



Boys & Girls Clubs of Canada
Clubs Garçons et Filles du Canada

Healthy Minds Start Here



community



contribution

Healthy Minds Start Here

Boys and Girls Clubs of Canada is a leading provider of quality out-of-school programs that support the healthy physical, mental, educational and social development of young people.

Mental health promotion during out-of-school hours

One of the largest youth-serving agencies in Canada, we reach children, youth and their families in 700 community service locations across the country through our association of over 100 Clubs.

Young people's mental health is an issue of great concern to Clubs. We believe all youth deserve a state of well-being that allows them to realize their own abilities, cope with the normal stresses of life, work productively and fruitfully and make a contribution to their community.¹

It is our hope that this paper and the efforts of Clubs across the country will help make this dream a reality. In what follows, we describe key mental health issues facing youth (ages 12+), identify opportunities for effecting change, and describe what Boys and Girls Clubs are doing to promote positive mental health and well-being in Canada's young population.

Key issues on youth mental health

Most young people (80 to 90%) describe themselves as happy, with a positive outlook on life.² And while more than three-quarters of young Canadians describe their mental health as 'very good' or 'excellent',³ for some, adolescence is also a time when they first experience symptoms related to mental health issues.^{4,5}

- Approximately one in seven youth under the age of 19 experiences a mental health issue serious enough to affect his or her development and ability to participate fully in day-to-day life.^{6,7}
- Ten to twenty percent of young people experience moderate to severe symptoms related to anxiety.⁸
- Eight percent of Canadians will experience depression in their lifetime. Youth under the age of 20 have the highest rate of depression symptoms and adolescence is often the age of onset for depression.⁹



FACTORS AFFECTING YOUTH MENTAL HEALTH

VIOLENCE: adolescent mental health is affected by exposure to violence

- Young people who have experienced abuse or neglect are at higher risk of suffering from depression, anxiety and substance abuse.^{10,11} They “rank among our most vulnerable citizens when it comes to mental health.”¹²
- Young people from violent homes are more prone to depression and anxiety and they are six times more likely to commit suicide than their peers who grew up in non-violent homes.^{13,14}
- Youth who have experienced violence or danger sometimes continue to feel related anxiety long after the danger has passed.¹⁵
- Addressing family violence, abuse and bullying can prevent mental health issues.¹⁶

DISCRIMINATION: An important factor in mental health

- Young people who face discrimination based on race, ethnicity, and sexual orientation are at greater risk of dying by suicide.^{17,18}
- Historical and ongoing discrimination against First Nations, Inuit and Métis peoples for instance, significantly impacts the mental health of people in those communities.¹⁹
- Addressing homophobia, racism and other forms of discrimination are important preventative measures.²⁰

POVERTY: Economic marginalization takes a toll on mental health

- Mental health issues can affect anyone, regardless of social class or income level.
- Financial marginalization and exclusion from essential services, housing, safe neighbourhoods and supportive social networks can place young people, especially those who are street-involved, at increased risk of mental distress.^{21,22}
- Poor housing conditions affect the overall quality of health and well-being of young people across Canada, but First Nations, Métis and Inuit communities are especially affected.²³
- Young people ages 16 to 24 represent 33% of homeless Canadians.²⁴

GIRLS' SOCIALIZATION: Young women's mental health is of growing concern

- “While emotional health tends to be similar for both boys and girls in Grade 6, by Grade 10, girls ... are experiencing poorer mental health than boys. The critical period for girls appears to be between Grades 6 and 7, when their emotional health becomes markedly poorer.”²⁵
- This transition is also a time when they are at increased risk of eating disorders, an illness with a very high mortality rate that affects 1.5% of young women aged 15 to 24 in Canada.²⁶

QUALITY OF RELATIONSHIPS: Fewer meaningful relationships with peers and adults puts youth at risk

- An increasingly peer-oriented culture means that many young people lack a strong attachment with an adult. Yet studies have shown unequivocally that “the most important factor keeping children from being overwhelmed by stress was ‘the presence in their lives of a charismatic adult – a person with whom they identify and from whom they gather strength’.”²⁷
- Young people’s interactions are increasingly taking place over the Internet and on cell phones. These powerful tools create many opportunities for communication and learning, but unhealthy and overuse of social media can be socially isolating.^{28,29}

opportunities

IMPACTS OF POOR MENTAL HEALTH

RISKY BEHAVIOURS: Mental health issues can lead to increased risk-taking and negative behaviour

- Young people who suffer from one or more mental health issues have been found to engage in a higher number of risk behaviours.³⁰ These can include drug and alcohol abuse and unprotected sex, with potentially lifelong health and well-being consequences.
- “The number of adolescents with undiagnosed mental health disorders committed to the juvenile justice system has exploded, with estimates of between 50% and 75%.”³¹
- When young people lack a sense of belonging and self-efficacy, and the necessary social support networks, they are more likely to engage in negative behaviour.³²

