Review of Mental Health for Marginalized Girls and Youth in Canada:

Current State and Protective Factors

Prepared for

CANADIAN WOMEN'S FOUNDATION | FONDATION CANADIENNE DES FEMMES

By

TaylorNewberry CONSULTING

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Taylor Newberry Consulting is a consulting organization located in Guelph, Ontario. Across many social service and health sectors, our goal is to help organizations and communities generate the information, tools, and resources they need to improve their work and create strategic change

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GLOSSARY OF TERMS AND ABBREVIATIONS

Two-Spirit (2S)	The term Two-Spirit can be used as an umbrella term by Indigenous people who may also identify with another gender identity (gay, lesbian, bisexual, trans, etc.). The term Two-Spirit is often used to refer to the specific cultural and community roles that Two-Spirit people play as individuals who are understood in many Indigenous traditions to embody both male and female energies (Métis Nation of Ontario, 2022).
Transgender (trans)	A person whose gender identity is different from the one that was assigned to them at birth. Some transgender people identify as either male or female, while others may see transgender as an umbrella term and identify as gender nonconforming or queer (It Gets Better Project, 2021).
Non-Binary	A person whose gender identity does not conform to the gender binary (e.g., male or female). Nonbinary people may identify with more than one gender, or with no gender (It Gets Better Project, 2021).
Cisgender	A person whose gender identity matches the sex they were assigned at birth (i.e., not transgender or nonbinary; (It Gets Better Project, 2021).
Questioning	The experience or state of questioning or experimenting with one's gender expression, gender identity, and/or sexual orientation. People may be Questioning for a short period once in their lives, or they may be Questioning multiple times throughout their lives when the labels they've identified with no longer feel right (It Gets Better Project, 2022).
Gender Nonconformity	An umbrella term describing individuals whose gender expression, gender identity, or gender role differs from gender norms associated with their assigned birth sex (American Psychological Association, n.d.)
Racialized	The act of being "raced" or seen as someone belonging to a particular race (Alberta Civil Liberties Research Center, 2021).
Equity deserving groups	Equity deserving groups are identity-based groups (e.g., Muslim, 2SLGBTQ) that have lesser opportunities to participate in society because they are oppressed or discriminated against. Equity-seeking groups are those that actively seek justice and reparations for historical disadvantage and discrimination (Human Rights and Equity Office, nd).

1. INTRODUCTION

Over the past few decades and particularly in the recent post-pandemic years, there has been a growing concern about youth mental health and wellbeing (Bil, Bulawa, & Świerzawski, 2021; Byrne, Barber & Lim, 2021). According to the World Health Organization (WHO), mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years (WHO, 2021). In this land now known as "Canada", youth mental health reached a new low amid the COVID-19 pandemic, with more than half of youth aged 15-17 (57%) reporting that their mental health was either somewhat or much worse than what it was before the pandemic (Statistics Canada, 2022a). Within this demographic, young girls in particular navigate a complex terrain of societal expectations, academic pressures, and changes associated with puberty and adolescence. Recent trends underscore a growing urgency to address the mental health needs of girls, as they grapple with unique stressors that can have profound and lasting impacts on their overall well-being.

The unique stressors experienced by young girls and youth are exacerbated by intersecting systems of oppression. Girls from Black, Indigenous, and other racialized communities often face both interpersonal and institutional racism and sexism, which can significantly impact their overall well-being. Similarly, gender nonconforming youth may encounter discrimination and transphobia leading to distressing experiences. These marginalized youth groups have also been disproportionately affected by the COVID-19 pandemic. The increase in social isolation has led to a disconnection from their communities where they typically find essential social and emotional support (Paceley et al., 2021; Stefanovich, 2021). Recent research has also highlighted a rise in race-related hate crimes during the pandemic (Statistics Canada, 2023). These additional stressors emphasize the importance of organizations providing mental health resources to support the well-being of racialized girls and gender-nonconforming youth.

Recognizing the need for early intervention, this report seeks to capture and understand the experiences of racialized girls and gender nonconforming youth and what is necessary to support their mental health and wellbeing as they enter adolescence (ages 9 to 13). Specifically, this report implements a systematic review of the literature on the mental health of two equity-deserving groups: 1) Two Spirit, Trans, Nonbinary & Questioning girls and youth, and 2) Black, Indigenous and racialized girls. This report also implements focus groups with youth from these community groups and service providers from youth-serving organizations to understand strengths and gaps in programming. This report also considers intersectional challenges that arise among gender nonconforming and racialized youth, and how such challenges can impact their mental health.

Research methods contributing to this report are discussed below, followed by a summary of existing literature outlining the present mental health landscape among gender nonconforming and racialized youth. The primary data collected for this report inform a subsequent discussion on effective programming strategies for addressing the needs of these demographics. This report concludes with a discussion on the findings, acknowledging limitations, and proposing recommendations for enhancing youth mental health programs.

1.1 METHODOLOGY

1.1.1 LITERATURE REVIEW

This literature review includes peer-reviewed and grey English-language literature published between 2002-2023. Older literature was included if it was highly relevant to the topic. While there is a focus on Canadian sources in this review, literature from the United States and Europe was also included. The review takes into consideration the changing landscape for marginalized girls' and youth's mental health since COVID-19, contextualized by an awareness of the changing funding landscape for this demographic. Finally, the review sought out promising practices to enhance protective factors for this demographic.

Relevant literature was identified using social science databases (e.g., PsycINFO, JSTOR), Google Scholar, and Google, using various combinations of search terms in Table 1. Other search terms were used as needed (e.g., discrimination, marginalization).

TABLE 1. KEY SEARCH TERMS FOR LITERATURE DISCUSSING TWO-SPIRIT, TRANSGENDER, NONBINARY, AND QUESTIONING GIRLS

Content Area	Search Terms
Trans	Transgender, trans, gender minority
Mental Health	Mental health, well-being, anxiety, depression, suicid*, self-harm, loneliness, isolation, COVID
Nonbinary	Nonbinary, gender diverse, gender questioning, genderqueer, genderfluid, enby
Two-Spirit	Indigenous queer, 2S, Two-Spirited, Indigenous LGBTQ
Questioning	Gender questioning, gender exploitation

TABLE 2. KEY SEARCH TERMS FOR LITERATURE DISCUSSING RACISM AND MENTAL HEALTH FOR RACIALIZED GIRLS

Content Area	Search Terms
Racism	Raci*, race, discriminat*, discrimination
Mental Health	Mental health, well-being, psychological well-being, emotional health
Racialized	Black, Indigenous, racialized, newcomer, racial*
Girls	Girls, youth, young women, children

This literature review describes the mental health landscape for both gender nonconforming and racialized young girls and youth, as well as existing mental health frameworks and best practices for developing mental health programming for these groups. Furthermore, it explores the limitations and gaps of these programs while also

highlighting the intersectional and anti-oppressive practices that can be implemented when providing mental health services. The following research questions guided the literature review:

- What is the current state of mental health among Two Spirit, Trans, Nonbinary & Questioning girls and youth between the ages of 9 and 13?
- What is the extent and nature of the impact of racism on the mental health of girls aged 9-13, with a specific focus on Black and Indigenous communities?
- How do anti-oppressive and decolonization lenses contribute to understanding the unique challenges faced by Two Spirit, Trans, Nonbinary & Questioning youth and Black, Indigenous, and Racialized girls in the context of mental health?
- What are the existing and promising approaches that can be implemented to enhance protective factors for the mental health of Two Spirit, Trans, Nonbinary & Questioning girls and youth, and Black, Indigenous, and racialized girls?
- What are the current research findings and gaps in the literature regarding the mental health of Two Spirit, Trans, Nonbinary & Questioning girls and youth, and racialized girls aged 9-13?
- How can research on girls' mental health, confidence, and self-esteem be updated and expanded to address the intersections of race and gender in a meaningful way?
- How can research on girls' mental health, confidence, and self-esteem be updated and expanded to address gender diversity in a meaningful way?

For ease of interpretation, the literature review is divided into two sections, each focusing independently on different equity-deserving groups. Section 2 focuses on summarizing the literature pertaining to Two-Spirit, Trans, Nonbinary, and Questioning girls' and youth's mental health. In section 3, the literature review discusses Black, racialized, and Indigenous girls' mental health outcomes. Each of these sections overviews the current state of mental health among these groups, protective factors, current practices, and decolonial and intersectional approaches.

1.1.2 FOCUS GROUPS

While the literature contains a large body of research focusing on the current state of mental health for gender nonconforming and racialized girls and youth, it is limited in its discussion on the gaps and challenges with providing programming for these groups. Moreover, the literature, in its current state, is weak on providing direction for service providers on best practices.

To help fill these gaps, the research consultants conducted a series of 5 focus groups and 3 interviews with service providers and youth who are receiving youth programming services. Recruitment for focus groups involved compiling a list of partnering organizations that offer youth mental health services for young girls, with a focus on serving racialized and gender nonconforming girls and youth. Invitations were sent to these organizations to have

their youth participate in a focus group or for them to conduct their own focus groups with the youth they serve[1]. Amongst those who participated, 17 were youth and 8 were service providers.

The research consultants created multiple focus group guides that aimed to further understand the barriers, challenges, and gaps in mental health programming for youth mental health. The guides also aimed to gather best practices for serving these equity-deserving groups. Several focus group guides were developed considering the following research questions:

What are the gaps and challenges in current programming modalities for mental health support for these specific groups of young individuals, as perceived by sector leaders, direct service providers, and the youth themselves?

How can existing programming modalities be improved to better address mental health challenges faced by racialized girls aged 9-13, as identified by sector leaders, direct service providers, and youth nationally?

What are the barriers and challenges faced by professionals working in girls' programs who are not trained in mental health supports, and what are the most effective ways and means of skill-building for these professionals?

What are the key directions for supporting thriving girls' and gender equality sectors, incorporating anti-racism and anti-oppressive practices, as informed by sector leaders, direct service providers, and service users?

The guides were adapted to be culturally appropriate and appropriate for the age ranges of those participating. Word-for-word transcriptions or research notes were taken during each focus group. The research consultants then applied thematic analysis techniques to identify patterns (i.e., themes) that emerge from the notes. As a last step in analysis, summaries of each theme were developed and paired with direct quotes from the focus groups.

[1] Three organizations included in our sample conducted their own focus groups with youth.

2. TWO SPIRIT, TRANS, NONBINARY, AND QUESTIONING GIRLS AND YOUTH MENTAL HEALTH

2.1 TRANS, NONBINARY, AND QUESTIONING YOUTH

Research has consistently demonstrated that transgender, nonbinary, and questioning youth are more likely than their cisgender counterparts to experience mental health disorders including depression, anxiety, suicidality, and substance abuse (Arcelus et al., 2018; Reisner et al., 2015). A US-based study of the mental health of transgender and nonbinary youth (grades K-12) revealed that 53% of gender nonconforming youth had experienced psychological distress within the past month. This percentage is nearly 50% higher than the general population (James et al., 2016). The same study reported that the suicide rate is nine times greater among trans and nonbinary individuals than in the general population. Similarly, Johansson and colleagues' (2019) cross-national study of non-binary youths' somatic and mental health symptoms also revealed that 35% of non-binary youth in the US are diagnosed with at least one mental health disorder, with the majority having anxiety and/or depression. The situation is no different in “Canada”. According to Veale and colleagues (2018), transgender and nonbinary youth (ages 14-25) report higher rates of psychological distress, self-harm, major depressive episodes, and suicidal ideation and attempts than cisgender youth. For younger age groups, suicidal ideation was more likely.

The minority stress model is one theoretical explanation for why transgender and nonbinary youth have worse mental health. The minority stress model, introduced by Meyer (2003), is an attempt to understand the impact of external stressors on queer communities' mental health and wellbeing. According to Meyer, LGBT[2] individuals experience two forms of stressors due to their minority status. Their first stressor is distal stress, which is external, objective events or circumstances independent of their perception. Examples include victimization[3], social stigma, bullying, harassment, violence, and discrimination. LGBT individuals also face proximal stressors, which are ingrained beliefs and negative social attitudes, such as internalized homophobia/transphobia, concealment of sexual identity, hypervigilance or untrustworthiness in strangers, and feelings of self-hatred (Ibid, 2003). Minority stress theory states that LGBT individuals are likely to experience stress that moves from distal to proximal sources; thus, experiencing an external stressful event or condition leads to internalized beliefs or behavior that continue the stressful feelings attached to the event. The mental health of people who identify as LGBTQ+ is therefore heavily influenced by persistent discrimination and marginalization.

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[2] While we apply the phrase LGBTQ+, it is important to note that Meyer’s original theory only included lesbians, gays, and bisexuals. Later research has shown that the minority stress model applies to gender nonconforming groups, such as those who are transgender, nonbinary, and gender diverse.

[3] Victimization refers to a state or process of being a victim to a crime. When someone is victimized they are more at risk of sexual, physical, and financial forms of abuse/violence. To learn more about victimization, check out the following link: https://www.crcvc.ca/docs/victimization.pdf

There are a few recent studies that highlight how distal stressors have a direct effect specifically on transgender and nonbinary youth wellbeing. For example, Newcomb and colleagues (2020) found that over half of transgender and nonbinary youth experience victimization at higher rates than their cisgender counterparts, with gender nonconforming youth experiencing at least 1 traumatic event in the past 6 months. These researchers conclude that the high rates of traumatic experiences among this population leads to poorer mental wellbeing. Similarly, a study conducted on Quebecois transgender and questioning youth also found that gender victimization through parental verbal and physical abuse leads to lower reported levels of self-esteem (Raymond et al., 2015). Parental verbal abuse towards children's gender identity was associated with higher psychological distress (Ibid, 2015). In a longitudinal study conducted on youth in the Chicago area, Mutaski and colleagues (2015) also found that LGBT youth who experience moderate levels of victimization during a prolonged period of time have a higher risk of developing depression and PTSD. At the same time, decreased levels of victimization overtime led to reduced levels of risk for depression and PTSD. Together, these findings further support that the mental health of transgender and nonbinary youth are heavily impacted by external factors.

Furthermore, the mental health outcomes of gender nonconforming youth intersect with their assigned sex at birth. A study by Rimes and colleagues (2018) on the mental health of youth aged 16 to 25 found that both nonbinary and transgender youth who were assigned female at birth (AFAB) were more likely to report having a mental health condition that interfered with daily activities than those who were assigned male at birth (AMAB). These results are similar for rates of self-harm and suicidality. Likewise, in a study conducted by Veale et al. (2018), transgender boys (AFAB) reported higher risk of suicidality and self-harm than transgender girls (AMAB). This research demonstrates that there is a link between poorer mental health outcomes for those who are AFAB. Unfortunately, research is inconclusive as to why this may be the case.

