Youth are well-positioned to comment on whether a set of research questions will draw their peers’ attention, and how communications can be carried out to maximise participant interest (McCabe et al. 2022; Sangill et al. 2019; Yamaguchi et al. 2023a). The process of workshopping research logistics with youth, from the very start of a project, improves research efficacy down the line. For instance, youth may provide feedback that enhance the relatability and accessibility of research materials for their peers. Guinaudie and colleagues captured this phenomenon in their study (2020:660), as youth advisors suggested changes to the examination of a certain mental health service:

Patient partners had reported that youth consent forms were too lengthy and difficult to understand. In response, a committee including patient partners was established to review

the forms and isolate the fundamental components to co create the Care Consent Form. This form, reduced from its original eleven pages to two pages, is written in youth-friendly language to support and enhance SDM [Shared Decision Making] practices in research recruitment.

The “patient partners” described above included young people who have used the service they were evaluating. Not only did youth contributors improve the comprehensibility of a distinct document, but they also modeled a new style of communicating research-based tasks to a young audience. Guinaudie and colleagues (2020:660) conceptualised changes to the Care Consent form as “an innovation in health services research,” underscoring its symbolic significance to scientific communities at large.

When young people are actively engaged in evaluations, they can bridge conversations between professionals and laypeople who may not otherwise engage in research. Younger generations may drive innovative thinking on community and political issues, and build networks through emergent forms of civic engagement like digital activism (Wray-Lake and Abrams 2020:12). Some young leaders come to the table with “well-established relationships” with people who make potential study participants (Sangill et al. 2019:808). Research informants could be “more willing to participate” in a study when they are approached by peers (2019:808). The participants’ common ground with community-based researchers fosters trust and encourages candor.

Young people’s engagement in mental health leadership translates into nuanced discussions about mental health advocacy projects, initiatives, and services. Youth contributions to adult-led mental health discourse are most evident when youth are invited into decision-making spaces, reflected by rungs seven and eight of Hart’s Ladder

of Participation, and given the space to fully express themselves. Youth may interpret data differently from their adult counterparts, asking questions that address hegemonic power relations and suggesting solutions supporting community needs (Sangill et al. 2019; Wray-Lake and Abrams 2020). Young people, having spent less time as part of academic institutions, are a guard against traditional psychiatric theories that individualise mental health struggles while ignoring social ills (Laliberte and Varcoe 2021b:266). As they amass experience conducting research and work out areas of confusion, they may slow the pace of research, which makes space to scrutinise the ways academic presuppositions are woven into conclusions and manifest as biases (Sangill et al. 2019:809). Young people are further positioned as dissenters by the ways in which they analyse gathered data. In one article (Sangill et al. 2019:809), it was observed that nontraditional researchers coded interview themes “in terms of experience and feelings” presented by interviewees, while traditional researchers coded “in terms of processes and procedures.” The introduction of further complexity into research and evaluations allows for new ideas to emerge, and for new mental health frameworks to be developed.

While adding complexity to nuanced mental health discussions may feel counterproductive, youth engagement ultimately makes mental health initiatives more desirable for target populations. In discussions of resource evaluations, a plurality of perspectives is commonly observed as a strength (Bailey et al. 2014; Crowther et al. 2022; McCabe et al. 2022). The input of young service users has the potential to improve the “overall quality of outcomes” and to maximise the impact of knowledge translation efforts (Ali et al. 2022:2). Editing done by young leaders may improve the “readability and accessibility” of research and knowledge-dissemination materials, which more

effectively communicates key messages to desired audiences (2022:2). Young leaders can also broaden the scope of data-sharing. They may bring relevant research from conferences to the community at large, where data may inspire actions that amplify the impact of a given study (Cullen et al. 2023:4). Engagement in established mental health advocacy is not simply a means of uplifting individual youth; it is a window of opportunity whereby knowledge translation efforts are better aligned with community needs, and findings are more effectively shared with target populations.

3.5 BENEFITS TO EQUITY-DESERVING COMMUNITIES

In a previous section, I detailed how youth engagement in mental health decision-making supports communication between established mental health services and under-engaged communities. Related benefits for marginalised communities may also include greater uptake of professional mental health services, which may meet otherwise unaddressed challenges in laypeople's lives (Knoll et al. 2012; Kulick et al. 2017; Yamaguchi et al. 2023a). Adult-led organisations are again encouraged to embrace the highest rungs of Hart's (1992:8) Ladder of Participation. Shared ownership of mental health advocacy projects, or formal services pioneered by young leaders, can support discussions about cultural relevance to under-served communities (Guinaudie et al. 2020:658). When young leaders with lived experience of marginalisation meet with policymakers, they can exchange knowledge around the "everyday realities" of equity-deserving peoples and the accessibility of existing services (Yamaguchi et al. 2023b:92). Young leaders, who enjoy heightened levels of credibility through their affiliation with established mental health organisations, are well-placed to elevate ideas from the marginalised communities with which they are familiar.

For some equity-deserving communities, engagement in constructive projects is a way of “directly healing from trauma created by oppressive violence” (Kulick et al. 2017:1136). The act of dismantling or re-shaping social institutions, particularly those that upheld inequalities, builds a sense of control and self-efficacy in community members (2017:1136). This marks empowerment on a macro level, where entire populations may benefit from the efforts of young people engaged in upper-level decision-making in powerful mental health institutions.

The benefits to marginalised communities, emerging from youth leadership, do not end at the macro level. Rather, such benefits extend into the sphere of individual interactions and inform personal attitudes toward mental health. When community members participate in advocacy and service development, individual supporters normalise and de-stigmatise distress (Ruiz-Casares et al. 2015:11). Contributors to shared wellness projects may experience a heightened sense of connectedness, togetherness, and inclusion with peers and neighbors (Yamaguchi et al. 2023a:78). Improved mental health literacy, coupled with a sense of closeness to one’s community, may translate into a network safeguarding equity-deserving peoples’ mental health (Mathias et al. 2021; Wray-Lake and Abrams 2020). Previously reluctant individuals could begin making “self-help and social integration” a key part of community development (2015:11). Youth engagement in established mental health movements is a first step to generating social change, where matters of health equity could come to the forefront and marginalised voices may be centred.

3.6 CONCLUSION

In this chapter, I discussed the systemic factors leading to uneven engagement of youth in mental health advocacy within a North American context. Historically exclusionary discourse, perpetuated by psychiatric institutions and their affiliated decision-makers, pushed equity-deserving voices out of authoritative spaces. However, a shift toward more inclusive advocacy would benefit young leaders, the mental health sector, and marginalised populations in significant ways. Established mental health institutions promote equitable youth engagement when they share decision-making power with young leaders, as observed on rungs 7 and 8 of Hart's Ladder of Participation.

The rest of this thesis examines how North American mental health institutions can attract young people to their programs. I discuss the steps organisations can take to garner youths' attention, and why young people choose to get involved. I apply these insights to Catalyst, a prominent North American charity, and discuss how past and current volunteers found their way to the organisation. In Chapters 4 through 7, I elaborate on the data presented in this Chapter, in the form of models and case studies that may be adapted to guide Catalyst's youth-facing programming,

CHAPTER 4 OUTREACH

In this chapter, I describe strategies that mental health institutions leverage to attract under-represented youth to their programs. Organisations with a strong public presence, and who share the spaces already populated by equity-deserving youth, typically enjoy success. Youth advocates join organisations when they have an existing interest in mental health advocacy and feel connected to the organisation in question. I apply these principles to Catalyst. I outline the importance of word-of-mouth to youth engagement, and I give examples of Catalyst effectively utilising youth-centric spaces. I examine the reasons why youth join Catalyst out of the many other mental health organisations in North America, and I explore the narratives shared by past and current Catalyst volunteers.

4.1 MEANINGFUL OUTREACH

Mental health organisations seeking youth engagement may benefit from community outreach, where they proactively approach under-represented youth and relate organisational goals to youths' existing interests. Adult representatives could frequent public locations that young people already visit, and disseminate information using a blend of online, physical, text-based, and visual media (Marshall et al. 2012; Ruiz-Casares et al. 2015; Van Doesum et al. 2016). Existing academic literature (Nortvedt et al. 2022; Omstead et al. 2009; Ungar et al. 2015; Yamaguchi et al. 2023b) suggest that youth commit to civic engagement when they: 1) perceive an injustice impacting themselves or their immediate communities; or 2) when they establish a reciprocal relationship with the party attempting engagement. Advocacy leaders may do well to tailor their approach to these two themes, improving the relatability of their movement to

target communities. Wray-Lake and Abrams (2020) provide concise examples of both motivators as they manifested among the Black youth they interviewed, who lived in an impoverished urban setting. Not all examples from the literature directly address youth mental health advocacy, but the sentiments motivating action are general enough to translate across initiatives.

4.1.1 Systematic Recruitment

To attract a larger pool of equity-deserving advocates, mental health organisations may wish to direct their outreach efforts to community spaces already frequented by youth. Larger institutions, who often enjoy the recognition unobtained by local grassroots movements, could leverage the agency's reputation to access strategic settings (Marshall et al. 2012; Ruiz-Casares et al. 2015; Van Doesum et al. 2016). Depending on the organisation's ability to contribute time and funding, staff may recruit youth at libraries, walk-in clinics, and recreation centres (Ruiz-Casares et al. 2015:14). Representatives could approach potential advocates at public events, both through informal conversation and as a part of structured networking events (Wray-Lake and Abrams 2020:85). Partner organisations could help spread the word, both online—on internet forums, through social media posts, and using digital newsletters—and in person—keeping promotional materials in-office, mailing flyers, and leveraging word of mouth (Van Doesum et al. 2016:163). The exact forms of outreach will vary depending on an organisation's focus and size, its access to disposable resources, and the community-building opportunities available in their area. However, respectful and sustained efforts to seek out under-represented youth in mental health advocacy is likely to yield favourable results, in the form of increased youth interest.

Mental health organisations engaging marginalised populations should make every effort to produce accessible recruitment and follow-up materials. Accommodations may be especially pertinent for groups engaging youth with neurological, developmental, and linguistic differences (Guinaudie et al. 2020; Louw, Kirkpatrick, and Leader 2019; Yamaguchi et al. 2023a). Youth with information processing difficulties, or newcomers who struggle with English and French, may have trouble navigating “typical computer interfaces” and “web browsers that require a lot of reading” (Louw et al. 2019:803). Multimedia alternatives have produced success in the field. Drawing, photography, cue cards, and tape recordings were used to engage neurodivergent youth with nonverbal communication styles (Bailey et al. 2014:510). Similarly, pictures, TV series, and community-based discourse aided knowledge dissemination within low-literacy populations (Ruiz-Casares et al 2015:14). For other youth, visual media may play a critical role in cultural self-expression and knowledge translation. Community groups who work with Indigenous youth leaders recommend the use of visual images to facilitate interviews and discussion, which is in keeping with cultural practices of storytelling (Mertens 2021:7). Mental health organisations’ willingness to invest in alternative communications materials, and the dedication to mobilise them during outreach, helps them reach communities that were historically excluded from mental health advocacy.

4.1.2 Visible Events

Community events, both formal and informal, are an excellent medium through which mental health organisations can attract under-represented youth. Collective activities are powerful, in that they provide a “sense of community” and facilitate “positive connections” between individuals (Wray-Lake and Abrams 2020:92). Young people may

benefit from community events in a myriad of ways, but here I highlight two possibilities: 1) community events introduce youth to advocacy in an engaging manner; and 2) events provide much needed relaxation for youth already active in the mental health space. Literature on youth civic engagement (Craig et al. 2021; Lévesque 2017; Wray-Lake and Abrams 2020) suggests these arrangements are especially effective for engaging underserved youth, including Black and low-income folks. These youth may have interests aligning with mental health advocacy, but have been pushed out of affluent and White-majority places where policy discourse is often generated.

4.1.2.1 Introductory Events

Introductory activities, which fall under the first category of community events outlined above, may cater to local interests. Some marginalised youth interviewed by Wray-Lake and Abrams (2020:92) described attending “block parties, church barbecues, and community festivals” as forms of civic engagement. These activities, while seemingly informal and detached from social activism, are critical venues for youth to form interpersonal connections and reflect on civic engagement (Colley 2003; Edge et al. 2014). Consider the following testimony from Angelo, a 15-year-old Black and Latino boy, as relayed by Wray-Lake and Abrams (2020:62):

[The diversity event] had a barbeque at the park, and it was kind of nice because it was very diverse...you're seeing different people from different races come together and communicate and get along...it's like seeing how they could work things out.

For Angelo, what initially appears to be a simple community gathering had symbolic and facilitated hopefulness. Youth living in underdeveloped or physically unsafe communities may have limited access to comfortable public spaces (Laliberte and Varcoe 2021b;

Nortvedt et al. 2022). The only site where youth “felt safe hanging out” may be the local church, recreation centre, or community hub (Wray-Lake and Abrams 2020:90).

Considering that mental health advocacy is an inherently pro-social activity, the significance of supportive relationships cannot be overstated. Young people interviewed by Laliberte and Varcoe (2021c:281) described authentic social connection as “enabling [their] needs for self-worth and self-determination,” where young people “felt safer to be themselves.” Wray-Lake and Abrams (2020:105) similarly report on the saliency of interpersonal relationships, and a resounding call to develop “more ecological assets” (i.e., youth-friendly safe spaces) than were currently accessible. The presence of one’s neighbours at a networking event, in a community where violence and conflict are the norm, reassures youth of the potential for healthy connections. As Angelo aptly stated in his interview with Wray-Lake and Abrams (2020:62), the presence of a simple community networking event served as a reminder that collaboration is possible in a seemingly unforgiving world.

4.1.2.2 Restful Events

Events serve a second, though no less important, purpose for youth mental health advocates: they provide respite from the oftentimes taxing demands of activism. To illustrate, young people interviewed by Laliberte and Varcoe (2021c:279) expressed “needing inspiration and perspective in their lives.” These informants, who overwhelmingly identified as low-income youth, described how “seeing beauty” within their “built and natural environments” produced some much-needed contentment in their typically gruelling lives (2021c:279). Several studies (Craig et al. 2021; Lévesque 2017;

Mertens 2021; Vitopoulos et al. 2018) outline the benefits of visual arts on youth wellness. Craig and colleagues (2021:9) received the following testimony:

Another participant described the art they created... as a representation of the way that they have coped with feelings of anxiety, jealousy, and the desire to escape from themselves through others.

As this quote illustrates, artistic expression is a healthy form of emotional processing that resonates with many youths. Visual media is not only a medium through which young people release negative thoughts. The process of making art may also help youth recognise and name their own emotions. Collective activities that incorporate artistic elements may resonate with youth who tire of formal, didactic advocacy (Lévesque 2017:54). Mental health organisations can further learn from the Comprehensive Health Education Workers Project, a youth outreach program. Evan, a staff member for the Project who “designed and facilitated art jams monthly,” drew on this personal background in music and theatre to mobilise a variety of media—including comics and poetry—to engage youth in health education (Lévesque 2017:54). The art jams provided a high energy, engaging, and hands-on learning environment, where young people were drawn into wellness-related discourse and gained mental health literacy (Lévesque 2017). Leisure- and hobby-based community events, whether formal or informal, represent an opportunity for young mental health advocates to recharge their batteries, network with peers, and renew their dedication to an important cause.

4.2 RATIONALISING ENGAGEMENT

According to the literature on youth civic engagement, individuals who observe unresolved systemic challenges in their community are likely to engage in advocacy. Other young people contribute to social causes out of reciprocity, or because the people they are helping first provided them with support. Personal relationships, such as with mentors, service administrators, and other adult allies, are crucial to generating buy-in among equity-deserving youth.

4.2.1 Perceptions of Injustice

For the urban Black youth who contributed to Wray-Lake and Abrams' (2020) study, recognition of social injustice is a major driver of advocacy work. Young people described feeling motivated regardless of the specific wrong they perceived. Rather, the visibility and proximity of the wrong pushed them to act (2020:50, 61). Some youths were spurred on by relatively harmless challenges, such as the presence of trash in their community. Amaya, a 15-year-old Black girl, described feeling “tired” of seeing garbage strewn about the streets (2020:76). She “passionately” declared her intent to change things, saying “if nobody’s gonna do something about it, I guess it will just have to start with me” (76). Amaya’s acknowledgement of an unmet need—a community cleanup—coupled with the resignation that the problem would not resolve itself, pushed her to take action.

Many other youths in Wray-Lake and Abrams' (2020) study expressed frustration at a systemic shortcoming with wider consequences: that of violence against racialised Americans. Like Amaya, anti-racist activists transformed an acute “frustration” over discrimination into a drive for social change (2020:89). Young interviewees spoke

candidly about how gun violence impacted their everyday lives, and about the losses they endured due to poor firearm regulations (2020:50, 76, 89). A young person described the uncomfortable possibility of losing close friends to shoot-outs:

At the end of the day, I don't like seeing people that's doing bad stuff in the community... It just hurt my soul to see my friends on the news.... I don't want to see you on the news... or in a casket or going to your funeral.

The young person quoted above was driven by the desire to protect their own close relations. However, youth may also be motivated to act when members of their broader community are threatened (Wray-Lake and Abrams 2020:50, 64). Some Black American youth contributed to the #BlackLivesMatter movement following media coverage of high-profile police brutality, even if the activists did not know the victims personally (2020:50). Makena, a 15-year-old Black girl, told Wray-Lake and Abrams (2020:64) about her Facebook posts supporting #BlackLivesMatter:

I remember just putting it out, like, she [Sandra Bland] was killed in the jail... killed by police... And then I said #blacklivesmatter. So, when I said that, they [the tags] brought a big significance to me. [They] reminded me of Michael Brown, Ferguson issue, and [Treyvon Martin].”

Makena's digital activism was spurred by the death of Sandra Bland, a Black woman who took her own life following an arrest. Bland, who was approached by police officers for a minor traffic violation, demonstrated no intent to impede law enforcement (Laughland 2019). She was verbally abused by officers and jailed, where she died three

days later (Laughland 2019). It is largely accepted that Bland's arrest was unjustified, and that law enforcement's conduct towards her was informed by her racial background.

Makena, who is also Black, linked Sandra Bland's death to a history of anti-Black policing entrenched in the American context. She connected Bland's story to the killings of Michael Brown and Trayvon Martin, both of whom were unarmed Black men murdered by law enforcement figures (Wray-Lake and Abrams 2020:64). Makena's contributions to #BlackLivesMatter, and her recognition of deadly trends in American policing, were likely based on her own identification with the Black community. Makena gave no indication of knowing Sandra Bland personally, but she expressed solidarity with Bland nonetheless (2020:50). Racial discrimination on the part of law enforcement endangered all Black Americans (Alexander 2010; Cole 2020; Maynard 2017), an injustice that Makena chose to resist.

Youth who perceive an unresolved injustice facing their community, whether immediate or expansive, are more likely to embrace civic engagement. Perceived injustices could be relatively minor—such as the presence of trash in one's neighbourhood—or evidence of systemic violence—like patterns of racialised policing (Wray-Lake and Abrams 2020). Youth could be spurred to action by wrongs impacting their own close relations—such as family members living in an unkempt community—or members of broad social groups—like African American people being subjected to racialised policing. Regardless of the specific topic that drew their attention, some youth transform their discontentment into action. They take to socio-political organising, both online and offline, to address the problems they believe are not being afforded a proper resolution.

4.2.2 Reciprocity

Within the context of inner-city American life, some Black youth described being inspired to act when the people they wished to support stepped up to help them first. Youth interviewed by Wray-Lake and Abrams (2020) overwhelmingly confirmed this observation. Many participants recalled times when reciprocity directly influenced their own civic engagement. Some youths found adult allies at youth centres, where they spent much of their free time (2020:58). Young people recalled the benefits they reaped as a direct result of adult action, and they described these examples when they talked about giving back. Wray-Lake and Abrams (2020:58) summarised one instance of reciprocity, where a teen stepped up to help an adult mentor:

Cyrus, a 16-year-old Black youth, talked about a youth centre staff person who needed help watching younger children: “It was like 80 kids...it was like 3 of us that day but we looked out for him....in the back of my head I’m like, I’m pretty sure he would have done the same for me. So, it felt like the right thing to do.”

When Cyrus described his choice to help an adult with an otherwise overwhelming task, he cited clear moral and relational motivations. Cyrus, along with other interviewees informing Wray-Lake and Abrams’ (2020:61) findings, understood “helping” as a part of “being a community member.” Far from being simply pragmatic, mutual helping made youth feel “connected, valued, and cared for” (2020:93). They recognised a genuine intention to do good among adult role models, and they “wanted to give back” in recognition of adult sincerity (2020:61). Youth explicitly acknowledged that all parties to a relationship must work to maintain it, and they chose to step up when the people around them expressed need.

4.3 FINDING CATALYST

The youth volunteers I interviewed took two general paths to finding Catalyst, both of which align with findings in the academic literature (Lévesque 2017; Wray-Lake and Abrams 2020). Word of mouth was critical for half of the participants. For these individuals, close relations encouraged them to reach out to Catalyst specifically, and they followed up on the suggestion. The remainder of the participant pool found Catalyst through the organisation's public-facing outreach, which included student-led activities run by Branch members, official social media posts, and webpage links. When they learned more about the organisation, such youth concluded that Catalyst's programs fit their personal interests.

In both cases, Catalyst's community presence was crucial to securing youth engagement. This strongly aligns with recommendations in the sociological literature (Colley 2003; Marshall et al. 2012; Ruiz-Casares et al. 2015; Van Doesum et al. 2016), which prioritises visibility in the community for mental health institutions looking to expand and diversify their ranks. Gatherings, which are one of Catalyst's major programmatic offerings, appear key to the youth engagement process.

The youth I interviewed described their own paths toward becoming Catalyst advocates, and I discuss their narratives in this chapter. To provide context for their stories, I identified each participant by their pseudonym and their disclosed identities, as relevant to the topic of discussion. As noted earlier, I categorised participants into three levels of engagement: high, moderate or low.

4.3.1 Word of Mouth

Cameron, a low-engagement White man, became involved with Catalyst at the behest of his sibling, who was already involved with the organisation and urged him to join. The sibling had quickly ascended the ranks at Catalyst and found themselves in a position to directly advise Catalyst administrators. Under his sibling's guidance, Cameron applied to a one-time event at Catalyst. Cameron described his journey to me:

[My sibling] is a... [prominent leadership position]. Yeah, for [geographic area]. And [Sibling] told me about the opportunity... which was in [region]. And [Sibling] was like, "look at this. You might be interested in it." I took a peek at it, and I wasn't quite sure, like, what Catalyst was. But I decided to apply to the Gathering and, like, learn a bit about... the fundraising and the support that they do.

Oliver, a moderate-engagement White man, likewise found Catalyst through existing social relations. Oliver was introduced to the Branches program just before he started his undergraduate journey, and his personal conversations with Catalyst-involved youth prepared him to take an active role in mental health advocacy:

I think this person—on Facebook—just, like, sent out hundreds of invites to her network, and I got a notification. And I just thought, "oh. This seems interesting." Um... and so, that's originally how I found out about Catalyst and, like, the hiring that was going on.

In both Cameron and Oliver's case, a friendly introduction to Catalyst piqued their interest in mental health advocacy. The contrast between Cameron and Oliver's journeys suggest that the introduction does not need to come from a very close relation, but rather anyone the advocate knew prior to engaging with Catalyst. Outreach could be done in person or virtually. Cameron's conversations with his sibling, and Oliver's social media

interactions with an acquaintance, both brought them into leadership positions they would not have held otherwise. Cameron benefited greatly from attending the Gathering for which he applied, and he was inspired to revive a struggling Branch at his university. Oliver became a Branch president and an experienced Presenter.

4.3.2 Public Presence

Catalyst’s visibility in youth-centric spaces contributes to their public presence, and their relevance to young people is heavily influenced by Branch activities on post-secondary campuses. Young people who are interested in mental health advocacy, but who do not have social connections in the field, could learn about Catalyst through organisational representatives. Amir and Brandon—high- and low-engagement volunteers, respectively—found Catalyst through university fairs. The post-secondary institution that Amir attended had an active and prominent branch. Amir recalled:

Whereas Catalyst—at least the campus group, the [university name] campus one—um, they were already... ah, established for a few years. So, there [were] traditional events that had a good turnout, that they told me that it was a big, big event. And they're also leaning more into, looking into the policy work.

When he engaged with Branch members, Amir ascribed a high level of agency to the team. The extent to which Catalyst was recognised by the campus community hinted toward the Branch’s influence. Branch leaders’ interest in “policy work” demonstrated the Branch’s potential for producing widespread social change. For Amir, the visual presence of a local Branch grabbed his attention, and their well-evidenced efficacy drew him in as a volunteer.

Brandon, a low-engagement White man from Eastern North America, shared a story similar to that of Amir. Brandon also learned about Catalyst when he started his undergraduate journey, when he saw their booth at a student society fair. The Branch on campus was registered with his university, and representatives actively worked to attract first-year students' interest. Brandon discussed his first impressions of Catalyst, informed by their campus presence:

I think I just kind of picked Catalyst, just... because they had a bit more of a presence, I would say. And then, being like, kind of from a bigger national organisation, kind of also helped... kind of draw it in. Like, OK, this is kind of.... It's having a little bit more of an impact, maybe, on... like the larger scale.

Strategic placements of the Catalyst 'brand,' embodied by representatives who prompted discourse in their own communities, garnered the attention of youth from backgrounds under-represented in mental health advocacy. Catalyst's visible initiatives, such as one Branch's desire to uphold traditional events and pursue policy work, projected a sense of organisational competence. Young people may be drawn to Catalyst for their ability to make a change in the local community, and ultimately decide to become involved.

4.4 JOINING CATALYST

Once a youth hears about Catalyst, they may seek out official programming for one of three general reasons. Some individuals became advocates to combat perceived injustice, like many people described in Wray-Lake and Abrams (2020) work. This may be influenced by the youths' past encounters with mental health systems or the inability to find help when they needed it. Some became involved to spend more time with like-

minded peers, which ties into notions of community and reciprocity, both discussed earlier in this chapter. Other Catalyst volunteers sought out lucrative opportunities for personal advancement. They utilised Catalyst’s resources to improve their own skills and social influence, as these ambitions aligned with youth mental health initiatives. Themes of personal advancement relate to my claims in Chapter 3, which outlined the benefits that young leaders may gain from inclusive advocacy.

4.4.1 Combating Obstacles

Youth who joined Catalyst were typically passionate about mental health before they heard of Catalyst as an organisation. While experiences with mental health activism varied between individuals, most volunteers approached Catalyst with a passion for social justice. Most youth had a personal history of mental health struggles and/or had a close relation who experienced poor mental health. Following minimal prompting¹⁰, all the people I interviewed successfully: 1) applied sociological imagination to seemingly personal struggles; and 2) articulated this understanding through personal narratives¹¹. A small fraction of youth acknowledged and articulated the intersectional nature of mental health outcomes.

Aaron, a young man who participated in Branch activities and attended Gatherings, described the impact that personal experiences of poor mental health had on

¹⁰ “Minimal prompting” involves asking youth questions such as, “do you think certain groups of people are more likely to get involved with Catalyst over others?” I left the question open and allowed participants to share their own conclusions. Participants typically considered the types of people they saw around themselves, described the lived experiences embodied by these people, and extrapolated challenges (e.g., not being able to access culturally appropriate services, experiencing disproportionate stigma) to social inequalities.

¹¹ In the spirit of transparency, note that recruitment materials for this study included mentions of social inequalities in mental health advocacy and hinted at a call for social justice. Participants who self-selected into the study may be more knowledgeable about the sociology of youth mental health compared to the general Catalyst network, considering they wanted to inform a sociology project.

advocates. When asked to reflect on the voices already present within Catalyst's youth network, and to name the perspectives most prominent within the organisation, Aaron offered the following:

And so... it is kind of a pipeline from.... [demonstrating linear movement with one hand]
Suffering... poor mental health person, to advocate, to person engaging with Catalyst.
I've never met a mental health advocate who was just like, "yeah, I kind of have a perfect life, but I just thought I'd just do this. It seems fun."

Aaron's general description resonated with several interviewees on a personal level. For some youth, they were the ones who experienced poor health. For others, watching a loved one struggle pushed them toward activism. Brandon, who described a history of relatively robust mental health, had several friends who fell into dark times. He volunteered with Catalyst because he perceived the organisation to be a leader in awareness-raising, and he wanted to be a part of the movement. Brandon described his involvement as such:

I was never a person who struggled with mental health issues a whole lot, but a lot of my friends... and stuff did. So, I just thought, you know, Catalyst is a great group and a great organisation to be a part of. And that's kind of why I started spending a lot more time there.

Later in the interview, Brandon described the typical Catalyst volunteer in a way aligning with Aaron's view. Brandon did not see himself¹² in this mould, but he nonetheless knew

¹² Brandon confessed that he sometimes felt out of place because he lacked the first-hand experience that most Catalyst volunteers had with mental health struggles. His alienation may reflect wider recruitment challenges, where a relatively narrow image of the Catalyst youth is shared with the public, thus discouraging participation among people who do not fit this norm. However, Brandon was the only participant to express such sentiments, so there is not enough evidence to draw overarching conclusions

the story well enough to describe it in detail. According to Brandon, the ideal Catalyst leader is:

Like, it's someone who's kind of... been through the wringer, I guess I would say. And had, like, a massive experience where they.... They've kind of did that, experienced it, and came to the realisation that they want other people to not have to experience what they experienced. I feel like they kind of, always follow that kind of—general theme of—overcoming some kind of massive adversity. And then, now, they have to share their story to help other people.

Many of the youth I interviewed embodied the model described above, including Noah, a cis-straight Black man. When I asked Noah why he chose to volunteer with Catalyst, Noah told me that he “was impacted by friends who, who died at a young age,” implying that he had close relations who died by suicide. Noah noticed a lack of discourse around mental health for individuals like himself. He reported that conversations about wellness usually targeted Queer men and cisgender women. Noah described the disconnection he felt toward mental health educators:

But, like, their struggles are, like, totally different from yours. When a gay man talks to me about the struggle that he's experiencing as a gay man, there's a variety of things that I can't understand because I'm not in this position. While there's another—there's other things that he probably won't understand. [That] he might understand from things that I experience as a heterosexual man.

about Catalyst’s messaging. Catalyst staff may wish to revisit network branding strategies if similar complaints arise within the network.

When he failed to find an appropriate role model for straight, cisgender Black men like himself, Noah decided to step up and become the role model. Noah strove to inspire younger boys and men, who may relate their own experiences to Noah's journey.

Cameron, the young man who was introduced to Catalyst through a sibling, similarly joined Catalyst to ameliorate a poor mental health landscape. While Noah centred himself as a role model for people embodying a certain set of intersecting identities, Cameron promoted professional mental health resources developed by others. He described his decision to stay engaged after attending a Gathering. There, Cameron met a woman who attended the same university as himself, and they bonded over two challenges they perceived at their school. After a local Catalyst Branch became inactive, students attending that university heard very little discourse around mental health. Similarly, there was a lack of accessible and affordable resources for people in that region. Cameron first described the decline in mental health awareness-raising:

The Catalyst Branch at [Central University] had kind of went... went silent for a bit. And so, we thought this would be a really good resource for students, especially how hard students were hit during COVID. Just looking at statistics... there was, there was a really big need for change, which... which was definitely an influence as to, um... why we were so motivated to, umm... you know, get this, get this back on campus.

The statistics Cameron mentioned include survey data gathered at the university he attended, in which results showed a clear correlation between COVID-19 restrictions and declines in student mental health. Cameron was frustrated that the university administration was doing little to promote wellness, and he thought reviving the local Catalyst Branch would provide students with an alternative source of dialogue. Once the

Branch became functional again, Cameron would leverage its connections with Catalyst to pressure local decision-makers into providing more effective health care services. He described the need as such:

Another thing that I... [sighs] I thought was... was frustrating, and which also led as a, uh... a driving factor on campus, was the, uh... lack of resources through the... uh, through the university clinic. I just found that, like, people who had to wait, you know, about a month to be seen—and get help—was really... was really frustrating.... If students, like, outside of [local area]... and outside of [Country] aren't.... They don't have a doctor, that's generally where they will go.

Cameron demonstrated intersectional thinking when he recognised that certain student groups—like the international student community—faced greater barriers to mental health service access compared to their peers. Later in the interview, Cameron expressed a contextualised understanding of local healthcare systems, describing plans to communicate perceived challenges to local mental health decision-makers. By partnering with adult allies and sparking discourse, Cameron took the first step towards effective youth advocacy.

4.4.2 Building Community

Most of the youth interviewed for this project joined, or remained active in, the mental health advocacy sphere because activism allowed them to build and strengthen their personal networks. This is reminiscent of Wray-Lake and Abrams' (2020) work, in which the authors detailed the importance of community connections to Black American youths' community involvement. All nine people I interviewed shared narratives that included themes of connectivity, togetherness, and mutual empowerment. When asked

about their decision to volunteer long-term, interviewees consistently cited: 1) engagement with like-minded community members, and 2) a desire to contribute towards an organisation who earned their support. These themes were universal across interviewees of different engagement levels, ethnic backgrounds, and places of residence.

Brandon, who self-identifies as a White man living in Eastern North America, joined Catalyst because of a desire for community engagement. His engagement with Catalyst *specifically* was more opportunistic than strategic. Brandon stumbled upon a booth, hosted by members of a local Branch, during a university fair. The volunteers appeared friendly, and Brandon said he would give Catalyst a try:

It would have probably been in... [pause, recalling] my undergrad degree at [University]. I think I was just going through, like, one of the... fairs that they have. You know, at the start of every semester with all the different volunteer organisations? And I just saw the booth. Thought it kind of seemed pretty interesting to me. Talked to them. The people seemed pretty nice. And from there, I just kind of started... helping out at more of the events.

As an active Branch member, Brandon was introduced to the local and national Gatherings that Catalyst hosted. Curious about Catalyst's different programs, he attended a local Gathering to learn more. Brandon described a passive approach to activism, in which he followed in the footsteps of higher-engagement peers and adopted activities that were made most visible to him:

With the, like, doing the Gatherings, and everything along those lines, it was kind of... just like a natural progression of [rotating hand, signalling natural progression of time]:

“I’m involved with Catalyst. Catalyst offers... kind of this giant Gathering. I kind of want to see what it's like, more than anything. I just... kind of wanted to experience it... um.... more than anything. It was probably a little less about the actual advocacy.... It was moreso a: “I’m kind of... in this group. I want to see kind of everything that they have to offer.”

Brandon stayed involved with Catalyst mainly to socialise and drew on his Catalyst networks to stay connected as COVID-19 produced national shutdowns. He had several years of volunteer experience with Catalyst by 2020, and volunteering allowed him to maintain social ties with his team. Brandon capitalised on this realisation and applied to be a Branch executive right before the pandemic spread across North America. Brandon confessed that he was uncertain whether he could obtain the position, as his personal story differed significantly from existing leaders’. However, he received the offer, which he accepted. Brandon reflected on his time as an executive, and he told me about his desire to engage with his Branch during lockdowns:

Maybe I probably could have done slightly more, even with it online, but there just wasn't a whole lot going on. So, I just kind of figured, I might as well just... stick with it anyway, um, and just participate as much as I can. ‘Cause I still wanted to, like.... It also, kind of, was a bit of an excuse too. That way, I could still, like, talk and keep up with the people—like on the executive too, more than anything.

In keeping with his earlier patterns of engagement, Brandon’s interest in Catalyst reflected a desire for social connectivity rather than an just investment in mental health discourse. This is not to say Brandon was apathetic toward Catalyst’s mission—an assumption that interview data would contradict. Rather, Brandon’s desire to do good

appears to be an extension of his desire for community. Brandon's narrative highlights the importance of peer-to-peer connections to youth engagement in advocacy. Brandon, who never struggled extensively with his mental health, and who initially adopted a casual attitude toward advocacy, remained with Catalyst for several years because his engagement produced social rewards.

The importance of community to mental health advocacy is highlighted by Michael's story. Michael is a Black man living in Western North America, and his early attitudes toward mental health advocacy differed significantly from Brandon's. Unlike Brandon, who joined Catalyst out of curiosity, Michael found Catalyst through an intentional internet search and selected Catalyst based on the programs it provided. Michael had considerable experience with public speaking and mentorship prior to joining Catalyst. He described himself as a "mentor" for younger boys, and he was already a skilled storyteller. Michael recognised the benefits that advocacy brought to his community, and he wanted to give back on a larger scale. When I prompted him to describe his choice to join Catalyst, Michael recalled:

I think the main thing was the size of it [Catalyst], so it was very well established. Um, as well as the opportunity to actually speak. Um, and then, also to be part of, like, a greater body of youth... um, to create this really big impact.

Michael followed his passion for public speaking as a Catalyst volunteer. He signed up as a Presenter, which brought him into contact with Catalyst staff and other youth speakers. Michael was steadfast in expressing his talents, and he actively sought out higher-profile Presentations that allowed him to strengthen his skills. Michael spoke highly of his time

as an experienced Presenter. He described why he pursued higher levels of engagement over time:

And seeing, like, how much bigger it [higher profile Presentations] was than just doing the standard Presentations, which really made me excited. And... that's really what I was looking for, because I felt like my capacity—and my ability to speak and share—was kind of *too big* for just being a standard Presenter.

