
CANADIAN YOUTH CONSULTATION SUMMARY IN ADVANCE OF THE 74th WORLD HEALTH ASSEMBLY



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PREPARED ON APRIL 23rd, 2021

REVISED ON MAY 10th, 2021

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Incorporating the youth voice into policy decisions is essential, as it can help increase the trust youth have in these systems. Most importantly, when considering youth's voices it is also essential to incorporate the voices of those youth that are most vulnerable and marginalized. We need to extend these discussions beyond the university and privileged circles, trying to focus on including youth from lower income areas and youth with other marginalized identities.

The youth voice is the voice of tomorrow.





Biography of the Canadian Youth Delegate, 2021

Canadian Youth Delegate, 2021: Surabhi Sivaratnam

Surabhi Sivaratnam is a Sri Lankan-Canadian, first-generation immigrant, grateful settler, woman of colour, child of refugees, and most importantly, an unrelenting advocate for equity. While working with Toronto District School Board Officials and Indigenous Elders in high school to create decolonizing policies, she learned about the health disparities faced by Indigenous peoples. She also saw inequities impact her low SES community, where many faced food insecurity and could not afford non-covered healthcare expenses. Hoping to mitigate health inequity, she pursued and completed her undergraduate studies at McMaster University in Health Sciences. She is currently completing her M.D. at McMaster University's Undergraduate Medical Program, and is concurrently taking open global health courses at Yale University. Surabhi is also humbled to be working on various international research projects, as a clinical research project assistant at SickKids Hospital. She is also grateful to have co-chaired the 2020-2021 TEDxMcMasterU Conference.

A letter from the Canadian Youth Delegate:

"Hello and Bonjour!"

My name is Surabhi Sivaratnam (SUE-ra-bee SEE-vuh-rat-numb, she/her), and as the 2021 Canadian youth delegate to the 74th WHA and the 59th PAHO DC, I will be joining the rest of the Canadian delegation in representing Canada at these international meetings. This delegation consists of a civil society representative, and leaders and staff members from the Office of International Affairs for the Health Portfolio (Public Health Agency of Canada), Global Affairs Canada, and Health Canada.

As the Canadian youth delegate, it is my vision to inspire and evoke interest in global and international public health diplomacy, policy, and programming. I also hope to effectively and compassionately represent Canadian youth and the issues in global health that matter most to them. It is with this vision, that I ask you to please engage with the various ideas shared by youth in this document. I sincerely believe that there is great power and value in listening and incorporating youths' voices. I sincerely believe that the youth voice is the voice of tomorrow.

Thank you sincerely for taking the time and energy to be a part of this movement!

Kind regards,

- Surabhi Sivaratnam"



Youth Consultation Process Overview

Consulting with Canadian youth across the country on pertinent global health issues, has been an incredible privilege and honour. Youth are the leaders of tomorrow, and hearing the brilliant and thoughtful ideas they had to address the solutions of today brings immense hope and excitement for the future of Canada.

Over a year into the global COVID-19 pandemic, and amidst its third wave, the first topic of discussion was “Mental Health Preparedness for and in response to the COVID-19 pandemic”. As many youth leaders have highlighted, COVID-19 is not an equalizer — rather, this pandemic has highlighted the immense discrepancies in access to and social determinants of health. As such, the second topic of discussion during these youth consultations was “Social Determinants of Health”.

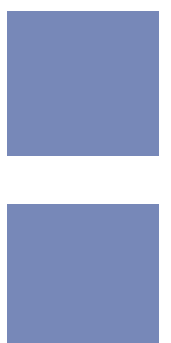
Some of the guiding questions and discussion points are as follows:

Mental Health Preparedness for and in response to the COVID-19 pandemic

- From a Canadian youth lens, what priorities or key messages would you like to see reflected in Canada’s statement on the topic of mental health amidst a pandemic?
- Who should be included in ‘vulnerable groups’ and ‘people in vulnerable situations’ (including populations in conflict-affected areas and settings prone to natural disasters) in the context of the pandemic and mental health?
- How are youth’s mental health affected by the global pandemic?
- What role does youth play during a pandemic and how can youth play a bigger role in mitigating the impact on mental health for all?

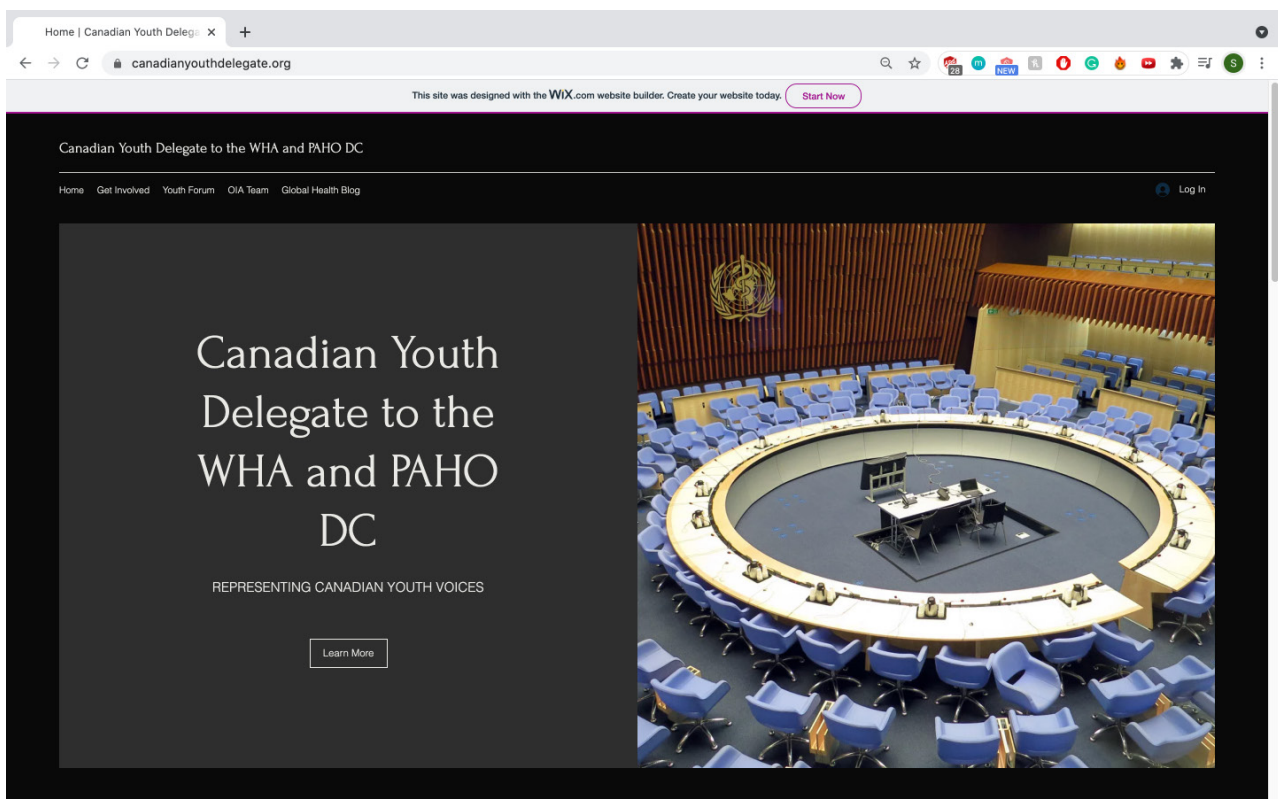
Social Determinants of Health

- The WHO Constitution highlights “the need to focus not only on reducing disease, but also on tackling its root causes. This involves systematically addressing social, environmental and economic determinants of health” — how are youth affected by these root causes? What other root causes contribute to one’s susceptibility to disease?
- What are critical pieces to include in the “Social Determinants of Health” resolution at the 74th World Health Assembly (WHA)?
- From a Canadian youth lens, what priorities/statements/commitments would you want to see reflected in a resolution document agreed upon at the WHA, on the topic of “Social determinants of health”?
- Who should be included in ‘vulnerable groups’ and ‘people in vulnerable situations’ in the context of the pandemic and mental health?
- What implications does COVID-19 have on social determinants of health?



2021 Youth Consultation Process Highlights

- [Youth global health forum](#) (hyper-linked)
 - This was space for youth to have asynchronous discussions with one another on topics relevant to the 74th World Health Assembly, via an online forum
- [Consultation form](#) (hyper-linked)
 - This was a form through which youth could asynchronously share their ideas and insight on topics that will be discussed at the 74th World Health Assembly
- [Roundtable Discussions](#) (hyper-linked)
 - This was an opportunity for Canadian youth to participate in virtual roundtable discussions with other youth from across the country.
- Multiple Roundtable Discussion with various youth leaders from across Canada
- Written feedback via email, Facebook, Instagram, Twitter
- One-on-one exchanges via phone call meetings and discussions
- Engagement and updates via www.canadianyouthdelegate.org



Youth's Passion for Global Health

Multiple roundtable discussions and written feedback has led to the following findings shared by Canadian youth consulted in advance of the 74th WHA. The discussions and consultations were grounded in the context of the history of the Canadian WHA youth delegate role, the [World Health Organization](#) and [World Health Assembly](#) purpose and function, and preparatory materials ([provisional agenda for 74th WHA](#)) for the 74th WHA.

Canadian youth were also provided with the following document:

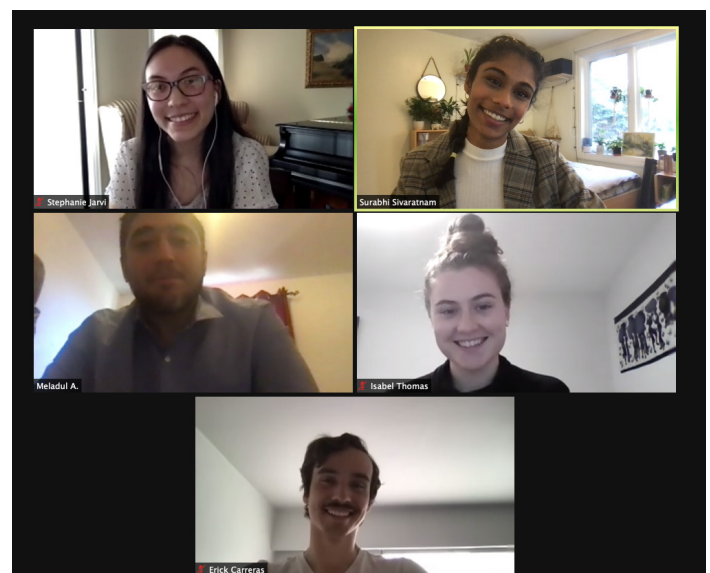
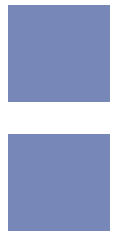
- [“Cheat Sheet - Canadian Youth Delegate Roundtable Consultations”](#)

This document was created with the intent to help youth consider the scope of these discussions and recommendations. The content of this document is informed by the [Executive Board 148/24 Report for WHA74: Social Determinants of Health](#) and the [Executive Board 128/20 Report for WHA74: Mental Health Preparedness and Response for the COVID-19 Pandemic](#).

Canadian youth were asked to share their insights on what global public health issues mattered most to them, and also, why Canadian youth are passionate about global public health. Here are a few select quotes for why Canadian youth are passionate about global public health from consultation attendees/participants:

- “I am really interested in global public health because of the impact policy and advocacy can have. **Having my understanding of health shaped by my experiences living in a low SES single parent household, I saw early on how the health care system really was set up for certain people, and not others. As well, supporting my brother and father who have complex mental, developmental, and physical health conditions I learnt about the non-linearity of health.**”
- “For a large portion of my life I lived in a low-income neighbourhood in the heart of downtown Toronto. The bustling streets may distract you but if you look closely, hidden behind the expensive sky-rises and modern architecture are large populations of homeless people. You will see Canadians who were forced to live in cardboard boxes and under garbage bins during snowstorms, Canadians with disabilities and mental illnesses neglected, and told to fight their own battles... **The current COVID-19 pandemic has only exacerbated the issues that homeless people face on a daily basis.**”
- “**Coronavirus is not the great “equalizer” it is made out to be.** Indigenous, Black and other people of colour constitute the neglected group that was hit the hardest during this pandemic.”
- “**Homelessness is a pandemic that there is no foreseeable end to.** My passion for Global Health stems from the desire to help address inequalities faced by low-income groups in Canada.”
- “I believe our **youth are our future** and by empowering them through knowledge can help us have a healthier society. Youth should learn about healthcare inequality, the importance of mental health and the issues of misdiagnosis. **Because they are the generation that can create change.**”
- “Social determinants of health are more clear than ever, as we see how the pandemic disproportionately affects BIPOC and low income communities. This is a sign that new health-related legislation should focus on prioritization of the working class in such communities.”

I believe that the context in which Canadian youth are able to bring forth their passions and interests into the global public health space is essential to understanding the Canadian youth lens. It is clear that Canadian youth have placed a particular emphasis on the interconnectedness of every global citizen. While we are each unique, and individual contributors to this world, we are also interconnected and mutually dependent on one another; we are not only connected to each other and our communities, but also to the environment and the land we are on.



