



Rural Ottawa Youth



Mental Health Collective

Osgoode Ward
Community Needs
Assessment Report
2019





Are rural Ottawa youth with a mental health concern currently getting the help they need?

“No. Not at all. Not even close.”

*Osgoode Ward One-on-One Interview
Adult Respondent (Not pictured)*

Report Overview

The Osgoode Ward 2019 Community Needs Assessment (CNA) was completed:

- With funding from Youth CI (a combined initiative of the McConnell Foundation, Innoweave, and the Laidlaw Foundation)
- With funding from the City of Ottawa’s Rural Community Building Grant
- With coaching from Lyn Fergusson of Social Impact Advisors
- Under the umbrella of the Rural Ottawa Youth Mental Health Collective, who’s backbone agency is the Osgoode Youth Association.

The Osgoode Ward portion of this Needs Assessment was conducted by the Osgoode Youth Association (O-YA). The Osgoode Ward CNA took place between January and November of 2019.

Questions developed for each of the 9 categories below were written in collaboration with the Ontario Centre of Excellence for Child and Youth Mental Health and the Western Ottawa Community Resource Centre.

Online surveys were promoted through O-YA’s Facebook and email newsletter, our partner agencies, Councillor Darouze’s office and the Osgoode Township High School (OTHS).

A total of 346 residents participated in the Osgoode Ward Community Needs assessment, which consisted of the following 9 components:

1. Youth Online Survey; ages 13 – 24
(50 respondents)
2. Adult Online Survey; age 25+
(241 respondents)
3. Youth Focus Groups x 2 (one general youth population and one of youth with lived rural mental health experience); Grades 7 – University
(19 participants)
4. Parent Focus Group (parents of youth with lived rural mental health experience)
(9 participants)
5. Youth One-on-One Interviews
(4 participants)
6. Adult One-on-One Interviews
(4 participants)
7. Stakeholder One-on-One interviews; service providers, funders and local politicians
(9 participants)

8. Youth Focus Group in Rideau-Goulburn Ward; ages 14 – 24
(6 participants)
9. Parent Focus Group in Rideau-Goulburn Ward
(4 participants)

Other sources of information contained in this report (and referenced where used) include a similar Community Needs Assessment conducted by the Western Ottawa Community Resource Centre. Additionally, our Collective engaged Jillian Premachuk, a Carleton University MSW student, to do a Literature Review of research gathered on rural youth mental health.

All Report photos by Emily Dozois

“There are very, very little youth mental health services currently available in Osgoode Ward. A lot of parents and teachers are reaching out for help.”

Osgoode Ward One-on-One Interview Adult Respondent

15 Themes of Rural Ottawa Youth Mental Health

Data collected from the Exploration Grant phase of the Rural Ottawa Youth Mental Health Collective highlighted fifteen themes about rural Ottawa youth mental health. This data included stakeholder meetings, literature review and Community Needs Assessment (online surveys, focus groups, one-on-one interviews).

1

Rural Ottawa youth **do not feel supported with their mental health needs.**

Parents, teachers and youth ARE reaching out, but are frustrated about the lack of mental health services in Osgoode Ward.

2

Rural Ottawa youth **do not feel they have accessible and consistent mental health services.**

3

If mental health services are available in rural Ottawa, there is a **lack of knowledge** about them.

4

Mental health education and training are important for those who mentor, work or volunteer with rural youth.

5

It's important to have **informal mental health services** (like programs about mental wellness and mental health education / prevention) at rural recreation programs.

6

There are **challenges** with accessing mental health supports that are **unique to rural residents.** These include, but are not limited to, the fact that rural youth can't access mental health supports on their own without parents to drive them, transportation challenges (for youth and parents) and a rural resistance to accessing supports located in the City.

7

Trying to **access urban / suburban mental health supports from rural Ottawa is challenging** for many reasons including: cost, transportation, distance to service, wait lists, lack of information on how to navigate services, availability of counsellors, overloaded resources, timing of appointments and stigma.

8

A convenient and accessible **youth mental health counsellor** was one of the most common supports requested by youth in Osgoode Ward. Details of what convenient and accessible meant to youth are described in this report.

9

There are **many things that would that would help rural youth feel supported** with their mental health needs (in addition to a mental health counsellor). Details are described in this report. Examples include: group talks about mental health, LGBTQ+ services, a consistent and safe place to talk to people youth trust, mental health education (prevention, intervention, literacy, resilience, positive lifestyle, supporting peers), help with creating a Crisis Plan, knowing where to access mental health support and being able to access support when needed.

10

Youth and parents don't feel they have access to proper **evaluation / assessments of their mental health.**

11

Many **rural youth are seeking mental health help from their friends,** and this presents its own challenges.

12

LGBTQ+ youth living in rural communities experience additional barriers to asking for mental health help.

13

High School students **do not feel they are getting the mental health care that is needed at school.** Eight reasons are detailed in this report.

14

Some youth know about phone / online mental health services Kid's Help Phone, YSB chat, and other online services. But they would **rather seek mental health support in person.**

15

Before most rural Ottawa youth will seek mental health support, they need to have a **trusting relationship** with the person they seek help from.



"I would rather become sick than use the mental health access points currently available. And, even my family doctor isn't in the Village."

*Osgoode Ward One-on-One Interview Youth Respondent
Not pictured*

The Rural Ottawa Youth Mental Health Collective

There is a lack of accessible and consistent mental health services, education, and support for rural Ottawa youth and their circles of care. In 2019, with funding from Youth CI, the Rural Ottawa Youth Mental Health Collective was established to address this problem.

The Intended Impact of our Collective is that, by 2024, 30% of rural Ottawa youth will get the mental health support they need. The population we intend to serve is youth (ages 12 - 24) living in Ottawa's rural Wards (Osgoode, West Carleton, Rideau-Goulbourn & Cumberland) and their circles of care.

In 2019, the Rural Ottawa Youth Mental Health Collective was comprised of 16 rural Ottawa youth serving organizations and individuals:

1. Osgoode Youth Association (O-YA); backbone organization
2. Youth of Manotick Association (YOMA)
3. Richmond Youth Centre
4. Youth with Lived Experience
5. Youth Net; CHEO
6. Ottawa Child & Youth Initiative; Growing Up Great (OCYI)
7. Ottawa Critical Hours Task Group
8. Ottawa Public Health
9. Ottawa Police Service
10. City of Ottawa; Rural Affairs
11. United Way Ottawa
12. Youth Mental Health Counselor
13. Western Ottawa Community Resource Centre (WOCRC)
14. Nepean, Rideau, Osgoode Community Resource Centre (NROCRC)
15. South Nepean Satellite Community Health Centre
16. Community Development Framework (CFD)

Community Needs Assessment

We asked: What do people say about the youth mental health services currently available in Osgoode Ward?

Across all Community Needs Assessment components, one thing that consistently stood out is that there are very little youth mental health services available in Osgoode Ward. The response of 'almost nothing' was common. Echoing this sentiment was: if there are mental health services available, there is a lack of knowledge about them.

Most Youth Focus Group participants said they didn't know of any mental health services offered outside of their school in Osgoode Ward.

"Ottawa's rural communities are under-serviced in comparison to urban Ottawa. Access to health, social and community services is limited and many city-wide services are not reaching rural communities equitably."

(Ottawa Community Wellbeing Report, Social Planning Council of Ottawa; 2018)

"Access to basic amenities such as medical services, food stores and other types of supports are concerns in the rural areas. Distance and transportation are significant barriers in rural and suburban areas of Ottawa."

(Ottawa Community Wellbeing Report, Social Planning Council of Ottawa; 2018)

Eight themes emerged from this question:

1. People (parents, teachers and youth) ARE reaching out and are frustrated about the lack of mental health services available in Osgoode Ward.
2. Osgoode Ward residents have started to notice the work that O-YA is doing with mental health promotion, education and prevention. Respondents noted seeing resources through O-YA's newsletter. Comments about O-YA included that:
 - a. Places like O-YA provide a space where youth have an existing relationship with the Youth Workers who provide guidance.
 - b. Mentioned more than once was that youth feel confident that O-YA Youth Workers aren't telling their stories to parents / others in the community (because they have signed a clear form dictating when O-YA will tell parents about a participant's behaviour).
 - c. A relationship has been built between youth and Youth Workers by talking about social things and having fun. Then, when youth have a problem, they feel comfortable reaching out because that established trusting relationship has already been built.
 - d. Comments included that it's nice talk at O-YA about sensitive topics because the youth feel comfortable with staff.
3. Youth know that some mental health resources exist at school (Rideauwood was mentioned), but most do not know what those resources are or how to access them.
4. High School students do not feel they are getting the mental health care that is needed at school. This sentiment can be broken down into 8 main areas of concern:

100%
of Osgoode Ward youth
Focus Group participants
would like to increase their
mental health literacy

- a. Most students have no existing or trusting relationship with their school guidance counsellor and therefore don't feel comfortable confiding in them about mental health concerns.
- b. From what students have noticed, advice seems to be inconsistent between visits and between students with similar concerns. Therefore, students don't feel they are a reliable source of information.
- c. Students do not trust that school guidance counsellors offer a confidential service. Students don't know what is being shared with their parents.
- d. The demand on school guidance counsellors is high, and therefore they are only able to help those who are desperate.
- e. There is unease about the quality of mental health care provided by school guidance. Concern was raised that the school guidance setting is not at all ideal if you are vulnerable. If you are fortunate to receive care in a formal setting, it shows how inappropriate the school setting is, especially if the issue

at hand is related to school. Guidance counsellors wear a lot of hats, and discussing mental illness is sensitive; it's easy to say the wrong thing and alienate students. Students feel like their time is rushed, and that guidance is busy. They are given cliché answers and obvious advice.