As he advanced through the ranks as a Catalyst volunteer, Michael was increasingly impressed by the scope of Catalyst's operations. He respected the resources that Catalyst could mobilise to amplify his voice. Michael recalled one particularly fulfilling Presentation, for which he travelled outside his city.

I think the first time that I got to do a Presentation, like, outside the city... it was in [Town, Area], and I got to go with someone from [another geographic region]. Uh, and... yeah. We, like, got to do this Presentation. And I just thought it was great that I was able to... go outside the city, and, like, be able to do this and take on this opportunity.

Michael went on to describe the friendships and connections he made as a Presenter, and how this camaraderie was facilitated by Catalyst. Michael contrasted the support Catalyst provided for him to travel with the work he did for other organisations. He enjoyed exploring new communities, which tied into themes of networking, and which further endeared Michael to Catalyst. As he invested more of his time into Catalyst, Michael learned about programs outside of Presentations. He met Branch leaders during Gatherings, and he was impressed by the presence that Catalyst had across geographic locations. Michael spoke thus about the Branch program:

I know about all the Branch programs. I met a lot of the Branch—kind of—presidents and executives at the Gathering. Um, so that's where I kind of learned that there's, like, quite a few Branches all across [Country]. Even in, like, more.... Um, kind of distant areas, I would say.... Which is really cool.

Michael had a generally positive attitude toward Catalyst's various programs. He spoke highly of Gatherings, of which he attended at least one, and the significance of meetups to helping him connect with Catalyst. Michael's description of his personal interests, ambitions, and values indicated a clear desire to uplift like-minded advocates. Michael supported Catalyst as an organisation through which he could do good. By expanding his social networks and remaining involved with a national charity, Michael could amplify his voice and leave a larger impact on those around him.

4.4.3 Personal Advancement

An increased access to resources, especially lucrative opportunities for personal advancement, kept many youths engaged in Catalyst's programs. While personal advancement was shaped by individual youths' goals, it typically included elements of skill-building, event engagement, and image development. Many volunteers perceived Catalyst as an organisation with the ability to offer professional development. Aaron, a high-engagement person, described his reasons for following Catalyst:

I'm always kind of, scheming and... um, making plans, and I just thought.... You know, sitting in the aftermath of [a social media campaign Aaron hosted], I was like, umm, I could tell very much that this was an organisation that I would do well to keep within my life. Because I'm always on the lookout for opportunities, and opportunities to travel, opportunities to present, to go to conferences.

Aaron was passionate about mental health awareness before he found Catalyst. He wanted to promote a school-based day of recognition, where participants would visibly demonstrate their dedication to the cause. Aaron reached out to Catalyst and asked them to share his initiative, to which Catalyst agreed. The event gained international attention. Aaron was impressed by Catalyst's network, attributing much of his event's success to the organisation's reach. If Catalyst could persuade educators across borders to support Aaron's event, Aaron would do well to keep Catalyst on his personal radar.

Many of the youth I interviewed described how Catalyst provided them with the funds and services they needed to succeed. Youth who undertook advocacy with multiple organisations openly contrasted their access to resources through Catalyst versus other groups. Jasvir, a former Branch member, described his attempts to solicit support across two institutions:

And they [Catalyst staff] were reaching out to me. Like, "you know what? Like, we have this... this for your support. We have this thing. Like, you can take this training. We have this money. You can do that with that." Whereas.... When I was trying to do the same thing with [University's] Students' Union, I had to reach out to people. And, like, you know? Wait for 20 days... for people's calls and meetings.... That's, that's how I see the difference.

Here, Jasvir described university processes as heavily bureaucratic and filled with red tape. Activist groups who wanted funding, meeting space, and advertising support had to fill out numerous forms, which were then reviewed by student officials. The relevant decision-making bodies met biweekly or monthly, and paperwork was often sent back to hopefuls for edits before the event was approved. Some student leaders waited for the

better part of an academic semester before their initiatives launched. Catalyst, with staff-initiated conversations with youth advocates and streamlined funding processes, posed no such challenges. Staff members anticipated volunteers' needs, such as a desire to complete training, and clearly communicated the resources Catalyst could offer. Not only did Catalyst's approach facilitate project completion, it helped youth feel prioritised by the organisation.

Depending on their personal interests, Catalyst volunteers could participate in programs that allowed them to practice and strengthen specific skills. Interviewees who hosted regional Gatherings, and who helped Catalyst staff organise national Gatherings, described the planning activities as particularly eye-opening. Oliver once organised a regional Gathering with his Branch, and was involved in the process from beginning to end. He shared his experience:

I also loved organising, like, a [local Gathering]. Like, as... as a part of our Branch. I organised a Gathering in [Central Town]. Um... and I would say that was such a fun experience for me. And also, um... a huge, like, leadership opportunity for me. Um... and I learned so much. And, like, it was on my résumé. And—I mean, I didn't do it because of my résumé—but I think it gave me opportunities as a result.

Oliver initially joined his Branch to host regional Gatherings. The event was locally celebrated and had become an annual “tradition” at Oliver's university. Later during the interview, Oliver listed out the skills he gained and exercised during the planning process. They included time management, communication, event promotion, and conflict resolution. Oliver's ongoing desire for school-based mental health advocacy intersected with his desire to collect marketable skills, which would go “on [his] résumé.” Other

youth, who contributed to Catalyst’s national Gathering but without leading the planning process, disclosed similar benefits. An anonymous¹³, high-engagement youth who spoke on the national stage told me:

And so many learnings. Like, that was a huge part. Like, learn to hold myself on a huge stage—like you mentioned, at the national Gathering. In the big—that was the biggest stage that I’ve performed or been a part of. Um, as well as... actually diving into the nitty gritty of event planning and understanding the mental health landscape. Uh, not just on a campus level, but now on a provincial level. At a national level.

This youth, who described themselves as a passionate and extroverted person, saw themselves as a good fit for Catalyst’s public-facing initiatives. Speaking at a National Gathering not only allowed the youth to challenge themselves by taking the “biggest stage” they had ever ascended, but it also connected them to fellow advocates across the country. This person was able to broaden their understanding of local mental health environments. As a part of their preparation, the youth gained a stronger understanding of the mental health needs and resources observed across geographic regions. They expanded their horizons from that of a university-based advocate, to a provincial youth leader, and finally to a national representative of Catalyst. The youth told me that résumé-building was not the main motivator for their contributions to Catalyst—rather, they expressed that Catalyst’s work aligned with their personal vision for North American healthcare. However, it is likely that career advancement played a part in their volunteerism, and that others within Catalyst’s network feel the same way.

¹³ I further anonymised anecdotes that pose the highest risk of identifying participants, such as narratives describing major, one-time events and descriptions of conflict between youth and Catalyst staff.

4.5 GATHERINGS

Catalyst's Gatherings are a key highlight of many advocates' journeys. Gatherings are reminiscent of the community events described in academic literature that draw young people into civic engagement (Craig et al. 2021; Lévesque 2017; Wray-Lake and Abrams 2020). Many youths I interviewed spoke highly of Gatherings, which included local, regional, and national conferences where Catalyst volunteers could socialise and meet adult allies. For many youths, the Gathering was the highlight of their time with Catalyst. Interviewees who attended Gatherings reported feeling connected with Catalyst's national network, and they unanimously indicated they would attend the event again. Aaron was the staunchest supporter of Gatherings, and he had this to say:

[W]hen I went to the Gatherings, I... I very much looked up to them [Catalyst]. I thought they were kind of... the perfect organisation, the perfect... voice, the perfect advocate, all these things.

For Aaron, the Gathering set Catalyst apart as an organisation who did youth engagement well. Catalyst projected a polished front to their attendees, and their programming was both engaging and uplifting. Aaron was not the only youth to speak of Catalyst in terms of 'perfection.' Amir, a racialised man who volunteered with Catalyst over multiple years, described the draw that Gatherings had for him:

I would say the national Gathering was definitely what cemented for me, um... my engagement with them and my kind of—as you said, enrapturement—with them. Umm, I feel that it was just... it was just the way the Gathering was presented that led me to... ah, put that conception together in my mind, whether subconsciously.... Because

subconsciously or consciously, just the organisation of it, it was... it was a perfect event, in my opinion.

Amir also spoke of the Gathering as the “perfect” event. Most interviewees reported that Catalyst has a positive reputation, and the quality of their Gatherings “cemented” images of Catalyst as a polished, organised, and accessible organisation. Unlike Catalyst’s presence at universities and colleges, Gatherings were not interviewees’ introduction to Catalyst. Rather, Gatherings motivated interested volunteers to increase their levels of engagement. I asked Aaron, who entered Catalyst’s networks through a grassroots initiative, if he would have continued working with Catalyst had Gatherings not existed. Aaron’s response, quoted below, is representative of the participants I interviewed:

Other than just myself, there's a lot of [volunteers] that feel a little disconnected. And I think that Gatherings... really—kind of—give that extra booster to be, like, “yeah, I really want to be part of it.” I still think I would be a part of it regardless. But I think that is, like—really, like—what got me super excited about being part of Catalyst.

Positive experiences with Gatherings elevated involvement with Catalyst. Michael, who also joined Catalyst through a grassroots program and who attended at least one Gathering, favoured the social elements of such an event. Michael had never travelled for a mental health conference comparable to a Gathering. Through his earlier work with Catalyst, Michael introduced himself to key staff members and had a working understanding of Catalyst’s reach. However, seeing everyone in person truly humanised Catalyst’s network and their passion. Michael recalled:

Like, I've never.... Like, gone on a trip like that and just, like, met people that are part of an organisation. Because, a lot of times, Catalyst feels like, “oh yeah! It's, like, mostly

online that you connect.” But to, like, meet everyone—and to meet, like, my [regional] coordinators and whatnot—it was like, “oh! I actually... can say hi to you in person. It's really cool.

Interviewees who had experience with Gatherings enjoyed both regional events, which included only network members from specific geographic locations, and national events, which welcomed people from across the country. While Amir and Aaron spoke most extensively about the national Gatherings, Brandon—a White man from Eastern North America—preferred the regional version. Brandon reasoned:

I really enjoyed [local Gathering].... And I liked it too, because it was very [area] focused. Um, so it was like, actually kind of making change, and like, you know, a region that I was born and raised and grew up from and kind of, like, know a fair amount about.

The Gatherings stood out to youth leaders because of their power to connect. For Brandon, attending a Gathering allowed him to feel involved in a region he was “born and raised and grew up from.” Here, Catalyst communicated their recognition of Brandon’s regional knowledge, validating his expertise as a long-term community resident. The takeaways from the workshops felt tangible, and Brandon felt that his own efforts toward mental health advocacy contributed to a greater movement. His experiences as a local youth helped him contribute to evolving discourse and share the “fair amount” of insight he possessed. Experiences such as Brandon’s affirmed attendees’ experiential knowledge and the value that they brought to Catalyst as community-based mental health advocates. Attending Gatherings helped network members learn from each other, and to recharge their batteries through meaningful conversations with similarly passionate people.

For some Catalyst volunteers, the Gathering was a chance for them to develop their own mental health literacy and broaden their understanding of the local wellness landscape. Young leaders who connected with like-minded others learned from other communities' advocacy projects. Others' successes showed them what competent support looked like. It implied that they, too, could build up the level of care that they observed elsewhere. This phenomenon may be most relevant for youth who live in under-served communities, where a lack of resources limits advocates' imaginations. Josephine, an Indigenous woman from a relatively remote community, described her experience attending a national Gathering:

I think... yes, it [seeing urban supports] definitely influenced it [Josephine's vision for her community] a lot. Because it, it helped me see the difference of having—like, actually having—proper resources there. And what, what kind of impact that could have on somebody's life.

When Josephine attended the Gathering, she was integrated into a pool of young people who talked openly about mental health, and who were eager to help her navigate the wealthy, urban location. Aside from observing the range of support available to local residents, Josephine could fully immerse herself into constructive mental health discourse. She heard examples of open discourse, and she recalled how stigma-free spaces made her feel. She would bring this insight back to her community and her local advocacy work. Josephine contrasted her urban experiences with the dominant attitudes in her hometown. She told me:

So, within [hometown]... Um, since we have such a struggle with mental health... uh, mental health is not talked about too often up here. It's kind of... It's, some people

sometimes view it as shameful.... So, being surrounded by people who are comfortable talking about mental health—and advocating for mental health—I think that's where I'm like, “yes.” That, that created such a big shock for me.

Approximately one year ago, Catalyst made the choice to suspend Gatherings. Internal discourse suggests that unfavourable evaluation metrics called their efficacy into question, and staff wanted to reconsider the impact of Gatherings before either resuming or dismissing the program. The youth I interviewed felt the absence of the Gatherings. Some lamented the loss of community connection that Gatherings provided them. Aaron, a high-engagement White man and the most ardent defender of Gatherings, declared:

One change that has made a really big impact on volunteers is the temporary stop on Gatherings. Because I think that is really something that's glued people together, and I think it was a really great opportunity to network. Um, even beyond the scope of Catalyst. Just as kind of, like, mental health advocates. Because not everyone that was at the Gathering was necessarily a Presenter, or a volunteer, or an HR [Human Resources] member. Some of them were just people that were in the community, um... that were part of mental health advocacy.

Other youth expressed unambiguously positive attitudes toward Gatherings that echoed Aaron's insight. Amir, a racialised man, described Gatherings as “one of the best parts about Catalyst.” Gatherings allowed him to meet “like-minded community members,” some of whom he might not have met otherwise. It is easy to understand why young advocates attributed this benefit to networking opportunities that Gatherings provided. Catalyst's higher profile events—like the national Gathering—featured business leaders,

political decision-makers, local artists, and other supportive actors that do not typically engage with Branches or Presentations.

Aaron made the most moving comment in support of the Gatherings. Considering the way Aaron spoke about these events, it appeared as if connectivity resembled a sort of lifeline for advocates like himself. Aaron experienced personal mental health struggles and witnessed his peers contend with distress, much like the majority of Catalyst's network. He rightly points out the emotional effort that advocacy took, especially for a topic as personal as mental health. Aaron told me:

Like, a lot of us, those Gatherings are what made us the advocates we are today. It showed us the community. It showed us that there can be fun and joy in mental advocacy as well. Because a lot of us, the only thing we experienced is suffering and misery and death.

The way that Aaron delivered his message—intently, with emphasis, and with great conviction—added gravitas to his words. Aaron's insights are what they seem, and Catalyst staff who seek youth insight into Gatherings need look no further. Considering the efficacy of in-person events to engaging marginalised youth—as supported by academic literature and discussed at the start of this chapter—Catalyst administrators are strongly recommended to resume Gatherings. Youth whom I interviewed expressed an overwhelmingly positive attitude toward in-person gatherings as they were held before COVID-19, and I highly encourage Catalyst staff re-invest in something similar.

4.6 CONCLUSION

In this chapter, I discussed strategies that mental health organisations can leverage to improve their visibility among equity-deserving youth. Organisations are encouraged to conduct strategic outreach in spaces young people already frequent, such as community centres or post-secondary campuses. I described the reasons young people reported having taken an interest in mental health advocacy, with some individuals spurred by their personal relationship with mental health, others seeking professional advancement, and most having multiple motivators. My examination of Catalyst members' stories reveals the complexities of civic engagement. Drawing on both primary and secondary findings, I recommend that Catalyst maintain their presence through well-publicised events like Gatherings.

CHAPTER 5 RETENTION

Once a mental health organisation captures the attention of equity-deserving youth, they must then work to retain this interest. In this chapter, I discuss the factors that keep equity-deserving youth engaged as long-term advocates. Successful organisations typically have a welcoming atmosphere, internal accountability mechanisms, and clear mission statements. I discuss the challenges facing Catalyst’s volunteers: some youth left their volunteer position due to personal constraints, and/or because their attachment to the charity weakened. Institutions can address the systemic challenges playing into young people’s daily struggles and build up internal communication skills to retain equity-deserving advocates. I recommend ways for Catalyst to strengthen their appeal to equity-deserving groups, based on volunteer feedback about existing programs.

5.1 RELATIONSHIP BUILDING

One of the most important factors maintaining youth engagement in mental health advocacy is the presence of healthy relationships between youth and adult allies. Adults’ demonstration of key skills, like active listening and clear communication, builds the foundation for equitable workplaces and accessible programs (Brinkman et al. 2009; McDonald et al. 2009; Nelson et al. 2001). When they interviewed youth who practiced civic engagement, Wray-Lake and Abrams (2020:94) identified the importance of adults’ “genuine love and respect” for young people.

Four of the five conditions that support shared decision-making processes, when engaging youth in mental health service delivery, depend on the interpersonal skills of adult leaders (Clark et al. 2021:573). These conditions are as follows: supportive relationships, open communication, decision agreement, role agreement, and realistic

timelines for projects (2021:573). All but the final condition is directly reliant on adult allies' ability to maintain positive relations with youth stakeholders, and their willingness to engage with youths' points of view.

5.1.1 Motivators and Role Models

Adult allies could begin building trust with youth by modelling healthy communication patterns and practicing constructive activities. This is best illuminated by Wray-Lake and Abrams' (2020) work, which centred on the experiences of Black, inner-city American youth. In under-developed communities, where positive adult role models may be rare, simply existing as someone youth consider "successful" gives an adult power (Wray-Lake and Abrams 2020:102). Youth themselves emphasised the role of "respect" in role modelling. Anissa, a 14-year-old girl, told Wray-Lake and Abrams (2020:103):

In order... to encourage me, you gotta do the right thing. You can't be an older person and not do the right thing. You've got to show them. You gotta tell them through respect and show them the respect.

For adults working with young leaders, particularly individuals from underserved communities, inspiration comes from within. Youth recognise when engagement is surface-level, tokenistic, or genuine, and they take cues from adults' patterns of behaviour. An effective ally is, as Anissa claimed, someone whose actions stand up to scrutiny and who leads by example.

Proactive adult allies can gain youths' respect by actively listening to what youth have to say and validating constructive and realistic ideas. Young advocates, particularly folks from underserved communities who may have been brushed off by adults in the

past, seek out relations with people who build up their ideas (Cullen et al. 2023; Dixon et al. 2022; Guinaudie et al. 2020). Themes around “feeling heard” are common in the sociological literature (Furman et al. 2019; Marshall et al. 2012; Ungar et al. 2015), but this is best conveyed by Wray-Lake and Abrams’ (2020) work. Wray-Lake and Abrams (2020:99) described an attentive adult: an active listener who makes appropriate eye contact, asks strategic questions, and contributes to a “connected” dialogue. Young people (in Wray-Lake and Abrams 2020:97, 99, 100) called on adults to provide emerging youth leaders with “support” and “guidance.” Tanisha, an 18-year-old Black woman (in Wray-Lake and Abrams, 2020:100) described adults’ roles in broad terms:

When kids have an idea, don’t like brush it off. If they have something say, like really listen and if they really are passionate or they really wanna do it, try to like help them as much as they can. If you shoot them down when like they’re young, then this just not gonna get any better.

Tanisha’s insistence that adult allies “try to... help” youth advocates with their passion projects, concerning mental health advancement or otherwise, placed youth front and centre. Rather than taking over a young person’s project—or worse, dismissing their ideas altogether—adults should hear youth out and build on their insights. Other youth informing Wray-Lake and Abrams’ (2020:96) work admired adults who “motivated” them. For example, visitors at a youth centre “described positive messages” they received from staff members, citing the positive impact it had on their self-image (2020:96). Effective adult allies turn challenges into teachable moments, and uplift youth by recognising their agency.

In the context of underprivileged, inner-city communities, effective adult guidance could include life advice. Where youth are impacted by the presence of violence, gang activity, and law enforcement interventions in their communities, they often desire adult “wisdom” on attaining “a positive and proactive future,” or otherwise “avoiding the pitfalls of going down the ‘wrong road’” (Wray-Lake and Abrams 2020:97). Adult supporters could weave relevant conversations into advocacy initiatives and make time for “one-on-one conversations” with youth who may benefit from mentorship (2020:99). Adults could ask youth about the challenges they currently face in life, and their opinion on how things might be improved (99). When done right, such discussions can be transformative for under-served youth. Young people informing Wray-Lake and Abrams’ (2020:96) work compared effective youth centre staff to a “captain or a leader,” someone who helps them believe in their own agency and ultimately act on their passions (96). A captain or a leader is a person who supports youth from behind, letting them carve out their trail while providing gentle guidance. Based on my reading of sociological literature (Cullen et al. 2023; Guinaudie et al. 2020; Wray-Lake and Abrams 2020), the retention of under-represented youth in adult-led activism may depend heavily on the presence of adult motivators in advocacy spaces.

5.1.2 Positive Feedback

Engagement in established mental health advocacy can build young advocates’ sense of efficacy, or the belief that one’s actions can meaningfully impact oneself and the wider community. Adult allies, peers, and other supporters can encourage agentic thinking by providing youth leaders with empowering feedback, or evidence that their efforts contribute to meaningful projects (Craig et al. 2021; Wray-Lake and Abrams 2020;

Yamaguchi et al. 2023b). Two instances of empowering feedback supporting future civic engagement are provided below, one concerning online activism and one based on offline actions. While neither is tied to a mental health-specific movement, both initiatives impact the wellness of participants and those in their immediate communities. A focus on general feedback mechanisms observed in both instances, rather than the specific messages associated with each project, makes both examples relevant to youth mental health advocacy initiatives.

In the online example, Craig and colleagues (2021) examined social media use among LGBTQIA+ youth, whom they describe as ‘sexual and gender minority youth’ (SGMY). The affirmation of one’s gender or sexuality, online and offline, are linked to improved mental health among SGMY (Craig et al. 2021; Furman et al. 2019; Tellier et al. 2022). SGMY may begin exploring aspects of their identities by exploring and creating related social media posts (Craig et al. 2021:10). Identity-driven introspection helps young people build self-awareness, which builds insight into one’s own “values, ethics, and principles” (Laliberte and Varcoe 2021c:279). As youth become more adapt at curating their online world, such as by sharing their lived experiences of queer and transness, they are increasingly integrated into a network of like-minded internet users.

Yamaguchi and colleagues (2023b:92) link social growth to “generativity,” which they describe as “the contribution made towards others, community, and society.” Youth develop a sense of collectivity as they share personal narratives of poor health, distress, and resilience with each other (2023b:92) The acts of sharing online, engaging with others, and experiencing positive receptions create a supportive feedback loop. Sharing experiences is observed to produce a “sense of social identity” as a “worthwhile member

of one's community," which leads storytellers toward "self-empowerment" and psychological health (2023b:92). Youth become happier advocates as they (re)define and (re)create personal spaces, both online and offline to "live as authentically as possible while maintaining safety" (Craig et al. 2021:10). Many feel motivated to expand their scope of queer and trans-positive discourse, as demonstrated through an increased commitment to promoting affirmative conversations online (Craig et al. 2021:11). SGMY explained that they "wanted to make themselves more visible," even if they used anonymous accounts, to validate others struggling with their own identities (2021:11). Young people recognise the benefits of inclusive media regarding sexual and gender diversity, and they invest time in producing representations that they do not see online.

The empowering effect of positive feedback is just as pertinent to youths' offline activities as it is to online discourse. By interviewing a cohort of Black youth living in a low-income urban setting, Wray-Lake and Abrams (2020:81) found a direct correlation between youths' emotional empowerment and experience of civic action. Many interviewees disclosed responses to community violence. They interrupted injustices, or physical threats, as they emerge in daily life (2020:49). Young people described "speaking out" to interrupt peers' fighting, help loved ones "navigate problems," and limit gang involvement among children (49). One young person aptly described his attitudes toward "speaking out," which Wray-Lake and Abrams (2020:76) quoted:

Youth's articulation of emotional empowerment featured an element of voice and speaking out, as with Jamal, a 17-year-old Black youth.... "It's always good to speak up.... I could say something, I probably could make a difference."

The insight shared by Jamal, coupled with testimonies from several other interviewees, emphasised the desire to “make a difference” among community advocates. When young people “saw positive results of” or “felt good about” civic engagement, they were more likely to step up again (2020:81). A youth named John concluded “his voice can make a difference” after he encountered a group of youth breaking glass bottles in the streets, and he convinced them to stop (2020:50). John’s successful intervention created a “tangible result,” as he made his neighbourhood a safer place to drive (2020:50). A young woman told researchers (Wray-Lake and Abrams 2020:50) about the time she successfully stopped a bully, and how it “made her feel capable” of doing the same in the future. It is reasonable to conclude that positive reinforcement is a critical part of youth engagement. Meaningful feedback from outside sources cement youths’ beliefs in their own capacity for change-making. The resulting sense of empowerment encourages youth to fight for causes close to their heart.

5.1.3 Benefits of the Bond

The significance of healthy relationships, between advocates and allies, is highlighted by youths’ descriptions of how their attitudes toward institutions changed over time. In many cases, youth became more trusting of adult-led systems after receiving appropriate support. Youths’ own mental and physical wellness, a prerequisite for social action, is closely linked to the “development of trusting relationships” (Edge et al. 2014:39). Youth who are drawn to mental health advocacy through their own experiences of domestic violence, sexual health challenges, or psychological trauma may benefit from adult support in accessing “health supportive” activities (2014:39). As Collins and Thomas (2018:2027) note, social networks were so important to youths’ healthcare access that

some struggling youth “returned to providers” they knew for help, because these providers had showed them respect in the past. Youth sought out familiar faces, even if the providers they approached could not provide the level of care the young person needed (2018:2027). Psychological comfort around adult allies is clearly a key driver of youth engagement with mental health services, and includes the possibility of branching into social advocacy.

When youth hold positive opinions of the adult facilitators leading advocacy initiatives, they are more likely to learn and maintain skills crucial to effective activism. Youth who enjoy “authentic social connections,” where the “common humanity” (Laliberte and Varcoe 2021c:279) of all parties are recognised, are often inspired to collaborate with adults (Ungar et al. 2015:107). They may compromise to reach a shared goal and meaningfully share their own narratives (Craig et al. 2021:7; Sangill et al. 2019:810). Wray-Lake and Abrams (2020:99) described this phenomenon when they quoted Efrem, a 13-year-old Black youth:

I say what’s on my mind. I feel, like, I have a voice, like, people don’t, usually don’t listen to me. But now, when I have that group on Friday, everyone starts listening and we all have turns and we have a leader for the day who gets to pick who wants to talk. I know they will listen to me because my counsellor, he really listens to me.

In this quote, Efrem described his experiences with an after-school club hosted by a local counsellor. Efrem had a history of disaffection, where he was minimised and ignored by decision-makers around him. He openly stated that people “usually don’t listen” to him (Wray-Lake and Abrams 2020:99). That changed when Efrem joined an after-school club (2020:99). The adult facilitator, who first gained Efrem’s trust by hearing him out and

validating his ideas, helped integrate Efrem into collective conversations. Efrem spoke positively about “hav[ing] turns” when talking, because he could count on an authority figure to listen when it was his turn (2020:99). Over time, Efrem’s attitude shifted from one of mistrust and uncertainty to one of respect and collaboration. Transformations, like Efrem’s, contribute to diverse conversations supportive of engaging equity-deserving youth in mental health advocacy. They manifest as a direct result of adult support.

Finding Balance

According to key sociological literature, (Gajaria et al. 2021; Knoll et al. 2012; Lévesque 2017) the development of healthy relationships with youth advocates involves more than just compassion on the adult’s part. Rather, it takes a balancing act, where the adult shows up for youth without burning themselves out or creating excessive dependency. Evan, a youth outreach worker informing Lévesque’s (2017:54) article, observed that many of the youths he supported “wanted someone to understand them.” Youth sought out adults who could relate to their struggles (2017:54). Evan sometimes discussed aspects of his personal identity with young clients, but he remained vigilant not to overshare.

In most mentoring and advocacy spaces, all parties involved must take care not to foster co-dependency, where someone becomes heavily reliant on support from a specific individual. Healthy boundary setting, in Evan’s case, meant directing youth to a variety of community resources so he was not their only lifeline (Lévesque 2017:54). Evan limited his availability by not answering emails outside of office hours, so he would not overwork himself (2017:54). Similarly, privileged stakeholders in mental health advocacy spaces must reflect critically on social justice messaging and their own

relations to marginalised communities (Nelson et al. 2001:671). Meaningful advocacy, from the perspective of an adult ally or a mainstream supporter, is not to simply agree with all ideas proposed by youth advisors or coming from under-represented communities (Cullen et al. 2023; McCabe et al. 2022; Vitopoulos et al. 2018). As Nelson et al. (2001:671) wrote, the role of a researcher is not to become informants’ “press agent,” especially when community discourse runs contrary to scientific evidence. The hallmark of a strong relationship is both parties’ ability to manage setbacks, like realising that a community’s preferred mental health intervention did not extend the expected benefits to recipients, without distorting research data or denigrating supporters.

Despite attempts to minimise the difference in power between youth and adult allies, social processes, technical expertise, and prestigious titles typically grant adults greater social and professional influence than youth. Any mental health organisation working with equity-deserving youth must acknowledge and address this reality. The nuances of negotiating systemic power inequalities—between institutions, social networks, and individual youth—are discussed in the next chapter.

5.2 SAFEGUARDING ACCESSIBILITY

Mental health organisations can provide long-term support to equity-deserving youth when they maintain physical and emotional accessibility in their programs. Institutions are encouraged to earmark parts of their budget for youth compensation (Cullen et al. 2023; Halsall et al. 2021; Nortvedt et al. 2022). Monetary support symbolises the organisation’s appreciation of young people’s time and provides a means for low-income individuals to continue their engagement. Organisational events, which include formal conferences but also recurring team meetings, must be welcoming to youth from a range

of backgrounds (Ali et al. 2022; Furman et al. 2019; Vitopoulos et al. 2018). Adult facilitators should consider the ease with which youth can physically navigate a venue, access appropriate accommodations, and feel emotionally supported. In general, organisations should incorporate feedback mechanisms into their programming, and establish internal policies so youth may hold staff accountable.

5.2.1 Providing Compensation

It is a tenet of responsible youth engagement to compensate young people who undertake mental health advocacy, whether financially or through in-kind services. The sociological literature defines and upholds guidelines for adequate compensation (Cullen et al. 2023; Halsall et al. 2021; Nortvedt et al. 2022; Vitopoulos et al. 2018). The rationale for compensating young advocates is steeped in both need and principle.

When mental health organisations diversify, and reach increasingly marginalised youth, they are likely to engage people with few disposable resources. The least privileged advocates may struggle just to survive (Laliberte and Varcoe 2021a; McCluskey, Baker, and McCluskey 2005; Wray-Lake and Abrams 2020). As McCluskey et al. (2005:332) write, the “playing field is not level” for many talented young people. Youth in low-income neighbourhoods often have after school responsibilities, such as “working or taking care of siblings,” and cannot prioritise unpaid activities (Wray-Lake and Abrams 2020:19). Youth disengaged from their families of origin may face similar challenges, in that they lack the financial and social support available to their more affluent peers (McCluskey et al. 2005:332). Underserved segments of North American communities, including single parents, face strict demands on their time and attention (Ramsay et al. 2012:307). The reality of living within a stratified class system, where

disadvantaged populations have little sense of “financial security into their future,” could prevent some youth from becoming advocates even if they were otherwise inclined (Laliberte and Varcoe 2021c:280). A young person interviewed by Laliberte and Varcoe (2021a:254) aptly described life for low-income youth:

I think as a society we've created money more as a dependent. Without it you can't do anything until you make money. But you can't get money until you find something [employment]. It's depressing that we rely on an invisible currency to run our basic needs.

As the young person expressed, passion comes second for many individuals living hand to mouth. They are caught in a feedback loop of “work[ing] to go to work,” or earning just enough money that they survive to further sell their labour (Laliberte and Varcoe 2021a:255). This creates an ongoing cycle of poverty, which brings about “feelings of frustration, boredom, depression, sadness and hopelessness” (2021a:255). Extended poverty is also known to pull time from youths’ “meaningful life activities,” further cementing them in a state of disaffection. What youth need to escape such “perilous environments” is a chance at stable socioeconomic improvement (Nortvedt et al. 2022:1468). Mental health organisations without clear plans to compensate youth—or those who demand free labour from young advocates—are unlikely to extend the “resources, opportunities, and allies” for advancement that low-income youth require (2022:1468). Such mental health organisations may fail to attract youth who could otherwise become leaders in mental health advocacy, and who often bring experiential knowledge to decision-making spaces.

Compensating young advocates serves a second purpose: one of minimising power differentials in mental health organisations (Guinaudie et al. 2020; Halsall et al. 2021; Vitopoulos et al. 2018). As Cullen and colleagues (2023:8) wrote, compensation equalises the symbolic value of labour attributed to youth and adult mental health advocates. For instance, youth engaged in program evaluations described their “expertise” as “valued” by host institutions when they were paid in cash, the same as staff members (2023:8). Youth informants contrasted monetary compensation, which made them feel like capable insiders, with the receipt of gift cards, which they considered a gesture of gratitude toward an outside source of support.

While paying youth advocates in cash is critical to equitable engagement, some benefits of providing in-kind services have also been identified in the sociological literature (Cullen et al. 2023; Marchand et al. 2021; Vitopoulos et al. 2018). In-kind compensation, which I define as goods and services extended in the place of cash, also close gaps in power between young people and professional allies. Most youth who participate in established mental health movements are “medium to high need,” meaning they may depend on access to supportive housing, case workers, and similar resources (Vitopoulos et al. 2018:586). Access to critical services may depend on the young person’s proximity to adult advocates who can vouch for their need and character (Vitopoulos et al. 2018:582). Letters of reference, from representatives of well-known mental health organisations, may aid youth in job applications, efforts to secure social services, and legal proceedings (2018:582). Workshops, such as ongoing résumé-building activities, are similarly important (Cullen et al. 2023:10). Adult allies should commit to providing in-kind compensation at a rate determined by youth advocates’ needs. In some cases,

young people may call on their connections to open industry-specific doors after an initial mental health project has ended (2023:10). Adult supporters should anticipate such requests and budget time for follow-up.

ACCESS Open Minds, a Canadian integrated youth service provider, has a comprehensive model for youth engagement and compensation (Guinaudie et al. 2020; Marshall et al. 2012; Reaume-Zimmer et al. 2019). Their main medium for youth engagement is the ACCESS Open Minds National Youth Council (NYC), which brings youth voice to ACCESS Open Minds' larger, multi-stakeholder committees (Guinaudie et al. 2020:655). NYC members have a range of responsibilities, which span evaluations, branding, networking, and knowledge dissemination (Marshall et al. 2012; Reaume-Zimmer et al. 2019; Ungar et al. 2015). Youth members also directly inform the work of ACCESS Open Minds' Executive Committee, a primary decision-maker for the organisation (2020:655). ACCESS Open Minds established "clear expectations" around compensation "from the outset" (Guinaudie et al. 2020:663), allocating the NYC an annual budget based on their planning, which always includes "a structure outlining remuneration" for young people (2020:664). Planning for remuneration ensured that ACCESS Open Minds had both the will and the means to adequately compensate youth for their expertise.

When mental health organisations engage young people on a short-term basis, or lack the funds to pay them by the hour, compensation can take a variety of forms. Several North American organisations use a tiered compensation system, where young people are remunerated according to the "amount and skill level" of work they do (Halsall et al. 2021:620). For instance, Foundry pays young people \$60 to \$200 when they attend

workshops, depending on the length of the event (Marchand et al. 2021:620). They also provide refreshments for youth and reimburse all travel costs¹⁴ (2021:620). Where monetary payment is out of an organisation's reach, young people may be compensated with access to academic publishing, authorship, and public speaking engagements (Cullen et al. 2023:5). No matter the exact form of remuneration provided to young people, organisations should openly discuss compensation with young people before proceeding with a given project (Canas et al. 2019; Cullen et al. 2023; Halsall et al. 2021). Adult allies should make space for negotiation with youth, and openly acknowledge the limitations faced by their organisation (Marchand et al. 2021:620). Honest conversations produce realistic compensation plans for youth advocates.

5.2.2 Physical Accessibility

Events organised by mental health organisations, whether they be major conferences or recurring meetings, must demonstrate physical and psychological accessibility. Here, I discuss how this could look. Furman and colleagues (2019:6-7) gave an example of a physically accessible mental health workshop. This initiative, which addressed intersections between youth mental health and gender variance, was held at an in-person venue. Event organisers chose a physically accessible building, so youth with reduced mobility are included (Furman et al. 2019:6). The venue offered infrastructure supportive of gender nonconformity—a necessity considering their audience—and included easy access to gender neutral washrooms (2019:6). The venue also included break rooms,

¹⁴The case studies presented in this thesis are meant as examples of what a mental health organisation could do. Each organisation should adapt the model to their own needs. There is no perfect framework for youth engagement – for instance, reimbursement models require youth to fund costs upfront, which may be unrealistic for some people experiencing low income.

where young people could physically distance themselves from ongoing events and unwind (2019:6). Accommodations were introduced to youth before the workshop opened, so young people could confidently locate amenities based on their needs. Finally, the event itself was organised so that non-binary youth completed activities in the same physical areas of the venue (2019:6). Those shared spaces stood in contrast to “post-secondary institutions,” most Western “mental health services,” and generic “clothing stores,” where non-binary people reported feeling “isolated and invisible” (2019:7). Furman et al. (2019:7) wrote highly of the workshop, saying that youth felt “their safety was prioritised.” In this case, adult organisers’ thoughtful choice of venue, recognition of their audiences’ needs, and foresight to explicitly address accommodations contributed to this favourable outcome.

