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Rural Ontario Youth and Mental Wellness

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health and Rehabilitation Sciences

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ABSTRACT

Currently, there is a significant lack of knowledge regarding rural Ontario youth and their mental wellness. This study addresses the following research questions: 1) How do rural youth maintain mental wellness? and 2) What factors facilitate or hinder the mental wellness of rural youth from their perspective? Eight rural participants, four male and four female, aged 16-23 provided data via one on one interviews. It was found that many rural youth have adapted to utilize their rural environment, social support, and intrapersonal techniques to maintain their mental wellness. Furthermore, four main themes act as both facilitators and hindrances to their mental wellness: community, peer, family, and self. Participants identified isolation, overfamiliarity, family support, and the influence of rural stereotypes as significant influences. The study concludes with recommendations for rural youth mental wellness moving forward, along with recommendations for further research.

Keywords: rural, youth, adolescent, mental wellness, mental health, Ontario, Canada

DEDICATION

This thesis is dedicated to my family and friends who provided me with all the guidance and support I could ever ask for, especially my parents. Mom and Dad, you made this.

“The best way out is always through.” – Robert Frost

ACKNOWLEDGEMENTS

This work was made possible thanks to the knowledge, guidance, and support provided by many individuals. First, I would like to acknowledge my supervisor Dr. Beverly Leipert, whose passion for the rural community inspired me during my time as an undergraduate. This study is a direct result of that inspiration. You gave me the opportunity to work with a population that is incredibly important to me, and your enduring expertise and guidance throughout has made this all possible. Thank you.

Secondly, I would like to thank my thesis committee, Dr. Cheryl Forchuk and Dr. Sandra Regan, for sharing their invaluable knowledge and support with me. Your time and effort helped me in so many ways and I am eternally grateful. I would also like to thank the professors in the Faculty of Health and Rehabilitation Sciences. I truly enjoyed every class and will forever retain the knowledge gained.

Finally, I'd like to thank my family and friends for your support, which varied from words of encouragement to listening to me ramble about which word might fit best and many ways between. You have all helped me achieve this dream.

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CHAPTER I

Rural Ontario Youth and Mental Wellness

Currently, there is a significant lack of research involving rural Ontario youth and their mental wellness (Boydell et al., 2006). Mental wellness is defined by the World Health Organization (2014) who claim it is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community” (p. 1). The research deficit identified by Boydell et al. (2006) places the youth of rural Ontario at an increased risk for the issues mentioned above.

It appears to be harder than ever for youth to avoid stress as technology and other factors dominate their lives (Fredstrom, Adams, & Gilman, 2011). When this stress is compounded with some of the characteristics of rural living, such as isolation and boredom (Radunovich & Wiens, 2012), serious problems can arise including violent behaviour and self-harm (Arsenesult, Bowes, & Shakoor, 2010) as well as implications for academic struggles, lower productivity, substance use, and social relationship troubles (Hunt and Eisenberg, 2010).

It has also been noted that adolescence is a time of developmental transitions (Compas, 1987) including career selection, gaining independence, and the beginning of intimate relationships. Further, many youth enjoy the simplicity of life in rural communities. (Hart, 2013), while others benefit from the greater sense of community (Ramey et al., 2009). Thus, it is important to investigate facilitators in rural settings that promote their mental wellness alongside the challenges posed. Knowledge about facilitators and barriers to rural youth mental health can help to advance rural youth mental wellness.

The purpose of this study was to identify how rural youth in southwest Ontario view mental wellness and what they perceive to help or hinder their mental well-being within the rural context. This study also included an in-depth description of rural youths’ perspectives regarding various factors in rural communities that affect their mental

wellness. In this chapter, I will discuss background related to rural youth mental wellness, the purpose of the study, the research questions, a brief exploration of the study's methodology, and an introduction of myself.

Background

To fully comprehend the findings of this study, it is important to have a basic understanding of life in southwest Ontario for rural youth. For the purposes of this research, rural is defined as an area with a population of less than 30,000 and greater than 30 minutes from a city with a population of 30,000 or more (Ontario Ministry of Health Long-Term Care [MOHLTC], 2010). This comprehension of the rural context includes identifying the region's geographical features as well as socio-cultural characteristics. With this background information, readers can better appreciate what daily life in rural Ontario is like for youth, and better understand the participants' responses and contributions regarding mental wellness. It is important to note there is a significant lack of current research regarding rural Ontario youth and mental wellness. Thus, this section will provide a brief exploration of what life may be like in a rural community, and how it may affect youth mental wellness. The section is presented in two parts: the rural context and youth mental wellness.

