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Neighbourhood Context and Youth Mental Health: The Role of Local Community Programming in a Mid-sized Ontario Urban Centre

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Neighbourhood Context and Youth Mental Health: The Role of Local Community
Programming in a Mid-sized Ontario Urban Centre

by

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Abstract

Existing research indicates that neighbourhood disadvantage takes a cumulative toll on mental health across the life course beginning in childhood. This study used a qualitative approach to explore the role of local community resources on buffering the harmful effects of adversity for youth in a mid-sized Ontario urban centre. The following questions were addressed: 1) What role do youth-centered community resources play in child and adolescent mental health promotion and awareness, particularly for at-risk children? 2) How can they serve to improve child and adolescent well-being? By interviewing key informants, the study found that affordable youth-centred programming has the potential to act as a critical turning point in the life course of at-risk youth (i.e., those from disadvantaged neighbourhoods). Community-based programs provided opportunities for the acquisition of essential life skills and supportive interpersonal relationships, thereby fostering resilience and reducing the likelihood of unfavourable mental health outcomes. The study contributes to our understanding of how informal supports have the potential to promote the psychological well-being of disadvantaged youth.

Key words: mental health, neighbourhood context, youth, community-based resources, Ontario

Introduction

A significant number of Canadian youth experience persistent disadvantage in their

daily lives. For instance, the province of Ontario, which is home to approximately half of the

country's low-income children, has been named the "child poverty capital of Canada"

(Campaign 2000). In the case of a mid-sized urban centre within the province[1], 20% of

children were living in low income households in 2008, a rate higher than the average of

17% across Ontario. Moreover, when all age groups are considered, children and youth are

the most likely to live in a low income household.

Poverty is a well-studied phenomenon with a large body of research pointing to the

undeniable link between indicators of poverty (i.e., low socio-economic status) and adverse

outcomes of all kinds, including health and mental health. However, as poverty is typically

examined on a broader scale, much less is known about the "closer to home" effects of living

in a particular disadvantaged area. That is, our understanding of the relationship between low

socio-economic status and diminished life chances often does not take into consideration

additional important meso-level factors that are characteristic of disadvantaged

neighbourhood such as inadequate housing, exposure to crime and violence, and the like.

The present study will focus on some of the most disadvantaged areas in the selected

city, directing its inquiries towards the experiences of youth residing in these areas. More

specifically, I am interested in the mental health of youth who experience neighbourhood

adversity, and how the implementation of local youth-centred programming can act as a

critical turning point for disadvantaged children and adolescents. Existing evidence suggests

a link between neighbourhood adversity and poor mental health outcomes (e.g., McDonald &

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[1] The identity of this city will remain undisclosed. The statistical data presented here was retrieved from a publically available document posted on the city's website. Those who would like further information regarding this document for research purposes should contact the author at mbochus@uwo.ca.

Richmond, 2008; Mendelson, Turner, & Tandon, 2010; Slattery & Meyers, 2014). The current research will examine neighbourhood context, the role of community resources within the local neighbourhood, and the potential health-enhancing effects of accessible community-based resources for the well-being of youth.

Neighbourhood Context and Mental Health: A Life Course Perspective

In the sociological study of mental health and illness, researchers examine the social forces that shape health as opposed to individual-level factors that originate from within the person. This study is concerned with one such factor, neighbourhood context, which has been increasingly examined in recent decades with studies showing that those residing in the most disadvantaged neighbourhoods experience the most psychological distress (Hill & Maimon, 2013).

The relationship between neighbourhood disadvantage and mental health is very complex. Thus, when considering the experiences of a particular group of individuals—in this case, youth—a comprehensive approach is necessary. The current study is informed by a life course perspective, which provides a framework for studying age-graded patterns and the lives of social beings within a particular context (Elder, Johnson, & Crosnoe, 2003). This framework is unique in that it places emphasis on *processes* across the life course rather than static point-in-time relationships. One of its major contributions is the concept of trajectories (i.e., a sequence of roles and experiences) and the idea that events occurring early in one's life will have a continuing and cumulative influence on subsequent experiences as one moves along the life course (Elder et al., 2003). Thus, life course researchers often follow individuals and/or groups across their lives in order to determine how one's current position is a result of earlier life experiences.

Recently, health researchers have advocated for the inclusion of children's experiences in life course research on mental health. For example, Avison (2010) argued that the early onset of mental health disorders is a risk factor for recurring problems during the later stages of life. Stated differently, childhood health has lasting effects on adult health (Delaney & Smith, 2012). Childhood experiences have traditionally been excluded from research in this area, yet it is evident that these experiences play a large role in shaping adult trajectories (Ferraro & Shippee, 2009). Thus, it is imperative for us—the research community—to direct more of our efforts to the study of younger populations.

Unfortunately, childhood conditions are often overlooked. For instance, Goosby (2013) states that in the study of depression, the majority of analyses focus on older populations and do not acknowledge factors of childhood disadvantage. Moreover, recent findings suggest that childhood mental health difficulties are becoming increasingly prevalent (Delaney & Smith, 2012). Even more alarming is the fact that, according to the DSM-IV, a relationship between childhood adversity and mental disorders exists (Ferraro & Wilkinson, 2013). Essentially, poor health is disproportionately concentrated among those who are most disadvantaged (Aneshensel & Sucoff, 1996; Pearlin, Schieman, Fazio, & Meersman, 2005). One major focus of the sociological study of mental health is on social inequality and the life course perspective provides many applicable tools that can be utilized to understand health inequality. For instance, *cumulative dis/advantage theory* elaborates on the causes of life course inequalities over time (O'Rand, 2009). Cumulative dis/advantage theory suggests that the opportunities associated with early advantage, and the risks of early disadvantage, accumulate over the life course, with these groups becoming more unequal as they age. *Path dependency* refers to the idea that experiencing advantage/disadvantage early

in one's life sets the course for subsequent advantage/disadvantage across several domains, including family, health, and work (O'Rand, 2009). It suggests that not only do the effects of early experiences persist, but their impact also increases across the life course.

Within the life course literature, stress research establishes links between contextual stressors and health. Stress researchers often employ the *stress process model* which examines the accumulation of stress over time (O'Rand, 2009; Pearlin, Menaghan, Lieberman, & Mullan, 1981). This model includes several components. *Stressors,* which are the difficulties or traumas one encounters that adversely impact his or her routine way of life, often leading to *stress proliferation*, by which contact with initial stressors leads to the experience of additional stressors, ultimately leading to detrimental physical and/or psychological *health outcomes* (O'Rand, 2009). Individuals may encounter multiple stressors in disadvantaged neighbourhoods including (but not limited to) exposure to violence and perceived neighbourhood disorder. The stress process model acts as a link between structural factors and mental health outcomes (Aneshensel, Phelan, & Bierman, 2013). Hence, the use of the model allows for a better understanding of the relationship between neighbourhood stressors and mental health outcomes. To illustrate an example, Estrada-Martinez and colleagues (2012) examined the effects of neighbourhood stress on engagement in violent behaviour and the onset of depression over time, as opposed to measuring perceived daily stress. They found that the accumulation of stress had a significant influence on both outcomes (Estrada-Martínez et al., 2012). There are a number of potential sources of social stress within the societal context. Either significant life events (i.e., a death in the family) or persistent strains (i.e., living in poverty) can trigger the onset of stress (Pearlin et al., 1981). In a sense, these stressors may work together and the effects of both "combine," ultimately

leading to the magnification of stress. For instance, significant life events can intensify the effects of persistent strains (Pearlin et al., 1981). This interaction can help explain why individuals experience stress differently, why they have different mental health outcomes, and how both are shaped by contextual factors.

In considering the array of contextual factors characteristic of disadvantaged neighbourhoods, researchers have developed the concept of neighbourhood disorder. *Neighbourhood disorder* is defined as the breakdown of social control in the community (Hill & Maimon, 2013). It is characterized by low social cohesion, poverty, steep crime rates, and social disorganization (Schofield et al., 2012). Neighbourhood disorder therefore may be considered a chronic stressor, as it is something that individuals are constantly exposed to. Community alcohol and drug use, prostitution, and other criminal activity are all visible indicators of neighbourhood disorder (Browning, Soller, Gardner, & Brooks-Gunn, 2013; Hill & Maimon, 2013). Studies show that children from lower-class neighbourhoods often witness violence within their communities (Duncan, 1996). According to the stress process model, the longer an individual resides in a disadvantaged neighbourhood, the more stressors (i.e., violence exposure) he or she will experience over time. Those who experience such chronic stressors have a heightened risk of developing subsequent mental health difficulties. For instance, several researchers have found a positive relationship between neighborhood violence exposure and mental health symptoms in adolescents. These include depressive symptoms (McDonald & Richmond, 2008; Mendelson et al., 2010), anxiety, posttraumatic stress, aggression, and antisocial behaviour (McDonald & Richmond, 2008; Slattery & Meyers, 2014).

Childhood and adolescence are identified as *critical periods* in the life course (Ferraro & Shippee, 2009; George, 2013), meaning that experiences occurring at these points will play a pivotal role in shaping individual pathways. For this reason, it is imperative for researchers to direct attention to early life experiences when looking at the effects that stress exposure has on health outcomes. Unfavourable outcomes that emerge later in life are thought to be the result of "a scarring effect due to the early insult" (Ferraro & Shippee, 2009, p. 338). Further, children and adolescents endure several physical, cognitive, and emotional changes as they transition to young adulthood; in this case, those who experience neighbourhood adversity may be further overwhelmed by the changes taking place in their lives. Again, these effects can be long-lasting, leaving an enduring impression on the individual's long-term social and psychological well-being (George, 2013; O'Rand, 2009).

Intervention Strategies and Youth Mental Health

As many youth experience some form of mental health difficulty, it is important to consider the role of intervention strategies, particularly those implemented within the local community. To develop a thorough understanding of services that are directed towards mental health promotion and the ways in which individuals go about utilizing these services, we must start with a discussion on *access* and *health care inequality*. Here, a distinction must be made between "formal" and "informal" services and interventions. This study considers *formal supports* to be those that are generally associated with mental health care services and involve visiting a mental health care practitioner or other professionals (i.e., psychologist, psychiatrist, or social worker), and *informal supports* to be those that do not necessarily involve associating with mental health "professionals" and are considered to be alternative ways of promoting mental health and well-being (i.e., community resources). To begin, we

must analyze individual attitudes towards formal supports and how individuals go about approaching and accessing such supports.

Formal supports and mental health services. Inequality in access to formal mental health care services is well documented (e.g., Davidson, Manion, Davidson, & Brandon, 2006; Koffman et al., 2009). This is largely due to the fact that many low-income families have neither the funds required to pay for nor the health insurance to cover privatized treatment (Lewit, Terman, & Behrman, 1997). In addition, stigmatized views towards these services prevent help seeking (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014; Corrigan, 2004; González, 2005). Stigma is the failure to socially accept an individual based on an inferior trait that he or she is deemed to possess. This socially constructed label tends to elicit a fear response from those who perceive the individual in this way, prompting them to develop a discriminatory attitude towards the person and/or the inferior trait (Goffman, 1963). Stigmatized attitudes carry with them an even more negative connotation when expressed towards the concept of child mental health and illness. González (2005) explains that parents avoid disclosing their children's inner struggles to physicians in fear that they will be blamed for being at fault. In effect, children themselves may internalize these negative views which adversely impacts their interactions with others.