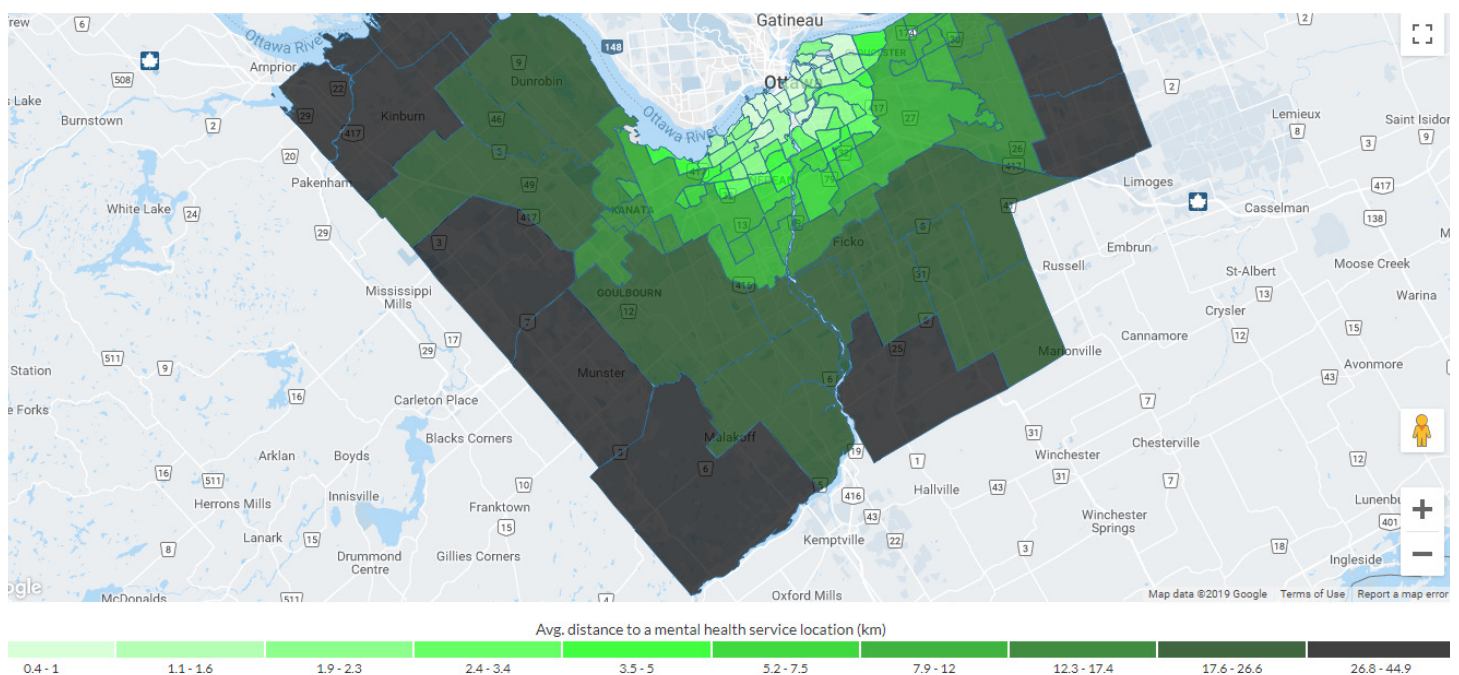
- f. School guidance is not a private setting. Students must wait outside in the hallway before talking to guidance, which isn't private or comfortable.
 - g. One student mentioned that their school has a mental health counsellor once a week and an addictions counselor twice a week. But it's hard to get in to see these counsellors.
5. If youth do have the means to travel outside of Osgoode Ward for mental health support, there are significant barriers to accessing those services. The wait is 45 minutes – 1 hour to get an appointment, which is very stressful. At CHEO, when referred to a psycholo-

gist, you might get bounced around before you get help, which is quite frustrating. One participant traveled to the YSB Walk-in Clinic only to be turned away because it was full when they arrived. Some youth know that mental health support wait lists in the city are very long, so don't see a point in bothering to reach out.

6. Some mentioned the ability to see a private counselor, counsellor at YSB or CHEO Emergency. Counsellors at St. Mark are good if you are able to access them. But accessing those services outside the rural area is challenging because:
- a. Youth and parents aren't able to access the services when they are open.
 - b. Parents don't have money to pay for private service.
 - c. Some parents feel like the problem isn't pressing enough to drive into the city or they have other priorities.

Average distance to mental health services in the City of Ottawa

In the rural areas of Ottawa, it is between 27 - 45 km to reach the nearest mental health services

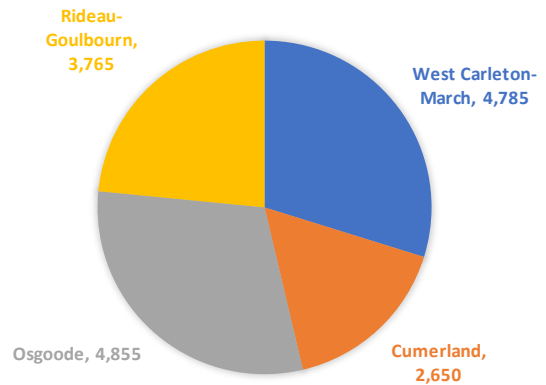


Source: Ottawa Neighbourhood Study; 2013

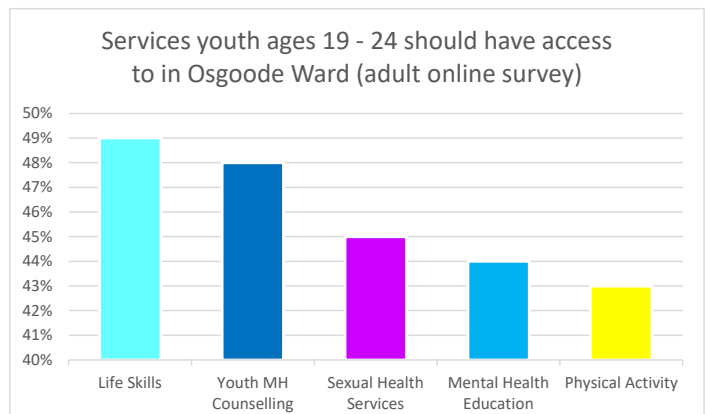
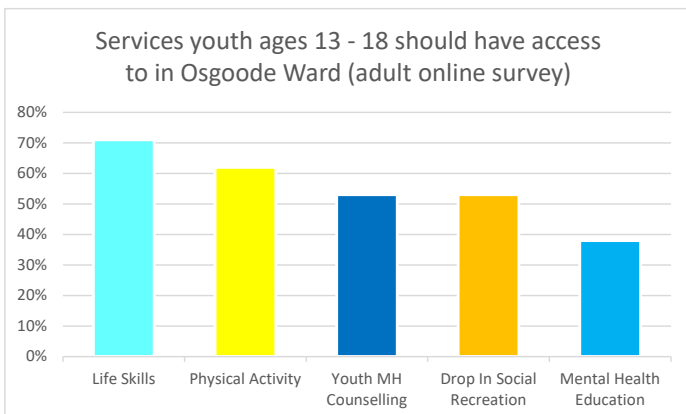
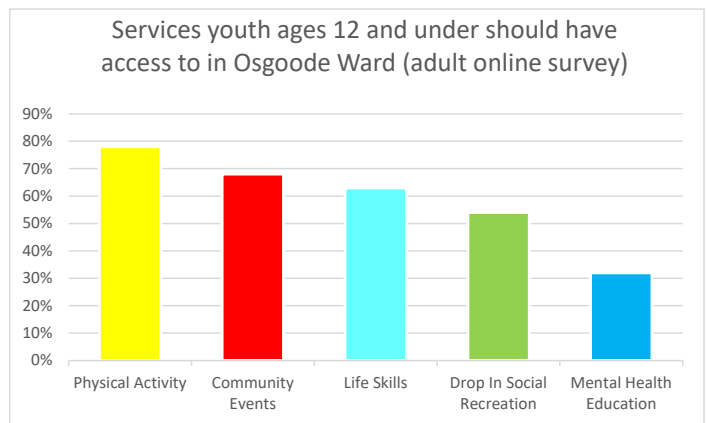
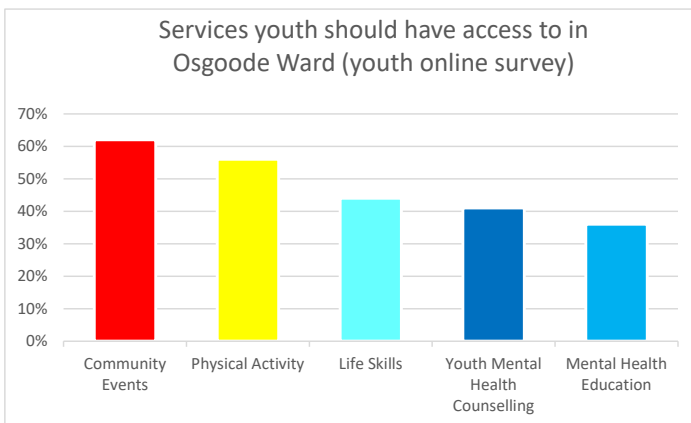
- d. Rural youth who don't have the support of their parents don't have access to transportation to get into 'the city'.
 - e. One participant mentioned that they would rather become sick than use the access points currently available, and even their family doctor was not located in the village.
6. Some participants knew about phone / online mental health services Kid's Help Phone, YSB chat, and other online services. But they would rather see someone in person. Again, having an existing trusting relationship is key.
 7. Contacting a family physician is the only way most rural families can reach out.
 8. There are services available in Osgoode, but only during a crisis.