The Rural Context

When travelling in a rural area in southwest Ontario, the first thing you will likely notice is the vastness of the landscape. Farms and fields blanket the countryside, and intermittent towns provide grocery stores, diners, and other basic goods and services. Southwestern Ontario consists of 10 counties including Huron and Perth, in which the participants in this study resided. For example, Huron County has a population of 59,100 with 11,585 between the ages of 15-24 (Statistics Canada, 2012). It is a farming community with 2,467 farms; the main sources of farming consist of cattle, corn, and soy beans (County of Huron, 2015). Many clusters of towns, especially in rural southwest Ontario, include a centralized larger town that may have a population of 5,000 to 8,000 (e.g., Exeter, Goderich) where you can find a medical center, grocery supercenters, and other services typically only offered in bigger cities (e.g., music shops, chain restaurants)

(ExpatFocus, 2015). It is important to note that many rural residents may live an hour or more drive to larger towns. While these towns provide valuable and oftentimes necessary services to the public, there are many times when the drive is too much or too difficult to complete. This could be due to bad weather, lack of transportation, or a host of other complications (Kirst, Borland, Haji & Schwartz, 2012).

It is also important to note that added transportation distance also increases the cost of accessing services (McCreary Centre Society, 2012), such as with the cost for added fuel, vehicle maintenance, and time to travel. Further, public transit such as buses and taxis is extremely rare or nonexistent; transportation barriers are exponentially more troublesome if you cannot afford your own vehicle (McCreary Centre Society, 2012). Essentially, it is often not feasible to expect a rural resident to reach urban hubs on a daily, or even weekly, basis. This is an inherent disadvantage to living in rural Ontario, and proves especially true for medical services. Though 20% of Canadians live in rural areas, only 10% of Canadian family practitioners work in these areas (Spears, 2016). Many residents must face challenging questions like, ‘How long does it take for an ambulance to arrive and transport myself or a loved one to the nearest medical centre? How will I get to my appointment if the roads are closed due to inclement weather?’ These issues can be stressful in an emergency, and simply frustrating during everyday life.

Poverty is an issue in rural Ontario. There may not be visible homeless like you might see in an urban centre, but there are children going to school hungry and families living in substandard conditions who can’t afford heat (Spears, 2016). One of the major contributing factors to rural poverty is the decline of manufacturing plants and family owned and operated farms. The de-industrialization of rural Canada has added a large strain on communities (Spears, 2016), which contributes to the already higher unemployment rate of rural Ontario compared to the rest of Canada (Moazzami, 2011). It is important to note that public housing including youth group homes and subsidized housing for single people aged 16 or older is extremely rare in rural Ontario areas. This is most often due to a provincial policy that requires sewer and water supplies when most rural communities operate with wells and septic systems (Spears, 2016).

There are also many positives for youth in rural Ontario regarding geography and landscape. Many youth enjoy the tranquility of rural life. They refer to living in a rural area as a simpler way of life with much needed peace and quiet, and plenty of fresh air (Hart, 2013). There are scores of wooded areas and lakes one could spend days on end exploring. This abundance of open space also lends itself to physical activity as well, including hiking, fishing, golfing, and many others. To this point, Walia and Leipert (2012), whose research exclusively focused on southwestern Ontario youth, found that having an outlet such as a physical activity is an important part of maintaining youth mental wellness. Furthermore, small rural communities may be closely connected socially, and may come together to help a fellow rural resident in a time of need. Many rural residents can recall a time where the community came together to help a community member (Spears, 2016). This includes taking in families who have fallen on hard times, or providing meals for a family whose parent(s) may be suffering from a debilitating illness like cancer. Looking at youth specifically, these acts of kindness and support may help remove some of the burden a family crisis places on the children of the family, particularly the elder children, who may feel it necessary to take care of the family in their time of need, and in doing so may place this burden ahead of school or work (Compas, 1987). With rural community support, youth may be able to cope with the added stress as well as continue to pursue their life goals. It has been noted that a better sense of community can ultimately lead to a greater value of self (Ramey et al., 2009). This greater value of self is important to rural youth because it boosts self-esteem and can lead to less anxiety and depression (Ramey et al., 2009). Thus, the rural context can significantly affect youth mental health.

Youth Mental Wellness

All the aforementioned rural characteristics can influence rural youth mental wellness in both positive and negative ways. For example, many rural youth experience isolation due to the lack of neighbours and nearby peers (Kitchen, Williams, & Cowhan, 2012). They must rely on transportation to attend community events or school functions, and if they do not have access to their own vehicle they are left to rely on a friend or family member to drive them. This is an added stress in a rural youth's life. Further, if

they cannot arrange transportation and are forced to miss social events, this could have a negative impact on their feelings of isolation and social inclusion and possibly lead to mental health issues such as depression (Kitchen et al., 2012).