2.2 TWO SPIRIT YOUTH MENTAL HEALTH

The stress experienced by transgender, nonbinary, and questioning youth may not only be a result of their gender identity. These youth may hold multiple intersecting identities (e.g., race, ethnicity, socioeconomic status, sexual orientation) that can further marginalize them. For Two-Spirit (2S) youth, their mental health is not only impacted by their queer identity but is also affected by the legacies of “Canada’s” colonial history.

Indigenous peoples' culture has been threatened and, in some cases, erased by colonial violence that forced them to assimilate with Christian and European cultures. This included assimilating indigenous people towards heteropatriarchy (i.e. adopting a strict gender binary and heterosexuality) and erasing queer Indigenous sexualities and genders (Hunt, 2016). The Residential School System, for instance, reinforced ideas about marriage and gender roles in Indigenous communities by separating children from their parents and forcing them to learn Christian understandings of sex and gender.

Prior to colonization, the Indigenous system of categorizing gender was more expansive than the Western gender binary system. Indigenous teachings, for instance, did not consider it deviant to have sexual relationships with people of the same gender or sex (Hunt, 2017). Ideas about one’s gender also emerged with other cultural and social practices and were diverse among Indigenous cultures. Due to European colonizers imposing racial, sexual, and gendered categories that continue to be enforced today, colonization has impacted Indigenous understandings of gender and sexuality. It is because of this imposition that 2S individuals are not only discriminated against by the broader community, but also marginalized within the Indigenous community (Hunt, 2016; 2017).

Health inequities are experienced by all Indigenous people due to colonial violence, but 2S people are specifically targeted by colonial violence because they challenge Christian and European worldviews (Scheim, 2013). Because of their marginalized status within and outside of Indigenous communities, 2S people face additional challenges compared with other Indigenous and queer communities. The intersections of being both queer and Indigenous means they are at higher risk of physical and sexual violence (Lehavot 2010; Ristock, 2019) and poverty (Schiem, 2013). Many 2S individuals also have poor access to housing, health care, sexual health care, and counseling. In fact, many emergency housing shelters in "Canada" lack trans-inclusive policies, inhibiting 2S individuals from occupying these spaces (Hunt, 2016).

These factors, alongside racism and trans/homophobia, have led to high rates of PTSD, anxiety, depression, suicidality, and substance use among 2S communities (Robinson, 2022). 2S and other gender nonconforming Indigenous persons are also likely to experience intergenerational trauma caused by the legacies of the residential school system. This trauma is intergenerational in that it continues to proliferate across generations, leading to disproportionately lower socioeconomic rates, higher rates of substance abuse, and increased incidents in the criminal justice system across the Indigenous community (Hunt, 2016).

"Coming out" vs. "Coming in"

The metaphor of "coming out" is used to describe the process of 2SLGBTQ+ disclosing their sexual and/or gender identity to family, friends, and peers. The process of coming out is considered a courageous act, as it is unknown how various individuals may react to the disclosure of someone's sexual or gender identity. For Indigenous people, however, the act of coming out is not a declaration or announcement. Rather, queer Indigenous people go through a process of "coming in," in which an Indigenous person comes to understand their relationship to and place within their family, community, culture, history, and the present-day world. Because Indigenous knowledge sees sexual and gender nonconformity as part of their ways of being, the process of coming in can be a process of reconnection and reclamation to Indigenous knowledge and history (Wilson, 2008). For 2S individuals, the term "coming in" is seen to be more reflective of their experiences than "coming out."

2S youth are particularly overrepresented among Indigenous people who are street involved and homeless. LGB Indigenous youth who are street-involved are also more likely to report sexual exploitations than street-involved heterosexual youth (Hunt, 2016). The isolation that is experienced from both the queer and Indigenous community can contribute to feelings of isolation and rejection for these youth, making them further vulnerable to becoming exploited (Ibid, 2016). These intense feelings can also lead to greater risk of suicidality (NAHO, 2012).

2.3 THE COVID-19 CONTEXT

As demonstrated in the *Resetting Normal: Lessons from the Pandemic* report (2021), the COVID-19 pandemic has amplified the inequities experienced by vulnerable groups. For gender nonconforming youth, the pandemic also heightened or compounded stressors that are experienced across the queer community. The pandemic may have increased these stressors by having youth confined to households with family members who are disapproving of their gender identity. They may have experienced increased familial abuse with increased contact with unsupportive family members or felt the need to continuously hide their authentic self for their safety. Disclosure of one's identity may have also been more likely, as youth had more frequent interactions with family members and may have lacked privacy depending on their home situation (Salerno et al., 2020). These barriers can lead to feelings of gender dysphoria and loneliness, negatively impacting the mental wellbeing of gender nonconforming youth (Paceley et al., 2021).

Physical distancing and continuous school closures also disrupted youth's community ties and intimate relationships with peers. As youth explore and learn more about their sexual and gender identities, the pandemic cuts them off from a valuable resource that could improve their mental wellbeing. Without such support, youth received less validation or a sense of belonging (Paceley et al., 2021). Like other gender nonconforming youth, the experience of COVID-19 was also detrimental to the mental health of many 2S youth. In a survey conducted with the Wabanaki 2S Alliance, 2S youth reported lacking adequate mental health and community support throughout the pandemic. Because of lockdowns and physical distancing requirements, 2S youth were separated from their cultural practices and ceremonies. This disconnection led to feelings of isolation (Sylliboy et al., 2022).

2.4 FACTORS PROTECTING/HINDERING THE MENTAL HEALTH OUTCOMES OF 2S, TRANS, NONBINARY, AND QUESTIONING YOUTH

Under the minority stress framework, there are several protective factors that can mediate the impacts of external stressors on youth's mental health. Fostering protective factors and providing various kinds of support can help reduce risk of negative mental health outcomes and contribute to overall well-being of gender nonconforming youth. The minority stress framework also argues that eliminating distal stressors can lead to positive mental health (Meyer, 2003). There are a handful of examples of these mediating factors, including supportive relationships with friends and family, access to gender affirming medical services, inclusive school environments, emotional connectedness to family and school, positive role models, and social support. In this section, we detail the ways these supports can minimize mental health risks, as well as how the absences of such factors lead to worsening mental health.

2.4.1 CAREGIVER SUPPORT

Caregivers play an integral role in influencing their child's wellbeing and mental health. Caregivers are a primary resource for teaching children about their sexual health and gender identity, and as such, gender nonconforming youth rely heavily on their caregivers to help them navigate their exploration of their gender (Kantor et al., 2020). Caregivers also advocate for their children and help them navigate healthcare and education systems. They may also determine the extent to which a child feels comfortable exploring their sexual and gender identity.

Research demonstrates that parental reactions and support to children's sexual and gender identity can significantly impact youth's mental health. Youth who experience caregiver support are more likely to report positive mental health outcomes. For example, a national health survey of transgender and nonbinary youth in "Canada" found that youth with a supportive adult they could talk to were four times more likely to report excellent or good mental health and over four times less likely to have considered suicide (Veale et al., 2015). Another study conducted among Quebec transgender and nonbinary youth also shows that feelings of connectedness with family members are associated with good/excellent mental health and lower odds of having considered suicide or attempting suicide (London-Nadeau et al., 2023).

On the contrary, when caregivers display adverse emotional reactions to their child coming out, it correlates with poorer wellbeing. Negative parental responses are also associated with a higher risk of suicide and substance misuse among gender and sexual minority youth (Huebner et al., 2013; Kantor et al., 2020). One study found that trans and nonbinary individuals may even slow or halt their transition in concern for their caregiver's wellbeing and to preserve that relationship (von Doussa, Power, & Riggs, 2020).

Recommendation #1: Provide support and resources specifically tailored to educating all caregivers about the experiences of gender nonconforming youth.

2.4.2 SCHOOLING ENVIRONMENTS AND PEER SUPPORT

Caregivers are not the only social support that can improve the mental health and wellbeing of gender nonconforming youth. Peer support systems and the schooling environment can also enhance or hinder the impacts of distal stresses on gender nonconforming youth. Having strong peer support has been shown to improve overall mental wellbeing for nonbinary youth. In a study conducted by London-Nadeau and colleagues (2023), increased social connectedness among peer groups for transgender and nonbinary youth was shown to lead to improved self-reported mental health. Those who scored high on peer social connectedness were more likely to score their mental health as good or excellent than those without those supports.

However, gender and sexually nonconforming youth are more likely to report negative experiences at school (e.g., bullying, fewer positive peer and teacher relationships, and less support; Newcomb et al., 2020). These negative experiences may impact school performance, psychosocial adjustment, and more. For example, a Swedish study found that nonbinary youth (aged 12-18) had trouble adjusting to school compared to their cisgender

counterparts. Specifically, having a nonbinary gender identity was associated with conduct problems (i.e., difficulties following rules), troubles with peers, and a lack of other prosocial behaviours, leading to poorer wellbeing (Durbee et al., 2021).

For youth with multiple minority and/or oppressed identities (e.g., race, ethnicity, disability, etc.), these effects may be even more pronounced. For example, a national survey of high school students found that both Indigenous and non-Indigenous LGBTQ youth reported feeling unsafe at school (25%). About half of students said they heard homophobic comments every day in school, with a further one in ten students reporting homophobic remarks from teachers regularly (Hunt, 2016; 2017). Indigenous youth and youth of colour are also targeted for physical harassment and assault because of racism, which compounds the marginalization of 2S students (Hunt, 2017).

Recommendation #2: Advocate for and implement comprehensive school-based support systems for gender nonconforming youth.

2.4.3 ACCESS TO HEALTHCARE

Receiving gender affirmative medical care serves as a significant protective factor for gender nonconforming youth. Gender nonconforming youth are likely to experience gender dysphoria – that is, a feeling of unease caused by a mismatch between one's sex assigned at birth and gender identity. Receiving medical interventions that can eliminate these feelings may improve the wellbeing of gender nonconforming youth. For instance, puberty can lead to unwanted body changes that can cause feelings of distress and/or suicidal thoughts. Having access to gender-affirming medical interventions, such as puberty blockers that delay puberty and give youth the time to explore their gender and sexual identity, help youth avoid feelings of gender dysphoria (Rainbow Health Ontario, 2022). Access to age-appropriate gender-affirmative medical care can also reduce stress, improving overall mental health and well-being (Tordoff et al., 2022).

Recommendation #3: Advocate for increased access to age-appropriate gender-affirmative medical care for gender nonconforming youth.

Gender Affirmative Health Care in Action

Gender-affirmative medical practices are an effective mental health tool. A study done at Seattle Children's Gender Clinic (a clinic focused on providing gender-affirmative health care) had examined rates of depression, anxiety, self-harm, and suicidality of transgender and nonbinary youth before and after receiving gender affirmative care (Tordoff et al., 2022). Participants in this study were either given one of two forms of gender-affirmative intervention - puberty blockers or gender-affirming hormones. A portion of the sample received no intervention at all. Before the program, well over half of the sample had reported moderate to severe depression or anxiety, and another 40% reported thoughts of self-harm or suicide. Those who received this intervention experienced 60% lower odds of depression and 73% lower odds of suicidality than those who received no intervention. Thus, the gender affirmative care model (GAM) is an effective practice for improving the mental health and wellbeing of gender diverse youth (Ibid, 2022).

There is, however, a significant gap in health and access to healthcare among gender nonconforming youth due to negative past experiences with the healthcare system, including fear of stigma and discrimination from providers, and concerns about parental confidentiality (Call, Challa, & Telingator, 2021). When gender nonconforming youth do access healthcare, they also experience other barriers, such as needing to educate clinicians on their anatomy and healthcare preferences, lacking credible information in obtaining medical care, experiencing vagueness about their sexual and reproductive health, and feeling dehumanized through the process of receiving hormonal interventions (Chong et al., 2021).

Recommendation #4: Support youth in finding providers that practice gender affirmative medical care.

2.5 GENDER-AFFIRMATIVE MODELS FOR ADDRESSING THE MENTAL HEALTH OF TRANSGENDER, NONBINARY, AND QUESTIONING YOUTH

There are multiple evidence-based frameworks that service providers and programs can enact to help improve the mental health of gender nonconforming youth. One of the most well cited is the Keo-Meier's and Ehrensaft's (2018) Gender Affirmative Care Model (GAM). Within this framework there are five principles that inform GAM. This includes:

- *No gender identity or expression is pathological;*
- *Gender presentations are diverse and vary across cultures, therefore they require cultural sensitivity;*
- *Gender is a cocktail of biology, socialization, and culture;*
- *Gender may be fluid and is not binary, both at a particular time point and if and when it changes with the individual over time; and*
- *Any pathology that is present is more often caused by cultural reactions to gender diversity than by internal wellness and coping (Hidalgo et al., 2013)*

The core assumption of GAM is that gender diversity is not an illness, but a form of identity and expression that may need variation in mental health care and practices. The GAM also encourages exploration of a youth's gender identity and expression with freedom from restriction, disparagement, or rejection (Keo-Meier & Ehrensaft, 2018), and thus accepts that gender exploration and diversity is a normal part of the human experience.

In practice, GAM can range from small interventions to larger forms of care. On the smaller scale, GAM can include asking for one's pronouns, listing one's own pronouns, using gender-neutral language, and validating and affirming the experiences of gender nonconforming individuals (Bhatt, Canella, & Gentile, 2022). On a larger scale, GAM can look like having age-appropriate conversations about gender and sexual identity (e.g., discussions on puberty and sex education), providing coping strategies for stress tolerance and emotional dysregulation, supporting youth in their access to gender-affirming health care (e.g., helping them access puberty blockers), and developing safety plans if youth express concerns about violence (Dickey, 2021). Regardless of how organizations choose to enact the GAM, it is important to note that even the smallest of interventions can make a difference in the wellbeing of gender nonconforming youth (Bhatt et al., 2022).

Recommendation #5: Incorporate GAM interventions throughout mental health programming to create an inclusive and welcoming environment for gender nonconforming youth.

2.6 INCORPORATING THE MINORITY STRESS MODEL INTO PROGRAMMING FOR TRANS, NONBINARY, AND QUESTIONING GIRLS

Another approach to providing care is to provide tools and support to help gender nonconforming youth cope with external stresses that emerge due to their gender identity. Because gender nonconforming youth are most likely to experience poorer mental health from external sources, such as victimization, bullying, and stigma, approaches to their mental health may need to account for these stressors. To incorporate the minority stress model into practices, Coyne and colleagues (2020) have developed an adaptive framework called AFFIRM for helping gender nonconforming youth build resilience and stress tolerance to adversity. This framework is based on seven core principles:

1. ***Normalizing the adverse impact of minority stress.*** Providing psychoeducation on how one's gender identity can impact them. This may also include involving caregivers and providing them with educational resources.

2. ***Facilitating emotional awareness and regulation***.Teaching youth how to identify and label emotional responses and learning distress tolerance in unavoidable situations (e.g., misgendering, harassment).