*“Poverty charges interest.
Social determinants of
health charge interest.”*



SDoH: Low Socioeconomic Status

Overall

Youth identified socioeconomic status as a critical determinant of individuals' susceptibility to disease. The social and economic resources one has shape the health of individuals and communities.

Digital Inequity

COVID-19 has disproportionately affected individuals of lower socioeconomic status. Indeed, youth and children of lower socioeconomic status are more likely to experience digital inequity. With the shift of education being delivered through an elearning format, there are many individuals in low income households who may not be adequately able to participate in such formats due to lack of technological devices. These individuals may also not have caregivers at home who are well-versed in technology. This inaccessibility to technology, not only impedes these individuals' access to education, but it also detrimentally impacts their access to social supports. Without technology, maintaining social connections is exceedingly difficult — thus rendering these individuals more vulnerable to poor mental health outcomes. Furthermore, while some youth might be able to call or enter a zoom call to hang out with friends, people living with a learning disability may be prohibited from doing so as freely — thus making it quite difficult for youth with disabilities to stay connected. The messages coming from the government have not considered the different subpopulations and how different people are being impacted.

Moreover, as these children and youth grow, and become adults, they will face adverse effects as a result of this inequity — this is especially true when considering the fact that youth are in critical developmental periods, and it is at these times that kids can learn health coping strategies. The gap and the inequities that exist when one is going through their developmental years, continues to expand and grow as one reaches adulthood.

Loss of Support Programs for Youth

A lot of the mentorship programs that existed pre-pandemic have now been closed. This can be especially detrimental for individuals of lower socioeconomic status. For example, many children and youth received their only meal of

the day via breakfast programs implemented in school — with these programs no longer existing, many youth are facing food insecurity at alarming levels. These factors do not seem to be taken into consideration when lockdowns are being implemented.

Food insecurity, unsafe environments and lack of social supports

Access to nutritious food, social support, a safe and supportive environment, as well as a stimulatory environment are all key factors that affect one's health, as well as development. However, these various factors are not always available to youth, nor do youth always have control over these. The access to such factors are largely impacted by the region you live in, the income you have, and even the intergenerational trauma you are trying to navigate. These are factors that youth may not have control over.

Front Line Workers

Furthermore, individuals who are of low SES may not have the same luxury of staying home during the pandemic, as many of these individuals are front line workers. The work environment, which often does not have the physical capacity to accommodate social distancing measures, can increase these workers' risk of contracting COVID-10. This not only puts workers at increased risk, but also places their families at increased risk when these workers return home.

Lack of Social Schemes: Inadequate Health Coverage & Paid Sick Leave

CERB

This past summer the Canadian government implemented CERB, to try to address the loss of jobs youth faced as a result of COVID-19. Even this year, a lot of youth had jobs lined up that ended up falling through. These jobs were intended to contribute to their family's income, and help cover their tuition fees.

In addition to the massive wave of unemployment as a result of the pandemic, there was also a shift to underemployment, in which youth were being employed for jobs they were grossly overqualified for. This underemployment can negatively impact one's mental health.

Finally, there are also youth who did not qualify

for CERB — an especially vulnerable group that did not qualify for CERB was sex workers. As a result, many of these youth were pressed to continue working in precarious situations and sex work in order to make ends meet. These youth were also disproportionately affected by COVID-19. These individuals are often not protected by policies and legislation, and are often left out of the conversation.

Paid Sick Leaves

Many of our essential workers need their jobs to make ends meet and keep their families supported. However, when these essential workers contract COVID-19, they are hesitant to get tested, because if they test positive they are sent home without paid sick leave. The governments' recent legislation pass of a max of 3 paid sick leaves is inadequate, especially when considering that self isolation and quarantine policies require a minimum of 14 days. Moreover, the lack of paid sick leave has been detrimental to people's health, livelihood, and has contributed to the inability to slow the progression of this pandemic. Overall, there is a critical need for paid sick leave.

Oftentimes when addressing issues associated with lower incomes, the solutions are surface level. However, these solutions need to go deeper and address the gaps that exist — these gaps include the lack of trust that people of lower SES may have in the system. Other gaps may stem from lack of knowledge translation, where some individuals may not know how to access a doctors appointment — something that people with greater social capital may have more access to.

Health Coverage

Oftentimes, the social production schemes put in place are inadequate for individuals of lower socioeconomic status. A notable example is accessing drug programs and the concepts of deductibles within the context of the COVID-19 pandemic. In order to access drug programs, you often have to pay a deductible. These deductibles are often based on one's taxes from the previous year. However, with COVID-19, many people lost their jobs and were earning an income that was significantly less than the previous year. As such, for these individuals the deductibles were unaffordable to them within the context of their new financial situation. Another concerning example is that many youth are hired on a contract basis, which often does not include health benefits nor coverage. These contract positions can lead to a loss of labor rights and inaccessible health care services.

Overworking

Oftentimes, individuals of lower socioeconomic status are grossly overworked; the corresponding stresses cannot be overstated. There has been a tremendous increase in the number of hours worked by individuals, which can have detrimental effects. The increase

working culture is beginning to mirror that found in Japan, where overworking has led to a spike in suicide rates. There needs to be a shift in labour expectations, as well as within the overall working culture.

Increasing inflation rates without increasing salary rates

Inflation rates have been steadily increasing, and so has the living costs, however salaries have not seen a similar and corresponding increase. When compared to other countries, Canada seems to be lacking in adequate financial compensation for labour. When looking at Australia, the minimum wage is substantially higher than that in Canada, and yet our living costs are quite comparable

Youth underscored solutions implemented in other countries that addressed the culture of overworking, and the inadequate salary rates. These include the following:

- Australia is implementing a nation-wide basic income pilot
- Korea is reducing the number of hours people work by forcefully shutting down computers to promote a healthier work life balance
- Some companies have shifted to a four day work week. Indeed, the original division of an 8 hours for work, 8 hours for sleep and 8 hours for leisure is no longer relevant and sensible for our current working landscape
- More thoughtful taxation — thinking about who you are taxing and how much. Redistributing this taxation to different populations may allow more money to invest into social programs, dental care, and drug plans.

Livable versus Minimum Wage

Youth are pushing for the realization that there is a difference between a minimum wage and livable wage. It can be impossible to make ends meet when on a minimum wage, and this inadequate financial stability can detrimentally impact one's health outcomes, and is thus considered a social determinant of health.

Health Literacy & Knowledge Translation

Ultimately, it is these people who are in these low resource settings, who are the people to which the government should be targeting their policies and their programs. Indeed, people who are more at risk of poor health outcomes may not be reached through the government's current method of health information dissemination (e.g. social media, online methods). Moreover, these individuals may not have the time to engage with these resources.

SDoH: Unstable & Unaffordable Housing

The lack of affordable housing and the subsequent experience of homelessness is another key barrier to good health, and is one of the many root causes that contributes to one's susceptibility to disease.

COVID-19 and individuals experiencing homelessness

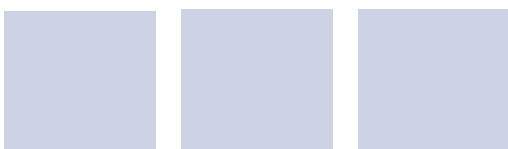
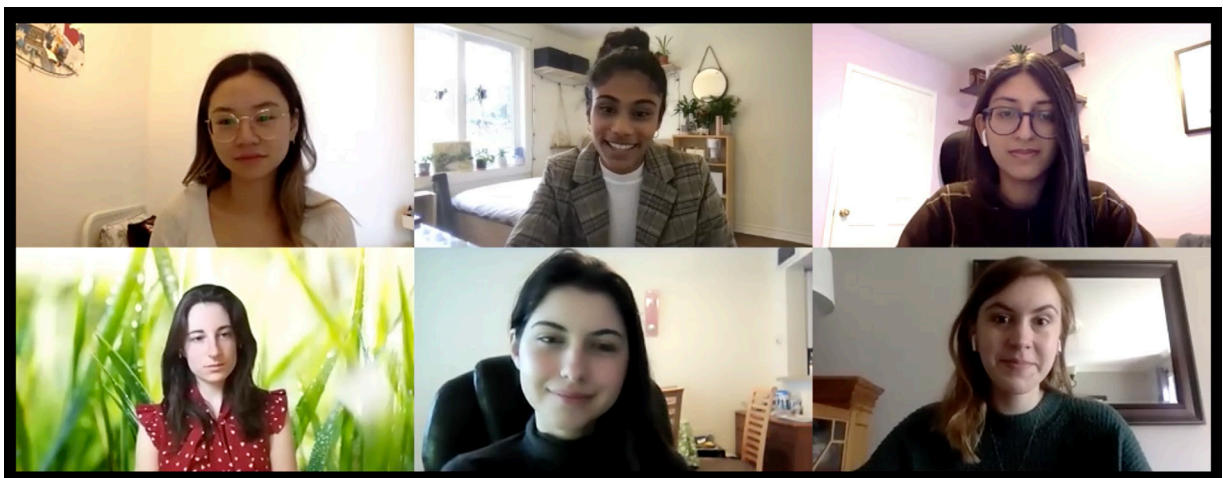
When we are pushing individuals experiencing homelessness to get the vaccine, we need to consider whether or not they will have access to a shelter for the next 14 days. The reality is that most individuals experiencing homelessness will be returning to the streets within the next few days. How are we going to be securing a home for these individuals after they receive the vaccine?

Furthermore, an individual experiencing homelessness will more likely prioritize gaining access to food or a stable home, over getting their COVID-19 vaccine. Thus, when promoting health amidst a pandemic, it is essential that we also pay attention to the key foundations of what comprises wellbeing — this includes stable and affordable housing, as well as access to food.

Finally, youth experiencing homelessness and accessing shelter are especially vulnerable to mental health challenges during this pandemic. Many youth in shelters have to socially isolate themselves whenever there is a COVID-19 outbreak. These youth are at increased risk of mental health challenges, not only from isolation but also from their precarious housing situations.

Youth experiencing homelessness & Disruption in Education Continuation

Housing is becoming increasingly more precarious and unstable for youth. Oftentimes, the reason youth are fleeing the home and accessing shelter resources is due to poor communication in the household. Notably, reasons for poor communication often stem from issues related to cultural backgrounds, sexual identity, and religious beliefs. When youth experience homeless, their education is detrimentally impacted. How can policies support these youth in making up this lost education? How can policies better prevent youth from experiencing a loss in education, or experiencing homelessness? How can the shelter system better support continuation of education?





Violence Against Women, Girls and Children

Overall

During this pandemic we have seen an increase in violence against women, children and girls. While it is important to ensure that these individuals have stable homes in the first place, it is also critical that there are policies enacted that ensure these individuals' are safe when they enter a shelter. In addition to safety, it is important that the shelter system has resources to help women and children maintain their education and career. Overall, these resources should be able to support women and children to not just float through the system, but more importantly to allow them to thrive, as much as possible, through these situations. There needs to be adequate funding for these support systems, especially amidst a pandemic, where violence is increasing in frequencies. A fundamental issue we see, specifically through the youths perspective, is the disparities between the structure we live in and the needs of our communities. For example, youth want to see a shift in funding from the police and military, and towards resources for the community (e.g. counseling services, hotlines).

COVID-19 & Support Services

When women and children are trying to access virtual support and counseling services to aid them in getting through violence in the home, they may be facing privacy barriers with current stay at home orders.

What policies can be put in place to help alleviate and address this issue?

Data Collection

Youth highlighted the need to start collecting data not only on women and children experiencing violence in the home and correspondingly fleeing the home

to access shelters, but also within sub populations (e.g. amongst different sexual identities, SES). Without the collection of this data there is a lack of motivation, evidence, and support for these subpopulations. Increasing the amount of data we have could help improve the decisions implemented by policy makers.

Specific Subpopulations

The following subpopulations were highlighted as being especially vulnerable to violence in the home:

- Individuals with disabilities, both visible and invisible
- Oftentimes policies are catered towards able bodied people, and those with disabilities are not considered
- Sex Workers - Deconstructing violence against women is quite complex but an important topic. In this process of deconstruction, it is critical we consider individuals engaging in sex work. Oftentimes these individuals are pressed to engage in precarious work in order to make ends meet. Moreover, these individuals may not have the time to access health and mental health services.

Pertinent Questions Posed by Youth

Youth raised the following questions in regards to legislation and policies focused on preventing and responding to violence against women, girls, and children:

If and when these people need support, what are the systems and structures doing to support these individuals?

What systems exist to support these women and children before they get to the point where they need to flee the home? Are these individuals supported in reaching out to a hotline or counseling?



Racism as a SDoH

Overall

Youth highlighted the need to recognize that racism is a critical and detrimental health issue, as well as a social determinant of health. There are multiple facets to racism, including systemic and individual racism. Notably, youth highlighted state-inflicted violence, environmental racism, and ongoing colonialism as some of their most pressing concerns.

State-inflicted violence

The consequences of systemic racism are quite profound — most notably, the structural and state-inflicted violence has inflicted so much psychological harm on children and youth. An especially vulnerable group is Black and Indigenous peoples, who often are disproportionately victimized by systemic racism and state-inflicted violence. Racism not only inflicts psychological, mental, and physical harm, but it can also create barriers for racialized individuals to access health services. Many youth highlighted that micro and macro aggressions within the healthcare system are also contributors to poor determinants of health.