SUICIDE: Too many youth consider taking their own life

- Suicide follows motor vehicle accidents as the leading cause of death among Canadian youth. It is the leading cause of death for those who are very marginalized such as street-involved youth and First Nations youth, the latter being five to seven times more likely than their non-Aboriginal peers to die of suicide.^{33,34,35} Suicide rates for Inuit youth are even higher.³⁶
- While more young men die by suicide, young women have nearly three times the rate of hospitalization for suicide attempts.³⁷
- Approximately 90% of suicide cases are preceded by a previously noted mental illness.³⁸
- Adolescents are the only age group in which suicide is on the rise³⁹ although Quebec’s suicide rate is declining and 41% of British Columbia’s First Nations bands experienced zero suicides in a 14-year period.^{40,41}

Promising strategies to address youth mental health

Accessible and supportive environments make a world of difference to young people. Certain strategies have shown great promise in helping youth manage stress and life changes and in addressing the factors that influence mental health.

ADDRESS STIGMA AND DISCRIMINATION

Youth improve their mental health and emotional well-being when they experience a sense of belonging. Discrimination in all its forms, whether it is related to a person’s weight, their age, their gender, their racial/ethnic background, their ability or their sexual orientation, can negatively affect mental health.

The stigmatization that surrounds mental health issues is itself a form of discrimination. It “perpetuates social injustices, diminishes life chances, jeopardizes recovery and impinges on self-esteem.”⁴² Increased awareness and understanding of mental health would help reduce the stigma that young people face when they or someone in their family has lived mental health experience.⁴³

Improving young people’s understanding of mental health is a good place to start. Teens are often anxious about what is normal. Increasing their knowledge of mental health issues can help lessen their anxiety and encourage them to seek the support they need. And by working with their parents, we can help families speak more openly about mental health.





RECOGNIZE EARLY SIGNS OF DISTRESS AND SUPPORT YOUTH IN OBTAINING THE CARE THEY NEED

Youth benefit from caring relationships with adults and peers, especially if those close to them are able to recognize their distress and accompany them in obtaining help. Such relationships can be life-saving.

Teen suicide for instance, is closely linked to both anxiety and depression. Early identification and intervention to address mental health issues are the most established approach to suicide prevention for young people.⁴⁴ One of the best ways to do this is to ensure those who are in regular contact with youth are knowledgeable about mental health issues and can identify mental distress early on.⁴⁵

When staff members and young people who work or volunteer in community-based organizations are trained to recognize early signs of distress, and when they know where to find the needed resources, they are better able to support youth who are experiencing difficulties. Early diagnosis and intervention can help solve an estimated 70% of childhood cases of mental health issues.⁴⁶

A lot can be achieved when those who work with youth are trained “to implement mental health interventions consistent with their current and ongoing roles.”⁴⁷ Essential competencies include a sound understanding of youth development and knowledge about identifying mental distress, intervening, and supporting youth in regaining their mental health.⁴⁸

Young people sometimes find it difficult to navigate their way to getting help. Crucial to their recovery is the availability of a supportive adult or experienced peer with whom they can talk openly. Having someone who believes and understands them can have a positive effect on a young person’s life. Sometimes that person is a staff member of a program they attend,⁴⁹ but it can also be a peer who is well trained to reach out to other youth.⁵⁰

HELP YOUTH DEAL WITH TRANSITIONS

Young people may find it difficult to reintegrate into school and community organizations after a mental health related absence. In such cases, community-based recreation programs can play a beneficial role. Taking part in extracurricular activities and fun, ‘kid’ things are a welcome distraction for youth who have to deal with difficult realities.⁵¹ Physical activity alone has been demonstrated to have broad effects including reduced depression, anxiety and stress, loneliness and self-destructive behaviour.⁵²

Youth dealing with mental health issues may avoid situations that would otherwise contribute to their healthy development. It is all the more important therefore to reach out and help break their social isolation. Having other people to speak to and accompany them during transitions can be beneficial, including other youth who have had similar experiences.⁵³ With this support, they are able to rebuild social and emotional bonds.

STRENGTHEN YOUTH AND COMMUNITY RESILIENCE

Youth who are at increased risk of developing mental health issues do not always know how to “negotiate and navigate supports and resources that foster resilience”, but positive outcomes can be achieved when youth have access to services that make sense to them.⁵⁴

Programs that build resilience, tackle social determinants of health and encourage social emotional learning have shown promise in preventing poor mental health in adolescence and in adulthood. Quality programs ensure young people can experience the positive effects of being connected to friends, adults, school and community. They help youth gain important life skills that will enable them to seek advice and support, and make sound decisions. Strong connections, personal strength and a solid network of support are all factors in positive mental health.⁵⁵

Strengthening resilience can also mean working to value the culture, collective history, language and traditions of young people and their communities.^{56,57} Recognition and respect goes a long way toward ensuring resilience and positive mental health for young people whose communities have been marginalized.