3. ***Restructuring minority stress conditions:*** Both youth and caregivers learn to recognize and restructure negative beliefs associated with having a gender minority status.

4. ***Empowering assertive communication.*** Teaching effective communication skills to help gender nonconforming youth advocate for themselves with family members, peers, and adults in the home, school, and public settings.

5. ***Reducing maladaptive avoidance:*** Encouraging youth to not avoid stressors, but exposing them to manageable challenges to help develop a sense of self-efficacy and recognition of their individual capacity to act to improve their situation.

6. ***Validating strengths***: Helping youth identify ways to develop their strengths in spaces where they spend the majority of their time (e.g., identifying opportunities to develop leadership skills in schools or community activities).

7. ***Building supportive relationships***: Focusing on parental resources and intervention to help build a supportive network for youth. This may include providing educational resources to parents (e.g., the unicorn diagram).

While this framework was developed for therapists using cognitive behavioural therapy, there are several ways programs can incorporate this adaptive framework into their practices. First, several existing programs have focused on creating social and community support in surrounding neighborhoods. For example, Toronto-based programs, Lumenus and Toby's Place, offer drop-in programs where 2SLGBTQ+ youth can socialize and build relationships. Programming may also include educational resources to help teach families and caregivers about gender identity, and the impacts it may have on their children. For instance, The Gender Independent Group under the Toronto District School Board provides monthly meetings to caregivers to provide support for their children. Regardless, incorporating the minority stress framework into practices and approaches is important for improving resiliency and improved mental health outcomes for youth.

Early pilot data on the AFFIRM model shows it is effective in reducing depressive symptoms among trans and nonbinary youth. However, the AFFIRM model does not entirely mitigate the severity of depression experienced by those who score severely on depression scales, and youth continue to require intervention to manage ongoing distress. Research has also not uncovered the impacts of AFFIRM on other mental health symptoms, such as anxiety, self-harm, and suicidal ideation (Coyne et al., 2020). Furthermore, data on the effectiveness of the AFFIRM model is based on a pilot study where youth received the intervention for two days. It is currently unknown how AFFIRM would impact depressive symptoms in gender nonconforming youth over a long period (Ibid et al., 2020). Research also has not examined the effectiveness of this model of racialized and Indigenous youth. Thus, it is advised to be cautious when applying this model when working with racially diverse populations.

Recommendation #6: Emphasize building resilience and stress tolerance to external stressors related to gender identity by implementing Coyne and colleagues adaptive framework.

The Gender Unicorn

The gender unicorn is a psychoeducational visual diagram that teaches youth and parents of the different components that make up one's gender.

There are four areas:

- *Gender Expression/Presentation: The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc.*
- *Sex Assigned at Birth: The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes.*
- *Physically Attracted To: One's sexual orientation.*
- *Emotionally Attracted To: One's romantic/emotional orientation.*

A fillable version of the gender unicorn can be found at:
https://transstudent.org/gender/

2.7 TAKING A DECOLONIAL, INTERSECTIONAL, AND ANTI-OPPRESSIVE APPROACH

Existing models for addressing gender nonconforming youth's mental health typically fail to recognize the intersecting identities of individuals, especially those who have multiple marginalized identities, and as a result, are unable to address the needs of that community. One example of this gap is the attempt to serve Indigenous youth in a colonial system. Critiques of queer and mainstream mental health services and programs have been centered around the absence of discussion and resistance around colonialism and imperialism that continues to harm Indigenous communities to this day (Driskill, 2010). Indigenous and 2S individuals are harmed by the erasure of their identities through colonialism. There is a community need to center practices around decolonization.

The act of decolonization involves ongoing, radical resistance to colonialism, including struggles for land redress, self-determination, healing historical traumas, cultural continuity, and reconciliation (Driskill, 2010). Decolonization is also a matter of confronting homophobia, transphobia, and reclaiming Indigenous knowledge

and history around gender and sexuality for 2S people, and strengthening relationships with Indigenous, queer, trans, and 2S communities in order to help build on decolonial efforts in practices (Hunt & Holmes, 2015). This may also involve (re)building knowledge of contemporary and historical issues within these communities by challenging everyday normative assumptions, identities, and behaviours, and accepting forms of knowledge that counter Western "Canadian" practices (Ibid, 2015).

There is a need for organizations and service providers to center a decolonial and intersectional approach at the heart of their work, especially when supporting Indigenous communities. Suggestions for approaching this work, however, are limited across the literature, especially when looking at youth. Despite this limitation, there are some evidence-based steps service providers can take. In one study with 2S youth, Wesley (2015) noted several areas where organizations can help fill gaps to improve the community's wellbeing. First, organizations should be accountable and make pro-2S commitments for queer Indigenous youth to know that they are supported. This can include sharing educational resources and conducting internal learning on Indigenous practices and histories. Second, there is a need for social and community spaces dedicated for 2S youth that are safe, welcoming, and comfortable, as many 2S youth feel a sense of isolation due to their marginalization in both queer and Indigenous spaces. Such spaces should be organized by 2S community members. Third, the visibility of 2S individuals should be increased through artistic means, like art, music, and other formats that can positively represent 2S individuals (Wesley, 2015).

Recommendation #7: Work towards decolonizing mental health programming by making pro-2S commitments, providing social spaces specifically for 2S youth, and highlighting positive role models for 2S youth.

Avoiding the label "at-risk"

There is a need for practitioners and service providers to resist the term "at risk" when categorizing and working with 2S youth. The Native Youth Sexual Health Network (2014) has called the term "at risk" stigmatizing, as it imposes labels that pathologize and problematize youth. In addition, the "at risk" label tends to label being a "youth" or "Indigenous" as risky, rather than to criticize the systems that cause inequality and harm to these groups. Thus, service providers need to move away from this label, while acknowledging that most of the "risk" on queer Indigenous youth is based in systemic barriers.

2.8 CONCLUSION OF THE REVIEW OF TWO SPIRIT, TRANS, NONBINARY, AND QUESTIONING GIRLS AND YOUTH MENTAL HEALTH

Research has consistently shown that the mental health of Two Spirit, Trans, Nonbinary, and Questioning girls and youth is deeply, negatively impacted by factors such as discrimination, inequity, and colonialism. These factors intersect, uniquely impacting girls and youth with multiple oppressed identities (e.g., racialized trans girls). Despite an arguably insufficient amount of research focusing on improving the mental health of these youth, there are some well-understood protective factors for the mental health outcomes of 2S, Trans, Nonbinary, and Questioning girls and youth. These include supportive relationships with friends and family, access to medical services, inclusive school environments, emotional connectedness to family and school, positive role models, and social support. The literature also contains some helpful frameworks to apply in programming, including the Gender Affirming Care Model; teaching youth and their caregivers about Minority Stress and providing them with cognitive tools to overcome Minority Stress; and taking a decolonial approach to programming for girls and youth.

3. IMPACT OF RACISM ON GIRLS' MENTAL HEALTH

3.1 BLACK, INDIGENOUS, AND RACIALIZED GIRLS MENTAL HEALTH

In addition to the gender-based challenges faced by young girls in "Canada" (e.g., sexism, gender-based violence), girls who are racialized often face an additional layer of complexities which impact their mental health and wellbeing. Despite ongoing and intentional efforts to support members of equity-deserving groups, research continues to show that members in these marginalized communities face greater struggles with their mental health, more challenges to their self-esteem, and have experienced more negative consequences compared to any other group of youth. This section of the report outlines the particular challenges of racialized girls, specifically highlighting the challenges faced by Black, Indigenous and Newcomer girls. Research has shown that these particular groups face more systemic barriers and historical challenges in "Canada" compared to any other racialized group.

3.1.1 BLACK GIRLS' MENTAL HEALTH

Black girls and women are disproportionately impacted by multiple forms of systemic oppression due to race, gender, and income (Collins & Bilge, 2021; Crenshaw, 1989), and experience more individual and social stressors as a result (Perry, Harp, & Oser, 2013). At the same time, Black girls and women are socialized and expected to exhibit unyielding strength, care for others, and to be self-reliant (Beauboeuf-Lafontant, 2007). Researchers have found that internalization of this stereotype, known as the Strong Black Woman schema, is linked to decreased support seeking and self-care and increased mental and physical health problems (Liao, Wei, & Yin, 2020; Watson & Hunter, 2016; Watson-Singleton, 2017).

One example of the racial disparity in mental health and lack of adequate support can be seen in suicide rates. Among younger Black children 5 to 11 years old, suicide rates are twice as high as White children of the same age (Bridge et al., 2018). Between 1991 and 2017, suicide attempts by Black youth increased (by over 182% for Black teenage girls), while suicide attempts among youth across other races and ethnicities decreased (Price & Khubchandani, 2019). These grim statistics highlight the need for trauma-informed support systems and interventions which target the specific stressors faced by Black girls.

3.1.2 INDIGENOUS GIRLS' MENTAL HEALTH

In "Canada", the First Nations, Métis, and Inuit population has also faced a disproportionate amount of challenges with their mental health. Generally, Indigenous women across "Canada" living off-reserve tend to have poorer mental health than Indigenous men (Hu & Hajizadeh, 2023). The challenges that many Indigenous peoples face today have been compounded over generations through oppression, intergenerational trauma, systemic barriers and stigma. Across a wide range of indicators, Indigenous women between 15 to 24 years old were more likely to have adverse mental health outcomes than men (Anderson, 2021). For example, Indigenous women between 15

to 24 years old were less likely to report that their mental health was excellent or very good (40.5%) compared with young Indigenous men (58.1%). Young Indigenous women were also more likely than men to be diagnosed with a mood disorder (26.2% versus 11.8%) and were more likely to have been diagnosed with an anxiety disorder (32.6% versus 15.3%; Turcotte, 2015). First Nations youth die by suicide about 5 to 6 times more often than non-Indigenous youth. Suicide rates for Inuit youth in particular are among the highest in the world, at 11 times the national average (Health Canada, 2015). Accessing mental health care can be particularly challenging for Indigenous girls and their families. It is often the case that members of the community have to educate settlers on the impacts of intergenerational trauma while in the midst of a crisis themselves (Edwardson, 2022). There is also a lack of culturally appropriate and accessible mental health care for Indigenous youth. When these programs exist, they often have long wait lists and very short-term programming. Many Indigenous parents will not seek support for their children at hospitals because they fear stigmatization (Edwardson, 2022).

3.1.3 IMMIGRANT, REFUGEE, AND NEWCOMER MENTAL HEALTH

Approximately 75,000 immigrants to "Canada" each year are children and youth under the age of 15. Among this group, 15% are refugees (Statistics Canada, 2022c). Immigrants to "Canada" tend to arrive in better physical and mental health than their Canadian-born counterparts – a phenomenon known as the healthy immigrant effect (Elshahat et al., 2022). However, there is increasing evidence that immigrant mental health begins to deteriorate upon arrival in a new country (De Maio & Kemp, 2010; Ng & Omariba, 2010; Moore, 2018; Cook et al., 2009). One study demonstrated that the longer immigrants reside in "Canada", the higher their risk of developing a mood disorder (Patterson et al., 2012). Many factors may help explain mental health challenges faced by immigrants to "Canada" including, but not limited to, experiencing racial microaggressions (e.g., "where are you *really* from?"), adversity during their immigration process, differences in family acculturation[4] orientations, intergenerational conflicts, and aspects of acceptance by the receiving society that affect employment, social status and integration (Feng et al., 2023; Kirmayer et al., 2011).

While the healthy immigrant effect suggests that new immigrants experience positive physical and mental health, further research has suggested that these positive effects are not always experienced by their children (Ceri et al., 2017; Gadermann et al., 2022). Across a variety of different childhood development, socialization and mental health fields, research suggests that children of immigrants (second-generation immigrant children) face more burdens than native-born children. Acculturation stress, arising from the challenges of navigating between their parents' cultural values and those of the host society, can also contribute to immigrant childrens' increased psychological distress (Beiser, Puente-Duran, & Hou, 2015; Hua & Costigan, 2012). In one study of 2074 immigrant and refugee children (11-13 years old) in "Canada", Beiser and colleagues (2015) found that greater cultural distance (the extent to which an immigrant's home culture differs from mainstream "Canadian culture") increases the risk that youth mental health suffers the longer they live in "Canada". Language barriers may also contribute to a sense of isolation, hindering communication and connection with peers (Ceri et al., 2017).

[4] Acculturation orientations refer to the maintenance of one's heritage culture and the extent to which immigrants engage with the mainstream culture.

Taken together, the research suggests that children of immigrants face increased rates of anxiety and depression, feelings of social isolation and have higher rates of psychiatric disorders (Gadermann et al., 2022). All of these challenges are further exacerbated because second-generation immigrant children tend to have limited access to resources, such as mental health services and culturally competent support systems, which can hinder their development of effective coping mechanisms (Yang & Wang, 2016; Zhou, 1997). As a result, the cumulative impact of these factors underscores the need for targeted interventions and support systems to enhance the mental well-being and social integration of children of immigrants.

Accessing mental health services can be a challenge for immigrant and refugee families, who are much less likely to use the available services when needed than Canadian-born families (MHCC, 2009). Some barriers to accessing mental health care can include lack of awareness of services, financial, and language barriers. Stigma, and differing views about mental health and culturally appropriate healing practices can be additional barriers for some newcomer families.

3.2 IMPACT OF RACISM ON BLACK, INDIGENOUS, AND RACIALIZED GIRLS MENTAL HEALTH

According to the 2019 General Social Survey (GSS) on Canadians' Safety, nearly 50% of Black women and 33% of Indigenous women reported experiencing discrimination over the last 5 years (Statistics Canada, 2022b). More specifically, in the case of Indigenous women, 40% of First Nations women, 26% of Métis women, and 32% of Inuit women reported experiencing discrimination over the last 5 years (Statistics Canada, 2022b). These are significantly higher proportions than non-racialized and non-Indigenous people living in "Canada" (20% of non-racialized women and 13% of non-racialized men in "Canada'' reported experiencing discrimination; Statistics Canada, 2022b). "Canada's" history of residential schools, forced sterilization, destruction of traditional lands, and ongoing systemic mistreatment and racism of Indigenous peoples are all factors contributing to the poorer mental health outcomes for First Nations, Métis, and Inuit women and girls (Srugo et al., 2023). These factors combine to disproportionately impact the mental health of Indigenous women and girls, which can be seen in a higher prevalence of mood or anxiety disorders (Ibid, 2023).