How Many Youth ages 10 - 24 Live in Rural Ottawa

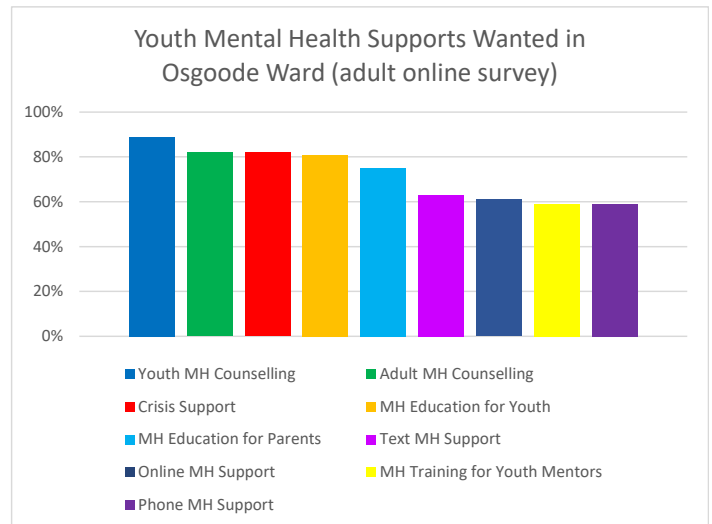
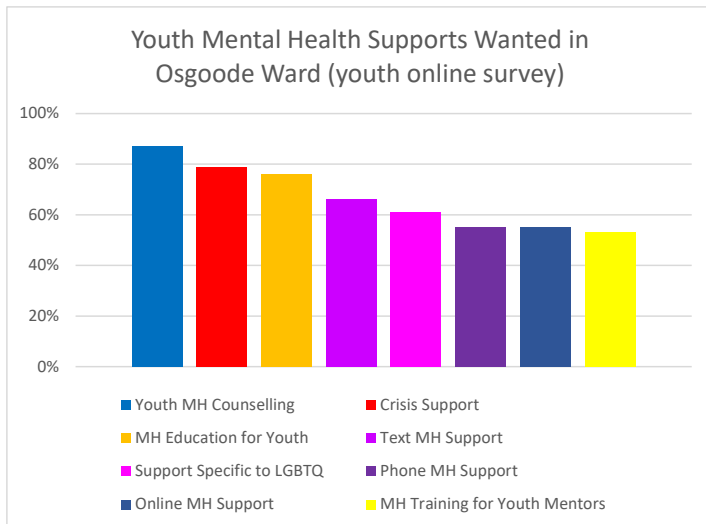
Total: 16,055; Source: 2016 Census; Rural Villages in each Ward



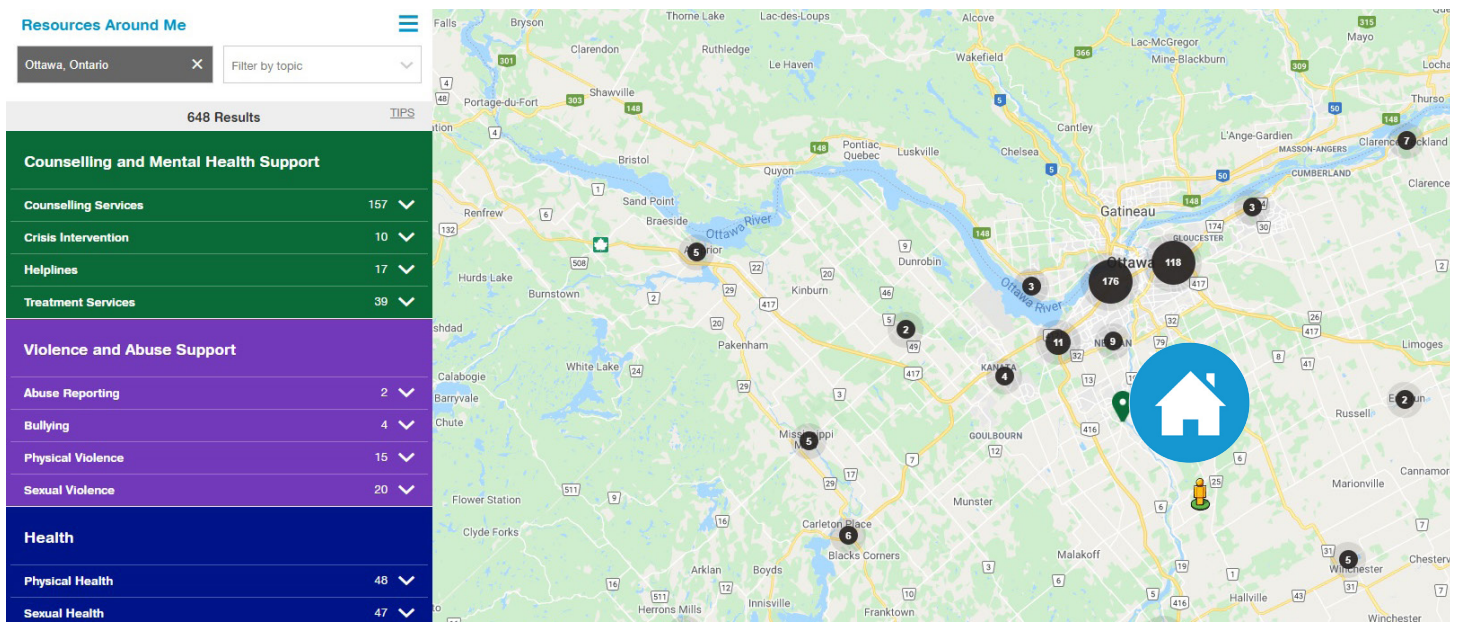
Services Youth Should Have Access to in Osgoode Ward