A role for community-based out-of-school programs

Adolescents too often face life transitions with fewer developmental supports than when they were younger. This is especially true for older teens and young adults. “Age-appropriate programs that empower and enable young people to be socially active and integrated participants in civil society” are needed.⁵⁸

Community-based out-of-school programs that focus on positive youth development help young people make successful transitions into adulthood. They play a significant role in implementing promising mental health strategies. “High levels of participation in organized activities, especially in early to mid adolescence is significant to youth’s positive development in late adolescence.”⁵⁹ They promote mental health by building social skills, fostering peer and mentoring relationships, and by encouraging youth to be active in their communities.⁶⁰

The impacts of out-of-school programs include improved interpersonal skills and academic achievement, as well as increased positive social behaviours. Participants show better self-control and self-efficacy, they are more committed to school and academic achievement and are less likely to engage in problem behaviours such as aggression, truancy and high-risk sexual activity and substance use.^{61,62,63}

Quite simply, young people who participate in out-of-school programs learn to function better in their social environment.⁶⁴ Evidence is mounting that structured community programs and opportunities for positive activities are critical for healthy development and provide powerful benefits to youth and their communities.⁶⁵ Out-of-school programs act “as an independent context for healthy exploration and interactions”.⁶⁶ The right program at the right time can make a real difference in a young person’s life.



inclusive

Take it EASY, a national program of Boys and Girls Clubs of Canada, fosters self-esteem and confidence in teens and pre-teens. Facilitated by trained Club staff, Take it Easy engages youth in small-group activities and discussions on body image, violence, gender issues and sexuality. Participants develop social and emotional skills, gain a better understanding of the impact media has in their lives, learn to navigate conflict and improve their ability to make decisions, all the while developing positive relationships with peers and adults.



The right approach at the right time

Boys and Girls Clubs are well positioned to support youth in achieving positive mental health outcomes. We know from experience that programs aiming to nurture adolescents' mental health and emotional well-being must be based on what works for teens. Three key features of Boys and Girls Clubs programming are known to be successful.

RESPECTFUL, INCLUSIVE AND ENGAGING ENVIRONMENTS

Boys and Girls Clubs create respectful, inclusive and engaging environments that are well-suited to promoting positive mental health and addressing the stigma associated with mental health issues.

Every young person should have a place to belong, where they are respected and supported to be their best. For many youth, Boys and Girls Clubs are like a second home. Clubs provide a safe, supportive place where they are listened to, respected and valued in an environment of inclusion and acceptance.

Engaging youth can be somewhat of a challenge given that they have more choice regarding their participation. Youth seek programs that have flexible attendance policies, leadership opportunities, a variety of activities to choose from and a space for them to interact with their peers.^{67,68} Many Boys and Girls Clubs reserve a space where youth can socialize with friends. They also offer a range of programmed and un-programmed activities, a mix shown to increase participation.⁶⁹ Adolescents engaged in Clubs say it is a place "where they can comfortably hang out and stay away from unhealthy choices and negative peer pressure."^{70,71}

As they get older, youth become more focused in their interests and seek support in achieving concrete goals.⁷² Adolescents who participate in developmentally appropriate programs such as job-like activities, volunteering, apprenticeships and mentoring gain new skills and take on more responsibilities.⁷³

A study of Boys & Girls Clubs of America found that youth who participated with greater frequency reported "higher levels of community involvement, increased levels of integrity (knowing right from wrong), decreased levels of shyness and decreased levels of aggression." Club participants also report a decreased amount of negative peers as friends.⁷⁴

Respectful, inclusive and engaging environments matter because feeling engaged and connected to a community are factors in maintaining positive mental health. Such environments nurture a sense of belonging. Regular participation in a respectful and engaging environment can strengthen well-being and reduce emotional distress.^{75,76}

Boys and Girls Clubs of South Coast BC offer LGBTQ youth a safe place to go where they can talk about their experiences with other youth and positive adult role models. Such programs make a world of difference to young people who face discrimination.



engaging

When young people are offered a listening ear and when they trust in their mentors, they sometimes disclose issues they have never spoken about before. Boys and Girls Clubs of Calgary ensures that all their staff members receive suicide intervention training and are able to recognize signs of distress in children and youth. Sharing common tools, staff members are able to assess each situation and refer young people to the services they need.

In partnership with Healthy Minds Canada, Boys and Girls Clubs of Canada was able to offer the Mental Health First Aid training to 150 staff members in 7 Clubs. Participants from Calgary, Spryfield, Moncton, Okanagan, Toronto and Scarborough gained new skills that will help them provide initial support to youth ages 12 to 24 who are experiencing mental distress or showing signs of mental health issues. Reaction to the training was overwhelmingly positive, with participants suggesting having all Club staff receive the Mental Health First Aid training.⁸⁶



Boys and Girls Club of Cole Harbour runs FRIENDS for Life, an evidence based childhood anxiety prevention program recognized by the World Health Organization for its effectiveness. FRIENDS for Life “helps children and teenagers cope with feelings of fear, worry, and depression by building resilience and self-esteem and teaching cognitive and emotional skills in a simple, well-structured format”.⁸⁷ The training provided through the program helped Club staff better understand young people’s anxiety and depression, and the impact it can have on their engagement in Club activities.

