# Measuring what matters to young people ages 12-15 accessing mental health services: A patient-research collaboration

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## Introduction

Mental illness affects approximately 1 in 4 Canadian youth, with young people ages 12-24 experiencing the highest incidence of mental disorders of any age group (1).

While significant progress has been made to understand the illness and self-management needs of youth ages 16-24 years (2), little attention has been focused on the needs of youth ages 12-15.

To provide meaningful and impactful care to youth, we must understand what matters to these youth in their health and recovery, an evidence base that, to date, is underdeveloped.

Furthermore, we need to listen to youth at all stages of research to facilitate impact back to the youth this project is trying to serve (3).

# Objectives

### This study aims to understand:



The care needs and priorities of youth ages 12-15 accessing mental health and substance use services

The extent to which the health and wellness needs of this



population differ based on demographic and clinical factors and community type (rural, small urban, urban)

The service innovations required to align the diverse needs and priorities of this population

## Methods

## Youth as partners in research

#### **PHASE 1: DESIGN**

## **Youth Advisory Committee**

5 youth ages 12-15 from communities across **British Columbia** 

#### Creation

- Community agreement
- Check-in questions
- Breakout rooms

#### Responsibilities

- 1. Interview guide development
  - Youth-friendly questions and ways of probing
- 2. Recruitment poster creation
  - Understanding youth imagery and terminology
  - Capturing youth attention
- 3. Analysis review and knowledge translation
  - Understanding value to youth

N=19

 Impactful next steps and knowledge translation to communities

**Foundry Central** Office marketing team worked alongside the **Youth Advisory Committee to** bring the youth vision to life



**Guided by Canada's Strategy** for Patient-Oriented Research (SPOR) for evidence informed

#### PHASE 2: DATA COLLECTION AND ANALYSIS

#### Sample

- Youth ages 12-15 (n=19) in British Columbia
- Quota sampling across ages and 5 health authorities (regions)

#### **Procedure**

 Youth participated in a 1 hour interview over Zoom that was audio-recorded



patient

#### **Transcription**

- Audio recordings were transcribed using Zoom's transcription feature
- Transcriptions were reviewed and edited by Youth Research Assistants (YRAs)

#### **Analysis**

- Inductive analysis was undertaken
- Conducted by 2 coders including a YRA

**Youth Facilitating and Co-Facilitating Interviews** 

> Training and support provided

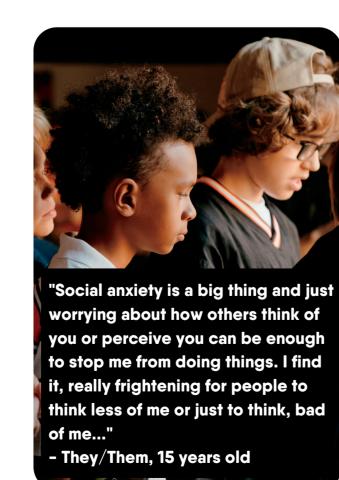
## Results

**Table 1: Demographics** 

Age	n	%	
12		4	21.1%
13		4	21.1%
14		4	21.1%
15		7	36.8%
Gender	n	%	
Girl/Woman		6	31.6%
Man/Boy		8	42.1%
Non-Binary, Trans, Questioning, Other		4	21.1%
No Response		1	5.3%
Ethnicity	n	%	
First Nations/Métis/Inuit		2	10.5%
Person of Colour		4	21.1%
White		13	68.4%
Other		2	10.5%
Health Authority	n	%	
Vancouver Coastal Health		5	26.3%
Fraser Health		9	47.49
Island Health		3	15.8%
Northern Health		2	10.5%
Interior Health		0	0.0%
Self-Rated Health	n	%	
Excellent		2	10.5%
Very Good		7	36.8%
Good		6	31.6%
Fair		3	15.8%
Poor		0	0.0%
No response		1	5.3%
Self-Rated Mental Health	n	%	
Excellent		0	0.0%
Very Good		4	21.1%
Good		8	42.19
Fair		2	10.5%
Poor		4	21.1%
No response		1	5.3%

Usually if i'm upset as in like my mental health isn't too good, I find that taking a shower, a warm shower is really nice. But yeah a walk is pretty good to, like, get time to think about yourself, or have a self review and... yeah - She/Her, 13 years old





Youth aged 12-15 define mental health through the symptoms they are experiencing and their resulting impact.

When asked how they improve their mental health, the primary factors are having a good support system and doing activities they enjoy.

## **Next Steps**

#### PHASE 3: KNOWLEDGE TRANSLATION

- Validating findings with Youth **Advisory Group to inform research** conclusions
  - Co-designing knowledge translation strategies
    - Advocating for youth-driven priorities



We acknowledge with gratitude and respect that this work took place on the ancestral, traditional, and unceded lands of the Coast Salish Peoples, including the territories of the xwməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish) and selílwitulh (Tsleil-waututh) **Nations** 

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3. Macarthur, et al. Res Involv Engagem. 2021 May 10;7(1):27. doi: 10.1186/s40900-021-00276-z 4. Canadian Institutes of Health Research. About SPOR. https://cihr-irsc.gc.ca/e/51036.html [Accessed Sept 1, 2022] Thank you to our funders, partners, youth researchers, YAC & participants!