Correspondingly, it is said that an awareness of stigma develops at a young age (Bulanda et al., 2014). Not only do youth fall victim to negative attitude formation, but in the most serious cases, these individuals may not receive the care that they need. Research indicates that less than one quarter of Canadian youth struggling with psychological distress receive mental health care (Waddell, Offord, Shepherd, Hua, & McEwan, 2002). Further, the number of mental health disorders among children and adolescents is *higher* than the number

of individuals who utilize mental health care services (González, 2005). Undoubtedly, those

who are in need of such services are not receiving the help that they require. In his study,

González (2005) focused on the experiences of urban children (specifically racial minority

children) from low-income areas, their increased risk of developing mental health

difficulties, and their decreased likelihood of receiving efficient child-centered mental health

services. He reviewed barriers to mental health care services commonly faced by

impoverished, racial minority children and determined that access in terms of time and

convenience was an important factor. For instance, children with parent(s) who had a job that

prevented them from attending a health care facility during business hours were less likely to

access care (González, 2005). Thus, services in inconvenient locations outside of the

individual's community are more likely to be perceived as inaccessible. Furthermore, it is

challenging for communities to provide comprehensive health care services *within* the

locality (McKenzie, Pinger, & Kotecki, 2012), which implies that the "simple" solution of

establishing more health care facilities within disadvantaged communities is oftentimes

unrealistic. These barriers point to the need for alternative mental health interventions,

particularly for disadvantaged populations.

Informal supports and community mental health prevention. The increased need

for informal supports was expressed by Morwood (1984), who stressed the importance of

community mental health in Canada by arguing that the push for traditional services in

treating individuals suffering from mental illness has proven to be inadequate. Instead, efforts

should be directed towards advocating for community mental health initiatives which are

more conducive to social change in the long term at the collective level. An example of

informal support is community-based services that may indirectly buffer the ill effects of

neighbourhood adversity on psychological well-being. These can be contrasted to direct medicinal interventions that are implemented by health care professionals through formal means. The former intervention is indirect in that the primary goal of community-based services does not necessarily have to be health improvement and enhancement; but by way of utilizing resources offered within these services (i.e., enrolling in a recreational program), it is expected that participating individuals will experience positive impacts on their mental health.

The need for informal community resources may be even more prominent for residents of impoverished areas. For instance, evidence suggests that community services are very important to disadvantaged individuals. To illustrate this, in a study conducted by Burke et al. (2009), respondents were asked to identify which neighbourhood characteristics were *most* important to the maintenance of their psychological well-being. The majority of non-low SES individuals chose "neighbourhood support for each other," while low-SES individuals selected "necessary human and social services" (Burke et al., 2009, p. 1300). This finding is very telling, as it is quite apparent that the availability of such resources is identified as being important for the mental well-being of disadvantaged individuals *by* these individuals themselves. This is consistent with other findings that suggest a lack of interest in seeking services outside of one's community among members of disadvantaged areas (e.g., González, 2005), or from outsiders who enter the community offering help (e.g., Consoli et al., 2012), due to a lack of trust (i.e., skepticism towards upper-class professionals). There is perhaps a connection between being distrusting of "outsiders" and regarding proximal services to be of the utmost importance.

Finally, there is an overall lack of studies that focus on youth-centered mental health interventions, particularly those implemented through informal means (Bulanda et al., 2014; Clarke, Kuosmanen, & Barry, 2015). The likelihood of experiencing amplification of stressful experiences across the life course is heightened for youth growing up in unfavourable conditions, increasing the chances they will fare poorly in comparison to their advantaged counterparts. Yet despite the odds against them, some disadvantaged children do better than anticipated. This phenomenon is often discussed as *resilience*. Resilience is defined by sociologists as an adaptive response that counteracts the potential harmful effects of adversity. Within the discipline, resilience is viewed as stemming from the individual's active engagement with the social environments, networks, and resources that surround them as opposed to originating from within (i.e., personality traits) (Schafer, Shippee, & Ferraro, 2009; Schoon & Bynner, 2003). Children facing structural disadvantages have fewer opportunities to acquire the social and psychological resources that create resilient outcomes. Here, we can begin to consider the idea of youth programming as an interventional means that has the potential to foster resilience, particularly for children who live in areas where they are less likely to be immersed within an enriching environment.

In addition to the need for a positive environment and related essential resources, interpersonal interaction with others is a crucial determinant of resilience. Often times, resilience is linked to *mentorship*—a specialized relationship through which a mentor provides guidance and support for a (typically) younger mentee in need of direction (Beltman & MacCallum, 2006). Beltman and MacCallum (2006) offer that mentoring strengthens the crucial protective factors needed to be resilient in the face of risk and adversity, such as positive relationships and skill enhancement. In examining the manifestation of these bonds

from a structural standpoint, researchers have expressed that youth programs can provide the contexts for mentoring relationships to flourish between leaders and participants. Hamilton et al. (2006) regard organizations that deliver youth services as being the ideal place for these relationships to occur. Children may not necessarily visit an organization with the intention of seeking a mentoring relationship; nevertheless, they may connect with staff through their participation in activities. This was demonstrated by Rollin and colleagues (2003), who suggested that children who enrolled in an after-school delinquency prevention program to improve their stress management techniques did so through mentorship. As this type of program typically involves teaching participants certain skills, mentorship can ensue naturally. Over time, these bonds can grow stronger as staff members establish rapport with their participant(s), giving these children a trusting adult that they can look up to.

While scholars have alluded to the idea that children can encounter mentors through programs that are not designed for this specific purpose (Beltman & MacCallum, 2006), research on this topic is weak. The present study recognizes the importance of exploring the key role of program facilitators in addition to the interventional role of the program as a whole. What is more, evidence shows that youth-to-staff associations correspond to increased levels of self-esteem for at-risk youth (i.e., residents of dangerous areas) over and above all other youth, contributing to their overall psychological and emotional wellness (Hamilton et al., 2006). Evidently, youth programs can serve an important function, suggesting that researchers be more attentive to this line of study in the interest of learning about the health-enhancing effects of these programs.

By way of surveying previous studies that evaluated youth-centred programming in both Canada and the United States, the concluding section of the literature review will stress

that more in-depth research is needed to emphasize the significance of these programs within local neighbourhoods in order to learn about their function as alternate "informal" intervention strategies.

Local Youth Programming as a Preventative Method

In reference to the health care inequality that exists in terms of access to formal mental health services, González (2005) recommends that alternative services be located directly within neighbourhoods in facilities such as schools, community centres, or other recreational centres that residents tend to frequent. Scholars have considered community-based programs that took place within educational settings, such as those that ran either after-school (e.g., Bulanda et al., 2014) or during school hours (e.g., Koffman et al., 2009), and those that were organized in youth drop-in centres (e.g., Edge, Newbold, & McKeary, 2014). For instance, Edge et al. (2014) were interested in learning about the experiences of refugee youth that attended services for newcomers to Canada at a central youth drop-in centre—a group that was deemed by the authors as being more susceptible to the negative effects of adversity and consequently more likely to lack essential resources. The purpose of the study was to obtain an understanding of how youth define health and wellness in order to acquire a sense of their unique health concerns. In their analyses, Edge et al. (2014) acknowledge the role of the services offered—which included language training, employment supports, and social and recreational activities—although this was not a primary focus. Essentially, they briefly considered how the availability of community services was significant without further exploring the programs themselves. However, the authors make a key point by stating that "the importance of informal programs or settings was consistently stressed [by participants] as they provide a natural environment for youth to build trust, positive relationships, and a

sense of community with peers, professionals and mentors that provide health supporting services or referrals on their behalf" (Edge et al., 2014, p. 39). The benefits of having access to a supportive environment are clearly marked, providing further reason for researchers to look into this premise.

Moreover, the article suggests that the centrality of the location of the youth centre was important to community members, yet this notion is not examined in further detail. The studies outlined in the proceeding section have assessed the positive influence of readily-available resources more extensively than the authors of the aforementioned study; however, similar to that of Edge et al. (2014), many of them do so without further inquiring about the participants' perception of the importance of this convenience. The present project will thus do both by examining whether accessibility of community-based youth programs is critical in addition to exploring the benefits of such programming.

On that note, it is important to determine *how* these alternative programs intervene. For the most part, the literature suggests that the underlying objectives of interventional youth programs are direct in terms of health promotion and/or behaviour management. That is, they tend to be geared towards promoting mental functioning by eradicating a specific trait, behaviour, or occurrence. For instance, some of these programs include an educational component geared towards teaching children about mental health. For example, in one case, middle-school children participated in a workshop run by high school students in order to increase the children's knowledge on the topic of mental health, so that they would be able to recognize a mental health problem and seek help if necessary (Bulanda et al., 2014). The program coordinators' approach included speaking to the participants about prevalent mental health difficulties through presentations and organized activities. Another youth-led program

(in this case, directed by young adult leaders) sought to actively involve participants in the conversation about mental well-being by facilitating discussions between the group members. Here, youth were given the opportunity to communicate openly about their experiences, express their emotions, and share coping mechanisms with one another in an effort to provide an outlet for stress release within a secure, youth-friendly environment (Davidson et al., 2006). Again, this program was offered through various attainable facilities including secondary schools and community centres, although there was no further mention regarding the relevance of the location.

While these programs were broader in scope in that they touched on several aspects of mental well-being, others concentrate on more selective issues. Koffman et al. (2009), for instance, looked at a prevention program that targeted youth who were at-risk of violence exposure and its resulting consequences (i.e., mental health disorders, offending behaviours, victimization, etc.), and as such were recruited to join a program defined as being a "school-based gang intervention." The hope was that completion of the program, which emphasized the use of appropriate coping mechanisms when faced with trauma, would increase each adolescent's academic achievement and dissuade them from adopting a criminal lifestyle. In turn, it was expected that suspension rates and the general likelihood of engaging in delinquent behaviour would diminish while the adolescents' overall mental health would improve. The authors found this to be true as evidenced by the reduction in depressive symptoms amongst the group (Koffman et al., 2009).

Likewise, in response to increasing suicide rates, some communities administer youth suicide prevention programs. One locality launched a community-based initiative that garnered parents, youth, and other community members together so that they could work

towards developing a program that addressed the need(s) in their area in terms of reducing self-harming behaviours (Consoli et al., 2012). Participants who moved through the program were "trained" to work towards enhancing their well-being while simultaneously contributing to the ongoing development of the project in hopes that this would eventually create a ripple effect throughout the community. Similarly, Baber and Bean (2009) describe their evaluation of an approach that also attempted to increase the understanding of youth suicide at the collective level so that as a whole, members of the community would be more adept at identifying youth at risk. Again, the goal was to educate both youth and adults about suicide prevention as well as to adjust their pre-conceived notions about the behaviour.

Whereas the studies discussed above looked at how certain programs address mental health needs within the community in a more direct way, the current study will consider the benefits of being involved in a youth program in a more generalized sense. More in line with the study by Edge et al. (2014), I will look at how simply creating a space for youth, and implementing activities and services through that space, can enhance psychological well-being. Furthermore, the focus will be on disadvantaged youth. Several existing studies have considered the experiences of low-income youth (e.g., Edge et al., 2014; González, 2005; Koffman et al., 2009); however, to date, studies have not considered the neighbourhood context, nor have they explored the implementation of youth programming as an interventional response to the neighbourhood effects experienced by youth residing in low-income areas. That is, the current study is predicated on the idea that beyond poverty in general, the external environmental factors that these youth encounter on a daily basis likely take a cumulative toll on their mental health across the life course that can be reduced by the introduction of protective factors. I will consider how introducing a positive environment can

have buffering effects on the harmful consequences of being immersed in a negative environment.

This study will inquire about the ways in which involvement in socially- and recreationally-based activity has the potential the buffer the harmful effects of disadvantage among youth by reshaping their life trajectories. As indicated earlier, there is a lack of research on youth mental health interventions, with existing studies focusing on "extreme" concerns such as suicide prevention and gang intervention. Conversely, this study takes a different approach, looking at early involvement in community-based youth programming as a turning point, as opposed to evaluating youth initiatives that are implemented after-the-fact in response to crises (i.e., elevated youth suicide rates).The current project draws on concepts from existing research and the life course perspective to better understand how community-based programs—when made available to disadvantaged youth—can foster resilience among this at-risk population. By interviewing key community contacts, the objective is to learn about the relationship between community-based resources and youth mental health. The research will address the following question(s): *What role do local youth-centered community resources play in child and adolescent mental health promotion and awareness, particularly for at-risk children? 2) How can they serve to improve child and adolescent well-being?*

Methodology

Sampling and Data Collection

The goal of the study was to learn about the role that local community organizations in a mid-sized city in Ontario, Canada play in terms of fostering the mental health of disadvantaged youth. For the purpose of this study, I will conceptualize the term

"disadvantaged youth" as individuals who encounter neighbourhood disadvantage within their community of residence.