POSITIVE RELATIONSHIPS WITH PEERS AND MENTORS

Boys and Girls Clubs invest in the kinds of peer and adult relationships known to help young people be resilient to life’s challenges.

Young people have many opportunities to exchange with their peers using social media and cell phones, but face-to-face contact is what enables them to develop relationships that will help them through difficult times. Clubs encourage healthy, respectful relationships among peers. Programs give youth a chance to work collaboratively, overcome obstacles and learn new skills. They also offer youth a space to share a bit of themselves, building both trust in others and self-confidence.

Community support in the form of caring interactions between adults and youth is also a highly recognized protective factor, one that may be more amenable to intervention than other types of protective factors.⁷⁷ Caring adults provide young people with a sense of belonging, acceptance, empowerment and connection,⁷⁸ factors that are known to foster mental health and emotional well-being. This has long been the hallmark of Boys and Girls Clubs across Canada.

Boys and Girls Clubs provide the kinds of relationships that young people can count on. Club staff develop mentoring relationships with youth and create a positive environment for peer interactions.⁷⁹ Ninety-six percent of Club participants reported the presence of at least one supportive adult at the Club and “that at least one adult there was setting high expectations for them.”⁸⁰ The majority of Boys and Girls Clubs alumni (93%) credit a particular staff member for developing, helping and supporting them.⁸¹

A caring adult or experienced peer who is able to listen, believe, and support a young person who speaks about mental distress is absolutely invaluable.⁸²

Positive relationships with peers and mentors matter because they have particularly positive effects on young people’s healthy development and because they help them cope more effectively with life’s difficulties.^{83,84} The presence of positive relationships with adults has been correlated with lower rates of substance use and exposure to violence, stronger connections to school and increased academic performance⁸⁵ – all protective factors against poor mental health. And for young people dealing with mental health issues, positive relationships with peers and adults play a key role in reducing social isolation.

supportive



In an effort to best support youth, Boys and Girls Clubs develop partnerships with key organizations. Through their Adventure Quest Program, Boys and Girls Clubs of Kawartha Lakes connects young people with Chimo Youth and Family Services, a local accredited children's mental health agency, thus facilitating access to a psychologist, psychiatrist and clinical staff for youth and families who need it. Adventure Quest also offers in-home support to help families strengthen their communications, solve problems together and set limits.

LINKS TO COMMUNITY AND FAMILY

Boys and Girls Clubs have strong links to families and communities, factors known to help youth become more resilient.

Resilience is fostered by working with youth, their families and the communities in which they live. "People's mental health is inextricably linked to their relationship with others, environment and lifestyle factors, and the degree of power that they have over their lives."⁸⁸

The best out-of-school programs for youth are community-based, offer a variety of specialized activities, provide leadership and volunteer opportunities to youth and have staff members that are connected to young people's community outside of program hours.⁸⁹ The bond that young people feel for their Club and for Club staff makes it more likely that they will continue to participate in programs during their adolescence.⁹⁰

Boys and Girls Clubs are active in and connected to the communities they serve. Clubs are leaders and role models in the community and are critical catalysts that enable schools, local business, community volunteers and leaders to work collaboratively in the best interest of youth and their families. Working together in this way improves program quality. "Programs are more likely to exhibit high quality when they effectively develop, utilize, and leverage partnerships with a variety of stakeholders, especially families, schools, and communities."⁹¹

Links to community and family matter because youth benefit most from programs that factor in all aspects of their lives.⁹² Strong collaborative efforts have the power to better support young people's mental health and emotional well-being. They pull the community together in support of adolescents, which can have a positive impact on their development by nurturing collective efficacy – "an active sense of engagement among residents" and "a willingness to intervene for the common good".⁹³ They strengthen young people's resilience and that of communities.

Together we can do better

Promoting mental health and emotional well-being in Canada's young people requires collective effort. Positive mental health programs, those that support social and emotional learning, and those that are based on prevention and early intervention have been shown to be sound investments.⁹⁴

PROVINCIAL AND TERRITORIAL GOVERNMENTS TAKING ACTION

Governments are taking action to reduce suicide and improve the mental health of children and youth. There is growing recognition of the need for policy and financial commitments on mental health. Alberta, British Columbia, Manitoba, New-Brunswick, Nova Scotia, Nunavut and Quebec, have suicide prevention strategies in place. Ontario, for its part, has adopted a 10-year Mental Health and Addictions Strategy that begins with investments to improve access to services for children and youth, including early identification of mental health issues. Importantly, many of these services are community-based and increasingly reaching into school settings. More can be done to support and expand the relationships that exist between youth service providers and mental health services.

relationships

Federally, Canada has supported the Mental Health Commission of Canada (MHCC) in preparing a child and youth mental health framework. The MHCC is currently preparing a strategic plan for Canada's first Mental Health Strategy, the result of broad consultations with individuals, experts and organizations across the country. And in June 2011, the Public Health Agency of Canada announced its Innovation Strategy to invest in community-based education and family programs that will promote mental health in children and youth. These are commendable steps towards achieving well-being for everyone. We encourage the Government of Canada to develop its own suicide prevention strategy and prepare to act on the Mental Health Commission's recommendations.