Experiencing racism, especially in early adolescence, has been shown to be directly related to poorer mental health outcomes. For Black youth, experiences of racial discrimination are associated with increases in depression symptoms. A longitudinal study conducted with grade 7 and grade 8 students showed that experiences of racism and race-related discrimination in grade 7 was related to more depressive symptoms in grade 8. This effect was stronger for the racialized girls than the racialized boys (English et al., 2014). It has also been shown that Black girls who experience negative messages about Black women in the media or in their environment also experience more symptoms of depression (English et al., 2020). Another study shows that racial and gender-based discrimination by teachers is associated with higher rates of depressive symptoms (Butler-Barnes et al., 2022). These findings are particularly important because depression symptoms in adolescence are a risk factor of suicide (English et al., 2020).

For Black teens, perceiving higher rates of racial discrimination was also linked to lower self-esteem (Seaton et al., 2009). Exposure to racism or racial discrimination triggers a chronic stress state, and is related to higher levels of post-traumatic stress disorder (PTSD; Harnett, 2020). Racialized youth who experience interpersonal racial discrimination (e.g., hearing racial insults) also experience more internalizing symptoms (e.g., anxiety and

depression) and externalizing behaviors (e.g., impulsivity, inattention, breaking the rules). For internalizing symptoms, the relationship between racism and internalizing is stronger for girls than boys (Loyd et al., 2019).

Recommendation #8: Educate youth and service providers about the impact of racism and discrimination on racialized youth's mental health.

Several psychosocial theories explain how racial discrimination contributed to negative mental health outcomes for girls and women:

3.2.1 MINORITY STRESS MODEL

The Minority Stress Model (described in greater detail on page 4 of this report) posits that racialized individuals experience more stress as a result of experiencing discrimination and prejudice than their non-racialized counterparts (Meyer, 1995). The impacts of racial discrimination and prejudice have been directly linked to lower psychological wellbeing – particularly in adolescence (Lanier et al., 2017; Benner et al., 2018; Huynh & Fulign, 2018). Racialized girls and women are especially vulnerable to experiencing the negative effects of minority stress due to their multiple marginalized identities (Tipre & Carlson, 2022). In line with an intersectional understanding of the experience of discrimination and prejudice, being both racialized and a woman creates a unique experience that is more than the sum of its parts. In fact, one study found that asking racialized women to pin-point only one reason for their experiences of discrimination generated frustration in 42% of participants (Harnois et al., 2022). This finding suggests that, for many racialized women, their experience of discrimination cannot be reduced to only one aspect of their identity.

Intersectionality and Discrimination

In 1989, Kimberle Crenshaw coined the term intersectionality, a conceptual and analytical framework for understanding how aspects of an individual's social and political identities combine to create different modes of discrimination and privilege (Crenshaw, 1989; Crenshaw, 1991). It is important to recognize that while Crenshaw is often cited as inventor of the term intersectionality, discussions of intersectionality are not novel. They can be traced back to the mid-1800s—notably in a speech named "Ain't I a Women" given at the Women's Rights Convention (Truth, 1851)—and to the experiences of Indigenous (LaDuke, 1999) and Mestiza women (Anzaldúa, 1987).

In subsequent publications over the last three decades, Crenshaw has highlighted the fact that intersectionality is an indispensable lens to understand how people, especially women, experience discrimination differently depending on their overlapping identities. In order to combat the discrimination experience by racialized girls and women, it is essential to take into account their unique experience at the intersection of multiple marginalized identities.

3.2.2 ACCUMULATION OF MICROSTRESSORS

Harrell (2000) proposed another theoretical model to understand how racism impacts racialized women's mental health and well-being. Harrell posits that racism-related life events and daily racism microstressors[5] begin a stress process that affects an individual's physical, psychological, and social well-being. Racialized girls and youth are far more likely to experience microstressors (also called micro-traumas) in their daily lives, both at an individual and at a systemic level. In fact, some studies have shown that Black teenagers can face an average of five racially discriminatory experiences every day (English et al., 2020). Some examples of microstressors include people who avoid them and their neighborhoods, mass incarceration of their peers, and being exposed to school curricula

[5] Harrell (2000) coined the term racial microstressors to describe routine experiences with racism that include being ignored, overlooked, or mistreated in ways that lead to feelings of demoralization and dehumanization.

that ignore or minimize their contributions to our shared history. This repeated experiencing of othering[6] has a major impact on the mental health of girls and youth (Gadson & Lewis, 2022).

3.2.3 TRAUMA

Racism also impacts mental health through trauma. Trauma, the lasting emotional response resulting from living through a distressing event, has been unequivocally associated with poorer mental health outcomes and mental illness (Everett, B., & Gallop, 2013; Mauritz et al., 2013). For example, being exposed to racism in one's childhood elicits a stress response that is compounded over time and is reinforced by social and cultural inequalities. These experiences of racism have been deemed as adverse childhood experiences, or traumatic events that occur in childhood that have grave repercussions across many domains into adulthood (Felitti et al., 1998). These experiences have a lasting impact on racialized girls mental health, especially when coupled with the absence of requisite investments in community support structures conducive to Black girls' resilience and recuperation.

Recommendation #9: Ensure that youth programs are trauma-informed and equipped to address the impacts of racial trauma.

3.3 THE IMPACT OF BODY CONFIDENCE AND SELF-ESTEEM

During the transitional period between childhood and young adulthood, youth face numerous challenges as their bodies rapidly develop and grow physically and mentally, which ultimately influences their social development and mental health. In addition to coming to terms with the changes that their bodies are undergoing, youth must also reconcile how the changes influence their identity and self-esteem (Dove, 2017). At this period of a child's development, they also develop a heightened awareness of societal norms and become more influenced by their peers (Steinberg & Monahan, 2007).

While all youth face increased challenges to their mental health during this period of their lives, racialized girls and gender-diverse youth in particular often experience a disproportionate impact on their self-esteem compared to their general counterparts due to a complex interplay of societal, cultural, and identity-related factors (Oney, Cole & Sellers, 2011; Rajiva, 2006). For racialized girls, understanding and navigating their cultural identity in addition to mainstream Canadian culture can lead to feelings of marginalization, discrimination, and internal conflict (Oxman-Martinez et al., 2012; Rumbaut, 1994). The intersectionality of race and gender diversity adds another layer of complexity, as these individuals may grapple with the challenges of not conforming to traditional gender norms within their own racial or ethnic communities (Brady et al., 2017).

[6] Othering is a phenomenon in which some individuals or groups are defined and labeled as not fitting in within the norms of a social group.

Media representations and societal beauty standards tend to favor Eurocentric ideals, which further increases body image concerns for racialized youth whose bodies do not meet Western appearance ideals (Mckay, Moore & Kubik, 2018; Robinson-Moore, 2008; Seyaki, 2003). Moreover, gender-diverse youth may face discrimination because they do not dress according to a society's prescribed gender norms, which significantly impacts their self-esteem and increases their emotional distress (Gower et al., 2018). Although there has been a push for increasing diverse representation in media and advertising in recent decades, many argue that more still needs to be done to continue to mitigate harmful racial and gender stereotypes that persist within society as well as continue to seek additional ways to promote meaningful inclusion and representation of racial and gender diverse groups in media (Common Sense Media, 2021; Henderson, Mazodier & Khenfer, 2023).

In adolescence, the desire for peer acceptance and societal validation intensifies, making the impact of stereotypes and biases more profound. The lack of representation of racialized and gender-diverse girls in media, limited access to affirming support systems, and societal expectations that may not align with their identities all contribute to the disproportionate challenges faced by racialized and gender-diverse youth in maintaining healthy self-esteem during this crucial developmental stage. Addressing these issues requires a multifaceted approach that involves promoting diverse and inclusive representations, challenging stereotypes, and fostering supportive environments that validate and celebrate the unique identities of all youth. With adequate training and tools, service providers can play a central role in providing these resources and support to youth who are most in need.

Recommendation #10: Promote diverse and inclusive representations of girls and gender diverse youth in program materials.

Recommendation #11: Foster supportive environments that validate and celebrate the unique identities of all youth.

3.4 THE COVID-19 CONTEXT

During the COVID-19 pandemic, racialized youth experienced what many have called "dual pandemics" – facing both the effects of the COVID-19 pandemic and the exacerbated effects of racial inequities and increased rates of racism (Burrell, 2020; Wegemer & von Keyserlingk, 2022; Seedat, 2021). In the United States and in "Canada", Black, Latinx/Hispanic, and Indigenous people have experienced higher rates of severe COVID-19 disease and death compared to white people, which can be traced to structural racism including barriers to accessing care and less-safe living and working conditions (Liu et al., 2020; Tai et al., 2021). Several communities, especially the Asian-Canadian community, also experienced a dramatic spike in interpersonal racism. In fact, in 2021, there was

a 36% increase in racially motivated hate crimes in "Canada" in 2020 and a 27% increase in 2021 (Statistics Canada, 2023).

Evidence from data collected during the COVID-19 pandemic suggests that the combination of COVID-19 and racism-related stressors had a very negative impact on racialized youths' mental health. One study found that higher levels of racism and racism-related vigilance (i.e., hearing about racism directed toward your racial group) was associated with more symptoms of depression and anxiety (Chae et al., 2021). Racialized youth may be particularly vulnerable to the lasting negative mental health effects of the COVID-19 pandemic and racism-related stress that they experience, directly or vicariously, as a result of the pandemic. Developmentally, early adolescence is a crucial period when many mental health challenges first emerge, often as a result of environmental stressors such as those related to the COVID-19 pandemic. For example, a recent study showed that racialized girls who experienced racism during the COVID-19 pandemic had significant increases in depressive symptoms (Liu et al., 2023). Another study, featuring in-depth qualitative interviews with 25 Black girls aged 9-18 showed that participants reported physical, psychological, and relationship-related changes as a consequence of COVID-19, including depression, anxiety, weight fluctuations, body image, grief, disempowerment, social isolation, and loss of control (Crooks et al., 2022).

The mental health of Indigenous women and girls was also affected by the COVID-19 pandemic. With community being such an important part of Indigenous culture, the isolation mandated during the pandemic had an especially negative effect on Indigenous mental health (Stefanovich, 2021). A qualitative study conducted with Indigenous women living in Toronto revealed that one of the most significant themes raised by participants was a general decline in individuals' mental health during the pandemic (Flores et al., 2022).

3.5 CREATING SAFER[7] SPACES FOR BLACK, INDIGENOUS AND RACIALIZED GIRLS' WITHIN MENTAL HEALTH PROGRAMMING

3.5.1 TRAUMA-INFORMED PROGRAMMING

As discussed earlier, racism is a form of trauma that commonly impacts Black, Indigenous and Racialized girls. As such, it is imperative to have a trauma-informed approach when designing programming to enhance protective factors for the mental health of Black, Indigenous, and racialized girls. A trauma-informed approach to programming means learning about, recognizing, preparing for, and responding to the effects that trauma, and specifically race-based trauma, may have on program participants. There are a few guiding principles when it comes to trauma-informed programming (Hodgdon et al., 2013; Butler et al., 2011; Reeves, 2015) [8]:

[7] "A safer space is a supportive, non-threatening environment where all participants can feel comfortable to express themselves and share experiences without fear of discrimination or reprisal. We use the word safer to acknowledge that safety is relative: not everyone feels safe under the same conditions. By acknowledging the experiences of each person in the room, we hope to create as safe an environment as possible" (MHCC, 2019).

[8] See section *Culturally appropriate programming for Indigenous girls* below for more suggestions for creating a safer space for Indigenous girls and youth.

Safety

Participants must feel physically and emotionally safe within the space. For example, when working with Indigenous youth, it might be important to have circular spaces to engage in discussions during your programming.

Trustworthiness and transparency

Participants should feel like they know the objective of your session or activity. You should tell them your plans in advance when possible.

Peer support

Providing the opportunity for participants to support and learn from one another using their lived and possibly shared experiences. For both Black and Indigenous communities, community-building is a strong and well-established method for improving youth mental health.

Collaboration & mutuality

It is important to communicate respect for your participants' unique lived experiences. They are the experts in their own lifes and should have choices that provide agency throughout the programming.

Empowerment, voice, and choice

When possible ensure that individuals have a voice and take part in decision making regarding their level of participation. This can be achieved by building small but important choices into programming.

Cultural, historical and gender issues

Acknowledging the role that culture, history and gender play in youth mental health is an essential part of effective programming.

When preparing programming, organizations should have an understanding of what community-based and culturally-safe resources exist (e.g., Hope for Wellness Help Line for Indigenous youth).

Recommendation #12: Develop an understanding of community-based and culturally-safe resources to provide racialized girls and youth.

Recommendation #13: Provide peer support programs where racialized and gender nonconforming youth can learn from one another through sharing their lived experiences.

3.5.2 MENTAL HEALTH PROGRAMMING FOR BLACK AND RACIALIZED GIRLS

Due to the effects of racism and race-based trauma and historical oppression experienced at the hands of mainstream organizations, many Black families are reluctant to engage with services available in their communities. The National Black Women's Justice Institute (2021), an organization based in the United States whose mission is to challenge racial and patriarchal biases in the justice system while providing opportunities for healing, published a factsheet highlighting the need for gender-specific and culturally affirming services for Black girls. In this report, they surveyed other Black-led organizations working with girls to understand what their needs were in terms of mental health programming.

One of the leading organizations in the United States focused on Black girls' mental health and wellbeing, Black Girls Smile, shared that they: *"constantly hear from Black women and girls as a part of [their] programming and community that they [Black girls] are looking for culturally- and gender-responsive providers that understand and empathize with the unique risk factors and experiences that impact the mental health and wellbeing of Black women and girls."* This includes access to racialized providers and facilitators and, in line with principles of trauma-informed care, access to specialized peer support spaces where they can meet and share their experiences with other Black girls in their communities.

Other organizations, like Detroit Heals Detroit, shared that racial trauma needs to be addressed directly in mental health programming. It is essential to create spaces where Black girls can celebrate their culture and heritage while interacting with others who understand their unique experiences. The National Black Women's Justice Institute also suggests that these spaces should include programming that allows Black girls to express themselves and their identities using creative mediums (e.g., music, dance, poetry, and art).

3.5.3 PROTECTIVE FACTORS OF MENTAL HEALTH FOR BLACK GIRLS

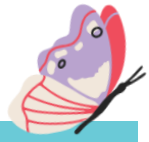
While Black girls are faced with many challenges, particularly at the hands of a racist and patriarchal system, there are many factors that have been shown to help build resilience in the face of adversity. First, a positive view of one's ethnic and racial identity has been shown to be a key protective factor against the effects of racism and in turn has been linked to lower externalizing (e.g., impulsivity and inattention) and internalizing (e.g., anxiety and depression) symptoms in Black youth (Neblett, 2023; Tynes et al., 2012). It also has been linked to increased self-concept, self-esteem and the ability to reject negative messaging about the Black community (Nesblett, 2023). This effect has been particularly strong in adolescence (Cunningham et al., 2018). Programs focused on youth mental health can incorporate discussions about identity and celebration of one's unique cultural and ethnic heritage.