Though many youth experience isolation in rural areas, it appears they may also feel as though everyone in their small town is invested in their personal business (Tummala & Roberts, 2009). Neighbours in rural areas tend to know who is doing what, where, when and with whom (Best Start Resource Centre, 2010). This familiarity can have a serious effect on youth mental health. While youth are trying to figure out who they are and navigate this period of growth (Compas, 1987), the familiarity associated with rural Ontario may cause discomfort by evoking a feeling of being constantly watched and judged by members of the community (Tummala & Roberts, 2009). This fear of being constantly in the spotlight may cause youth to attempt to hide their lifestyle including sexual identity, drinking and drug use, and the company they keep. This forgoing of mental wellness maintenance could lead to issues outlined by Hunt and Eisenberg (2010) including academic struggles, lower productivity, and substance abuse.

This lack of anonymity continues into overlapping relationships between healthcare professionals and rural youth (Tummala & Roberts, 2009). For example, a rural youth may feel uncomfortable disclosing a private health issue to a physician because the physician is the parent of one of their best friends or a close friend of their own parents. This relationship may cause a sense of awkwardness in effectively obtaining healthcare in the rural community, especially for youth who may be shy regarding their issues. If someone chooses to withhold information about something they may be feeling or experiencing, they may suffer in silence for weeks or years (Arsenesult, Bowes, & Shakoor, 2010). This is especially disconcerting regarding mental wellness issues, as there may be an inherent stigma surrounding mental health in rural communities (Corrigan, 2004). These stigmas go well beyond people who are professionally diagnosed mentally ill, and can reach into the everyday maintenance of rural youth mental wellbeing. For example, a youth who would like to record a journal to discuss the day's events and vent about their troubles may fear they could be labeled as odd and treated as

an outsider (Corrigan, 2004). Thus, fear of being stigmatized and neglected may cause youth to reject behaviours that could help them attain and/or maintain mental wellness.

It is also important to explore coping mechanisms for rural Ontario youth and how they might affect their mental wellness. McInnis et al. (2015) found there was a greater likelihood for rural Ontario youth to report drinking and driving, the consumption of five or more drinks in a single instance, and cannabis use and driving than their urban counterparts. These are clearly not healthy coping mechanisms, and have led to death on multiple occasions. Stoduto, Adlaf, and Mann (1998) used the Ontario Student Drug Use Survey (OSDUS) to conclude bush party attendance is prevalent among rural youth and driving after drinking has proven to be common at these events. Some rural youth attribute these coping mechanisms to the lack of other things to do in their communities (Ontario Centre of Excellence for Child and Youth Mental Health, 2016). There aren't many recreational outlets like movie theatres in rural areas (McCreary Centre Society, 2012). Even when these outlets are present, transportation continues to pose an issue for rural youth who do not drive or do not have access to a vehicle. Therefore, many youth who can't attend community-based local recreation may turn to parties as a source of social interaction and stress relief. This study will explore rural youths' perspectives regarding access to and use of recreation and its effect on mental wellness.

This section has presented a brief summary of what life may be like for rural youth in southwestern Ontario. The geography and social aspects of rural Ontario clearly have an impact on rural youth and their mental wellness. However, research on rural youth and mental wellness is limited, and there is much to learn that would benefit the mental health of rural youth.

Purpose of the Study and Research Questions

The purpose of this study was to identify how rural youth in Ontario view mental wellness and what they perceive to help or hinder their mental well-being within the rural context, and included an in-depth description of rural youths' perspectives about varying factors in rural communities that help or hinder their mental wellness.

Thus, findings from this study identify mental health barriers and facilitators rural Ontario youth may face. Findings will prove useful to researchers and professionals such as health care providers, guidance counsellors, spiritual leaders, and coaches to better understand and address youth mental health in this province's rural areas. Findings will also be useful to youth, families, friends, schools and others in rural areas of Ontario and in other rural areas in Canada. This study seeks to answer the following questions:

1. How do rural youth maintain mental wellness? and
2. What factors facilitate or hinder the mental wellness of rural youth from their perspective?

Methodology

This study utilized a qualitative description approach (Sandelowski, 2000), a methodology that focuses on descriptions of a phenomenon regarding the who, what, and where of events. Essentially, this methodology explores participants' responses and seeks to understand the importance of tone and inferred communication in addition to explicit verbal communication using a combination of sampling, data collection, analysis and presentation techniques. Qualitative description has been referred to as the methodology of choice when a straight description is desired (Sandelowski, 2000). The decision to utilize qualitative description was made because it provides a philosophical inquiry with a clear description of a specific phenomenon or experience from the perspective of the experienced participant (Magilvy & Thomas, 2009). Essentially, this study sought to provide a snapshot of what rural youth mental wellness is like in rural southwestern Ontario, and qualitative description allowed for a concise and accurate presentation using information gathered directly from rural youth via one on one interviews. Furthermore, this inductive methodology is well suited for research when there is little prior knowledge on a subject (Sandelowski, 2000). There is limited research regarding rural Ontario youth and mental wellness, and a qualitative description study helped to address this limitation.