PRIVATE SECTOR INVESTMENT IN POSITIVE YOUTH DEVELOPMENT

Quality out-of-school programs are a cost effective way to contribute to positive youth development.⁹⁵ Community programs that provide the right conditions at the right time are critical for healthy development and result in powerful benefits to youth and their communities.⁹⁶ Through its Young Health Programme, AstraZeneca has partnered with Boys and Girls Clubs of Canada to improve young people's mental health and emotional well-being through out-of-school programs.

BOYS AND GIRLS CLUBS ARE PART OF THE SOLUTION

Boys and Girls Clubs are present in all stages of a child's life and provide critical support to families in communities across Canada. For more than 100 years, Clubs have helped young people develop healthy minds and bodies, and achieve their best potential, offering programs that encourage physical activity, healthy living, social skills, and school success. The promotion of mental health and emotional well-being is at the heart of our programs.

Community-based out-of-school programs, like Boys and Girls Clubs, have a largely untapped potential to support young people's mental health.⁹⁷ Enhancing program quality and capacity would enable them to reach more youth, identify those with the greatest mental health needs, and facilitate additional interventions where required. An investment in community-based programs would also complement and support "school-based social emotional learning goals and initiatives."⁹⁸

In short, Clubs provide a non-stigmatizing environment in which to promote mental health and emotional well-being and intervene early when issues arise.

A HEALTHY MIND FOR EVERY YOUTH

Our dream is for every young person to have access to programs and supports that promote physical health, mental health and emotional well-being. Community-based out-of-school programs are crucial in reaching young people and their families when they need it most. Together we can make sure all young people are putting their best mind forward.