Environmental racism

Environmental racism is another big underlying cause to health discrepancies. If the land you are living on is polluted or has high levels of radiation, your health will be detrimentally impacted, and this may also limit the access you have to health resources. The government needs to consider where it is placing its water

waste, dump sites and resource extraction sites — these sites can directly affect people's mental and physical health. Oftentimes, the placements of these sites disproportionately impact marginalized communities. In Canada, there is a history of relegating Indigenous communities to environmental areas that are less desirable and often result in poor health outcomes. Youth also underscored that water boiling advisories should not exist in Canada.

Colonization

Youth highlighted that the ongoing colonization, as well as the white supremacy “saviour” complex can be quite harmful, and often perpetuates a lot of global initiatives. Notably, many organizations go into “developing countries” to provide support, but such support is not longitudinal. Such short-term action leaves many communities without the ongoing support they need. Oftentimes these organizations are also not aligned with the needs of the communities they serve. In order to change and address this issue, we first need to address the fundamental bias that perpetuates these organizations. These organizations should be co-designed, integrating the voices and needs of those with lived experiences into the decision making table. Moreover, policies should be incorporating and centering Indigenous knowledge. Oftentimes, institutions are hesitant to integrate Indigenous knowledge and address Indigenous colonialism. There is a critical need to not only raise awareness about these issues but also make tangible steps to address them.



Solutions to Tackling Racism

Trauma-informed and Culturally Competent EDI training

Some of the solutions provided by youth included continuous trauma-informed as well as equity, diversity and inclusion training. Youth highlighted that oftentimes training and education stops when an individual finishes school, graduates and receives a job. However, the training should be ongoing and continuous. It is also important to ensure that the training is culturally relevant. It is worth noting that while EDI training is important and effective, there is still much work that needs to be done in dismantling systemic racism. This is just one solution to an incredibly overwhelming issue — youth urge policy makers and the government to place more attention and actionable change towards this issue.

Updating policies

Current policies were put in place many years ago and thus are no longer applicable to current youth, nor do they serve the youth of today. This is especially true for youth in the Cree nation, where policies that were created years ago no longer address the health, economic and educational needs of youth. While such policies may have worked for generations before, it is no longer working. The system is impacting youth from the Cree Nation in unhealthy ways, especially when it comes to social and mental health.

Policies should be kept up to date with the people it is trying to serve, as well as ensure that the people it's serving have an input in the policy.

Support services focusing on BIPOC individuals

Youth also highlighted the need for more mental health and social support services and programs that cater to individuals who are Black, Indigenous, and racialized. One method of supporting racialized folks is to have employees (e.g. social workers, therapists) within these organizations to also be BIPOC — oftentimes existing support services are predominantly provided by white individuals. Youth also stressed the importance of co-designing these services with individuals from marginalized and racialized communities. This co-designing not only connects people and forms a community, but it is also moving away from the individualistic perspective that has predominated. This co-designing helps move us into a community participatory action. We also need to ensure there is consent every step of the way, and acknowledge that in having individuals with lived experiences co-design these programs, they are also dedicating emotional labour to this work. In this effort to co-designing, we should also be centering and incorporating Indigenous traditional medicine — however, we should do so in a way that is not culturally appropriating, while also providing adequate support and financial compensation.

Incorporating Individuals with Lived Experiences into Decision Making

Beyond biomedical solutions: Addressing the social causes

Youth highlighted the need for solutions to diseases and health issues to be focused not only on the biomedical contributors, but also on the social causes of the disease. Indeed, many of the root causes for one's increased susceptibility to disease primarily relates to social factors (e.g. access to stable housing, access to an adequate and livable income). Within the context of the COVID-19 pandemic, many youth highlighted that while the vaccines are critical, there needs to be a greater emphasis placed on the social determinants of health.

Political Determinants of Health & Co-Designing Political Decisions

Parallel to the social determinants of health are the political determinants of health, which include the political decisions and non-decisions that have been made. Many of these political determinants have led to downstream effects, such as inadequate health literacy and education, unstable and unaffordable housing, food insecurity, violence against women and children. These downstream effects largely stem from the fact that health policies are often designed and focused on the population that is considered "prototypical". For example, with COVID-19 guidelines, the idea of physical distancing by staying 6 feet apart or wearing a mask is not always feasible and accessible to individuals experiencing homelessness. During this pandemic, there did not seem to be any harm reduction strategies put in place to help marginalized communities. While we see the government trying to improve the physical barriers, there does not seem to be any preventive measures being implemented, especially within marginalized communities. Furthermore, youth noted that policies and systems within the Nunavut region do not reflect the needs of the communities — this has led to a devastating increase in suicide rates and mental illnesses, especially amongst the Indigenous people, in these regions.

Given the importance of these political decisions, it is critical that the general public has input into these policies. Youth also recommended that more public outreach and innovative approaches need to be implemented to include more people, more youth, and more marginalized voices. Youth also suggested the institutionalization of consultations processes into these government structures, because when

we include the voices of youth and the general public, better policies can be made. Indeed, these co-designed policies will also more accurately reflect the needs of the communities. Overall, it is essential that we include people with lived experiences into these conversations — without new voices being integrated into decision making processes, the same voices exist and perpetuate, thus rendering policies stagnant.

Tokenization of youth and individuals with marginalized identities

It is important not to tokenize individuals with lived experiences and marginalized identities when incorporating them into the decision making process. Active efforts should be made to allow these individuals to contribute their full opinions and full selves into these decisions.

Engaging people with lived experiences into the conversation

When policy makers create policies to support specific populations, they need to put an effort into bringing people with lived experiences to the decision making table, such that these individuals have the ability to play a role in making legislation. While the inclusion of people with lived experiences is critical, we also do not want to "over research" them. People with lived experiences are constantly being asked to contribute to research and data collection, and oftentimes these individuals must relive their trauma. Other times, their opinions are not being incorporated into tangible changes, nor are policy makers and researchers being held accountable. Policies makers need to make an active effort into making sure that people with lived experiences' voices are being heard, but also being incorporated into decisions and tangible solutions.

Overall, incorporating the voices of individuals with lived experiences and marginalized identities is so critical, but we must make sure to do so in a way that prioritizes their safety and privacy.



“To improve health is to improve health literacy.”



Mental Health

Youth's opinion on mental health

Mental health is not just the absence of mental illness, but it is the overall psychological stability and wellbeing of a person. Moreover, health is not health without mental health — one cannot physically be well without their mental state being well. Youth stressed that mental health is just as important as physical health.

Mental health affects everyone

Mental health and illness affects everyone in some capacity, this includes people with lived experiences, people who have family members experiencing mental health concerns. Mental illness also looks different for each individual. It is also worth noting that just because you have not had an official mental illness diagnosis, this does not mean that you do not have mental health — you do, and you still need to take care of your mental health.

Subpopulations vulnerable to mental health challenges

The environment has a substantial impact on one's susceptibility to disease. Notably, the environment one was raised in, as well as the environment through which one has access to education in, significantly dictates one's life trajectory. Indeed, an environment that is unsupportive of mental health, can result in youth not being able to access mental health resources. Moreover, an unsafe or unstable home environment can increase the individual's risk to mental health concerns.

Atlantic Canada

In Atlantic Canada, youth noted that there are many access issues to mental health services. The screening process to receive mental health can be another barrier — someone else's perception of your mental health may determine whether or not you can gain access to mental health services. For example, you may have to have a 45 minute phone call to see whether your symptoms qualify you to get more counseling or assistance — essentially having someone else determine whether your problems are “bad enough” to receive mental health support. However, someone else's perception of your mental health will not always be accurate.

Cree Nation

Last year when the pandemic first hit, Northern Quebec went into lockdown around March 2020. During the entire year-long pandemic, there was minimal support provided for this community. Many youth lost their jobs, had their health deteriorate, and had their education disrupted. Their finances and commitments were disrupted. These compounding factors, in addition to the lack of support, truly hurt the Cree Nation — their community lost nine youth to suicide. More mental health support is desperately needed.

Mental health & COVID-19

It is also critical to redefine what mental health is and what mental health care is, especially within the context of a pandemic. Indeed, access to mental health services has shifted drastically within this pandemic. People may no longer feel comfortable going into the emergency room for a mental health concern because of COVID-19; telehealth wait time is up to 9 hours long. More than anything, COVID-19 has highlighted the existing gaps within our mental health services, and that there needs to be more done.

Lack of health literacy

To improve health is to improve health literacy. Without learning the language associated with mental health, you cannot describe what you are feeling. If one is not educated on how they are feeling, and does not understand the emotions they are experiencing, it is really difficult for them to voice it — they simply may not know how to describe it. If one only knows “happy, sad, and angry”, then they may not be able to describe more complex feelings and thus may not be able to access the services they need. It is critical that we educate people on these mental health terms, and help them voice their emotions and their feelings.

Oftentimes, the language to describe mental health challenges are only being taught to youth who are labeled as “problematic students”. However, it is critical that this language and health literacy be provided to all students. There needs to be a paradigm shift in which all students are equipped with the skills needed to describe how they are feeling and what emotions they are experiencing.

Lack of knowledge translation

One's increased susceptibility to disease is exacerbated by inadequate knowledge translation, especially in regards to youth accessing the correct services when they are experiencing a crisis. This lack of knowledge translation inevitably leads to insufficient knowledge about mental health issues. Youth do not know where to go for mental health help when they need it most. Youth are also unaware of when it is they need to access mental health — they may not know or understand that they are going through a crisis. As a result, many youth may turn to self-medicating, substance use, alcohol use, as a means to cope with mental health issues. In order to address this gap in knowledge translation, youth suggested implementing a tool or a patient navigator tool to help direct youth towards the proper resources. Youth also suggested improving the advertisements around these mental health services, informing youth on the available services. It is critical that the government advertises these issues on social platforms, such that everyone knows where they can turn to in the event of a crisis or becoming close to a crisis.

Overall, there is a lack of knowledge in regards to what services are available within one's region. More fundamentally, there is inadequate knowledge translation in regards to mental health care services.

Solutions to gaps in mental health policies

While we as a society have made leaps and bounds to de-stigmatizing mental health, there are still substantial gaps within current mental health services. Youth urge policy makers and governments to consider the following as tangible solutions to address mental health:

- Mental health should be financially covered and insured by social protection schemes (e.g. health plans, OHIP, OSAP)
 - Create support services that are proactive as opposed to reactive
- Acknowledge that one's mental health is related to one's financial health, spiritual health, and physical health
 - Mental health providers are not limited to psychiatrists and therapists, but can also extend to cultural workers, social workers, or community health workers.
- Empower youth to reach out for help

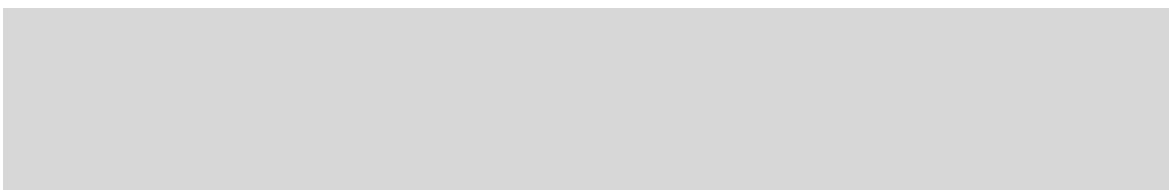
- Youth-to-youth services can be beneficial — It is very powerful to connect with another individual who has similar lived experiences
- Implement proactive mental health services and workshops in education systems
 - Within these services and workshops, teach youth and kids concepts of socio-emotional boundaries, as well as help them learn about their own emotions and how to develop healthy coping mechanisms
 - These programs should be integrated into the educational system, where there are designated programs that are implemented for all children and youth — not just the children who are labeled as “challenging”. Every youth should have readily available, proactive mental health access. Everyone has mental health challenges, and mental health struggles
- Offer more long-term community based services
 - Many patients come into the emergency room seeking mental health services, but they often leave feeling deflated because the ER is not able to provide them with adequate support. Emergency room services are often very short term, and inadequate when it comes to supporting the mental health needs of patients.
 - There needs to be a shift to community long term help that can substantially and sustainably support the needs of youth. There also needs to be funding of these community long term care services for mental health needs.
- Remove police from the mental health response
 - We need to bring police out of the mental health response. When youth and children call 911 for a mental health concern, they can be placed in a very harmful and dangerous position when police are the ones responding to these calls. These youth may feel they are being criminalized for having a mental health concern. Additionally, having the

police attend these calls creates an uncomfortable, and unsafe environment for youth who are already in a vulnerable position.