The qualitative description approach utilized one on one interviews with semi-structured questions (Sandelowski, 2000); in this study youth who live in rural

southwestern Ontario were interviewed to provide a first-hand account of youth mental wellness in their community. Open-ended questions were used to allow the data collection to flow naturally to what the participants deem important information (Sandelowski, 2000). Another benefit of qualitative description is that it lends itself well to researchers who have a previous background in the field (Downe-Wamboldt, 1992), such as myself. I grew up in rural communities and spent my four years of secondary school at a rural high school outside London, Ontario. From this time, I gained an understanding of what living in rural communities may be like. This experience helped me better understand the participants and their answers and terminology.

This study relied on the data provided by the participants during their interviews, and developed an in-depth understanding of how rural youth view mental wellness along with the facilitators and hindrances to mental wellness that these rural youth face by exploring the explicit and inferred communication obtained during the interviews. This included what they verbalized in their answers as well as their body language, hesitation to answer any questions, and any dismissiveness they may have displayed. All data was analyzed using NVivo (QSR International, 2015, Version 10) and investigated for themes. This multi-leveled approach to data collection and analysis (Magilvy & Thomas, 2009) helps qualitative description position itself as a useful methodology for answering the proposed questions of this study.

Background of the Researcher

I spent over 15 years growing up in rural communities typically about 30-45 minutes outside of an urban city. All the communities I grew up in were farming communities similar to the ones my participants currently reside in. While there, I saw many peers achieve success while just as many experienced great struggles. The pressures to succeed are everywhere, and this caused me a great amount of stress. I felt as though there were little opportunities for growth, and that if I wasn't accepted into university I would be a failure. There were also pressures to exude a certain level of rural lifestyle, be it enjoying country music, driving a truck, hunting, or any other cornerstone of country life for male rural youth. There were times I felt there were no safe outlets for

me to address and help to relieve my stress. Rather, myself and many peers turned to parties to forget about our stressors for a while. However, I watched these nights cause many people more issues than anything, including relationship issues between their friends, significant others, or family. Isolation was also a big factor in my mental wellness, and at times I just wanted to talk to someone who didn't know the whole town. However, there was such a sense of overfamiliarity in my community that youth often, it seemed, felt their secrets would not be kept confidential. Finally, there was a definite stigma around mental illness, and stress and worrying were met with teasing and ridicule.

My rural background affected the research in various ways. It felt as though there was a connection between the participants and myself because of my rural background, which seemed to develop trust, and participants seemed open to discuss rural mental wellness issues noting I would understand and could relate. I was also better able to understand underlying probes, slang, and other rural cultural and age-related terminology. This led to a rich and in-depth collection of relevant data. However, my rural background could also negatively affect the research if not met with reflexively (Vaismoradi, Turunen, and Bondas, 2013). My past experiences could have led to assumptions regarding participants' answers. Where researchers with no rural background may have sought clarification, it was possible I may have reached a false sense of understanding or mistake their set of values and beliefs for mine. To combat this, I recorded a reflexive journal that outlined my experiences as well as engaged in meetings with my committee to help to ensure an appropriate data collection and analysis. These practices allowed me to approach the data critically and utilize my past experiences while significantly limiting the opportunity for biases to affect the research.

Dissemination

In conclusion, this study provides valuable information to those who make decisions that affect the mental wellness services provided to rural Ontario youth such as policy makers, school boards, and health professionals, as well as to rural Ontario youth themselves. Thus, dissemination will be focused on multiple key relevant publications including the *Canadian Journal of Rural Medicine*, the *Journal of Rural Mental Health*,

and the *Canadian Journal of Community Mental Health*. The findings gathered from this research will also be distributed to rural schools with the recommendation of possible curriculum revision and/or an increase in mental health services provided in school. It will also be disseminated to health units, mental health associations such as SEARCH- a rural outreach organization, several rural newspapers such as The Rural Voice, and to the Canadian Mental Health Association – Ontario [CHMA-O] with the hopes of facilitating discussion and possible changes that support rural youth mental wellness. I will also be presenting the findings to multiple groups, including rural public health units, rural hospital associations, rural youth school and church groups, school assemblies, parent teacher nights, and scholarly rural research conferences such as the Rural Talks to Rural Conference and Conference of the Canadian Rural Health Research Society. These dissemination activities will allow me to widely distribute my findings to multiple groups of people who could benefit from a deeper understanding of mental wellness and rural youth and factors that help or hinder their mental wellness.