REFERENCES

1. This statement draws on the World Health Organization's definition of mental health. http://www.who.int/mental_health/en/.
2. Dr. Marc Norris (2011). CHEO Connects. September 19, 2011. The Children's Hospital of Eastern Ontario organized this free information session for parents in the community. Dr. Norris cited Statistics Canada's 1996 National Study on Children and Youth.
3. Butler-Jones, D. (2011). Report on the State of Public Health in Canada, 2011: Youth and Young Adults - Life in Transition. Ottawa, Public Health Agency of Canada: 182.
4. Gladstone, T. R. and W. R. Beardslee (2009). "The prevention of depression in children and adolescents: A review." *Canadian Journal of Psychiatry* 54(4): 212-221.
5. Mental Health Commission of Canada. Retrieved September 30, 2011 from <http://www.mentalhealthcommission.ca/English/Pages/ChildandYouth.aspx>.
6. Leitch, K. (2007). *Reaching for the Top: A Report on Healthy Children & Youth*. Ottawa, Health Canada, p. 129.
7. Waddell et al 2002 and Stats Canada 2002 cited in Davidson, S. (2011). "The state of child and youth mental health in Canada: Past problems and future fantasies." *Healthcare Quarterly* 14(Special issue 2: Child and youth mental health): 9-13.
8. Turgeon, L., C. Kirouac, et al. (2005). *Anxiety Disorders in Children and Adolescents*. R. C. Fernand-Seguin. Montreal, Research Center Fernand-Seguin.
9. Mood Disorders Society of Canada (2009). *Mental Illness and Addiction in Canada*. Third Edition. Retrieved November 4, 2011, from <http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>
10. Widom, DuMont & Czaja 2007 cited in Gladstone, T. R. and W. R. Beardslee (2009). "The prevention of depression in children and adolescents: A review." *Canadian Journal of Psychiatry* 54(4): 212-221.
11. Gladstone, T. R. and W. R. Beardslee (2009). "The prevention of depression in children and adolescents: A review." *Canadian Journal of Psychiatry* 54(4): 212-221.
12. Underwood, E. (2011). "Improving mental health outcomes for children and youth exposed to abuse and neglect." *Healthcare Quarterly* 14(Special issue 2: Child and Youth Mental Health): 23-30.
13. Gladstone, T. R. and W. R. Beardslee (2009). "The prevention of depression in children and adolescents: A review." *Canadian Journal of Psychiatry* 54(4): 212-221.
14. Native Women's Association of Canada. (2010-2011). *Health Newsletter*. Retrieved May 3, 2011, from http://www.nwac.ca/sites/default/files/imce/WEBSITES/201104/NWAC_Health_Newsletter_Winter10-11_EN.pdf.
15. Canadian Mental Health Association. Retrieved September 30, 2011 from http://www.cmha.ca/bins/content_page.asp?cid=3-94-97
16. Kutcher, S. D. and A. McLuckie (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada: 62.
17. Centre for Suicide Prevention. Retrieved September 30, 2011 from <http://suicideinfo.ca>.
18. Bolton, S.-L. and J. Sareen (2011). "Sexual orientation and its relation to mental disorders and suicide attempts: Findings from a nationally representative sample." *Canadian Journal of Psychiatry* 56(1): 35-43.
19. Kirmayer, L. J., S. Dandeneau, et al. (2011). "Rethinking resilience from Indigenous perspectives." *Canadian Journal of Psychiatry* 56(2): 84-91.
20. Kutcher, S. D. and A. McLuckie (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada: 62.
21. McCay, E. (2011). "Experience of emotional stress and resilience in street involved youth: The need for early mental health intervention." *Healthcare Quarterly* 14(Special issue 2: Child and Youth Mental Health): 55-71.
22. Canadian Mental Health Association. *Poverty and Mental Illness*. Retrieved November 4, 2011, from http://www.ontario.cmha.ca/admin_ver2/maps/cmha%5Fpoverty%5Fbackgrounder%20Epdf
23. Assembly of First Nations. (April 4, 2011). *Assembly of First Nations 2011 Federal Election Priorities*. Retrieved May 3, 2011, from http://www.afn.ca/uploads/files/11-04-04_afn_2001_federal_election_priorities_fe.pdf.
24. Mood Disorders Society of Canada (2009). *Mental Illness and Addiction in Canada*. Third Edition. Retrieved November 4, 2011, from <http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>
25. Boyce, W. F., M. A. King, et al. (2008). *Healthy Settings for Young People in Canada*. Ottawa, Public Health Agency of Canada: 151.
26. National Eating Disorders Information Centre. Retrieved September 30, 2011 from <http://www.nedic.ca/knowthefacts/statistics.shtml>.
27. Neufeld, G. and G. Maté (2005). *Hold on to your kids: Why parents need to matter more than peers*. Toronto, Vintage Canada. The authors cite the word of American psychologist Julius Segal.