It is important to include parents/guardians in this type of programming as parental promotion of cultural heritage has also been strongly associated with increased psychological well-being and helps mitigate the negative effects of discrimination (Neblett et al. 2008). Beyond racial and ethnic identity promotion, family social support has been shown to be an important protective factor for Black girls (Cooper et al., 2013). Another

common protective factor among Black youth is spirituality, and to a lesser degree, religiosity. This has been shown to be particularly the case among Black adolescent girls (Sharma et al., 2019).

Recommendation #14: Develop and implement culturally sensitive mental health programs for Black, Indigenous, and racialized girls and youth that incorporate discussions about racial and ethnic identity, as well as celebration of cultural heritage.

How to Run a Program Through an Anti-Racism Lens



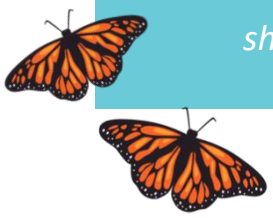
BEFORE RUNNING THE PROGRAM, FACILITATORS AND ORGANIZATIONS SHOULD ASK THE FOLLOWING QUESTIONS:

1. *How are you promoting the program? Where are you spreading the word about the program?*
2. *Who will be able to access this program and who won't? Why?*
3. *How does the programming address the realities of your participants? How might it not?*
4. *Are there participants who might feel unsafe in your programs? If so, why? If not, what makes you sure?*

WHILE RUNNING A PROGRAM, FACILITATORS AND ORGANIZATIONS SHOULD THINK ABOUT:

- *Consult with members of Black, Racialized and Indigenous communities to get their perspective on your programming*

- *Be aware of the power and privilege you hold*
- *Have a space for participants to voice their concerns*
- *Introduce yourself with names & pronouns*
- *Don't make assumptions (about background, ability, engagement in programming)*
- *Set community agreements: guidelines about how participants will interact with each other to ensure that they are safe during your programming*
- *Use inclusive language (e.g., try to stick to "I" statements instead of "we", not all participants might identify with the experience that you are sharing).*



3.5.4 CULTURALLY APPROPRIATE PROGRAMMING FOR INDIGENOUS GIRLS

Indigenous girls continue to face the on-going inequities rooted in "Canada's" colonial history including, but not limited to, socioeconomic and environmental dispossession; loss of language; disruption of ties to Indigenous families, community, land, and cultural traditions (Adelson, 2005; Reading, 2012; Kirmayer & Brass, 2016). It is impossible to address the devastating impacts of racism and colonialism on Indigenous youth without first addressing, directly with youth and their communities, the trauma and cultural loss that occurred as a result of colonization. A scoping review explored enhancing health and wellness for Indigenous youth in "Canada" (Okpalauwaekwe et al., 2022). In their review, they identified ways of enhancing wellness for Indigenous youth:

1. ***Using a strength-based approach*** – a theoretical framework that has its bases in social work and self-determination theory[9]. This approach focuses on the strength that the youth and the community already have. Acknowledging and honoring their resilience and resourcefulness. Within this framework, the authors also highlighted the importance of peer mentorship programming that focused on capacity

[9] Self-determination theory is a broad framework of human motivation and personality. This theory suggests that humans have three basic psychological needs: autonomy, competence and relatedness (Ryan & Deci, 2000).

building and empowerment (Lopresti et al., 2021; Merati et al., 2020; Gray & Cote, 2019; Sánchez-Pimienta CE & Masuda, 2021; Gaspar et al., 2019).

2. ***Promoting cultural identity and connectedness*** – knowledge of, and engagement with, aspects of Indigenous culture has been associated with positive physical and mental health outcomes for Indigenous youth, including lower rates of suicide (Snowshoe, 2015; Snowshoe et al., 2017). This has been shown to be especially impactful for youth who have a familial history of residential school attendance (Gray & Cote, 2019). Programming should aim to include aspects of Indigenous culture (Anang et al., 2019; Crooks et al., 2017; Gaudet & Chilton, 2018).

3. ***Relying on the wisdom, skills and teachings of Elders and Community Leaders*** – participants in youth wellness programs spoke enthusiastically about their time with Elders. According to the Indigenous Guardians Toolkit, "*learning from Elders and other Knowledge Keepers about how to live on the land and water empowers and connects youth, contributing to their overall well-being.*" When possible, we encourage programs to involve Elders and Community leaders in youth programming (Lines & Jardine, 2019; Sanchez-Pimienta & Masuda, 2021).

The Four Fire model presented below shows how youth programming can be adapted to promote connectedness to Indigenous culture.

Recommendation #15: Focus on addressing the impacts of colonialism and racism while promoting resilience and well-being through the following approaches.

3.6 TAKING A DECOLONIAL, INTERSECTIONAL AND ANTI-OPPRESSIVE APPROACH

Adopting an intersectional lens is equally important when working with racialized girls, who are subjected to a unique form of discrimination that stems from both racism and sexism. Moya Bailey coined the term Misogynoir – a unique form of racism that is experienced by Black girls and women (Bailey & Trudy, 2018). This term creates space for Black girls and women to explore how their unique intersectional identity is often overlooked. Most of the time, programming exists for girls and for Black youth, however, as discussed earlier in this review, it is essential to create spaces where Black girls can come together to share their experiences of being both Black and a woman.

An intersectional lens that acknowledges the unique experiences of racialized girls should be used in concert with anti-oppressive practices. Specifically, service providers must recognize structural barriers that Black, Indigenous, and racialized girls face when accessing mental health programming. This often starts by acknowledging that mental health care is often designed for white, straight cis-male, English-speaking youth. These spaces are often unsafe for marginalized youth. Additionally, empowering youth by involving them in decisions about programming

can be an important step taken by programs to create a more inclusive and safer environment (Corneau & Stergiopoulos, 2012).

Recommendation #16: Redesign mental health education to include discussions on intersectionality, by moving away from discussing mental health models that are primarily designed for white, heterosexual, cisgender youth.

3.7 CONCLUSION OF THE REVIEW OF THE IMPACT OF RACISM ON GIRLS' MENTAL HEALTH

Research is conclusive on the negative impact of racism on mental health. For example, racism experienced in early adolescence is directly tied to poorer mental health outcomes, including depression (English et al., 2014). Similarly, "Canada's" history of residential schools and ongoing systemic mistreatment of Indigenous peoples contributes to a high prevalence of mood or anxiety disorders (Srugo et al., 2023). There is also ample evidence that girls and women are disproportionately impacted by racism and discrimination's effects on mental health. Black girls are 70% more likely to attempt suicide than white girls (CDC, 2019b), and young Indigenous women are more likely to have adverse mental health outcomes than men (Anderson, 2001).

The reason girls and women are especially vulnerable to the negative effects of racism and colonialism is a compounding effect for intersecting marginalized identities. Thus, it is imperative that programming to support the mental health of Black, racialized, and Indigenous girls take into account intersectionality, or the unique needs and experiences of girls with multiple marginalized identities.

3.8 LIMITATIONS OF THE CURRENT LITERATURE REVIEW

A growing body of research over the past few decades has put a noticeable emphasis on understanding that each person's mental health is influenced by their unique backgrounds and situations; however, there are many groups – particularly equity-deserving groups – who remain underrepresented within existing literature. A significant gap exists in youth mental health literature, specifically as it pertains to how youth of marginalized cultural backgrounds and gender identities seek support and resources that are available to them. The lack of diverse and representative samples in such research may lead to an incomplete understanding of the unique challenges and experiences faced by individuals at the intersection of these identities. Moreover, cultural nuances and variations within racialized and gender-diverse communities may be overlooked in more generalized research, limiting the applicability of findings.

Within our review of the current literature, specific demographic groups of youth were identified that are most often overlooked or excluded from research discussions, often because it can be complex or difficult to naturally

recruit a large enough sample of participants who share these unique identities. For example, it can be difficult to understand and document the experiences of questioning youth, since questioning youth may fear disclosing their sexual orientation or gender identity, or may not even be at a point when they are ready to disclose anything. The legal and ethical landscape surrounding the involvement of minors in research can add further hurdles, since obtaining informed consent from individuals who may not be "out" to their families or guardians can be challenging, raising ethical dilemmas about confidentiality and the potential for harm. Conducting research with questioning youth requires a thoughtful and inclusive approach that considers the unique challenges these individuals face. Researchers must prioritize ethical considerations, address issues of confidentiality and safety, and employ methodologies that capture the richness and diversity of their experiences.

Additionally, the tendency for researchers to rely on mainstream diagnostic criteria and assessment tools may not adequately capture the diverse manifestations of mental health concerns, particularly among Indigenous youth. Systemic factors such as institutionalized racism, discrimination, and socio-economic disparities are often not fully addressed in research, despite their profound impact on mental well-being. To advance the field, there is a pressing need for more inclusive, culturally sensitive methodologies that explore the multifaceted nature of mental health in racialized girls and gender-diverse youth.

4. FOCUS GROUP FINDINGS

The literature review offers a comprehensive summary of research on the current state of mental health for girls and youth who identify as gender nonconforming or are part of racialized communities. Additionally, it highlights protective factors and potential suggestions for programs to improve mental well-being for these groups. However, it does not discuss the gaps and challenges that arise while providing programming nor provide guidance to service providers on how to offer mental health programming. To address these gaps, the research consultants conducted several focus groups with service providers, girls, and youth. This section summarizes the main themes from these focus groups, particularly the challenges and gaps in current programming modalities for mental health. It provides crucial directions for training to better address mental health. The findings are prefaced by an overview of the mental health programming that participants were involved in.

4.1 OVERVIEW OF MENTAL HEALTH PROGRAMMING

Only a small number of organizations were dedicated to providing direct programming to enhance the mental health, confidence, and self-esteem of girls and youth. Most organizations stated that their role was to foster discussions around mental health and offer support, but not to provide counseling services themselves. This was emphasized by one participant who stated:

> "I THINK THAT WE DO MAKE IT KNOWN THAT THEIR ROLE IS NOT TO BE COUNSELING. IT'S NOT A THERAPY ROLE. IT'S FACILITATING. IT'S MAKING OTHER PEOPLE FEEL COMFORTABLE SO THEY CAN SHARE AND LEARN AND BE THEMSELVES IN THE PROGRAM AND THAT WE CAN ALL ENJOY THE PROGRAM TOGETHER." - SERVICE PROVIDER

However, many organizations incorporate discussions or services around mental health and well-being into their programming. For example, some of the organizations provide services that help navigate youth to appropriate mental health services and providers. In some cases, these organizations focus on connecting youth from Indigenous and rural communities with mental health supports that are culturally appropriate and safe for their community.

Some organizations offer psychoeducational lessons and activities to educate youth on mental health. For instance, one organization developed an obstacle course activity meant to teach youth about self-care and mental wellbeing. A service provider described this obstacle course:

"SO ONE THING THAT WE'VE DONE IN THE PAST FOR THE YOUNGER GROUP, WE'VE DONE A MENTAL HEALTH OBSTACLE COURSE. SO WE HAD THE WHOLE SESSION, THE TWO HOURS THAT WE NORMALLY MEET. WE SET UP DIFFERENT STATIONS IN OUR PROGRAMMING SPACE THAT THEY HAVE TO COMPLETE THAT HAVE TO DO WITH HOW TO MAYBE SELF SOOTHE OR TAKE CARE OF OUR MENTAL HEALTH." - SERVICE PROVIDER

Most of the organizations interviewed offered community-based programs that provide youth spaces to meet others like themselves and build a community. These programs operated as physical or virtual group meetings where youth could spend time together and vent about the mental health challenges they experience. Usually, these group meetings revolved around an activity, such as playing sports or hosting a book club.

"THERE ISN'T A LOT OF THAT SPACE FOR PEOPLE TO GET TO KNOW EACH OTHER AND TO BE IN COMMUNITY. AND THE OTHER THING THAT WE ALWAYS INCORPORATE IS FOOD. SO GOOD FOOD ACCESS TO FOOD, SHARING FOOD SO THAT WE CAN BE COMING TOGETHER, DOING WHATEVER WE'RE DOING, BUT HAVING THAT WAY TO BE CONNECTING WITH OUR OWN BODIES AND WHAT WE NEED AND THEN WITH EACH OTHER AND WITH OURSELVES, BECAUSE WE KNOW IT'S NOT GOOD FOR ANYBODY'S MENTAL HEALTH IN A SMALL COMMUNITY." - SERVICE PROVIDER

Two of the service providers mentioned that their organizations provide mental health workshops. These workshops were offered for both the youth at their organizations or externally in schools. Workshops were designed around specific mental health topics, such as conflict management, bullying, online safety, self-esteem and confidence, prejudice, and stereotypes, as well as healthy masculinity.

Lastly, service providers as well as youth, mentioned that discussions around mental health were also informal, with youth being able to have open conversations about their own mental health with staff or fellow program youth. One youth described how their organization has a "girls' group" which is facilitated by older girls within the organization and provides a safe space for peer-to-peer support, to talk informally about mental health, and share details about their lives in general. Another youth described a program that their friend attended within a diverse neighbourhood in Toronto, which hosts a support group for Muslim girls.

"SHE HAS A MUSLIM GIRLS GROUP AND SO IT'S SPECIFICALLY GEARED TOWARDS MUSLIM GIRLS… MENTAL HEALTH IN THEIR GIRLS' GROUP IS A KEY FOCUS, BUT [THE FOCUS AND MESSAGING OF THE GROUP IS] NOT 'COME TALK ABOUT YOUR MENTAL HEALTH WITH OTHER GIRLS'. IT'S MORE JUST A GIRLS' GROUP, WHERE THE BIG FOCUS IS 'HOW ARE YOU DOING'." - YOUTH

Several service providers had also highlighted that their main role was to be a 'listening ear' for the youth that they serve. These organizations focused on providing safe spaces for youth to openly approach staff and be able to have open discussions on their mental health.

4.2 TRAINING STRATEGIES

The mental health training of staff at various organizations was found to be varied, with some receiving formal training from universities and mental health organizations, while others had on-the-job training. This varied approach to training was seen as a strength as it enabled staff with different knowledge, perspectives, and backgrounds to learn together. Additionally, it was noted that some staff coming from rural communities had less formal education about mental health. Organizations had different approaches to teaching staff about mental health. Some organizations worked with staff to identify their needs and find training on a case-by-case basis, while others offered formal training to all staff. Multiple formats were used for training, including webinars, self-directed learning, and in-person training. Some organizations also worked with external programs such as the Alberta Health Services Informed Care and the Canadian Mental Health Association.

Service providers suggested that non-mental health professionals should receive training on trauma-informed services and staff training, and multiple training formats, including online and self-directed learning, should be offered. This is because it can be difficult to gather service providers together in the same room due to busy schedules. Youth also stated the importance of having staff within their organizations who have mental health training to support youth. They also emphasized the importance of experienced staff with mental health training to support younger, less experienced staff (often youth, themselves) who are less familiar with topics related to mental health.