I elected to interview three key informants who work directly with youth within community organizations. I chose to recruit community workers for this study for several reasons. First, the research topic is rather sensitive in nature and youth may feel uncomfortable discussing their well-being and personal experiences and may be reluctant to do so. Thus, it may be difficult for the interviewer to generate fruitful discussion by interviewing young individuals directly. Second, the three respondents that were selected are very seasoned in their respective fields of work. They are knowledgeable about the difficulties that children and adolescents face in many areas of their lives (i.e., school, family, peer networks, etc.) and the pressing concerns that these individuals have regarding their well-being. That being said, key informants can provide a broader context that goes beyond individual youth.

Individuals were eligible to participate in the study if they 1) were above 18 years of age, 2) had been employed by an organization that provides services to children and/or adolescents in the identified city for at least six months, and 3) were directly involved in community programming within that organization that was geared towards youth. Conversely, individuals were ineligible to participate in the study if they were under 18 years of age and/or they were employed by the organization for six months or less. This was to ensure that the participating individual had acquired enough relevant experience working with children and adolescents through the organization and could, therefore, report on his or her experiences.

Participants were recruited through modified snowball sampling. The recruiter contacted individuals (i.e., the primary contacts) with whom she had previously-established connections through either employment or volunteer involvement. The reason for this was that the recruiter was aware that these individuals have been involved in youth-directed community programming within their respective organizations and could therefore refer the researchers to potential participants. Participants selected in this manner would likely contribute to the production of rich data that would support the study's objectives.

Initial contact was made by sending a recruitment e-mail to the recruiter's primary contacts. The e-mail was sent to each primary contact's publically available e-mail address provided to them by the organization within which they work. The e-mail indicated the purpose of the study and directed the primary contact to the attached letter of information which included further detail regarding the nature of the research as well as what was required of potential participants. The e-mail requested that the primary contacts forward the message to employees within their respective organizations and/or to external partners with whom they were affiliated with in providing youth programming. Interested prospects were then prompted to respond to the recruiter's initial e-mail; at this point, both parties arranged a meeting time and place for the interview.

A total of three participants were recruited: two from Youth Centre[2] and one from Child Outreach. Participants were told that the intent of the study was to obtain an understanding of the role that local youth programming plays in shaping the well-being of children and adolescents. They were informed that their participation in the study was voluntary and that they could make the decision to withdraw at any time if they chose to do so.

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[2] Pseudonyms are used in order to protect the identities of the organizations and the neighbourhoods served.

Data was collected through three in-depth, semi-structured interviews with identified key informants. Each interview lasted between sixty to ninety minutes in duration. All interviews were audio-recorded and all data was collected by the primary investigator. Interviews took place at a location that was most convenient to the research participant: two interviews were conducted at the participants' place of employment while the other occurred at a local coffee shop. The primary investigator inquired about each respondent's role and involvement within community programming through his or her respective organization. Respondents were asked questions such as:

1. To the best of your knowledge, why did your organization feel the need to develop this program?

2. Is your program designed to reach a targeted group or population of youth?

3. What are some of your short-term goals for the program outcomes? Long-term goals?

4. What type of environment do you strive to create for your program?

5. Do you believe that this program "makes a difference" in the lives of youth participants? If so, how?

Both organizations provide youth programming that is specifically geared towards children from disadvantaged neighbourhoods. Overall, participants are involved in three distinct programs through two organizations.

Youth Centre. One respondent from Youth Centre, who is employed as the coordinator of social programming, is involved in a program that will hereinafter be referred to as *Mental Health Matters*. Mental Health Matters is designed for adolescents and it is geared towards the promotion of mental health and well-being. It focuses on mental health awareness, establishing strong social supports, healthy lifestyle choices, and the development of positive relationships. It is a relatively new program that is being introduced to all

locations of the organization across Canada. Furthermore, many youth who attend Youth Centre come from impoverished neighbourhoods. Although Mental Health Matters is designed to reach a broad range of adolescents and it is not exclusive to those who are experiencing mental health difficulties and/or those who come from adverse home environments, the study hoped to determine whether such programming could be particularly beneficial for those youth who experience the most hardship.

The second respondent from Youth Centre is the coordinator of adolescent programming both on-site and off-site. At the centre, he is the program leader in the Youth Hang Out, which is a "teens only" section within the facility. He is also involved in a program based in an external location that I will call *Langlois After-school Program*. This is an off-site program designed to provide adolescents with accessible services directly within their neighbourhood. Thus, the program provides recreational services for youth residing within Langlois, a particularly disadvantaged community, in hopes of deterring them from involvement in gang-related, criminal, or other delinquent activity. In this case, the researcher attempted to discover whether making services even more accessible to the targeted population would encourage the adolescents' involvement in prosperous youth programming as opposed to the less favourable alternatives.

Child Outreach. Child Outreach is a resource centre organized through a local community church. Staff and program volunteers are recruited through this resource centre to coordinate community-based youth programming. Similar to the second respondent from Youth Centre, the third respondent is employed through the centre to provide youth programming off-site at a housing complex in the Blaine community. This housing complex was established by Subsidized Housing Organization, which is an organization that provides

subsidized public housing for residents in the city and surrounding areas. This is an after-school program directed towards younger children that I will call *Blaine After-school Program.* Subsidized Housing Organization is a partner to Child Outreach, permitting the organization to use one of its housing units through which the coordinator and volunteers from the resource centre are able to run their program. Again, the idea was to inquire about the role of such programming in fostering the well-being of youth participants and in buffering undesirable behaviours.

Data Analysis

Once the data collection was complete, the interviewer transcribed each interview using basic computer software. Next, the data was analyzed using line-by-line coding in order to identify and group reoccurring and dominant themes. Finally, the themes were categorized into sections and sub-sections that best addressed the proposed research questions. The results are outlined as follows.

<div align="center">

Results

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Several common themes emerged across all three interviews with key informants. At the same time, each participant had something unique to offer, contributing to our overall understanding of the interventional role that youth-centred community resources play in promoting the mental health of children and adolescents. To begin, each distinct program will be outlined for the purpose of laying the foundation for the remainder of the analysis, so that the reader can acquire a sense of how each program was structured. This will be followed by an integrated discussion that addresses how involvement in local youth programming can act as a turning point for individuals residing in unfavourable neighbourhoods.

Local Youth Programs

      Youth Centre. Youth Centre is a large, non-profit organization that provides services for children of all ages. The centre is open to its members on weekday evenings and weekend afternoons. It is a large recreational facility that is divided into sections that are designed to suit the interests of many (i.e., gymnasium, game room, ball pit, etc.). Upon arrival, children are free to move around the building to choose a preferred activity. As well, the organization makes several focused youth programs available to children and adolescents who attend. For the purposes of this research, those that are of interest are the social programs.

      Both Youth Centre staff interviewed are the coordinators of two different areas of the centre: Katie organizes and facilitates the social programs while Mitchell plays the dual role of coordinating both on- and off-site adolescent programming. Katie is also responsible for the behaviour management and mental wellness of youth participants, which indicates that the organization is aware of some of the difficulties that the clientele experience and that it is taking a proactive approach to address them. This will become more apparent in her description of the Mental Health Matters program in the following section.

      Mental Health Matters. Mental Health Matters is a new addition to the social programming offered at the Youth Centre. It was developed by the Youth Centre and implemented in several locations across Canada, marking its third year in the present location. Out of the three youth programs under review, Mental Health Matters is the most "structured." That is, it is based on a number of modules that the group completes during their weekly meetings, each module being centred on a topic that pertains to mental health. Having said that, Mental Health Matters is a program that members are free to join when attending the facility, similar to any other drop-in activity offered at the centre. Katie

indicated that this program was introduced as a response to a critical need that was identified by staff, stating that "[We] try to keep the centre- as much as it is a recreation facility and that is our main focus and kind of gear, but it is also where we are seeing the need for mental health awareness and reducing the stigma." As such, the understanding is that the centre is meant to be a recreational facility; nonetheless, Youth Centre staff have identified a need and acknowledged that need by implementing the Mental Health Matters program as a way to improve the delivery of their services.

Adolescent programs. Mitchell is the facilitator of two adolescent programs: *Youth Hang Out* and *Langlois After-school Program.* While the former program is held on-site at the Youth Centre, the latter is an off-site program held at a different location. It must be noted that a heavier focus was placed on Langlois After-school Program, although the respondent indicated that several aspects of both programs overlapped.

Permitting only those who meet the minimal age requirement, the Youth Hang Out is available to adolescents during drop-in hours from Monday to Friday. It is a loosely structured program where, in colloquial terms, youth gather to "hang out." That being said, Mitchell engages in program planning where he places a heavier focus on social activities as opposed to recreational activities. For instance, the group will gather to watch a movie together more often than they will go to the gymnasium. Langlois After-school Program serves a similar purpose, the difference being that it is situated directly in the Langlois neighbourhood.

Child Outreach. Being geared towards a younger age group, Child Outreach also offers an off-site program that I call *Blaine After-school Program*. This program is available to children twice a week for two hours at a time. In terms of structure, the coordinator,

Morgan, indicated that "there's no typical day" and that it the program is very "go with the flow." Like the other programs, Morgan does include focused activities that were said to be based on monthly themes. Again, along with Langlois After-school program, this program is offered in a neighbourhood that is characteristically disadvantaged.

Community-based programs. With the exception of Mental Health Matters, all of the youth programs were described as being loosely structured, although each includes some form of specialized programming. Many similar features were identified across each program: each one is a drop-in, after-school program that exhibits a strong emphasis on social activities. Registration is not a requirement for participation[3], giving youth the freedom to join the program on their own terms and, according to Katie, to "come and go as they please." This is likely favourable for children (and parents) from low-income families who may be less willing to commit to and register for an organized program due to a lack of financial resources. Further, it gives these youth the option of having a place to go outside of their home during after-school hours.

Targets

In order to develop a sense of the significance of the youth programs under review, it was essential to first learn about each organization's targeted population before exploring the function of the programs in more detail. Here, the overall focus was on the structural factors of the areas served, the individual-level factors of those who utilized the services, and the interplay between both in shaping child and adolescent psychological well-being.

All respondents reported that their respective organizations' target populations included youth from impoverished areas. In comparison to the general population, residents

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[3] This does not take into account Youth Centre membership registration, which will be noted in a proceeding section.

of these communities are more likely to be newcomers to Canada, lone-parent families, foster families, and/or recipients of social assistance—all indicators of disadvantage. In line with the concept outlined above regarding the inability of disadvantaged families to commit to organized activities, Mitchell stated that "[Youth Centre is] basically an environment that provides opportunity for most families that probably can't afford to put their child in other programs- after-school programs. So the Youth Centre really hits that genre of kids," and that these individuals were "limited to what they can be involved in in terms of extra-curricular activities." It was clear that the main objective was to serve those who likely lacked the means to access youth recreation with ease.

Moreover, all respondents made reference to the specific neighbourhoods that they serve, listing those that are known to be substantially disadvantaged in relation to other areas in the city. Collectively, these targeted areas were described as being low-income, under-resourced, high-risk, and "rough." Katie noted that the central downtown location of the Youth Centre served the "surrounding neighbourhoods"—inner-city areas typically being well-known to be under-resourced. Further, many youth participants were said to live in subsidized housing complexes. Blaine After-school Program is exclusively for children who live in the Blaine complex, a particular public housing community serviced by Subsidized Housing Organization. Langlois After-school Program, although not identified as being directly affiliated with a similar organization, also runs in an area classified by Mitchell as being occupied by "government housing." Again, both complexes are known to be fairly impoverished. When asked to provide a description of her organization's targeted neighbourhood, Morgan vividly outlined evidence of the neighbourhood disorder that is apparent within the community:

I was talking to one of the moms of one of my kids and she said that they have been here for a year. And she said that she dreaded moving here because she- like it's Blaine, it's where a bunch of cars got lit on fire, it's where a bunch of robberies happen. Like it's Blaine with a really bad reputation. (Morgan, *Child Outreach*)

She reiterated that the community has a well-known poor reputation throughout the interview, explaining that residing in this complex due to a lack of financial means was the unfortunate and non-preferred reality of many. Furthermore, Morgan added that there are several "negative traits and characteristics that [the children were] being exposed to" by living in this community. In a similar sense, Langlois was deemed as being "high-risk in terms of just some of the problems and issues that take place in that community." Overall, the consensus was that exposure to adversity was identified as a key risk factor that the young residents of these areas encountered.