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CHAPTER II

Manuscript

Mental wellness is oftentimes a forgotten and fragile concept in the youth community (Patel, Flisher, Hetrick, & McGorry, 2007). Mental wellness is defined by the World Health Organization (2014) as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (p. 1). Further, an undetected or undertreated mental health issue can lead to multiple compounding health issues including self-harm and violent behaviour (Arsenesult, Bowes, & Shakoor, 2010), academic struggles, lower productivity, substance use, and social relationship issues (Hunt & Eisenberg, 2010). It has also been found that many psychiatric disorders including anxiety, depression, psychosis, and eating disorders begin their onset during adolescence (Giedd, Keshavan, & Paus, 2008). There is a significant lack of research regarding rural Ontario youth and their mental wellness (Boydell et al., 2006), which may place the youth of rural Ontario at risk due to limited understanding and appropriate interventions. Ultimately, this population will benefit greatly from a detailed exploration of their mental wellness and what factors facilitate or hinder their ability to achieve a healthy level of mental health.

For the purposes of this research, rural is defined as an area with a population of less than 30,000 and greater than 30 minutes from a city with a population of 30,000 or more (Ontario Ministry of Health Long-Term Care [MOHLTC], 2010). The Public Health Agency of Canada refers to youth as a period of significant biological, psychological, economic and social transition, and as a period when many individuals establish lifelong behaviours and attitudes that will affect their future well-being (Public Health Agency of Canada [PHAC], 2011). In accordance with the PHAC guidelines, youth are regarded as individuals aged 16-25 for the purposes of this paper. This section of the paper will detail my literature review, the study purpose and research questions, the study design, ways to create authenticity, my findings, a summary, discussion, limitations, and conclusion of the study.

Literature Review

This review explored the databases Scopus, PubMed, CINAHL, and ProQuest as well as relevant reviews, chapters, and periodicals. Keywords included rural, remote, northern, farming, youth, adolescent, teenager, mental health, well-being, resiliency, and coping strategies. This search revealed 26 relevant articles, none of which directly explored mental wellness and its facilitators and barriers for rural Ontario youth. Instead, these studies helped build an understanding of the significance of the rural context, mental wellness, or youth and indicated the need for further research. After separating the keywords and building more focused searches 60 studies were amassed, from which 11 were found to provide relevant information regarding some aspect of rural youth mental wellness (i.e., discussed either rural youth, rural mental wellness, or youth mental wellness). This included primary studies as well as directly relevant chapters in periodicals where summations and recommendations were made. This review revealed three key themes to be discussed here: 1) factors that support mental wellness and factors that challenge mental wellness; 2) issues for rural youth; and 3) the rural context regarding mental wellness.

Factors that Support Mental Wellness and Factors that Challenge Mental Wellness

Compas (1987) reviewed 32 previous U.S. primary studies involving youth from all cultural and regional backgrounds to produce a summation of how life events and the associated stress of growing up affect youth and provide recommendations for further research. His review concluded that youth were experiencing a higher amount of stress than previously thought. The stressors were broken into two main categories: chronic and acute. Chronic stressors included environmental conditions, recurring life events, or personal conditions. Examples of chronic stress are parental conflict or a debilitating condition like diabetes. The second category is acute demands. Compas (1987) found that “acute stress involves changes in existing conditions or a disruption of the status quo” (p. 277). These include major life events such as a death in the family, parental divorce, or traumatic injury. These typically happen infrequently, but can significantly affect a youth’s mental status. The final stress Compas identified refers to normative events and

life transitions that are experienced by all youth. This includes starting at a new school, making friends, learning to drive, navigating relationships, and finding a first job. Navigating these stressors in a healthy manner helps maintain a balance of the four pillars of mental wellness: physical, mental, social, and spiritual (Compas, 1987).

Cohen et al. (1993) produced an epidemiological study that explored the onset of mental illness during adolescence. The researchers interviewed 776 participants, 186 of whom from rural homes. The participants were aged 10-20 and resided in two upstate New York counties. From the data, Cohen et al. found adolescence to be a period conducive to the onset of many psychological disorders that continued to affect the participants as they matured into adulthood. While this onset may not be specific to rural, it is more likely for one of these issues to go undiagnosed in a rural area due to the deficit of rural healthcare professionals (Society of Rural Physicians of Canada [SRPC], 2017). Further, when these characteristics are not properly addressed they can lead to significant health issues including self-harm, violent behaviour, and social interaction issues (Arsenault et al., 2010). This potential for health issues presents adolescence as a vulnerable stage in life and it is clear mental wellness is an important aspect of journeying into adulthood. Cohen et al. (1993) have provided an in-depth review of youth from across the United States, but did not explore the effect of living in a rural residence had on the participants. Further, there may be some differences between rural youth mental wellness in Canada and the United States because of variations like access to services or Canada's universal healthcare.