- These social support programs should also take on an intersectional lens:
 - BIPOC:
 - It is important to acknowledge that the mental health struggles faced by Black, Indigenous and racialized youth is very different from non-minority groups; one's mental health is significantly compromised by ongoing racism and other prejudices. One method of supporting racialized folks is to have social workers and therapists that are BIPOC — oftentimes these support services are predominantly provided by white individuals.
 - By co-designing these services with individuals from marginalized and racialized communities we are not only connecting people but we are also moving past the individualistic perspective that has predominated, and moreover, we are moving into a community participatory action. We also need to ensure there is consent every step of the way, and acknowledge that in having individuals with lived experiences co-design these programs, they are also dedicating emotional labour to this work.
 - In this effort to co-designing, we should be centering and incorporating Indigenous traditional medicine — however, we should do so in a way that is not culturally appropriating, while also providing adequate support and financial compensation
- Low Socioeconomic Status:
 - For individuals who are working multiple jobs to make ends meet — they may not have the finances nor the time to take a day off in order to support their mental health. For example, a youth who is struggling with their mental health and is also of lower socioeconomic status, may not be able to prioritize their mental health if they are working three jobs. Within this example, it is also critical to understand that this individual's mental health may be deteriorating not only from the lack of mental health services, but also from the

financial toxicities associated with being an individual of lower socioeconomic status. Overall, youth stressed the need to recognize mental health from an intersectional lens.

- Mental health services need to be re-imagined in a way such that an individual would not lose income when accessing these services
- Increasing support services not only for women and children, but also for men
 - There needs to be more mental health programs that are provided and catered towards supporting men's mental health, in addition to women's and children's mental health. Oftentimes there are grassroots efforts to get these programs going, however, this should be a national policy that is embedded into systems.
- Individuals experiencing violence
 - For individuals experiencing abuse or violence in the home environment, they may need a more discreet way of accessing care.



Youths' Mental Health During Pandemic

Zoom fatigue

For students it is incredibly exhausting to be interacting at a different energy level to obtain one's education

Inability to leave an unsafe space

For many youth, school may have been their escape from an unstable or harmful home. Many youth are now confined to their rooms, without their regular social support systems. This raises the following questions: how is the closure of schools affecting youth's mental health? How is social isolation impacting youth's mental health? A lot of youth do not have the option to go anywhere, nor do they have the legal capacity to distance themselves if they are living in an unstable home. It is quite hard for youth to create a space for their mental health and wellness when they may not have the ability to do so due to their age, education and financial situations. This is especially true for individuals in the LGBTQ group, where their environment may not be fully accepting.

Repetitive lockdowns and frustrations

- It is disheartening to be in continuous lockdowns, and oftentimes youth are feeling defeated by the system and losing trust in its ability to work.
- It has especially been hard to see the slow vaccine roll out, and the inconsistent lockdowns, especially when other countries are advancing so much faster.
- It also has been frustrating to have the rise of cases and outbreaks be blamed on youth. There does not seem to be a consideration of the fact that many youth are essential workers or are living in precarious housing.

Social media

The rise of social media platforms and the ability to see the lives that others are living has led to a creation of dissonance in how you perceive your reality

- This can also be particularly socially isolating, to see all the possible life experiences one could be having, but knowing that you have to stay at home in order to decrease the spread of COVID-19.
- Quintessential doom scrolling — a phenomena in which an individual continues to scroll and experience information overload until the point of fatigue. This can be really devastating to one's mental health.

Youth are also experiencing news fatigue from social media

- Youth are put into this unique place of having to translate the news to their families and parents. They are required to take on the emotional burden of explaining the lockdown to parents, and also shoulder the frustration and disappointment expressed by their families.

Socialization & the lack thereof

Socialization is critical for youth — they need to form new connections and identify their place in the world. With lockdowns and living alone or with people who are not around your age, it can be very difficult to maintain adequate health. This isolation can be especially detrimental to youth starting new chapters of their lives, where they may be finding it difficult to form social connections or friendships while they are navigating a new environment. Youth are missing out on key milestones in their life that are a once in a lifetime occurrence. Overall, this social isolation is sure to deleteriously impact youth's development.

“Mental health is not just the absence of mental illness, but it is the overall psychological stability and wellbeing of a person. “

Youths' Role During the Pandemic

- Youth have helped health care teams by:
 - Gathering PPE and additional materials to donate to clinics
 - Gathering groceries and providing baby sitting for health care workers
- Youth have provided social support to their family members and their community
 - Providing peer support and friendly talks to individuals who are elderly or BIPOC
 - Youth may also be working as unpaid caregivers for their elderly family members
- Vaccine roll outs
 - Youth are providing infographics and creating knowledge translation videos to address vaccine hesitancy and contentious opinions
 - Youth have also helped with the vaccine roll out by helping their families access health care appointments and registering for vaccinations
- Raising awareness on social injustices
 - With the Black Lives Matter movement, many youth took on the role of amplifying voices and unpacking racism and prejudices within their families.
- Youth have addressed technology gaps
 - Many youth have taken on the role of setting up phone calls, skype accounts, and zoom accounts for their elderly family members to help facilitate social connection for these individuals
 - Crowd-funding technological devices donations to health care clinics, as well as individuals experiencing violence in the home
- Youth have helped with knowledge translation
 - Youth have utilized social media as a means to knowledge translate and spread news in real time
- Youth have volunteered at vaccination clinics
 - There has been an up-tick of youth activism and volunteerism
- Youth are also front line and essential workers

“COVID-19 has not been the great equalizer, but rather has amplified the health disparities and social determinants of health that have previously existed.”

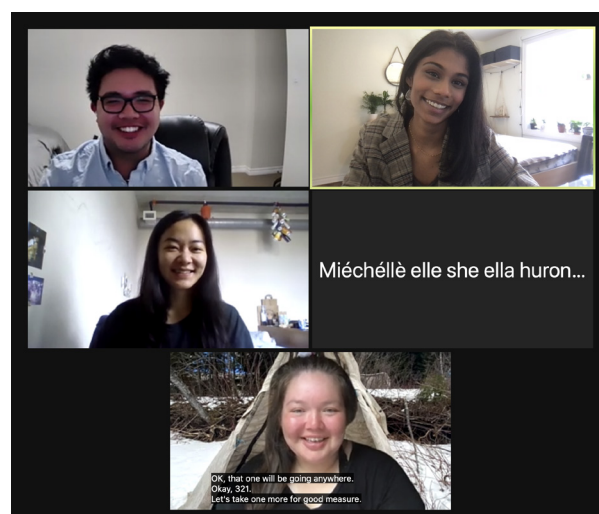
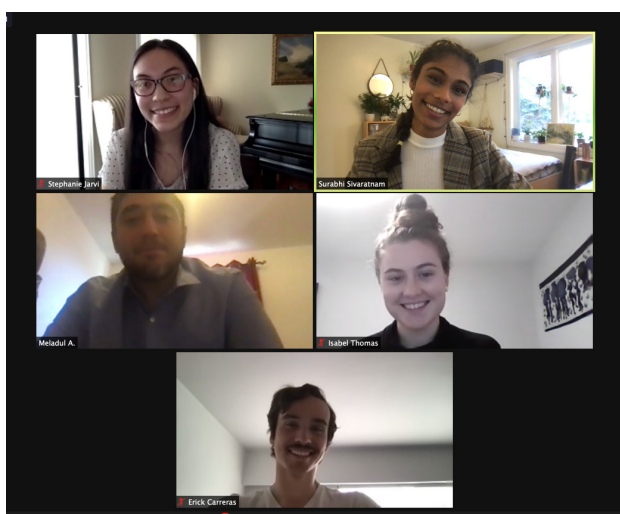
A notable example that was raised during roundtable consultations was inequities that arose from Ontario's COVID-19 vaccine roll out policies. Health care providers were able to sign up for vaccination appointments via an online system. However, people in marginalized communities, such as those living in the postal code hotspots — that often are associated with lower incomes — could only register for vaccine pop up clinics. For these pop-up clinics, people had to take days off of work in order to line up for the vaccine. However, oftentimes these pop-up clinics ran out of vaccines before they could vaccinate everyone. For some people, this missed day of work could mean a missed meal for their family.

Vulnerable Groups & People in Vulnerable Situations

- BIPOC - Black, Brown, Indigenous, and those aligning with the global marginalized diaspora
- Refugees and immigrants
 - Immigrants and refugees who may face language barriers — these make it more difficult to navigate the system
- LGBTQ+ groups
- Women
 - Especially single mothers
 - New mothers experiencing poverty, especially those in shelters and those experiencing homelessness
- Children
- Sex workers, as this group is often not protected nor considered
- Elderly populations
- Front line workers and health care workers - Especially women in health care
- Incarcerated individuals
- Individuals and children with disabilities, including invisible disabilities and individuals on the neurodiverse spectrum
 - Hard of hearing
 - Low vision
 - Vision impaired folks
- Individuals living in retirement homes and long term care homes
- Individuals living in a negative at home environment (e.g. those facing domestic abuse or unsafe home environments, or people with an unsafe family dynamic)
- Individuals who are not covered by social protective schemes (i.e. forms of income that come from the government)
 - “Undocumented” people
 - People in the informal sector
 - Migrants
- Individuals engaging in contract based work
 - When individuals have to engage in contract work, they may not have the time nor money to access health and mental health services. Thus, it is important to incorporate mental health into mandates and within bureaucracies (e.g. working and education environments). Furthermore, employment benefits should include mental health.
- Individuals experiencing homelessness or precarious housing situations
- Individuals without access to technology or internet connection
- Individuals facing language barriers
 - This is applicable not only for people who may not understand English, but also the “technical” pieces of language
 - E.g. people may lack the linguistic capacity to access vaccine signs ups
- Individuals with trauma experiences, including intergenerational trauma
- Individuals living in close housing
- Individuals who do not have social supports

Intersectionality:

When talking about vulnerabilities and speaking about who is left behind, it is critical to take an intersectional lens. We all fall into multiple categories and there are so many layers to classifying these groups of people. In policy briefs, there should not be a “tick box groups of lists” but rather there should be an intersectional lens, where we focus on compounding inequities and vulnerabilities. For example, when speaking about the racial injustices faced by Black people, we must consider how such racism may impact one differently if they are both Black and disabled.



*Thank you for bringing
youths' voices to the
international stage.*



Acknowledgements:

Thank you sincerely to all those that have contributed to this process thus far - I am so very grateful for the time, energy, and guidance of so many Canadian youth to help shape these ideas and reflections.

Past Canadian Youth Delegates to the World Health Assembly: Charles-Antoine BarbeauMeunier, Ayah Nayfeh, Nicola Toffelmire, Ramya Kancherla, Yipeng Ge

Canadian youth engaged in the consultations process (not an exhaustive list): Aaron Wen, Alexa Gee, Alexandra Schuster, Allison Haggart, Ananya Inaganti, Angela Wei, Anika kuhnert, Anika Spasov, Anna Socha, Annie li, Antoaneta Alexandrova Todorova, Anya bhopa, Betsy Leimbigler, Chris Choi, Connie Li, Dana O'Brien, Devika Singh, Erick Carreras, Erik Ge, Fatemeh Matin Moradkhan, Hajar Seiyad, Isabel Thomas, Jacqueline Cheung, Jeffrey McLean, Joelle Li, Julian Vincent Dychiao, Kaitlynn Hester-Moses, Kanish baskaran, Kathleen Mae I. Nebre, Kathy Huang, Kennedy Graham, Kyobin Hwang, Lara murphy, Matin Moradkhan, Maya Mikutra-Cencora, Meladul H. Ahmadzai, Melika Safa, Michelle Ma, Nicholas hamzea, Nitish Dhingra, Raeesha Rajan, Rafael Paolo Lansang, Rishi Bansal, Sam Yee, Shania bhopa, Shazeeda gafoor, Shubhreet Johal, Sloane Kowal, Sofia Ivanisevic, Sophie Campbell, Stacie Smith, Stephanie Jarvi, Stephanie Li, Suffia Malik, Tatenda Masama, Vipul Gupta, Vivian Li, Yassen Atallah, Zara Ahmed

Special thank you to: Henry Annan, Eva Slawecki, Yassen Tcholakov, Donald Sutherland, Kimberly Williams, Jeff Blackmer, Minister Catherine McKenna, Minister Carolyn Bennett