When prompted to provide examples of these risks, the respondents cited those that were associated with the youth's immediate surroundings:

For example, complexes are very small. And there's, you know, a lot of people that live in a small space. And we find that sometimes we do have to deal with issues that have gone on in the complex, and they carry on over here. Issues that have gone on in the school, carry over here. Sometimes we've had to navigate between them all. (Katie, *Youth Centre*).

Katie alluded to the concerning activities that occurred within these areas, which Mitchell provided further insight on by stating that:

Well, I mean it's high-risk because I guess it's- the activities in the neighbourhood, right? So there's more access to drugs, there's more access to- for kids to be impacted in a negative way by certain activities that are happening there. (Mitchell, *Youth Centre*)

Morgan reported similar conditions in her designated area, adding that she also detected signs of violence exposure in her participants. She stated that altogether, this exposure takes a cumulative toll on the youth, ultimately undermining their overall sense of self:

> *It's almost like their value has gone down, and their self-worth has gone down because they live here. So that plays a huge role in who they are.* (Morgan, *Child Outreach*)

Here, the given responses began to reveal the ways in which adverse neighbourhood conditions work to undermine one's mental health. The sociological understanding of such structural influence allows us to understand how surroundings can have ill effects on well-being. Stated differently, these factors are also known as the *social determinants of health* that exist outside of the individual as opposed to within the individual. For instance, Mitchell stressed the importance of being mindful of both internal *and* external factors that could affect a child's mental state by stating it was necessary to "be aware of what can be affecting this person as they're here in this environment. So I think it's a lot of sensitivity to where the person is at, not that they are what's going on [inside of] them." Correspondingly, when asked whether she believed that a child's environment played a role in his or her healthy development, Morgan answered "Absolutely. It has a huge impact….so the family dynamic, where they live, all that stuff plays a huge role." To support this, the respondents cited several indicators of negative mental health found in their participants who were impacted by neighbourhood disadvantage, including both internalized behaviours (i.e., anxiety, depression, ADHD) and externalized behaviours (i.e., antisocial and delinquent behaviours). To elaborate, Morgan revealed that her participants were "very difficult kids" who often struggle with both authority figures and fellow peers:

> *I have one little boy who's 5 and all he knows how to respond to things is through violence. So he's constantly punching people and kicking people and- you know, he just doesn't know how to do anything else but hurt people.* (Morgan, *Child Outreach*)

Undoubtedly, the findings considered thus far suggest that immersion within an unfavourable environment has harmful effects on one's well-being, therefore justifying the

need for interventional programming. What is more, the fact that these targeted areas were defined as being family-centred speaks volumes in terms of the importance of implementing youth-centred preventative measures. When a large proportion of the population is composed of children, a vulnerable group in itself, it is imperative that their needs are not neglected. The programs described here attempt to fill this void by providing supports for this all too often forgotten population.

Goals and Rationale

Once more, the general goal was to provide youth programming for those who would likely have difficulty acquiring it on their own. Through each interview, it became increasingly apparent that there were additional objectives linked to this primary goal which were as follows:

Addressing needs. Across each interview, there was a strong emphasis on responding to needs at both the individual and collective level. The word "need" was used repeatedly by the respondents, indicating that over and above delivering a service, there was something more that each organization sought to address. Before considering some of the more fundamental needs that were mentioned (that I will continue to address throughout the remainder of the analysis), the respondents stated that first and foremost, the youth were in need of a place where they could enjoy themselves and have fun. Both Youth Centre coordinators also acknowledged that certain needs changed as children aged, stating that the centre filled a "gap" by opening the Youth Hang Out for adolescents who required a place of their own. Looking at the bigger picture, Mitchell also stressed that meeting these individual needs by implementing youth programming within the targeted areas would address a vital need of the community at large:

Interviewer: Within your organization's mission statement, there is an emphasis on "need." How would you define this need?

Respondent: Well, I think it's both ways. A need for children. I also think a need for the city or the community that they live in. Because I think, you know, if the kids are bussed in and taken into an environment where they can be active, it takes them from off the street or getting into trouble. So in terms of, you know, reducing any kind of violence or disturbance in the community, or having kids get into the wrong crowd, that's one way I think it addresses community. (Mitchell, *Youth Centre*)

The hope was that this would create a cyclical effect, thereby reducing the occurrence of potential detrimental consequences for both the youth and the community, and increasing the chances of positive outcomes for these youth.

Accessibility. In an effort to best serve the clientele and to ensure that the targeted populations used the services provided for them, each organization made it a priority to make their youth programs accessible, accommodating, and convenient to all. The primary goal here was to provide low-cost programming: Child Outreach offered Blaine After-school Program free of charge while Youth Centre made their programs available at a reduced rate. Because it was a larger organization, those who attended Youth Centre were required to pay a membership fee. Having said that, both Youth Centre coordinators stressed that their organization accommodates for those who are unable to cover the fee in full:

So our, to be a member at the Youth Centre, you can pay like a fee to come. But we also do have memberships where you can pay a fee, and membership is based on family income. So families provide us proof of how much they make, and then we base their membership on that. So for example, if a family doesn't make that much they may only have to pay $25 for the whole year. (Katie, *Youth Outreach*)

I think it's mostly centered to low-income families, families that- it's a scale rate, if that's the right term. But, you know, based on their income, they pay in terms of that. (Mitchell, *Youth Outreach*)

Evidently, efforts are made to accommodate for different family situations; and as mentioned earlier, a significant number of those who use the services come from families who experience financial strain.

Furthermore, it was noted that families who were unable to pay for their child's extra-curricular involvement without assistance were also more likely to experience difficulty with accessing reliable transportation. Referring to this obstacle, Katie stated that "maybe parents don't have a car…or parents don't have enough money to pay for gas to come here to pick them up," and Mitchell added that "there are families that probably don't have transportation, they rely on the bus system."

The bus system that Mitchell referred to is a system organized by the Youth Centre; it is an additional effort to make the facility even more attainable for those who need it the most. Youth Centre personnel actively strive to reach their targeted population by sending their own busses to select neighbourhoods throughout the city. This was considered to be one of the most important features of the Youth Centre:

> *Interviewer: Would you say that the location of your organization is accessible to those who use the services?*
>
> *Respondent: I feel so. It's easy access by bus. And one of the cool things about the program, the Youth Centre busses a lot of kids that aren't able to possibly make it if they were left [to make it to the centre on their own]. So there's bussing that takes place in various neighbourhoods that bring the kids there. So yeah it's easy access.*
>
> *Interviewer: So about the bussing, are any of these areas that the busses go to targeted for a particular reason?*
>
> *Respondent: I think so. Because otherwise most of these kids would never be able to come to the program…they just wouldn't have the money to [come].* (Mitchell, *Youth Centre*)

Moreover, Katie stated that Youth Centre staff "found that there was a need…within the areas that our bussing goes to…we just found that those children could really benefit from an after school program that provides recreation, nutrition, social skills." She also made a critical point regarding the costs associated with attending the centre, demonstrating how staff continuously work towards accommodating those who struggle to make payments:

> *And then with our bussing I think that provides a lot more access for children as well. And for the most part we will let children come on the bus even if they don't have the money. So, our bussing is free, but [to be] able to come to the centre it's three dollars if the child is not a member. And if the child does not have the money, um, then we'll still let them come…we try not to turn any children away.* (Katie, *Youth Outreach*)

At the same time, in terms of overall accessibility, the significance of both the convenient hours of operation and location was highlighted in addition to the importance of affordability. Again, all three programs are open during after-school hours—a part of the day when children tend to have free time and/or when some parents are in need of child-minding. Rather than having to pay for their child to attend a formal day care or after-school program, parents were given the option of sending their son or daughter to a more affordable alternative. Finally, the proximity of these local youth programs was essential. Again, being situated in a central area, several Youth Centre members are able to travel to the centre with ease. While the majority use the bus system, others were said to live close by in the neighbourhood and were thus able to either walk or ride their bike.

On that note, one of the most telling findings was that more than being community-based, these programs—particularly those that were off-site—were considered to be *neighbourhood-based programs*. That is, these organizations aim to bring local youth programming even *closer* to the targeted populations. Both Mitchell and Morgan from Youth Centre and Child Outreach respectively work directly within the neighbourhoods themselves. When asked to describe the overall goal of the off-site program at Langlois, Mitchell responded:

> *I think it's to bring the program- first of all, it's to bring the program and having a more accessible program. So, you know, because if it wasn't there, maybe they wouldn't leave that neighbourhood…So it's really making it accessible for kids to have that place to go and have some positive influence.* (Mitchell, *Youth Centre*)

Similarly, Morgan noted that "a lot of these kids wouldn't be able to access [the programs] if they weren't coming to them," further proving the relevance of off-site programming. Mitchell concludes by offering a description of the value of neighbourhood-based programming:

> *Well I think for that particular site, this is their backyard, this is their home, this is where they live, this is where they hang out. And then for them to come together for a purpose really- I think it brings out something else from them, you know, other than just hanging out on the basketball court and playing. They're here together in this program because it's- this is for them, this is their place.* (Mitchell, *Youth Centre*)

Positive environment. The final point in the preceding paragraph leads us into a discussion on the importance of "place." Because the children from the targeted neighbourhoods reside in characteristically disadvantaged areas, all of the respondents stressed that giving these youth access to a positive environment was crucial. When asked about the impact that a lack of community-based services would have on the targeted population, Katie answered, "Yeah I think that would definitely have an impact, a poor impact, on- you know, different complexes that we do go to, I think the kids wouldn't have a safe place to come to." Thus, the rationale was to create this space for youth so that they had a place that was available for their use that was somewhere other than their home or the street. For instance, both on-site and off-site program coordinators stated that one of the underlying goals of their youth programming is to "get kids off of the streets" in order to prevent them from engaging in negative activities and getting into trouble.

Respondents were also prompted to describe the type of environment they strive to create within their programs. The overall consensus was that their intention was to create a *safe* space for their participants. Morgan portrayed her program as being a "place where the kids can come and be themselves." Facilitating a program that involved having conversations

about sensitive topics concerning mental health, Katie emphasized how imperative it was to

ensure that she maintained safety and confidentiality:

> *I try and create a very safe, comfortable atmosphere in the room. Try and make sure that what is said in the room, stays in the room…it's just how they feel comfortable, how they talk to their friends. That's kind of what I want to create in this room.* (Katie, *Youth Centre*)

By and large, the program coordinators work towards creating a healthy environment where

participants feel welcomed and comfortable knowing that they have a place that they can call

their own. Once more, the respondents restated that one's surroundings indeed have an

impact on his or her healthy development. Because neighbourhood context was identified as

playing a pivotal role, it became clear that introducing a positive space directly within the

neighbourhood exerted a buffering effect on the youth it serves.

Partnerships and sense of community. One of the unanticipated findings was the

importance of community partnerships. Each respondent stressed that partnering with other

organizations was critical to providing optimal service delivery to the clientele, who often

times were affiliated with the other organizations in different respects. The most essential

partnership that the Youth Centre has is with a foundation that I call Bounce Back. Recalling

the organization's goal to provide accessible programming for all community members,

Bounce Back is available to families who are in need of additional support paying for their

child's membership fees:

> *We do have a partnership with another organization called Bounce Back. They work with us to help pay for families who can't afford their membership as well…[The parents] just hand in the forms, proof of income for that. And then their membership is basically free.* (Katie, *Youth Centre*)

> *I think that anyone who has a desire to bring their child there, they won't be turned away. So there's a program called Bounce Back that subsidizes or provides- pays for. Families that are qualified, their fees are paid.* (Mitchell, *Youth Centre*)

Once more, it is clear that the centre has a mission that ensures no parent or child is rejected due to having insufficient funds. In collaborating with others and combining resources, the Youth Centre guarantees that the needs of all members will be met.