Exploring the effect of community on youth mental wellness, Ramey et al. (2009) examined two urban centers in southern Ontario to understand the types of facilitators that lower a youth's risk of attempting suicide. To achieve this, researchers interviewed 5,015 Canadian adolescents and asked them to identify their most important activity (e.g., sports, music, video games). From this, they compared their satisfaction with themselves, coping ability, health related concerns, and any depressive symptoms to their respective chosen activity. Findings revealed that youth handled daily life with less strain when their preferred activity consisted of greater community engagement (e.g., team based activities with crowd support). It was also found that engagement in any activity they identified as

most important was more beneficial than no favourite activity at all. This indicates the importance of having some sort of activity to engage in. This thesis will explore types of communal and other activities available for rural youth participants, their participation levels in and satisfaction with those activities, and factors that affect their participation.

Corrigan (2004) reviewed previous American studies and recommendations to produce a comprehensive summation article discussing how stigmas against mental health issues act as a barrier for those seeking help. Corrigan identified four main categories to describe stigma: “cues, stereotypes, prejudice, and discrimination” (p. 615). The research stated that these stigmas go well beyond people who are professionally diagnosed mentally ill, and reach into the everyday maintenance of mental wellbeing. For example, a youth who keeps a journal to discuss the day’s events and vent about their troubles may be labeled as outside the norm and treated as an outsider. These assumptions may lead those who may otherwise deal with their stresses in a healthy manner to hide or even stop their coping strategies out of fear of being discovered and marginalized (Corrigan, 2004). Though this review used American studies, the information regarding stigma may be relevant to rural Ontario youth and will be explored in this thesis.

Corrigan and Kosyluk (2014) continued research on mental health stigma and produced a chapter further exploring stigma as well as recommendations for vehicles for change. The researchers state, “Perhaps even more disabling to individuals with mental illnesses than the illness itself is the stigma.” (p. 35). The researchers identify some of the major stigmas and stereotypes placed on mental illness from the public as well as from self-stigma, including but not limited to dangerousness and unreliability. These may lead to discriminatory behaviours including segregation and coercion (Corrigan & Kosyluk, 2014). These types of stigma and discrimination towards members of society with mental health issues may pose a serious concern for any youth who may be experiencing stressful situations with no positive ways to cope. They may withhold any issues from family, friends, and even healthcare professionals, for fear of being labelled or diagnosed with any mental health issue. Corrigan and Kosyluk continued to recommend vehicles of change to remove some of the stigmas surrounding mental health. They recommend three

main avenues for public stigma reduction: protest, education, and contact (Corrigan & Kosyluk, 2014). Protests seek to highlight injustices towards mental illness, education aims to inform the public to replace current stereotypes set in place, and contact recommends interpersonal interactions with people with mental illnesses to remove any room for ignorance. It will be interesting to see what recommendations the rural youth of this study have for promoting mental wellness in their community, and how they may be used in conjunction with the recommendations of Corrigan and Kosyluk.

Issues for Rural Youth

Radunovich and Wiens (2012) reviewed approximately ten previous U.S. studies exploring identified issues facing rural youth. The studies, which were conducted in many rural communities across the United States, examined the current state of diverse rural youth issues. It was identified that some of the main issues facing rural youth were a lack of mental wellness service providers, distance, financial issues, and confidentiality. Rural communities have been found to receive less attention than their urban counterparts regarding research (Boydell et al., 2006). Radunovich and Weins found this to be true regarding healthcare providers as well. The Society of Rural Physicians of Canada [SRPC] (2017) has calculated that towns with populations under 10,000, while accounting for 22.2% of the population, are served by 10.1% of physicians. Distance and financial issues were the next largest issues as proposed by Radunovich and Weins. Radunovich and Wiens found that the often-long distances to healthcare facilities presented a major challenge to accessing services. Furthermore, many felt isolated due to the distance to towns or places of congregation (e.g., arenas, churches, restaurants). Regarding financial situations, many rural youth were concerned with the lack of skilled employment, and feared relying on self-employment on farms due to the uncertainty and seasonal part-time nature of this type of work (Radunovich & Weins, 2012). Finally, the researchers explored the effects of confidentiality issues and found that, in many instances, rural youth felt they could not disclose private issues out of fear that they would be eventually passed along to friends and/or family.