Other adult-led events featured in the sociological literature extend the notion of physical accessibility to transportation to and from an event (Ali et al. 2022; Craig and Furman 2018; Yamaguchi et al. 2023a). Organisers who host virtual events must recognise that youths’ access to the internet can vary (Yamaguchi et al. 2023a:74). They should plan out support, such as reimbursement of data costs, to those who cannot easily go online. Mental health organisers developing in-person events should factor in participants’ transportation needs (Craig and Furman 2018; Marshall et al. 2012; Vitopoulos et al. 2018). Hosts wishing to provide more than public transit vouchers could drive youth to the event in private vehicles, ask staff to meet youth where they are, or deliver desired content in multiple locations. Organisations who choose to provide individualised transportation, where adults spend time alone with youth in their vehicle,

must plan out additional safeguards for youth safety. For instance, administrators should take additional precautions to prevent sexual assault during transit.

These strategies are supported by precedence; the Peer Drop-In program examined by Vitopoulos and colleagues (2018:583) offered art-based mental health interventions, but not all participants were able to attend a certain workshop. Case managers employed by the program “brought art supplies” to people unable to meet on-site, along with clear instructions on “how to complete the activity at home” (2018:583). Another article (Ali et al. 2022) introduced a workshop related to a mental health study. The event was initially hosted in a physical space familiar to intended audiences (2022:6). The same content was professionally delivered for a second time, and in another space, so attendees who could not make one workshop could attend the other (2022:6). Participants received the same quality of information, regardless of which venue they visited.

The most hands-on accommodations were described by Marshall and colleagues (2012), who examined the participation of neurodivergent LGBTQIA+ youth in mental health research. Research staff drove all participants to a retreat, where data collection took place, in the same van (Marshall et al. 2012:24). However, adult facilitators brought several separate vehicles, just in case a participant decided to leave early (2012:24). Researchers emphasised the voluntary nature of youth participation before each data-generating activity, providing ample opportunities for youth to opt out (2012:23). Adult facilitators prioritised flexibility, which proved critical when unanticipated “logistical and budgetary requirements” emerged during the youth engagement process (2012:25). Upon deliberation, the research team chose to “accept unquestioningly” the need for increased

safeguards. They hired an “additional staff person” to provide youth with individualised mental health support during the retreat (2012:25). Marshall and colleagues’ (2012:28) project was well-received by youth, and they upheld the research team’s adaptability as a best practice for engaging historically disempowered youth.

5.2.3 Psychological Accessibility

In mental health advocacy spaces, psychological accessibility is just as critical as physical accessibility. An event is psychologically accessible when youth attendees’ emotional health is prioritised, their voices are heard, and adult allies check in to meet their needs (Bailey et al. 2014; Cullen et al. 2023; Ungar et al. 2015). The act of helping youth integrate into event spaces begins with icebreaker activities. This could include the “sharing of names and pronouns,” the development of “collective group guidelines,” and discussion of safety communications, like the thumbs up-thumbs down system¹⁵ (Furman et al. 2019:7). Youth consulted by Cullen and colleagues (2023:9) stressed the importance of a well-planned icebreaker, in which casual questions allowed participants to have fun together, which helped them feel more comfortable in each other’s presence.

Early discussions of community agreements, including subtle gestures indicating a participant’s need for adult support, communicates critical emotional safeguards from the start. Throughout the event, youth participants should be encouraged to practice self-

¹⁵ Furman et al. (2019) do not elaborate on this system. However, I have engaged with this practice in my own experiences as a mental health advocate, particularly when I give Presentations through Catalyst. Youth interacting with mental health content may leave an activity for a myriad of reasons, from wanting a bathroom break to needing serious crisis response. When they walk out the door, the young person gives a nearby adult either a thumbs-up (I am not feeling distressed) or a thumbs-down (I am leaving because this content is emotionally challenging for me). Young people who show a thumbs-up are left to do what they need to do, and young people who show a thumbs-down are approached in private by a mental health practitioner. The thumbs-up/thumbs-down system allows mental health personnel to quickly determine who is in need of their services and facilitates help-seeking for struggling youth.

care and take breaks as needed. Some of these recesses can be built into official itineraries, as Cullen and colleagues (2023) did when engaging youth in mental health research. Following each team meeting, adult facilitators led youth co-researchers through selected “mindfulness or grounding activities” (2023:6). Exercises were only selected by adult allies if they were inclusive, trauma-informed, and youth-appropriate (6). Grounding practices helped youth “step away” from “negative thoughts, feelings, or memories” that recent conversations may have triggered (6). Other studies (Bailey et al. 2014; Furman et al. 2019; Marshall et al. 2012) uphold similar practices. For instance, youth may find adult-led events more accessible if they can choose between a range of activities. These practical considerations can help previously unengaged youth contribute to mental health discourse, and enjoy a meaningful event, that accommodates their needs.

5.2.4 Internal Policies

Youth mental health movements should establish comprehensive and enforceable accountability practices when engaging young advocates. Yamaguchi and colleagues (2023b:95) deem youth-involved accountability mechanisms adequate when young people are actively involved in “monitoring how [a] promised action is taken.” Youth are provided the training necessary to understand organisational goals, and the space to hold adult allies responsible for their commitments (2023b:95). When accountability mechanisms are entrenched in an organisation’s policies, historically silenced voices are uplifted and programming is more likely to reflect community needs (Craig and Furman 2018; McCabe et al. 2022). Mental health organisations are more accountable to youth when they embrace horizontal leadership structures, establish quorum for meetings, and extend veto power to less privileged contributors.

Young mental health advocates are cognisant of where power lies, and they are tuned into the governance structure of related projects (McDonald et al. 2009:53). Youth notice the spread of authority across people embodying different ages, social classes, cultures, and ethnicities (2009:53). When adult allies are “genuinely willing” to share decision-making power, young people are more likely to feel connected to the project (Cullen et al. 2023:4). Organisational administrators may uphold a commitment to shared decision-making by implementing an egalitarian leadership structure, where authority rotates between members rather than stagnating in the hands of a few adult allies (Nelson et al. 2001:668). Youth representing underserved communities may be asked to chair meetings and present on topics about which they are passionate (2001:668). Adult allies will need to practice yielding power, and marginalised advocates must demonstrate the courage to seize authority (668). Young people could be provided mentorship rather than general, top-down supervision (Vitopoulos et al. 2018:584). One-on-one support helps youth develop the skills and confidence necessary for meaningful leadership, while keeping their ambitions in line with advocacy objectives.

Establishing quorum, and extending veto powers to marginalised advocates during meetings, could help mental health organisations safeguard equity. Both quorum and veto policies complement the horizontal decision-making that many advocacy initiatives find helpful (Canas et al. 2019; Guinaudie et al. 2020). Nelson et al. (2001:668) claim that, when marginalised peoples “constitute the majority” of members on a committee, their “level of comfort and participation is greatly enhanced.” Corresponding benefits of minority-majority spaces, where youth embodying stigmatised identities know they are welcomed and are around peers, are well-established in the

sociological literature (Furman et al. 2019; Woodford et al. 2015; Wray-Lake and Abrams 2020). Establishing quorums for internal meetings, like requiring that a given number of youth representatives be present before administrative discussions begin, is a highly visible and easily reinforceable decision supporting equal representation for historically silenced voices (Guinaudie et al. 2020:656). Efforts upholding equal agenda-setting, knowledge translation, and shared decision-making is facilitated by these simple safeguards.

Mental health organisations who employ a veto system take consensus-based decision-making one step further. The specifics of veto power and its practical significance varies between institutions, but ACCESS Open Minds has reported success under their model (Guinaudie et al. 2020:655) ACCESS Open Minds is a pan-Canadian integrated youth mental health service, and they extend veto power to members of National Youth Council who join executive meetings (2020:656). ACCESS Open Minds initially allocated veto power to youth leaders as a way of underscoring the value of, and the organisation's respect for, youth voice (656). When a young person vetoes a formal decision, the discussion is halted and official plans are modified until they address the challenges denoted by the youth (656). Once the appropriate changes are made to the plans in question, the decision is re-introduced to the voting table (656). As Guinaudie and colleagues observe, vetoes slow down the pace of decision-making, while creating space for "in-depth discussion" (2020:656). Not only are young voices less likely to be sidelined, but young people also strengthen their decision-making capacity as they spend time within policy-making spaces (2020:656). Strategies to equalise power within mental health organisations, like quorum and veto designations, are well-established in the

sociological literature (Craig and Furman 2018; McDonald et al. 2009; Nelson et al. 2001). They posit that adults' sincere commitment to shared decision-making helps youth navigate adult-dominated space, grow as leaders, and improve upon flawed systemic practices.

5.2.5 Managing Meetings

Youth advisory meetings are an important venue for strategic discourse that upholds a commitment to equity, diversity, and inclusion. Facilitators of project discussions should remain mindful of any power differentials in the room and stay cognisant of the multilayered interests driving participation (Nelson et al. 2001:656). Recognition of one's own biases, and awareness of the cultural norms ascribed to any decision-making space, allow advocates to guard against the "dogmatic application" of hegemonic thought in response to conflict (2001:652). Taking the time to listen, when equity-deserving people are speaking, helps dominant stakeholders depart from imperfect traditional practices.

When meeting with a new cohort of youth advocates, adult allies should clarify organisational expectations and familiarise youth with the projects they are asked to support. Initial considerations include candid discussions about resources, timelines, and the decision-making processes (Cullen et al. 2023:4). The degree of control that youth have over the process should be made clear (McCabe et al. 2022:46). Where possible, expectations about youth engagement developed in tandem with young contributors (Clark et al. 2021:578). All parties involved are encouraged to remain flexible, and "open to multiple outcomes" (2021:578). Successful negotiations require that adult allies commit to "honesty, patience, understanding, and responsiveness" in discourse (2021:573). Youth, in turn, should practice self-advocacy while "listening with respect"

to adult viewpoints (Nelson et al. 2001:667). Both parties must practice forgiveness and flexibility during this process, thus maintaining an amiable and constructive atmosphere.

The call for dominant stakeholders to listen may be deceptively simple. In the face of disagreements, particularly when historically marginalised contributors declare an unmet need or an unjust practice, resolution requires a shift in the pace and practices with which problems are addressed (Daya et al. 2020; Mertens 2021; Yamaguchi et al. 2023b). Conflict with marginalised people “sometimes do not surface” immediately, and organisational leaders only become aware of problems later in the decision-making process (Nelson et al. 2001:666). If youth contributors are not immediately comfortable discussing challenges, adult allies are encouraged to check in with them informally and gauge their attitudes toward recent events (2001:666). Project leaders may revisit unresolved conflicts when everyone involved feels ready to address shared challenges, and the group could then troubleshoot until all parties are satisfied (666). Final decisions must address differences in perspectives, allocate resources to resolve problems upstream, and maximise participation among historically excluded people. The humility and introspection driving conflict resolution was described in Cullen et al.’s (2023:10) article, where the following transpired:

During one meeting, a youth researcher shared that a few team members were uncomfortable with, or unsure about, an upcoming research task. Rather than moving forward or quickly attempting to address the concerns, the research team paused what they were doing and engaged in group dialogue surrounding the concerns, identified miscommunications, and implemented new strategies to ensure everyone’s safety prior to moving forward.

In this example, adult facilitators chose to slow down the pace of decision-making rather than pressing ahead. They validated struggling team members' concerns by candidly addressing uncertainty (Cullen et al. 2023:10). In keeping with helpful practices introduced earlier (Danseco et al. 2017; Halsall et al. 2020; Nelson et al. 2001), adults and youths worked together to honour difficult experiences, and collectively moved toward a shared goal. By clearly identifying past "miscommunications" and working to avoid similar challenges, team leaders demonstrated their commitment to all parties' "safety" (2023:10). Following the troubleshooting session, the youths described in Cullen and colleagues' study felt "listened to," and were "empowered" to "bring up future concerns" (2023:10). This is the best path forward in shared decision-making, and success in overcoming obstacles has the potential to improve young leaders' relationships to historically exclusive institutions.

5.2.5.1 Case Studies: Constructive Meetings

Organisations, including Frayme and ACCESS Open Minds, made great progress when they held well-managed gatherings (Danseco et al. 2017; Guinaudie et al. 2020; Halsall et al. 2020). Meeting facilitators dedicated significant time, at the beginning of each cohort, to establish common goals and follow up on individual members' personal objectives (Halsall et al. 2021:620). Youth Advisory Leads at ACCESS Open Minds spoke intensively with young contributors about their "ideas for project development" in the goals of aligning advocacy efforts to each person's "career aspirations" (2023:620). Organisational leaders drafted a Theory of Reference, a document outlining common understandings between youth and adult allies (2023:620). The Theory of Reference was shared with all youth advisors during their first group meeting, and feedback was

collected at this time (620). Youth contributions were then fed back into procedural negotiations to inform terms of understanding.

Frayme, a Canadian mental health knowledge translation body, develops organisational objectives based on periodic feedback from youth advisors (Halsall et al. 2020:498). Young people convened, and their insights were “shared with the Frayme leadership team” to inform “strategic and operational planning” (2020:498). Effective mental health organisations acknowledge and integrate “lived mental health experience” as “unique expertise” (Guinaudie et al. 2020:654). Young people with “unique experiential knowledge” of struggles and service use are upheld as guides, who drive projects in collaboration with professional researchers, mental health clinicians, and service administrators (2020:654). To ensure that youth-involved initiatives are kept at the forefront of adult allies’ minds, project leaders could leverage “existing regular meetings” to provide updates to the parties involved (Danseco et al. 2017:179). Discussions related to youth-engaged projects could be made a “standing item” to be addressed through internal newsletters, staff updates, talks with community partners, and annual general meetings (2017:179). Hosting open and recurring conversations, especially ones that situate youth as experts, allows mental health organisations to improve existing projects and close feedback loops.

5.3 CATALYST: RETAINING VOLUNTEERS

The level of retention I observed across Catalyst’s program varied greatly. The nine people I interviewed had very different levels of engagement. Some were no longer active in the organisation, while others expressed a desire to stay for years to come. Some participants received consistent and ongoing support from Catalyst as an organisation.

Others described ways the programs remain inaccessible. I begin with an exploration of what Catalyst does well and what they could continue to do. I then describe the reasons why some youth left Catalyst. Finally, I recommend organisational changes to better retain equity-deserving youth across Catalyst's programs.

5.3.1 Accessibility Done Right

According to my primary research, Catalyst generally fosters a welcoming atmosphere for youth volunteers. Several interviewees described feeling comfortable when participating in Catalyst-led activities. Interview data suggests that Catalyst staff facilitate inclusivity by making space for vulnerability. Youth who came to Catalyst carrying personal trauma, requiring accommodations, or otherwise needing guidance were welcomed. Interviewees recalled instances where Catalyst created space for diverse volunteers, by offering them both technical and interpersonal support. For instance, volunteers had access to pre-paid services, such as public transit vouchers or reimbursement for taxis, when they travelled as Catalyst representatives. Staff invested significant emotional energy into hearing youth out.

In keeping with academic literature (Ali et al. 2022; Furman et al. 2019; Marshall et al. 2012; Vitopoulos et al. 2018), Catalyst encouraged youth engagement by providing transportation, per diems, and accommodations for those who needed it. These factors were particularly salient for Presenters, who may cover long distances to deliver workshops. Aaron, a Catalyst Presenter who volunteered for similar programs in the past, described the significance of having Catalyst staff appropriately accommodate his needs. Aaron links his situation to existing mental health challenges, saying:

When I was signing up as a Presenter this year, I had to admit to them that I don't... have a driver's licence. Because I, I, I choose not to drive because it very severely impacts my mental health. And they're like, "that's fine. We'll just pay for a taxi or... or an Uber... or a bus." And I was like, "wow."

Later in the interview, Aaron contrasted Catalyst's attitudes to other nonprofit institutions' unwillingness to make similar considerations. He told me that, had he approached some other groups with the same travel limitations, he was likely to get dismissed from their programs. Aaron was clearly appreciative of Catalyst's openness and spoke as if he were in awe of staff attitudes. Catalyst's decision—and ability—to pay for rideshares facilitated parity of participation in their programs, as Aaron successfully delivered Presentations on par with youth who could drive.

Staff outreach further promoted accessibility across Catalyst's networks. Staff solicited youth feedback, both concerning specific programs and in a general sense. Michael, a Presenter, spoke highly of the certification process he underwent:

When I first started... I was, like, shocked when there was Mock Presentations. I was, like, "oh my God, there's a test? But then I was like, "that's super great." Because—a lot of times, when it comes to growing an organisation—it's very easy to lose control of your message. If you're just, kind of... You know, throwing it out at a factory kind of pace. So, I think that's really great that they do that. So, I think that's really important.

Michael's description of the certification process, which includes a practice Presentation, clearly alluded to Catalyst's investment in each Presenter's readiness to deliver official material. During Mock Presentations, staff ask youth to walk through the entire workshop with them in real time. Staff members provide feedback on the slides that Presenters

struggle to deliver, but they also make time for Presenters to share their own comments. In this sense, the Mock Presentation doubles as a feedback session that centres youth voice. Youth might discuss the accessibility of the learning platform, the pacing of the training, and the level of support they receive from adults. Staff overseeing the Mock Presentation then relay youth comments to their managers, who may incorporate changes into the next training cycle, depending on the feasibility of the recommendations.

Staff are assigned to mentor Presenters based on geographic location. In my experience with Catalyst, staff are often considered for coordination roles based on the regional expertise they carry. While this does not always translate into hiring decisions, Catalyst expresses a preference for choosing people local to their assigned areas, under the conviction that long-term residents better connect with nearby communities. While the specifics of staff roles vary over time and according to organisational capacity, there is usually one dedicated person managing communications with Presenters for months or even years at a time. In my experience as a Catalyst volunteer, this arrangement facilitates meaningful working relationships between Presenters and their designated coordinators.

Consistent dialogue and check-ins between staff and Presenters, usually initiated by staff and scheduled according to Presenters' availability, allow the two parties to develop healthy working relationships with each other. Individualised attention not only allows youth to comment on Catalyst's programming, but also prevents youth from becoming cogs in a machine who are pumped out at a "factory... pace" to benefit adult leaders. Presenters' insights may suggest that one-on-one support facilitates belonging

among Catalyst's volunteers, and creates a space where engagement feels straightforward and rewarding.

In keeping with themes of checking in, Catalyst staff provide volunteers with general support when they encourage help-seeking behaviour among youth looking to step up their engagement. For some youth, particularly those from underserved or rural communities, their experiences with Catalyst may be the first time they advocate on a national stage. Josephine, an Indigenous woman living in a relatively remote community, reflected on her first time attending Catalyst's national Gathering. The Gathering took place in a major urban area, and Josephine had never made such a trip before. She described her apprehension to me, contrasting her desire to travel with the pressure to represent her Indigenous peers. Josephine told me:

When I went to downtown [City], everybody was so nice. Um, it was very nice meeting you guys [fellow Catalyst advocates]. And I had a lot of fun. But I did feel, like... a little bit, like, isolated. Like, self.... Like, self-consciously, I felt a little bit isolated. Because I... some, in some senses, I didn't know what I was doing. And I would—still wanted to make sure—that I was properly advocating for my people.

The messaging that Catalyst staff sent to Gathering participants, including Josephine, mitigated some of this stress. While the pressure to elevate her community members' perspectives remained, Josephine knew that she had help navigating an urban environment. She knew who to contact if she had questions related to Catalyst's programming, or if her responsibilities as a youth leader were unclear. Josephine described the impact that staff outreach had on her experience:

I was well supported. I, I did.... If I needed any help with anything—or if I needed, like, advice or anything—I always had information. And people to talk to. And make sure that I was able to clear those things up. So, I felt very comfortable.

Overall, Josephine feels positively about her time with Catalyst. She spoke highly of the Gatherings, and the social connections she made through Catalyst’s programs. At various points during the interview, Josephine outlined how her time at Catalyst strengthened her passion for mental health advocacy. Her experiences with the organisation showed her what constructive wellness discourse looks like, and how adult allies could promote youth engagement. She told me that she would carry these lessons forward in her work as an educator.

Finally, Catalyst maintains its welcoming atmosphere by practising patience and forgiveness. These traits were critical to the organisation’s activities during the pandemic years. Jasvir, a young man involved with a university-based Branch, recalled struggles to meet deadlines and deliver projects. Before he even mentioned these challenges, Jasvir told me:

[The Branch president] supported me completely. And then, like, [coordinator] from [Catalyst]. Everybody's supported me, like, thoroughly.

At multiple times during the interview, Jasvir emphasised his appreciation of grassroots decision-making and how it informed Branch activities. Jasvir, a racialised international student who studied health sciences, is dedicated to promoting equity, diversity, and inclusion across established institutions. He perceived a bottom-up approach to decision-making across Catalyst initiatives. Catalyst’s patience in accommodating volunteers’ personal interests, and their attempts to match projects to local contexts, reflected best

practices in de-colonisation and anti-oppression. For Jasvir, grounded activism facilitated community consultation:

I think that [Branch programming] was very upstream. Like, getting things from the bottom. Like, from your [on-the-] ground workers. So... I think, in that way, it is not colonial. And then, you know? Getting the perspective of like, “OK. Like, what do you think? And how do you want to operate?”

Jasvir was similarly appreciative of Catalyst’s willingness to extend deadlines and to forgive unsuccessful projects, of which his Branch produced several. He reflected on the challenges that the executive team faced, which included lingering COVID-19 restrictions, academic demands, and members’ need to prioritise paid work. Jasvir spoke highly of Catalyst staff’s “compassion,” and how they consistently demonstrated empathy during Branch check-ins. Jasvir recalled:

The compassion piece with Catalyst—that, like, you know? Like, even if you can’t do the job.... It’s, it’s OK. You tried.... So, that compassion piece was always there. To make sure that, like.... People are not feeling bad about themselves. You know? Like, they’re, like... at least trying new things and stuff like that. So, I... uh, I really appreciated that.

The willingness to move and forgive deadlines, which was communicated to Branch volunteers by paid staff, suggests that Catalyst prioritised youth well-being over observed productivity. Catalyst’s understanding further earned Jasvir’s respect. He felt as if he had the support he needed to succeed as a volunteer, had his teammates possessed the personal capacity to focus on shared projects. In the absence of team capacity, Jasvir settled for doing what he could on his own, which included taking a step back and prioritising personal obligations. As he recalled, communications with Catalyst

representatives empowered Jasvir to make the choices he needed to preserve his own mental health, and to forgive the lack of tangible results produced by his Branch.

5.3.2 Personal Constraints

Despite some youths' best intentions, they find themselves in situations where they were simply unable to continue volunteering with Catalyst. Youth in this camp preferred to stay involved but felt pressured to leave the organisation due to personal constraints. In this thesis, "personal constraints" refer to individualised challenges faced by youth volunteers that detract from their capacity for advocacy.

Personal constraints fall under three general categories: financial, temporal, and energetic. Financial constraints are linked to advocates' disposable income, and the freedom to engage in extracurricular activities rather than working for pay. Temporal constraints refer to youth's ability to consistently dedicate their hours to activism. It may tie into financial constraints—youth who work for pay may have little free time to volunteer—but includes any engagement that takes up space in youths' schedules. Energetic constraints refer to youth's desire to continue volunteering, after meeting their basic financial needs and completing their everyday responsibilities.

5.3.2.1 Financial Constraints

In keeping with the academic research (Laliberte and Varcoe 2021a; McCluskey et al. 2005; Nelson et al. 2001; Wray-Lake and Abrams 2020), youth who live with low income are disproportionately impacted by personal constraints. People who are newcomers, estranged from their parents, or born into under-resourced communities are more likely to experience poverty. Jasvir, a former Branch volunteer, is a foreign-born East Coast resident who used to have low income. While he currently identifies as

middle-class, he felt comfortable reflecting back to when he lived on less. Jasvir told me that, as an international student:

I chose to come here and study. But I didn't see this challenge coming in front of me [inaudible.] And, you know, like.... Who would pay bills, and stuff like that. Like, how would.... How expensive would it be to—for you—as compared to a regular, local student.

Jasvir worked for pay during most of his undergraduate journey. He laboured part-time at a fast-food restaurant on weekends and during the summers. Jasvir's gigs paid poorly, and his bottom line was dependent on minimum wage policies. Jasvir told me how little he made, just two years ago:

Now, it's normal for people in [Town] to get... like, at least good amount of money. Because the wages rose. Now it's almost \$14.95, so \$15.00 for us. It was—I think—\$13.35 when I was working as a minimum wage worker. Which is, like, way less. As compared to what they get now.

Jasvir is extremely civic-minded and spoke passionately about community involvement. However, constant financial pressures prevented him from increasing his engagement with Catalyst. Macrosystemic factors, like sweeping government policies and COVID-19 restrictions, further hampered Jasvir's attempts at advocacy. As an international student—that is, neither a permanent resident nor a citizen in Catalyst's country of operation—Jasvir's employment options were limited. Whereas citizens were eligible for research grants, government positions, and lucrative internships, Jasvir could only select from a few low-paying jobs on and around campus. When social distancing regulations came into play following the pandemic, Jasvir's working hours were slashed. He watched

his co-workers lose shifts at the minimum-wage positions they held, and he personally experienced similar pressures. Jasvir resigned himself to intensive budgeting and additional job-searching. The institutions he financed—such as the university he attended—were largely unsympathetic. Jasvir told me, rather bluntly, that tuition cost were several times higher for international students than for domestic students¹⁶. He was correct.

Amir, a racialised man living in Central North America, noticed similar financial constraints on his ability to volunteer. Amir was not as open as Jasvir about his financial status—he did not disclose whether he had low income—but the need to engage in paid labour was central to his choice in stepping away from Catalyst. For Amir, the pressure to earn money was tied to notions of adulthood and marked a milestone in his independence. Amir reflected:

There was kind of a turning point, where it's like, “OK. How much volunteering can I do?” And, you know, honorariums are one thing. And, and feeling like giving to a community is one thing. But, like... years of volunteering... it's like, I need to also give my attention to places that I can make money in.

Amir left Catalyst in relatively good spirits. He expressed a clear admiration for the work that Catalyst did, despite stepping away from the organisation. Amir spoke fondly of his memories involving Catalyst:

¹⁶ To take an example, my university (Dalhousie) charges domestic students 8853 Canadian Dollars per year. This can rise to 31,900 Canadian Dollars for international students. For more information, consult Dalhousie's fee calculator: https://www.dal.ca/admissions/money_matters/tuition_payments/Tuition_Fees.html.

It's a scene that I know so well. And a community that I know so well.... I think I would be a valuable resource on the team in whatever capacity. Just... I would like to be getting paid. And I'm kind of over the 'intensive volunteering' part of it.

Like Jasvir, Amir discontinued volunteering with Catalyst not because he disliked their programming, but because unpaid labour was a luxury activity he could not afford. Amir and Jasvir both expressed a desire to return, should Catalyst post a job listing congruent with their personal skillsets. Amir described his years-long involvement in very strategic terms. He gathered a wealth of "connections" through volunteering, and he saw Catalyst as a safe place to fall back on should he struggle to launch his career.

Should Catalyst seek to retain older youth and attract members of lower-income communities, they are encouraged to offer increased honorarium for program participants. Strategies to safeguard compensation, as outlined in the sociological literature, were discussed earlier in this chapter (Cullen et al. 2023; Guinaudie et al. 2020; Kurzawa et al. 2022; Poland et al. 2005). Compensation is particularly relevant for high-engagement youth, whose participation requires extensive commitments of time and energy. Young people in Catalyst's network are cognisant of the organisation's nonprofit status, and they recognise the struggle to pay volunteers on par with professional hires. While most of the youth I interviewed would appreciate improved compensation for their work, they would not express judgment of Catalyst if the organisation were genuinely unable to mobilise the necessary financial capital.

5.3.2.2 Energetic Constraints

Energetic constraints, which address youths' emotional and physical ability to practice activism, directly ties into financial considerations. Jasvir, an international student who once struggled with minimum wage labour, said to me:

The good things that you can do... if you have the finances. Like, for instance.... if you're working 30 hours, along with studying and one volunteering [one unpaid activity]—two volunteering—like, it takes a toll. It takes a toll on your body.

For people experiencing poverty or earning low-income, the physical strain of paid work compounds with the emotional struggle to budget. The simple act of surviving day-to-day can push someone to their limit, leaving no energy to engage in civic activities (Ramsay et al. 2012:307; Laliberte and Varcoe 2021c:280). Youth who grow up in underserved communities are not only more likely to contend with poverty, but also experience social constraints that distract from community engagement. Josephine, an Indigenous woman who lives in a relatively remote community, told me about the reality many of her peers face:

We have.... Like, a lot of teenagers who are dealing with, um.... Homes that are... um, either not safe... or, like, overcrowded-ness. They're dealing with... um, mental health issues. So, there's a food crisis up here. And then cold weather. Like, there's a lot of issues that they probably have to deal with. That... therefore, there's not much peaks of interest with the... when it comes to [advocating for] resources. Because we have so much, so much going on. We don't have enough time or effort to be able to put it towards other things.

Youth living in Josephine’s hometown not only contend with low income, the way that certain youth from urban areas do, but their struggles are compounded by ongoing legacies of colonialism and the realities of living in a remote community. Most of the youth from Josephine’s hometown are Indigenous, and their ancestors experienced the dispossession and oppression common to many Indigenous communities across North America, resulting in substance use, domestic abuse, food insecurity, and disaffection (Aguiar and Halseth 2015; Gray, Richer, and Harper 2016; Kirmayer, Bass, and Tait 2000; Walker et al. 2018). Josephine named these challenges but did not reflect on their root causes. However, existing evidence suggests that patterns of community disruption stem from the erasure of Indigenous kinship ties, forced cultural assimilation, and alienation from traditional hunting practices as well as ongoing racism (Kirmayer et al. 2000; Reading and Wein 2013). Enduring cultural and interpersonal violence left little room for activist considerations among Josephine’s peers. Physical survival came first, and advocacy was a possibility only if there were energy left over.

5.3.2.3 Temporal Constraints

Temporal constraints—a lack of time among youth aspiring to engage in mental health advocacy—may tie into financial and energetic constraints. Whereas youth with low income are most likely to be dissuaded by energetic or financial constraints, middle-class youth are most likely to cite temporal constraints as challenges to volunteering. Affluent and middle-class youth, particularly those who have strong and lasting inclinations toward mental health activism, often have competing volunteer priorities when they engage with Catalyst. Their decision to commit more time to Catalyst, or to other advocacy initiatives, are largely dependent on the options available in their immediate

environment. Michael, a middle-class Black man, described temporal barriers to volunteering with Catalyst:

I was already involved in another mental health club. Um... and so, I was a VP [Vice President] for, like, a new project we did. So I was, like, kind of starting it up. So... yeah, there was no time.... I was the—I became the president—last April-ish. So, that's kind of like pledging my allegiance. So... I didn't want to, like, be straddling.

The mental health club that Michael led was a localised initiative, largely based in his university. The local group was better publicised than Catalyst in Michael's community, so Michael found the local group first. Having spent some time contributing to the local team, Michael had developed a sense of loyalty to the group. The local team's work overlapped heavily with Catalyst's mandate, but Michael felt that supporting both teams would take more time than he could commit.

Considering that most of Catalyst's youth supporters are students, academic demands factor heavily into advocates' ability to contribute. Academic constraints may be observed across socioeconomic classes and racial communities. Cameron, a White man with low income, described how his prioritisation of schoolwork got in the way of his engagement with a Branch:

People used to run it before.... Get the resources, reach out to, like, Catalyst. Reach out to the, like, [university name] student union. Takes a lot of time. It does. And with school.... As important as it is, it's not something that we can put our studies on hold for.

The Branch at Cameron's university had been on hiatus for several months, and there was considerable legwork that needed to be done before it could be revived. Cameron was one of only two students taking the lead on rebuilding the Branch. The need to balance

schoolwork with advocacy was a constant struggle for him. When I asked Cameron how Catalyst could improve his advocacy experience, Cameron claimed they were already doing their best. He insisted:

Nothing that could really be fixed... um, with Catalyst. I mean... besides, like, you know, time restraints... umm, just with school, like I haven't been looking into.... Um, and the engagement or involvement?... That's more just, like, a personal time restraint.

Participants including Jasvir (a racialised man who used to have low income), Michael (a middle-class Black man), and Amir (a racialised man who did not disclose his socioeconomic status) shared similar struggles. According to all three participants, there is little that Catalyst can do to better engage youth whose academic life takes much of their time. However, repeated assurances that Catalyst's youth-facing communications are effective, and that staff are generally easy to talk to, should be a source of pride for Catalyst as an organisation. Catalyst may simply continue to engage youth as they have done over the years, and interested individuals will step up.

5.3.2.4 Recommendation: Compensation

Considering the reasons that some youth leave Catalyst, I would recommend that Catalyst work toward securing greater compensation for their volunteers. Rates may be negotiated with staff who work directly with youth, and with high-engagement youth leaders.

Considering the size of Catalyst's youth network and the limited budget that nonprofits have, it is understandable if Catalyst cannot compensate every volunteer with a flat wage on par with those of hired staff. However, they would do well to keep providing in-kind services for youth such as complementary transportation vouchers, as their budget allows.

Should they obtain more funding, they could then pursue a more robust honouraria system.

5.3.2.5 Recommendation: Political Action

More critically, Catalyst should support government policies that expand the social safety net for historically marginalised and equity-deserving youth. Political decision-making directly influences the social determinants of mental health, which Catalyst incorporates into its various programs and has worked for years to address. The challenges that less privileged youth face, in their day to day lives, are informed by a complex web of social factors upheld by a network of established institutions. Federal resources for low-income peoples, provincial mandates around minimum wage, and local pricing of goods like post-secondary education come together to shape youths' financial health. The structural manifestations of poor social support are not established by any one institution, and therefore cannot be fully resolved by any individual party (Laliberte and Varcoe 2021a, c; McCluskey et al. 2005). Catalyst would do well to connect with like-minded organisations in the third sector, elected officials, and government bureaucrats to pursue upstream solutions to complex social problems. By taking this path, Catalyst would establish itself as an organisation mitigating mental health struggles before they impact individual youth, perhaps providing equity-deserving communities with the greatest benefits of all.

5.3.3 Uneven Oversight

I discuss the importance of consistent communications to mental health advocacy throughout this thesis. For Catalyst, consistent dialogue with youth network members would include ongoing oversight of youth-directed programming, such as Branch

initiatives. However, the amount of organisational guidance varies across communities. Catalyst has incredibly active members across some localities, but other geographic regions are under-resourced. I discuss the challenges that uneven support creates for some youth volunteers, and I explore potential solutions.

5.3.3.1 Uneven Spread

As of 2023, Catalyst's network struggles with an uneven geographic spread. The vast majority of their youth volunteers reside in urban areas, and a disproportionate number of their supporters reside in central North America, where Catalyst has their headquarters. These challenges were described to me by interviewees, and they corroborate my own experiences as a youth advocate. Catalyst administrators appeared to recognise uneven reach as an area of improvement, as staff discussed Catalyst's volunteer distribution during internal meetings and outlined related problems in organisational reports.

However, the lack of recognition among certain communities is significant, as a lack of visibility compromises Catalyst's ability to engage local members. This, in turn, compromises their ability to attract youth under-represented in North American mental health advocacy. The youth I interviewed advanced an explanation for Catalyst's uneven presence: Catalyst's outreach mandate may be misaligned with local means of communication in certain geographic regions. Aaron is a high-engagement Catalyst volunteer who lives in Western North America. He shared the following observation about his hometown:

You can do all the Instagram ads that you want, but people won't start to engage until they actually can recognise your organisation's name—until they can see, multiple times, the advertising that... Um, like, put posters up around communities in [Western City].

We.... That's how we communicate. That's how we engage with each other, is posters putting up.

Unfortunately, because Catalyst does not prioritise physical posters as a form of advertisement, many people from Aaron's geographic region do not know about the organisation. Social media engagement may be incredibly salient for youth residing in other communities, but focusing solely on internet advertisements ultimately misses the mark for Aaron's peers. The problem of uneven engagement, specifically across geographic regions, creates a feedback loop of its own. Youth living in communities where Catalyst is highly present are more likely to join the organisation, if only because youth from elsewhere do not know that Catalyst exists. The influx of network members further improves Catalyst's visibility in those specific communities, and the disparity between geographic regions expands over time. Noah, a highly engaged Catalyst volunteer, described the need to break this cycle:

Now it's like, "how do we get to those places where there's youth but no mental health awareness?" Instead of being, like, "we're gonna get youth that are already mentally aware, and just give them more tools." Like, that's not how you're supposed to do it.