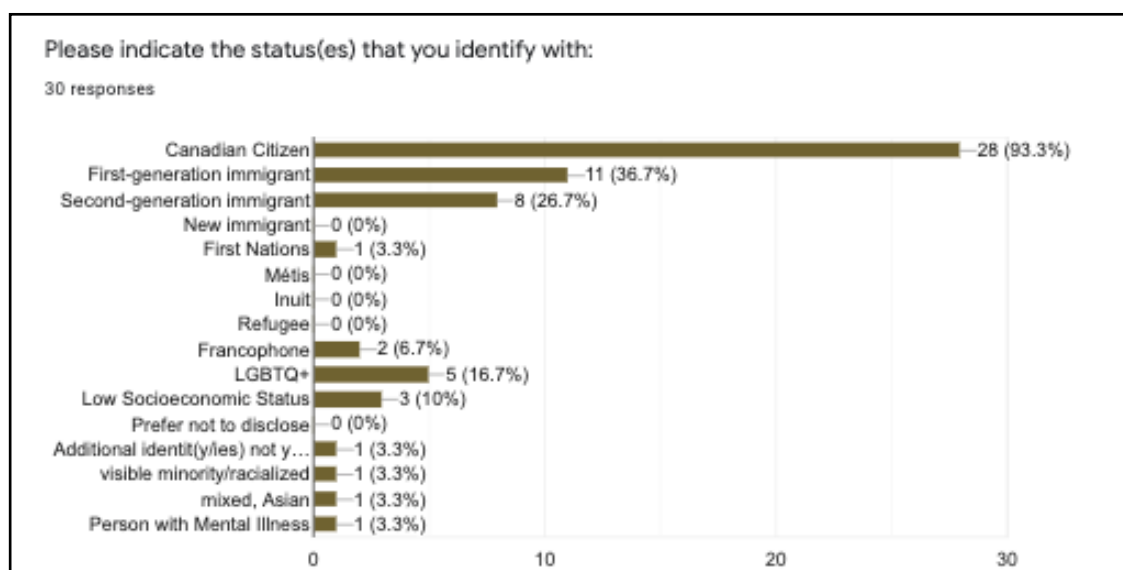
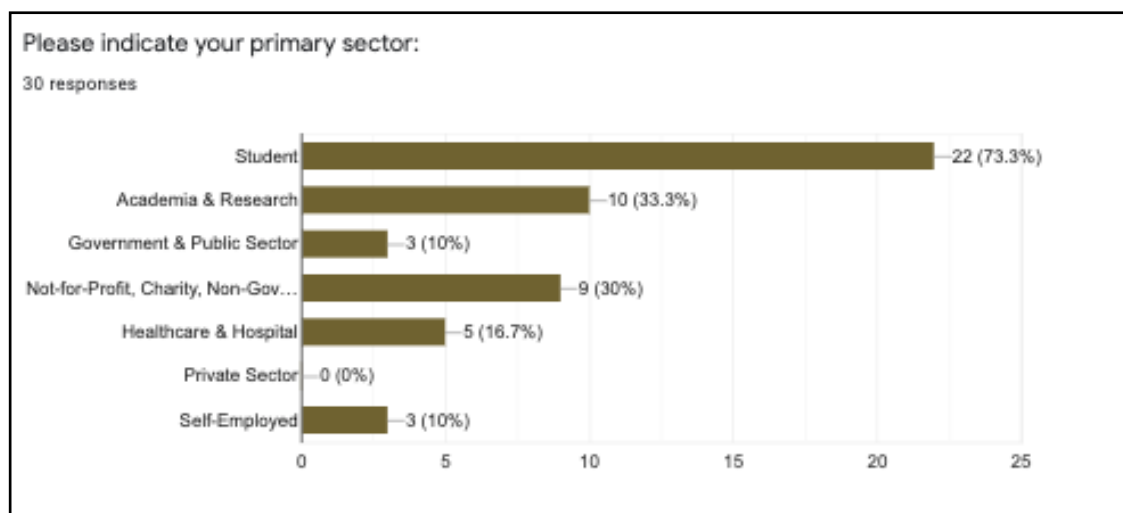
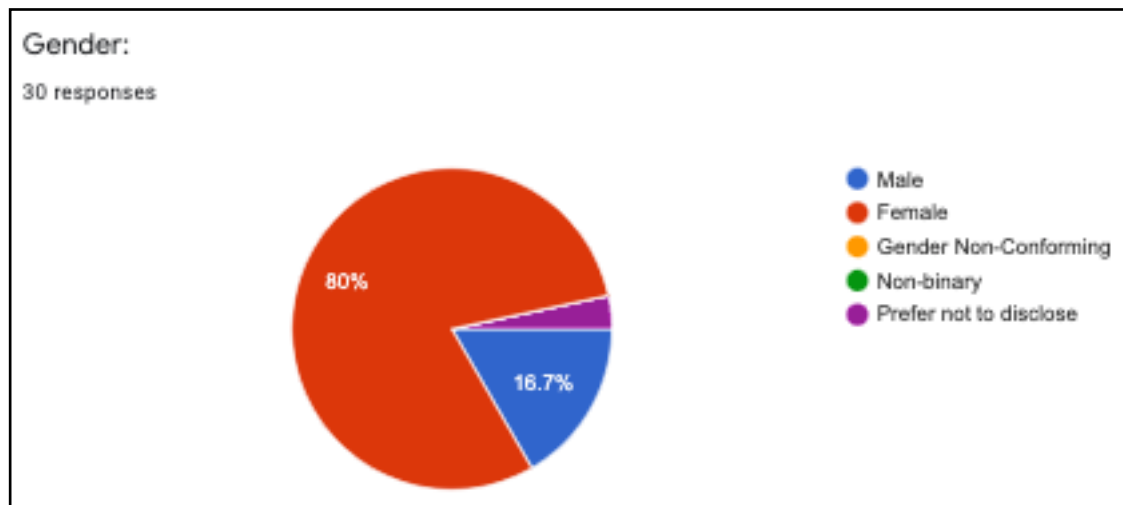
Finally, a tremendous thank you to the Office of International Affairs for the Health Portfolio team (Public Health Agency of Canada) for taking the time to show me the beauties and power of Public Health. **Thank you not only for the incredible amount of time you dedicated to teaching me, but also for sustaining this youth delegate position and valuing youths' voices on an international level.**

Thank you: Chantele Sitaram, Elisabeth King, Francesca Verhoeve, Kate Trotter, Jennifer Izaguirre, William Wang, Karina Elias, Lucero Hernandez, Nicolas Palanque

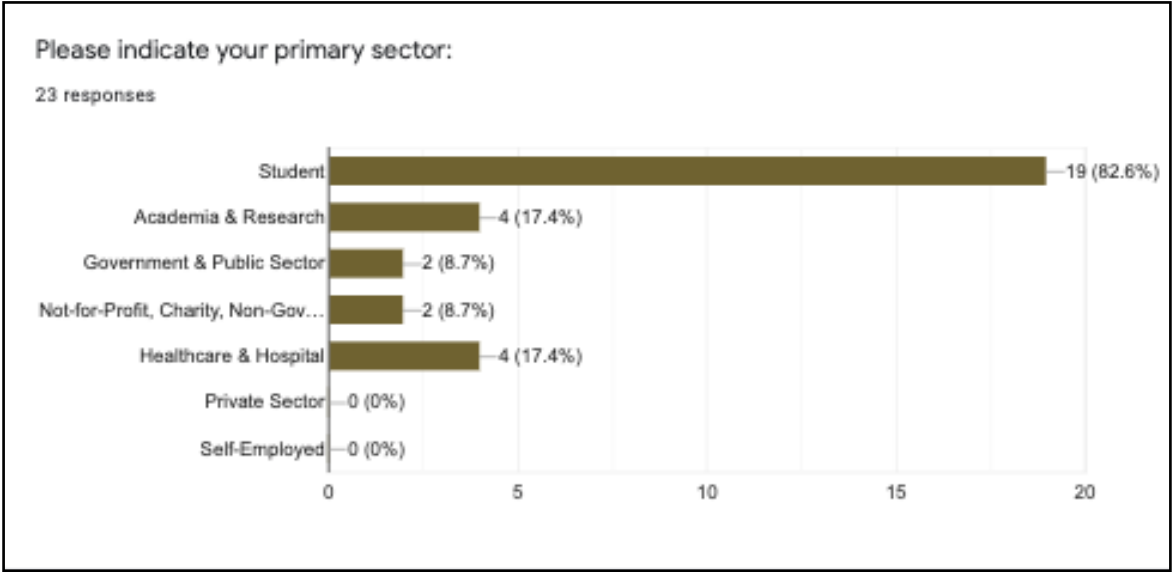
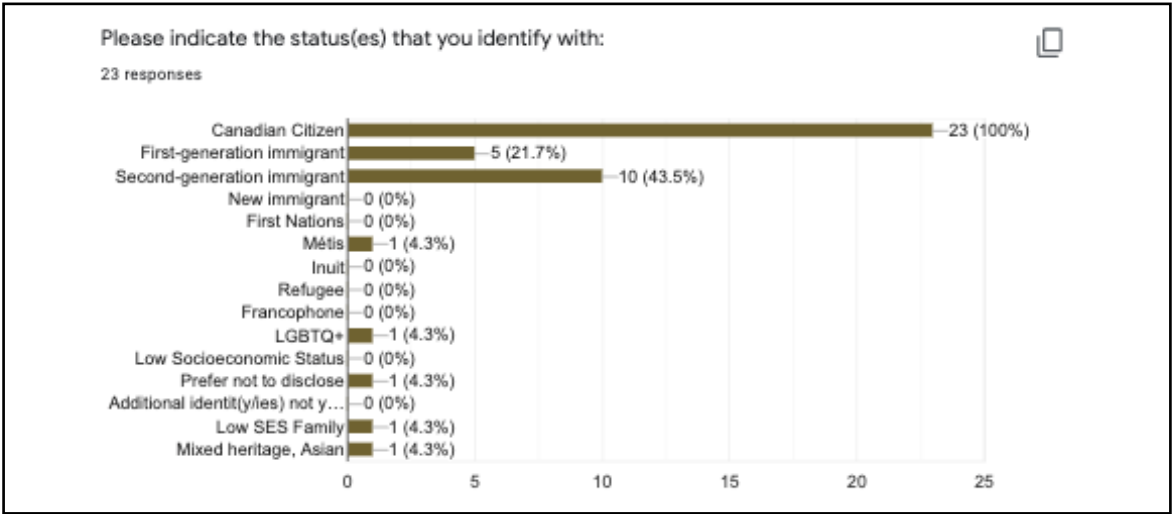
Special thank you to the following organizations:

- Aesculapian Society, medical student society of uOttawa
- Association of Faculties of Medicine of Canada
- Canadian Coalition for Global Health Research Students and Young
- Professionals Network
- Canadian Federation of Medical Students
- Canadian Federation of Medical Students HEART (Health and Environment
- Adaptive Response Task Force) Committee
- Canadian Global Health Students & Young Professionals Summit
- Canadian Medical Association
- Canadian Partnership for Women and Children's Health
- Canadian Public Health Association
- Canadian Society for International Health
- Fédération des médecins résidents du Québec
- Global Health Office uOttawa
- Global Health Programs, McGill University
- IFMSA-Québec
- IFMSA (International Federation of Medical Students Associations)
- McMaster Global Health Symposium
- McMaster University Bachelor of Health Sciences (Honours) Program
- Public Health Physicians of Canada (PHPC) Residents' Council
- Resident Doctors of Canada
- ThriveHire
- UBC Faculty of Medicine Global Health Initiative
- Universities Allied for Essential Medicines
- University of Waterloo Student Chapter, Canadian Coalition for Global Health Research
- Young Diplomats of Canada
- Youth Grand Chief/Cree Nation Youth Council
- Biology Student at University of British Columbia, Youth Branch Manager at Misdiagnosis Association and Research Institute
- McMaster University - Global Health Program
- Toronto Youth Cabinet's Urban Health Working Group
- Bachelor of Health Sciences, Western University
- Bachelor of Health Sciences, McMaster University
- Bachelor of Science, University of Alberta
- Canadian Commission for UNESCO
- University of Toronto - MD Program
- Bachelor of Science, British Columbia
- Misdiagnosis Association and Research Institute
- Bachelor of Science, Queen's University
- Global Health Program, McMaster University
- Global Strategy Lab
- Toronto Youth's Cabinet Urban Health Working Group
- Young Canadians Roundtable on Health
- BMA/MSc, Queen's University
- Bachelor of Science, University of Guelph
- The Canadian Courage Program
- Mental Health Studies and Political Science, University of Toronto
- Women's College Hospital
- Ontario Council for International Cooperation
- Masters in Bioethics, Western University
- Queen's University - MD Program
- Université de Montréal - MD Program
- uOttawa - MD Program
- Global Mental Health Peer Network, Qwest University
- Cree Nation Youth Council

Demographics



Demographics



Appendix

Guiding Questions

1. The WHO Constitution highlights “the need to focus not only on reducing disease, but also on tackling its root causes. This involves systematically addressing social, environmental and economic determinants of health” — how are youth affected by these root causes? What other root causes contribute to one’s susceptibility to disease?
2. Who should be included in ‘vulnerable groups’ and ‘people in vulnerable situations’ in the context of the pandemic and mental health?
3. What implications does COVID-19 have on social determinants of health?
4. From a Canadian youth lens, what priorities or key messages would you like to see reflected in Canada’s statement on the topic of mental health amidst a pandemic?
5. How are youth’s mental health affected by the global pandemic?
6. What role does youth play during a pandemic and how can youth play a bigger role in mitigating the impact on mental health for all?
7. Why are youths voice important; specifically at the level of governments and policy making

The WHO Constitution highlights “the need to focus not only on reducing disease, but also on tackling its root causes. This involves systematically addressing social, environmental and economic determinants of health” — how are youth affected by these root causes? What other root causes contribute to one’s susceptibility to disease?

Low Socioeconomic Status

- Diseases (e.g. Covid) are disproportionately affecting individuals of low SES
 - Impact on children and youth: Digital Equity
 - With the shift to education being delivered through an elearning format, there are many individuals in low income households who may not be able to adequately participate in such formats.
 - Notably, access to good quality internet for a low cost is not something readily available all over Canada.
 - Impact on women: Digital equity
 - The shift to digital workspaces is also contributing to women stepping back from the economy as well.
 - Impact on front-line workers who are of low SES
 - Furthermore, individuals who are of low SES may not have the same luxury of staying home during the pandemic, as many of these individuals are front line workers. The work environment, which often does not have the physical capacity to accommodate social distancing measures, can increase these workers' risk of contracting COVID-10. This not only puts themselves at increased risk, but also their families when such workers return home.
 - Worsening the situation for these individuals is the lack of adequate paid sick leave policies. The governments’ recent legislation pass of a max of 3 paid sick leaves is inadequate, especially when considering that self isolation and quarantine policies require a minimum of 14 days.