As her program is available to participants at virtually no cost, Morgan reported that the existence of Blaine After-school Program depends on the strong ties that were created between Child Outreach and Subsidized Housing Organization, stating that "they're the ones that have given us this unit that we're in…so they're also very involved in a way in the community as well…without them we wouldn't be here." She further added:

> *It gives us a place right in the community to be with them. If we were in another location, we might not get the response that we get being right in the community. So it's really cool that we get to be here, and for myself being here, I constantly have kids coming to the door and saying hi. Or when you go out and walk around, you get to meet a whole bunch of kids that you wouldn't normally get at the programs. So in that sense, the partnership is very key so that we can be right in the community getting to know them.* (Morgan, *Child Outreach*)

Mitchell offered a similar narrative about Langlois After-school Program:

> *I think one of the cool things about that program, it's more- it's more community focused. It's almost like going into the community and- so you have a bit of an opportunity to really, you know, have a bigger impact by providing the service right in the community.* (Mitchell, *Youth Centre*)

He explained that this widespread effect was "one of the big parts of the after-school program that we held there." Here, he emphasized the link between off-site youth programming and community building, highlighting how introducing this program into an underprivileged neighbourhood not only strengthens the youth involved, but it also strengthens the community as a whole.

Katie said that building partnerships was also necessary for running successful campaigns that address current social issues. These are prevalent concerns that the Youth Center actively seeks to address, declaring that one of the center's purposes is (as listed as

one of their organization's core values) to create neighbourhood and community solutions.

Katie was asked to elaborate on this core value, and it was here that she began to illustrate

how the Youth Centre approaches the need to increase youth mental health awareness within

the centre as well as within the wider community:

> *A big example, I guess, could be connecting with other organizations and trying to build partnerships. So for example, last week was Mental Health Awareness Week- Children's Mental Health Awareness Week. And this was our first year that the Youth Centre partnered with nine other organizations in the city to help provide services for children's mental health. And so in order to connect with that, we have to reach out to community partners and other agencies and connect with them, in order to promote [children's mental health] within the community. Because that is something that is a gap within Ontario, within this city, and with children's overall health and well-being. So that's kind of where we're able to see that gap and see, you know, what the city is providing and then kind of come along side of that and help provide that service.* (Katie, *Youth Centre*)

According to Mitchell, some of the other partners of the Langlois After-school

Program include guest speakers who come in to give talks to the adolescent group about

topics that are of interest to them. For example, some speakers share their life stories and

career paths, while others touch on relevant issues common to this age group, providing them

with the information they need in order to appropriately respond to the issue (i.e., safe sexual

activity practices, tobacco and drug use, etc.). As well, another partnership was established

with a local community church in the Langlois neighbourhood. It was reported that the two

groups often join together to have gatherings (i.e., barbeques, parties, etc.), giving the

community members the opportunity to attend enjoyable events that were local.

Respondents also shared that some of the other benefits of establishing these

networks included helping families and youth feel connected to their communities, filling

identified gaps within the communities, bringing people together, and having a larger

community presence. Essentially, securing partnerships was identified as being one of the keys to building thriving communities and strong youth.

Approach

Thus far, the discussion has centered on community-based organizations and their corresponding youth programs as a whole in terms of their "larger" aims, goals, and missions, as well as how each of them work to reach those targets by collaborating with others to provide accessible and fundamental programming. At this point, the focus will shift, concentrating more on the interpersonal aspects of the programming—that is, the interactions between the staff, youth participants, and their peers—as well as the importance of the coordinator role itself. The following passages will be collectively referred to as the "approach" that program coordinators take in administering their programs and fostering the healthy development of their youth participants.

Role of the program leader. By interviewing the program leaders themselves, I was able to develop a concrete understanding of what the program coordinator role entails. First and foremost, all of the respondents appeared to possess the personal attributes required to be effective youth leaders. That is, they are friendly, child-centered, non-judgmental, and have positive attitudes. It was clear that they are very passionate about their work and have a desire to give back to the community. In a sense, the program coordinator role is comprised of several roles in one: these individuals act as mentors, educators, and facilitators.

Mentors. Mentorship was found to be the most crucial element of the youth-to-staff relationship. Above all else, leaders declared that they act as mentors for their participants:

> *One of the biggest roles for me there is to provide engagement with the teens, to connect with them, to really be a mentor in some way. You know, acknowledge who they are, meet them where they are.* (Mitchell, *Youth Centre*)

To start, the respondents explained that a substantial number of these youth lack positive

adult role models in their lives, many of them coming from "broken homes" where they do

not have consistent parental figures or are simply exposed to negative influences overall:

> *The staff here [try] to be positive influences. Sometimes they may be the only positive adult that they get in their life. And, you know, for some children, some of the male staff here may be the only positive male role models that are in their lives.* (Katie, *Youth Centre*)

Morgan reveals that at times, children do not receive adequate attention from adult figures in

their lives. According to her, in some cases, this holds true even for teachers:

> *And I would like to think that in the schools there are positive role models, but they are very difficult kids. So I know that there are a lot of teachers in the school that are there just because it's a job and don't actually care for them. So then again there's a lack of a positive role model again.* (Morgan, *Child Outreach*)

To fill this void, the respondents reported that they are committed to acting as positive role

models for these youth. According to the respondents, effective mentorship involves building

trust, being supportive, offering one-on-one time when needed, and providing guidance. The

respondents provided various examples of the approaches they take to build these

relationships:

> *We're very, very intentional with the kids. So constantly asking them about their day and what they did, what was good about their week and what was bad about their week…Or even- just taking the time to ask them those simple questions, I think that is what lead us to gain their trust. Yeah, so even with some of the youth, I just go and sit on the porch and ask them about their day. I don't think anyone else has asked them about their day yet, but the fact that I just took the time to do it, I think that has a huge impact.* (Morgan, *Child Outreach*)

> *The most important thing- they need to understand I am there for them. So, you know, I do- like I notice them when they come in, I take time to find out what's going on in their day, I acknowledge them when they come in, I check in with them, I find ways to engage them in activities that I can play with them so we can have conversations.* (Mitchell, *Youth Centre*)

Each respondent believed that the best way to establish rapport with his or her mentees was to initiate conversation with them, actively listen to them, genuinely get to know them, and connect with them. Morgan acknowledged that this allows the youth to open up to her, declaring "I've gotten to hear a bit of the stories of the kids, but it takes a long time to gain their trust to get to that point." The stories she referred to are about the hardship and difficulties that her participants experience in their private lives. By taking the time to get to know each child, she is able to get them to disclose to her and subsequently provides them with the support they need.

As a result, the youth learn that they have access to an adult who is there for them whether they need someone to turn to for advice, or even if they simply need someone to talk to. Morgan summed this up by saying:

> *The kids- so I've been working with them for a year and they know that- I guess it's just through different experiences that you have with them that they learn that you're always gonna be there…And if they do something wrong, I'll just sit down and talk with them, I'm not gonna yell at them. And I think through that they see me as a different kind of support.* (Morgan, *Child Outreach*)

These findings address the gap in mentorship literature by demonstrating that children do develop mentoring relationships with youth leaders through their involvement in youth programming, and that these associations are particularly beneficial for those who are in most need of a positive adult role model.

Educators. Another role that goes hand in hand with mentorship is the educator role. Although "education" per se was not identified as being a primary objective, the respondents did convey that part of their job involves teaching participants certain life skills (more on skills later). However, it must be noted that while they did report creating a learning environment for their youth, the respondents ensure that the space that they create does not

simulate a rigid, classroom-type environment. To emphasize this, Morgan stated that "you don't want it so structured that they think it's school." That is, rather than seating their participants and teaching them a lesson, youth leaders promote learning by facilitating group discussions on certain relevant topics.

Facilitators. It is through the facilitator role that the youth leaders guide their participants in group discussions by posing an important question or introducing a relevant topic to initiate the discussion, maintaining and monitoring the conversation for appropriateness, and concluding the discussion by restating key points that were made. Katie is responsible for covering various topics regarding mental health and illness (i.e., myths and facts) that many children are likely unfamiliar with; yet, she works hard to ensure that her program remains loosely structured and that all of the participants are actively involved in discussions as opposed to passively absorbing information that she relays to them:

> *I try to keep it more of a conversation as opposed to just teaching them specific things…[for example,] physical fitness, or keeping yourself healthy, or what some of your goals are would be more of a conversation.* (Katie, *Youth Centre*)

Mitchell and Morgan also ensure to allow time for open discussions within their groups. For example, upon arrival to the program, Morgan gathers the children together to have what she calls their "roses and thorns" time. She explained that this gives each child the chance to share a positive and a negative event that happened to them that week. In a similar sense, Mitchell stated that through informal conversations on particular topics, adolescents are able to discuss "some of the things that they're living." Having said that, the respondents stressed that sharing personal thoughts is not a requirement, and that participants are encouraged to contribute to the conversation as long as they are comfortable doing so. Once more, these

group discussions allow youth participants to learn from one another by sharing ideas or

suggestions, and it also permits them to express their thoughts and emotions in a safe space.

Another function that was said to be a part of the facilitator role is acting as a

"connecting factor" to external community resources. This was true more for the Youth

Centre coordinators, again being part of a large organization and having more opportunities

to develop partnerships with other community contacts. It is through these connections that

Youth Centre staff provide informational mental health resources for those who are in need

of additional supports, or simply make community members aware that these supports exist.

In the recent past, Youth Centre staff also participated in youth mental health training.

Through this workshop, staff increased their own awareness on the topic and were thus more

equipped to make appropriate referrals for their participants where needed. Because

addressing mental health concerns is one of her primary responsibilities at the Youth Centre,

Katie puts extra effort into ensuring that Mental Health Matters participants, parents, and

community members as a whole have access to this information. This is achieved through

planning special activities or campaigns such as Mental Health Awareness Week:

> *Being able to provide families with the resources where they can go to, is kind of that sort of role there too. So for example, last week [during Mental Health Awareness Week], running maybe some games and activities on how to reduce stigma, making sure that parents are aware of different services that are available, helping children realize what is out there in terms of if they need help, they can go to someone…And we set up like a booth of different information of kind of facts of mental health and mental illness. As well as brochures of where parents and children can get help if they're in crisis, or needing the extra support.* (Katie, *Youth Centre*)

It appeared as though the hope is that through involvement in Mental Health Matters, youth

will acquire the resources that they need to maintain positive mental health; however, if they

are ever in need of something more, additional external resources are available for them. This

idea supports the overall goal of youth programming as a whole: to promote and maintain healthy youth development.

Skill Building

Respondents believed in the importance of children possessing the foundational "life skills" needed in order to maintain good health. The coordinators reported using a more holistic approach to shaping well-being through skill acquisition as opposed to executing rigidly structured exercises directed towards particular competencies—in other words, skill building was perceived to be a latent function of youth programming. Through their overall engagement in program activities, it was believed that youth were developing the skill sets needed to regulate their emotions and manage their behaviours. As a result, participants were able to understand how their thoughts, emotions, and actions are connected and how to communicate them in a healthy way.