Youth Mental Health Supports Wanted in Osgoode Ward

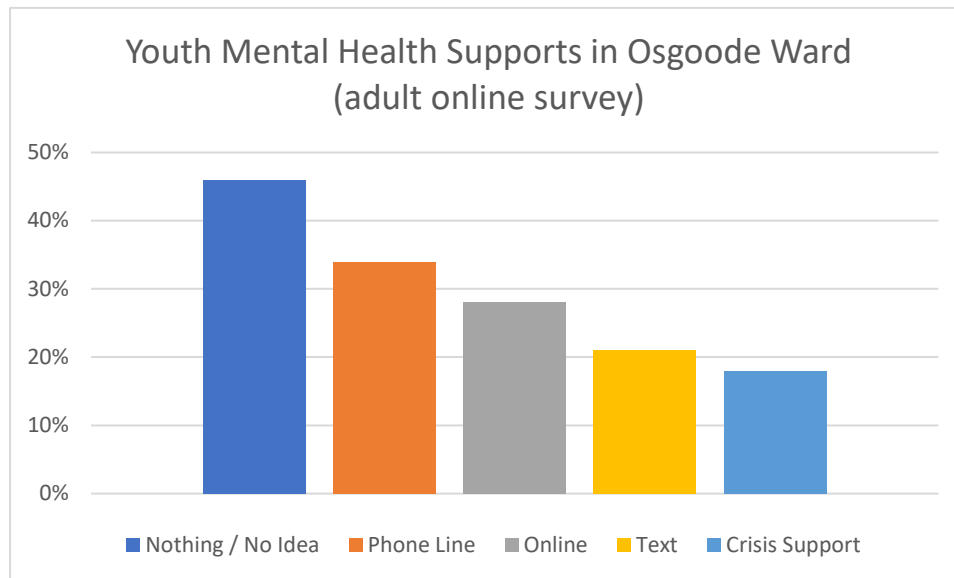


Map of Mental Health Resources in Ottawa

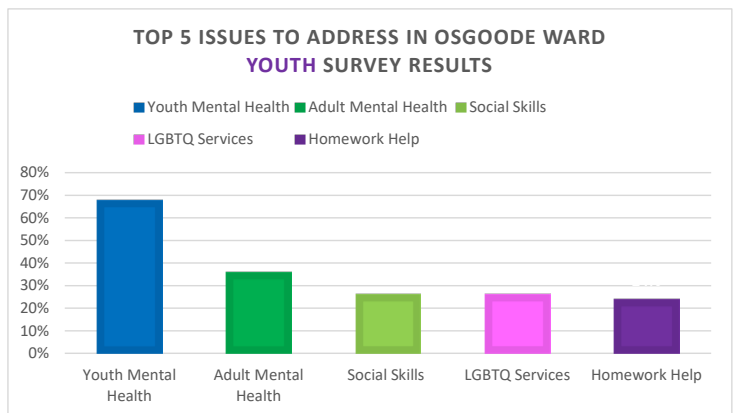
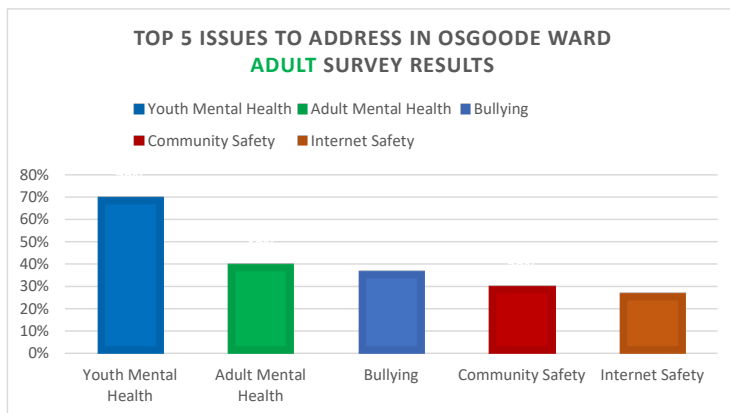


Source: www.kidshelpphone.ca; 2020

Youth Mental Health Supports Currently in Osgoode Ward



Top 5 Issues to Address in Osgoode Ward



80%

of rural Ottawa youth surveyed do not currently have the mental health support they need in Osgoode Ward

Osgoode Ward Youth Focus Group participants



"To feel supported , [with my mental health], I want someone to check up on me instead of having [support seeking] completely on me. The hardest part is telling people I'm not okay anymore."

*Osgoode Ward Youth Focus Group Participant
Not pictured*

We asked "Are rural Ottawa youth with a mental health concern currently getting the help they need?"

The overwhelming response was: no they are not. Reasons for this included:

1. The few mental health resources that exist in rural Ottawa are private and expensive.
2. Rural youth can't access mental health supports on their own without parents to drive them, and this is a serious barrier.
3. Youth and parents don't feel they have access to proper evaluation/assessments of their mental health.
4. Many rural youth are seeking mental health help from their friends, and this presents its own challenges:
 - Many youth will not ask for help or voice concerns to their parents, but will tell their friends.
 - Sometimes youth tell friends about their mental health concerns, and then their friends don't know who to reach out to or how to help.
 - One of the things youth find hardest about reaching out is speaking their mental health concerns out loud to an adult.
5. Some youth mentioned that there is a disconnect of youth not knowing what resources are out there. One educator reported that, even a

lot of parents don't know where to go or what exists for mental health resources.

6. A youth mental health counsellor is what is truly needed within a rural Village.
7. Some parents don't understand that their children are experiencing a mental health concern, and therefore don't know that they need to be seeking help. Youth with supportive parents tend to get more help.

At the Manotick Parent Focus Group, participants all agreed that youth are not getting what they need locally. And when they make their way to urban services, they are overloaded.

At the Manotick Youth Focus Group, participants all believed that they currently have some level of mental health support. Many felt they would rely on friends in a crisis. Some felt there were teachers they could contact, while others felt they could turn to family members. Existing local services were mentioned but the youth were not familiar with any of them nor the locations of any services.

At our Youth Focus Groups, we asked, “Do youth currently feel supported with their mental health needs?”

85% said no.

At our Youth Focus Groups, we asked, “Are there currently accessible and consistent mental health services / support for rural youth?”

100% said no.

At our Parent Focus Group, we asked, “Are rural youth with a mental health concern currently getting the support they need?”

100% said no.

In our Youth Online Survey, we asked, “What mental health supports are currently available in your community?”

40% did not know of any
15% said none

In the first meeting of the Rural Ottawa Youth Mental Health Collective, our discussion highlighted concerns about mental health services for rural youth:

1. Rural youth are not getting the level of mental health care they need.
2. Rural youth are made to feel that they don't deserve the services - the system is not built for them.
3. Transportation to and from urban Ottawa based mental health services is a strong deterrent from accessing service for rural youth.
4. Even if parents are willing to transport youth to services, they struggle with getting youth to services during operating hours or with the time required to get youth to an appointment, back to school in the rural community, and then get themselves back to work (which is often in the urban core).
5. LGBTQ+ youth living in rural communities experience additional barriers when asking for support as it often requires or forces them to 'come out' before they are ready.
6. For rural youth, there is an added challenge with addictions. Many rural youth admit to using substances because there is little to do in rural communities. It is typical for youth to convene in public outdoor spaces which often

What mental health supports would you like to see for youth in Osgoode Ward?

“Literally anything.”

Osgoode Ward Youth Focus Group Participant

100%

of Focus Group parents say rural youth with a mental health concern are not getting the help they need.

Osgoode Ward Adult Focus Group participants

- includes the presence of drugs and alcohol.
7. If youth try to access mobile crisis services, they are often told the issue does not qualify as a crisis based on the criteria of the mobile crisis services. This encounter dismisses their experience and compromises their confidence to continue to reach out for help.
 8. Rural communities need prevention and promotion programs to help with early intervention efforts. However, the cost of these programs is prohibitive.
 9. Rural service providers are rarely approved for funds to implement mental health services because they are small compared to urban populations. The rates of incidents in rural cannot be compared to urban populations because the base of the populations is so different.

- c. Potentially someone who is mobile and could come to the youth.
- d. Once a week counsellor rotating between Villages.
- e. If the counsellor is rotating between Villages, it would be great to have their phone / email contact in case a youth needs help between appointments.
- f. A free service, as fees could be a barrier.
- g. Very mobile counsellor that can meet youth anywhere.
- h. Having a place where youth could walk in and talk to someone if they needed to, or where they could access peer support. Specifically,

We asked our Youth Focus Groups, "What mental health resources, supports or interventions would you like to see for youth in Osgoode Ward?"

In a focus group of Osgoode Ward youth with lived mental health experience, we learned a lot!

1. A convenient and accessible youth mental health counsellor was one of the most common support requested by youth in Osgoode Ward. Convenient and accessible meant:
 - a. The counsellor service needs to be central in rural wards; with local access being stressed.
 - b. Services offered more than one day / week in case of a crisis.

Are there accessible and consistent mental health services currently available in Osgoode Ward?

100%

Said No

Osgoode Ward Youth Focus Group participants

- having a youth mental health counsellor “Anywhere like O-YA” was requested as it is a place where trusted adults talk to kids. O-YA would be a good spot for mental health services because youth already attend and it is a comfortable environment.
- i. Youth in the City can take a bus or walk to counsellor. In rural areas, they have to tell their parents to get transportation and that is not always possible.
 - j. Regular hours (i.e. same days / times each week and more than 1 x per week).
 - k. Accessible hours for youth (i.e. evenings / weekends).
 - l. In person (as opposed to by phone, text or video chat).
 - m. Not short term.
 - n. The counsellor is someone with whom they’ve built a relationship with outside of counseling sessions.
 - o. The counsellor is someone who will reach out and check in if they haven’t heard from clients in a while.
- 2. Youth need to have a trusting relationship with the person who is providing mental health support. At the Manotick Focus Group, youth reinforced that the relationship with a trusted individual would be key to them reaching out.
 - 3. Many participants commented that even the O-YA Focus Group they were participating in at the time was a good resource and was therapeutic. They would also like to see more group talks about mental health and there was a strong recommendation for local support groups.
 - 4. LGBTQ+ services.
 - 5. Positive lifestyle courses.
 - 6. Resources to compliment professional services were suggested.
 - 7. Education about prevention and treatment of mental health concerns.
 - 8. Support groups or info nights for parents.
 - 9. Info nights for friends on helping their peers with mental health support.
 - 10. Youth creating a Facebook video about how to talk to kids about mental health.
 - 11. A Decision Tree to help youth identify their feelings and decide if help should be sought.