"I KNOW AT MY [ORGANIZATION] THERE'S A BUNCH OF YOUTH STAFF, SO KIDS THAT ARE STILL IN HIGH SCHOOL. [MENTAL HEALTH PROGRAMMING] SHOULDN'T BE RUN BY SOMEONE LIKE THAT. IT SHOULD BE RUN BY SOMEONE WITH TRAINING AND SOMEONE THAT KNOWS WHAT THEY'RE DOING." – YOUTH

"I THINK IN BOTH [YOUNGER AND OLDER YOUTH] AGE GROUPS IT'S IMPORTANT TO NOTE HAVING A PROFESSIONAL IN YOUR LIFE COULD ALWAYS BE BENEFICIAL, BUT IT'S ALSO JUST LIKE, I DON'T THINK THAT WE SHOULD BE JUST LEAVING THE EXPLANATIONS OF SUCH A COMPLEX TOPIC TO SOMEONE WHO DOESN'T KNOW WHAT THEY'RE TALKING ABOUT TO EXPLAIN IT TO LITTLE KIDS" – YOUTH

Lastly, service providers emphasized the need to create spaces for staff across the sector to develop best practices and share learning experiences. They suggested that resources should be invested in creating such spaces. This sentiment was echoed by other service providers who acknowledged that there is a need for the youth sector to work together to avoid 'doubling-up' on services and to be able to identify gaps. For example:

"I WANT A SPACE WHERE I CAN EXCHANGE AND SPEAK TO OTHER PEOPLE IN THE SECTOR AND LEARN FROM THEM." - SERVICE PROVIDER

Recommendation #17: Create and foster opportunities for connection within the sector to collaboratively build training and strengthen services.

Recommendation #18: Provide training on trauma-informed care for all staff, even those without formal mental health training.

4.3 BARRIERS TO MENTAL HEALTH PROGRAMMING

One of the objectives of this report was to understand the gaps and challenges in current programming modalities as well as the barriers to mental health programming for non-mental health providers. Service providers and youth were asked to identify these barriers and provide a context in which they emerged. Service providers were able to locate several institutional and systemic barriers impacting their mental health programming. Youth also shared some of the challenges they experienced with receiving mental health services. This sub-section details these barriers.

4.3.1 INADEQUATE FUNDING SOURCES

Most service providers had acknowledged that finding sustainable funding was the most pressing challenge when conducting this work. Most of the mental health programming is reliant on external funding sources that these organizations often need to reapply for. If an organization is unable to secure funding this could impact their ability to continue certain programs and services, causing them to rework or discontinue programs. For example:

> "OUR FUNDING HAS ACTUALLY ENDED THIS YEAR, SO WE'VE HAD TO REWORK. INSTEAD OF DOING PROGRAMS EITHER WEEKLY OR BIWEEKLY, WE CAN ONLY KIND OF ROTATE THROUGH OUR SEVEN DIFFERENT COMMUNITIES ABOUT ONCE A MONTH NOW, AND YOU CAN TOTALLY TELL THAT THE KIDS ARE DISAPPOINTED AND I'M DISAPPOINTED BECAUSE THERE'S NOT A LOT OF RECREATION OPPORTUNITIES UNLESS YOU HAVE THE FUNDS FOR HOCKEY OR OTHER EXTRACURRICULARS." - SERVICE PROVIDER

In addition to sustainable funding, service providers mentioned a need for funding to be universal. By this, service providers are looking for funding sources that all youth programs can receive without strict eligibility requirements. This was needed as several organizations mentioned experiencing restrictions on the types of funding they could apply for or needing to rework their programming to ensure funders were satisfied. Consequently, the efforts of meeting funders' needs takes away from service providers spending time with youth. This was highlighted by the one participant:

"I WOULD SAY I NEED IT [FUNDING] TO BE UNIVERSAL ACROSS ALL OF CANADA AND I NEED IT TO BE SUSTAINABLY FUNDED. I THINK THAT'S KEY BECAUSE THERE ISN'T SUSTAINABLE FUNDING FOR YOUTH PROGRAMS ACROSS CANADA. AND I THINK THAT'S ONE OF THE BIGGEST ISSUES. SO MANY ORGANIZATIONS HAVE TO CREATE SOMETHING AND HAVE TO BE SPENDING SO MUCH TIME SEEKING GRANTS AND TRYING TO GET MONEY, REINVENTING OUR MODEL, REPORTING TO SO MANY DIFFERENT FUNDERS TO FUND ONE LITTLE PROGRAM. AND ALL OF THAT TIME IS TIME TAKEN AWAY FROM SUPPORTING YOUTH DIRECTLY." - SERVICE PROVIDER

4.3.2 STAFF BURNOUT AND TURNOVER

In nearly each focus group with service providers, at least one participant had identified that staff experience burnout when conducting this work. Burnout manifested in multiple ways, but was mainly caused by a lack of support and funding for staff across non-profit organizations. A handful of the service provider participants had disclosed that staff are over capacitated in their roles and that there needs to be more funding to build capacity on teams.

Ensuring that staff receive more support was important for reducing turnover, which plays a role in the quality of mental health programming youth received. In one of the focus groups with youth, several participants credited their mentors for playing a large role in supporting their mental health. They emphasized that without dedicated staff who were consistently present, it can be difficult for youth to feel comfortable opening up and starting conversations about topics that are most important to them. This stressed the importance of needing to ensure that mental health programming receives sustainable funding to reduce turnover rates.

"TURNOVER IS A BIG PROBLEM AT MY CLUB, I GOT MORE COMFORTABLE WITH PEOPLE WHO SHOWED INTEREST IN ME AND PEOPLE WHO STUCK AROUND LONG ENOUGH TO GET TO KNOW THEM" – YOUTH

"SUPPORT FOR PEOPLE WHO DO THIS WORK BECAUSE WE'RE ALWAYS TOLD SELF-CARE AND THINGS LIKE THAT, BUT SELF-CARE ISN'T JUST LIKE A FACE MASK OR A BUBBLE BATH, THAT'S NOT HELPING WITH SOME OF THE THINGS THAT PEOPLE FACE EVERY DAY AT WORK AND THINGS. I MEAN, SOMETIMES IT WOULD BE DIFFICULT TO TALK ABOUT MENTAL HEALTH WHEN YOUR MENTAL HEALTH IS NOT DOING WELL."
- SERVICE PROVIDER

As shown in the passage above, service providers also mentioned that staff are faced with their own mental health challenges, and that these challenges can be exacerbated by the work they perform. For instance, one participant had mentioned that her staff experiences vicarious trauma, in which they experience emotional distress based on hearing stories of others traumatic experiences. The same participant had also mentioned that staff within Indigenous communities may also experience lateral violence, which refers to when members of a marginalized community direct anger within their community. Service providers also identified ways they work around combating these issues, including creating safety plans and doing regular check-in with staff to ensure their well-being is prioritized. While prioritizing the mental health of staff was deemed important, service providers highlighted that the larger issue was a lack of sustainable funding which impacts the job security of the staff.

Recommendation #19: Develop strategies to address staff burnout and high turnover rates in the youth sector.

4.3.3 EXTERNAL DISCRIMINATION AND OPPRESSION

Several program providers had identified experiences of community pushback that make it more difficult for youth to feel safe joining their program. One participant had shared that their program, which services gender nonconforming and questioning youth, has difficulties getting youth involved because they have not been able to safely disclose their identity to their parents:

"ONE THING WE'VE EXPERIENCED IS IT'S KIND OF DIFFICULT TO FIND THE RIGHT LINE OF HOW FAR OUT SHOULD WE BE AS A PROGRAM OR AS AN ORGANIZATION AND HOW WE LET THE PEOPLE WHO NEED TO KNOW THAT INFORMATION KNOW, BUT HOW WE STILL HAVE PROGRAMS THAT WHERE IT'S NOT SAFE FOR YOUTH TO SHARE THAT INFO WITH FAMILY. THEY CAN STILL ACCESS SERVICES AND WE DEAL WITH YOUNGER AGES AND LOTS OF KIDS ARE FIGURING OUT THEIR IDENTITIES BUT IT CAN BE A CHALLENGE." - SERVICE PROVIDER

The same organization had also mentioned that they have experienced a drop in attendance rates as community members have begun to push back on transgender and nonbinary rights. A drop-in attendance is often caused by caregivers learning that the organization is supportive of 2SLGBTQ+ rights, and feel the program is no longer a good right for their child.

These sentiments were also echoed by another organization servicing Indigenous youth. For them, homophobia and transphobia were still prevalent within their community as a result of the legacy of residential school indoctrination. These colonial ideals still impact Indigenous communities:

"A LOT OF HOMOPHOBIA AND TRANSPHOBIA. IT'S REALLY A BIG INFLUENCE IN MY REGION. AN EXAMPLE SPECIFICALLY IS THE RESIDENTIAL SCHOOL SYSTEM [...] THOSE BELIEFS ARE STILL VERY ALIVE AMONG OLDER FOLKS LIKE MY PARENTS' GENERATION AND ELDERS AND MY GRANDPARENTS. IT'S REALLY UNFORTUNATE. AND A LOT OF THEM HAVE ROLES THAT HELP. THEY'RE ON BOARDS, THEY'RE ON COMMITTEES. THEY'RE THE ONES WHO APPROVE THESE FUNDING OR THESE PARTNERSHIPS FOR US." - SERVICE PROVIDER

4.3.4 RESOURCES FOR RURAL COMMUNITIES

Another barrier mentioned was having resources for youth in rural areas. It is more challenging for youth to attend programming in rural communities, as transportation is not always readily available and can be costly. It's also difficult for service providers to reach out about their programming, especially if they offer mobile services. This was highlighted by one participant:

"GETTING OUT AND REACHING RURAL COMMUNITIES AS WELL JUST BY TRAVEL AND ALL OF THAT CAN SOMETIMES BE A CHALLENGE, BUT WE'RE QUITE LUCKY THAT WE'VE WORKED TO DEVELOP SOME GOOD RELATIONSHIPS AND EVERYTHING AND MAKE IT WORK BY BUS AND THERE'S A RURAL COMMUNITY THAT'S ONLY AN HOUR HALF AWAY, BUT IT'S BY PLANE. SO WE'RE LUCKY THAT WE'RE ABLE TO FLY OUT THERE." - SERVICE PROVIDER

One youth had also echoed this sentiment, and stated that there is a need to expand programming into rural communities. For them, programs tend to be overly concentrated within big cities. They also mentioned that specific programs to support racialized and gender-diverse groups, while important, were not present in their smaller community which did not have a large racialized population.

"WE DON'T REALLY HAVE ANYTHING STEERED TOWARDS BLACK PEOPLE OR PEOPLE OF COLOR BECAUSE MOST PEOPLE THAT GO TO MY CLUB ARE NOT VERY DIVERSE. THEY'RE MOSTLY FROM ONE ETHNIC GROUP. SO THERE'S NOT BEEN ANY [SPECIFIC] ATTENTION TO THE FEW PEOPLE THAT DO COME IN THAT ARE PEOPLE OF COLOR." – YOUTH

Recommendation #20: Find transportation support for youth in rural communities.

Recommendation #21: Consider creating programs or guidelines to support racialized and gender-diverse communities that can be offered even in areas without a large racialized or gender-diverse population.

4.3.5 CHALLENGES RELATED TO COVID-19

Lastly, both service providers and youth had shared that the COVID-19 pandemic had increased mental health challenges and caused barriers with providing services. For service providers, they acknowledged that the pandemic had caused issues with youth socialization, with one service provider explaining that troubles with conflict management and interpersonal skills had been a large struggle at their organization. Youth had also acknowledged that pandemic had caused increased mental health challenges due to social isolation and increased screen time:

> "COVID PANDEMIC MESSED PEOPLE UP BECAUSE OF ISOLATION AND PEOPLE WERE ON SCREENS SO MUCH. IT ZAPS YOUR ENERGY." - YOUTH

4.4 DIRECTIONS FOR MENTAL HEALTH PROGRAMMING FOR DIVERSE YOUTH

Another goal of this report was to identify ways to improve program modalities to better address the mental health of racialized girls and gender nonconforming youth. Similarly, the report sought to inform how anti-oppressive and decolonial practices can be incorporated into programming to incorporate a thriving youth mental health sector. The following subsections provide directions and insights from both service providers and youth on how to improve programming to better serve diverse youth.

4.4.1 WORK WITH THE COMMUNITY

Several service providers highlighted an importance of focusing programming efforts not only with youth, but providing community education for caregivers and peers. As highlighted in the previous section, trans and nonbinary youth have experienced rising transphobia and homophobia within their communities. Programs are recommended to find ways to work with the community to help combat these sentiments as well as to develop safer spaces for gender nonconforming youth. This was highlighted as important for youth mental health, as many youth rely on their families and peers to provide them support.

> "I THINK IT'S REALLY IMPORTANT THAT WHATEVER INTERVENTIONS ARE HAPPENING ARE UNIVERSAL AS MUCH AS POSSIBLE BECAUSE FOR SPECIFIC GROUPS, FOR EXAMPLE, TRANS AND NON-BINARY YOUTH OR GENDER DIVERSE YOUTH, THEY'RE LIVING WITH THEIR PEERS AND THEIR PEERS HAVE SUCH A HUGE IMPACT ON THEIR MENTAL HEALTH. SO IF THEY CAN'T JUST BE GETTING TARGETED SERVICES FOR THEM,

IT'S LIKE WE NEED TO BE SUPPORTING THEIR WHOLE YOUTH COMMUNITY TO BE DOING LESS HARM ON THEIR PEERS." - SERVICE PROVIDER

Working with youth to learn more about these harmful systems of oppression, as well as other systems like racism, was also highlighted as important. Service providers had explained that they have caught youth using racial microaggressions as a result of normalization of certain words or phrases. Teaching youth to unlearn beliefs and phrases can help create safer spaces and develop more peer support for mental health.

"I'VE NOTICED OVER THE PAST FEW YEARS THAT THERE HAVE BEEN MANY INSTANCES OF JUST IGNORANT RACISM, AND IT'S BECAUSE THEY DON'T KNOW WHAT THEY'RE SAYING AND WHAT THESE WORDS MEAN, AND THEY'RE NOT BEING EDUCATED ON THE IMPACT OF THESE WORDS THAT YOU PROBABLY HEAR ON SOCIAL MEDIA FROM OLDER KIDS OR SOMETHING. THEY NEED TO UNDERSTAND THAT YOU CAN'T GO AROUND AND YOU DON'T KNOW WHO'S IN THE ROOM WITH YOU AND YOU JUST NEED TO UNDERSTAND THE IMPACT OF YOUR WORDS." - SERVICE PROVIDER

4.4.2 INCORPORATE CULTURALLY SAFE PROGRAMMING

Among service providers, it was stressed that there is a need for youth to be connected to ceremonial and somatic practices that bring them closer to their culture. This is especially important for Indigenous youth who may experience mental health challenges and trauma due to a disconnection from their identity and cultural practices. It is also imperative for programs to facilitate the access of Indigenous youth to culturally appropriate resources, as relying solely on Western-based mental health treatments can exacerbate harm within the community. This harm stems from the clinical nature of Western medicine, which often overlooks essential values inherent in Indigenous cultures, such as self-determination and community building. One Indigenous youth mentioned how being connected to nature played a role in their mental wellbeing.