Challenges stemming from uneven geographic presence are impacting Catalyst's volunteers. Some youth noticed, and reported, negative influences on Catalyst's programming. Oliver, a Presenter living in central North America, critiqued Catalyst's over-representation in a specific city:

On the "located in [City]" piece, that's probably something that I just noticed. Like, recently. Um, and I brought it up.... with the staff team about, about that. And I think the comment was that "we don't have a lot of Presenters in, in different [geographic region]."

Um, which is fair. But also, like, what are you doing to change that? Right? Like... it's not, like, an excuse to be like, "oh. We don't have a lot of Presenters there." It's, like, "OK. Like, what are you doing to get Presenters in those [geographic regions]?"

Oliver noticed regional disparities in engagement when he was asked to travel for several Presentations. Catalyst staff asked him to fly out from his hometown three times within as many months, sometimes across several time zones. While Oliver enjoyed travelling, he also wondered why Catalyst could not find a local Presenter to take these jobs. Oliver was dissatisfied with the response that staff gave—that of lacking representation in certain geographic regions—because he believed Catalyst could be doing more directed outreach. Oliver turned down all three Presentation opportunities. He felt he was not familiar enough with the local context to adequately introduce community resources, and he could not relate to the distinct struggles experienced by his audience. Catalyst's subsequent struggle to find a replacement for Oliver compromised their ability to provide the services that Presentation organisers desired.

At times, inconsistencies in Catalyst's presence interrupt young people's ability to stay involved with their programs. This was the case for Brandon, an Eastern North America resident who was a Branch executive. Brandon was pursuing a postgraduate degree at the time of his interview, having received his bachelor's degree from a different university. Brandon's engagement with Catalyst ended when he finished his undergraduate studies. Brandon described his journey to me:

But, once moving to [New City].... I tried to get involved a bit with Catalyst, I think.... But I didn't really see anything about it—in [New City]. Like, I felt like I was... like, looking on, like, social media to see if, like, there was a [New University Branch].

Couldn't find much of a presence. They don't really have, like, the presence like they did at [Old University]. So, it's kind of been hard to stay involved with them.

Brandon was resigned, but unsurprised when I told him that his institution had an active but relatively unseen Branch. I asked Brandon if he would have continued volunteering with Catalyst if the Branch were more visible; Brandon said yes, but was uncertain whether he would seek out the Branch now that he knew it existed, as he had been away from Catalyst for several months. However, he was content to receive the contact information of a Catalyst staff member who had the local Branch president's email address. Brandon told me that he would follow up with the staff member and resume volunteering with Catalyst if schoolwork did not take up all of his time. Brandon's story exemplifies a phenomenon where under-represented youth drop out of Catalyst's network, for no reason other than the inability to access local programming.

5.3.3.2 Case Study: Uneven Oversight

Catalyst's Branches vary based on their host community, with Branch activities tailored to the needs of each locality, and leadership consisting of youth advocates living in the surrounding areas. Some Branches are affiliated with post-secondary institutions or high schools, and are subject to oversight by students' unions or school administrations. Others are community-based and may report only to Catalyst staff. No two Branches have the same impact. Oliver, a moderate-engagement youth with relevant program experience, elucidated Branches' variability:

Branches themselves can create, like, a really strong sense of community and support and safety for.... Like, the team members who are involved with it. And that—definitely—

was my experience. Um, but it also depends on how... like, who the co-president is, and how they run it, and how many people are involved.

As Oliver hinted, Branch membership itself varies greatly. The largest Branches have several dozen members, while smaller ones have only a skeleton leadership. Catalyst staff who oversee Branch activities must demonstrate flexibility in the form and the level of guidance they extend to youth leaders. Established Branches have a strong community presence, and most have an established leadership structure that can be maintained with minimal adult support. Smaller Branches may have few connections in their area and require hands-on mentorship from Catalyst staff to succeed. Amir, a high-engagement youth who was Branch-involved, described the dynamics of a self-regulating team:

There are key university Branches [that] are, are self-operating. They came up—come up—with their own events. They come up with their own initiatives and everything, which is great. Which I think is part of that process of empowering youth and providing a platform to create leadership.

According to Amir, the hands-off approach that Catalyst took to his Branch was appropriate for youth leaders' needs. Amir attended one of the universities with a “key” Branch, and it was clear that the local Branch leadership knew how to maintain community engagement. A *laissez-faire* approach allowed Amir's team to explore their own understandings of mental health advocacy, and to problem-solve with minimal interference. However, the same *laissez-faire* attitude was often extended to smaller Branches, whose internal governance systems were still weak. Brandon, a low-engagement youth whose experiences with Catalyst revolved around an Eastern Branch, described his concerns:

There's not really a whole lot of oversight from Catalyst, at least with the Branches. Like, we would have, like, a meeting with a rep every like, couple.... Like, like, twice a year, I think we would meet, with, like, a Catalyst... like, representative. Umm, so they really don't see, kind of, like, what's going on behind the scenes.

Brandon's university Branch struggled extensively with "cliques," where a few members of a tight-knit friend group made up the Branch executive and moulded the program to their own agendas. Aspiring members who fell outside of these cliques, like Brandon himself, felt out of place and perceived few opportunities for advancement. When he spoke about the social atmosphere at his Branch, Brandon expressed a sense of injustice. He recalled:

At least... at the way the Branch was kind of run in [University], it was definitely a "who you know" type of deal. Because there were people who, like... [were] made executive... that I'm just like, "I've seen you at one event, but I know you're best friends with the president, so now you're the executive" type of situation.

According to Brandon, the potential for promotion was less reflective of a member's contribution to their Branch, and more of their social relationships. Brandon admitted that, even if someone held a leadership position within the Branch, they could still be pushed out.

Some other people who kind of.... Like, they started out on exec, and then they just couldn't put up with the rest of the team anymore. So, they just, like, quit early and stuff like that.... It was a, definitely kind of "clique-y, popular" type of mean girl culture at times, I would say. So, if you were a little on the more... different side, you might not always get, like, your voice heard... always. I would say.

Given the social dynamics that Brandon witnessed, Brandon concluded that the Branch executives who “quit early” surrendered their positions not because they struggled to fulfil their leadership duties, but because the Branch had an unconstructive social atmosphere. When I asked Brandon to describe members of the in-group at his university, Brandon told me that clique members tended to be White, cisgender women and queer men. Brandon, who identifies as a cis-gender straight man, did not fit the leadership mould. While he became an executive during COVID-19 lockdowns, he had his doubts about whether he could land a leadership position. Brandon had only ever volunteered for a single Branch, so he could not generalise his experiences to Branches across the country, but he was troubled by the exclusion in his own Branch:

I can't say for sure if the other ones [Branches] are very clique-y, or if it's something that's bred by Catalyst. Just 'cause... in my personal experience it was clique-y, but I feel like that was just because... they had been doing Catalyst together for, you know, so many years at [University]... That it just always felt like they had their little group that was on the exec, and they just picked their own friends to keep making up the exec, and it just kind of bred this... kind of... environment there.

It is uncertain to what extent dominating images of mental health advocates as White, middle-class, cisgender women were “bred by” Catalyst’s official messaging. In my experience as a volunteer, Catalyst actively highlighted the work done by diverse youth on their social media platforms and their website, as an attempt to challenge narrow images of the stereotypical mental health advocate. However, Catalyst still operates in an environment where the image of a White, middle-class, cis-female advocate is well-

entrenched in the public imagination. It is unclear to what extent that cultural norm has trickled down to Catalyst's various Branches.

In any case, Brandon's story is reminiscent of workplace hierarchies discussed in organisation studies (Acker 2006, 2012; Alvesson et al. 2008). The presence of in-groups, such as the cliques Brandon described, subtly signals 'Otherness' to people outside the in-group, devaluing or excluding their contributions in the workplace (Atewologun et al. 2016). The tone of Brandon's interview suggests that feeling devalued or excluded may have compromised his ability to connect with Catalyst as a national network. Should similar situations emerge elsewhere, Catalyst's attempts to engage under-represented youth in mental health advocacy could be compromised.

When unwelcoming organisational culture pushes out or fails to incorporate equity-deserving youth, the diversity of thought and perspective within the team is compromised. The young people who experience negative organisational culture may be subject to social or emotional harm, putting their mental health at risk. Equity-deserving youth who leave Catalyst remove themselves from the pool of future leaders, who generally have increased contact with Catalyst staff and may have greater influence on organisational policy. When workplace culture selects the same kinds of youth for advancement over time—while intentionally or unintentionally excluding all others—a limited range of perspectives and insights are recycled within decision-making spaces. In the rest of this chapter, I discuss potential interventions to address cliquishness within Catalyst branches, and I highlight the importance of strategic dialogue between Branch leadership and Catalyst staff.

When I interviewed youth who had experience volunteering with Branches, I asked them whether Catalyst staff could better support the diverse needs of localised teams. In general, participants called for Catalyst to make operational support available to youth at each step of Branch management, with the understanding that different Branches will need and mobilise a different number of resources. Brandon defended his call for guidance with a rather memorable metaphor:

I can see why people would complain about the extra training. ‘Cause, you know, more work for them? But, at the same time, they needed... they needed *something*, because it was like the Wild, Wild West out there.

Even if a Branch chooses not to engage with proffered mentorship or guidance, the simple fact that it exists could be comforting for Branch leaders. Youth would know they did not have to navigate the “Wild, Wild West” on their own. Jasvir, a low-engagement man who volunteered at a local Branch, said that support started with recruitment:

When I was trying to achieve other things—let’s say, EDI [equity, diversity, inclusion] goals for Students’ Union and university—like, there was a team in place... that was, like, working regularly. Whereas the team that we built up with, like, Catalyst—at [University]—like, all the other members? They kind of got, like, cut off [stopped participating in the Branch]. And then we couldn't achieve the goal because of that.

Jasvir stopped volunteering with Catalyst after serving one year, because the local team lacked efficacy. Jasvir’s Branch struggled with a lack of student engagement, and the handful of members failed to launch at least three projects. Jasvir was struggling with personal challenges—including financial strain and a parent’s illness—while the Branch president was overwhelmed with their academic workload. Jasvir did not provide

specifics as to how Catalyst, the national organisation, could have better supported his Branch. However, the tone of his interview implied that efforts to streamline recruitment, including help advertising the Branch, would have been appreciated.

Other Branch-involved youth echoed Jasvir's desire for greater support. Amir, a high-engagement youth who volunteered at a Branch for four years, called for Catalyst to distribute project templates. Amir's Branch was one of the nation's largest, but even they struggled with low turnout to some of their events. Amir recommended:

There could definitely be, um... more templates given. Or more information given, on how to actualise as a group. As a, as a mini-organisation, an extension of the organisation. To really—you know—mobilise themselves in a way that you can have the bigger events. Ah, something that was an issue was having a non-turn out—or very little turnout—at these events, and that were put so much time and effort into.

For Oliver, a moderate-engagement youth with Branch experience, training should start with Branch leadership. Oliver linked training to equity, diversity, and inclusion (EDI) considerations. While member orientation included some discussion of safety and accessibility, training was typically a one-time event and EDI considerations may be quickly forgotten. Oliver struggled to recall his own Branch training, and he shared this:

I haven't done the Catalyst Branch training in a long time—but I don't remember there being anything about anti-oppression. Maybe there is, but...

Regardless of whether Oliver received EDI training, the fact that no such conversation stuck with him is problematic. Oliver was a team lead within his Branch, and he found himself navigating a potentially harmful situation with another volunteer. Oliver's team

organised a regional Gathering, and the other volunteer was the only racialised person on the task force. The volunteer clearly valued diverse representation, as Oliver noted:

We were organising a student panel at our [Gathering]. Um, and they [the volunteer] were really pushing—um, not, “pushing” is not the right—encouraging us to, like, have more diverse representation on the student panel. In terms of gender. In terms of... um, race. In terms of backgrounds. And... I think that they felt, like, um... that wasn't being heard.... And said that, like, being a part of Catalyst had been.... Um, like, harmful to their mental health. And then having a really negative impact on them.

When he received the disclosure, Oliver took a step back from his duties and found the time to address his teammate's concerns. He acted in a way that felt natural to him. He mobilised his personal empathy and his training as a Presenter, which included discussions of supporting others through a hard time. Oliver shared what happened next:

Um... and so we sat down, for like an hour—an hour and a half—and just had a conversation. Um, I learned a lot from the conversation as well. About... like, the role that I can play as an ally, and what that looks like. And how to create space... um, for others as well. And... it was a really positive conversation. And as a result, um... they ended up becoming—um... and, like, wanting to be—a co-president. And becoming a co-president the next year.

Oliver, who identifies as a cisgender White man, was grateful that things turned out for the better. He could not isolate where he learned the skills to manage an EDI concern, and to respond so skillfully that a distressed volunteer not only stayed with Catalyst, but later took a leadership position. However, Oliver recognised how badly the interaction could have gone. He admitted that, had the racialised volunteer approached someone

without Oliver's empathy or training, they could have experienced further harm. When I asked Oliver what Catalyst could have done to equip youth leaders to mitigate conflict, or to avoid unsafe circumstances, Oliver recommended that Catalyst staff offer check-ins more proactively:

I think, maybe—creating space and encouraging [Branch Leads] to check in.... Um, with their Coordinators. And saying, like, if.... situations come up, like, this is how we handle them. And, and... You know. Even the, the Catalyst Coordinator could be... like a, a third—kind of—party or person in those situations. If it ever were to get to a point where, like, someone wanted to have that.

As Oliver suggested, mental health organisations who provide ongoing mentorship to advocates foster a safe space for youth to grow into effective leaders (Cullen et al. 2023; Vitopoulos et al. 2018; Wray-Lake and Abrams 2020). Aside from the immediate safety benefits of greater mentorship, investments in training could follow Catalyst's volunteers even after they leave the organisation. Amir, a high-engagement racialised man, argues that better-trained youth leaders ultimately offer more to the community. Youth who are well-supported as Branch members, for example, will learn skills that they bring to the general workforce. Amir hypothesised:

So, offering that knowledge, and bringing that into the [school-based] Branches and these Community Branches, and.... I think there will be... a lot better leaders coming out of those Branches. Uh, better, well-equipped to handle larger events... larger scale events, and be more impactful coming out and into the workforce.

Catalyst's role is to empower young people in mental health advocacy, and young people's advocacy efforts do not end when they graduate from Catalyst's programs. Later

in his interview, Amir described his desire to maintain his connections at Catalyst well into his professional career. His activities as a youth advocate aligned with his personal core values, and he would take his learnings wherever he went. Amir deduced that, should Catalyst uplift more people the way Catalyst empowered him, it would contribute to their mission in creating a healthier youth population. Most of the youth I interviewed agreed that, despite the additional workload that ongoing mentorship would provide for volunteers and staff alike, the long-term benefits of making support available justifies the effort.

5.4 CONCLUSION

This chapter centred on the organisational best practices that keep equity-deserving youth engaged in long-term advocacy. Young people face financial, temporal, and energetic constraints on their ability to volunteer, and they experience these challenges with different intensities depending on their socioeconomic situation. Established institutions may alleviate these stressors by providing compensation to all volunteers, advocating for social policy supportive of low-income youth, and otherwise advancing parity of participation. I drew on primary research to address shortcomings in one Catalyst's Branch program, after an interviewee described experiencing a toxic and exclusive work culture. I urge Catalyst's leaders to maintain more consistent dialogue with their youth volunteers, and to offer greater inclusivity training to youth leaders. In the next chapter, I dig deep into the work that Catalyst staff can do, on the back end, to better engage equity-deserving youth in mental health advocacy.

CHAPTER 6 ENCOURAGING EQUITY

In this chapter, I discuss steps that mental health institutions can take to improve their equity, diversity, and inclusion (EDI) practices. Organisational commitments to EDI begin with staff members. Initiatives advancing accessibility should happen in tandem with youth recruitment and retention efforts. Youth mental health institutions could start by developing targeted internal policies, of which I will provide several examples. Supportive actions range from symbolic gestures like releasing a statement against oppression, to major systemic changes like restructuring an organisation's hiring process. Later in this chapter, I utilise interview data to examine Catalyst's current EDI work. Finally, I make evidence-informed recommendations based on organisational need.

6.1 LEADERSHIP BUY-IN

The presence of equity, diversity, and inclusion (EDI) champions is an important determinant of whether EDI principles are upheld within mental health organisations (Lucente et al. 2022; Omstead et al. 2009; Vermeer, Battista, and Leatherdale 2021). For many institutions, the champion's "enthusiasm" and "commitment" to equity pushes the entire group forward (Poland et al. 2005:131). The ideal EDI champion is a high-ranking administrator with the power to write, implement, and revise organisational policy. When people in power express a "public commitment" to EDI values, such as racial equity, the organisation's "vision, policies, and resources" are more likely to be aligned in support of EDI (Lucente et al. 2022:154). Organisational regard for EDI ranges from the symbolic to the holistic. Symbolic gestures include public statements issued by the organisation, such as social media posts spotlighting days of recognition (Kurzawa et al. 2022:503). Symbolic expressions are an important first step toward inclusion, regardless of whether

they lead to increased organisational accountability. For example, public commitments to antiracism help establish an organisational culture supporting racial justice and support shared recognition of systemic racial inequalities (2022:503). Holistic EDI initiatives include the development of anti-oppression frameworks, adaptation of inclusive terminology, and improved EDI training for staff (503). This takes social justice even further.

The first step to writing EDI principles into organisational culture is the development of a cohesive social justice framework. Kurzawa and colleagues (2022:506) call for a wraparound plan with “clear direction and objectives” to build EDI capacity rather than a “piecemeal approach.” In practice, mental health administrators may develop “detailed templates,” or internal texts, outlining administrative processes safeguarding social justice (Danseco et al. 2017:182). Drawing on the advice of Danseco et al. (2017:184), an orientation booklet could be provided to all incoming staff that summarises the workplace’s EDI program development plans (2017:184). A formal communication plan helps staff embrace the same inclusive terminology across working teams (Omstead et al. 2009:15). According to Omstead and colleagues (2009:15), this text should include a comprehensive, contextualised, and culturally specific sub-vocabulary adapted to the groups and communities in the organisation’s network. Mental health leaders’ own EDI literacy, a prerequisite to anti-oppression initiatives, may be strengthened through ongoing training.

6.1.1 Equity, Diversity, and Inclusion Training

According to themes emerging from the sociological literature (Knoll et al. 2012; Kurzawa et al. 2022; Tellier et al. 2022), staff training in equity, diversity, and inclusion (EDI) should be embraced as an ongoing practice. While one-and-done social justice workshops are an easy investment, they are not enough to produce an anti-oppressive, decolonising, and trauma-informed workplace (Kurzawa et al. 2022:506). EDI workshops should: 1) draw on evidence-based information and keep up-to-date regarding best practices; 2) tailor content to the specialisations and interests of the audience; 3) solicit EDI knowledge already used by members; and 4) encourage sustainable learning, where senior staff mentor new hires (Knoll et al. 2012:97). Workshops should introduce attendees to a wide range of skills. Facilitators can use a blend of didactic and reflexive activities to communicate a shared awareness of social inequalities (Gajaria et al. 2021:135). Finally, the content and pace of EDI workshops may vary across organisations and across time. It should not be assumed that mental health leaders, including organisational administrators and board members, have pre-existing expertise in youth engagement or anti-oppression (Canas et al. 2019:879). The pace and complexity of EDI discussions would cater to the level of expertise in the room, while maintaining key talking points. Below, I describe a hypothetical workshop to illustrate the flow, facilitation, and focus of an activity safeguarding 2SLGBTQIA+ inclusivity. The following case study is an aggregate of EDI workshops described in the sociological literature (Knoll et al. 2012; Kurzawa et al. 2022; Tellier et al. 2022):

The workshop might begin with an overview of major EDI concepts. This session is one of many, a series that begins with basic definitions and moves to grounded, nuanced discussion of systemic inequalities impacting youth mental health care. The

facilitator reviews possible talking points for the day's activities. The group chooses to discuss inclusive leadership, culturally safe services, and trauma-informed practice in mental health care.

Having worked with the mental health organisation in the past, the workshop facilitator knows the group engages several 2SLGBTQIA+ youth. Some of the attendees identify as queer or transgender and are more aware of cis-heteronormativity. Others are new to EDI.¹⁷ The facilitator begins with a didactic activity: a short lecture on EDI terminology, so everyone has some understanding of the day's topic. The facilitator shares the most up-to-date definitions of various queer and trans identifiers that youth may use. They affirm that all identities are valid, and they actively destigmatise¹⁸ gender and sexual differences. They summarise what cisnormativity and heteronormativity mean and note a few ways biases crop up in the mental health sector.

Once the lecture is over,¹⁹ the facilitator makes space for a collaborative and reflexive activity. Attendees split into groups and brainstorm according to their own knowledge levels. The facilitator encourages them to ground discussions in observations²⁰ they made while working for the mental health organisation. Some attendees mention current events,²¹ pointing out how a given piece of legislation is impacting transgender youths' access to healthcare. They frame the challenge as a

¹⁷ There are usually variations in the level of EDI knowledge held by staff members working in the same institution (Canas et al. 2019). These disparities are normal and should be validated.

¹⁸ Tellier and colleagues (2022:693) give examples of how EDI training can destigmatise marginalised identities.

¹⁹ Gajaria et al. (2021:135) support a mixed-methods approach to EDI training, where didactic and collaborative learning are both valued.

²⁰ Knoll et al. (2012:92) describe the importance of tailoring EDI training to attendees' real-life responsibilities.

²¹ Advocacy is more effective when adult allies connect structural (dis)empowerment to appropriate social processes (Woodford et al. 2015).

structural issue and share how policies impact queer and transgender youths' mental health. The facilitator helps attendees link the issue back to the work their organisation does. The attendees recognise that mental health care is inherently political.

By the end of the discussion period, virtually all attendees have broadened their understanding around the structural determinants of queer and transgender youths' mental health. To bring everyone back on the same page, the facilitator asks attendees how they can apply what they learned to their own work as mental health allies. Some of the queer and trans-identified staff discuss strategies against burnout. Cisgendered and heterosexual staff name resources for further learning. Everyone builds on a list of practices²² they can use to support queer and trans-identified youth. These include asking youth for their lived name and pronouns when they first visit the clinic, updating service intake forms to include gender-neutral options, and shifting evaluation frameworks to capture more queer and transgender voices. The more knowledgeable attendees²³ take the lead in these discussions, centring existing expertise within the organisation. The facilitator moves between groups, ensuring that everyone stays on track and that queer and transgender voices are not overshadowed by more numerous hetero-cis voices.

The workshop ends on a high note, with most staff members feeling empowered to better support queer and transgender youth. Some attendees are still uncomfortable²⁴ engaging in sociological discussions, but they are more knowledgeable than they were before the workshop. The facilitator emphasises that EDI learning is a lifelong process.²⁵

²² The design of clinical settings impacts whether marginalised youth interact with mental health organisations (Gajaria et al. 2021:135). Improved interactions with services may lead to advocacy work.

²³ Lévesque (2017:52) describes how, by centring internal knowledge, youth mental health organisations can create more inclusive and effective interventions. This could apply to EDI knowledge-sharing.

²⁴ Adult allies will engage with EDI content in their own ways, and discomfort during learning is very common (Sundar et al. 2012:105)

²⁵ Kurzawa and colleagues (2022:506) emphasise the importance of ongoing EDI discussions.

Finally, the facilitator meets with the workshop organiser to discuss next steps. They decide to pause sessions for a few weeks, because next month the mental health organisation is hiring an external Indigenous-led to discuss cultural humility.

The aggregate case study presented above captures numerous ideal practices for EDI workshops. The workshop facilitator is an expert in their field, and they leverage their training to familiarise and destigmatise historically marginalised identities. They take time to impart basic knowledge on all attendees, so everyone has a basic understanding of relevant EDI principles. However, they leave space for the group to share their existing knowledge and centre minoritised voices. Frustrations, including those over structural issues, are safely expressed and validated. Preliminary action items are feasible and relevant to attendees' daily activities. The workshop does not aim to make anyone into a 'perfect' ally. Instead, the workshop itself is one step in an ongoing quest for equitable advocacy.

6.1.2 Diversifying Workforce

Long term commitments to equity, diversity, and inclusion (EDI) rest on organisational power dynamics. Mental health institutions can translate ideas into action by diversifying hires and centring the voices of staff who embody marginalised identities (Gajaria et al. 2021; Lévesque 2017; Poland et al. 2005). Workforces “representative of the communities they serve” are more likely to succeed as EDI leaders, because staff possess the “knowledge and experience” to address the needs of historically silenced populations (Lucente et al. 2022:154). Lucente et al. (2022:154) find that marginalised communities may be more receptive to discussions led by people who share their identities. This could bridge any mistrust grounded in systemic discrimination and negative healthcare

experiences (2022:154). In cases where historical injustice intersects with poverty and social immobility, strategic hiring by established mental health organisations may help some populations access education, employment, and income (Nelson et al. 2001:668). Such interventions may appear limited, as they focus resources on elevating individuals rather than creating systemic change, but these efforts are just one step of a complex struggle for EDI in mental health movements.

Mental health organisations have diversified their workforce by tailoring job postings and restructuring hiring committees. For instance, organisations seeking representation of racialised voices may specify a “preference for knowledge or lived experience as a member of a racialised community” in advertising materials (Kurzawa et al. 2022:504). This wording centres the employer’s commitment to EDI principles without promoting tokenism. The key criterion for potential hires is their ability to relate with historically marginalised communities, and not the simple fact of their ethnicity or appearance. Promising candidates could be interviewed by a diverse panel, including staff of different personal backgrounds and youth advisory representatives (Guinaudie et al. 2020:658). Inclusive language should be used throughout the recruitment process, such as in recruitment materials and interview questions, and opportunities for career progression should be made available to historically marginalised hires (Kurzawa et al. 2022:504). These steps could help mental health institutions welcome under-engaged individuals onto their staff, who may then build equitable initiatives from the inside.

Mental health organisations who purposefully engage historically oppressed groups, especially when the organisations themselves are headed by cisgender, affluent, and White leaders, must intentionally protect against tokenism. Anti-oppression work

begins with dominant groups’ “readiness to enter into an uncomfortable zone,” where deeply entrenched privileges are named, described, and critiqued (Nelson et al. 2001:669). Staff embodying dominant identities may experience a variant of culture shock, struggling to adopt sociocultural norms unaccepting of their prior “customs” and “unquestioned assumptions” (2001:669). This discomfort may be partly alleviated by education (Canas et al. 2019; Dixon et al. 2022; Lucente et al. 2022; Sangill et al. 2019). Such education might include cultural humility training, which focuses on instilling an attitude “based on mutual openness, respect, careful curiosity” and engaging in ongoing reflection about one’s own positionality (Sundar et al. 2012:106). Ongoing cultural humility training, described in a later section, helps dominant-group staff reconceptualise their community’s history with subordinated groups.

Adults who hold leadership positions—particularly adults who are not members of underserved communities—can act as allies by recognising and elevating the expertise of racialised professionals. Allies may safeguard appropriate financial compensation for equity-deserving colleagues and lobby for adequate funding to support EDI programming (Guinaudie et al. 2020; Kurzawa et al. 2022; Poland et al. 2005). Parallel to providing EDI training, organisations should invest in marginalised staff by “managing and supporting them well” (Poland et al. 2005:134). This is the inverse of tokenism, and rests on an institutional commitment to uplift underrepresented voices without micromanaging their work in advocacy spaces.

Mental health bodies can start by outlining fair and livable compensation plans for marginalised workers, with future access to leadership roles (Kurzawa et al. 2022:504). Institutional administrators should remain cognisant of systemic workplace biases, such

as the phenomenon that Gajaria et al. (2021:135) call a “minority tax.” The term “minority tax” describes how unpaid emotional labour, inherent in activist movements and service sectors, is unevenly distributed among people of different races, genders, and sexualities (Gajaria et al. 2021; Kulick et al. 2017; Poland et al. 2005). For example, informal community, communications, and caring work is typically done by women (Poland et al. 2005:133). While the skills leveraged to complete these tasks are “rhetorically valued” the work itself is “under-appreciated, de-valued, and rendered largely invisible” in daily life (2005:133). Similar burdens fall to racialised academics and nonprofit personnel, who are pushed into anti-racist efforts at the expense of paid hours and their career advancement (Gajaria et al. 2021:135). To safeguard EDI, organisational leaders must interrogate unspoken power dynamics, including expectations of informal (in)action projected onto staff, and thoughtfully challenge inequalities where they arise.

6.2 GOVERNING YOUTH ENGAGEMENT

Mental health organisations should entrench their commitment to social justice by writing equity, diversity, and inclusion (EDI) practices into policy. Simply stating a commitment to EDI is a good start, but it takes group effort to maintain inclusive advocacy spaces (Halsall et al. 2021; Kral 2016; Nelson et al. 2001). For instance, adjustments that accommodate youth advocates’ busy lifestyles could include flexible work schedules for staff. Likewise, the organisation could work to advance cultural humility.

6.2.1 Safeguarding Flexibility

Many North American mental health organisations operate on a nine-to-five, Monday to Friday schedule, and staff may expect youth engagement to occur during this work week. However, standard working hours are not always compatible with young people’s own schedules, which often include school attendance and part-time work (Yamaguchi et al. 2023a:74). Youth engagement projects should clearly recognise the changing conditions of young people’s lives, including natural “variations in their well-being” (Nortvedt et al. 2022:1474). To maximise youth participation, mental health organisations should work with young people to determine meeting times well in advance (Guinaudie et al. 2020:661). Guinaudie and colleagues (2020:661) describe a mental health organisation where young people “specifically requested” timeslots alternating between “weekday daytime hours” and “weekends.” This model demonstrated the organisation’s willingness to prioritise youth needs.

If an organisation wishes to move beyond creative scheduling to further youth engagement, they could offer employees flexible working conditions. Staff who operate outside of physical office spaces, travel to meet with youth, and work unorthodox hours may be best suited to engage with marginalised young people (Canas et al. 2019; Nortvedt et al. 2022; Yamaguchi et al. 2023a). Lévesque (2017) explored how a Canadian mentorship program for 2SLGBTQIA+ youth practices staff flexibility. Lévesque (2017:53) described the tasks that Corey, a youth outreach worker, completed on behalf of the organisation:

In conducting frontline activities, Corey moves between an office at the University of Alberta, a downtown outreach office, and meeting young people across Edmonton. To

accommodate young SGM's [Sexual and Gender Minority] life circumstances, he delivers services outside set working hours.... Such flexibility is critical when Corey works with YMSM [Young Men who have Sex with Men] in the inner city who are street-involved.

The success of this Alberta-based organisation relied heavily on staff's ability to meet young people where they are, physically and emotionally. Corey's work regularly took him from traditional university spaces to the streets of Edmonton, and to halfway points like the outreach office. Corey's recognition of how entrenched inequalities, such as street-involved youths' dispossession, allowed him to meaningfully engage populations unserved by mainstream mental health services. A critical reading of Lévesque's (2017) work suggests that the efficacy of outreach efforts is, in large part, produced by adult allies who proactively lower barriers to engagement for young people.

6.2.2 Humility over Competency

Cultural competence is traditionally regarded as a best practice within mental health advocacy work (Sundar et al 2012; Ungar et al. 2015). Sundar and colleagues (2012:107) define cultural competence as "specific knowledge about different ethnoracial and cultural groups." Adults supporting youth mental health advocacy, such as service providers sharing space with youth advocates, may improve their cultural competency through formal training. Targeted workshops may help adults become more aware of "how they feel and react to people" according to "ethnoracial and cultural characteristics," leading to increased sensitivity of cultural diversity (Sundar et al. 2012:101). Cultural competency practices are a good starting point for adults supporting youth mental health advocacy. Allies in activist spaces may begin by adopting Sundar and colleagues' framework outlining the components of cultural competency (2012:101).

Organisations dedicated to EDI may proceed even further and implement cultural humility across programs.

The first component in the framework outlined by Sundar et al. (2012:101) addresses individual emotional responses to social (dis)privileges. This component focuses on how one “thinks about difference,” and helps practitioners identify the emotions that accompany their perspective (2012:101). Once someone becomes cognisant of their feelings around social stratifications, they may then work toward the knowledge component of cultural competency. This second component focuses on “understanding the world views” of people different from oneself, which reinforces an awareness of how one sees and interacts with others (Sundar et al. 2012:101). The third component of cultural competency focuses on skill development. A mental health service provider may develop skills to “provide effective services to those across different groups,” now that they are more in tune with the needs of marginalised youth (2012:101). The fourth and final component of Sundar and colleagues' cultural competency framework (2012:101) is about behaviour. Practitioners of cultural competency develop responses, such as psychiatric interventions, based on what they learned in previous components (101). The process of increasing cultural competence prepares advocates to build and maintain spaces where empathy and patience are key.

While cultural competency training is critical, simply providing information about human difference is not enough to safeguard equity in mental health advocacy. A singular focus on cultural competence runs the risk of flattening cultural curiosity into a checklist of talking points, and organisations should instead strive for a culture of cultural humility (Craig et al. 2021; Tellier et al. 2022; Ungar et al. 2015). Cultural humility stems from an

awareness of personal differences gathered within shared spaces. It and requires a general sociological literacy, such as the understanding that certain racial or gender presentations come with systemic (dis)advantages in North American life (Clark et al. 2021; Nelson et al. 2001; Yamaguchi et al. 2023b). Cultural humility differs from cultural competency in its end goal. Whereas cultural competency training emphasises the recognition of seemingly static human differences, such as race and ethnicity, cultural humility discourse addresses the shifting and relational nature of privilege and oppression (Sundar et al. 2012:101). It encourages the continual interrogation of social positionality (2012:101). Cultural humility rewards long-term critical thinking and encourages individuals to connect with diverse others on a personal level.

Compared to cultural competency, which could become a box to check as a part of professional development, cultural humility fosters an attitude of openness that extends beyond mandated training sessions (Canas et al. 2019; Sundar et al. 2012; Ungar et al. 2015). Cultural competency situates the disparity in mental health outcomes among marginalised (e.g., racialised) youth within the purview of individual adult allies (Sundar et al. 2012:101). Cultural competency training aims to improve individuals' "capacity to function effectively" when supporting diverse youth (2012:101). For instance, White service providers may distil knowledge of racialised communities into "clinical guidelines," which they then use in everyday practice (2012:102). This fosters a workplace where group memberships are perceived as monolithic, ignoring the natural fluctuations of personal identification over time (Sundar et al. 2012; Ungar et al. 2015). Shorthand definitions of social positionalities may delegitimise mixed identities, like those of multi-racial and multicultural youth (Ungar et al. 2015:106). In contrast, cultural

humility emphasises deep thought and ongoing growth. Access to mental health services and decision-making spaces are rightfully attributed, at least in part, to broader social structures (Sundar et al. 2012:109). Rather than filtering understandings of difference into static points of information, practitioners of cultural humility interrogate how they, and affiliated mental health organisations, are situated in relation to historically marginalised communities (2012:110). Dixon and colleagues (2022:963) describe how cultural humility could look among service providers helping transgender youth:

They [service providers] should engage directly with transgender and nonbinary youth, be explicit about their willingness to learn, continually check their biases, avoid pathologising, and work to become a true ally. They should apologise for their past handling of gender if warranted, to build a safer space for discussion, research participation and engagement.

The above quote illustrates the difficulty, but also the importance, of ongoing reflexivity. Adult allies are instructed to interrogate the subconscious assumptions they bring into mental health spaces and that could stifle transgender youths' personal expression. Self-forgiveness is crucial for allies, who may be confronted with hard truths about their own privileges and shortcomings. Strong allyship does not demand perfection, nor should mistakes deter allies from further serving underprivileged communities. Someone who has done harm should make amends to the best of their abilities, but they must keep showing up.

As Nelson and colleagues (2001:653) write, bias management stems from a place of caring, community, and compassion on the part of service providers. Learning must be ongoing, as understandings of human identity are always evolving (Brinkman et al. 2009;

Dixon et al. 2022; Sundar et al. 2012). This, in turn, rests on adult allies' sustained commitment to ongoing growth. Mental health advocates, whether adult or youth, are most likely to maintain cultural humility in spaces where "mutual openness," respect, and "careful curiosity" are upheld as key values (Ungar et al. 2015:106). People in advocacy spaces need not share the same racial, cultural, gender, or sexual identities, but they should be willing to appreciate the role of diverging identities in the lives of those who embody them (2015:106). Youth and adults alike are encouraged to ask questions when presented with life experiences different from their own, provided that inquiries are thoughtful and carry a respectful tone (2015:108). Sustained discourse, which addresses sensitive inequalities in youth mental health, is ideal for advocacy efforts moving beyond cultural competency to cultural humility.