“As a young teen I went through a lot with high school and bullying. If I had access to close by services, it would have saved a lot of trouble and driving.”

*Osgoode Ward Online CNA Survey Youth Respondent
Not pictured*

Challenges When Accessing Mental Health Supports in Osgoode Ward

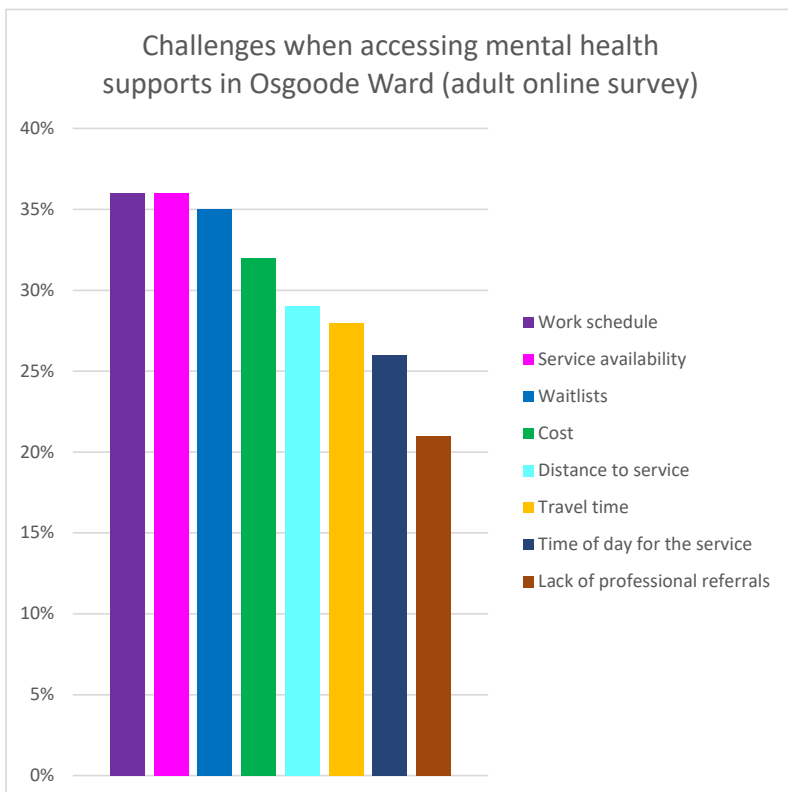
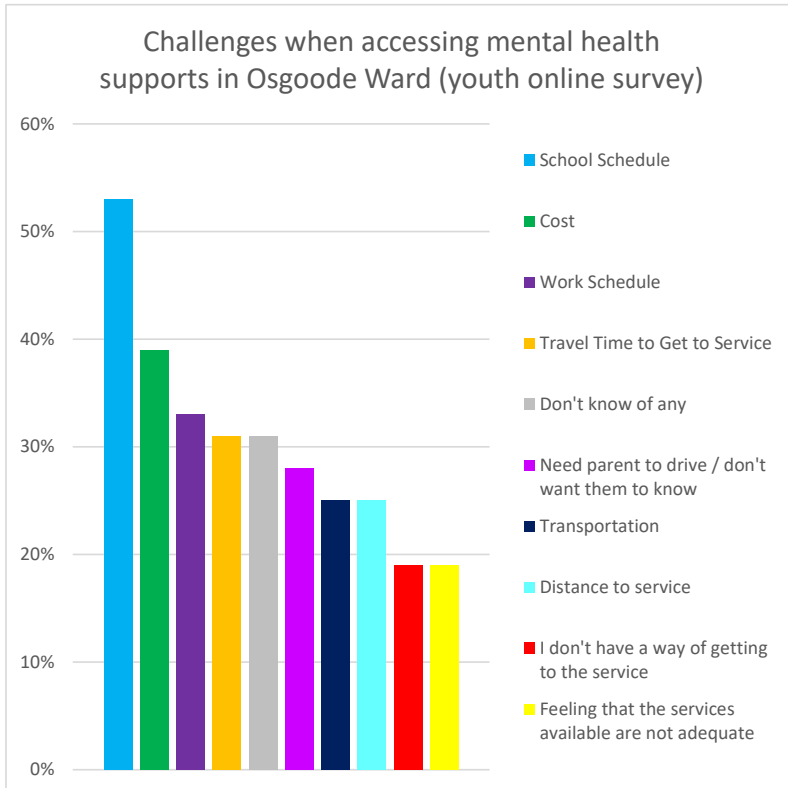
At the Manotick Youth Focus Group, youth felt strongly that they would prefer to sit down and have a face-to-face conversation with someone to get help. Online (Skype, FaceTime, etc.) were acceptable but not preferred, options. Many agreed that they find phone calls uncomfortable most of the time so it would not be a preferred form of communication in this situation.

We asked parents of youth with lived experience, "What mental health supports should be available in rural Ottawa for youth?"

1. Parent Supports / Parent Education Programs (i.e. Training parents to understand their children's language)
2. Access to regular youth counselling services (*all agreed*)
3. A person the youth are comfortable speaking to (*all agreed*)
4. Walk in clinics for all issues (*all agreed*)
5. Free services
6. Mental Health education (such as Mental Health First Aid)
7. Mental Health Crisis intervention

We asked Youth in Focus Groups and Online Surveys, "What would it mean to you to feel supported with your mental health needs?"

1. A better sense of mental health support within the community.
2. Feeling understood.
3. Mental health supports readily available in a time effective, community oriented and professional setting when they are needed.
4. The ability to have open conversations, without stigma, access to help (doctors and counselling) for all incomes.
5. That mental health help is available when they need it.
6. Having someone who listens and cares to talk to (x 4).
7. Having a reliable and consistent (definitions added above) youth mental health



counsellor in Osgoode (x 16). Key aspects of feeling supported through a counsellor included:

- *Having a mental health support system within the community (x 3).*
- *Having a Crisis Plan / place to go when you are experiencing a mental health crisis.*
- 8. The ability to have open mental health conversations with no stigma.
- 9. Mental Health support groups in the Village.
- 10. Sustained outpatient care (not just short-term counselling).
- 11. In addition to a formal counsellor, helpful O-YA youth workers that will talk to you / offer support.
- 12. Having access to someone who is genuinely interested in you and cares for your mental health.
- 13. Educating circle of care on what to say to someone with a mental health challenge.
- 14. Better integration when coming back home from CHEO care if you're not well enough to be home, and not sick enough to be in hospital.
- 15. A consistent and safe place to talk to people.
- 16. (Manotick Youth Focus Group) The youth believe that as long as they have someone who will listen to them and show genuine empathy, they would feel supported. Other indicators of support included an environment where crying is accepted, not being asked to rely on medication, receiving help with coping strategies, being heard and feeling that people care.
- 17. (Manotick Parent Focus Group) They were clear that mental health services for rural youth need to be easy to access, timely, and need a triage system in place.

The desired results for a successful rural mental health program from the Rural Ottawa Youth Mental Health Collective Stakeholders included:

- A counsellor where the youth already are (drop in, arenas, mobile service)
- Youth engaged / youth led
- Rural transportation mechanism
- Any rural youth who need support know where to access it and can access it
- Resilience programming

100%

of Osgoode Ward youth Focus Group participants would like to increase their mental health literacy

- Mentoring
- Rural youth feel heard
- Rural youth know now to recognize when they need help, and where to turn when they need it
- Increase in mental health literacy

The creation of all services should be youth-engaged, based on a Community of Practice model and have a strong method of program delivery that takes rural dynamics into account, is youth oriented, youth engaged, confidential, innovative, consistent, sustainable, free, uses a long term approach, and is well promoted.