28. Neufeld, G. and G. Maté (2005). *Hold on to your kids: Why parents need to matter more than peers*. Toronto, Vintage Canada.
29. O'Keeffe, G. S. and K. Clarke-Pearson (2011). "The impact of social media on children, adolescents, and families." *Pediatrics* 127(4): 800-804.
30. Browne, G. D. (2003). "Integrated service delivery: More effective and less expensive." *Ideas that Matter* 2(3): 3-8.
31. Leschied, A. W. (2011). "Youth justice and mental health in perspective." *Healthcare Quarterly* 14(Special issue 2: Child and Youth Mental Health): 58-63.
32. Canadian Institute for Health Information (2008). *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*. Ottawa, CIHI.
33. McCay, E. (2011). "Experience of emotional stress and resilience in street involved youth: The need for early mental health intervention." *Healthcare Quarterly* 14(Special issue 2: Child and Youth Mental Health): 55-71.
34. Centre for Suicide Prevention. Retrieved September 30, 2011 from <http://suicideinfo.ca>.
35. Assembly of First Nations. (April 4, 2011). *Assembly of First Nations 2011 Federal Election Priorities*. Retrieved May 3, 2011, from http://www.afn.ca/uploads/files/11-04-04_afn_2001_federal_election_priorities_fe.pdf.
36. Suicide Prevention Strategy Working Group (2010). *Nunavut Suicide Prevention Strategy*. Retrieved September 27, 2011, from http://www.hss.gov.nu.ca/PDF/Suicide%20Prevention%20Strategy_final.pdf
37. Statistics Canada 2006 cited in Girls Action Foundation (2011). *Girls in Canada today: National opinion poll & report on the status of girls*. Montreal, Girls Action Foundation: 18.
38. Unicef 2007 cited in National Alliance for Children and Youth (2011). *7 key issues affecting children and youth in Canada*. Toronto, National Alliance for Children and Youth: 14.
39. Dagnino 2009 cited in National Alliance for Children and Youth (2011). *7 key issues affecting children and youth in Canada*. Toronto, National Alliance for Children and Youth: 14.
40. Gagné, M. and G. Légaré (2011). *La mortalité par suicide au Québec: données récentes de 2005 à 2009*. Montreal, Institut national de santé publique du Québec: 5. Retrieved September 30, 2011, from http://www.inspq.qc.ca/pdf/publications/1204_Suicide2005-2009_MAJ2011.pdf
41. Chandler, M. (2011). "The "mental" health of Canada's Indigenous children and youth: Finding new ways forward." *Healthcare Quarterly* 14 (Special issue 2: Child and Youth Mental Health): 51-57.
42. Vloet, M. A., S. Davidson, et al. (2011). "'We who suffer from being lost': Formulating policies to reclaim youth in mental health transitions." *Healthcare Quarterly* 12(Special issue 2: Child and Youth Mental Health): 32-38, p. 42.
43. Davidson, S. (2011). "The state of child and youth mental health in Canada: Past problems and future fantasies." *Healthcare Quarterly* 14(Special issue 2: Child and youth mental health): 9-13.
44. Leitch, K. (2007). *Reaching for the Top: A Report on Healthy Children & Youth*. Ottawa, Health Canada: 219.
45. Kirby, M. J. L. and W. J. Keon (2006). *Out of the Shadows at Last: Highlights and Recommendations*. Ottawa, Standing Senate Committee on Social Affairs, Science and Technology: 88.
46. Leitch, K. (2007). *Reaching for the Top: A Report on Healthy Children & Youth*. Ottawa, Health Canada: 219.
47. Kutcher, S. D. (2011). "Facing the challenge of care for child and youth mental health in Canada." *Healthcare Quarterly* 14(Special issue 2: Child and youth mental health): 15-20, p. 17.
48. Ibid.
49. Resilience Research Centre (2011). *The Pathways to Resilience Project: Promoting Positive Outcomes for Service Using Youth*. Halifax, Dalhousie University: 12.
50. See <http://www.ontarioshores.ca/cms/one.aspx?portalId=169&pageId=3067> and <http://www.thenewmentality.ca/index.php>
51. Resilience Research Centre (2011). *The Pathways to Resilience Project: Promoting Positive Outcomes for Service Using Youth*. Halifax, Dalhousie University: 12, p. 10.
52. Willms JD (Ed.) (2002) "Vulnerable Children." Edmonton: The University of Alberta Press and Human Resources Development Canada.
53. Resilience Research Centre (2011). *The Pathways to Resilience Project: Promoting Positive Outcomes for Service Using Youth*. Halifax, Dalhousie University: 12.
54. Ibid.
55. Centre for Suicide Prevention. Retrieved September 30, 2011 from <http://suicideinfo.ca>
56. Kirmayer, L. J., S. Dandeneau, et al. (2011). "Rethinking resilience from Indigenous perspectives." *Canadian Journal of Psychiatry* 56(2): 84-91.