Mental health literacy. Through participating in the Mental Health Matters program, adolescents have the opportunity to develop mental health literacy. This category of skill building is exclusive to the Mental Health Matters program: because this is a specialized program geared towards mental health promotion, Katie is able to place direct emphasis on providing the adolescents with the skill set required to maintain positive mental health. Additionally, participants also acquire general knowledge on mental well-being, thereby increasing their overall awareness on the topic. Katie described Mental Health Matters as follows:

> *Mental Health Matters is specifically geared towards reducing stigma, promoting awareness, and increasing knowledge about how to have healthy coping strategies for stress. As well as how to have positive mental health, what does that look like. And even if they don't have any stressful situation in their life at the current moment, or, they don't need to have a mental illness in order to come to the program. It's giving them skills so that in the future, because everyone is going to go through*

stressful situations, it's giving them skills needed in order to prepare them for that. (Katie, *Youth Centre*)

As Katie indicated, one of the primary foci of the program is stigma reduction. Recalling that stigmatized attitudes are said to develop at an early age (Bulanda et al., 2014), Mental Health Matters attempts to prevent this from occurring by providing youth with factual information on mental health and illness in hopes that increasing their understanding on this unfamiliar concept will reduce any fears or uncertainties that they have. For example, participants learn about the harm of labelling others:

> *Because sometimes someone has been labelled and sometimes there's a fear of "I don't know how to interact with someone that has anxiety or someone that has schizophrenia. Oh that sounds weird." Well no, they're still a person. You can talk to them. You might have to talk to them differently than you would somebody else, but you can still talk to them, you can still interact with them. And then just giving them those types of skills so that our society can become, hopefully, in a perfect world, stigma free.* (Katie, *Youth Centre*)

The approach that Katie takes is very youth-centred, introducing difficult concepts in a way that youth will be able to comprehend. For instance, she creates hypothetical situations that the adolescents can relate to (i.e., "If you had a friend and this was how they acted, would you put them on your team? Or would you accept them for who they are? Despite them maybe having anxiety").

Acknowledging that adolescence is a time period often marked with challenge and change, the objective is to equip youth with the resources they need should they experience difficult situations or stressful circumstances as they move through the life course.

Social skills. It was reported that through their involvement in programming, participants have the chance to develop several essential skills by either adding new skills to their repertoire or building on those they have already acquired. As Mental Health Matters, Langlois After-school Program, and Blaine After-school Program are all defined as being

social programs, youth are encouraged to practice their skills through their interpersonal

interactions with peers and leaders. At the same time, the coordinators work on helping youth

to be aware of their emotional state and behavioural responses, as well as how to regulate

their feelings.

More so for both Langlois After-school Program and Blaine After-school Program,

the promotion of skill building was said to be indirect in the sense that the coordinators do

not implement structured activities that are targeted towards learning singular skills. Instead,

through their engagement in youth programming as a whole, participants are able to practice

skills in naturally occurring situations with the guidance of their mentors:

> *Interviewer: You did mention that sometimes children show aggression towards one another. What is your method of behaviour management?*
>
> *Respondent: A lot of it is talking it through. So we work on…it's more talking it out with them and being like "We don't do that. That is very hurtful." And we ask them to apologize. So working through that whole process and explaining it to them.* (Morgan, *Child Outreach*)

Morgan illustrated how she defined a negative behaviour for a child and walked him through

modifying his behavioural response to a provoking situation. This skill is called behaviour

management, and it is one among many others that the participants learn, including problem

solving, stress management, prosocial skills, and interpersonal skills.

Behaviour management. Program coordinators address problem behaviours by

redirecting the misbehaving child. These redirections are meant to prompt the child to

reconsider his or her behaviours. The respondents noted that they place a heavy focus on

anger management, stating that many youth do not know how to handle their own

frustrations:

> *I had a situation today where even just through playing a simple game, they (a child) didn't like what someone did, so they just stormed off because they didn't know how to deal with their anger, didn't know how to deal with what they were feeling. So I*

definitely see that and we try and work through that together. (Morgan, *Child Outreach*)

Children also learn that their actions are potentially harmful to others; thus, they are encouraged to reflect on how they choose to interact with their peers. This is important because often times, youth tend to act out against others when feeling frustrated. Morgan explained that through her interventional role, she is able to "shut down them wanting to punch someone. Or if they're saying something mean we can shut that down and redirect it." As a result, participants are less inclined to exhibit verbal and/or physical aggression towards their peers. Another way that Morgan encourages the healthy release of one's frustrations is by having children participate in the "roses and thorns" activity. Here, children are given the opportunity to share both something that made them upset and something that made them happy during the week. The youth coordinators found that by setting boundaries and guiding children through expressing themselves in a more appropriate manner, they are able to teach youth how to effectively communicate their emotions.

Problem solving. To deter youth from responding to issues in an unhealthy way, coordinators also work on problem solving and decision making skills with their participants. Youth learn to identify the problem that they are experiencing and how to find a suitable solution to that problem. More specifically, participants are prompted to engage in conflict resolution when experiencing disagreements with peers in place of using negative coping strategies (as described above). The goal is to direct participants to take the action that most effectively solves the problem.

Stress management. Along with anger, stress was cited as being one of the most difficult feelings for youth to manage. Youth coordinators recognized that individuals often experience several transitions as well as increased pressures and demands during the early

life course. Moreover, several of their participants reside in stressful home environments where they are exposed to disadvantage. For these reasons, the coordinators found that it was important to provide youth with the coping skills needed to endure difficult situations. By doing so, coordinators are able to assist youth in developing strategies to effectively handle multiple stressors (i.e., neighbourhood disorder, transitions, etc.) in order to avoid becoming overwhelmed when faced with adversity.

Relationships and prosocial skills. Relationship building was identified as being the most essential aspect of each of the youth programs. As previously mentioned, many children experience unhealthy relationships within their families—this is often the case for those who have an absent parent in their lives. By attending after-school programming, youth have the opportunity to connect with others. Mitchell contended that "it's good for them to come and meet friends. It's a place where they get to socialize." Already having established the relevance of mentorship relationships between youth and staff, the focus will now shift to peer-to-peer interactions.

For the most part, friendships are highly regarded by youth of all ages. Therefore, coordinators focus heavily on facilitating relationship building within their groups, declaring that youth-centered organizations provide an ideal environment for these bonds to develop. For instance, attending an after-school community program is a great way for participants to meet others who share common interests and hobbies with them. Katie affirmed that simply being in the presence of others and enjoying their company has health enhancing effects:

> *They need to have time to relax, and have fun, and be with their friends, and have face-to-face interactions with people. Because that will keep their mental health positive as well.* (Katie, *Youth Centre*)

To foster the development of healthy relationships, youth leaders focus on kindness, trust, and treating others with respect. Across all three programs, youth are given ample

opportunities to interact with fellow participants in order to develop these prosocial skills.

The activities that the coordinators plan are very peer-centred and thus cater to the

participants' need for socialization. Above all, youth are provided with a sense of belonging.

Morgan stated that for her group, the low numbers allow for "almost a family dynamic of

we're in this together, and we're gonna get through everything together." For those who do

not have strong ties in other life domains, developing a social support system through youth

programming is paramount.

Interpersonal skills. Through relationship building and involvement in group

interactions, youth are able to acquire critical interpersonal skills. In the most general sense,

by simply engaging in activities together, youth learn how to communicate effectively with

others. Moreover, team work is strongly encouraged on a daily basis: whether youth are

independently engaging during "free time" or partaking in an organized game, they are

required to cooperate with their peers. This is particularly beneficial for those who struggle to

work with others.

Coordinators found that introducing group activities and/or long-term projects is the

best way to promote cooperation within the group. Some examples of activities include

small-scale (i.e., making a poster) and large-scale group projects (i.e., painting a wall mural)

within which each participant plays a contributing role. By and large, youth learn how to

have healthy exchanges with their peers, interacting in a way that benefits all parties.

Effectiveness and Expected Outcomes

Significance of youth programming. Once more, the respondents agreed that there

is a dire need for youth-centred community programming within the targeted

neighbourhoods, insisting that a lack thereof will lead to potentially detrimental

consequences in future years. Immersion within a socially stimulating environment was said to have long-lasting effects in itself: it is expected that youth will not only carry over the prosocial skills they learn in programming to other areas of their life (i.e., family, school, etc.), but that they will also become members of a supportive network of individuals who are invested in one another's prosperity. In the case of Mental Health Matters, children also learn valuable information about psychological wellness that they are then able to share with others, creating a domino effect in terms of mental health awareness and the elimination of stigma within the wider community. These are a few of the pervasive impacts that the implementation of youth programming is expected to have on child and adolescent well-being. Respondents strongly believed that this would not have been the case if efforts were not made to ensure these programs were accessible to members of disadvantaged communities.

Working with residents from these areas, youth leaders are keenly aware of the unfortunate circumstances that their participants face from day to day. They detect signs of distress in many of their participants as evidenced by the child's mannerisms and behaviours. However, the respondents did acknowledge that the root of the problem is not to be found in the children themselves, recognizing that it is important to consider the child's surroundings instead:

> *I think it's also what we do within the environment to facilitate that person. How to make changes in the family, or how we need to make changes in the school or an organization to address the person's needs. It's not necessarily that person [who needs to change], it's what are we gonna do to- how do we need to change our environment.* (Mitchell, *Youth Centre*)

Respondents argued that by making modifications to the existing environment (i.e., by introducing youth programming), the imposed positive changes will subsequently extend to

those who occupy that environment. In other words, the strategy is to foster change at the community level as opposed to the individual level so that the impact of youth programming will be far-reaching, benefitting all of those who utilize the resource.

Thus far, the findings suggest that youth programming that is targeted towards disadvantaged children and adolescents is extremely effective. Each participant spoke of their youth program in a positive light, failing to provide any indication that it was insignificant to those who attended. Mitchell was very confident that participation in youth programming truly makes a difference in the lives of youth:

> *Interviewer: How effective is your programming in improving the well-being of youth overall?*
>
> *Respondent: I think tremendous. I think it's, you know, again a space for young people to come to and feel welcomed. I think it's a place, it's an alternative, you know, to enrich their lives. I think that's a good way to see it.* (Mitchell, *Youth Centre*)

Enriching the lives of youth means focusing on the positive while attenuating the negative; this includes providing youth with essential resources, promoting strong interpersonal connections, and encouraging youth to maintain a positive outlook.

Fostering resilience through empowerment. Youth coordinators realize that upholding a positive attitude is not a simple feat for those who experience disadvantage on a regular basis. Thus, the realistic expectation is not for youth to leave the program having acquired the ability to overcome any obstacle that comes their way; rather, the goal is to gradually build resilience through youth empowerment.

Empowerment was a common theme across all three interviews. Youth coordinators actively seek to empower their participants at any given opportunity. This is largely achieved by permitting youth to make their own choices through their involvement in programming.

Whether it is as simple as choosing a colour of paint to use on a mural or providing input for

an upcoming group activity, leaders allow each child to think and speak on his or her own

behalf. As evidenced by increased levels of youth self-confidence, having a sense of control

over certain aspects of their lives, while others are entirely out of their reach, proved to be

beneficial for disadvantaged youth.

Furthermore, respondents noticed that the self-worth of many of their participants had

diminished as a result of residing in a deleterious environment. Thus, as coordinators they

strive to assist youth in rebuilding their confidence by drawing on their strengths and

fostering their sense of accomplishment. According to the respondents, this can be achieved

by doing something as simple as having a conversation with a child and asking "What are

you good at?" in an attempt to elevate the child's self-esteem. Additionally, respondents

stressed that treating the child in a way that made the child feel acknowledged and

appreciated is critical. This means that each child is treated with respect and is recognized as

being a valuable human being:

> *We're not constantly saying no to the kids, we're not constantly yelling at them…Like we really promote just love the kids for who they are, pour into their strengths, and through that they realize that "Ok, they're not gonna treat us badly, but they're actually gonna respect us and empower us."* (Morgan, *Child Outreach*)

All respondents declared that their respective program is "a place where kids can

come and be themselves." That is, they are given the freedom to express their thoughts and

feelings and they are accepted for being their unique selves. Depending on their age, many

participants are also at a period where they are in the process of self-discovery; in other

words, they are attempting to figure out *who* they were. Thus, they are encouraged to engage

in identity formation with the aid of their mentors. Mitchell stated that he often has

conversations with his group members that are "geared to really stimulate growth and help

them find more about who they are. Because it's really about them and empowering them to be better human beings." Having someone guide them through this trying time is a way to reduce feelings of stress and uncertainty and to increase self-confidence.