The key indicators that would lead to rural Ottawa youth to get the mental health support they need include:

- Increase in mental health literacy
- Increase in mental wellness
- Decreased mental health stigma
- Increased coping mechanisms and resiliency
- Increased knowledge about what to do if you notice changes in mental health and where to go to ask for help

- Increased knowledge of signs, symptoms and risk factors of mental health problems
- Increased confidence to help someone experiencing a mental health concern
- Increase in rural youth knowing that mental health resources are available and how to access these supports
- Increased number of rural youth accessing mental health supports

Mental health supports are defined by the stakeholder group as:

Tier 1: Promoting Positive Mental Health (create welcoming and supportive environments, engage youth voice and leadership, build understanding about mental health and reduce related stigma)

Tier 2: Prevention and Community Support (build skills and reduce risk factors (i.e.: enhance social relationships, coping with stress and regulating behaviour))

Tier 3: Intervention (Specialized assessment, psychological and social work services, specialized support programs and cautions on how poor intervention can be worse than no intervention.)

“Before you can direct teens, you have to connect with them. The principles of attachment are really important when working with teens.”

Dr. Grandy, Child Psychiatrist at CHEO from YSB Mind Matters; The Teenage Brain presentation

We asked Youth Focus Group participants, “Should mental health services in rural areas be accessible and consistent?”

100% of Osgoode Youth Focus Group participants agreed that mental health services in rural areas should be accessible and consistent.

Comments included that O-YA would be a good spot for service because youth already attend and it’s a comfortable environment. When youth have a mental health concern, they don’t always know when they are going to be triggered or breakdown, so support needs to be consistent and accessible.

Manotick Youth Focus Group participants all agreed that services need to be accessible, consistent, and affordable. Their belief is that currently, even paid services are not accessible due to the costs and wait lists.

We asked “Are there accessible and consistent mental health services currently available in Osgoode Ward?”

100% of respondents (across all community needs assessment platforms) said no.

Respondents indicated that informal mental health support (like O-YA, family and coaches) do exist. But there are no formal resources (i.e. professional counselor) support systems in place.

The Manotick Youth Focus Group concluded that there are no free or accessible services in the area, and that cost and wait lists for paid services is a barrier.

We asked Youth Focus Group participants, “Would you like to increase your mental health literacy?”

At our Youth Focus Groups, we provided the following definition of Mental Health Literacy: Knowing about mental health problems and being able to recognize, manage and prevent them. For example, you know what clinical depression means, you can recognize the signs and symptoms of clinical depression and you know some things you can do to prevent this from happening.

At the Osgoode Youth Focus Group, 100% of participants said they would like to increase their mental health literacy.

At the Manotick Youth Focus Group, some of the youth were interested in the idea of increased mental health literacy, but they did not believe they could learn how to prevent mental health issues, and so viewed this as something that would not be useful. There was a suggestion about wanting to be taught more practical skills, even life skills, to develop resiliency.

We asked Youth Focus Group participants, “Is there currently any mental health education and / or promotion in Osgoode Ward?”

1. O-YA Programs including:
 - a. This focus group
 - b. The training O-YA helped provide called ‘Mental Health Training for Mentors of Rural Youth’
 - c. O-YA’s Facebook page; sharing youth mental health resources
 - d. Mental Health Help resource pages in O-YA bathrooms
 - e. O-YA programs for teens on youth mental health
2. School Programs including:
 - a. School Guidance
 - b. Guest speakers at school
 - c. ORA at school
 - d. Motivational presentations – perseverance, bullying, mental health
 - e. Achieve your goals with a good mindset presentation
 - f. Royal Ottawa for presentation (Anthropology, Civics and Careers, Psychology)

3. Other youth said that there is nothing of tangible value for solving a mental health problem.

Manotick Youth Focus Group participants said the only resources they knew of were presentations in school.

We asked “Do you think mental health education and training are important for those who mentor, work, or volunteer with youth in Osgoode Ward?”

100% of Focus Group youth think mental health education and training are important for those who mentor, work, or volunteer with youth in Osgoode Ward.

We asked “Is it important to have informal mental health services (like programs about mental wellness and mental health education / prevention) available at local recreation programs?”

100% of Focus Group youth think it is important to have informal mental health services (programs about mental wellness and education / prevention) available at local recreation programs.

“I’m an educator in a rural Ottawa Village, and I don’t feel there is a lot I can refer parents to who are struggling with their kid’s mental health.”

*Osgoode Ward One-on-One Interview
Adult Respondent*



The Osgoode Youth Association has had success in offering informal mental health services in late 2019 and early 2020. These programs (like Girls Mental Wellness and Happy Minds) have focused on mental wellness, mental health education and prevention. The idea of programs like these were also supported by youth in our Community Needs Assessment. Youth participants believe in the importance of learning how to support their friends; as youth are more likely to turn to their friends for mental health help than their family or school guidance. They felt it was important to teach youth how to recognize when they need help. There was a lot of appreciation that mental health needs vary between people and can be quite diverse; so how they are addressed and treated should also be equally varied and diverse.

These mental wellness programs are seen as a good way to connect with friends, peers, and people the youth might not have known before in an informal setting. Their content is fun; and that gets their attention - but they are also learning something along the way.

The most important reason youth gave for finding O-YA programs particularly effective was that the O-YA Youth Workers treat them with respect, and not like children. The Youth Workers, in turn, have earned their respect. The transparency O-YA has with our Policy rules and clear guidelines on when Youth Workers will tell parents about their children's behaviour has gained a lot of trust from the youth.

One suggestion was to have local youth with lived experience of mental health challenges help run the programs, and youth would see that they are not the only ones with these challenges. That type of peer influence is especially important.

“In rural Ottawa, there is no public transportation or very limited public transportation, and residents rely mainly on cars to get from place to place.”

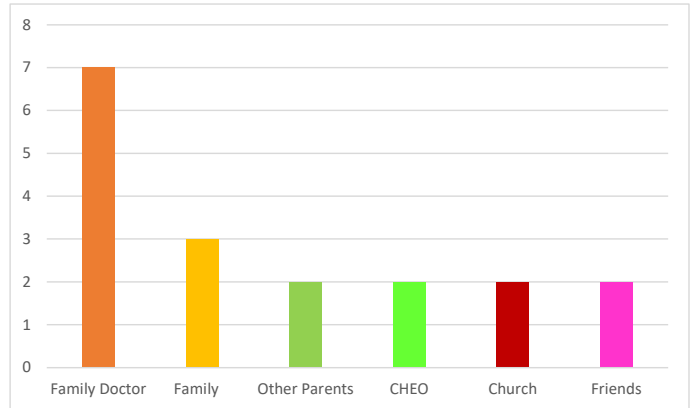
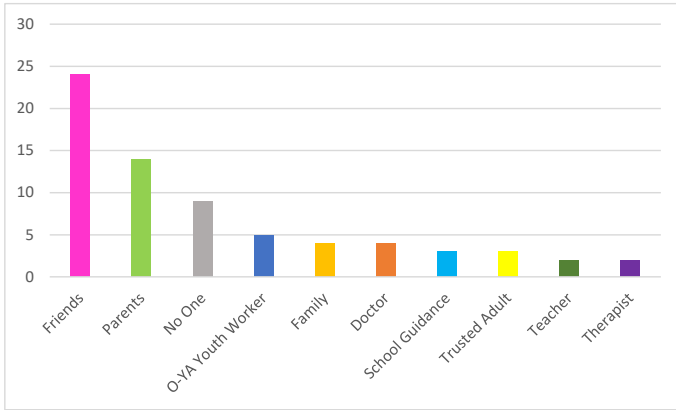
(Well-being Report 2018)

We asked Parents in One-on-One Interviews and Focus Groups, “What challenges have you experienced when trying to access mental health supports?”

- Cost (all agreed). If you only have so much money, you have to choose what you are going to spend it on. A lot of people are not choosing counselling.
- Transportation (all agreed). One mom has no car. Her friend has a car, but she can't keep asking that friend to borrow it. Her mom has a car, but gets annoyed with lending it. She can drop one of her kids off in Kenmore and one more in Metcalfe, but can't get a 3rd into the City. She could ask a friend to run to Kemptville or Manotick for an appointment, but can't do that if the service is in the City.
- Distance from rural areas to mental health services.
- Because of the lack of local services, youth are unable to seek help on their own, without telling parents.
- Waiting list (most agreed).
- Lack of information / how to navigate what is out there (all agreed).
- Child refuses help.
- Availability of age appropriate counsellors (there can't be a one size fits all approach).
- Consistency in availability, counsellor and locations.
- Current urban resources are overloaded.
- City people do not have a good understanding of rural life.
- Timing; appointments are during school hours for youth or work times for parents. Even if appointments are evening hours, it is hard to get home get your child and then go back.
- One Mom has to rely on 4 different people to get her child to counsellor appointments because of when and where they are and how it conflicts with her work schedule.
- Stigma is a big barrier for youth trying to reach out. Talking about mental health more may help decrease the stigma.
- The fact that there isn't anything currently in Osgoode Ward is a barrier.