57. Chandler, M. (2011). "The "mental" health of Canada's Indigenous children and youth: Finding new ways forward." *Healthcare Quarterly* 14(Special issue 2: Child and Youth Mental Health): 51-57.
58. Kutcher, S. D. and A. McLuckie (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada: 62, p. 26.
59. Denault, A.-S. and F. Poulin (2009). "Intensity and breath of participation in organized activities during the adolescent years: Multiple associations with youth outcomes." *Journal of Youth Adolescence* 38: 1199-1213.
60. Frazier, S. L., E. Cappella, et al. (2007). "Linking mental health and after school systems for children in urban poverty: Preventing problems, promoting possibilities." *Adm Policy Ment Health & Ment Health Serv Res* 34: 389-399.
61. Anderson-Butcher, D., Cash, et al. (2004). "Institutions of youth development." *Journal of Human Behavior in the Social Environment* 9(1): 83-99.
62. Durlak, J. A., R. P. Weissberg, et al. (2010). "A meta-analysis of after-school programs that seek to promote personal and social skills in children and adults." *American Journal of Psychology* 45: 294-309.
63. A US study of Boys and Girls Clubs showed a higher level of attendance in Clubs over a one-year period was linked to positive change in three outcomes areas: character development (change measured in integrity, social competence and positive approaches to resolving conflicts); school-related outcomes (change in school liking and school effort); and health and risk behaviours (change in delayed initiation of sexual intercourse). Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
64. Frazier, S. L., E. Cappella, et al. (2007). "Linking mental health and after school systems for children in urban poverty: Preventing problems, promoting possibilities." *Adm Policy Ment Health & Ment Health Serv Res* 34: 389-399.
65. Arbreton A J A, Sheldon A and Herrera C. (2006) *Beyond Safe Havens: A Synthesis of 20 Years of Research on the Boys and Girls Clubs*. Public/Private Ventures & The Boys and Girls Clubs of America. The study found several positive outcomes linked to participation in Boys and Girls Clubs programs, including: reduction in negative behaviours; increased academic achievement; increased access to and safe utilization of technology; and increased career goals and improved attitudes toward school.
66. Mahatmya, D. and B. Lohman (2011). "Predictors of late adolescent delinquency: The protective role of after-school activities in low-income families." *Children and Youth Services Review* 33: 1309-1317.
67. Denault, A.-S. and F. Poulin (2009). "Intensity and breath of participation in organized activities during the adolescent years: Multiple associations with youth outcomes." *Journal of Youth Adolescence* 38: 1199-1213.
68. Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
69. Deschenes, S. N., A. Arbreton, et al. (2010). *Engaging Older Youth: Program and City-Level Strategies to Support Sustained Participation in Out-of-School Time*. Cambridge, Harvard Family Research Project: 90.
70. Arbreton, A., M. Bradshaw, et al. (2009). *Making Every Day Count: Boys & Girls Clubs' Role in Promoting Positive Outcomes for Teens*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 66.
71. Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
72. Deschenes, S. N., A. Arbreton, et al. (2010). *Engaging Older Youth: Program and City-Level Strategies to Support Sustained Participation in Out-of-School Time*. Cambridge, Harvard Family Research Project: 90.
73. Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
74. Arbreton, A., M. Bradshaw, et al. (2009). *Making Every Day Count: Boys & Girls Clubs' Role in Promoting Positive Outcomes for Teens*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 66.
75. Payton, J. W., R. P. Weissberg, et al. (2008). The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews. Chicago, CASEL: 50.
76. Kutcher, S. D. and A. McLuckie (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada: 62, p. 21.
77. Wolkow, Katherine; and Ferguson, Bruce (2001) "Community Factors in the Development of Resiliency: Consideration and Future Direction." *Community Mental Health Journal*.
78. Arbreton, A., M. Bradshaw, et al. (2009). *Making Every Day Count: Boys & Girls Clubs' Role in Promoting Positive Outcomes for Teens*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 66.
79. Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
80. Arbreton, A., M. Bradshaw, et al. (2009). *Making Every Day Count: Boys & Girls Clubs' Role in Promoting Positive Outcomes for Teens*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 66.
81. Ipsos Reid. (2005). *Alumni Impact Research*. Boys and Girls Clubs of Canada.
82. Kutcher, S. D. and A. McLuckie (2010). *Evergreen: A Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada: 62.
83. Witt, P. A. and J. L. Crompton (1996). Major themes emerging from case studies. *Recreation Programs that Work for At-Risk Youth*. P. A. Witt and J. L. Crompton. PA, Venture Pub: 7-33.
84. Scales, P. C., P. L. Benson, et al. (2011). "Adolescent thriving: The role of sparks, relationships, and empowerment." *Journal of Youth Adolescence* 40: 263-277.
85. Scales, D. & Leffert, N. (1999). "Developmental Assets: A Synthesis of Scientific Research on Adolescent Development." Minneapolis. Search Institute.
86. The Mental Health First Aid training is designed by the Mental Health Commission of Canada. <http://www.mentalhealthfirstaid.ca/EN/course/descriptions/Pages/MHFAforYouth.aspx>.
87. FRIENDS. Retrieved October 4, 2011 from <http://www.friendsinfo.net>.
88. Canadian Mental Health Association, 1999 cited in Austen, P. (2003). *Community Capacity Building and Mobilization in Youth Mental Health Promotion: The Story of the Community of West Carleton*. Ottawa, Health Canada, Mental Health Promotion Unit: 41.
89. Deschenes, S. N., A. Arbreton, et al. (2010). *Engaging Older Youth: Program and City-Level Strategies to Support Sustained Participation in Out-of-School Time*. Cambridge, Harvard Family Research Project: 90.
90. Arbreton, A., M. Bradshaw, et al. (2008). *More Time for Teens: Understanding Teen Participation - Frequency, Intensity and Duration - in Boys & Girls Clubs*. New York, Public/Private Ventures, Boys & Girls Clubs of America: 41.
91. Harvard Family Research Project. (2008) *After school programs in the 21st century: Their potential and what it takes to achieve it*. No. 10 Executive Summary. 2 p.
92. Franke, S. (2010). *Current realities and emerging issues facing youth in Canada: An analytical framework for public policy research, development and evaluation*. H. R. a. S. D. Canada. Ottawa, Government of Canada: 59.
93. Centre for research on inner city health. (2008). *Neighbourhoods and healthy child development*. Toronto: St Michael's Hospital. <http://www.stmichaelshospital.com/pdf/crich/neighbourhoods-healthy-child-development.pdf>.
94. Roberts, G. and K. Grimes (2011). *Return on Investment: Mental Health Promotion and Mental Illness Prevention*. London, Ontario, Canadian Policy Network at the University of Western Ontario.
95. Browne, G. D. (2003). "Integrated service delivery: More effective and less expensive." *Ideas that Matter* 2(3): 3-8.
96. Arbreton A J A, Sheldon A and Herrera C. (2006) *Beyond Safe Havens: A Synthesis of 20 Years of Research on the Boys and Girls Clubs*. Public/Private Ventures & The Boys and Girls Clubs of America.
97. Frazier, S. L., E. Cappella, et al. (2007). "Linking mental health and after school systems for children in urban poverty: Preventing problems, promoting possibilities." *Adm Policy Ment Health & Ment Health Serv Res* 34: 389-399.
98. Ibid, p. 396.

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