In the end, the hope was that through continuously empowering youth, coordinators will strengthen their participants to be more prepared to positively adapt to the difficulties that they encounter in their lives. Morgan expressed that "in order for change to happen, you have to empower them and bring them up," meaning that with the support of their mentors, youth can work towards becoming resilient in order to cope with the stressors they encounter in a healthier way and to prevent the experience of stress from consuming them. This is also where skill building becomes important, as youth learn how to problem solve and regulate their emotions and behaviours effectively.

In the scope of their entire lives, involvement in youth programming was marked as being a critical turning point for disadvantaged youth. Again, coordinators are familiar with the poor neighbourhood conditions and corresponding troubles that youth are at risk of experiencing; therefore, as Morgan put it, "that's the unfortunate reality, but we try our best to get out of that reality." According to life course literature, interventional strategies need to be targeted towards not only the affected child(ren), but also towards those around them (i.e., family members, community members, etc.) (Schoon & Bynner, 2003). This reflects an understanding that resilience is built from the outside-in: it develops through the individual's interactions with his or her immediate surroundings. This is where interpersonal interactions come into play, as those who exhibit resilience typically feel as though they are connected to others and that they are not alone. Understandably, a positive environment is more conducive to positive outcomes.

Youth coordinators do not doubt the fact that risk factors will continue to exist regardless of how hard they work to create resilient youth. For this reason, they aim to *minimize* the harmful impact that these risk factors may have by equipping youth with essential protective mechanisms (i.e., support system, skills, positive self-concept, etc.). What is more, as community-based interventions, youth-centred programs are the key to building both resilient children *and* resilient communities. By bringing their programs directly into the targeted areas, these organizations provide a valuable resource that facilitates the healthy development and growth of the community as well as its residents.

Health promotion and youth well-being. Above all else, the goal of Mental Health Matters, Langlois After-school Program, and Blaine After-school Program was to promote the overall wellness of youth. The study findings suggest that involvement in youth-centred programming is protective of positive mental health. Youth who were engaged in programming were described as able to build strong relationships with their leaders and fellow peers. Through their active involvement and interpersonal interactions with others, youth had the opportunity to acquire and strengthen important life skills needed to manage their emotions and behaviours, as well as their responses to negative situations. Collectively, all of these resources gained through involvement in program activities shaped youth to become empowered, resilient individuals. They were expected to leave the program well-equipped to appropriately and effectively respond to challenging situations that came their way.

Moreover, health is promoted regularly in all three programs. This includes teaching participants the meaning of good health and showing them that physical, mental, and emotional well-being are all connected:

It's, you know, if you're not sleeping well, that will probably affect lots of different things. So I think the two are very tied together, and trying to teach the youth that there is a connection. And that they need to not just know how to eat right and eat their vegetables and fruit and go to sleep on time, but also that they need to have time to relax, and have fun, and be with their friends, and have face-to-face interactions with people. (Katie, *Youth Centre*)

That's a big part of the program, physical fitness and wellness. Wellness is nutrition, and it's also ways to take care of ourselves emotionally. (Mitchell, *Youth Centre*)

Stated differently, youth leaders emphasize the importance of caring for both one's mind and body. Both coordinators from the Youth Centre expressed that in recent years, their organization has made it a priority to implement strategies that address prominent concerns regarding youth mental health (i.e., stigma) as well as those that promote the development of positive mental health. With the implementation of the Mental Health Matters program and the continuous efforts made towards raising awareness both within the centre and the wider community, the Youth Centre is making great strides in enhancing the understanding and the experience of mental health for young people.

Short-term outcomes. It is important to note that despite being confident in the overall positive impact that youth programming has on its participants, each respondent expressed uncertainty about long-term outcomes, explaining that "I don't know how much [the program] would get across in a short period of time. These things take years to build into" (Morgan, *Child Outreach*). As Morgan indicated, the long-term impacts of youth programming will not become apparent for many years to come. Nevertheless, the short-term impacts are clear as evidenced by the reported responses given by both youth (i.e., making cards for their leaders) and parents (i.e., positive feedback) who expressed their gratitude and appreciation for the youth programming.

Youth coordinators recognized that although the implementation of community-based programming may represent a minor improvement given the extensiveness of adversity incurred within the target communities, it is nevertheless a small step in the right direction. Katie shared a concluding thought that captures the message underlying each respondent's narrative:

> *So we do try and realize that there is a gap out there. Not to say that we fill the whole thing, but we try and put, you know, one piece to the puzzle at a time.* (Katie, *Youth Centre*).

Directions for the Future

The respondents had very few desired program changes to report. They indicated that they were satisfied with their respective programs and that overall, they did not see the need for any substantial improvements. The suggestions they provided were primarily for new program additions. For instance, Morgan planned to implement an after-school program for girls in the near future. She mentioned that with the success of the boys' youth program that already existed and the requests she receives from the females in her group, there is a need for a female-only program as well. Morgan also stated that she wants to branch out beyond after-school programming itself by establishing a youth community council for adolescents. She stated that ideally, it would resemble a high school student council and the goal would be to further meet the needs of the Blaine community. This would be accomplished by providing programming for older youth and by appointing these individuals to leadership roles so that they may address the concerns that are most relevant to them. Similarly, Mitchell reported plans of increased community development, meaning that with the off-site programming offered through the Youth Centre, the hope was to cultivate a larger community presence and exert a positive influence on the targeted neighbourhoods. Lastly,

with Mental Health Matters being a fairly new addition to the Youth Centre, Katie's plans

included increased promotion of the program as well as greater youth enrolment. As many

Youth Centre members are not familiar with the program, she is looking forward to

increasing youth interest and involvement in the years to come.

As a final note, although the following is not a suggested program modification per

se, it is an important point to include nonetheless considering the nature of the research.

Katie also reported improvements that she hopes to see as a *result* of implementing the

Mental Health Matters program. She argued that the mental health of children and youth is

still largely neglected and although improvements have been made, the persistent lack of

understanding within society is still a grave concern:

> *I think that in the past, it wasn't thought of…There was a huge stigma surrounding mental health. And I think there's been great improvement; however, I still think that there is still a lot to be improved. Still a lot of people are unsure and unaware of what mental health really means. But its where, you know, people still have a fear of the unknown. So I think getting over that is still…needed.* (Katie, *Youth Centre*)

In the interest of increasing awareness on a broader scale, it was recommended that those

who work with youth and families directly should be required to familiarize themselves on

the topic. Being part of an organization that promotes healthy youth development, both

Youth Centre coordinators expressed that it is necessary for all staff to have a basic

understanding of mental health and illness. Having had the opportunity to participate in staff

training on youth mental health through their organization, Katie and Mitchell shared that

upon completion of the training, they were more comfortable with the topic and thus more

confident in their ability to promote mental well-being within their programs. Mitchell notes

the impact the training had on him:

> *It just really- first of all, I think it really kind of broke down the barriers. When I say barriers, I mean the concepts and the belief system around mental health. And I think*

> *it really [made us] realize that mental illness is on a spectrum. You know, it's not like, it's not like it's only certain people that are affected by it- we're all affected by it.* (Mitchell, *Youth Centre*).

While Morgan had not received formal training, she agreed with the others that it would be beneficial for all youth workers across various organizations to partake in training on healthy youth development. Nevertheless, the respondents firmly believed that they are successful in providing quality youth programming for vulnerable populations with the resources they are given.

Discussion

Summary of Findings

The present study examined the role that local community services play in shaping youth mental health. By interviewing key informants who work directly with children and adolescents, the goal was to determine whether, and through what mechanisms, participation in socially- and recreationally-based programming improves the well-being of disadvantaged youth. The findings suggest that youth-centred resources play a critical role in the promotion of youth mental health. In this case, the key informants suggested that neighbourhood-based youth programs were highly beneficial for those who live in under-privileged areas and who were deemed by youth coordinators to be most "at-risk" of developing poor health outcomes. As indicated by key informants from both organizations, Youth Centre and Child Outreach personnel have identified the implementation of local programming as meeting a critical need within the community at large. Thus, they actively sought to address this need by going to great lengths to ensure that those who had the most difficulty accessing recreational activities were reached.

Respondents identified youth from well-known disadvantaged areas within the city as their targeted population. According to a document posted on the city's website, the proportion of households that are low income in two of these targeted neighbourhoods— referred to in the current study as Langlois and Blaine—is 40% or more. This rate is substantially higher than the majority of areas throughout the city. These regions were defined by the respondents as being highly under-resourced and impoverished. Furthermore, the respondents identified children's neighbourhood environment as being a critical determinant of health. They described how living in these identified areas can take a toll on one's sense of self, ultimately impeding the social and emotional development of the individual. These narratives further support the need for interventions that create a positive space for youth.

In recent years, mental health researchers have highlighted the need for introducing community-based interventions as part of a public health approach (Power, 2010). For the purpose of this study, and in line with this notion, the informal interventions that were examined (i.e., community-based youth programs) were considered to be a prevention-focused alternative to formal mental health care. With unequal access to formal mental health services for many low-income families (Davidson et al., 2006; Koffman et al., 2009; Lewit et al., 1997), increasing accessibility to informal supports has the potential to provide disadvantaged youth with resources that are protective against the development of long-term mental health difficulties. The findings of this research show that increased access is something that organizations strive for by making their services affordable (i.e., low-cost programs) and convenient (i.e., after-school hours) to those who used them.

Participation in youth programming is not considered a "help-seeking behaviour;" that is, participants are not necessarily consciously aware that they are engaging in an activity that has the potential to enhance their psychological well-being. Thus, encouraging such involvement may be an alternative way to reach at-risk youth who tend to avoid seeking help for problems they may be experiencing in their lives (Davidson et al., 2006). Existing research suggests the important health-enhancing function of youth programs because they involve "activities or settings [that] may not appear to be health related on the surface, but they can nevertheless serve as a starting point on a journey towards greater health and well-being" (Edge, 2014, p. 38). Research efforts tend to be geared towards programs that have a more specific agenda (i.e., suicide prevention, substance abuse awareness, etc.) (Hamilton et al., 2006). Therefore, the current study addressed a gap in the literature by focusing on loosely structured drop-in programming. Although structured programs have a bigger presence in scholarly literature, most youth-centred organizations implement programs that are informal and less rigid (Hamilton et al., 2006), suggesting the need for further exploration of this type of programming.

Before returning to the interventional role of drop-in youth programs, it is important to note that the primary goal of both Youth Centre and Child Outreach is to address the needs of the target population by offering local community resources that are easily attainable. This is achieved by either eliminating or substantially reducing program costs, providing transportation services to select communities, and—in the case of both off-site programs—bringing the services directly to the clientele. These efforts serve the purpose of giving disadvantaged youth the option of accessing a "safe space," which acts as an alternative to loitering on the streets in their neighbourhood. The introduction of a positive environment in

the form of youth programming was said to be beneficial for both individual participants and the surrounding area itself by filling a void that negatively impacted the community at large. In order to build both healthy youth and healthy communities, respondents stressed the importance of creating and utilizing partnerships that allow for enhanced service delivery and strengthen community connections (Schoon & Bynner, 2003). They explained that a joint effort is required to create long-lasting change at the individual- and collective-levels. For instance, without strong ties to organizations such as Bounce Back and Subsidized Housing Organization, Youth Centre and Child Outreach would not be as effective in providing accessible services.