6.3 CATALYST: INTERNAL POLICIES

The youth volunteers whom I interviewed had conflicting perceptions of Catalyst's equity, diversity, and inclusion (EDI) efforts. Catalyst's public-facing content, including the texts curated on their social media pages and their presentation of national Gatherings, appear diverse and accessible. Some of their programs, such as the rapidly evolving Presentations, are making a sincere effort to meet the needs of under-engaged communities. I discuss these nuances in the remainder of this chapter.

6.3.1 EDI Successes

To gauge interviewees' general impression of Catalyst's inclusivity, I asked them open-ended questions about the communities they felt were represented in the network, and how these groups fit into Catalyst's programs. Responses varied. Some interviewees

described their interactions with network members outside of the White, cisgender, and female norm. Aaron, a high-engagement White man, shared his perception of Catalyst:

I see everyone... Like, people from all kinds of demographics. People of all kinds of sexualities, genders, backgrounds, locations, ages. Um, other kinds of demographics. Like, every kind of group I see represented, which is really inspiring.... And it's not diversity... for one group at the expense of another.

Most of the people I interviewed echoed Aaron's point. Heightened visibility of diverse personnel—both staff and volunteers—gave a positive first impression. Jasvir described his introduction to Catalyst, in which he perceived the organisation as “run by women.” Virtually all of the staff he met self-identified as female, and youth volunteers active in his community had a range of gender identities. According to Jasvir, this organisational make-up “speaks a lot about the culture” at Catalyst. Jasvir perceived no areas of improvement for Catalyst as an organisation. When prompted to describe demographics whose voices were more numerous than others, or were overshadowed by their peers, Jasvir said that no such inequality existed.

Some youth commented on leadership opportunities extended to youth outside of the White, cisgender, and female norm. Themes around upward mobility, which were inclusive of less traditional mental health advocates, came up organically in multiple interviews. Participants were heartened by the level of Indigenous representation programmed into national Gatherings. Elders and Indigenous community members were introduced as capable leaders and knowledge keepers. Indigenous representation became particularly prominent in Presentations, as Catalyst developed Indigenous-specific

workshops to complement their classic ones. Oliver, an experienced Presenter, had this to say about emergent programming:

The Indigenous [Presentations]. I think that's, that's a good example. And from my understanding, you have to be Indigenous. Um, and they're even looking for Indigenous [Presenters] in the program, which is fantastic. So... that's the only—like, specific initiative—where I've seen, like, that tangible change.

Catalyst's success in elevating historically marginalised voices extended beyond event presence. Several youth volunteers described the organisation's ability to amplify certain under-represented voices without silencing members of other equity-deserving groups. The organisation's ability to accommodate a range of voices was most evident when diverse populations were brought together in close proximity to each other—like during national Gatherings—or when they compete for a limited amount of airspace—like representation in the finite number of social media posts on Catalyst's official pages. Cameron, a White gay man, discussed how Indigenous voices were made prominent during a national gathering:

Indigenous voices, were—I wouldn't say “dominant,”—I would say... um, very, very present. And, and an important... uh, inclusion, with their, uh... with their.... Just in, in the Gathering itself. Very, very important and... hmm. I wouldn't—I wouldn't use the word “dominant” here, but I would definitely say—yeah—just, just present. But, like, in a good way.

Catalyst enjoys a very positive public image, which can be partly attributed to their strategic profiling of diverse youth leaders on their social media channels. Catalyst has experience working with influencers, who added their technological savvy to Catalyst's

public outreach efforts. The variety of stories, life paths, and embodied identities spotlighted on Catalyst’s social media pages help their general audience relate to their youth leaders. The key to success appears to be choice and variety. Josephine, an Indigenous woman, explained her connection to Catalyst:

It all depends on, like, who people view as an idol. But who... what type of people, like, what type of influencer [cuts off.] In a sense, it’s nice knowing that Catalyst has so many different people from so many different communities. Because we meet all these different people and we're like, “OK. These are the type of people I get closer to. These are the people that I relate to more.

The fact that Catalyst has youth icons appealing to a variety of public audiences may help them engage youth under-represented in mental health advocacy. Social media outreach, specifically outreach efforts that land with local populations, may be especially attractive to Indigenous and rural communities. Josephine grew up in a relatively remote, and most of her interactions with urban North American culture came via the internet. She described a social media culture among youth living in her community, where knowledge transmission was done via soundbites and online posts. She informed me that members of her Indigenous community were “constantly watching content.” Young people’s engagement with national social justice discourse was largely influenced by “what [they’re] interested in, in terms of [urban] content.” Mental health organisations that lack social media presence in Josephine’s community were unlikely to generate a following. Josephine applied these challenges to Catalyst’s recruitment tactics:

To us, when we get, like, information from Catalyst: it's all usually these posters. Which are, most times, very fancy. Very, you know... um, they're just like.... You could tell that

they're going to a certain demographic. And, like, and they're also trying to make sure that they're being professional and everything. But at the same time, our youth here will see that. They'll think it's boring: "I don't have the time."

Josephine herself became involved with Catalyst when an adult from her high school approached her personally and introduced her to the organisation. It is uncertain whether Josephine would have become involved if her impressions of Catalyst were limited to the "fancy" promotional materials sent to her community. Strategic engagement with remote communities may effectively endear local youth to urban mental health institutions and shape these youths' perception of whether engagement fits their style. Josephine's community cannot stand as a proxy for all Indigenous or remote communities; however, considering that geographic isolation poses similar challenges to most rural locales, similar internet cultures may have developed to maintain connectivity.

6.3.2 EDI Challenges

In contrast to the testimonies of youth like Jasvir, other Catalyst volunteers perceived disproportionate (under)representation of certain communities. Going off the conclusion that youth with personal experiences of distress are more likely to support Catalyst, Brandon (a White, Eastern North American resident) discussed which demographics are most likely to identify personal mental health struggles:

Like, if you're... um... part of a minority group in some way. You're more likely to experience... probably, like any form of mental health issues. Umm, so you're more likely to gravitate towards something that's advertising for mental health advocacy. Um, just because it's something you've experienced more, I would say. So, someone like—you

know, like—the White jock? Probably less likely to join because they're ... less likely to experience, like, major mental health issues.

While Brandon assumed that people with identities celebrated by North American culture—such as the traditionally masculine White man—are less likely to experience poor mental health, it is unclear whether such individuals truly struggle less. However, cisgender White men do face mental health stigma unique to their social position (Gilham et al. 2023; Hilario et al. 2019; Siedler et al. 2018). In some White cis-male communities, emotional pain is experienced acutely by individual members but never constructively voiced. Some of the men I interviewed saw these cycles perpetrated by their own close relations or on social media platforms. Aaron, a White man living in Western North America, described what he saw on video sharing sites:

I watch on social media, and I watch this disturbing pattern happen again and again and again. When I see a male friend, or a male colleague, or a male superior, even someone much older than me—across the spectrum of age—go through a horrible... horribly traumatising event that severely impacts their mental health. And they may post about it, like, “I'm so anxious. I'm so stressed. I'm so depressed.”

And then, a couple days or weeks later, it's just like, [deepens voice] “I go to the gym now. I'm fine.” [Scoffs, chuckling.] Which I just find so sad and so disturbing.

Further anecdotal data supporting the under-representation of people outside of the White, cis-female norm was provided by Oliver, a Presenter for Catalyst. Oliver critiqued Catalyst's presence as being uneven, and potentially failing to reach equity-deserving communities. He reflected on his experience working with co-Presenters:

I don't know if I've worked with a... a [Presenter] who, other than you, that was racialised. Um, at the same time.... a lot of these schools I've spoken to have been predominantly White as well. Um... like, I'm not sure if Catalyst is reaching... um, like, racialised populations. I mean—obviously, there's racialised populations in every setting—but... in every setting. But also, like, there's different communities where... like, there is more.

Despite the steps that Catalyst recently took to diversify their programs—such as establishing Indigenous Presentations and creating inclusive Gatherings—Oliver appeared uncertain whether inclusivity efforts trickled down to the general Catalyst network. Later in the interview, Oliver described a need for more targeted outreach to equity-deserving communities. From what Oliver told me about his experiences, it appears as if Catalyst's introductory-level programming—Presentations and local events that initially expose youth to Catalyst—mainly reach the demographics already reflected in their network. This could produce future cohorts of advocates without branching out from the White, cis-female norm.

Approximately half of the youth I interviewed expressed concerns about the extent to which Catalyst undertook equity, diversity, and inclusion (EDI) work. High-engagement volunteers with robust understandings of Catalyst's inner workings were disproportionately critical of institutional EDI efforts. Interviewees expressed frustration at Catalyst's desire to remain politically neutral. A non-White participant voiced their concerns:

We're [youth and staff leaders] not allowing the—in my view—the organisation to come into its own. To, to really be helping people. Ah, other than being this—kind of—a generic... um, event... mental health organisation as it stood out to me at the beginning.

This person told me about their attempts to produce policy change as a Catalyst Branch member. They were a university student at the time, and they hoped Catalyst might collaborate with campus leaders to engage educational policymakers in wellness discourse. When the young person reached out to Catalyst staff and shared their ideas, they were rebuffed in no uncertain terms. The participant recalled:

I was like, “OK, like, let's do policy change. Like, let's get into that. I'm ready.” Like, I know there's lots of support within the student... student body for that as well. And... um, Catalyst was pretty staunch on being, “no. Like, we're not here for that. Now, like... like, in terms of government taking a stance on the... ah, the rules there.”

The participant shared their surprise at Catalyst’s unambiguous response. Effective advocacy, for this person, included legislative discourse and political pressure. The youth described Catalyst’s reluctance to engage as a major missed opportunity. Catalyst’s attitude seemingly compromised an otherwise ideal opportunity to bring mental health discourse into school curricula, and to elevate youth wellness into policy discussions.

Another participant, who was also non-White, critiqued the pace at which Catalyst completed equity, diversity, and inclusion (EDI) work. This person had followed Catalyst’s programs for multiple years, including Catalyst’s work to elevate Indigenous voices. The youth worried that Catalyst’s EDI efforts were performative, and they explained their concerns:

I would say that—it's kind of—it doesn't mean as much to them as it should. I think it's more so, like, “you know that we're doing this because it's the right thing to do in society's eyes.” But how much care does the organisation, like, [internally] take on it? I don't think it's necessarily there. And that could also be because of representation... um, in the HR [Human Resources] community, so.

The participant connected Catalyst's push for Indigenous representation with political pressure, where public opinions turn against institutions who appear racially homogeneous. The youth was acutely aware of Catalyst's roots as a settler-led organisation, and an institution whose staff are still overwhelmingly White. While the youth did not make overarching assumptions about Catalyst's organisational intent concerning EDI, they did express concerns that remain unaddressed. The participant wondered why, if EDI was truly a priority for Catalyst, that organisational change appeared so slow:

The speed at which it's [EDI work] happening... does not match where we are as a society. I think, as a society, we're a little bit further along the road of reconciliation. But I think Catalyst is kind of, like, way back. And I think that's... kind of the frustration, where it's like, “why has this not, like, been happening at a speedier pace? Um, in terms of what we can do for them [Indigenous communities]?”

For this young person, there was a clear incongruence between Catalyst's organisational branding as an inclusive mental health charity and the seemingly minimal amount of process it made toward diversification. The youth claimed that other major North American mental health organisations had done significantly more to safeguard equity-deserving voices in their own programming, a conclusion supported by academic

literature (Guinaudie et al. 2020; Marshall et al. 2012; Mathias et al. 2021; Reaume-Zimmer et al. 2019; Settipani et al. 2019). The participant also addressed the lack of equity-deserving voices, outside of Indigenous Presenters, incorporated into Catalyst’s programming. When I asked this person about Black and transgender representation in Catalyst’s network, they said:

I just don't know if I see the push yet. I see the push for Indigenous communities. I don't know if I see the push for Black communities or transgender communities.

In general, the nine youth whom I interviewed do not perceive Catalyst’s EDI efforts as tokenistic. However, there are standout incidents where Catalyst’s public relations efforts appeared performative to their youth collaborators, to the point of doing harm. Most interviewees claim that Catalyst seeks cultural competence, which I do not dispute. However, the following case study suggests that Catalyst staff must undertake additional work if they seek cultural humility.

6.3.3. Case Study: “It Felt like Tokenism”

A young person (anonymous) shared their experiences with a visual media project hosted by Catalyst. Unfortunately, the participant had a negative experience and ultimately withdrew from the initiative. The participant told me that the project was organised on a short timeline, and their engagement felt rushed. The participant, who is racialised, stated that the project conflated their lived experience of marginalisation with others’ narratives. Stories of youth from different ethno-cultural backgrounds were lumped together. This participant described the promotional project as “tokenism, to be very frank.”

6.3.4 Recommendation: Increase Co-Development

While most of the youth I interviewed did not perceive Catalyst's work as tokenistic, the few instances I summarise in this chapter mark important exceptions. Catalyst staff may wish to re-examine the guidelines they set for youth engagement projects and revisit the ways they frame personal narratives. Staff can guard against tokenism by co-developing logistics—like the contents of a promotional piece and the production's timeline—with youth, and by proactively checking in with youth to address problems early on.

6.4 CONCLUSION

In this chapter, I addressed the importance of leadership support to equity, diversity, and inclusion (EDI) practices. Organisations can make policy adjustments to better suit equity-deserving youths' needs, such as allowing staff to physically bring programming materials to youth and working outside of traditional school hours. Youth mental health institutions should develop EDI-friendly policies. They can include anything from a basic commitment to participate in related workshops, to a holistic effort in diversifying the workplace.

My primary research suggests that Catalyst has some level of EDI literacy and are making steps toward greater accessibility. However, lingering concerns about organisational practice include the speed at which Catalyst implements social justice efforts, especially compared to other North American mental health bodies. There are rare instances where Catalyst programming appeared tokenistic to youth participants, and these mistakes must be addressed. By adopting EDI strategies outlined in the academic literature, and by following the recommendation of their own volunteers, Catalyst can strengthen their support of equity-deserving communities.

CHAPTER 7 EXPANDING NETWORKS

Youth mental health advocacy, including the engagement of under-represented youth in established movements, is most effective when organisations establish partnerships with like-minded third parties. Health promotion activities, which Poland and colleagues (2005:126) describe as actions that increase one’s “potential for health,” are “joint ventures” that require the collaboration of “individuals, institutions, and communities. In this chapter, I discuss the forms that partnerships could take in youth mental health advocacy, and I apply these findings to Catalyst.

There are several key sectors that established mental health movements may wish to invite into their networks. Most mental health advocacy bodies have connections within the healthcare, education, social welfare, public safety, and immigration sectors (Kurzawa et al. 2022:504). Depending on the needs of the unique communities a movement is attempting to engage, or which would contribute to the parity of participation discussed in Chapter 5, networks could include specialised services (Settipani et al. 2019:13). Organisations engaging youth in lower-income communities may wish to connect with educational and employment services, housing support, or income assistance bodies (2019:13). Networks could work together to deliver training, simplify referral processes, and present as a collective when promoting policy change.

7.1 EDUCATORS

It is critical for youth mental health leaders to engage the education sector, to the best of their abilities, while operating within the constraints of under-funded and over-loaded healthcare systems. The school—whether post-secondary or otherwise—is a place where youth typically spend most of their days (Vermeer et al. 2021:825). Proximity to youth

makes schools a strategic space for intervention, and academic articles strongly support the introduction of mental health engagement initiatives in educational settings (Omstead et al. 2009; Peter, Taylor, and Campbell 2016; Ruiz-Casares et al. 2015; Tilleczek et al. 2014; Van Doesum et al. 2016). Depending on the resources accessible to educators and organisers championing partnerships, schools could be persuaded to bring mental health discourse into the classroom, establish after-school dialogues, or even adopt a whole-school approach.

An introductory strategy for bringing mental health discourse into schools is to develop related extracurricular activities. After-school participation is a low-barrier way for youth to initiate positive and supportive relationships with adults, which Wray-Lake and Abrams (2020:41) describe as “developmental assets. Healthy relations with adult role models may buffer against the harm of both physical and emotional violence (Gilham et al. 2023; Siedler et al. 2018; Stuart et al. 2014). Healthy relationships often lead to support for existing mental health advocacy initiatives and ongoing involvement as youth activists. For example, a successful mental health project (Gilham et al. 2023), which invites young boys to challenge toxic masculinity, was made possible when educators invited mental health leaders into their schools.

Mental health organisations who bring mental health services into classrooms take the next step towards engaging under-represented youth within their networks. Classroom collaborations improve visibility of participating organisation and provide opportunities for under-served youth to access personal support (Ruiz-Casares et al. 2015; Van Doesum et al. 2016). For example, the integration of settlement workers in schools helps newcomer students and their close relations to navigate complex North American

educational systems (Ruiz-Casares et al. 2015:14). As discussed in Chapter 5, youth are most capable of giving back to their communities when they enjoy a sense of security in their own lives, such as when they have abundant income, time, and energy to mobilise.

Schools who commit most heavily to mental health promotion, or who adopt a whole-school wellness approach, best set the stage for youth to pass on constructive mental health discourse (Gilham et al 2023; Omstead et al. 2009; Peter et al. 2016). Organisations can start by initiating discourse with each school, so the educational community may build up the infrastructure necessary for wrap-around mental health discourse (Van Doesum et al. 2016:166). Mental health champions call in teachers, counsellors, social workers, nurses, and other social service liaisons to provide the web of services students may need to thrive (Tilleczek et al. 2014; Van Doesum et al. 2016; Vermeer et al. 2021). To succeed, all parties involved must prioritise the health of students, and adopt realistic strategies for health-promotional activities supported by the school administrators (Van Doesum et al. 2016:166). Educators could implement more “flexible and tailored schooling experiences” to accommodate students’ personal learning styles (Laliberte and Varcoe 2021c:279). This gives them space to learn about their “unique interests and capacities” that could include further engagement in mental health advocacy (2021c:279). A move away from pedagogical rigidity may encourage more open discussions within schools, making space for mental health conversations both within the classrooms and in youths’ personal lives.

7.1.1 Case Study I: GuysWork

GuysWork is a series of school-based workshops, delivered by mental health leaders in collaboration with professional educators, that starts conversations around healthy masculinity and mental health. The program “supports boys and young men to be more helpful and healthy for themselves and those around them” (Gilham et al. 2023:5).

Lessons focus on a variety of nuanced topics, including “violence prevention, gender equality, diversity, and inclusion” (5). *GuysWork* values meeting participants “where they are,” making use of role play and sharing circles to advance relevant discourse (5). Rather than lecturing to participants, workshop facilitators encourage youth to reflect on how their life experiences shape their identities, and how they might construct paths forward.

The developers of *GuysWork* tailored outcomes to mainstream education curricula, which resonated with potential partners. *GuysWork* aligns with Nova Scotia’s Healthy Living curriculum outcomes, and involves content for boys in grades 6, 7, 8, and 9 (Gilham et al. 2023:4). The program is broken down into hour-long lessons, delivered to youth over ten sessions at the rate of one lesson per week (2023:4). This deliberate pacing helps *GuysWork* fit into the standard classroom, and it provides consistent benefits without overshadowing traditional academic courses.

While *GuysWork* is tailored to male-identifying students, facilitators and guest speakers reflect a “diversity of gender identities” (Gilham et al. 2023:4). Sessions are co-facilitated by school staff and external professionals, including healthcare workers, members of the justice system, and community leaders (2023:4). By engaging a variety of personnel, *GuysWork* calls in educators of different backgrounds and helps them build connections with each other. Finally, *GuysWork* brings strategic sociological discourse into the classroom, addressing culturally imposed norms on masculinity without

minimising participants' ability to challenge harmful messages. Schools typically adopt a positive attitude toward *GuysWork*, as the program offers “dialog-promoting activities” that align with educational interests (2023:5). Such factors highlight shared values between *GuysWork* organisers and educational institutions, which produce intentional partnerships benefitting boys.

Early feedback gathered on *GuysWork* is overwhelmingly positive, with current participants, alumni, and teachers alike describing tangible benefits that program engagement brings to boys (Gilham et al. 2023:6). Educators' “organisation and support” of *GuysWork* lessons as “part of regular school programming” cemented key messages into students' lives (2023:4). *GuysWork* facilitators, teaching staff, community leaders, and program participants adopted a shared vocabulary for wellness discourse, which they practice during interactions with each other (2023:4). Collective, trauma-informed, and contextually appropriate dialogues around gendered messaging appear to help boys consciously move away from toxic masculinity.

Program facilitators told Gilham and colleagues (2023:13) that *GuysWork* made a “positive difference” in participants' lives, with many boys “asking for continued meetings” after the ten-week course concluded (Gilham et al. 2023:13). Boys claimed to feel “more connected to their schools,” and many consider *GuysWork* facilitators as “trusted adults” whom they could approach if they were struggling (2023:13). Boys who learn alternatives to toxic masculinity are well-positioned for community leadership and may choose a path of activism. Their interest in discussing mental health and masculinities, even after the *GuysWork* program finishes, further supports this possibility. Partnerships between educational institutions and community mental health initiatives

evidently facilitate youth wellness, and may persuade youth to engage in formal mental health advocacy.

7.2 LAY LEADERS

Mental health organisers engaging equity-deserving communities often benefit from partnerships with local community leaders. There are two major positives to including lay voices: 1) it creates space for community expertise, which helps tailor programming decisions; and 2) it expands advocacy networks, facilitating access to under-engaged youth (Crowther et al. 2022; Etter et al. 2019; Kurzawa et al. 2022; Ungar et al. 2015). When both benefits are realised, mental health movements are better able to leverage youth connections to produce social and policy change.

The simple act of asking lay leaders to contribute expertise is supportive of communal knowledge mobilisation. Luger et al. (2020:503) write that lay engagement—here, within the context of a research project—encourages reflection on the “strengths within the community” that may be leveraged. Local mental health contributors hold unique insight on the state of the community, which include recognition of social groups and further sources of contextually specific information (Luger et al. 2020:503). Parents and caretakers of diverse youth—a subset of lay leaders—can shed light on appropriate project priorities and facilitate access to first-hand youth perspectives (Crowther et al. 2022:10). When rapport is built and relations strengthened, lay contributors can be engaged long-term as network members.

When community leaders actively participate as mental health supporters, local mental health networks have a higher chance of reaching under-served youth. According to Wexler et al. (2015:206), community gatekeepers such as coaches, youth workers, and

family members are best positioned to leverage “regular” and “non-clinical” contact with youth. Lay leaders’ proximity to youth life allows them to address early warning signs of poor mental health within under-engaged communities, or to motivate youth who have untapped interest in social activism (Ungar et al. 2015; Wexler et al. 2015; Wray-Lake and Abrams 2020). The mobilisation of community-specific expertise, and ongoing collaboration with lay leaders to access underserved youth populations, allow established mental health institutions to better engage marginalised communities in mental health advocacy.

Engaging lay leaders as experts is particularly important among Indigenous populations. Contemporary examinations of Indigenous wellness suggest that self-governance, where Indigenous communities take leadership of their own mental health interventions, safeguards good health among Indigenous youth (Kral 2016; Mertens 2021; Wexler et al. 2015). For example, Kral’s (2016:690) examination of suicide prevention among Inuit people highlights the efficacy of locally administered crisis response activities and programs. A literature review on Indigenous suicide deaths, done by Harder and colleagues (in Kral 2016:690), indicates that social and family support were “the most protective factors” for wellness. Important contributors to Indigenous people’s overall health also included a “continuous sense of self and identity,” which ties into a sense of connectivity with one’s traditional culture (Kral 2016:690). Indigenous youth’s mental health cannot be separated from their access to culturally relevant activities and positive relations with respected community leaders, such as Elders (2016:690). The provision of culturally competent, holistic, and targeted services necessitate collaboration between both Indigenous leaders and their supporters.

In recent years, Indigenous communities partnered with government offices and clinical service providers to meet the needs of struggling youth. Health Canada established the National Aboriginal Youth Suicide Prevention Strategy, which was developed together with Indigenous leaders (Kral 2016:690). The Strategy set aside funding for Indigenous groups to develop their own suicide prevention programs, and over 200 organisations were funded as of 2016 (Kral 2016:690). In other instances, Indigenous leaders engaged researchers to examine needs within their communities (Mertens 2021:7). After reviewing the findings of a participatory action research project done with local Indigenous youth, the director of a mental health crisis centre developed a strategy that integrated youths' needs into a "larger community development plan" (2021:7). Service providers "reported changing their practice" to better reflect research findings, thus making their work "more culturally supportive" (7). Respectful, cross-sectoral relationships developed through these projects sustain beneficial practices, in youth mental health service provision and community-building (7). In virtually all instances, lay networking was paramount to project success.

7.2.1 Case Study II: ACCESS Open Minds

ACCESS Open Minds, an integrated youth service provider, meaningfully engages lay leaders through their programming. Youth workers called in parents who needed more "exposure" to discussions of wellness, and who lacked the mental health literacy to support their children as thriving advocates (Etter et al. 2019:39). Youth workers brought family members together at a local community hall and sparked relevant conversations by hosting "family nights" (2019:39). The emergent discourse proved effective at disseminating mental health knowledge, and it laid the foundation for mental health

literacy. The ACCESS Open Minds team recognises the importance of holding early conversations, as they invest in guardian-facing programming (39). Staff plan to establish parent support groups, where mental health dialogues are kept alive and possibly brought back home to under-served youth themselves.

7.2.2 Case Study III: CARES Program

The importance of lay collaboration in Indigenous communities is highlighted by CARES, which stands for “Collaborations for At-Risk (youth) Engagement and Support,” a locally centred suicide prevention program serving rural Indigenous youth (Wexler et al. 2015). CARES was formed in a community where Western psychiatry fell short. Rather than promoting biomedical interventions for struggling folks, CARES strengthened local support networks so that teachers, parents, neighbours, and friends were more comfortable reaching out to young people before they entered crises (2015:212). Lay people were taught a variety of approaches to safeguard wellness, proven to work in that specific community.

CARES stands out for their use of Indigenous knowledge sharing strategies from the very beginning. Training starts with a “consensus-building exercise” that outlines how the group wants to complete the session (Wexler et al. 2015:212). Participants work together to establish guidelines such as “respect” and “confidentiality,” evidence that they engage in active learning from the start (Wexler et al. 2015:212). CARES emphasises the relational aspects of suicidality, where discourse focuses on vulnerability rather than the act of dying. Training sessions often include role-playing in which participants are invited to “explore their feelings” in relation to youth suicide, an activity that is “often appreciated by Indigenous participants” (Wexler et al. 2015:213). CARES participants

practice reaching out to someone in distress and are given time to grow comfortable supporting someone who is unwell (2015:212, 213). By engaging local networks and tapping into community-specific strengths, CARES places mental health interventions in their appropriate cultural-historic context, ultimately empowering Indigenous peoples and benefiting Indigenous communities.

7.3 THIRD-SECTOR ORGANISATIONS

To round out their inter-sectoral networks, mental health organisations may wish to connect with other non-profit groups and social service providers. Medical staff, academic researchers, and charity administrators can help advocacy initiatives meet the needs of disillusioned youth and amplify equity-deserving voice to inform policy change. Existing sociological literature (Collins and Thomas 2018; Danseco et al. 2017; Lucente et al. 2022; Vitopoulos et al. 2018) suggests this approach improves the efficacy of mental health interventions and community engagement. To address systemic pressures facing youth, third-sector networks will need to leverage their collective bargaining power for political action (Collins and Thomas 2018:2026). The benefits of partnering with medical service providers will be demonstrated later in this section, where I describe a hospital-based community engagement program.

Academic researchers, including university students, may aid mental health organisations in collecting and interpreting relevant data (Danseco et al. 2017:175). Mental health organisations may wish to connect with local universities, initiating mutually supportive relationships that ultimately advance youth engagement. During their investigation of knowledge implementation practices across several mental health bodies, Danseco and colleagues (2017:175) saw multiple organisations turn to academics for

help. Eight agencies put aside financial resources to hire undergraduate and graduate students (2017:175). These individuals conducted literature reviews, aided in primary data collection, and helped analyse existing information (175). In the process of engaging students, mental health organisations “fostered connections” with local universities and were hopeful for future collaboration (175). McCabe et al. (2022) also write in support of academic partnerships, with a focus on making youth-targeted research more effective. Medical personnel and health researchers are not always trained in patient or youth engagement. These gaps in knowledge may compromise their ability to foster openness with underserved youth (2022:46). When collaboration with youth-serving charities is integrated into masters- and doctoral-level programs, graduate students can supplement their learning with targeted fieldwork experiences.

In addition to networking broadly and across sectors, institutional decision-makers are encouraged to collaborate with local leaders (Kurzawa et al. 2022:504). Front-line service providers are uniquely situated in local ecosystems and may have the resources and presence to best meet community need (2022:504). Foundry, a Canadian integrated youth services provider, engages international and domestic partners to sustain knowledge mobilisation (Mathias et al. 2021:411). Parties engaged include Headspace, Jigsaw, and ACCESS Open Minds, who share key learnings that support innovative youth and family-oriented interventions (2021:411). Such collaborations not only provide wrap-around services for youth advocates who need them, but also position community members as drivers of change in their own neighbourhood (Laliberte and Varcoe 2021a:259; Vitopoulos et al. 2018:587). Successful case studies further uphold the use of multi-sectoral mental health advocacy initiatives in meeting the needs of young people.

7.3.1 Case Study IV: Community Advisory Panels

As noted earlier in this chapter, mental health organisations are encouraged to form networks with clinical service providers, including hospitals and biomedical experts. The creation of Community Advisory Panels (CAPs), in a major Canadian hospital, offers a case study in potential benefits. Ramsay and colleagues (2012) explored community relation efforts upheld by St. Michael's Hospital in Toronto, to solicit experiences from people who use the hospital's services. CAPs, which were committees of local laypeople who informed hospital services, were created as a “mechanism for inclusion” that would elevate marginalised voices to the highest levels of hospital administration (2012:309). CAP members' focus on social justice earned them a very positive reputation among Toronto's least privileged populations, who described CAPs as the “caretaker of the trust between the community and the hospital” (309). While CAP members were typically adults, their efforts to elevate under-represented voices can inform equity-based initiatives centred on youth, thereby strengthening recommendations made in this thesis.

The CAP at St. Michael's Hospital enjoyed considerable institutional privileges, where strategic allocation of resources placed them in an ideal position to influence administrative decision-making. Chairpeople led four CAPs, which focused on distinct aspects of hospital programming, that reported directly to the hospital's Board of Directors (Ramsay et al. 2012:309). Community input, which was passed along to CAP chairs, was then communicated to the “chief advisory body” in the hospital (Ramsay et al. 2012:309). As public insights were introduced to each group of authority figures, CAP members mediated relevant discussions and introduced their own lived experience to the conversation (2012:309). St. Michaels' staff and community members who knew about

CAP told researchers (Ramsey et al. 2012:309) that the panels were “an important part of general decision-making at the hospital.” The majority of this group agreed that “CAPs served the needs of the community,” were “fair in their treatment of issues” introduced by laypeople, and “were doing the job they were designed to do.” (309). Furthermore, CAP participants and supporters saw symbolic value in the CAP’s positionality. One contributor described the CAP’s proximity to the Board as “say[ing] a lot about how seriously it’s taken” (2012:308). The hospital’s prioritisation of community voices allowed CAPs to operate as an effective model of knowledge mobilisation.

As a part of supporting community voices and creating tangible programmatic change, CAP members facilitated the formation of robust research initiatives and the development of innovative mental health resources. The former includes the Centre for Research on Inner City Health (ICH), which directly caters to Toronto’s least privileged communities (Ramsay et al. 2012:303). CAP members wanted to tailor services to specific inner-city populations and better engage community leaders, a process to address disparities in service access observed in Toronto (2012:303). Over time, the work of CAP members and ICH leaders “contributed significantly” to the improvement of hospital programs and led to the development of several new offerings (2012:306). For example, CAPs facilitated needle exchange and methadone projects for people using injectable substances (2012:306). CAPs partnered with various local institutions, including leading academics from the University of Toronto, to provide addiction treatment and suicide prevention initiatives (2012:305-306). The projects described above, which represent only a selection of CAP outcomes, largely lauded by the communities they serve.

7.3.2 Case Study V: Toronto Youth Outreach

The benefits of third-sector networking are demonstrated by the Youth Outreach Workers (YOW) program, an initiative to meet the needs of underserved Toronto residents.

According to Knoll et al. (2012:85), YOW's partnership with 21 distinct community agencies was a driving factor in their ability to engage youth with complex needs. YOW enjoyed considerable success in building trust with equity-deserving groups and benefitted from increased access to supportive networks.

YOW's commitment to inter- and intra-sector networking helped them to direct struggling youth to a variety of social services, so young people could establish personal relationships with providers who best meet their needs (Knoll et al. 2012:94). YOW's partners included food banks, employment services, affordable housing supporters, and recreation centres (2012:86). Members of YOW's network, who often frequented the same spaces, were able to communicate with each other (Knoll et al. 2012:94). Over time, they built up a stronger understanding of the local mental health ecosystem (2012:94). YOW benefitted programmatically from their space in the network.

Community members participated in organised consultations to improve YOW programs, map out resources in the Toronto area, identify capacity challenges in local services, and develop targeted youth outreach based on collective insight (2012:97). When organisations improve their understanding of each other's services, as was observed within YOW's network, they streamline the help-seeking process for service users and minimise redundant interventions.

In keeping with best practices described by Vitopoulos and colleagues (2018:580), YOW provided youth with resources that were "multi-levelled," well-coordinated, and user-centric. Outside of accessing the technical services that each

partner organisation provided, personalised referrals helped marginalised people develop trust with local services (2012:94). As was discussed in earlier chapters, many underserved youths lack parity of participation as advocates, unless they are guided to wrap-around care. YOW brought Toronto residents, especially members of equity-deserving groups, closer to this objective.

7.4 NETWORK FACILITATION

Social networks that span multiple sectors allow mental health movements to maximise their reach and socio-political impact. Networking also provides space for diverse partners to examine and maintain their own niche in the local youth mental health sphere (Nelson et al. 2001; Poland et al. 2005; Vitopoulos et al. 2018). This section explores strategies of equitable partnership-building and provides recommendations for establishing new connections with diverse stakeholders. Mental health organisations are encouraged to practice introspection, develop shared values with their partners, actively redistribute resources, and regularly communicate with their networks.

7.4.1 Socio-Historic Literacy

Mental health organisations can begin building rapport with local networks by addressing local socio-historical contexts. Established mental health institutions may enjoy significant privilege, especially in comparison with historically marginalised communities, and institutions must recognise that power difference. There are two major components to responsibly recognising shared context: 1) actively addressing systemic and ongoing stressors affecting equity-deserving people, and 2) making space for local leadership (Kral 2016; Wexler et al. 2015; Woodford et al. 2015). Relational humility is

different for each mental health network, but both themes would likely apply in some capacity.

Efforts to address institutional privilege go together with recognition of historic and ongoing discrimination. The responsibility to address complex social determinants of health cannot “fall entirely or even primarily” upon youth (Wray-Lake and Abrams 2020:53). Wray-Lake and Abrams (2020:53) argue that the power of government offices and third sector institutions come with a “moral imperative” to address the structural roots of communal wrongs (2020:53). Social advocates could complete an environmental scan to map out complex systemic inequalities impacting local residents. For instance, organisations working with Indigenous communities must actively recognise the “negative effects of colonisation,” in which mental health challenges must be situated (Wexler et al. 2015:209). The dispossession of Indigenous peoples includes the systematic removal of children from their communities, theft of traditional lands, purposeful disruption to cultural practices, and attempts at forced assimilation (2015:209). Mental health bodies claiming to serve Indigenous needs are unlikely to resonate with Indigenous stakeholders unless they make space for discussion of colonial history and promote informed healing (Kral 2016; Kurzawa et al. 2022; Mathias et al. 2021). In addressing the lingering effects of discrimination over time, mental health organisations must make space for honest, collective advancement.

In working with equity-deserving communities, mental health organisations must also recognise stressors that, despite incidental appearances, stem from systemic discrimination. Woodford and colleagues (2015:134), who studied youth advocacy in LGBTQ2SIA+ communities, described the necessity of interventions against

microaggressions. They (2015:120) adopted Sue's (2010:3) definition of "microaggressions," which includes the "everyday verbal, nonverbal, and environmental slights, snubs, or insults" that intentionally or unintentionally convey "hostile, derogatory, or negative" messages to equity-deserving peoples, solely based on their membership in a historically marginalised community. Adults working with 2SLGBTQIA+ youth should try to "decrease the prevalence" of heterosexism in activists' daily lives, as exposure to exclusionary discourse, activities, and policies take a toll on the mental health of equity-deserving youth (Woodford et al. 2015:134). For queer and transgender activists to feel safe and energised as community leaders—a prerequisite for meaningful and long-term advocacy—fleeting negative interactions must be managed. When established mental health organisations actively respond to the socio-historical context in which their networks are located, they may then leverage their privilege to support underserved youth.