Kitchen, Williams, and Chowhan (2012) investigated the importance of a sense of community belonging and took it further to establish a regional analysis with which we can better understand the differences between rural and urban communities across Canada. The paper used data from Statistics Canada's 2007-2008 Canadian Community Health Survey. This study helped define facets of community belonging associated with mental wellness while controlling for geographic location. Regarding rural youth, it was found that youth had the lowest sense of belonging in the community, ranking well below their urban counterparts. This is significant because a lower sense of belonging had a direct negative impact on the participants' self-esteem (Kitchen et al., 2012).

Kitchen et al. (2012) also found that lower socioeconomic status had a negative effect on one's sense of belonging. This is important regarding the study as the rate of poverty in Ontario is higher in rural communities (MOHLTC, 2010). The lack of opportunity for long term careers and skilled employment may also affect rural youth and their mental wellness negatively. They may feel as though there are limited outcomes for their life because of their location relative to larger cities with more job opportunities. However, some rural youth may be quite happy with the options afforded to them in their current setting.

Walia and Leipert (2012) used grounded theory to explore with rural youth in Ontario perceived barriers and facilitators to physical activity. To achieve this inquiry, nine participants aged 13 to 18 used photovoice to explain how their environment promoted or discouraged physical activity. Like the Ramey et al. (2010) study, Walia and Leipert discovered that having an outlet such as a physical activity is an important part of maintaining mental wellness. Furthermore, many barriers and facilitators for physical activity may also affect how rural Ontario youth maintain their mental wellness. For example, researchers concluded that some of the main factors that affected youth physical activity included school and community athletics, family support, friends' interest, competitiveness, access to transportation, and weather. These factors could prove to be a barrier, facilitator, and sometimes both, to maintaining mental wellness. Walia and Leipert (2012) noted that most of the participants came from financially well-off families which may not be representative of most rural families (Burns, Bruce, & Marlin, 2007).

The Rural Context Regarding Mental Wellness

Farmer, Munoz, and Threlkeld (2012) reviewed approximately 20 relevant rural studies from Australia, England, and Scotland to produce a summary that identified persistent rural health challenges and described their application to rural research. One of the most obvious barriers in rural communities was found to be the distance between towns, and subsequently health care providers. Furthermore, it was found that the range and choice of health services are poorer in rural communities due to cost and inability for sufficient revenue. This forces residents to travel further to receive most forms of formal health care. As a result, many people forgo these visits, and their health suffers accordingly (Farmer et al., 2012). This is important to all age groups, including youth, and extends to mental wellness. If services are not located within walking distance and transportation is necessary, youth without a driver's license may have to rely on family members to taxi them to and from sessions. This may cause an uncomfortable situation if the appointment was made in secrecy or is of a sensitive nature. Furthermore, Farmer et al. (2012) found that should youth possess a license and be capable of driving themselves, factors such as weather conditions and sufficient money for fuel become barriers that may prohibit the utilization of distant mental wellness services. If addressed properly, these significant barriers to accessing services may be eliminated or at least minimized.

This issue of stigma is significant in rural settings, as further discussed by Tummala and Roberts (2009). They reviewed approximately 15 primary studies from the United States that explored rural stigma and its effect on the community. The studies were conducted in a variety of ways, including interviews and surveys. While the studies did not explore rural youth specifically, Tummala and Roberts suggested that the findings could prove true for youth as well as there were no identified factors that would prove specific to adults (e.g., youth and adults both engage in peer circles and experience overfamiliarity in rural communities). The researchers found that stigma takes on a special importance in rural communities because of overlapping relationships. For example, a rural youth may feel uncomfortable disclosing a private health issue to a physician because the physician is the parent of one of their best friends or a close friend of their own parents. This relationship may cause a sense of awkwardness in the rural

community, especially for youth who may be more shy regarding their issues. Simply put, it is increasingly difficult to attain anonymity and maintain confidentiality. The authors state: “to be negatively viewed by others, to be avoided, and to be seen as less than a full member of the community is an extraordinary burden for a person in a rural community” (p. 188).

Tummala and Roberts (2009) also found a lack of education on sensitive subjects such as mental wellness, which led to further discrimination. Yet, rural communities seemed unwilling to advance their understanding of mental wellness. This voluntary ignorance is one of the driving factors behind the heightened stigma regarding mental illness in rural areas (Tummala & Roberts, 2009). Many rural citizens choose to leave mental wellness an unknown and the stigma surrounding mental wellness continue to pose problems such as undiagnosed depression and other illnesses (Radunovich & Weins, 2012). This study explored how mental wellness is viewed by the youth participants in rural Ontario and the effect of the rural community on youth.