Over and above offering services that are affordable, both organizations are committed to providing quality youth programming. This begins with the interpersonal interactions that occur between the participants, their youth leaders, and their peers. In other words, each of the coordinators strongly encourage relationship building within their respective programs. First, it was expressed that participants were in need of positive adult role models; as such, youth were said to develop mentoring relationships with their coordinators. The narratives given by respondents regarding the formation of these bonds are an important contribution to existing mentorship literature. Once again, researchers are more inclined to direct their interests towards "structured" mentorship arranged through formal programs (e.g., Big Brothers Big Sisters; Larose & Savoie, 2015; Spencer, 2006). In their work on mentoring within community contexts, Hamilton et al. (2006) call attention to this partiality; they also acknowledge the fact that youth-centred organizations highly value youth-to-staff relationships that occur naturally through youth participation in programming, although this tends to be overlooked. They stress that informal programming, that is provided

by sites such as Youth Centre and Child Outreach, is conducive to mentorship relationships for several reasons: 1) interactions between youth and staff occur within community-based rather than school-based settings; 2) frequent contact is made between both parties as often as several times per week; and 3) youth-to-staff companionships are highly regarded within the organizations (Hamilton et al., 2006). It is clear that increased research efforts are needed to better understand relationships between mentors and their mentees.

Second, after-school youth programs provide participants with the opportunity to socialize amongst one another and to develop stronger connections with fellow peers. Relationship building is facilitated by the coordinators, who often promote team work and other peer-centred activities through their programming. Peer-to-peer learning is also encouraged, particularly in the case of the Mental Health Matters program. This type of learning is proven to be effective within mental health programs (e.g., Consoli et al., 2012), as youth are able to engage in strategy sharing and mutual problem solving through their collaborative involvement. As a result of this social engagement, youth also acquire essential skills such as problem solving and prosocial skills. Finally, through their interpersonal interactions within the group, youth are able to partake in social support networks that they can access should they feel the need to seek counsel.

Respondents also described the types of activities, events, and group discussions that participants engage in and how these activities serve to promote healthy living. It was continuously stressed that the programs are very valuable to the children and families served, and that they fill a prominent gap that exists within the targeted populations. As expressed by Mitchell, these after-school programs are viewed as being an alternative means to enriching the lives of disadvantaged youth. Stated differently, many low-income families do not have

the resources to provide their children with "mainstream" extra-curricular activities, such as enrollment in organized sports leagues or music lessons. Hence, providing an alternative for these youth allows them to develop the essential skills, confidence, and self-esteem needed so that they do not fall far "behind" their advantaged counterparts in terms of positive development. Through encouraging participation in a variety of recreationally- and socially-based activities, coordinators aim to empower youth in order to help the youth participants develop a sense of pride and accomplishment.

Moreover, respondents emphasized the significance of the programs' presence within the targeted neighbourhoods. For instance, Mitchell described Langlois as being an "insulated neighbourhood," explaining that residents are generally less inclined to leave their immediate community and tend to remain within the vicinity of their complex. Similarly, Morgan stated that Blaine is a place that the public generally avoids, meaning that it is also uncommon for people to enter the neighbourhood. These statements coincide with existing findings that suggest residents of disadvantaged neighbourhoods rarely seek services outside of their community (González, 2005); yet at the same time, they value the availability of community services (Burke et al., 2009). Here, the importance of off-site youth programming becomes apparent as it acts to break down the barrier that isolates Langlois and Blaine residents from the wider community.

Having discussed the program rationale and related short-term goals throughout their interviews, the respondents concluded by sharing the long-term impacts that they hope involvement in youth programming will have on their participants. Above all, the desired outcome was to create resilient youth. A recent study identified critical mediating factors that assist youth in overcoming health stressors and to develop resilience in the presence of

adversity. These functions included acquiring a positive sense of self, feeling connected to others, and maintaining emotional stability (Edge et al., 2014). While Edge and colleagues (2014) found benefits for refugee youth involved in community-based programming, they expressed that their findings could be generalized to other marginalized populations. Each of these factors were mentioned across all three interviews in the present study, indicating the likelihood that this also holds true for disadvantaged youth more generally.

While the respondents recognized that they cannot predict long-term outcomes for the youth with certainty, they expressed in this study that they are nevertheless confident in the effectiveness of their programming. By and large, this study suggests that youth programming improves the quality of life of participants through the promotion of healthy development by helping youth 1) develop essential skills (i.e., stress management) that assist them in effectively regulating emotions and behaviours; 2) build social networks and support systems through interpersonal contact; 3) strengthen their coping mechanisms and improve their capacity to adapt to adverse circumstances; and 4) by referring youth who require additional supports to external community resources. Overall, these components work together to promote positive mental health and to enhance youth well-being.

Implications

In line with the argument presented in this paper regarding formal versus informal strategies for mental health enhancement, the province of Ontario recognizes the need to consider alternative resources that serve to improve mental health over and above traditional health care services (Ministry of Health and Long-Term Care (MOHLTC), 2011). This is particularly important given data suggesting that serious mental health issues are on the rise in Canada's youngest population. For example, a decade ago, an estimated 1.1 million

Canadian children (14%) were living with diagnosed psychiatric disorders (Waddell et al., 2002); a number that has likely increased over time. In addition, there are potentially many more children who either have an undiagnosed mental health problem or who are at-risk of developing one in the future. It is undeniable that action must be taken in order to reduce these numbers by reaching individuals *before* they require professional care.

The current study investigated one such alternative strategy to promoting positive mental health in children and adolescents: active involvement in youth-centred programming. The population of interest in the study was youth who live in disadvantaged low-income communities. Recalling that one out of every five children in the selected Ontario city lives in a low-income household, it is evident that a serious social problem exists. The city's anti-poverty directive stresses the need to generate change in order to break the cycle of poverty and its resulting consequences. For example, the document lists potential long-term health difficulties that can develop and it stresses that support services must be implemented at all levels—including the neighbourhood-level—in order to be inclusive (i.e., ensuring that the needs of all community members are met).

It is here that the role of local youth programming comes into play: as demonstrated by the study findings, youth-centred services that are offered through community-based organizations may serve to buffer the harmful effects of adversity in order to decrease the likelihood of negative health outcomes for disadvantaged youth. Having said that, the use of recreational services is only briefly mentioned in both the provincial mental health and the municipal anti-poverty initiatives. The city's anti-poverty document lists the use of recreational and leisure facilities as a protective factor for at-risk youth, further elaborating that participation in recreational activities has a positive effect on children through the

promotion of healthy cognitive and physical development. Essentially, it states that the use of

recreational resources is beneficial for one's health in a very general sense. The results of the

current study support and expand on this proposition by taking a more focused look at a

particular recreational resource (i.e., youth programming) and indicator of health (i.e., mental

health). Future research should do the same by examining this relationship in detail to

develop a more comprehensive understanding. What is more, it is necessary to determine the

type of resources that best suit the needs of particular communities in order to implement

relevant and effective programming. In this case, a large proportion of low-income

individuals are youth and there is a fair chance that a number of these youth are at-risk of

developing mental health problems; thus, more research and policy efforts should be directed

towards addressing these issues.

As well, Ontario's Ministry of Health and Long-Term Care (2011) recognizes both

the need for early mental health intervention in childhood and the benefits of participating in

recreation; however, it does not connect the two. Instead, Ontario's mental health initiative

places a heavier focus on treatment rather than prevention, and its strategies are more geared

towards the use of mental health agencies (also a formal intervention) as an alternative to

health care. Furthermore, the document reveals that 70% of adults in Ontario who struggle

with mental health difficulties say that they experienced their first symptoms during

childhood (MOHLTC, 2011). However, there is no mention of a plan to implement

community initiatives that would reach a wide range of children and families by providing

them with the resources they would need to *promote* positive mental health in their daily

lives. Rather, "early intervention" is described as receiving treatment in a timely manner

after the first symptoms have already developed. Again, we must continue to discover ways

to support the healthy development of children from the moment of birth onward *before* the need to access formal mental health care services develops. As indicated previously, those in the most disadvantaged positions are able to access community-based services such as youth programming far more than they are able to obtain psychological health care or other formal supports for their children.

If positive mental health is not promoted from an early age, long-term consequences may ensue; over and above poor mental health outcomes, this may lead to additional issues such as a lack of educational attainment, involvement in criminal activity, and unemployment (MOHLTC, 2011). Undoubtedly, this can be detrimental to both the affected individuals and society. While the acknowledgement of the mental health care needs of youth can be regarded as a positive first step, children's mental health is still largely overlooked in terms of research and policy making (Waddell et al., 2002). Waddell et al. (2002) attribute this to the competing needs that exist within health care research and practice. Evidently, this is something that needs to change.

Scholars recommend that the best way to increase public awareness on the significance of children's mental health is to strengthen the link between research and policy making (Power, 2010; Waddell et al., 2002). Thus, researchers should consider greater collaboration with community partners to learn about the prominent needs and concerns within communities in order to develop and test the effectiveness of relevant services. The community-based youth programs in the present study are one possible avenue for improving the health of disadvantaged youth and their advantages and expansion need to be further explored.

Recommendations for Future Research

In addition, there are several other directions that future research can take. The current study was limited in that the findings merely show a brief snapshot of community-based youth programming. However, this study was meant to be explorative in nature in order to acquire a sense of the role that community-based resources play in promoting the psychological well-being of disadvantaged youth, which is an under-researched area. Several dominant themes emerged, such as the importance of accessible and local services, the significance of partnerships and collective community efforts, and mentoring within the context of youth programming to name a few. Subsequent research should follow each of these respective leads through singular, focused studies in order to closely examine each theme in detail. Furthermore, this study was conducted in one Ontario city and looked at programs from two community-based organizations; therefore, the results cannot be generalizable to youth programming elsewhere in the province or the country. It is advisable that future research explores comparable programs to determine whether these findings hold true across similar contexts.

On that note, previous studies have outlined that intervention cannot be a "one time" occurrence; instead, it must be an ongoing process that continues as the individual moves across the life course (Schoon & Bynner, 2003). Correspondingly, the overall consensus from the respondents interviewed was uncertainty about long-term outcomes. Therefore, researchers who are interested in this topic should consider developing a longitudinal approach that follows a cohort of youth over a specified time period. This way, they can determine whether early intervention in the form of youth programming has enduring

positive effects. This was unfeasible for the current project due to limited resources and time constraints.

A second limitation of this study was its use of key informants in the place of the youth participants themselves. Using these findings as foundational knowledge, researchers can further explore the key points that were emphasized by directly interviewing youth who use community-based services. While key informants provide a broader context to illustrating the far-reaching impact that programming has on youth in a more generalized sense, it would also be beneficial to learn about the personal experiences of youth through their own narratives. In addition, other methodologies, such as an ethnographic approach, would allow researchers to observe participants within the program setting and to collect rich data of the program dynamics.

Lastly, scholars have pointed to the need for empirical research on program outcomes, stressing that this is the key to raising public awareness towards the health-related benefits of youth programming (Davidson et al., 2006). As a final recommendation, researchers can employ quantitative methods to conduct program evaluations in the interest of assessing the success of a particular program (i.e., determining whether expected outcomes were achieved). In sum, diverse research methods are needed to further our knowledge base on this topic.

Conclusion

The sociological study of neighbourhood context and mental health directs researchers to the consideration of contextual factors (i.e., neighbourhood disorder) and the ways in which they shape experiences of psychological well-being. This is important to note because, as sociologists claim, health is best understood within context (Ferraro &

Wilkinson, 2013). Metaphorically speaking, looking at the issue of poor mental health and ignoring context is similar to looking at a photograph and only focusing on what is in the foreground while disregarding the elements in the background. Certainly, the whole is greater than the sum of its parts and the phenomenon under question—in this case, the experience of mental health among disadvantaged youth—is best understood when it is considered in its entirety.

The life course perspective contributes to this understanding by proposing that individuals move along health trajectories that are shaped by such external forces. Accordingly, intervention strategies can be viewed as critical turning points that alter the course of these pathways. Furthermore, as I have discussed throughout, intervening early in the life course increases the likelihood of positive mental health outcomes.

However, the psychological well-being of youth has generally been ignored (Goosby, 2013; Leventhal & Brooks-Gunn, 2000) and the number of studies on early mental health interventions remains low (Bulanda et al., 2014; Wheaton & Clarke, 2003). In particular, there is a need for greater research on the buffering role of youth-centred programming. Essentially, this is a route that sociological research linking neighbourhood context to health should continue to take with the ultimate goal of contributing to social change through effective policy and program implementation.

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