While established mental health organisations should practice regular introspection, they must be careful not to make decisions in the place of equity-deserving youth. Power is redistributed when alternatives to the mainstream biomedical model are given fair consideration, and varying communication styles are respectfully accommodated (Kral 2016; Wexler et al. 2015; Yamaguchi et al. 2023b). In relation to models of mental health, young people may not embrace the "disease model" that is typical of clinical perspectives (Yamaguchi et al. 2023b:87). Youth who resist thinking of ill health in biomedical terms, or who have not accessed clinical services, may be unintentionally alienated by an over-reliance on clinical terminology, such as diagnostic criteria.

Whether an adult ally sees a given youth as “verbally articulate,” “cognitively congruent,” and “rational” depend on the interplay between the young person’s background and the adult’s disciplinary training (Wexler et al. 2015:210). The expectation that youth disclose personal information, or express emotions in a manner associated with clinical settings, prioritises a narrow set of “culture-bound” behaviours over others (2015:210). When adult allies limit modes of feedback and adopt narrow communication styles, they risk minimising and alienating youth from historically marginalised backgrounds.

7.4.2 Redistributing Resources

Mental health organisations entering partnerships will inevitably need to discuss resource allocation with their network. Rather than avoiding challenging conversations and keeping partners at arms-length, effective networking requires the deconstruction of imperfect social spaces. Community partners often have differential access to financial resources, or social influences, but they must attempt to collaborate in a considerate manner (Luger et al. 2020; Nelson et al. 200; Poland et al. 2005; Usher and Denis 2022). Nortvedt et al. (2022:1474) wrote that asymmetric power relations are the “motives” for establishing partnerships, where the process of networking helps “repair the negative impacts of domination, submission and ferocity” that emerge from modern power imbalances (2022:1474). They (Nortvedt et al. 2022) described partnership as an experience grounded in social relations, instead of a pragmatic tool for decision-making. When organisations, institutions, and communities collaborate, they advance mutual listening and facilities introspection. Technical elements of partnerships, including program development, is inextricably interwoven with the human experiences brought to

the table by each partner. Only when the needs, positionalities, and competencies of each collaborator are addressed can a network flourish.

The social justice work that comes with mental health networking includes equitable allocation of crucial resources. Network members may share physical items, such as in-kind donations, office spaces, and financial deposits (Poland et al. 2005:129). Much like how youth advocates may require improved access to financial support and social resources to engage in activism, adult allies in less privileged organisations may require personal accommodations (Nelson et al. 2001:669). Certain network members may need in-kind childcare, accessible transportation, and upfront payments to manage work-related responsibilities (2001:669). However, network resources also include access to information, relevant skills, and niche expertise (2001:656). To share intangible resources, the partners possessing exemplary interpersonal skills—such as strong communication or conflict resolution abilities—may host or solicit educational workshops for their peers (Poland et al. 2005:129). Comfortable partners could also provide emotional or practical support for overwhelmed collaborators (Nelson et al. 2001:656). Partnership facilitators must encourage the (re)distribution of goods, among network members, to support parity of participation and safeguard healthy relationships. Collaborators should pool both tangible and intangible resources.

7.4.3 Cross-Group Buy-In

To safeguard long term collaboration mental health organisations should work with their network to develop a set of shared objectives. Nelson et al. (2001) examined the establishment of value-based partnerships in North American mental health contexts. They (Nelson et al. 2001:651) described a “value-based relationship” as allyships

between service providers, historically marginalised groups, and other stakeholders that “strive to advance the values of caring, compassion, community, health, self-determination, participation,” and “power-sharing” benefiting equity-deserving peoples. Value-based partnerships drive the “processes and outcomes” of collaborative efforts focussing on service provision, social action, research, and evaluation (2001:651). For modern mental health organisations, establishing cross-sector, value-based partnerships could be the most effective way of attracting under-engaged youth (Crowther et al. 2022; Danseco et al. 2017; Guinaudie et al. 2020; Luger et al. 2020; Vitopoulos et al. 2018). Mission-driven partnerships, when coupled with clear project planning and ongoing communication, help networks address unforeseen challenges.

To initiate a value-based relationship, mental health organisations could work with their networks to develop a communal narrative. Sanchez-Youngman and Wallerstein (in Luger et al. 2020:503) pioneered this practice, in which communal narratives emerged from collective discourse. Partners spoke candidly about the “origins and key events” of their collaboration, to better understand the wider “historical, social, political, and economic context” for their work (Luger et al. 2020:503). Value-driven mission statements include the “development of inclusive policies and practices” addressing racism, sexism, homophobia, and other forms of systemic injustice (Nelson et al. 2001:663). Incidents of discrimination, or a decline thereof, may serve as quantitative indicators of organisational change benefitting equity-deserving communities.

Successful narrative development necessitates representation across organisations, but also input from staff at different levels of the same institution (Danseco et al. 2017:169). For some mental health organisations, narrative development generates

guiding texts. As a part of their networking efforts, ACCESS Open Minds authored a Theory of Change for their network, which then informed strategic planning (Guinaudie et al. 2020:663). This is in keeping with contemporary observations that “clearly defined rules and procedures” are correlated with “member satisfaction and commitment in partnerships” (Nelson et al. 2001:667). The use of formal documentation, including partnership agreements, help network members “know what they are committing themselves to” (2001:667). Similarly, the establishment of mutual “implementation and evaluation frameworks” are “critical” to successfully implementing and sustaining shared initiatives (Danseco et al. 2017:175). The development of a coherent, comprehensive, and collectively respected partnership guideline helps networks prioritise their activities, and to stay on track when engaging equity-deserving youth.

7.4.4 Communication Competency

Cross-level buy-in is just as critical for maintaining relations with other adult-led organisations as it for engaging youth advocates. In some instances, a mix of senior management and frontline staff worked toward collaborative projects (Poland et al. 2005:175). Such practices promote “common language,” shared understanding of key values, and staff retention in the organisation (Danseco et al. 2017:179). Having discussed cross-level buy-in during an earlier chapter, this concept will not be examined in detail here. Rather, this section will focus on tangible steps mental health organisations may take to maintain both inter- and intra-organisational buy-in once partnerships are established. Mental health institutions may wish to engage a knowledge broker—or, at minimum—broadly engage in consistent communication.

Mental health networks must continuously acknowledge and negotiate power relations between partners. Effective discourse requires a variety of sustaining efforts, such as the inclusion of shared values in governing documents, the affirmation of mutual respect during meetings, and evidence of introspection demonstrated during organisational activities (Brinkman et al. 2009; Guinaudie et al. 2020; Usher and Denis 2022). Clear and honest communication is particularly important when networks take on projects large enough to place “new expectations” on individual and community members, or when “burdens of care” are shifted (Usher and Denis 2022:2285). Networks benefit from designating an organisation to lead communications efforts, as well as engaging staff whose main responsibility is to maintain partner relations (Brinkman et al. 2009; Kurzawa et al. 2022; Poland et al. 2005; Vermeer et al. 2021). These steps facilitate consistency.

Vitopoulos and colleagues (2018:581) describe leading partners as “backbone” organisations, who are responsible for managing network operations, finance, and administration. Most collaborations are “not so much between organisations,” but rather between individuals who share similar philosophies of work (Poland et al. 2005:133) The strength of their shared values—which may mean they have more in common with each other than with colleagues in their respective institutions—help them bridge their organisations (2005:133). Key collaborators within organisations may develop into knowledge brokers.

A knowledge broker is someone who facilitates discourse in mental health networks and guides program implementation. According to Danseco et al. (2017:169), the knowledge broker works to “identify potential resources” shared by partners, and

helps each party apply best practices to their institutional context. Examples of knowledge brokers—acting within hierarchical organisations common to the North American context—include senior- or board-level administrators, academic researchers, and professional educators (Vermeer et al. 2021:832). Grassroots work that brings partners together should be carried out by someone who “understands and believes” in shared missions, and who has in-depth “knowledge of the population served” (Van Doesum et al. 2016:164). In their examination of integrated youth service hubs, Settapani and colleagues (2019:13) observed the benefits of inter-agency trust to youth engagement. Individual staff’s “trusting personal relationships” were “crucial” to overcoming institutional differences (2019:13). Collaborative care, which hinged on maintaining this care, was “essential” to supporting youth with complex and intersectional needs (Settipani et al. 2019:13). When mental health networks clearly denote the organisations and individuals most responsible for maintaining goodwill, they create space for knowledge brokers to fulfil their roles and responsibly engage equity-deserving youth.

7.4.5 Case Study VI: the Working Group

In 2016, a collective of eight community actors came together to address mental health needs in an urban setting. This group, whom Usher and Denis (2022:2278) anonymised as the Working Group (WG), bridged gaps in access to health services in Quebec. Actions taken by the WG reflect many strategies sustaining effective mental health networks, and the WG enjoyed considerable success. The WG’s journey is a case study bringing partnership recommendations to life.

To start, WG actions were centred in the local context and reflected the needs of local communities. WG leaders were “concerned” about the “opacity” of recent healthcare reforms impacting their areas of residence (2022:2278). They perceived a loss of “legitimacy and connections” with healthcare personnel, which were crucial to safeguarding community wellness (2278). Their work addressed healthcare in general, and for people across age groups, but their efforts were inclusive of youth mental health advocacy. In 2017, WG articulated their mission statement, quoted in full by Usher and Denis (2022:2278):

The Working Group on health care is a collaborative effort between residents and community organisations to evaluate the level of need for and access to healthcare services among people living in our neighbourhood. Our mission is to help ensure that everyone living here has the information and resources necessary to access healthcare services, to promote the health and well-being of the neighbourhood, and to seek opportunities for collaboration which lead to improved access for all, with a particular focus on isolated and vulnerable residents.

WG’s mission statement is particularly noteworthy, as it addressed the complexities of healthcare provision without alienating community members. When they stressed the “collaborative” aspects of their initiative, WG centred themselves in the local context. They led with a statement safeguarding the needs of “people living in [their] neighbourhood, clarifying intent from the start. An organisation providing the “information and resources” necessary for engaging “healthcare services” intuitively recognises the complexities of service use.

Similarly, WG prioritised social factors influencing access, and resisted individualising the responsibility of getting help in a convoluted system. WG stood by the importance of emotional accessibility and contextual fit. A WG representative said that “access to public services” depended on how “comfortable” community members felt when seeking aid (Usher and Denis 2022:2282). Service users’ levels of comfort were, in turn, bridged by community groups and local discourse around mental health.

Finally, WG recognised systemic barriers facing historically marginalised groups, and the need to deviate from universal strategies for outreach. Their mission statement made space for “a particular focus” on “isolated and vulnerable residents” (Usher and Denis 2022:2278). Presence of such discourse in an organisation’s goals indicates some level of cultural humility, and sets an internal expectation to meet equity-deserving leaders where they are. When mental health bodies approach discourse around access with both comprehensive and nuanced care, they most effectively support participation for Canada’s least privileged communities.

Usher and Denis (2022) identified both organisation- and community-based strategies supporting WG’s success. These strategies emerged from WG’s mission statement, and consisted of tangible actions that WG took to expand mental health networks. In their earlier days, WG members held meetings to pool their perspectives, clarify systemic shortcomings, and settle on shared priorities (2022:2281). They identified key challenges they sought to address: difficulties coordinating mental health and primary care, rigid intake protocols, long wait times, and cuts to affordable programming (2281). In the following years, WG members continued to meet monthly at the offices of a contributing organisation (2022:2278). Supporters employed by

community groups participated as part of their job, while community members stepped in as volunteers (2278). WG leaders prepared meeting agendas and minutes, which were circulated to the team prior to gatherings (2278). Members negotiated tasks between meetings, which included research and outreach activities (2278). WG members kept relevant mental health discourse at the back of their minds. Members who attended external events reported relevant insight back to the WG, which kept conversations up to date (2278). Open, flexible, and ongoing conversations helped WG pursue their goals and maintained order within the collective.

A major priority for WG was to make connections. Their eight central partners provided WG with a strong core network, but they remained invested in the work of other mental health organisations (Usher and Denis 2022). In 2014 and 2015, the years immediately preceding WG's formation, provincial leaders centralised governance across Quebec's health systems (2022:2278). They consolidated 182 service providing establishments into 32 Integrated Health and Social Services Centres (CI[U]SSS) (2278). These Centres oversaw healthcare access for Quebec's residents, including mental health services (2278). These reforms "reduced statutory opportunities for public and local community participation" in decision-making and contributed to the alienation WG then challenged (2278). Rather than antagonising CI(U)SSS bodies—or painting the CI(U)SSS as "other,"—WG leaders reached out to CI(U)SSS staff and sought to understand the healthcare institution from their perspectives (2022:2282). A WG member told Usher and Denis (2022:2282) their plan: to "try and link" with well-situated individuals, who could help WG members navigate CI(U)SSS bureaucracies. In general, WG leaders called in mental health leaders rather than fostering a combative mentality.

WG's outreach efforts were met with approval by community members and healthcare institutions alike. To start establishing relations with people outside of their core network, WG members participated in public meetings organised by external actors (Usher and Denis 2022:2282). They simultaneously generated community interest in WG activities and explored alternative venues to address systemic concerns (2022:2282). Similarly, WG organised their own public-facing events. Their Community Health Forum professed the following objective:

... to provide (neighbourhood) residents, in particular those living in vulnerable situations, an opportunity to obtain information about health and social services in their community and how to access these services' (WG communiqué, in Usher and Denis 2022:2282).

The breadth and significance of WG activities, as exemplified by their Community Health Forums, were accepted by healthcare professionals and laypeople alike. Guests to the WG network welcomed the opportunity to meet WG members (Usher and Denis 2022:2282). Invitees saw event invitations as “an opportunity to participate with community actors in problematisation” (2022:2282). Many community members working in Quebecois healthcare saw “major and rapid changes” to their workplaces following the 2014-2015 reform (2022:2282). Some stakeholders perceived “little opportunity” to “understand and discuss” policy impact, even as shifting administrative directives immediately impacted their own lives (2282). WG initiatives provided these individuals an outlet for their concerns, and they proved “forthcoming” with information about the challenges they faced at work (2282). Once they collected a range of community voices,

WG would then mobilise their network to address systemic challenges entrenched in the Quebecois healthcare system.

7.5 EXPANDING NETWORKS: CATALYST

Networking—the act of building a community of allies and supporters with diverse spheres of influence—is critical to the success of any social movement. While Catalyst has a following of several thousand youth, their presence is unevenly spread across geographic regions, ethnic communities, and socioeconomic classes. According to the youth I interviewed, Catalyst’s past challenges with outreach compromised their ability to reach certain equity-deserving communities. Rather than relying on generic messaging and fixating on organisational image, Catalyst could amplify their impact by responsibly engaging educators, community leaders, and mental health service providers. By building up their network, they can more effectively spread their messages of mental health advocacy and constructively platform historically marginalised voices.

7.5.1 Challenge: ‘Universal’ Outreach

Recurring critiques of Catalyst’s networking methods focus on the content of their messaging. Catalyst has a reputation as a universally accessible organisation, with programs that can benefit people of all backgrounds. For most of its history, Catalyst used the same social media outreach strategies, Branch leadership guides, and Presentation format for communities across their country of operation. Young leaders within Catalyst’s network are now questioning this approach. Noah, a high-engagement Black man, described the problem in the simplest terms:

The more complex and the more intersectional that the world becomes, trying to create a one fit solution becomes all—like, it doesn't work.

The most visible concern with generic outreach is, what I term, the “mainstream effect.” Challenges arise when a supposedly universal approach does not land the same for every audience. According to the sociological literature (Acker 2006; Gueta 2020; Weber 2001), organisations claiming to take a neutral stance in relation to race, gender, or class are actually catering to the dominant demographics in their community. Catalyst’s social media presence demonstrates a supposedly ‘universal’ public relations strategy, with posts seemingly designed to reach the most North American youth possible, and their stance on mental health seems relatively apolitical. Amir, a racialised man, remarked:

[Catalyst is] so generic within our... outreach. Especially social media. Like... it, it, I think it disincentivizes a lot of people to, to join and feel comfortable within Catalyst. Because, like, it's for the masses. It's not—doesn't seem as—as, as much for the specific communities that need it the most.

In the context of North American mental health advocacy, Catalyst’s messaging resonated best with the middle-class, White, cis-female youth that made up a disproportionately large fraction of their volunteers. Organisations conducting general outreach watch their membership numbers climb, sometimes with little sense of who those members are. They continue to produce an image that speaks to the mental health mainstream—the small number of people for whom mental health advocacy is least stigmatised—mistaking the mainstream for a proportionate representation of the public. As the mainstreaming effect continues, the organisation's numbers increase, creating a feedback loop. Over time, organisational diversity stagnates, and network perspectives

homogenise. Members of Catalyst’s youth network intuitively picked up on this challenge. Noah described it as such:

‘Cause, as a general basis, we've always.... Because we were targeting such a general audience, we always got this general audience, which was the people that are usually in the general audience.

The solution to the mainstreaming effect is to diversify messaging. This begins with acknowledging that ‘universal’ programming struggles to engage historically marginalised communities. Considering that equity-deserving youth often lack the social and economic capital that their more privileged peers enjoy, recommendations tailored to a middle-class, cis-female, and White audience are not realistic for many communities outside of that intersection. Equity-deserving youth in Catalyst’s network learned this through lived experience. Michael, a moderate-engagement Black man, reflected:

I think it's [engagement with Catalyst] a little hard because for some communities, the approach to mental, mental health is going to be very different. And it's not going to align with what we put in a Presentation. Like, the different resources, and how we go about it, and talking to a therapist. It's just not going to be possible to mesh those two together.

Considering the primary and secondary data that critique a one-size-fits-all public relations approach, Catalyst personnel are strongly encouraged to tailor messaging to the equity-deserving communities they aim to engage. I recommend that staff solicit and follow the advice of youth who live in under-represented regions, or who otherwise demonstrate insight into such areas. Staff should then match outreach practices—such as using physical posters in Western regions, according to participant knowledge shared in Chapter 5—to local youths’ preferred forms of engagement.

Likewise, the youth who participated in my study suggest that mental health discourse is inherently political. It is impossible to conduct effective advocacy while pleasing everybody. Catalyst can more effectively pursue social justice in healthcare if they explicitly stand with North America's equity-deserving communities, and prioritise programming that benefit historically marginalised groups. By failing to openly uplift equity-deserving voices, Catalyst becomes an extension of an inequitable *status quo*.

7.5.2 Strategy: Engage Educators

Partnerships with educators, across a range of roles, are critical to the success of mental health organisations. Public education systems are spaces where constructive discourse between adult allies and young people can be had, as demonstrated earlier in this chapter (Gilham et al. 2023; Tilleczek et al. 2014; Vermeer et al. 2012). Members of Catalyst's youth network express a strong interest in educational involvement. When asked what mental health organisations can do to attract a broader range of youth, Aaron (a high-engagement White man) replied:

I think education is a good place to start. I think... Um, resources, like books for children about mental health, presenting it in a way that they can understand. Like, books for young children, books for tweens, books for teens, classroom resources especially.

Other members of Catalyst's network share Aaron's enthusiasm for partnering with educators. Youth leaders have attempted to bring mental health discourse into a range of classrooms, from junior high schools to university campuses. Oliver, an experienced Presenter, discussed recruitment in the post-secondary context. He called for partnerships with local student leaders:

If we're focusing on post-secondary as our, like, target population. Umm... I think there's ways of looking at recruiting students and volunteers. By making, like, partnerships with... like, different clubs. Whether it's, like, international student societies. And just being more intentional in that way.

For Amir, a high-engagement youth, K-12 classrooms were critical spaces for mental health discourse. He wanted Catalyst to meet youth where they were, sometimes literally. He theorised that, for young people who felt supported at school²⁶, the classroom would present the ideal setting for safe conversations around wellness. Amir told me:

I hope that Catalyst continues to find that, and actually meet the youth where they're at. In the place where they're going to feel the most comfortable, the most heard. Uh, and a lot of times, that is in school settings: around their friends, around their teachers, their peers.

K-12 engagement was also a priority for an anonymous participant. However, this person's attempts at outreach failed more often than they succeeded. The participant described their frustration when their efforts proved unfruitful:

Like, the administrators at the high schools were, like, too difficult to organise. They wouldn't respond. Elementary schools weren't any better. Um, so, that was frustrating. Because, to me, it seemed like... Catalyst was this national organisation. It should have enough traction. Even, when—you know—the higher ups are cc'd on these emails, and there was some effort being put in. There would be a response, but there wasn't.

²⁶ I recognise that the school environments could exacerbate mental health struggles in some youth. This is particularly true for members of equity-deserving populations, who may face bullying at school (Woodford et al. 2015; Wray-Lake and Abrams 2020). However, engagement between schools and mental health organisations could help shift toxic aspects of a school's atmosphere, and further support youth who do feel safe in an academic environment (Gilham et al. 2023; Vermeer, Battista, and Leatherdale 2021).

The participant did not elaborate as to why educators were so reluctant to engage with Catalyst, even when Catalyst's administrators were brought into the conversation. I suspect that this youth does not know, considering how little feedback they received from the schools they contacted.

It has been three to four years since the youth's initiative, and educators' familiarity with Catalyst may have significantly improved. However, the participant's experiences are still relevant as an example of how poor school engagement looks, and the resulting obstacles that a lack of recognition creates for youth. From my personal interactions with Catalyst staff, it appears as if school-based partnerships are a priority for the near future. If this is the case, Catalyst staff are encouraged support educator buy-in wherever possible. Strategic call-ins might prevent a recurrence of the anonymous youth's experiences, thereby identifying Catalyst as a leader in youth mental health advocacy.

7.5.3 Strategy: Engage Community Leaders

According to the academic literature (Crowther et al. 2022; Kral 2016; Luger et al. 2020; Mertens 2021) partnerships with lay leaders allow mental health organisations to more effectively connect with local residents and gain access to youth-friendly spaces.

Interview data, discussed earlier in this chapter, suggests that Catalyst struggles with intentional messaging and community-specific outreach. To mitigate the homogeneity of existing networks, Catalyst could review the social circles in which they have the most presence and look outside of spaces they already occupy. Oliver, a moderately-engaged man from Central North America, described the need for Catalyst to engage young adults who are not in higher education:

[Catalyst should be] looking at, like, students and youth that... um, aren't attending post-secondary education. And, um... you know, are in the trade sector. Because, again, those experiences are going to be different as well.... But also making relationships... um, more intentionally.

Catalyst personnel—both staff and youth leaders—can expand their understanding of the local context by asking residents about their attitudes toward mental health. Volunteers with experience speaking to other youth, particularly across geographic regions, claim that such conversations around wellness are both enlightening and rewarding. Amir, a high engagement racialised man, described his appreciation for community consultations:

Speaking to so many different people—across [Region], across [Country]—about, you know, “what is it you need from us as an organisation?” And we spoke to people from really tiny, small towns in [Region]. Um... who, frankly, needed the most attention. That we found out the most help to the people in [City], who had... honestly, a lot of times, vastly different views and understanding of the organisation. And their needs were completely different.

Amir elaborated on perceived differences in the mental health needs of urban versus rural residents. He shared his observations regarding mental health stigma, and how different levels of community openness informs the paths that advocacy must take:

How do we diversify our [Catalyst's] programs to actually meet the people in rural communities who face—still—huge amounts of stigma? That, you know, in [major urban area]... uh, we kind of broke down a few years earlier. And now there's a lot more understanding of that. But over there... like. It, it seemed like people trying to start

mental health initiatives... and within their communities—within their schools—were being met by huge stigma. And, like, “no, we don't need this.”

The importance of mobilising local knowledge was upheld by several other interviewees. Josephine tied themes of locality into mental health organisations' engagement of Indigenous Peoples. She discussed the need for community-specific outreach after observing that, sometimes, colonial institutions interact with Indigenous peoples as if they were all members of the same monolith. Josephine cautioned against over-generalising Indigenous cultures. She spoke about the differences in traditional knowledge across Nations and gave this example:

You wouldn't put me [resident of a particular region] down [different region], in the middle of the trees, alone to fend for myself. I wouldn't know how to... I'll be, I'll be stuck.... If I took you, and I put you up here on the land and left you out there, you would die (*laughs*). It's like, you... you wouldn't know how to fend for yourself, or really properly protect yourself. And it's, it's in that type of sense. You can't expect the same type of resources to work for the same... like, for different types of Indigenous groups.

Unfortunately, Catalyst has flattened community differences before. Catalyst personnel invited an Elder from Josephine's community to a Gathering that Josephine also attended. Josephine learned that Catalyst organisers planned to give the Elder tobacco, which was a culturally appropriate gift for many Elders residing elsewhere in North America. However, Josephine's community members did not exchange tobacco as a sign of gratitude. Josephine recalled:

I was like, “OK. First of all, let me... let me educate you. This is not what we use.... Not, not that many people really deal with tobacco. Not anymore. But, you know. So, I had to,

like, slightly educate them. And be like, “hey. Just, just to be safe. I don't want you guys to get in trouble. I don't want to get in trouble either.”

Once she was made aware of Catalyst’s misunderstanding, Josephine flagged her concerns to a youth engagement personnel. Catalyst staff took the time to listen, and they implemented Josephine’s recommendations. The Elder left the Gathering with an appropriate gift: Josephine believes it was either a grocery voucher or a tool.

While no harm was done to the Elder, the close call with the tobacco signifies a need for mental health movements to look closely at the community contexts in which they operate, and to gain a comprehensive understanding of local needs, before attempting to introduce initiatives developed elsewhere. Mental health organisations should resist the attempt to transplant programming from one place to another. Advocates could begin by tailoring discourse—such as recommendations on where someone could get help—to the communities whom they engage. Michael, a Black man who gives Presentations through Catalyst, suggested:

I think that we can do a better job, in terms of noting that [differences in need] in the Presentation. Of, like... um, when we talk about resources or connecting someone to help, it doesn't have to be—you know, [nonprofit crisis line]—or it doesn't have to be [government number]. Maybe we need to make people more aware of the different things within Black communities, transgender communities, whatever types of communities that are used to—kind of—deal with these types of issues.

Community leaders are an excellent source of localised knowledge, and they often have contextually-specific strategies for youth engagement. Many supporters have tried to engage local youth in the past, sometimes for mental health related initiatives. They often

learn through trial and error and gain greater insight into local needs by spending time with the community. Josephine, an Indigenous woman who lives in a relatively remote area, shared her attempts to advertise a wellness-themed camp to the youth in her neighbourhood. Her team first tried to advertise the event using posters and printed permission slips, but this attracted very little interest. They regrouped and decided to highlight the human elements of the camp. Josephine recalled:

We started including pictures in our, um... In our forms, or in our posters. And started including, like... um, fun stuff that we did with, like, our campers. And, like, actually showed that we're having fun experiences with our campers. And that is something youth want, like, to actually be a part of. That's when we started gaining more youth who are interested in joining our services.

Personalised storytelling is the best way to generate buy-in among youth living in Josephine's community. When I followed up, asking Josephine how large organisations such as Catalyst could improve their presence in her region, she encouraged localised partnerships. Josephine gave an example from her own hometown:

I do think engaging with local community centres could be a great way to engage. Just for example, even here in [Town], we have the [Name] Youth Lodge, which is for.... Just youth... of.... Indigenous youth to come, and do events, and to learn. So, I think.... Looking for these organisations—and, like, they have websites, they have Instagram presences. Looking for these *local* centres that already have the trust of the community, and getting them to vouch for you, could be really powerful for those under-represented groups that are still kind of apprehensive about engaging.

Aligning with Josephine’s ideas, themes of trust and locality are well established in the academic literature (Mertens 2021; Nortvedt et al. 2022; Wray-Lake and Abrams 2020). The most systematic process for networking is to complete a full environmental mapping initiative, as suggested by Wexler and colleagues (2015). Basic social media and internet searches are a promising first step toward securing partnerships. Mental health organisations that lack the capacity for a full environmental search may turn to youth volunteers for recommendations. Well-engaged youth may facilitate conversations between established mental health institutions and smaller, localised community supports.

According to interview data, Catalyst struggles with external networking efforts. Youth leaders perceive a reluctance to initiate conversations, on the part of Catalyst’s administrators. One highly engaged youth, who introduced an external mental health summit to Catalyst staff, shared their frustrations with Catalyst’s lack of outreach:

I know that's [asking to attend the event] a bit... that's a bit... a lot. But they just... kind of brushed the opportunity aside. It wasn't really given much consideration. It was quite a large mental health summit, and I kind of view it as a missed opportunity? Um, even if I hadn't been selected—even if... even if they'd said, “let's send an employee in [another city],” or, “let's send [local youth representative],” I would have been like, “fine, at least somebody's going.”

The external summit came and went without attendance from Catalyst, and the young person recalled feeling frustrated by the lost opportunity for connection. They told me that a summit organiser reached out to them before they brought the event to Catalyst’s attention. The summit team clearly respected Catalyst as an institution, considering they

communicated with the young person as a representative of Catalyst's network. The organiser offered to cover half of the young person's travel costs and hoped that Catalyst could cover the rest. The organiser asked whether the youth could attend the summit, specifically to aid in knowledge exchange between Catalyst and like-minded third parties. Despite receiving conference details from the youth, Catalyst staff did not explain their reasons for rejecting the youth's proposal. According to the person I interviewed, Catalyst provided only a generic statement asserting a lack of resources. The tone that the young person took, during this segment of the interview, conveyed their dissatisfaction with Catalyst's reply.

Amir, a racialised man with over five years of experience in mental health advocacy, offered his own insight into Catalyst's networking potential. Like the young person mentioned above, Amir also had connections to community leaders outside of Catalyst. Amir told me about an organisation that worked with boys to deconstruct harmful gender norms. Amir found the organisation through Catalyst, but interactions between the two groups petered out. Amir recalled:

[External organisation] is a, an organisation for, for young boys to.... For toxic masculinity and mental health. And they're an amazing organisation. And it was through Catalyst that I got to be a part of them. And—you know—that is, I think, a... a really important part. Because I know Catalyst was—and I don't know. Still, to a certain extent—very closed bubble.

Amir continued, wondering how Catalyst could “create... partners with integrity” that they could “actually work with?” Amir expressed concern about the low priority that Catalyst administrators seemingly assigned to partnerships. Noah, a high-engagement

Black man, also placed networking at the top of Catalyst's to-do list. He built on Amir's idea to improve discourse around power dynamics. Noah argued that Catalyst needed to build bridges with established organisations who already serviced the communities that Catalyst wanted to engage.

Drawing on my primary research, I conclude that Catalyst needs to interrogate their own institutional privileges, and centre equity-deserving voices, before they insert themselves into specific social justice movements. Catalyst must recognise the knowledge that localised actors held and remain cognisant of the space they themselves took up. Noah gave an example to emphasise his final point:

‘Cause the goal of Catalyst is not to go into the Black community and become the *sole person* that's gonna help the Black community. No, it's the partner—the smaller organisations—that are already experts in what they're doing. And to be able to get those statistics, get that information and be able to help.

The consensus among the Catalyst-involved youth I interviewed was clear. First, Catalyst staff should mobilise research efforts to pinpoint potential partners, an action supported by academic literature (Danseco et al, 2017; Guinaudie et al. 2020; Luger et al. 2020). They must interrogate their own privileges, including the scope of their reach, their operating budget, and access to social capital (Nelson et al. 2001; Settipani et al. 2019; Vitopoulos et al. 2018). Finally, they should initiate outreach as is prudent, and encourage follow-up conversations to maintain congruence in key values (Brinkman et al. 2009; Poland et al. 2005; Usher and Denis 2022). Young people who are already involved with Catalyst have been, and continue to be, an excellent source of support for every step of the partnership process.

7.6 RAPID GROWTH

During the pandemic years, Catalyst experienced exponential growth. While most charities struggled to obtain funding, Catalyst received government grants and private-sector donations alike. Their commitment to mental health advocacy resonated with a nation struggling through COVID-19 restrictions, and their work was appropriately prioritised. From 2020 to 2023, Catalyst underwent two major changes: 1) they drastically expanded operations, nearly tripling their paid workforce; and 2) the organisation experienced a change in executive leadership.

While Catalyst's expansion should be celebrated as a success, the rate at which it grew was challenging to sustain. The volunteers I interviewed shared the same critiques of Catalyst: the leadership team pushed Catalyst to grow too far, too fast, thus blurring their core objectives. Catalyst struggled to streamline community consultations, which compromised the quality of social justice dialogue. Finally, Catalyst's internal communications lagged behind organisational changes, which alienated certain youth. These critiques are particularly concerning, as young people themselves are well-placed to facilitate connections between Catalyst and other mental health organisations. Unfortunately, the youth I interviewed expressed confusion at the direction Catalyst is taking, and some were unable to contribute toward networking as they had liked.

7.6.1 EXPANSION OVERVIEW

Catalyst's rapid expansion was felt by most members of their youth network, and their expanded presence was impressive indeed. Among the people most in-tune to internal changes were a handful of passionate youth with extensive volunteering experience. One

high-engagement youth described Catalyst's recent trajectory, which sometimes neglected dialogue in their pursuit of continued growth:

I feel like they grew so fast [pointing upward] that they didn't have time to, like, teach people that, like, "OK, yes. At some point.... Sometimes you're gonna see, like, some exponential growth. But at some point, when you hit a plateau, that's where you need to teach people in your organisation: "this is how we deal with stuff."

In their early years, Catalyst branded themselves as a revolutionary movement. Their official websites featured images of young people standing back-to-back, staring defiantly into the camera. Short moving graphics displayed entire groups of advocates donning Catalyst-branded clothing. When they stood shoulder-to-shoulder, they represented the 'sea of change' facing youth mental health discourse. Catalyst was founded in the 2000s. As they entered the North American mental health sphere, their initial mission was to spark conversations around youth mental health. Their approach worked well in a society where mentions of emotional struggle were rare. Their bold, full-steam-ahead rhetoric was adaptive to the cultural zeitgeist.

Now, more than a decade later, the North American mental health landscape has changed. Most communities—especially wealthy urban areas—have embraced mental health discourse as a critical part of public conversations. The main consideration, at least among the youth advocates whom I met through Catalyst, now revolves around systemic inequalities and social policies that constrain or facilitate community health. During their interviews, several youths expressed that the new task is to bring nuance to discussions of wellness, and to critically consider intersecting social (dis)privilege in connection with

mental health outcomes. Noah, a Black man, described the need for Catalyst to slow down and reconsider their approach to advocacy:

Like, we won't be able to, like, keep pushing and breaking doors and breaking doors. Like, at some point you always hit this wall where it's like, "OK, we need more tools now." We need, like, a pickaxe. We need.... Like, the more that you broke the doors, at some point you get walls. Like, you know, buildings. Like, it always gets harder with time.

Perhaps the "walls" and "buildings" now unearthed represent the emergent and established disparities in mental health outcomes across geographic, ethnic, and socioeconomic communities, as the nuances of equity, diversity, and inclusion practices relevant to youth mental health advocacy require sensitivity to navigate. As Noah argued, these competencies take time to build in an organisation:

"We're gonna [meet you] where you [are] to bring mental health awareness." Which is, to me, what we should have been doing since the beginning. And probably that they did in the, in the beginning. But, like, with the implementation of everything that was going on, it—I think that—it got lost in being too big, too fast.

At its time of establishment, the most appropriate path for Catalyst was to keep "breaking doors" until mental health conversations became commonplace. Noah's suggestion that Catalyst grew "too big, too fast" reflects the challenges Catalyst experienced when attempting equity, diversity, and inclusion work. Concerns around meaningful community engagement—including the mobilisation of equity-deserving voices, youth consultation, and generating staff support—emerged in tandem with Catalyst's pandemic

expansion. Consequently, the efficacy of Catalyst's community engagement initiatives was compromised.

Over the last ten years, Catalyst has been highly successful in mental health advocacy. The youth I interviewed claimed that Catalyst made a difference in urban wellness discourse and had a hand in destigmatising mental health struggles. Oliver, a Presenter with personal experiences of mental health struggles, described how his interactions with Catalyst challenged his internalised stigma. He took a gap year midway through his undergraduate journey to rest, and his experiences with Catalyst affirmed his choice. Oliver recalled:

I also took a semester off. Like, in my second year, when I was really actively involved. And, so, it felt—because I was really struggling with my mental health—and so, it felt like.... I kind of had a community of people that were supportive of me. That I could—kind of—talk to about it. And I think that that was really, um... just, like, helpful... for me in my own journey as well.

When I encouraged Oliver to expand on the role that Catalyst played to destigmatise struggles not just for him, but for his peers as well, Oliver told me:

Catalyst made me feel more comfortable... like, reaching out for help. And talking to my friends. Um... like, about my experiences. So, I definitely think that it helped... with its ultimate mission and goal of reducing stigma. Um, I definitely think that that applied for me. And, like... without my involvement in Catalyst, I don't know if I would have been as open as I am.

The destigmatising presence that Catalyst presented for youth is a critical first step in advocacy. By implementing the outreach strategies highlighted in Chapter 4, such as

improving institutional presence in community spaces, organisations like Catalyst can reach even more youth like Oliver. All nine youth in my interview sample affirmed Catalyst's impact on the North American mental health landscape, and Catalyst's consistent presence in youth-centred spaces—like universities, colleges, and high schools—suggest that Oliver's experience of lessened stigma and increased support is far from unique.