At a Youth Focus Groups (Osgoode and Manotick) & Youth Online survey, we asked "If you have a mild - moderate mental health concern, where would you go for help?"

At a Parent Focus Groups (in Osgoode and Manotick) & Adult Online survey, we asked "If a youth you care for has a mild - moderate mental health concern, where are you currently seeking support for them?"



100% of Focus Group youth think mental health education and training are important for those who mentor, work or volunteer with youth in Osgoode Ward.

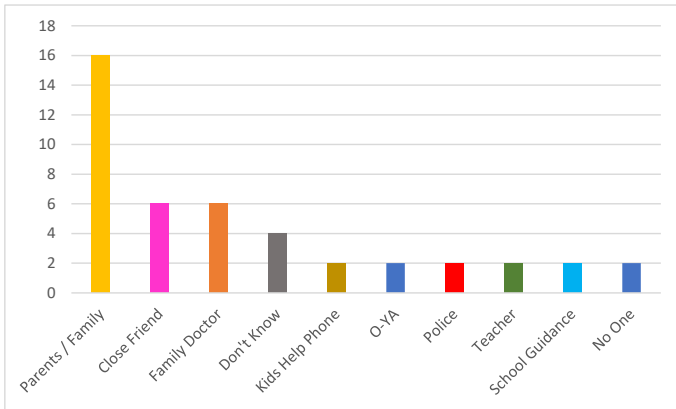
100% of Focus Group youth think that it's important to have informal mental health services available at local recreation programs.

"As a young teen I went through a lot with high school and bullying. If I had access to close by services, it would have saved a lot of trouble and driving."

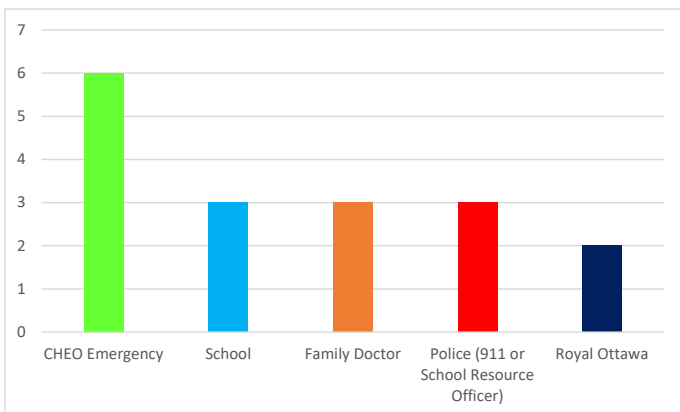
*Osgoode Ward Youth Online Survey Participant
Not pictured*



At a Youth Focus Group & Online survey, we asked “If you were facing a mental health crisis, who would you contact / where would you go for help?”



At Parent Focus Groups (in Osgoode and Manotick) & Adult Online survey, we asked “If a youth you care for had a mental health crisis, who would you contact / where would you go for help?”



At Youth Focus Groups (in Osgoode and Manotick) & Youth One-on-One Interviews, we asked “Is there any reason you would not want to access mental health supports in Osgoode Ward?”

Most respondents said that they would be comfortable accessing mental health supports in Osgoode Ward. Additionally, a few stressed that it would be a benefit to have a counsellor who understood rural sensitivities.

For those few who would not want to access mental health supports in Osgoode Ward, their reasons included:

1. It would be less anonymous than something that is further away, and the personal stigma around accessing service.
2. One youth mentioned that they simply might not need that support because their parents are there for them.
3. Some worried that accessing mental health supports locally might change the way people saw them, and didn't want peers, friends, or family to see them accessing support.
4. There was another concern raised that the youth might not want to find out that something is wrong, and that if they access support, their suspicion that something might be wrong may be confirmed.
5. One youth was worried that, if they saw their counselor in town that they might say something.

Each of these people agreed that they would feel more comfortable if the location of mental health services was not designated just for mental health support. For example, if the format was a facility like O-YA, youth already feel comfortable and welcomed there. It would help that no one would know whether they were accessing O-YA services or mental health services.

At the Manotick Focus Group, the greatest concern was the price of therapy. Most felt their families could not afford it. There were concerns about running into others at the therapist's office or encountering the therapist in the community.

“Transportation is a significant barrier to accessing community mental health services for rural Ontarians.”

(Ontario.cmha.ca/documents/rural-and-northern-community-issues-in-mental-health/)

At parent One-on-One Interviews, we asked, “Do you think rural youth have any mental health challenges that are unique because they live in a rural area?”

One key theme that was pointed out in parent interviews is that there is a rural resistance to accessing supports located in the City. It takes a long time (over 1 hour depending on location) to get from rural Ottawa into the City core. Driving in the City is much different than driving in the rural areas, and there is a significant portion of rural residents who find driving in the City to be hard – especially in unfamiliar areas. An additional barrier is that numerous parents don’t have access to a car. Or, if they do have a car, it is not quality enough to get them in to the City for appointments. Plus, some have a car but can’t afford the gas to get into the City or car insurance.

A lot of stress is caused by families having to take time from work or school to drive to appointments in the city. This can be a financial burden to some and local resources could help cut down on transportation or loss of work hours.

“Geography is a key determinant of health. Rural communities face unique challenges, and require customized solutions and a different approach than their urban neighbours. The basket of services in rural Ontario communities is less comprehensive, available and accessible than in urban areas. A comprehensive basket of services is needed to support rural residents living with mental illness and/or addictions.”

(Ontario.cmha.ca/documents/rural-and-northern-community-issues-in-mental-health/)



“A lot of stress is caused by families having to take time from work or school to drive to appointments in the city. This can be a financial burden to some and local resources could help cut down on transportation or loss of work hours.”

Osgoode Ward One-on-One Parent Interview

“Youth in suburban or urban areas can take a bus or walk to mental health counselling services. However, in the rural area youth have to tell their parents and get them to drive to services. This isn’t always ideal or even possible.”

Osgoode Ward One-on-One Interview Adult Respondent

Throughout our research and Community Needs Assessment, three strategies for addressing the gaps in rural Ottawa youth mental health needs were identified.

STRATEGY 1: A youth mental health counsellor located in rural Ottawa Villages (the creation of appropriate, accessible and convenient mental health services for rural youth when most needed).

STRATEGY 2: An increase in mental health education and prevention strategies for rural youth (increase in mental health education and literacy for rural youth).

STRATEGY 3: An increase in mental health supports for rural youths’ Circle of Care (creation of formal and practical mental health training for local youth service organizations and affected youths’ circle of care).

Rural Youth Mental Health Focus Group Debrief

Several weeks after the Rural Youth Mental Health Focus Groups were conducted, we brought Focus Group youth back to debrief on their experience. We learned a lot that can be used to improve on Focus Groups in the future:

- The youth will be using the information they learned at the Focus Group to help family and friends
- The youth realized the importance of talking about mental health

- Participants appreciated the opportunity to talk
- Participants connected very deeply with the questions
- The youth learned where they could go for mental health help
- Participants learned coping mechanisms
- *“I am glad I came. I will use what was learned tonight in everyday life.”*
- Participants learned ways to help friends if they have troubles.
- *“I now know more about what’s happening with youth mental health.”*
- Timing was good (on a weeknight)
- Dinner was a great incentive. Provided a more relaxed and comfortable environment. A more

At our Youth Focus Groups, we asked, “Do youth currently feel supported with their mental health needs?”

85%
Said No

interesting dinner than pizza was appreciated (we served Thai food). Something that was healthy (Thai) and included vegetarian options was great.

- Gift Card (\$20 Walmart) for attending was appreciated, but not necessary. It was a nice thank you, but wouldn't have affected whether they attended or not.
- Length (3 hours): 2 hours would have been great, but 3 hours was not bad because great conversation was happening. Dinner helped – everyone was enjoying themselves.
- Group size (7) was good. Too small and it would have been limited conversation. Too big and it would have felt impersonal.
- Comfort level: Good! More pillows and blankets would have been a nice added touch. Maybe an ice breaker activity would have been good. Easier to get information and make you feel more comfortable with the others. (Maybe the youth could make dinner together?)
- Add fidget toys!
- Having a printed agenda on the wall was helpful

Parallels with Rural Ottawa Youth Mental Health CNA and the 2019/20 Community Development Framework's Mental Wellbeing Working Group

The Rural Ottawa Youth Mental Health Collective shares some ideologies with Ottawa's Community Development Framework (CDF) table. The CDF group has prioritized 4 key messages that dovetail perfectly with the Rural Ottawa Youth Mental Health project:

1. It's important to engage resident leaders with lived experience.
2. Proper mental health training for community leaders is important. Community well-being volunteers support community wellness. The end goal is mental wellbeing (as opposed to mental wellness).
3. After Care within the community is critical for mental illness recovery.
4. Supportive Social Networks in the community. Isolation, loneliness, and lack of connection compound mental health challenges. Things that have a huge impact on people's mental wellness include having something positive to do with their time, a feeling of belonging, interaction with others and a sense of purpose.