"THE CULTURAL CAMP THAT WE ATTENDED HELPED MY MENTAL HEALTH JUST BY BEING IN NATURE" - YOUTH

This was echoed by one service provider, who described the harms of Indigenous youth experiencing Western-based practices and the importance of integrating Indigenous teachings into mental health practices:

> "OUR YOUTH KNOW WHAT THEY NEED FOR THE MOST PART. THEY KNOW WHAT THEY NEED, THEY TELL US, AND WE TRY TO SUPPORT THEM WHEN THEY CAN. IT'S NOT FOR US TO COME IN AS THE EXPERTS AND BE LIKE, HERE'S WHAT YOU NEED. HERE'S A CHECKLIST, HERE'S MEDICATION, GO HERE. NO, IT'S LIKE YOU BUILD THAT COMMUNITY, THESE ARE YOUR RELATIVES. THEY'RE COMING IN FOR SUPPORT AND REALLY EMPHASIZING THAT RELATIONAL PRACTICE. AND I THINK EVEN FOR MYSELF AS I'VE ALSO BEEN SOMEBODY WHO'S BEEN TRYING TO LOOK FOR INDIGENOUS MENTAL HEALTH SUPPORT AS A YOUTH, IT'S JUST SO JARRING TO GO INTO [NON-INDIGENOUS] SPACES AND HAVE YOUR NEEDS COMPLETELY NOT MET AND UNDERMINED AND NOT ACKNOWLEDGED AND BEING LIKE WHAT YOU THINK IS WRONG." - SERVICE PROVIDER

In a similar vein, it is also advised for service providers to understand the diversity in Indigenous communities and avoid homogenizing the culture. As described by one service provider, there is a tendency for organizations to "mishmash '' different Indigenous teachings, which erases the diversity that exists among Indigenous nations. For example, one service provider had discussed that most services in her area follow Anishinaabe teachings, but in large urban areas there are multitudes of different nations with their own specific cultural practices. To avoid conflating Indigenous cultures, service providers recommended being transparent with whom organizations are working when designing Indigenous programs, as well as highlighting the meaning and importance of these teachings.

> "SO MAKING SURE THAT WE'RE NOT CONTRIBUTING TO A CULTURE WHERE IT BECOMES SOMEWHAT OF A NON-IDENTITY, WHERE IT'S LIKE NOW YOU HAVE ALL OF THESE INDIGENOUS TEACHINGS THAT ARE BEING MISHMASHED INTO ONE, BUT IT BECOMES CONFLICTING. LIKE THOSE NECESSARILY AREN'T MY TEACHINGS. AND IT'S LIKE I'M TAKING THESE ON AND IT'S ACTUALLY FROM A DIFFERENT COMMUNITY. SO I

THINK IT'S JUST IMPORTANT THAT ORGANIZATIONS ARE ACCOUNTABLE FOR THAT. AND ALSO KNOWING THAT IT'S IMPORTANT FOR YOUTH AS WELL. WE WANT OUR YOUTH TO BE GROWING UP WITHIN THEIR OWN CULTURAL TEACHINGS AND IT'S FINE TO CARRY OTHER TEACHINGS, BUT THEY DO HAVE TO HAVE A SENSE OF THEIR COMMUNAL UNDERSTANDING." - SERVICE PROVIDER

Recommendation #22: Provide resources to Indigenous and 2S youth that connect them to their community.

Recommendation #23: Remain transparent in where Indigenous teachings are coming from and what knowledge keepers organizations are consulting with.

4.4.3 STRIVE TO FIND PROGRAM STAFF WHO SHARE LIVED EXPERIENCES

Focus group discussions with youth revealed the need for mental health programs to include diverse individuals with different lived experiences. For youth, having an adult member that is representative of their community and experiences elicits a sense of trust and comfort, making them more likely to open up and talk about their mental health. This was underscored by one youth, who shared a story about their friend's struggle to find a counselor they could talk to:

"ONE OF MY FRIENDS, SHE WAS REALLY STRUGGLING WITH HER MENTAL HEALTH AND HER GUIDANCE COUNSELOR. SHE'S BLACK… HER GUIDANCE COUNSELOR WAS A WHITE MALE, AND SHE FELT UNCOMFORTABLE GOING TO HIM… SHE HAD TO TALK TO HER GUIDANCE COUNSELOR FIRST AND EXPLAIN THAT SHE DIDN'T WANT TO TALK TO HIM AND THEN TALK TO THE VICE PRINCIPAL TO SAY SHE WANTED TO SWITCH HER GUIDANCE COUNSELOR. IT WAS JUST SO MUCH." - YOUTH

For Indigenous youth, they also discussed that they would only feel comfortable talking with family members and friends that they deem are trustworthy and part of their inner circle. This suggests that there is an importance for mental health programs to have staff who are representative of different racial and queer communities. It is worth noting that, while youth did state the importance of having trained staff and mentors who shared their lived experiences, they also recognized that it is not always possible or necessary to have an exact match. One bicultural youth shared:

> "FOR ME, IT'S NOT ALWAYS ABOUT FINDING SOMEONE WHO'S EXACTLY LIKE ME IN EVERY WAY. IT'S HAVING SOMEONE THAT CAN RELATE TO MY EXPERIENCES… FOR TWO-SPIRITED YOUTH, I THINK, I CAN'T SPEAK FOR THEM COMPLETELY, BUT I'M THINKING MAYBE IF THEY HAD SOMEONE THAT WAS AT LEAST INDIGENOUS TALKING WITH THEM… THEY DON'T HAVE TO BE A HUNDRED PERCENT COMING FROM THE SAME BACKGROUND, BUT TO BE ABLE TO CONNECT ON ONE THING CAN HELP YOU BUILD THAT TRUST." - YOUTH

Service providers also acknowledged the importance of hiring staff members or creating partnerships to ensure their youth are talking with adults that are representative of their lived experiences. This is highlighted by one service provider who explained that they invite an Indigenous liaison when working in rural communities to ensure that there is someone that youth felt comfortable talking to:

> "IF WE'RE GOING TO A RURAL COMMUNITY, THEN WE HAVE OUR INDIGENOUS LIAISON. SO IT'S ALWAYS NICE IF YOU'RE TALKING TO THE GIRLS AND HAVING SOMEONE WHO CAN POSSIBLY RELATE TO THEIR EXPERIENCES. THAT'S NOT ALWAYS POSSIBLE AND I GET THAT FOR SURE, BUT I THINK THAT'S REALLY IMPORTANT THAT TO HAVE SOMEONE WHO CAN KIND OF RELATE TO THAT AND UNDERSTAND INTERSECTIONALITY AND THE IMPORTANCE OF IT AND THE ROLES THAT IT PLAYS" - SERVICE PROVIDERS

In addition, staff also highlighted that they have upfront conversations with their youth about their own lived experiences and the discrimination they may face. Having service providers discuss their own experiences help youth to open up:

"WHEN WE TALK TO YOUNG PEOPLE, WE DO TALK ABOUT OUR POSITIONALITY / THINGS THAT WE HAVE EXPERIENCED. FOR EXAMPLE, I TALK ABOUT BEING A WOMAN AND AN IMMIGRANT AND HOW THAT HAS IMPACTED MY SELF-ESTEEM AND THE DISCRIMINATION THAT I EXPERIENCE. IT HELPS THEM OPEN UP." - SERVICE PROVIDER

Recommendation #24: Build diversity among program staff to provide youth with someone they feel comfortable opening up to.

Recommendation #25: Staff who are comfortable with it can share about their own lived experiences with youth as a way to build genuine connections.

4.4.4 CREATE SPACE SAFES FOR MINORITY GROUPS

Both youth and service providers highlighted that there is a need to build community among racialized and gender nonconforming youth to help improve their mental wellbeing. One way to develop this sense of community is to develop safe spaces. For them, safe spaces would be physical places where youth can show up authentically and feel a sense of belonging. As highlighted by one service provider, youth do not always need structured programming or lesson plans, sometimes what makes a larger impact is having spaces where they can hang out:

"HAVING THOSE SPACES WHERE THEY FEEL IT'S A SAFE SPACE AND I KNOW THE IMPORTANCE OF HITTING THE OUTCOMES AND FOLLOWING A CURRICULUM AND STUFF, BUT SOMETIMES JUST LIKE THAT TIME TO HANG OUT AND RELAX AND DO A LITTLE CRAFT OR WHATEVER. SOMETIMES REALLY BIG CONVERSATIONS CAN COME OUT OF THAT WHERE YOU DON'T REALIZE THAT" - SERVICE PROVIDER

Youth also identified actions they would need to happen in order for a space to feel safe. Among the suggestions youth disclosed that they want spaces where everyone is kind (i.e., no jokes or rude commentary), what is shared

is kept confidential, having racially diverse staff, and allowing everyone to make equal contribution throughout the program.

Both service providers and youth also highlighted the importance of making sure these spaces are consistent for youth. In some cases, programs are used as an 'escape' for youth who are feeling a lot of pressure navigating the stress and pressures of being a minority. Having spaces that are consistent gives them a known escape for those pressures. This is highlighted by two youth who felt that the organization that they joined was one of their only sources for support:

"I HAD A FEW YEARS WHERE I WASN'T ACTIVELY GOING TO CLUB AND I DIDN'T REALLY FEEL THAT CONNECTED TO CLUB. THOSE WERE THE YEARS I STRUGGLED WITH MOST OF ALL." – YOUTH

"I'M RACKING MY BRAIN BECAUSE THERE'S NO CLUBS AT MY SCHOOL, OR NO LOCATIONS NEAR ME THAT SPECIALIZE IN YOUTH PROGRAMS. THERE'S INDIVIDUAL THINGS. YOU COULD GO GET A THERAPIST OR WHATEVER. BUT FOR PROGRAMMING, THE PLACE TO GO IS MY CLUB. MAYBE I NEED TO START A CLUB AT MY SCHOOL… THERE'S LITERALLY [NOWHERE ELSE] I COULD THINK OF." – YOUTH

Recommendation #26: Provide physical spaces where youth can meet others like themselves to build community and ensure that these spaces are consistently provided.

4.4.5 COVER COMPLEX MENTAL HEALTH TOPICS WITH YOUNGER YOUTH

Across consultations with youth, many revealed a desire to delve into conversations about mental health that are more complex than what they are currently receiving. Youth described the feeling that the mental health education they receive tends to be "too basic". Two youth described their experiences learning about mental health in their schools:

> "IN A SCHOOL SETTING, ESPECIALLY WHEN THEY MAKE THE TALKS ABOUT MENTAL HEALTH AND THINGS LIKE THAT, IT SEEMS VERY BASIC. IT'S KIND OF LIKE THE GENERAL STUFF, THE CLICHE STUFF THAT YOU HEAR ABOUT… IT JUST SEEMS LIKE THEY'RE JUST SAYING IT BECAUSE THEY HAVE TO [TALK ABOUT MENTAL HEALTH AS A TOPIC]." – YOUTH

> "AT SCHOOL THEY DON'T DO AN EXACT PERSONALIZED MENTAL HEALTH. IT'S MORE, 'OH, YOU ARE A YOUTH. WE'RE GOING TO SAY THE SAME THING TO YOU THAT WE'VE SAID TO THE PAST 50 OTHER PEOPLE' AND THEY DON'T GIVE THE EXACT RESOURCES THAT CAN HELP. THEY GIVE A GENERALIZED, 'HERE'S THE KIDS HELP PHONE. HERE'S YOUR LOCAL STUFF TO GO TO', BUT THEY DON'T TALK TO YOU TO SEE WHAT THE TRUE PROBLEM IS OR [WHAT SPECIFIC RESOURCES YOU NEED] TO SOLVE THAT PROBLEM" - YOUTH

Specifically, the youth mentioned a desire to discuss topics around self-harm, the genetics of mental health, addiction, suicide, safety from community violence, and various social justice topics–topics that go beyond simply discussing what mental health is. Beyond simply understanding the topics, many youth also expressed a desire to learn tips and strategies. For example, one youth said that they hoped to find mental health programming that could provide "practical solutions and things you can do when your mental health isn't so good," while another wanted to understand how to "break stigmas and understand the many faces Mental Health can have".

"IT'S LIKE THEY'LL TALK ABOUT CYBER BULLYING, BUT THEY'RE NOT GOING TO TALK ABOUT THE DIFFERENT WAYS IN WHICH THAT'LL HAPPEN OR HOW TO DEAL WITH IT" – YOUTH

"THIS ONE TIME, POLICE CAME IN TO DO A TALK ON CYBER BULLYING… IT WAS JUST SUCH AN OVERVIEW OF 'DON'T BE MEAN TO PEOPLE ONLINE JUST BECAUSE A SCREEN IN BETWEEN YOU', THERE WERE SO MANY [STUDENTS] TALKING, SO MANY PEOPLE MAKING FUN OF IT, AND SO MANY PEOPLE MAKING RUDE COMMENTS. WHEN YOU'RE NOT LEARNING SOMETHING NEW, WHEN YOU'RE NOT ENGAGED, YOU'RE NOT GOING TO TAKE IN THAT INFORMATION." - YOUTH

This sentiment was also echoed by a couple of service providers who highlighted a need for adults to have more open and direct conversations with youth around their experiences as racialized or queer. For them, it is important to be honest with the dangers they may experience because of their identity rather than to avoid these possibly difficult conversations.

Recommendation #27: Provide psychoeducational lessons around complex mental health challenges, including lessons on suicidality, self-harm, addiction, trauma, racial violence, and oppression.

Another topic that came up during our focus group with youth revolved around whether mental health should be discussed specifically with younger youth (9-12 year-olds). The youth voiced some concerns such as younger youth feeling nervous thinking about heavy topics that they did not fully understand, or the repercussions for youth who go home with questions but whose families are unfamiliar with mental health topics or shut conversations down. However, the general consensus was that it would be beneficial to talk about mental health with younger youth–as long as it is done in an appropriate manner.