7.6.2 Youth as Organisational Representatives

Following two years of growth, some former staff and youth leaders began to voice their discontentment with Catalyst's workplace culture. Several of the youth I interviewed, particularly moderate- and high-engagement individuals, expressed concern around Catalyst's institutional values. Most agreed that Catalyst staff were still overwhelmingly White and middle-class. One anonymous youth connected Catalyst's organisational environment with the image of the capitalist workplace, as was popularised in North American culture over the past fifty years. This youth was particularly concerned about Catalyst's Human Resources (HR) mandates. When I asked them how Catalyst's institutional attitudes impacted youth, this person cited staff unresponsiveness when youth brought up organisational critiques.

When you're dealing with youth, you're definitely going to get people that are confident enough to speak up when they know something's wrong. And that challenges HR. And... sometimes that can be in a very embarrassing... um, position for HR to be in, as well as very pivotal. Because, most times, they do know that's an issue, but they're keeping it silent.

The youth's idea that Catalyst personnel "know" unconstructive leadership attitudes are "an issue" resembles another young person's critique of institutional mandates. This high-engagement individual was most critical of Catalyst's direction since the 2022-2023 changes, compared to the other eight youth interviewed for this thesis. Drawing on their own volunteer experiences, this person suggested that Catalyst's executive team was purposefully withholding information from their network. The youth detailed instances where they reached out to staff and offered insight as a part of their role, but was rebuffed:

We're [youth leaders] not being given the licence to offer... all of the... our experience has to offer. To offer... everything that our voices have to offer. We're kind of, being kept in this, kind of... We're being pigeonholed. We're being kept in a little... and a little pig sty. Just like, "well, here's a scheduled time every month. We'll ask you for advice and [with emphasis] then you will get to offer advice. And not even on the whole organisation. In [specific project role]."

The high-engagement youth continued, outlining some of their conversations with Catalyst staff. They contrasted their ideal view of youth engagement—one of true co-creation, reminiscent of level eight on Hart's (1992:8) ladder of participation—versus the approach taken by Catalyst. The youth wanted to do more than respond to queries posed by Catalyst staff. They tired of the siloing that Catalyst practiced between its paid teams and preferred to view the organisation holistically. The youth confessed:

I wish we were given more power, at least to say what we truly feel, and at least to, to at any point, no matter what, what's going on to, to, to, to offer advice, and to, or to point out a problem. To say, like, "this is a mental health issue that's occurring in my

community. How can Catalyst help? How can I link Catalyst to this? Or to say, here's something I found. It's a month from now. Can we organise something? Can we talk about this?" Instead of just saying, like, "no, it's too late. We don't... we're not going to give you any money."

In many cases, the high-engagement youth's offers of support were declined under discourse of capacity. Based on my conversation with this young person—and my own experiences as a Catalyst member—conversations about youth capacity revolved less around the organisation's ability to mobilise staff and capital, but more around staff's fear of overloading youth with responsibilities. The high-engagement youth recognised staff's desire to protect young leaders but found Catalyst's inflexible standards to be disempowering. The youth suggested that, rather than ascribing the same level of vulnerability to all youth, staff should work with everyone to determine their individual interests and capacity. The youth contrasted their own ambitions with those of their peers, saying:

Because I know a lot of them [fellow Catalyst leaders] are very busy. But for me, specifically... I have so much time that I'm able to offer. I have so much knowledge I'm able to offer. And I am currently their only point of contact, in the entire [name of region], save for one other [youth leader].

This person's recommendations—specifically their call to tailor engagement to each youth's personal preferences—is reflected in the academic literature (Bailey et al. 2014; Cullen et al. 2023; Nelson et al. 2001). For instance, Nelson et al. (2001:666) discussed how individualised conversations allow youth to voice personal interests, concerns, and program feedback missing from group discussions. This, in turn, help adult allies match

each young person's ambitions to the opportunities they are afforded. Under the current system at Catalyst, some young leaders feel left out of decision-making. Being "pigeonholed" may feel doubly frustrating, when those limitations are set by an organisation professing to uplift youth. Youth are left wondering which direction the organisation they support is heading.

Contrary to the discourse I described above, some youth argue that Catalyst's struggles with certain equity, diversity, and inclusion (EDI) practices are not the result of institutional mandates, but rather symptoms of lacking understanding. Josephine, an Indigenous woman, was regularly asked for input around reconciliation. In most cases, she was happy to share her perspective. However, being the only Indigenous youth in decision-making spaces was stressful:

I was being questioned about my culture and everything. I was very much willing to answer those questions... and be that type of person to be informative for you guys. At the same time, it's harder to have one person... that you get all your information from.

The limited representation of Indigenous voices in Catalyst programming was a recurring theme in Josephine's interview. She called for Catalyst to diversify their youth engagement. Josephine was often the only person from her region in decision-making places, and she described the expectation to speak for communities of which she had limited knowledge:

Since I was the only representative in [large geographic area], I was speaking for all of [area]. Mind you, I've visited only, like, three or four different communities in [area]. So...it's, it's not the same type of vibe.

Despite the challenges above, Josephine attributed uneven youth engagement not to tokenism, but to a lack of resources. Josephine explained that, because Catalyst had limited experience tailoring their offerings to equity-deserving audiences (e.g., Indigenous Presentations are a relatively new addition to Catalyst's repertoire of programs), these growing pains were understandable. Catalyst may have genuinely lacked the connections that facilitate wider community engagement, and needed to continue their outreach efforts. By partnering with lay leaders, and utilising the community outreach practices highlighted earlier in this chapter, organisations like Catalyst could attract a wider pool of historically under-represented youth advocates. As their networks diversify, these organisations could further avoid placing stressful expectations on youth representatives from equity-deserving backgrounds.

Another anonymous youth, who had shared decision-making spaces with several Catalyst leaders, agreed with Josephine's perspective. When they engaged with Catalyst's leaders, the anonymous youth struggled with the flow of some conversations. The youth suspected staff did not know how to best make use of young voices. Rather than asking them to support creative brainstorming, this youth was asked to give feedback on specific versions of organisational branding. The young person recalled:

I felt like a thesaurus. And it was, like, just like—I, I'm more of like a bigger picture-type person anyways—um... so it was a weird, like, taking the big picture thing and trying to get into the.... Like, the.... It was a bit.... That part itself of, like, finding that was a bit tricky.

The struggles that the anonymous youth experienced are similar to those perceived by another high-engagement interviewee, who attended numerous brainstorm sessions with

Catalyst decision-makers. This second youth described Catalyst’s early attempt at embracing intersectionality, in which staff supposedly confused intersectional discourse—conversations that recognise the complexities of social (dis)advantage and the diversity of lived experience among equity-deserving communities—with a need to include absolutely everyone in the same decision-making spaces. The interviewee exclaimed:

Every time that people talk about interaction—intersectionality, sorry—they’re always like, “we need everybody at the table! We need everybody at the table!” But it’s not “we need everybody at the table.” It’s “we need everybody at the table *when it matters to a certain discussion.*”

According to this young person, Catalyst has made significant strides toward tailored engagement. Youth and community stakeholders were invited into meetings not just because of their affiliation with an equity-deserving group, but because they have expertise relevant to a specific topic of discussion. The youth emphasised the importance of effect, stressing that programmatic and strategic decisions made by mental health organisations should prioritise the people most directly impacted by those choices. The youth offered a hypothetical example to illustrate their point:

If we're talking about abortion rights, and you have no people who have, ah... who identify as women—or who have uteruses—having the conversation, how can you even make rules or rights or anything about it? Because you, you're not affected as a person.

An organisation who is cognisant of institutional shortcomings, and who chooses to defend their harmful practices, is in a different position than an organisation who simply lacks relevant expertise. Organisational responses reflect the existing workplace culture.

An institution that minimises the consequences of ineffective directives may benefit from a policy overhaul, where underlying values are interrogated and revised. An institution that simply lacks knowledge in equity, diversity, and inclusion processes may benefit from training, such as that outlined in the academic literature (Canas et al. 2019; Gajaria et al. 2021; Kurzawa et al. 2022). In both cases, the responsibility to make appropriate accommodations falls on executive leadership. When I asked high-engagement youth to describe Catalyst's locus of power, they responded:

At the end of the day, the power is within the staff and the executives. That is my experience. Um... it is youth-informed. It does not feel youth-led. And I think that is the biggest—kind of—nuance that I can give for my experience (Amir).

I wish I could tell you, but they really haven't told me. They don't tell any of us [youth volunteers] who's behind these decisions. It... It could be the new CEO.... There could be any number of people²⁷ who, you would say, are responsible (Aaron).

Despite the diversity of feedback provided by Catalyst-engaged youth, there was consensus that Catalyst struggles with both unconstructive mandates and lack of expertise. Catalyst's internal communication processes may require more scrutiny, a project outside the scope of this thesis. However, by implementing the strategies discussed in this thesis, Catalyst may improve youth engagement efforts hindered by a lack of knowledge. Administrators who hold the most influence are asked to examine these complexities, further defining and isolating organisational shortcomings.

²⁷ Hidden in Aaron's response is the implication that, regardless of who exactly determines Catalyst's decision, youth are not the people at the wheel.

7.6.3 Constraining Support

Among the youth I interviewed, the efficacy of Catalyst's youth-facing communications was perceived in one of two ways. On the surface, Catalyst is a put-together, well-established, and high-impact organisation active in the North American mental health sphere. This image of Catalyst arose when I interviewed low-engagement youth, who overwhelmingly praised Catalyst's public outreach, including their social media activity and mass emails. Recall Jasvir's discussion of Catalyst: when I asked him how Catalyst could make their programs more accessible or inclusive, Jasvir said they were already perfect. Brandon and Cameron, two other low-engagement youth, made similar claims.

Moderate and high-engagement youth are generally more critical of Catalyst's communication standards, because they are involved in more complex discussions, with room for two-way discourse and follow-up inquiries. Aaron, who was initially awestruck by Catalyst's reach and influence, described how his perception changed over time:

And then also these past two months, really serving [in a high-engagement position], I've realised... that they are just sort of a group of people. And, uh, people are fallible. And, um, they... they wield a great deal of money and a great deal of government support. But that doesn't mean that they're perfect, or that they're the end-all-be-all.

Several other interviewees produced narratives similar to Aaron's. They increased their engagement with Catalyst because they held an idealistic image of Catalyst, reinforced by the organisation's official public-facing communications. As they worked harder to support this idealised institution, they gained insight into its complexities and imperfections. Youth who are highly involved in an organisation typically report a greater sense of ownership over institutional programming (Edge et al. 2014; Knoll et al.

2012; Kulick et al. 2017). People who invest incredible time and energy into an organisation's growth may demand greater accountability, in the form of updates or two-way dialogue. Aaron, a high-engagement youth from Western North America, expressed his desire for inclusion in more decision-making spaces:

There is a great deal of things that are going right. Um, but I see so many things going wrong as well, and I don't see a lot of accountability to that. I don't see a lot of... people saying, "hold on, wait, let's think about this. Hold on, wait, let's ask our youth before we make this big decision."

Some high- and moderate-engagement youth expressed frustration at a perceived lack of cohesion in Catalyst's internal updates. They were aware of rebranding efforts across the organisation, and most have heard snippets of information about the direction Catalyst is taking. However, youth struggled to unearth explanations of institutional happenings, and many were unsure what their contributions achieved. This lack of information came through most clearly when I asked interviewees to describe Catalyst's overarching mission, following the refresh of their strategy. Oliver, a moderate-engagement man with extensive experience as a Presenter, stumbled through his answer:

Um... the new mission? I don't... I don't think it's as clear to me what the new mission is. Like, I know they went through a rebranding. Um... but I couldn't tell you, specifically, what the mission is now. Which is probably on me. But I don't think it was as clear to me when it was communicated [slowly, with concentration]. I think the mission is... to, empower young people to.... Or something about, like, connecting young people to... like, the relevant resources? Umm... I'm actually not even sure.

It may be tempting to attribute Oliver's roundabout response to the fact that he was never in extended talks with Catalyst executives. Even if this were the case, it is concerning that someone who represents Catalyst to large public audiences could not describe the organisation's key values. I discuss Oliver's response not to disparage his inability to produce a holistic answer, but to illustrate how limited youth-facing discourse appeared to be. High-engagement interviewees were similarly uncertain about Catalyst's mission statement. When asked about Catalyst's mission, a young person with several years of intensive involvement across multiple programs replied:

I'm still not fully sure. And I think that's... kind of a reason that I've stepped away as well, is... is, um, my own North Star. Like, what am I contributing to—within the mental health field—five to six years later? You know? Like, still with the same organisation. What have I contributed?

This high-engagement youth has since stopped volunteering with Catalyst. While they described their time with the organisation as positive, the youth expressed frustration at the lack of transparency from Catalyst's leadership. The youth told me that they volunteered with Catalyst because the organisation's values aligned with their personal moral compass. It made sense that, if they no longer saw evidence of this moral congruence, the youth would step away from Catalyst. Whether or not value-driven youth perceive a goodness of fit depends on the internal communications offered by Catalyst staff. The high-engagement youth elaborated on their discontentment by describing the lack of internal cohesion during rebranding discussions:

I have to say that it was inspiring, to see the dedication and the effort being put into doing [rebranding initiative]. But also disillusioning, because there were so many different

voices on that table who wanted different things, and different—had different visions—for the organisation.

The challenge, for this person and several other interviewees, was not that Catalyst staff had different ideals for the organisation and contributed diverging recommendations. One youth, at least, described staff's passion as "inspiring." The concern is the lack of updates given to contributors, which would help them make sense of conflicting information. Catalyst-involved youth desired reassurance that Catalyst was moving forward, and that multifaceted discussions were of consequence.

Young people did not expect staff to come up with all the answers before they shared organisational challenges with youth. Rather, they sought honest and upfront communications around decision-making processes, however uncertain and limited they may be. An anonymous, high-engagement youth was particularly active in seeking answers. This person described interactions they had with a staff member at Catalyst:

I'm unsure how to move forward, because I sent a...[wincing] somewhat long email earlier this week. Just asking all my questions, just like, "I don't understand what's going on as a [position]. I would really appreciate some specific details. You just announced this, you know.... [a co-design] project. What is that about? Is it the same thing that's on your website? Because you don't say in the website.... How are we going to be involved? As [position].... Do they... do we have more voice than others? Are we the same? But, what's going on?

The email that this person received from staff did little to address their concerns, or to answer their many questions. They still appeared confused about their responsibilities and the boundaries of their role. This youth described Catalyst's reply:

I just got this corporate mumbo jumbo about the... the same thing I heard [earlier that year]. And I'm in no better position than I was then. So, I do find it kind of... feel let down by that. I feel let down that they... seem to be unwilling to disclose the problems they're going through. [With conviction.] Because we, as youth, want to help.

This high-engagement person perceived the institutional challenges to rapid growth discussed earlier this chapter and wanted to offer support as a youth leader. However, their inquiries about their place at Catalyst went unanswered. The rest of this person's interview suggested that there was limited communication related to institutional mandates governing youth engagement. The style of expression upheld by Catalyst—the “corporate mumbo jumbo” of which one young person spoke—was incongruent with the way that young people themselves communicated. For the young person confused about their role, Catalyst's inability to effectively assuage their concerns led to feelings of alienation. They told me:

I feel that there is a.... There is a level of irony because this is a mental health organisation. We say, “reach out for help. Tell... tell people what's wrong.” But then we have this organisation that's not telling us what's wrong.

As a high-engagement youth who repeatedly expressed a desire to share their voice, this person was frustrated by Catalyst's opaque responses. I followed up on interviewees' concerns regarding Catalyst's community and youth engagement, asking what Catalyst could do better. Everyone had coherent advice for the organisation, even if their recommendations differed. Below, I discuss themes from the interview data.

7.6.4 Institutional Solutions

Upon speaking with Catalyst-involved youth, I found that their recommendations flowed from concerns they had about the organisation. Intuitively, participants knew that the way to counter a diagnosed problem was to reverse it. Interviewees recommended that Catalyst narrow the scope of their practice to avoid unsustainable growth. Youth who perceived Catalyst as an isolated organisation called for greater networking, with more tailored outreach on Catalyst's part. A grounded mission statement is easier to communicate than a general one, and Catalyst should attempt to attract equity-deserving youth by sharing the organisation's distinct core values. These same youth could then provide Catalyst with feedback, starting a trend of more effective engagement.

7.6.4.1 Narrowing Scope

Mental health organisations can secure their place in the North American landscape by building a distinct sense of self. According to my interview data, mental health organisations should tailor their services to a narrow and well-defined sense of purpose, rather than pursue a nebulous sense of expansion. This would mediate potential challenges around unsustainable expansion and the loss of institutional identity. Noah, a high-engagement Black man, offered an example of unsustainable growth.

Instead of trying to touch... like, so many different matters. And then being, like, so spread out—and so spread thin—where people have to, like, always take.... Not that you shouldn't take care of your mental health and then you shouldn't, like, take some breaks. But, like, taking more breaks because you're more exhausted from doing so many things, instead of, like, focusing on one thing.

The burnout that Noah described was not hypothetical. Rather, it was what Noah observed during the worst of COVID-19 restrictions. By attempting to serve everyone, Catalyst lost direction and overwhelmed its supporters. I asked Noah to suggest a more sustainable model of institutional development. He shared:

Let's say we have three main sectors. We're gonna be involved in Sector 1, 2, 3. And that's all we're doing until we accomplish what we want to do in those three sectors. Instead of, like.... Our advocacy, in the past, became so wide that we didn't have.... The expertise, but also the time and patience to fight on all fronts.

An organisation who commits to a streamlined course of action would have a much easier time remaining on track, compared to an organisation who juggles multiple nebulous objectives. Noah was not the only interviewee to call for narrower mission statements. Michael, a moderate-engagement volunteer, offered the following:

I don't think that the answer is necessarily doing more. I think it's more so now—you know—capitalising on what we already have... and really making it better.

Michael, who is a Presenter, described an organisational change that he supported. Michael was trained to deliver classic Presentations, which briefly touched on multiple complex topics for ten to fifteen minutes over the course of an hour. He had also heard about revised Presentations, which dove deep into a single topic at a time and usually lasted forty-five minutes. Michael spoke highly of the new model:

And one—the one change that I'm, like, so excited and so happy about is the new Presentation series. Because during the standard Presentations, I felt like—you know—I was giving a lot of information. But it's, like, you're rushing through a whole [mental

health class]. So, I think it's really cool that organisers now have the opportunity to, like, centre on one.

Noah and Michael's recommendations fall in line with best practices outlined in the academic literature (Danseco et al. 2017; Guinaudie et al. 2020; Luger et al. 2020). Clearly defined mission statements, coupled with timely and consistent updates, allow an organisation's supporters to most effectively contribute to institutional objectives. Youth and adult network members can offer more targeted feedback if an organisation's goals are concrete and easily comprehended. Tailored programming encourages facilitators to mobilise skills most appropriate to the task, and program evaluators can better measure and summarise an organisation's impact if targets are tangible and easily defined.

There is clear evidence that Catalyst wishes to touch on all aspects of contemporary youth mental health. This desire is understandable, and an overarching mission to start conversations around mental health served Catalyst well in its early days. However, Catalyst must now adapt to a more complex mental health landscape. By strategically constraining its scope, Catalyst could sharpen its focus and amplify its organisational impact.

7.6.4.2 Tailored Engagement

Once a mental health organisation has narrowed its scope and defined its mission, it can push forward with its community consultation efforts. The first step toward meaningful dialogue is to complete an environmental scan, where community members themselves tell supporters what they need. For Catalyst, this could mean checking in with youth active in equity-deserving communities to gauge the level of mental health literacy in a given community. Knowledge and capacities can vary greatly across groups. Where that

is the case, mental health organisations should mobilise resources to people who need additional assistance. Noah, a high-engagement Black youth affiliated with Catalyst, described the disparities he saw across racial communities:

Let's say that as a community—White, the White community—is, like, on Level Three when it comes to, like, mental health awareness. But, like, a lot of other communities are at Level One. We can't progress as an organisation when you have one community that's at Level Three [raising one hand up], and everybody's at Level One [looking down, below the frame]. You need to bring everybody to Level Three. And then we progress together [raising both hands up, in parallel].

Mental health organisations who service people across demographics must take additional care to ensure that no communities are deprioritised. Institutions who disproportionately cater to heavily resourced communities, or who flatten differences in need, may inadvertently widen the wellness gap. Noah placed the onus to act on the most privileged communities:

It's that everybody at Level One needs to step up [get uplifted] a little bit, so that we can be like, "OK, now we implement stuff for the *whole organisation*. Instead of always implementing, [raising one hand further and further up, keeping other hand level] and they get higher, they get higher. And we're creating this disparity as we move up. Even though that we're helping people, they're [one hand raised more than the other, denoting a Level Three community] still more equipped and they're [gesturing to the lower hand, the Level One community] still trailing at this point.

Noah's discussion of privilege complements best practices outlined in the academic literature (Canas et al. 2019; McCabe et al. 2022; Nelson et al. 2001). While tailored

advocacy may appear unfair to people whose voices are not immediately captured, the result is supportive of equitable participation and strengthens programs for all. The key is to communicate timelines to the organisation's supporters. Noah gave an example of helpful organisation messaging:

OK, this is what we're focusing on right now. But it doesn't mean that we won't focus on everything else that we've been focusing. It's just that we're giving a particular intention to that right now. Because *those two communities* have shown that they really want to work on that right now.

When done correctly, prioritisation facilitates effective resource mobilisation and parity of participation. Parity of participation generates a greater range of ideas, promoting innovation that benefits equity-deserving communities themselves and promotes healthful outcomes (Ruiz-Casares et al. 2015; Van Doesum et al. 2016). The secret to maintaining community engagement is organisational introspection. Institutions who take the time to reflect on their own activities, and to proactively incorporate feedback into their programming, better meet the needs of target demographics (Cullen et al. 2023; Guinaudie et al. 2020; Yamaguchi et al. 2023a:64). Amir, a high-engagement racialised man, expressed hope that Catalyst was moving in the right direction:

And the restructuring especially. And having such a... a desire for reflection— introspection—on how to actually be of service to the community and the larger communities. And to actually cater to minority populations, which was my... definitely what I wanted to focus on.

Like Noah, Amir had intimate knowledge of Catalyst's decision-making. He was confident that, with continued effort from Catalyst's higher-ups and dedicated advocacy

from engaged youth, Catalyst will continue down the right path. Should it succeed, Catalyst would likely establish itself not just as a generic player in the North American mental health advocacy sphere, but also as a groundbreaker in equity, diversity, and inclusion work.

7.4.6.3 Personable Knowledge Translation

The third challenge facing Catalyst, as a youth-informed organisation, is its break in formal communications. In an earlier section, I outlined how youths' engagement with Catalyst improved in tandem with their knowledge of the institution. When young people are brought into decision-making spaces and introduced to the nuances of program administration, they observe the human element to institutional functioning. Rather than maintaining the idealised image that Catalyst projects through social media and public outreach events, staff are encouraged to share organisational struggles with the youth already in their network. Aaron, a high-engagement man, recalled the time he saw past the curated image that Catalyst projected of itself:

That's almost empowering in a way, because it, it, it lets you know that you do have something valuable to offer, that it's not just a perfect organisation that doesn't necessarily need you. I realise that they do need us. Um, and... and, so, with that, you feel a bit more confident in making statements and making suggestions and giving advice.

When Aaron learned of Catalyst's institutional flaws, he felt more attached to the community. An organisation who maintains a facade of perfection risks alienating youths who feel the group does not "need" them. Transparency, and the dismantling of "pigeonholes" that a young person described earlier in this chapter, may strengthen

youths' allegiance to adult-led institutions and improve volunteer retention. The consensus, across all the youth I interviewed, is that they wish to give back to their communities. This is in line with the motivations that pushed young people to get involved in the first place. Interviewees' passion for mental health facilitated their involvement with Catalyst, oftentimes for years on end. Organisations active in mental health advocacy are encouraged to facilitate this altruism, particularly among equity-deserving youth, by implementing policies conducive to parity of participation. These policies, which may include the establishment of honoraria and organisational support of progressive legislation, were outlined in Chapter 5.

7.7 CONCLUSION

Both the academic literature, and the people I interviewed, stress the importance of partnerships to organisations engaging equity-deserving youth in mental health advocacy. My analysis, of both primary and secondary research, suggests that collaborative projects centred in diverse service networks are more likely to meet the needs of marginalised communities. Mental health organisations could connect with educators, lay leaders, and other nonprofit bodies. In the latter half of this chapter, I applied the call for partnerships to Catalyst. The youth whom I interviewed had extensive insight regarding Catalyst's struggles, particularly ones that developed during COVID-19 lockdowns. By clarifying their mission statement, reaching out to like-minded third parties, and asking young leaders for help, Catalyst can strengthen their reach and impact.

CHAPTER 8 CONCLUSION

In this thesis, I examined how mental health institutions can construct social environments conducive to meaningful youth advocacy. As a multiply marginalised person, I am interested in how historically silenced youth can work with adults to support equity-deserving communities. The results of my literature review, which included case studies from across Canada and the United States, may be applicable to most contemporary North American youth mental health organisations. My primary research is tailored to a charity that I call “Catalyst,” where I volunteered for several years. To gather information specific to Catalyst, I interviewed nine other youth volunteers. I am bringing findings to Catalyst as a community-based social science researcher.

In the four preceding chapters, I mapped out the path that mental health organisations can take to diversify discourse. Each chapter includes a detailed conclusion and recommendations for moving forward. Inclusivity begins at recruitment, which I covered in Chapter 4. Staff are encouraged to grow their organisation’s presence in public places that youth already frequent. Outreach should be tailored to the distinct communities from which an organisation wishes to recruit. Groups who seek input from newcomer youth, for instance, might pursue partnerships with immigration and settlement agencies. Organisations who have a range of target communities could partner broadly. They may wish to share promotional materials with local libraries, community hubs, and recreational centres, to start.

In Chapter 5, I discussed the importance of providing monetary and in-kind compensation to youth advocates, extending accommodations to youth with distinct accessibility needs, and otherwise promoting parity of participation for equity-deserving folks. Institutions could develop internal policies that lower financial, energetic, and

temporal barriers to volunteering. Advisory bodies dedicated to youth, such as leadership councils with a quorum for youth participants, are spaces where young people could connect with like-minded peers and grow accustomed to knowledge translation. Clear and consistent guidelines around honorarium may incentivise less affluent youth to work with a given organisation, especially people who live on tight budgets. Finally, mental health institutions can openly support government legislation that benefit equity-deserving groups. Youth who face fewer stressors in their daily lives are more likely to have the time and energy for advocacy.

In Chapter 6, I discussed some back-end changes that organisations can adopt to safeguard equity, diversity, and inclusion (EDI). Institutional leaders may wish to assemble a diverse hiring panel to manage staff recruitment, ensure that equity-deserving applicants are fairly considered, and safeguard expertise gained through lived experiences of marginalisation is valued. Institutional leaders may invest in ongoing EDI training for all staff. They might partner with professional educators to ensure that evidence-based, person-centred, and culturally humble workshops are consistently offered.

Chapter 7 emphasised the importance of cross-sector partnerships to producing social change. Mental health organisations are encouraged to network with educators, lay leaders, and other third-sector parties to promote wide-spread social change, and to develop wrap-around support for equity-deserving communities. Mental health organisations must be mindful and intentional when selecting partners. They may choose to cast a narrower net, and work toward a single well-defined goal, rather than reaching out to everyone nearby and upholding generic values. Partnership discussions must include a shared recognition of the local sociopolitical context, and everyone involved

should make a consistent effort towards redistributing power and resources to best meet collective goals. Young people are also a critical part of organisational networks, and adult leaders should openly recognise youth contributions. Young people should be treated as individuals, who have varying levels of capacity, and who bring diverse skillsets to decision-making spaces. Staff who work with youth should also budget time for troubleshooting when mistakes are made. Young people's constructive criticism should be clearly addressed, organisational flaws should be candidly recognised, and feedback loops should be fully closed.

In all of these chapters, I compared the insights generated through secondary research with interview data, and then I adapted existing best practices to suit Catalyst's needs. The next step in knowledge translation is to turn ideas into action. This is an invitation to Catalyst leadership, and members of other youth mental health organisations, to look inward and bring theoretical practices to life. Social problems—like the disproportionately low numbers of Black, Indigenous, low-income, or male-identifying youth informing mental health discourse impacting their own communities—require social solutions. Established organisations who promote mental health literacy, provide youth-centric resources, and empower young people as leaders are incredibly well-positioned to make a difference. This thesis marks possible routes to success. All that is required is the will to translate ambition into action.

REFERENCES

- Acker, Joan. 1990. Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations.” *Gender and Society* 4(2):139-158.
- Acker, Joan. 2006. “Inequality Regimes: Gender, Class, and Race in Organizations.” *Gender and Society* 20(4):441-464.
- Acker, Joan. 2012. “Gendered Organizations and Intersectionality: Problems and Possibilities.” *Equality, Diversity, and Inclusion* 31(1):214-224.
- Aguiar, William and Regine Halseth. 2015. *Aboriginal Peoples and Historic Trauma: the Processes of Intergenerational Transmission*. Prince George: National Collaborating Centre for Aboriginal Health.
- Alexander, Michelle. 2020. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. 2nd ed. New York, NY: The New Press.
- Ali, Amber Z., Bruce Wright, Janet A. Curran, and Amanda S. Newton. 2022. “Review: Patient Engagement in Child, Adolescent, and Youth Mental Health Care Research—A Scoping Review.” *Child and Adolescent Mental Health*. doi:10.1111/camh.12615.
- Alvesson, Mats, Karen Lee Ashcraft, and Robyn Thomas. 2008. “Identity Matters: Reflections on the Construction of Identity Scholarship in Organization Studies.” *Organization* 15(1):5-28.
- Atewologun, Doyin, Ruth Sealy, and Susan Vinnicombe. 2016. “Revealing Intersectional Dynamics in Organizations: Introducing ‘Intersectional Identity Work.’” *Gender, Work, and Organization* 23(3):223-247.
- Bailey, S., K. Boddy, S. Briscoe, and C. Morris. 2014. “Involving Disabled Children and Young People as Partners in Research: a Systematic Review.” *Child: Care, Health and Development* 41(4):505-514. doi:10.1111/cch.12197.
- Bonilla-Silva, Eduardo. 2021. *Racism without Racists: Color-Blind Racism and the Persistence of Racial Inequality in America*. 6th ed. Lanham, MD: Rowman and Littlefield Publishers.
- Bozinoff, Nikki, Will Small, Cathy Long, Kora DeBeck, and Danya Fast. 2017. “Still ‘at Risk’: an Examination of how Street-Involved Young People Understand, Experience, and Engage with ‘Harm Reduction’ in Vancouver’s Inner City.” *International Journal of Drug Policy* 45:33-39. doi:10.1016/j.drugpo.2017.05.006.

- Brinkman, Karen, Dwight Hunks, Gloria Bruggencate, and Steve Clelland. 2009. "Evaluation of a New Mental Health Liaison Role in a Rural Health Centre in Rocky Mountain House, Alberta: A Canadian Story." *International Journal of Mental Health Nursing* 18:42-52. doi:10.1111/j.1447-0349.2008.00582.x.
- Canas, Eugenia, Lisa Lachance, David Phipps, and Cherrilyn Che Birchwood. 2019. "What Makes for Effective, Sustainable Youth Engagement in Knowledge Mobilisation? A Perspective for Health Services." *Health Expectations* 22:874-882. doi:10.1111/hex.12918.
- Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. 2013. "Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis." *Signs: Journal of Women in Culture and Society* 38(4):785-810.
- Choo, Hae Yeon, and Myra Marx Ferree. 2010. "Practicing Intersectionality in Sociological Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities." *Sociological Theory* 28(2):129-149.
- Clark, Beth A., Alice Virani, Sheila K. Marshall, and Elizabeth M. Saewyc. 2021. "Conditions for Shared Decision Making in the Care of Transgender Youth in Canada." *Health Promotion International* 36:570-580. doi:10.1093/heapro/daaa043.
- Cole, Desmond. 2020. *The Skin We're In: A Year of Black Resistance and Power*. Toronto, ON: Penguin Random House Canada.
- Cole, Elizabeth R. 2008. "Coalitions as a Model for Intersectionality: From Practice to Theory." *Sex Roles* 59:443-453.
- Colley, Helen. 2003. "Engagement Mentoring for 'Disaffected' Youth: a New Model of Mentoring for Social Inclusion." *British Educational Research Journal* 29(4):521-542. doi:10.1080/0141192032000099351.
- Collins, Jennifer L., and Laura J. Thomas. 2018. "The Influence of Social Determinants of Health Among Young Adults After They Have Left Foster Care in the US." *Journal of Clinical Nursing* 27:2022-2030. doi:10.1111/jocn.14317.
- Collins, Patricia Hill. 2010. "The New Politics of Community." *American Sociological Review* 75(1):7-30.
- Craig, Shelley L., Andrew D. Eaton, Alexa Kirkland, Egag Egag, Rachael Pascoe, Kourtney King and Sreedevi Krishnan. 2021. "Towards and Integrative Self: a Digital Photo Elicitation Study of Resilience Among Key Marginalized Populations of Sexual and Gender Minority Youth." *International Journal of Qualitative Studies on Health and Well-Being* 16:1-16 doi: 10.1080/17482631.2021.1961572.

- Craig, Shelley L. and Ellis Furman. 2018. "Do Marginalized Youth Experience Strengths in Strengths-Based Interventions? Unpacking Program Acceptability through Two Interventions for Sexual and Gender Minority Youth." *Journal of Social Service Research* 44(2):168-179. doi:10.1080/01488376.2018.1436631.
- Crenshaw, Kimberlé. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43(6):1241-1299.
- Crowther, Daniel, Holly McCulloch, Helen Wong, Rebecca Mackay, Catie Johnson, Jill Chronney, Krista Ritchie, Logan Lawrence, Andrea Bishop, Melissa Helwig, and Janet Curran. 2022. "Children, Young People and Parent Engagement in Health Intervention Design and Implementation: a Scoping Review." *Health Expectations* 2023(26):1-15. doi:10.1111/hex.13572.
- Cullen, Olivia, Angelique Jenney, Laura Shiels, Katelyn Greer, and Katreena Scott. 2023. "Integrating the Voices of Youth with Lived Experience as Co-Researchers to Improve Research and Practice Approaches to Childhood Experiences of Intimate Partner Violence." *Journal of Family Violence*. doi:10.1007/s10896-023-00558-y.
- Dansec, Evangeline, Ann Barber, Kelcie Brown, and Charlie Carter. 2017. "Implementing Implementation: Practical Lessons Learned from Supporting Evidence Informed Service Delivery in Community-Based Child and Youth Mental Health Agencies." *Canadian Journal of Community Mental Health* 36(2):165-190. doi:10.7870/cjcmh-2017-014.
- Daya, Indigo, Bridget Hamilton, and Cath Roper. 2020. "Authentic Engagement: A Conceptual Model for Welcoming Diverse and Challenging Consumer and Survivor Views in Mental Health Research, Policy, and Practice." *International Journal of Mental Health Nursing* 29:299-311. doi:10.1111/inm.12653.
- Delgado, Richard and Jean Stefancic. 2017. *Critical Race Theory: An Introduction*. 3rd ed. New York University Press.
- Dixon, Mahalia, Lisa D. Hawke, Jacqueline Relihan, Karleigh Darnay, and Joanna L. Henderson. 2022. "Let's Talk Gender: Ten Things Transgender and Nonbinary Youth Want All Researchers to Know." *Journal of the American Academy of Child and Adolescent Psychiatry* 61(8):960-964.
- Edge, Sara, K. Bruce Newbold, and Marie McKeary. 2014. "Exploring Socio-Cultural Factors that Mediate, Facilitate, and Constrain the Health and Empowerment of Refugee Youth." *Social Science and Medicine* 117:34-41. doi:10.1016/j.socscimed.2014.07.025.