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- The idea of a livable wage as opposed to a minimum wage
- Individuals living in community housing or the projects in Toronto oftentimes rely on the social programs that are available (e.g. summer programs and after-school programs) — many of these social programs have since been cut and removed
 - The impact such social programs have had were profound and truly helped the individuals accessing these services.
- Economic determinants of health & SES determinants of health
 - Living wage vs minimum wage
 - There is a difference between what a livable wage is versus what a minimum wage is — it can be impossible to make ends meet when on a minimum wage, and this inadequate financial stability can detrimental impact one's health outcomes, and is thus considered a social determinant of health.
 - Example:
 - With COVID-19 we are seeing that postal code hotspot regions often correlate to areas of low socioeconomic status.
- Government support systems (e.g. CERB)
 - This past summer the Canadian government implemented CERB, to try to address the loss of jobs youth faced as a result of COVID-19. Even this year, a lot of youth had jobs lined up that ended up falling through. These jobs were intended to contribute to the family's income, and help cover tuition fees.
- Loss of support programs due to COVID-19
 - A lot of the mentorship programs that existed pre-pandemic have been closed, and are thus no longer able to reach people.
 - For example, many children and youth received their only meal of the day via breakfast programs implemented in school — these programs do not exist any more. Moreover, mentorship spaces that served as escaped for children and youth who are most vulnerable, have now been closed.
 - These factors don't seem to be taken into consideration when lockdowns are being implemented.
- Virtual school and low SES
 - With school closures and the push for kids to go online, there has not been consideration given to kids who may not have technology at home or who may not have someone who can help them access and navigate technology. This disproportionately affects individuals of lower socioeconomic status.
 - COVID-19 has amplified the access issues that exist.
- Lack of paid sick leave
 - For a lot of our essential workers, they need the jobs they are working in order to make ends meet and keep their families supported. If and when these essential workers contract COVID-19, some are hesitant to get tested, because if they test positive they are sent home without paid sick leave.
 - Example:
 - Many laborers in the construction industry will not get rapidly tested because they worry about testing positive for COVID-19 and having to

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be sent home, without an income to be able to support themselves and put food on the table.

- There is a critical need for paid sick leave.
- Oftentimes when addressing issues associated with lower incomes, the solutions are surface level. However, these need to go deeper and address the gaps that exist — these gaps include the lack of trust that people of lower SES may have in the system. Other gaps may stem from lack of knowledge translation, where some individuals may not know how to access a doctors appointment — something that people with greater social capital may have more access to.
- Health coverage amidst COVID-19
 - In order to access drug programs, you often have to pay a deductible. These deductibles are often based on one's taxes from the previous year. However, with COVID-19, many people lost their jobs and were earning an income that was significantly less than the previous year. As such, for these individuals the deductibles were unaffordable to them within the context of their new financial situation.
 - A lot of youth are hired on a contract basis, with a lack of health benefits and coverage by their employers. These contract positions can lead to a loss of labor rights and inaccessible health care services.
- Financial and poverty
 - Financial poverty, and having an unstable economic floor can increase one's susceptibility to disease
- Overworking
 - The stresses of over working cannot be overstated.
 - There has been a tremendous increase in the number of hours worked by individuals, which can have detrimental effects.
 - The increase working culture is beginning to mirror that found in Japan, where overworking has led to a spike in suicide.
 - There needs to be a shift in labour expectations, as well as the overall culture
 - Inflation rates have been steadily increasing, and so has the living costs, however salaries have not seen a similar and corresponding increase
 - Australia: the minimum wage in australia is substantially higher than that in Canada, and yet our living costs are quite comparable
 - Japan's modern economic policies do not view debt as a negative concept if their population is being supported and is mentally well — they continue to ignore the international pressures to do otherwise.
- Solutions:
 - Australia is implementing a nation-wide basic income pilot
 - Korea is reducing the number of hours people work by forcefully shutting down computers to promote a healthier work life balance
 - Some companies have shifted to a four day work week
 - The original division of an 8 hours for work, 8 hours for sleep and 8 hours for leisure is no longer relevant and sensible for our current working landscape

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- More thoughtful taxation — thinking about who you are taxing and how much. Redistributing this taxation to different populations may allow more money to invest into social programs, dental care, and drug plans.
- Employment
 - With COVID-19, there was a massive wave of unemployment, which then shifted to underemployment in which youth were being employed but for jobs they were grossly overqualified for
 - This underemployment can negatively impact one's mental health
 - Human capital is not being utilized

Violence against women and girls and children

- During this pandemic we have seen an increase in violence against women, children and girls.
- It is important to ensure that these individuals have stable homes in the first place.
- It is also important to ensure that there are policies in place to keep women and children safe when they enter a shelter as a result of violence in the home.
 - In addition to safety, it is important that the shelter system has resources to help women and children maintain their education and career. These resources should be able to support women and children to not just float through the system, but more importantly to allow them to thrive, as much as possible, through these situations.
- If and when these people need support, what are the entire systems and structures doing to support these individuals?
 - What systems exist to support these women and children before they get to the point where they need to flee the home
 - Are they supported in reaching out to a hotline? Or reach out to a counselling?
 - There needs to be adequate funding for these support systems, especially amidst a pandemic, where violence is increasing in frequencies.
 - Youth want to see a shift if funding from the police/military, and towards resources for the community (e.g. counselling services, hotlines)
 - Counselling services:
 - Covid-19 has worsened issues with privacy when accessing these services. Individuals accessing these services may not have access to privacy
 - A fundamental issue we see, specifically through the youths perspective, is the disparities between the structure we live in and the needs of our communities.
- It is critical that we start collecting data not only on women and children experiencing violence in the home and correspondingly fleeing the home to access shelters, but also within sub populations (e.g. amongst different sexual identities, SES)
 - Without the collection of this data there is a lack of motivation, evidence, and support for these subpopulations. There is also a lack of attention afforded to these subpopulations without the data.
 - Increasing the amount of data we have could help improve the decisions policy makers implement.

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Youth placed a higher emphasis on the social causes of diseases (e.g. COVID), as opposed to the biomedical contributors. Youth also highlighted the need for solutions to reflect this (i.e. solutions to diseases and the ongoing pandemic should be shifted from biomedical efforts, and more towards targeting social issues and inequalities).

- Youth have highlighted many of the root causes for health inequities and an increase in one's susceptibility to disease has more to do with social factors (e.g. access to stable housing, access to an adequate and livable income). Youth also promoted the idea that the interventions for health issues and diseases should have a heavier focus on addressing these systemic, social issues.
 - Within the context of the COVID-19 pandemic, many youth highlighted that while the vaccines are critical, there needs to be a greater emphasis placed on the social determinants of health.
 - Overall: biomedical interventions are essential to address diseases and the pandemic, however, there needs to be an improvement in the emphasis placed on the social inequities.

Individuals may not prioritize vaccinations when they do not have access to food or shelter

- An individual will more likely prioritize gaining access to food or a stable home, over getting their COVID-19 vaccine.
 - When promoting health amidst a pandemic, it is essential that we also pay attention to the key foundations of what comprises wellbeing — this include stable and affordable housing, as well as access to food.
 - In addressing the COVID-19 pandemic, it is also critical that we address food insecurity, and issues perpetuating homelessness.
- COVID-19 vaccine and individuals experiencing homelessness
 - When we are pushing individuals experiencing homelessness to get the vaccine, we need to consider whether or not they will have access to a shelter for the next 14 days? The reality is that most individuals experiencing homelessness will be returning to the streets within the next few days. How are we going to be securing a home for these individuals after they receive the vaccine.
- In addition to the vaccinations, there needs to be a greater emphasis placed upon other ways of promoting health during a pandemic, which includes access to food and shelter (i.e. the social determinants of health).
- Housing
 - Housing is becoming increasingly more precarious and unstable for youth
- Access to health care services
 - It is critical to improve the timely access to health services, especially for rural areas where there seems to be less accessibility

There is a lack of knowledge in regards to what services are available within one's region. More fundamentally, there is inadequate knowledge translation in regards to health care services.

- Youth Population:
 - Youth have not been equipped to identify their needs, as well as identify which services that are available to them.

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- There seems to be a division, where some youth know exactly what they need and how to access it, whereas other youth either do not know what they need or do not know what services they have access to.
- Lack of knowledge translation, as well as inadequate direction for youth in crisis to the right direction, are both contributors and exacerbators of the root causes that increase one's susceptibility to disease.
 - In other words, one's increased susceptibility to disease is exacerbated by inadequate knowledge translation, especially in regards to youth accessing the correct services when they are experiencing a crisis.
 - Solution to inadequate knowledge translation:
 - It is critical that we implement a tool or a patient navigator tool to help direct youth towards the proper resources.
- This lack of knowledge translation inevitably leads to a lack of knowledge amongst youth, where many are left with insufficient knowledge about mental health issues.
 - Many youth may turn to self-medicating, substance use, alcohol use, in a means to cope with mental health issues.
 - There is still a stigma around mental health and accessing mental health services.
 - People do not know where to go for mental health help when they need it most. Youth are also unaware of when it is they need to access mental health — they may not know or understand that they are going through a crisis.
 - It is essential to focus on youth empowerment.
- Overall: there is a lack of knowledge on mental health issues, as well as a lack of knowledge on what services are available. It would be great to see a development in the mental health support systems (especially virtual ones), and improving existing systems. There needs to be a delegation of resources towards this. It is also important to improve the advertisements around these mental health services and inform youth on what is available to them.
 - It is critical that the government advertises these issues on social platforms, in order to get this information out there, such that everyone knows what they can turn to in the event of a crisis or becoming close to a crisis.
- Mental health is just as important as physical health.

Youth and Mental Health

- For many youth, school may have been their escape from an unstable or harmful home.
 - This raises the question, how is the closure of schools affecting youth's mental health? How is social isolation impacting youth's mental health?
 - Many youth are now confined to their rooms, without their social support systems.
 - Many youth who may not have been able to access mental health supports, relied upon their friends to explore their emotions and open up about their issues.
 - Youth have lost these support systems with ongoing school closures.
- Youth experiencing homelessness and youth living in shelters
 - How is social isolation occurring in shelters?
 - Many youth in shelters have to socially isolate themselves whenever there is a COVID-19 outbreak. How are supporting these youth who are at increased risk of mental health challenges, not only from isolation but also from their precarious housing situations.

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- Health is not health without mental health. You can't physically be well without your mental state being well, as well.
 - Awareness is key and with awareness, we need to improve health literacy.
- Mental health should be covered by OHIP and it should be free, as well as included within the social production schemes.
- Mental health is fundamental to good physical health

Sex Ed Curriculum

- Some time in the past, the premier implemented a change to the sex ed curriculum, in which there were training tools for kids, starting from a very young age.
 - These kids could learn concepts like socio-emotional boundaries, as well as learn their own emotions and how to develop healthy coping mechanisms.
 - This curriculum was taken away by Doug Ford.
 - Youth wonder how that program could have improved, as well as mitigated some of the adverse mental health challenges we are seeing now.

LGBTQ+ Programs

- A lot of LGBTQ+ programs are word of mouth, and with so many youth staying at home, oftentimes with their caregivers or parents, they may not be able to hear about these programs.
 - Some youth may not be able to safely access zoom calls, in comparison to other youth. This is especially concerning when thinking about how many youth have turned to virtually connecting with their peers in order to mitigate some of the social isolation.
 - With stay at home orders, youth may not hear about programs catering to their subpopulation.
- There are also other risk factors for people with learning disabilities, and how social isolation can be quite detrimental to this group as well.
 - While some of us might be able to call or enter a zoom call to hang out with friends, people living with a learning disability may be prohibited from doing so as freely.
 - It can be quite difficult for youth with disabilities to stay connected
- A lot of the messages coming from the government has not considered the different subpopulations and how different people are being impacted differently
 - For example, if you are living alone, if you are part of the LGBTQ population, if you are living with disabilities
 - What about people who are in open relationships, and have more than one partner

Health Literacy

- To improve health is to improve health literacy.
 - How can we improve health literacy for every single population in Canada, especially youth?
- Without learning the language, you cannot describe what you are feeling. If one is not educated on how they are feeling, and understanding what emotions they are experiencing, it is really difficult for them to voice it — they simply may not know how to describe it.
 - If one only knows “happy, sad, and angry”, that they may not be able to describe more complex feelings and thus may not be able to access the services they need.