"In rural areas, there needs to be more for teens to do. Too much time at home, alone, disconnected from others, using their electronics can have negative effects on their mental health."

*Osgoode Ward One-on-One Interview Adult Respondent
Not pictured*

“Currently I have to go into the city to receive mental health support. It would mean a lot to be able to have access closer to home.”

*Osgoode Ward Youth Online Survey Participant
Not pictured*



The loss of opportunities for people to get together in the community for activities is not good for community development or mental wellness. If we are successful in supporting social networks, we see increases in:

- a. Sense of connection
- b. Sense of belonging and purpose
- c. Peer Support
- d. Supportive Community Leaders

Rural Ottawa Youth Mental Health Collective Literature Review

As part of our Evaluation Phase, the Rural Ottawa Youth Mental Health Collective engaged Jillian Premachuk, a Carleton University MSW student, to do a Literature Review of research gathered on rural youth mental health: Rural Mental Health Programs – Research, Models, and Promising Practices. The following is her report on that research:

There are a few approaches to rural mental health consistently referenced in research and literature as promising practices.

The most commonly referenced models are: School-based models, Primary care models, Integrated Health Care Networks, Health ‘Hubs’ and Telehealth/telepsychiatry Models. While there aren’t many case studies with program examples, these types of models are referenced often in literature.

School Based: Using the school system and school boards to provide mental health services to youth through the schools they attend.

Primary Care: Using existing medical services and improving them to meet the mental health needs of the community.

Integrate Health Care Networks: creating a network of care collaboratively with partners and community members to create a formal and informal network of resources and services.

Health ‘Hubs’: Establishing a hub where all needs can be met through one access point.

Telehealth/Telepsychiatry: Using technology (video conferencing, calls, texts, etc.) to address gaps in access to mental health services and

professional consultations. Can be used for both those in search of mental health supports as well as service providers who feel under resourced.

To follow are some examples of rural mental health programs in Canada.

Program: Front Door

Description: Moving / traveling mental health outreach services available at a different location each day of the week. Parents and youth can call ahead of time to schedule appointments, and travel knowing they will see someone.

Funding: Two non-profit organizations worked together to extend their areas of service and developed more points of access / outreach services out of their existing mental health programs in Urban areas, funded by Ministry of Children and Youth Services.

Source: <https://www.cbc.ca/news/canada/kitchener-waterloo/front-door-mental-health-services-rural-communities-1.3959998>

<https://www.carizon.ca/childrens-mental-health/front-door/>

Program: Rural Mental Health Project – CMHA Alberta

Description: 3-year project with two key components. Community Action Plans to be created with community engagement to identify gaps, strengths, promising practices, and a strategic plan for address rural mental health needs in that community. A Rural Mental Health Network will be created with these trained Community Animators, who serve as sharing and communication points for local communities, and to create better pathways for access.

Funding: CMHA (Alberta Branch) received \$1.6 million over three years in funding from the ministry of health to an Alberta Rural Health Network.

Source: <https://peaceriver.civicweb.net/document/62275/Rural%20Mental%20Health%20Program.pdf?handle=01BBA121C7164FF6B96D9C-3C7C7D3A79>

Program: Mental health services for Nunavut children and youth: evaluating a telepsychiatry pilot project

Description: Used Telehealth to connect frontline workers to clinical supports to discuss community issues and cases. Additionally, used for bringing mental health training and education to mental health/front line staff to enhance their abilities.

Funding: Partnership with the TeleLink Mental Health Program (Toronto Hospital for Sick Kids) and the Territory of Nunavut .

Source: <https://www.rrh.org.au/journal/article/2673>

Program: Evaluation of a new mental health liaison role in a rural health centre in Rocky Mountain House, Alberta: A Canadian Story

Description: A new role was established, called a Mental Health Liaison (MHL). This role provides advocacy, education, indirect and direct client intervention, and follow up.

Funding: Provincial and service organizations working together, as established in Alberta's 2004 Provincial Mental Health Plan.

Source: <https://onlinelibrary-wiley-com.proxy.library.carleton.ca/doi/epdf/10.1111/j.1447-0349.2008.00582.x>

“To feel supported with my mental health, I need a better sense of support within the community. Then, when you start to feel better you can give back and make others feel better”.

Youth Online Survey Respondent



“A lot of stress is caused by families having to take time from work or school to drive to appointments in the city. This can be a financial burden to some and local resources could help cut down on transportation or loss of work hours.”

Manotick Parent Focus Group Participant

Program: The Community Helper's Programs – West Carleton

Description: A multi-pronged approach in which community helpers were trained and provided with tools and resources to connect those in need to informal and formal supports. A network of care was created through partnerships and community mobilization.

Funding: The Western Ottawa Community Resource Centre, West Carleton Secondary School and the Brady Burnette Teen Assistance Fund united in a collaborative partnership to create a shared vision to address youth mental health issues, working alongside the schools and businesses in the area. Together they received funding from the Ontario Trillium Foundation.

Source: <http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pub/community-communautaires/pdf/comm-cap-build-mobil-youth.pdf>

Additional Useful Resources:

1. Ontario Hospital Association: Rural Health Hub Implementation Guide; <https://www.oha.com/Documents/Final%20-%20Rural%20Health%20Hub%20Implementation%20Guide%20-%20May%204.pdf>
2. Establishing collaborative initiatives between mental health and primary care services for rural and isolated populations; http://www.shared-care.ca/files/EN_CompanionToolkit-forRuralandIsolated.pdf
3. Rural and Northern Community Issues in Mental Health; <https://ontario.cmha.ca/documents/rural-and-northern-community-issues-in-mental-health/>
4. RURAL PSYCHIATRY PRACTICES AND MODELS: A CANADIAN JURISDICTIONAL SCAN; https://www.nlcahr.mun.ca/CHRSP/Rural_Psychiatry_April2018_.pdf
5. Rural Health Information Hub – Models and Innovations (United States Examples) <https://www.ruralhealthinfo.org/topics/mental-health/project-examples>
6. Searching for best practices in Rural and Remote Care; <http://www.ohtn.on.ca/northern-exposures/wp-content/uploads/sites/8/2016/01/Northern-Backgrounder.pdf>

7. Rural Case Studies of Community Impact (not mental health focused, but still useful); <http://www.ruralontarioinstitute.ca/uploads/user-files/files/Case%20Studies%20Summary.pdf>
8. A Toolkit for addressing youth suicide in your community; <http://www.togethertolive.ca/mobilize-your-community>
9. Rural Youth: Leading Today, Tomorrow and Beyond; <http://www.ruralontarioinstitute.ca/file.aspx?id=bf17140f-ce38-4360-9722-b37a2290acad>

Jillian read a number of articles and shared the following recommendations and promising practices:

- Use of technology
- Diverse methods of communication (newspapers, social media, radio, posters, websites, etc.)
- Telemedicine or telepsychiatry approaches
- Mobile or travelling mental health services
- Mental health educational training for professionals, parents, youth, teachers, community members, police, first responders etc.
- Integrated collaborative care network
- Multi-disciplinary teams (health care providers, community workers, youth workers, teachers etc.)
- Network of formal and informal supports
- Ongoing community consultation
- Youth Involvement and Insight
- Local adaption/Flexible approach for each community
- Task sharing/Collaborative partnerships
- Effective evaluation measures

West Carleton Ward Community Needs Assessment

The Western Ottawa Community Resource Centre (WOCRC) completed a West Carleton Community Needs Assessment in 2018-2019. They collected data through online surveys (filled out by both residents and service providers), one-on-one interviews, rural stakeholder interviews, and one youth engagement session. The West Carleton Needs Assessment used a very similar set of questions to the Osgoode Ward Community Needs Assessment. They engaged 340 participants.

Four key service needs were identified for the community:

1. Recreation services
2. Mental health services
3. Community events that foster connectedness
4. Addictions treatment support

214 respondents in West Carleton online survey identified top 4 priorities based on the needs of youth 13-18 including:

1. Recreation Programs (42%)*
2. Youth Drop-in centre (38%)
3. Peer Support groups (33%)
4. Counselling services for youth (32%)*

* Service providers indicated that recreation programs are the number one need for children in West Carleton, then counselling services.

Over 50 Stakeholder interviews were conducted in Richmond. The following key themes were identified:

- Access and availability to mental health support outside of school for children, youth, and families from 0-19 years of age.
- Youth Engagement; No place for youth to go, lack of youth engagement and involvement, at risk online behaviours and other behaviours.
- Parent support and parent education regarding anxiety and mental health for young children through to youth - lack of services, supports and education for parents, teachers etc.