- Etter, Meghan, Annie Goose, Margot Nossal, Jessica Chishom-Nelson, Carly Heck, Ridha Joober, Patricia Boksa, Shalini Lai, Jai L. Shah, Neil Andersson, Srividya N. Iyer, and Ashok Malla. 2019. "Improving Youth Mental Wellness Services in an Indigenous Context in Ulukhaktok, Northwest Territories: ACCESS Open Minds Project." *Early Intervention in Psychiatry* 13(Suppl. 1):35-41. doi:10.1111/eip.12816.
- Furman, Ellis, Amandeep K. Singh, Ciann Wilson, Fil D'Alessandro, and Zev Mille. 2019. "A Space Where People Get It": A Methodological Reflection of Arts-Informed Community-Based Participatory Research with Nonbinary Youth." *International Journal of Qualitative Methods* 18: 1-12. doi: 10.1177/1609406919858530.
- Garjaria, Amy, Jaswant Guzder, and Raj Rasasingham. 2021. "What's Race Got to Do with It? A Proposed Framework to Address Racism's Impacts on Child and Adolescent Mental Health in Canada." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 30(2):131-137.
- Gilham, Chris, Morris Green, Sherry Neville-MacLean, Natalie Bakody, Heather Ternoway, Derek Smith, and Tod Augusta-Scott. 2023. "GuysWork: Describing a School-Based Healthy Relationships Program for Adolescent Boys and Results from a Pilot Evaluation During COVID-19." *Psychology in the Schools* 2023:1-17. doi:10.1002/pits.22937.
- Gray, Andrew Paul, Faisca Richer, and Sam Harper. 2016. "Individual- and Community-Level Determinants of Inuit Youth Mental Wellness." *Canadian Journal of Public Health* 107(3):e251-e257.
- Gueta, Keren. 2020. "Exploring the Promise of Intersectionality for Promoting Justice-Involved Women's Health Research and Policy." *Health & Justice* 8(19):1-10.
- Guinaudie, Chloé, Chantelle Mireault, Jimmy Tan, Yvonne Pelling, Sara Jalali, Ashok Malla, and Srividya N. Iyer. 2020. "Shared Decision Making in a Youth Mental Health Service Design and Research Projects: Insights from the Pan-Canadian ACCESS Open Minds Network." *The Patient—Patient-Centred Outcomes Research* 13:653-666. doi: 10.1007/s40271-020-00444-5.
- Halsall, Tanya, Emma McCann, and Julia Armstrong. 2021. "Engaging Young People Within a Collaborative Knowledge Mobilization Network: Development and Evaluation." *Health Expectations* 2022(25):617-627. doi:10.1111/hex.13409.
- Halsall, Tanya, Ian Manion, Steve Mathias, Paula Robeson, Meriem Benlamri, Warren Helfrich, Srividya N. Iyer, Rosie Purcell, and Joanna Henderson. 2020. "Frayme: Building the Structure to Support the International Spread of Integrated Youth Services." *Early Intervention in Psychiatry* 14:495-502. doi:10.1111/eip.12927.
- Hart, Roger, 1992. "Children's Participation: From Tokenism to Citizenship." *Innocenti Essays* 4:1-38.

- Hilario, Carla T., John L. Oliffe, Josephine P. Wong, Annette J. Browne, and Joy L. Johnson. 2019. "I Tend to Forget Bad Things': Immigrant and Refugee Young Men's Narratives of Distress." *Health* 23(6):587-601. doi:10.1177/1363459318763865.
- JBI. 2024. "About JBI." Retrieved June 23, 2024 (<https://jbi.global/about-jbi>).
- Kirmayer, L. J., G. M. Brass, and C. L. Tait. 2000. "The Mental Health of Aboriginal Peoples; Transformations of Identity and Community." *The Canadian Journal of Psychiatry* 45(7):607-616. doi: 10.1177/070674370004500702.
- Knoll, Gregory M., Debra J. Pepler, and Wendy L. Josephson. 2012. "The Toronto Youth Outreach Working Program for Transitional Aged Youth 12-24: Process Evaluation." *Canadian Journal of Community Mental Health* 31(2):83-101. doi:10.7870/cjcmh-2012-0015.
- Kral, Michael J. 2016. "Suicide and Suicide Prevention Among Inuit in Canada." *The Canadian Journal of Psychiatry* 61(11):688-695. doi:10.1177/0706743716661329.
- Kral, Michael J., Lori Idlout, J. Bruce Minore, Ronald J. Dyck, and Laurence J. Kirmayer. 2011. "Unikkaartuit: Meanings of Well-Being, Unhappiness, Health, and Community Change Among Inuit in Nunavut, Canada." *American Journal of Community Psychology* 48(3-4):426-438. doi:10.1007/s10464-011-9431-4.
- Kulick, Alex, Laura J. Wernick, Michael R. Woodford, and Kirsten Renn. 2017. "Heterosexism, Depression, and Campus Engagement Among LGBTQ College Students: Intersectional Differences and Opportunities for Healing." *Journal of Homosexuality* 64(8):1125-1141. doi:10.1080/00918369.2016.1242333.
- Kurzawa, Julia, Evangeline Danseco, Gabrielle Lucente, Christal Huang, Purnima Sundar, and Aliya Allen-Valley. 2022. "Advancing Racial Equity, Diversity, and Inclusion in Ontario's Child and Youth Mental Health Sector: Perspectives of Agency Leaders." *Canadian Psychology* 63(4):500-510. doi:10.1037/cap0000336.
- Laliberte, Shari and Colleen Varcoe. 2021a. "The Contradictions Between Canadian Capitalist Processes and Youth Mental Health: Implications for Mental Health Promotion." *Health Promotion International* 36:250-261. doi:10.1093/heapro/daz073.
- Laliberte, Shari and Colleen Varcoe. 2021b. "The Benefits of a Historical-Dialectical Ontology to Critical Mental Health Promotion Research." *Health Promotion International* 36:262-273. doi: 10.1093/heapro/daaa024.
- Laliberte, Shari and Colleen Varcoe. 2021c. "Implications of Canadian Youth Views for Measuring Youth Mental Health from a Socio-Economic Perspective." *Health Promotion International* 36:274-285. doi:10.1093/heapro/daz085.

- Latino, Steven, Audrey R. Giles, Steven Rynne, and Lyndsay Hayhurst. 2022. "Extractives Companies' Social Media Portrayals of Their Funding of Sport for Development in Indigenous Communities in Canada and Australia." *Communication and Sport* 10(6):1188-1209. doi:10.1177/21674795211069578.
- Laughland, Oliver. 2019. "Sandra Bland: Video Released Nearly Four Years After Death Shows Her View of Arrest." Retrieved June 23, 2024 (<https://www.theguardian.com/us-news/2019/may/07/sandra-bland-video-footage-arrest-death-police-custody-latest-news>).
- Lévesque, Michel. 2017. "Perspectives in AE—The Comprehensive Health Education Workers Project and Caring Professionals as Asset-Builders." *New Horizons in Adult Education and Human Resource Development* 29(4):51-55.
- Louw, Julia S., Bernadette Kirkpatrick, and Geraldine Leader. 2019. "Enhancing Social Inclusion of Young Adults with Intellectual Disabilities: A Systematic Review of Original Empirical Studies." *Journal of Applied Research in Intellectual Disabilities* 2020(33)793-807. doi:10.1111/jar.12678.
- Lucente, Gabrielle, Julia Kurzawa, and Evangeline Danseco. 2022. "Moving Towards Racial Equity in the Child and Youth Mental Health Sector in Ontario, Canada." *Administration and Policy in Mental Health and Mental Health Services Research* 49:153-156. doi: 10.1007/s10488-021-01153-3.
- Luger, Tana M., Alison B. Hamilton, and Gala True. 2020. "Measuring Community-Engaged Research Contexts, Processes, and Outcomes: A Mapping Review." *The Milbank Quarterly* 98(2):493-553. doi:10.1111/1468-0009.12458.
- Mathias, Steve, Karen Tee, Warren Helfrich, Krista Gerty, Godwin Chan, and Skye Pamela Barbic. 2022. "Foundry: Early Learnings from the Implementation of an Integrated Youth Service Network." *Early Intervention in Psychiatry* 16:410-418. doi:10.1111/eip.13181.
- Marchand, Kirsten, Corinne Tallon, Christina Katan, Jill Fairbank, Oonagh Fogarty, Katrina Marie Pellatt, Roxanne Turuba, Steve Mathias, and Skye Barbic. 2021. "Improving Treatment Together: a Protocol for a Multi-Phase, Community-Based Participatory, and Co-Design Project to Improve Youth Opioid Treatment Service Experiences in British Columbia." *Addiction Science and Clinical Practice* 16(53):1-11. doi: 10.1186/s13722-021-00261-7.
- Marshall, Zack, Stephanie Nixon, Denise Nepveux, Tess Vo, Ciann Wilson and Sarah Flicker, Alex McClelland, and Devon Proudfoot. 2012. "Navigating Risks and Professional Roles: Research with Lesbian, Gay, Bisexual, Trans, and Queer Young People with Intellectual Disabilities." *Journal of Empirical Research on Human Research Ethics* 7(4):20–33: doi:10.1525/jer.2012.7.4.20.
- Maynard, Robyn. 2017. *Policing Black Lives: State Violence in Canada from Slavery to the Present*. Halifax, NS: Fernwood Publishing.

- McCabe, Erin, Mungunzul (Megan) Amarbayan, Sarah Rabi, Justino Mendoza, Syeda Farwa Naqvi, Kalpana Thapa Bajgain, Jennifer D. Zwicker, and Maria Santana. 2022. "Youth Engagement in Mental Health Research: a Systematic Review." *Health Expectations* 26:30-50. doi:10.1111/hex.13650.
- McCluskey, Ken W., Philip A. Baker, and Andrea L. A. McCluskey. 2005. "Creative Problem Solving with Marginalized Populations: Reclaiming Lost Prizes Through In-the-Trenches Interventions." *Gifted Child Quarterly* 49(4):330-341.
- McDonald, Lynn, Tammy Conrad, Anna Fairlough, Joan Fletcher, Liz Green, Liz Moore, and Betty Lepps. 2009. "An Evaluation of a Groupwork Intervention for Teenage Mothers and Their Families." *Child and Family Social Work* 14:45-57. doi:10.1111/j.1365-2206.2008.00580.x.
- Mertens, Donna M. 2021. "Transformative Research Methods to Increase Social Impact for Vulnerable Groups and Cultural Minorities." *International Journal of Qualitative Methods* 20:1-9. doi: 10.1177/16094069211051563.
- Morrow, Marina and Lorraine Malcoe, eds. 2017. *Critical Inquiries for Social Justice in Mental Health*. University of Toronto Press.
- Nelson, Geoffrey, Issac Prilleltensky, and Heather MacGillivray. 2001. "Building Value-Based Partnerships: Toward Solidarity with Oppressed Groups." *American Journal of Community Psychology* 29(5):649-677. doi:10.1023/A:1010406400101.
- Nortvedt, Line, Cecilie F. Olsen, and Hege Sjølie. 2022. "Young People's Involvement in Welfare Service Development—Is Voice Enough?—a Thematic Synthesis of Qualitative Studies." *Health Expectations* 25:1464-1477. doi:10.1111/hex.13485.
- Omstead, Darlene, Claudia Canales, Rosemary Perry, Ken Dutton, Catherine Morrison, and Penelope Hawe. 2009. "Learning from Turbulent, Real-World Practice: Insights from a Whole-School Mental Health Promotion Project." *Advances in School Mental Health Promotion* 2(2):5-16. doi:10.1080/1754730X.2009.9715700.
- Peter, Tracey, Catherine Taylor, and Christopher Campbell. 2016. "'You Can't Break... When You're Already Broken': the Importance of School Climate to Suicidality Among LGBTQ Youth." *Journal of Gay and Lesbian Mental Health* 20(3):195-213. doi:10.1080/19359705.2016.1171188.
- Poland, Blake, Heather Graham, Elaine Walsh, Paul Williams, Leslie Fell, Janet M. Lum, Jessica Polzer, Saddaf Syed, Stacey Tobin, Gregory Kim, and Gail Yardy. 2005. "'Working at the Margins' or 'Leading from Behind'?: a Canadian Study of Hospital-Community Collaboration." *Health and Social Care in the Community* 13(2):125-135. doi:10.1111/j.1365-2524.2005.00542.x.

- Ramsay, Jason T., Peter Smith, Alison Thompson, Patricia O'Campo, Rosane Nisenbaum, Priya Watson, Laura Park-Wylie, Toba Bryant, Reena Tandon, and Mohammed Farah. 2012. "Evaluating Perceptions of the Effectiveness of the Community Advisory Panel Model for Enhancing Service Delivery to Marginalized Populations." *Public Health Nursing* 29(4):302-312. doi:10.1111/j.1525-1446.2011.00964.x.
- Reading, Charlotte and Fred Wien. 2013. *Health Inequalities and Social Determinants of Aboriginal People's Health*. Prince George: National Collaborating Centre for Aboriginal Health.
- Reaume-Zimmer, Paula, Ranjith Chandrasena, Ashok Malla, Ridha Joobar, Patricia Boksa, Jai L. Shah, Srividya N. Iyer, and Shalini Lal. 2019. "Transforming Youth Mental Health Care in a Semi-Urban and Rural Region of Canada: a Service Description of ACCESS Open Minds Chatham-Kent." *Early Intervention in Psychiatry* 13(Suppl. 1):48-55. doi: 0.1111/eip.12818.
- Ruiz-Casares, Mónica, Lauren Kolyn, Richard Sullivan, and Cécile Rousseau. 2015. "Parenting Adolescents from Ethno-Cultural Backgrounds: a Scan of Community-Based Programs in Canada for the Promotion of Adolescent Mental Health." *Children and Youth Services Review* 53:10-16. doi:10.1016/j.childyouth.2015.03.021.
- Sangill, Carina, Niels Buus, Lisbeth Hybholt, and Lene Lauge Berring. 2019. "Service User's Actual Involvement in Mental Health Research Practices: a Scoping Review." *International Journal of Mental Health Nursing* 28:798-815. doi:10.1111/inm.12594.
- Settipani, Cara A., Lisa D. Hawke, Kristin Cleverley, Gloria Chaim, Amy Cheung, Kamna Mehra, Maureen Rice, Peter Szatmari, and Joanna Henderson. 2019. "Key Attributes of Integrated Community-Based Youth Service Hubs for Mental Health: a Scoping Review." *International Journal of Mental Health Systems* 13(52):1-26. doi: 10.1186/s13033-019-0306-7.
- Smith, Dorothy E. 2005. *Institutional Ethnography: A History for People*. AltaMira Press.
- Smith, Dorothy E. 1989. *The Everyday World as Problematic: A Feminist Sociology*. Northeastern University Press.
- Sue, Derald Wing. 2010. *Microaggressions and Marginality: Manifestation, Dynamics, and Impact*. John Wiley and Sons, Inc.
- Stuart, Heather, Shu-Ping Chen, Romie Christie, Keith Dobson, Bonnie Kirsh, Stephanie Knaak, Michelle Koller, Terry Krupa, Bianca Lauria-Horner, Dorothy Luong, Geeta Modgill, Scott B. Patten, Mike Pietrus, Andrew Szeto, and Rob Whitley. 2014. *The Canadian Journal of Psychiatry* 59(Supplement 1):S13-S18.

- Sundar, Purnima, Sarah Todd, Evangeline Danseco, Laura-Jean Kelly, and Sandra Cuning. 2012. "Toward a Culturally Responsive Approach to Child and Youth Mental Health Practice: Integrating the Perspectives of Service Users and Providers." *Canadian Journal of Community Mental Health* 31(1):99-113. doi:10.7870/cjcmh-2012-0008.
- Tellier, Pierre-Paul, M. Brett Cooper, Neal D. Hoffman, David A. Klein, Katleen K. Miller, Michelle Pardee, Caitlin Ryan, Warren M. Seigel, and Mai-Anh Tran Ngoc. 2022. "Recommendations for Promoting the Health and Well-being of Sexual and Gender-Diverse Adolescents Through Supportive Families and Affirming Support Network." *Journal of Adolescent Health* 70: 692-696. doi.org/10.1016/j.jadohealth.2022.01.124.
- Tilleczek, Kate, Moira Ferguson, Valerie Campbell, and Katherine Elizabeth Lezeu. 2014. "Mental Health and Poverty in Young Lives: Intersections and Directions." *Canadian Journal of Community Mental Health* 33(1):63-76.
- Ungar, Michael, Patrick McGrath, David Black, Ingrid Sketris, Shelly Whitman, and Linda Liebenberg. 2015. "Contribution of Participatory Action Research to Knowledge Mobilisation in Mental Health Services for Children and Families." *Qualitative Social Work* 14(5):599-615. doi:10.1177/1473325014566842.
- Usher, Susan and Jean-Louis Denis. 2022. "Network-Building by Community Actors to Develop Capacities for Coproduction of Health Services Following Reforms: a Case Study." *Health Expectations* 25:2275-2286. doi:10.1111/hex.13491.
- Van Doesum, Karin T. M., Joanne Riebschleger, Jessica Carroll, Christine Grové, Camilla Lauritzen, Elaine Mordoch, and Annemi Skerfving. 2016. "Successful Recruitment Strategies for Prevention Programs Targeting Children of Parents with Mental Health Challenges: an International Study." *Child and Youth Services* 37(2):156-174. doi:10.1080/0145935X.2016.1104075.
- Vermeer, Julianne, Kate Battista, Scott T. Leatherdale. 2021. "Examining Engagement with Public Health in the Implementation of School-Based Health Initiatives: Findings from the COMPASS Study." *Journal of School Health*. 91(10):825-835.
- Vitopoulos, Nina A., Tyler J. Frederick, Scott Leon, Mardi Daley, Carol McDonald, Shaniah Morales, Leysa Cerswell Kielburger, Sue Cohen, Karen Eacott, Carol Howes, Rose Gutierrez, Karen McGavin, Kamika Peters, Julia Vanderheul, Kwame McKenzie, and Sean A. Kidd. 2018. "Development of a Complex Tertiary Prevention Intervention for the Transition out of Youth Homelessness." *Children and Youth Services Review* 94:578-588. doi:10.1016/j.chilyouth.2018.08.038.

- Walker, Jason, Sandra Harris, Jennie Thomas, Miranda Mae Phillips, and Andjelka Stones. 2018. "A National Legacy Framework for Comprehensive and Sustainable Access to Mental Health Services for Indigenous Children and Youth Mental Health in Canada." *The Canadian Journal of Native Studies* 38(2):145-164.
- Weber, Lynn. 2010. *Understanding Race, Class, Gender and Sexuality: A Conceptual Framework*. McGraw-Hill.
- Wexler, Lisa, Jennifer White, and Bridie Trainor. 2015. "Why an Alternative to Suicide Prevention Gatekeeper Training is needed for Rural Indigenous Communities: Presenting an Empowering Community Storytelling Approach." *Critical Public Health* 25(2):205-217. doi:10.1080/09581596.2014.904039.
- Wisdom2Action. 2023. "Who We Are?" Retrieved November 22, 2023 (<https://www.wisdom2action.org/about/>).
- Woodford, Michael R., Megan S. Pacey, Alex Kulick, and Jun Sung Hong. 2015. "The LGBQ Social Climate Matters: Policies, Protests, and Placards and Psychological Well-Being Among LGBQ Emerging Adults." *Journal of Gay & Lesbian Social Services* 27(1):116-141, doi:10.1080/10538720.2015. 990334.
- Wray-Lake, Laura and Laura S. Abrams. 2020. "Pathways to Civic Engagement Among Urban Youth of Color." *Monographs of the Society for Research in Child Development* 85(2):7-154. doi:10.1111/mono.12415.
- Yamaguchi, Sakiko, Josie Tuong, E. Kay M. Tisdall, Naïma Bentayeb, Alexandra Holtom, Srividya N. Iyer, and Mónica Ruiz-Casares. 2023a. "'Youth as Accessories': Stakeholder Perspectives on Youth Participation in Mental Health Policymaking [Part II]." *Administration and Policy in Mental Health and Mental Health Services Research* 50:84-99. doi:10.1007/s10488-022-01230-1.
- Yamaguchi, Sakiko, Naïma Bentayeb, Alexandra Holtom, Paula Molnar, Teodora Constantinescu, E. Kay M. Tisdall, Josie Tuong, Srividya N. Iyer, and Mónica Ruiz-Casares. 2023b. "Participation of Children and Youth in Mental Health Policymaking: a Scoping Review [Part I]." *Administration and Policy in Mental Health and Mental Health Services Research* 50:58-83. doi:10.1007/s10488-022-01223-0.

Appendix A: Invitation to Participate

Title of Research: Diversifying Discourse: Best Practices for the Effective Engagement of Equity Deserving Youth in Mental Health Advocacy

Researcher: Victory Angeli (they/them)

Research Supervisor: Dr. Margaret Robinson (she/her)

Invitation to Participate

You are invited to participate in a research project on integrated youth services. If you agree to participate, please email the researcher (Victory Angeli) at v.angeli@dal.ca.

Purpose and Description of the Research

This research project explores best practices for engaging equity-deserving youth in [country's] mental health advocacy. Previous studies find that historically marginalised youth, like Black, Indigenous, or low-income identifying people, tend to be under-represented in advocacy efforts. Further inclusion of diverse voices can improve the accessibility, relatability, and effectiveness of advocacy efforts. By interviewing young people involved with [Catalyst], a national charity empowering young people in mental health leadership, this study hopes to further understand what engages under-represented youth in mental health advocacy and what could be done better.

The lead researcher is looking for youth with some level of involvement, former or ongoing, in [Catalyst's] programs. Study participants must be able to comment on their experiences with [Catalyst] with some degree of self-reflection. You may be eligible for this study if you have attended a [Gathering], participate(d) in a [Branch], act(ed) as a [Presenter,] or serve(d) as a [youth advisor]. Priority will be given to youth identifying as Black, Indigenous, low-income, or male, since these are the demographics currently under-represented across [Catalyst] programs. There is further interest in the [Region], and priority will be given to volunteers residing in [specific locations].

This research is being completed as a part of the requirements for a Master of Arts degree in the Department of Sociology and Social Anthropology, through Dalhousie University in Halifax, Nova Scotia.

What Will be Required of Participants

Once a participant contacts the researcher (Victory), the researcher will send the consent form. The researcher will give you time to read over the form, ask questions, and sign whenever you feel ready. Two copies of the consent form will be kept, one by the participant and another by the researcher.

Participant involvement in the research process includes a semi-structured interview. This interview will be planned around the participants' schedule, will take around an hour, and will be held over Microsoft Teams. Participants will be asked a handful of questions on their involvement with [Catalyst], with a focus on engaging youth populations thus under-represented in [Catalyst's] programming. The researcher will record each interview (audio and visual) for transcription. Participants will receive copies of their individual transcripts after the interview, and will be asked to review the data for accuracy.

While writing up the data, the researcher (Victory) may require clarification of something said in an interview. The participant who completed the interview will be emailed to confirm an appropriate understanding of their story. This may not occur for all participants. Should clarification be requested, the response should take no more than half an hour of the participant's time. All communication will take place in English.

Participation is Voluntary; Right to Withdraw Without Negative Consequences

Participation in this research project is 100% voluntary. Participants may skip over any of the interview questions, answer with any amount of detail, and leave the interview at any time. They can ask for the recording to stop at any time. Participants can request for their information to be taken out of the study, even after their interview ends. There will be no penalties for skipping a question, stopping the recording, leaving the interview, or withdrawing comments. If a participant chooses to leave their interview early, their comments are not necessarily deleted from the study. The researcher (Victory) will follow up with them regarding the participant's contributions. If the participant does not respond, their comments will not be used.

With Respect to Potential Benefits and Potential Harms:

People who participate in the interviews get the opportunity to share their experiences with [Catalyst] under confidentiality. This process may allow participants to realise new things about their engagement with [Catalyst], come to terms with past mental health struggles, or feel inspired to make services even stronger.

This project may benefit [Catalyst] by providing feedback on engaging under-represented youth across their programs. This project may also benefit the wider [Country's] society by contributing to our shared understanding around building equitable mental health services. A better understanding of youth engagement in advocacy may help community leaders responsibly support youth from historically disadvantaged communities.

There are psychological and social risks to participation. Participants will be asked to describe their experiences with an existing mental health organisation, which can be uncomfortable. Depending on the participant's living conditions, complete privacy may not be possible. There could be stigma and shame associated with being overheard by a family member or a roommate.

Confidentiality and Anonymity

Participant identity will only be known to the researcher (Victory Angeli) and their thesis supervisor (Dr. Margaret Robinson). The researcher will conduct all interviews, do the transcripts, and hold on to copies of interview recordings. All research material will be digitally stored on a Dalhousie-affiliated OneDrive account and password-protected. Identifying information is accessible only to Victory and may be shared with the research supervisor, Dr. Robinson, in extenuating circumstances (i.e., to guarantee a participant's immediate safety).

The researcher (Victory) will remove as much identifying information as possible, without compromising the value of the results before any of their research is published or presented. Individuals and organisations will be given pseudonyms. The researcher will make every effort to ensure participant confidentiality throughout the project.

Victory is under a duty to report. Participant identity will be disclosed to the appropriate personnel, including social service personnel and emergency responders, if there is an immediate risk of physical harm to either the participant or another person. This is the sole exception to confidentiality.

Miscellaneous

The lead researcher will permanently delete all interviewees' contact information two months after the end date of their research project, set at February 1, 2023. De-identified transcripts will be kept for five years after the project's end date.

Individuals who are selected for participation, and who attend the interview, will receive a \$25 digital grocery gift card to the store of their choice. This is an honorarium, and an expression of gratitude for participants' time.

Contact Information

[Victory's contact information]

[Dr. Margaret Robinson's contact information]

Appendix B: Participant Intake Form

Introduction:

Thank you for your interest in the student-led research project, *Diversifying Discourse!* Filling out this form takes you one step closer to meaningful participation.

The purpose of this form is twofold:

- 1) To confirm your eligibility for the study; and
- 2) To gather contact information for follow-up purposes.

Mandatory questions within this form are marked with a red star. They include basic contact information and eligibility criteria, which is required for you to be interviewed. All other questions, which focus on demographics, are optional. This information is collected for participant selection purposes, where Victory strives to interview people from a variety of backgrounds. If you choose to skip a question, the information requested will simply not be considered in your case. If you wish to exit the assessment, simply close your browser tab. Your responses will NOT be shared with us.

When you do answer a question, please read the question carefully. We look to represent your opinions and perceptions truthfully, and we wish to avoid any misreading.

When you submit this form, your data will be saved on a private and password-protected OneDrive account affiliated with Dalhousie University. Your data is accessible only to Victory, who may elect to share relevant details with Dr. Margaret Robinson, their supervisor.

If you have any questions or concerns, please email Victory Angeli (they/them) at v.angeli@dal.ca. Victory is the lead investigator for *Diversifying Discourse*. Research ethics approval has been granted by Dalhousie University: REB File 2023-6762.

1. By proceeding, you consent to completing this form.
() Proceed

Contact Information:

This section asks for your contact information. You are asked to provide your name and email address for communications related to this study. All questions in this section are mandatory.

2. What is your full name? *

3. What is your preferred email address? *

Eligibility:

This section confirms your eligibility to participate. All questions in this section are mandatory.

4. Are you aged 18 or older? *

Yes

No

5. Have you been engaged with [Catalyst] in some capacity? (e.g., you were a [Branch] member, a [Presenter], [an advisory position], or a [Gathering] delegate.)*

Yes

No

6. Are you willing to discuss your volunteer experiences with [Catalyst]?*

Yes

No

7. Do you identify with a group under-represented in [Catalyst]'s youth network?
(e.g., you identify as Black, Indigenous, low-income, or male.)*
 Yes
 No
8. Are you able to complete a one-hour interview in English? (Interviews will be scheduled around your availability if you are selected for this study.)*
 Yes
 No

Demographics Information:

This section asks you to self-identify regarding gender, ethnicity, location, and social class. This information helps Victory select participants with a broad range of life experiences. All questions in this section are optional.

If you prefer not to answer a question, simply leave it blank.

9. What is your gender identity? (e.g., male, female, non-binary, two-spirit).

10. What are your pronouns? (e.g., they/them, he/him, she/her).

11. Do you identify as a transgender person? (A transgender person is someone whose gender identity differs from their sex assigned at birth.)
 Yes
 No
 I'm questioning

12. What is your ethnic background? (e.g., Black, Caucasian, Indigenous, Middle Eastern). Please list all that apply.

13. Do you identify as someone with low income? (i.e., your family makes less than 40,000 dollars per year, or you make less than 33,000 a year if you live alone and receive no financial support).

Yes

No

I'm not sure

14. Where do you currently live?

[List of provinces or states, with an additional option that says, "I live outside of the country.]

Appendix C: Participant Informed Consent Form

Project Title: Diversifying Discourse: Best Practices for the Effective Engagement of Equity-Deserving Youth in Mental Health Advocacy

Researcher: Victory Angeli

Participant's Name: (please print clearly): _____

Date: _____

Participation in the Study: I have read the invitation to participate for “Diversifying Discourse: Best Practices for the Effective Engagement of Equity-Deserving Youth in Mental Health Advocacy,” and I freely consent to the participate in the interview. I understand the possible consequences of the study. I understand that what I say will remain confidential. I am aware that I do not have to answer any questions asked by the researcher if I do not wish to. All my questions about this study have been answered, and I am fully aware of my right to end the interview at any point and for any reason.

Participant signature: _____

Date: _____

Permission to Record the Interview: I freely consent to the audio and visual recording of the interview process. I understand that the researchers of “Diversifying Discourse: Best Practices for the Effective Engagement of Equity-Deserving Youth in Mental Health Advocacy” will have my personal information and proof my participation in the study. I understand that this information will remain confidential. I also understand that I can stop the recording process at any time and for any reason.

Participant signature: _____

Date: _____

Future use of Data: By checking the following options, I freely consent to the use of data arising from my interview in knowledge dissemination efforts other than the production of a Master's thesis. This may include academic publications, conference proceedings, and community-based talks. I understand that my data will only be shared in a de-identified form, where third parties will not obtain any personal information or proof of my participation in this study:

- I consent to the use of my de-identified data in future academic publications.
- I consent to the use of my de-identified data in formal conference proceedings.
- I consent to the use of my de-identified data in community knowledge settings, such as informal workshops.
- I would like to be emailed the products arising from this research, such as a copy of the completed Master's Thesis, finalised drafts of research articles, and presentation summaries.

Participant's signature: _____

Date: _____

Contact Information

[Victory's contact information]

[Dr. Margaret Robinson's contact information]

Appendix D: Mental Health Resources

Please note that all resources are available across [Country], at no charge to the user. Services are accessible 24/7 unless specified otherwise.

General Populations:

[Federal crisis response hotline]

[Youth-specific, region-restricted phone service]

[Youth-specific, region-restricted text service]

7 Cups, online peer support: <https://www.7cups.com/>

Wellness Together, text support: Text WELLNESS to 741741

Resources for 2SLGBTQIA+ Populations:

The Trevor Project, phone line: 1-866-488-7386

[Region-restricted text line]

Resources for Indigenous Populations:

[Country-specific crisis response hotline]

[Country-specific residential schools crisis line]

Resources for Black Populations:

[Country-specific crisis response hotline]

[Country-specific crisis response text service]

If you are unsure who to call, you may wish to ask [government service].

Appendix E: MOU

Memorandum of Understanding

REGARDING

Diversifying Discourse

BETWEEN

[Catalyst]

and

Victory Angeli

April 2023

Background

[Catalyst], a [nonprofit body] empowering young people in mental health leadership, informs critical advocacy efforts in the [Country] context. [Catalyst] is known for its [Branches, Presentations, and Gatherings], which provide distinct community engagement opportunities for diverse youth. [Catalyst's] production of [Name of Text], and their centring of youth-informed projects in their annual reporting, situates them as a youth-friendly organisation. [Catalyst] occupies a distinct position in the [Country] mental health economy, and knowledge translation tailored to the [Catalyst] context could produce programmatic shifts maximising benefits for historically marginalised communities.

Victory Angeli (they/them) is a Master of Arts student at Dalhousie University's Department of Sociology and Social Anthropology. Victory is completing research as a part of their thesis requirement and plans to engage [Catalyst] as an independent community partner.

To facilitate the partnership between [Catalyst] and Victory Angeli, the following Memorandum of Understanding outlines responsibilities of both parties, as well as the deliverables and boundary work necessary for producing a successful project.

Project Overview

Including diverse voices can improve the accessibility, relatability, and effectiveness of social organising. This is a phenomenon that Victory hopes to explore across North American organisations, and of which [Catalyst] is a case study. Previous sociological research finds that historically marginalised youth, like Black, Indigenous, or low-income identifying people, tend to be under-represented in mental health advocacy efforts. Victory hopes to understand which practices engage under-represented youth in mental health advocacy, as evidenced by their Master's project, and identify what can be done better.

Victory's project, *Diversifying Discourse: Best Practices for the Effective Engagement of Equity-Deserving Youth in Mental Health Advocacy*, addresses three questions:

1. How are the practices that shape sustainable engagement of equity-deserving youth in [Country's] mental health advocacy socially constructed?
2. What socially constructed factors stand in the way of meaningful engagement of equity-deserving youth by [Country's] mental health advocacy organisations?
3. What institutional transformations are necessary for [Country's] mental health advocacy organisations to sustain meaningful relationships with equity-deserving youth?

To answer these questions, Victory will interview 12-15 youth about their experiences as a [Catalyst volunteer]. Potential participants include current and former [volunteers] who have experience as a [Gathering] attendee, [Branch] member, [Presenter], or a [youth advisor]. Recruitment will focus on youth identifying with Black, Indigenous, low-income communities, and those who identify as male, as these demographics are currently under-represented across [Catalyst's] programs. To understand [region's] experiences, priorities will also be given to participants residing in [provinces/states]. Participants must be 18+ and able to converse in English.

Roles and Responsibilities

As part of the partnership, **Victory** will:

1. Ensure timely communication with [Catalyst].
 - a. Respond to emails within 48 hours, except for vacation time communicated to [Catalyst] two weeks in advance.
 - b. Schedule and attend video calls as necessary.
 - c. Share major research milestones with [Catalyst] (e.g., sending [Catalyst] staff the research ethics application before submission to Dalhousie University), and provide regular project updates even in the absence of major milestones.

- d. Proactively communicate delays, such as extended interactions with research ethics board personnel.
 2. Follow best practices stemming from the field of sociology.
 - a. Complete regular check-ins with thesis supervisor (Dr. Margaret Robinson) and thesis committee member (Dr. Brenda Beagan).
 - b. Follow rigorous research practices accepted in the field.
 - c. Manage research ethics requirements through ethics boards affiliated with Dalhousie University.
 3. Support young people participating in *Diversifying Discourse*.
 - a. Clearly explain the position of the researcher, a Master's student acting independently of [Catalyst].
 - b. Encourage research-related inquiries to be directed toward Victory rather than the [Catalyst] team.
 - c. Ensure confidentiality between research participants and [Catalyst], where Victory will: (1) refrain from sharing [Catalyst's] internal policies and any personal sentiments toward the organisation with participants; and (2) keep interview data anonymous so participant identities are known only to Victory and their thesis committee members.
 - d. Make every reasonable effort to produce responsible research that accurately reflects participant narratives and manages researcher bias.
 4. Engage in responsible knowledge translation.
 - a. Share key findings with [Catalyst] staff following data collection, and towards the end of the research project.
 - b. Share a full copy of the thesis with [Catalyst] staff, upon completion of the final draft.
 - c. Respect [Catalyst's] privacy, anonymising all organisational data before dissemination with any public audience.

As part of the partnership, [**Catalyst**] will be accountable for the following:

1. Ensure timely communication with Victory.
 - a. Respond to emails within five business days, or in accordance with internal best practices. Exceptions made for office closures and vacation time.
 - b. Schedule and attend video calls as necessary.
 - c. Troubleshoot misunderstandings with patience and empathy.
 - d. Consider and comment on Victory's progress reports, asking follow-up questions and making suggestions as necessary.
 - e. Communicate changes in organisational policy (e.g., production of a new equity, diversity and inclusion framework) with Victory, as deemed relevant to their project.
 - f. Communicate concerns with the project. Please direct inquiries to Victory (v.angeli@dal.ca), and if the problem persists, contact Dr. Margaret Robinson (mrobinson@dal.ca).
 - g. Remain open-minded to emergent calls for support (e.g., help editing a participant information document to ensure [Catalyst] is accurately represented).
2. Support academic work in the social sciences.
 - a. Communicate on an ad hoc basis with Victory's supervisor, Dr. Margaret Robinson (mrobinson@dal.ca), as required.
 - b. Make space for delays in progress, stemming from university bureaucracies.
 - c. Recognise that organisation-specific data will be accessible to Victory's committee members, and possibly research ethics boards at Dalhousie University.
 - d. Proactively inquire about academic methods if they are unfamiliar or unintuitive, recognising that research norms vary across disciplines.
3. Participate in knowledge translation,
 - a. Support the sharing of key findings where appropriate (e.g., circulating findings to relevant staff members).

- b. Provide reasonable consideration to key conclusions, including findings that are critical of [Catalyst] and recommendations for organisational change.
- c. Proactively maximize the impact of *Diversifying Discourse* (i.e., introducing Victory to community partners interested in key findings, recommend research conferences attracting relevant audiences).

Both partners recognise that this is a working document and is meant as an outline of a healthy relationship rather than a rigid list of responsibilities. Both parties agree to prioritize respectful communication and resolve conflicts before they grow.

[Organisational-specific timeline for knowledge translation efforts.]

If you agree to the terms laid out in this Memorandum of Understanding, please sign and date the document, then email to Victory Angeli (v.angeli@dal.ca). Please keep one copy for your record, and Victory will keep a separate copy on their end.

[Signatures.]