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- It is critical that we educate people on these mental health terms, and help them voice their emotions and their feelings.
- It is a big privilege to have the time to go looking for this information
 - For people living in low resource settings, they may not have the time to go out there and engage with these resources — many of them are working 2 maybe 3 jobs. It is not always feasible to access this information or resources.
 - It is the government's responsibility to go out there and bring this information to these people.
- Ultimately, it is these people who are in these low resource settings, who are the people to which the government should be targeting their policies and their programs.
 - Why don't we have those mechanisms in place to target these specific people, who are often left behind because they do not have the time now the capacity to go out and look for this information.
 - People who are more at risk of poor health outcomes may not be reached through the government's current method of dissemination (e.g. social media, online methods).
 - A lot of this information is buried.
 - Solution:
 - Switzerland employs questionnaires that are mailed out to people, allowing people to give their direct input and this promotes participation in a way that is not happening in Canada.
- Oftentimes, the language to describe mental health challenges are only being taught to youth who are labeled as “problematic students”. However, it is critical that this language and health literacy be provided to all students, not just high risk students.
 - There needs to be a paradigm shift in which all students are equipped with the skills needed to describe how they are feeling and what emotions they are experiencing.
 - This also raises the question of who is labeled as “high risk”
 - We need to make these tools available to all students and youth, not just those labeled “high risk”

Political determinants of health & Consultation processes

- All these issues — including inadequate health literacy and education, unstable and unaffordable housing, food insecurity, violence against women and children — are tied to political determinants of health (i.e. political decisions or non-decisions that have been made).
 - These include decisions and non-decisions that have been made at federal and provincial levels
 - When people have input into policies, then better policies can be made
 - Public outreach and innovative approaches need to be implemented to include more people and more youth
 - There needs to be an institutionalization of consultations processes into these government structures, because when we include the voices of youth and the general public, better policies can be made
 - Not only better policies, but also policies that actually reflect the needs of the communities

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- Overall, it is essential that we include people with lived experiences into these conversations

Unstable Housing & Disruption in Education Continuation

- Diseases and poor health outcomes also disproportionately affect individuals experiencing homelessness
 - Affordable housing and access to stable housing
 - The lack of affordable housing is another key barrier to good health, and is one of the many root causes that contributes to one's susceptibility to disease.
 - Lack of affordable housing is also a root cause for inequity.
 - Environment & Mental Wellbeing:
 - The environment has a substantial impact on one's susceptibility to disease
 - Notably, the environment one was raised in, as well as the environment through which one has access to education in, significantly dictates one's life trajectory.
 - Indeed, an environment that is unsupportive of mental health, can result in youth not being able to access mental health resources.
 - The environment can play a substantial role in one's mental well being and access to mental health resources.
 - Youth population experiencing homelessness
 - When youth experience homeless (including youth who are accessing shelters), their education is detrimentally impacted.
 - Oftentimes, youth experiencing homelessness and accessing shelters are set back by X amount of months and years in regards to their education.
 - How can policies support these youth in making up this lost education? Or even, how can policies better prevent youth from experiencing a loss in education, or experiencing homelessness.
 - How can the shelter system better support continuation of education?
 - Oftentimes, the reason for youth fleeing the home and accessing shelter resources is poor communication in the household.
 - Notably, reasons for poor communication often stem from issues related to cultural backgrounds, sexual identity, and religious beliefs.
 - How can we as HCP and clinicians tackle these multifaceted situations , most notably by preventing youth from fleeing the household, as well as getting into this cycle of education disruption.
 - A root cause of one's increased susceptibility to disease is the lack of stable housing.
 - It is critical to try to continue youth's education
 - Help them understand what the sustainable development goals are and how to integrate them into their careers
 - Other solutions include offering mental health workshops for schools, specially those in low income areas
 - Youth are so receptive to youth-to-youth connection and when it is a youth-to-youth perspective

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- It is very powerful to connect with another individual who has similar lived experiences
- Key disparities are being projected as happening overseas, but these are happening in our countries, in our cities, and to our own neighbours
 - This lack of awareness stems from a lack of education on these issues in formal education and institutions.

Poverty charges interest. Social Determinants of health charge interest.

- If we apply this idea to students in low income households — these youth may not have access to technology, and so they may not get the education that they need, nor will they have access to the resources that will help them with their mental health.
- As these children and youth grow, and become adults, they will face these adverse effects — this is especially true when considering the fact that youth are in critical developmental periods, and it is at these times that kids can learn health coping strategies.
- The gap and the inequities that exist when you are a child, continues to expand and grow as one reaches adulthood.

Helping youth access tools

- There needs to be policy supporting the following ideas:
 - Reducing the amount of checkpoints between what you need to get and how you can get it.
 - Implementing these mental health resources in high schools
 - It is really critical to empower youth to see that it is okay to reach out for help and say that you don't know
- We need to help youth access the right mindset

Recognizing who has the power

- It is important to recognize that the people who have the power are the ones who have the capacity to change the system and change the policies — these are the people who can make change happen, and make it happen quickly
- It is critical that these people who have the power, also listen to youth and those with lived experiences
 - Trying to connect youth to the people who are in these positions, and who have the capacity to make changes is essential
 - Youth have their own opinions and critical insights

Colonization

- Ongoing colonization, as well as the white supremacy “saviour” complex can be quite harmful, and often perpetuate a lot of global initiatives.
 - Notably, many organizations go into “developing countries” to provide support, but such support is not longitudinal.
 - Such short-term action leaves many communities without the ongoing support they need.
 - Oftentimes these organizations are also not aligned with the different communities, and their specific needs

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- Solution:
 - In order to change and address this issue, we first need to address the fundamental bias that perpetuates these organizations.
 - These organizations should be co-designed, integrating the voices and needs of those with lived experiences into the decision making table

Tokenization of youth

- Oftentimes youth may not contribute their full selves and their full opinions on what they think should happen when they are part of organizations — this non-contribution mostly stems from a lack of empowerment and space benign made for youth
 - With a lack of new ideas and new voices being integrated into decision making processes, the same voices exist and perpetuate — this puts us in a place of stagnation
- However, it is critical that youth should not be tokenized in spaces, as they often are, but rather youths' voices should be included in decision making processes

Health policy and the lack of catering towards marginalized populations

- Oftentimes health policies are designed and focused on the population that is considered “prototypical”. With this approach, individuals who are experiencing homelessness are often not considered.
- For example, with COVID-19 guidelines, the idea of physical distancing by staying 6 feet apart or wearing a mask is not always feasible and accessible to individuals experiencing homelessness. Oftentimes these individuals are living in close proximity to one another.
- This also can be extrapolated to people living in a “developing country”, where there are often thousands of people per square kilometer
- Indeed, quarantining and staying 6 feet apart is a lot easier in some places and locations than others. During this pandemic, there did not seem to be any harm reduction strategies put in place to help out communities, especially marginalized communities.
 - When looking at peel region in Ontario, the lack of paid sick leaves imposed the following decision on people — stay home and lose money to provide for your family, or go into work and risk spreading COVID-19. Furthermore, these essential workers have also been having to put their own health, and the health of their families at risk.
 - While we see the government trying to improve the physical barriers, there does not seem to be any preventive measures being implemented, especially within marginalized communities.
 - We need to take the necessary measures that centre on harm reduction, such as paid sick leaves.
- When considering regions such as Nunavut, there has been tremendous loss to mental health illnesses, especially amongst the Indigenous people.
 - This can largely be attributed to policies and systems that do not reflect the needs of the communities. When considering this issue from a global lens, the mandate for Indigenous people within the UN was the same one that was made years ago — it has not shifted.
 - We are losing people.

Racism

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- The consequences of systemic racism are quite profound — most notably, the structural and state-inflicted violence can and has inflicted so much psychological harm on children and youth
 - The system is impacting youth from the Cree Nation in unhealthy ways, especially when it comes to social and mental health.

Disabilities: invisible and visible

- Oftentimes policies are catered to able bodied people, and those with disabilities are not considered

Outdated policies

- Current policies were put in place many years ago and thus no longer are applicable, nor do they serve the youth of today.
- For the youth in Cree Nation, many of the policies that were created many years ago, no longer work for them in terms of health, economy, and education-wise. While such policies may have worked for generations before, it is no longer working.
- The system is impacting youth from the Cree Nation in unhealthy ways, especially when it comes to social and mental health.
- Policy should be kept up to date with the people it is trying to serve, as well as ensure that the people it's serving have an input in the policy.

Environmental racism

- Thinking about where governments place water waste, dump sites, and resource extraction sites — as the environments these are placed in can directly affect people's mental and physical health. Oftentimes, these placements disproportionately impact marginalized communities, and within Canada, this especially impacts Indigenous communities.
- Environmental racism is another big underlying cause to health discrepancies. If the land you are living on is polluted or has high levels of radiation, your health will be detrimentally impacted, and this may also limit the access you have to health resources.
- In Canada, we have a history of relegating Indigenous communities to environmental areas that are less desirable.
- Water boiling advisories should not exist in Canada

Trauma-informed as well as Equity, Diversity and Inclusion Training

- Oftentimes training and education stops when an individual finishes school, graduates and receives a job. However, the training should be ongoing and continuous. It is also important to ensure that the training is culturally relevant
 - It is worth noting that as much EDI training we can provide, there needs to be work to dismantle the systemic racism that exists.

Nutritious food, social supports, and safe environment

- Accessibility to key factors that affect one's health, including access to nutritious food, social supports, a safe and supportive environment, as well as a stimulatory environment (e.g. Learning tools)

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- These various factors are not always available to youth. The access to such factors are largely impacted by the region you live in, the income you have, and even the intergenerational trauma you are trying to navigate. These are factors that youth may not have control over. These are also factors that are essential for development.

Social connections

- Oftentimes one's susceptibility to dx links to their social and economic connections — whether your family has resources and networks
- Example: This can determine whether you know how to get a family doctor

Who should be included in 'vulnerable groups' and 'people in vulnerable situations' in the context of the pandemic and mental health?

Vulnerable groups and people in vulnerable situations:

- Women's mental health are quite impacted by the lock down
 - Especially single mums
 - New mums in poverty, especially those in shelters and those experiencing homelessness
- Indigenous and LGBTQ+ groups
- Front line workers and health care workers
 - Especially women in health care
 - Their mental health is affected
 - They are now at an increased risk of burnout
 - There will be years of impact following this
- People with a negative at home environment (e.g. those facing domestic abuse or unsafe home environments)
 - These individuals no longer have a means to remove themselves from unsafe environments
- Retirement homes and long term care homes
 - Social isolation amongst seniors was already an issue before the pandemic - COVID has exacerbated this issue
- Individuals who are not covered by social protective schemes (i.e. forms of income that come from the government)
 - "Undocumented" people
 - People in the informal sector
 - Migrants
 - Think about those who are "invisible"
- Sex workers who are not protected
 - Deconstructing violence against women is quite complex but an important topic
 - A lot of youth are working in sex work to make ends meet, and these same youth are disproportionately affected by COVID-19. Furthermore, these youth did not qualify for CERB, the support that was provided by the government — as such, these youth received no financial support and were pressed to work in more precarious situations.
 - Oftentimes this group is left out of the conversation.
- BIPOC

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- Black, brown, Indigenous, and those aligning with the global marginalized diaspora
- Women and children
 - There is also a need for more programs for men
 - Currently there is a south asian men mental health support group based in Brampton. However, there needs to be more mental health programs that are provided and catered towards supporting men's mental health. Oftentimes there are grassroots efforts to get these programs going, however, this should be a national policy that is embedded into systems.
- Precarious work
 - When individuals have to engage in precarious work, they may not have the time to access health and mental health services. Thus, it is important to incorporate mental health into mandates and within bureaucracies (e.g. working and education environments). Furthermore, employment benefits should include mental health.
- OSAP
 - Government provided support should also have a focus on mental health and ongoing wellness.
- Mothers
- People experiencing homelessness or precarious housing situations
- People with poor family life and dynamic
- Individuals without access to technology or internet connection
 - Digital inequity is a critical piece to highlight
 - Consultations should include those who do not have access to internet
- Language can pose many barriers
 - This is applicable not only for people who may not understand English, but also the "technical" pieces of language
 - E.g. people may lack the linguistic capacity to access vaccine signs ups
- Refugees
- Immigrants
- Indigenous
- Coastalish
- Squamish
- Children with disabilities, including invisible disabilities and individuals on the neurodiverse spectrum
- Hard of hearing
- Low vision
- Vision impaired folks
- People with trauma experiences, including intergenerational trauma
- Close housing btw individuals
- Elderly
- Immigrants who may face language barriers — these make it more difficult to navigate the system
- Women
- Homeless populations
- Elderly populations

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- Indigenous
- BIPOC
- Racialized groups
- Women
- Children
- People who do not have social supports, including younger students who have not built up their social networks yet, and people living on their own
 - Eldelry populations who live alone may feel especially isolated because they cannot leave their home for fear of getting sick
- Health care providers, as they have been incredibly overworked
- Military
- Everyone's mental health will be impacted by this pandemic

Intersectionality:

- When talking about vulnerabilities and speaking about who is left behind, it is critical to take an intersectional lens
 - We fall into multiple categories and there are so many layers to classifying these groups of people
 - Intersectionality is critical
 - In policy briefs, there should not be a "tick box groups of lists we are catering to" but rather taking on an intersectional lens, where we focus on compounding inequities and vulnerabilities
- Note: When speaking of vulnerable populations or populations in vulnerable situations, it is important to take on an intersectional lens, as oftentimes marginalized identities are compounding.
- For example, when speaking about the racial injustices faced by Black people, we must consider how such racism may impact one differently if they are both Black and disabled.