"I WOULD ALSO SAY BIG EMPHASIS ON MAKING IT, IF THE AUDIENCE GROUP IS YOUNGER, TO MAKE IT MORE OF MAYBE KID LANGUAGE, A

GAME, SOMETHING FUN, SOMETHING NOT AS SERIOUS BECAUSE IF IT DOES SOUND SERIOUS, THEN THEY'LL BE LIKE, OH, THIS IS SOMETHING SCARY AND I DON'T WANT TO HAVE ANYTHING TO DO WITH THIS." – YOUTH

"I DON'T THINK IT'S TOO EARLY. I WAS DIAGNOSED WITH GENERALIZED ANXIETY DISORDER WHEN I WAS SEVEN, SO IF I HAD A PLACE TO SPEAK ABOUT THAT OR EVEN IF IT WAS IN LITTLE KID LANGUAGE, EVEN IF IT'S, "I JUST FEEL SICK SOMETIMES WHEN I DON'T LIKE THINGS,' IT WOULD'VE BEEN SOMETHING." – YOUTH

Recommendation #28: Service providers should be prepared to discuss mental health topics with younger youth.

4.4.6 BEST PRACTICES FOR DELIVERING MENTAL HEALTH EDUCATION

Older youth shared various suggestions about ways that mental health programming and messaging for youth about mental health could be improved. While they appreciated that many schools and youth programming were making efforts to increase opportunities to talk about mental health, they emphasized a need for these conversations to be more international and dynamic. A couple of youth had suggested ways to do this, either by having smaller group discussions or using play:

"WHEN SCHOOLS ARE GIVING THE TALKS, I THINK IT WOULD BE MORE HELPFUL IF IT WAS SORT OF LIKE THEY BROKE IT UP INTO SMALLER GROUPS OR THEY HAVE A FEW PEOPLE AT THIS TABLE AND IF YOU HAVE QUESTIONS REGARDING THIS SPECIFIC TOPIC, THEN YOU CAN GO TO THAT TABLE AND TALK ABOUT IT WITH THEM MORE THAN GIVING AN OVERVIEW." - YOUTH

"AT THE CLUB I WORK AT, A REALLY BIG POINT FOR US THAT THEY MAKE IN TRAINING IS TO LEARN THROUGH PLAY. SO HAVING THESE SITUATIONS OR ROLE PLAYING IS IN SOME FORM OF PLAY, EVEN IF IT'S A SERIOUS SUBJECT, AND I THINK ESPECIALLY FOR KIDS UNDERSTANDING, IF YOU HAVE TO PLAY THAT ROLE, IT'S A BIT MORE PERSONALIZED AND YOU'RE LIKE, OH, THIS COULD BE ME. I COULD END UP HAVING THIS HAPPEN TO ME OR I COULD END UP BEING THIS PERSON. I THINK THAT FOR SURE MAKES IT EASIER." - YOUTH

Recommendation #29: Develop more interactive and dynamic mental health education through use of smaller groups and play.

Another way that service providers can share information with youth is by connecting with them on platforms that they are comfortable using. One of the places where many youth are most engaged during their free time is on social media. While there have been many debates within youth-serving organizations about the safety and suggested use of social media for youth programming, the fact remains that youth will continue to use social media regardless of whether a youth organization endorses it or not. Youth in the focus groups gave examples of websites such as TikTok, Instagram and YouTube as key places that they believe youth gain information. Youth especially stressed the importance of using *duets* on TikTok, a method in which a social media creator uses another's video to make a reaction as an engaging method of educating youth:

"SO I SEE MORE RECENTLY MORE PROFESSIONALS ABOUT CERTAIN FIELDS, THEY DO MAKE DUETS TO CERTAIN VIDEOS AND SAY, NO, THIS IS ACTUALLY NOT TRUE. THIS IS THE ACTUAL INFORMATION. OR THEY COMMENT ON STUFF AND THEY'RE LIKE, THIS IS WHAT IT ACTUALLY IS. SO I FEEL LIKE THAT MIGHT BE THE WAY TO GO ABOUT IT RIGHT NOW INSTEAD OF JUST BEING A FULL NEW WEBSITE AND SAYING THEIR INFORMATION." – YOUTH

Recommendation #30: Utilize social media sites, like TikTok, to provide accurate and educational materials for youth.

4.5 LIMITATIONS OF THE INTERVIEWS AND FOCUS GROUPS

While the interviews and focus groups were able to give some insight and fill in some of the gaps found in the literature review, the research team noted several challenges and limitations which restricted some of the insights gathered. These limitations include:

- ***Indirect facilitation:*** When planning to conduct focus groups with racialized girls and gender-diverse youth between the ages of 9-13, the research team considered the vulnerable nature of the target groups and sought to collect data in a way that prioritized participant comfort and anonymity. As a result, focus group data was collected by staff members at the organization who already had established rapport with participants. The staff were given a set of focus group questions which they used to facilitate discussion with the youth. In some cases, more nuanced discussions about sensitive topics could have been expanded with additional probing questions. Without the research consultants present at the discussions, the depth of information gathered was somewhat limited.
- ***Limited representation of some vulnerable groups:*** Despite the research consultants' (and CWF's) best efforts to reach out to organizations who served the specific marginalized groups of interest for this project, it was still not possible to reach individuals from some groups of interest. Particularly, no two-spirited youth were engaged in this project. Additionally, the research team did not probe about the specific racial identity of participants in the focus groups with racialized youth. The only identities known are the ones that participants chose to self-disclose.
- ***Staff turnover at service provider organizations:*** Consistent with research findings, when trying to contact service provider organizations to arrange focus groups, several organizations declined to participate because they were no longer running the mental health-focused programs mentioned, or the staff who organized certain programs were no longer with their organization.

The limitations discussed above are also representative of the challenges of collecting data from marginalized populations. Consistent with contemporary discussions about research ethics and best practices, our team encountered challenges as we tried to balance respecting marginalized youths' privacy and vulnerability while also trying to engage them in discussions about their personal experiences with mental health.

5. DISCUSSION

In “Canada”, and globally, there have been renewed calls over the last decade to enhance and reshape mental health services, specifically to meet the needs of young people (Mala et al., 2018). Approximately 1 in 5 “Canadian” children and youth are affected by mental illness (CMHA, 2020), yet only 20% of those children receive appropriate mental health services (MHCC, 2017). The COVID-19 pandemic only exacerbated existing mental health concerns, with increased rates of anxiety, depression, and loneliness reported among youth across the country (Statistics Canada, 2021). Access to mental health services remains a critical issue, with many youth facing barriers such as long wait times and limited availability of specialized care. Given the growing need for youth living in “Canada” to have access to reliable and accurate information regarding mental health, it is essential that community programs and services are equipped to provide education and support to the youth that they serve.

While youth mental health has been a topic of concern, a growing body of research has shown that the COVID-19 pandemic and its aftermath has disproportionately impacted girls and 2SLGBTQ+ youth (CDC, 2022; Ormiston & Williams, 2022). Additionally, there is a growing mental health crisis among racialized girls and youth (Shim & Rodriguez, 2023). One of the contributing factors to this crisis is the disproportionate levels of racism and discrimination faced by racialized youth. For example, Black teenagers report an average of five encounters with racial discrimination daily (English et al., 2020). Despite a pressing need for specific mental health education and interventions for racialized and 2SLGBTQ+ youth, there is a dearth of information available on this topic.

Recognizing the need for early intervention, this report sought to capture and understand the experiences of girls and gender-nonconforming youth and what is necessary to support their mental health and wellbeing as they enter adolescence (ages 9 to 13). Specifically, this report implements a systematic review of the literature on the mental health of two equity-deserving groups: 1) Two Spirit, Trans, Nonbinary & Questioning girls and youth, and 2) Black, Indigenous and racialized girls. This report also implements focus groups with youth from these community groups and service providers to understand how mental health programming can best serve these youth.

5.1 TWO SPIRIT, TRANS, NONBINARY, AND QUESTIONING GIRLS AND YOUTH

The literature consistently indicates that the mental well-being of Two Spirit, Trans, Nonbinary, and Questioning girls and youth is significantly and detrimentally affected by various systemic factors, including discrimination, inequity, and colonialism. These factors intersect, creating unique challenges for girls and youth who hold multiple marginalized identities. Our focus groups further explored community and social barriers for 2SLGBTQ+ youth to access mental health programming. For example, some youth may not be able to access programming because they have not been able to safely disclose their identity to their parents. The current political climate creates important barriers for youth to safely and openly explore their gender identity – creating additional obstacles to delivering programming for gender diverse youth.

Despite these systemic challenges, there are some well-understood protective factors for the mental health outcomes of 2S, Trans, Nonbinary, and Questioning girls and youth. These factors include creating supportive networks within both familial and peer relationships, availability of gender-affirming medical services, fostering inclusive educational settings, emotional bonds with family and school communities, presence of positive role models, and access to social support.

Additionally, the literature suggests several beneficial frameworks for program implementation, such as the Gender Affirming Care Model, educating youth and caregivers about Minority Stress and equipping them with cognitive coping strategies, and adopting a decolonial approach to programming tailored for girls and youth. In addition to the frameworks explored in the literature, service providers expressed that mental health programming should include education for caregivers and peers about systemic oppression that is faced by 2S, Trans, Nonbinary, and Questioning girls and youth.

Gender diverse youth want safe spaces where they can show up as their authentic selves. Gender diverse youth are often looking for staff and leaders in these safe spaces to have lived experience or to share their identity. In the absence of staff with lived experience, discussions about positionality are essential to ensure that each person's unique position of power and privilege within the group is explored and acknowledged. This helps build trust and confidence that their experience will be understood and accepted. When possible, community programming should strive to codesign these spaces with youth to ensure that they respond to their needs.

5.2 BLACK, INDIGENOUS, AND RACIALIZED GIRLS

An extensive review of the available research overwhelmingly demonstrated the negative impact of racism on mental health. There is ample evidence that girls and women are disproportionately impacted by racism and discrimination's effects on mental health. The heightened vulnerability of girls and women to the adverse effects of racism and colonialism stems from the compounding impact of intersecting marginalized identities.

The focus groups conducted for this report explored the experiences of racialized girls and youth accessing mental health care. As discussed above with gender diverse youth, racialized youth involved in the focus groups expressed their desire to have access to service providers and mentors who were representative of their lived experiences and who would understand what they were experiencing. Indigenous youth also expressed the importance of service providers working with Indigenous leaders to understand the complex and intersectional identities in their communities and how non-Indigenous organizations can support their unique needs.

Despite adverse mental health outcomes experienced by racialized girls as a result of racism and discrimination, there are some promising practices for community organizations and practitioners. This report discussed the principles of trauma-informed programming, including, safety, trustworthiness and transparency, peer support, collaboration & mutuality, empowerment, voice, and choice, and addressing cultural, historical and gender issues.

These principles along with the acknowledgement of racial trauma should be the basis of inclusive programming. Mental health programming for racialized girls must hold space for participants to address racial and colonial trauma directly and explore their impact on program participants. Programs should

also foster a positive view of participant's ethnic and racial identity and include community members to ensure promotion of participant's cultural heritage.

5.3 LIST OF RECOMMENDATIONS

Throughout this report, recommendations have been provided to help guide future directions and address barriers in mental health programming. Provided below is a list of these recommendations. TNC has grouped these recommendations into categories due to the similarities and overlap in recommendations.

RECOMMENDATIONS FOR CREATING SOCIAL SUPPORTS AND RESOURCES FOR GENDER NONCONFORMING YOUTH

Recommendation #1: Provide support and resources specifically tailored to educating all caregivers about the experiences of gender nonconforming youth.

Recommendation #2: Advocate for and implement comprehensive school-based support systems for gender nonconforming youth.

Recommendation #3: Advocate for increased access to age-appropriate gender-affirmative medical care for gender nonconforming youth.

Recommendation #4: Support youth in finding providers that practice gender affirmative medical care.

Recommendation #5: Incorporate gender-affirmative mental health interventions throughout programming to create an inclusive environment.

Recommendation #6: Emphasizes building resilience and stress tolerance to external stressors related to gender identity by implementing Coyne and colleagues' adaptive framework.

Recommendations for creating programming that addresses the challenges of racism and discrimination

Recommendation #8: Educate youth and service providers about the impact of racism and discrimination on racialized youth's mental health.

Recommendation #9: Ensure that youth programs are trauma-informed and equipped to address the impacts of racial trauma.

Recommendation #14: Develop and implement culturally sensitive mental health programs for Black, Indigenous, and racialized girls and youth that incorporate discussions about racial and ethnic identity, as well as celebration of cultural heritage.

Recommendation #15: Focus on addressing the impacts of colonialism and racism while promoting resilience and well-being.

Recommendations for promoting inclusivity and intersectionality

Recommendation #7: Work towards decolonizing mental health programming by making pro-2s commitments, providing social spaces specifically for 2S youth, and highlighting positive role models for 2S youth.

Recommendation #10: Promote diverse and inclusive representations of girls and gender diverse youth in program materials.

Recommendation #11: Foster supportive environments that validate and celebrate the unique identities of all youth.

Recommendation #13: Provide peer support programs where racialized and gender nonconforming youth can learn from one another through sharing their

lived experiences.

Recommendation #16: Redesign mental health education to include discussions on intersectionality, by moving away from discussing mental health models that are primarily designed for white, heterosexual, cisgender youth.

Recommendation #20: Find transportation support for youth in rural communities.

Recommendation #21: Consider creating programs or guidelines to support racialized and gender-diverse communities that can be offered even in areas without a large racialized or gender-diverse population.

Recommendation #24: Build diversity among program staff to provide youth with someone they feel comfortable opening up to.

Recommendation #25: Have staff open up about their own lived experiences.

RECOMMENDATIONS FOR ENSURING PROGRAMMING IS CULTURALLY APPROPRIATE

Recommendation #12: Develop an understanding of community-based and culturally safe resources to provide racialized girls and youth.

Recommendation #22: Provide resources to Indigenous and 2S youth that connect them to their community.

Recommendation #23: Remain transparent in where Indigenous teachings are coming from and what knowledge keepers' organizations are consulting with.

Recommendations for capacity building and training

Recommendation #17: Create and foster opportunities for connection within the sector to collaboratively build training and strengthen services.

Recommendation #18: Provide training on trauma-informed care for all staff, even those without formal mental health training.

Recommendation #19: Develop strategies to address staff burnout and high turnover rates in the youth sector.

Recommendation #28: Service providers should be prepared to discuss mental health topics with younger youth.

Recommendations for interactive mental health education and programming

Recommendation #26: Ensure that spaces are consistently provided (e.g., held every month/week)

Recommendation #27: Provide psychoeducational lessons around complex mental health challenges, including lessons on suicidality, self-harm, addiction, trauma, racial violence, and oppression.

Recommendation #29: Develop more interactive and dynamic mental health education through use of smaller groups and play.

Recommendation #30: Utilize social media sites, like TikTok, to provide accurate and educational materials for youth.

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