Important considerations:

- When decisions are being made, there should be consultation with these groups and considering different perspectives
- Vulnerable definition depends on physical versus mental health
- Intersectionality
- There are certain systemic issues where people are marginalized for social reasons and are thus placed at a higher risk of worse health outcomes
- These different determinants can exacerbate one's susceptibility to COVID-19.
 - Example
 - The policy to implement additional police force as a means to contain COVID-19 was a particularly detrimental policy for marginalized and racialized folks.

Protective factors

- Living with a caring family can provide a sense of security and safety
- Having a sense of community and a sense of autonomy
- Feeling that you still hold the power to make decisions, even within the context of restrictions

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- Example: In a nursing home environment, as well as in prisons and hospitals, the restrictions have been quite extreme and many individuals may lose their sense of autonomy, making them more susceptible to mental health challenges

Who is influencing policy decisions?

- Digital inequity is a critical piece to highlight
 - Consultations should include those who do not have access to internet
- When policy makers are trying to support people, they need to put an effort into bringing people with lived experiences to the tables with power, such that they have the ability to provide insight into policies and play a role in making legislation
- Including representation of people with lived experiences is critical
 - However, we also do not want to “overresearch” them
 - People with lived experiences are constantly being asked to contribute to research and data collection, and oftentimes having to relive their trauma — yet, their input is not being incorporated into actual policy decisions.
 - Other times, their opinions are not being incorporated into tangible changes, nor are policy makers and researchers being held accountable.
 - Their input is not making it to decision makers tables. Policies makers need to make an active effort into making sure that people with lived experiences’ voices are being heard, but also being incorporated into decisions and tangible solutions.
 - People with lived experiences often feel the pressure to represent their population, yet the process of gathering their information does not always account for their safety.
- Going to the source is so critical and necessary, but how do we protect people when we bring them to decision making and policy making tables
 - We need to find ways to collect information from these individuals, but at the same time we need to prioritize the preservation of their safety and privacy
 - It is essential to have autonomy over your own policy and having accountability towards that
 - Often times, policy makers and the government take for granted the input of people with lived experiences
 - This feedback needs to be collaborative, and there needs to be a method to ensure that people with lived experiences have tangible methods to contribute to final decisions

What implications does COVID-19 have on social determinants of health?

- COVID-19 has not been the great equalizer, but rather has amplified the health disparities and social determinants of health that have previously existed
- Doug Ford not allowing paid sick leaves has been detrimental to people’s health, livelihood, and has contributed to the inability to slow the progression of this pandemic
 - When reflecting on who our essential workers are, we often see that it is racialized and marginalized people
- Indigenous communities
 - How can policies incorporate and centre Indigenous knowledge?
 - Oftentimes institutions are hesitant to integrate Indigenous knowledge, and address Indigenous colonialism.

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- It is important to not only talk about these issues, but also make tangible steps to address them.
- Holistic health
 - There needs to be mandates on mental health that also incorporate, and acknowledge how one's mental health is related to one's financial health, spiritual health, and physical health
- Youth and Children's mental health
 - Kids and youth are struggling with their mental health, as there is no tangible plan on how to help children in a proactive, rather than reactive fashion.
 - Many of the programs and services offered to youth struggling with mental health can be inaccessible when a child has many other responsibilities and financial barriers to tend to. Such programs are often reactive in nature.
 - For example, a youth who is struggling with their mental health and is also of lower socioeconomic status, may not be able to prioritize their mental health if they are working 3 jobs. Within this example, it is also critical to understand that this youth's mental health may be deteriorating not only from the lack of mental health services, but also from the financial toxicities associated with being an individual of lower socioeconomic status.
 - Solution
 - These programs should also take on an intersectional lens, acknowledging that the mental health struggles faced by Black, Indigenous and racialized youth is very different from non-minority groups; one's mental health is significantly compromised by ongoing racism and other prejudices.
 - These programs should be integrated into the educational system, where there are designated programs that are implemented for all children and youth — not just the children who are labeled as “challenging”. Every youth should have readily available, proactive mental health access.
 - Everyone has mental health challenges, and mental health struggles
- Mental health as a social determinant of health
 - COVID-19 has made it significantly worse for many individuals, and especially for post-secondary students. The learning model of being online this year has exacerbated existing mental health issues, and has generally worsened the mental health of students.
 - COVID-19 has also highlighted the existing gaps that exist in mental health supports, and that there needs to be more done.
 - Currently, the wait lists are incredibly long, posing significant access issues. It can also be very costly if you want to get the high level of care that you need.
 - In Atlantic Canada, the access issues to mental health services are especially bad. The screening process to receive mental health can be another barrier — someone else's perception of your mental health may determine whether or not you can gain access to mental health services. For example, you may have to have a 45 minute phone call to see whether your symptoms qualify you to get more counselling or assistance — essentially having someone else determine

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whether your problems are “bad enough” to receive mental health support. However, someone else's perception of your mental health will not always be accurate.

- Mental health in the Cree Nation
 - Last year when the pandemic first hit, Northern Quebec went into lockdown around March 2020. During the entire year-long pandemic, there was minimal support provided for this community. Many youth lost their jobs, had their health deteriorate, and had their education disrupted. Their finances and commitments were disrupted. These compounding factors, in addition to the lack of support, truly hurt the Cree Nation — their community lost 9 youth to suicide. More support and mental health support is needed.
- When designing these mental health services and programs, they need to also cater to individuals who are Black, Indigenous and racialized. One method of supporting racialized folks is to have social workers and therapists who are also BIPOC — oftentimes these support services are predominantly provided by white individuals.
 - By co-designing these services with individuals from marginalized and racialized communities we are not only connecting people but we are also moving past the individualistic perspective that has predominantly, and more so, we are moving into a community participatory action. We also need to ensure there is consent every step of the way, and acknowledge that in having individuals with lived experiences co-design these programs, they are also dedicating emotional labour to this work.
 - In this effort to co-designing, we should be centering and incorporating Indigenous traditional medicine — however, we should do so in a way that is not culturally appropriating, while also providing adequate support and financial compensation
- COVID-19 has highlighted and exacerbated the social determinants of health that have already existed
- Vaccine roll out
 - For health care providers, they were able to sign up for an appointment
 - For people in marginalized communities, such as postal code hotspots — that often are associated with lower incomes — could register for vaccine pop up clinics. For these pop-up clinics, people had to take days off of work in order to line up for the vaccine. However, oftentimes these pop-up clinics run out of vaccines before they can vaccinate everyone. For some people, this missed day of work could mean a missed meal for their family.
 - This type of vaccine roll out has really highlighted the inequities that already exist within our society.
- Socialization & the lack thereof
 - Socialization is critical for youth — they need to form new connections and identify their place in the world.
 - With lock downs and living alone or with people who are not around your age, it can be very difficult to maintain adequate health.

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- This isolation can be especially detrimental to youth starting new chapters of their lives, where they may be finding it difficult to form social connections or friendships while they are navigating a new environment.
 - This social isolation is sure to deleteriously impact youth's development.
 - Youth are missing out on key milestones in their life that are a once in a lifetime occurrence.
- Other inequities highlighted
 - Indigenous communities
 - Rural communities — especially with the lack of access to online services

From a Canadian youth lens, what priorities or key messages would you like to see reflected in Canada's statement on the topic of mental health amidst a pandemic?

Mental health affects everyone

- Mental health and illness affects everyone in some capacity, this includes people with lived experiences, people who have family members experiencing mental health concerns — it is worth emphasizing that mental health affects everyone.
- We as a society have made leaps and bounds to de-stigmatizing mental health
- Mental illness looks differently for each individual and manifests differently.
 - It is also worth noting that just because you have not had an official mental illness diagnosis, this does not mean that you do not have mental health — you do, and you still need to take care of your mental health.

Mental health & the pandemic

- It is also critical to redefine what mental health is and what mental health care is, especially within the context of a pandemic.
 - Mental health is not just the absence of mental illness, but it is the overall psychological stability and wellbeing of a person.
 - Mental health providers are not limited to psychiatrists and therapists, but can also extend to cultural workers, social workers, or community health workers.
 - We also need to consider how we are going to support these different forms of mental health — in other words, we need to be providing financial support to these cultural groups when they are providing mental health services.
- Access to mental health services has shifted drastically within this pandemic
 - People may no longer feel comfortable going into the emergency room for a mental health concern because of COVID-10 and telehealth wait time is upto 9 hours long.

Emergency room

- Many patients come into the emergency room seeking mental health services, but they often leave feeling deflated because the ER is not able to provide these
 - Emergency room services are often very short term, and inadequate when it comes to supporting the mental health needs of patients. The ER is often ill-equipped and inadequately resourced to provide the support that youth need.

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- There needs to be a shift to community long term help that can substantially and sustainably support the needs of youth. There also needs to be funding of these community long term care services for mental health needs.

Types of mental health care offered

- There are different mental health care needs for different populations
 - Example:
 - For individuals experiencing abuse in the home environment, they may need a more discreet way of accessing care.
 - We also need to be able to provide support to the healthcare workers themselves

Police & mental health response

- We need to bring police out of the mental health response.
- When youth and children call 911 for a mental health concern, they can be placed in a very harmful and dangerous position when police are the ones responding to these calls. These youth may feel they are being criminalized for having a mental health concern.
- Additionally, have the police attend these calls creates an uncomfortable, and unsafe environment for youth who are already in a vulnerable position.
- We need to re-imagine what mental health support looks like for youth and kids.

Access to mental health & paid sick leaves

- For individuals who are working multiple jobs to make ends meet — they may not have the finances to take a day off in order to support their mental health.
- Mental health services need to be reimaged in a way such that an individual would not lose income when accessing these services
- Mental health services need to be made more accessible to everyone — not everyone can afford to take time off to take care of their mental health

How are youth's mental health affected by the global pandemic?

Zoom fatigue

- For students it is incredibly exhausting to be interacting at a different energy level to try and learn. Yet when you shut down your computer, you are still stuck in your apartment.

Inability to leave an unsafe space

- A lot of youth do not have the option to go anywhere, nor do they have the legal capacity to distance themselves if they are living in an unstable home
- This is especially true for individuals in the LGBTQ group, where their environment may not be fully accepting.
- It is quite hard for youth to create a space for their mental health and wellness when they may not have the ability to do so due to their age, education and financial situations

Other factors

- Generally, there are more responsibilities in terms of looking after family members, the inability to leave your home, job loss and illness.

Appendix

Repetitive lockdowns and frustrations

- It is disheartening to be in continuous lockdowns, and oftentimes youth are feeling defeated by the system and losing trust in its ability to work.
- It has especially been hard to see the slow vaccine roll out, and the inconsistent lock downs, especially when other countries are advancing so much faster.
- It also has been frustrating to have the rise of cases and outbreaks be blamed on youth. There does not seem to be a consideration of the fact that many youth are essential workers or are living in precarious housing.

Social media

- The rise of social media platforms and the ability to see the lives that others are living has led to a creation of dissonance in how you perceive your reality
 - This can also be particularly socially isolating, to see all the possible life experiences one could be having, but knowing that you have to stay at home in order to decrease the spread of COVID-19.
 - Quintessential doom scrolling — in which an individual continues to scroll and experience information overload until the point of fatigue. This can be really devastating to one's mental health.
- Youth are also experiencing news fatigue from social media
 - Youth are put into this unique place of having to translate the news to their families and parents. They are required to take on the emotional burden of explaining the lockdown to parents, and also shoulder the frustration and disappointment expressed by their families.

What role does youth play during a pandemic and how can youth play a bigger role in mitigating the impact on mental health for all?

- Gathering PPE and additional materials to donate to clinics
- Utilizing social media as a means to knowledge translate and spread news in real time
- Gathering groceries and providing baby sitting for health care workers
- Crowdfunding technological devices donations to health care clinics, as well as individuals experiencing violence in the home
- Providing peer support and friendly talks to individuals who are elderly or BIPOC
- Vaccine roll outs
 - Youth providing infographics and creating knowledge translation videos to address vaccine hesitancy and contentious opinions
- Raising awareness on social injustices
 - With the Black Lives Matter movement, many youth took on the role of amplifying voices and unpacking racism and prejudice within their families.
- Youth have addressed technology gaps
 - Many youth have taken on the role of setting up phone calls, skype accounts, and zoom accounts for their elderly family members to help facilitate social connection for these individuals
- Youth have volunteered at vaccination clinics

Appendix

- There has been an uptick of youth activism and volunteerism
- Youth are also front line and essential workers
 - Youth may also be working as unpaid caregivers for their elderly family members
 - Youth have also helped with the vaccine roll out by helping their families access health care appointments and registering for vaccinations

Why are youths voice important; specifically at the level of governments and policy making

- The youth voice is the voice of tomorrow
 - Policies that are tabled today, might be implemented tomorrow
- Increasing the trust youth have with these institutions
 - Incorporating the youth voice into policy decisions is essential, as it can help increase the trust youth have in these systems, especially knowing that youths' voices are being considered and being incorporated.
- When considering youth's voices it is also essential to incorporate the voices of those youth that are most vulnerable and marginalized
 - We need to extend these discussions beyond the university and privilege circles, trying to focus on including youth from lower income areas or how are experiencing food insecurity



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