Story, Kirkwood, Parker, and Weller (2016) explored how to increase health literacy in rural United States communities. The researchers examined the efficacy of the Better Today's program implemented remote areas of Idaho, USA. The Better Today's program consisted of 19 training sessions with 1,122 adults who work directly with youth (e.g., teachers, group leaders) with the goal of increasing their mental health literacy so that they could better work with and understand rural youth. Story et al. collected data from 561 Better Today's participants, and asked them to rate their mental health literacy before and after the workshop. From their responses, the researchers could confirm participants were able to increase their literacy, and felt more confident discussing mental health with youth in their rural communities (Story et al., 2016). Further, the participants valued the importance of talking about mental health with others, and felt as though it would lessen the stigma surrounding mental health and therefore help youth who may be struggling to reach out. It was also implied from the study that mental health and suicide disparities can decrease when individuals are provided with knowledge and resources (Story et al., 2016). This research indicates the importance of furthering education regarding mental wellness, and provides a framework with which rural communities can

benefit. That said, rural communities in Canada differ from the United States (e.g., access to information, funding for healthcare), and rural youth in Ontario should be consulted when looking for best avenues to disseminate information, such as in the Better Today's program.

There is a lack of knowledge regarding the mental wellness of rural youth. Though past studies have provided a base of knowledge from which we may make possible conclusions, an evident gap has presented itself in the research. This gap includes the current limited state of knowledge regarding rural youth mental wellness in rural Ontario, and factors that affect their mental wellness positively and negatively.

Study Purpose and Research Questions

The purpose of this study is to identify how rural youth in Ontario view mental wellness and what they perceive to help or hinder their mental well-being within the rural context. This study seeks to answer the following questions:

1. How do rural youth maintain mental wellness? and
2. What factors facilitate or hinder the mental wellness of rural youth from their perspective?

Study Design

The following section will explore the design of the study, in particular the methodology, recruitment, sample, data collection, and data analysis aspects of the research.

Methodology

This study utilizes a qualitative description approach (Sandelowski, 2000), a methodology that focuses on descriptions of a phenomenon that provide the who, what, and where of events. Qualitative description has been described as a clear description of a specific phenomenon or experience from the perspective of the experiencing participant (Magilvy & Thomas, 2009) which facilitates a comprehensive summary of an event in

the everyday terms of those events (Sandelowski, 2000). Qualitative description has been referred to as the methodology of choice when a straight description is desired (Sandelowski, 2000). The decision to utilize qualitative description was made because it provides a philosophical inquiry with a clear description of a specific phenomenon or experience from the perspective of the experienced participant (Magilvy & Thomas, 2009). This methodology explores participants' responses and seeks to understand the importance of tone and inferred communication in addition to explicit verbal communication using a combination of sampling, data collection, analysis and presentation techniques. Furthermore, this inductive methodology is well suited for research when there is little prior knowledge on a subject (Sandelowski, 2000).

The data was gathered via one-on-one interviews with semi-structured questions as often recommended by qualitative description (Sandelowski, 2000). In this study, youth participants who live in rural southwestern Ontario provided a first-hand account of mental wellness in their communities according to what they deemed important information.

Another benefit of qualitative description for this study is that it lends itself well to researchers who have a previous background in the topic of the research (Downe-Wamboldt, 1992), such as myself. Thus, my background living in rural communities as well as my understanding of rural vernacular will help me to effectively use the qualitative description methodology upon which this research is based.

Recruitment

Ethics approval from the Research and Ethics Board at Western University was obtained before participant recruitment began (See Appendix A). This study drew from a rural town in southwestern Ontario and its surrounding villages and farms to provide a sufficient number of participants with relevant experience, consistent with qualitative description (Sandelowski, 2000). To be considered rural for the purposes of this study, each community had a population of less than 30,000 and was located greater than 30 minutes from a city with a population of 30,000 or more (MOHLTC, 2010).

The study had three inclusion criteria. First, participants were between the ages of 16 and 24. This age group was selected because it is the typical age group of youth who are navigating their final formative years before adulthood. The second inclusion criterion was that the participant must have lived in a rural community for at least a year to have obtained sufficient experience in the rural setting. Finally, all participants must speak and understand English to participate. The only exclusion criterion was a previous diagnosis of a mental illness.

Recruitment was conducted in health clinics and common areas of youth congregation such as restaurants, hockey arenas, churches, fairs, and 4H meetings. Information posters were placed near cash registers of local restaurants and posted on community bulletin boards and in washrooms outlining the study where potential participants could read in private, as well as in physicians' offices and public health units. The posters outlined what the study hoped to accomplish, what would be expected of participants, and methods to contact me for more information or to express interest in participating. Snowball sampling, or word of mouth sampling, was a major component of recruitment for the study. Many participants were referred to the study by a friend, coworker, or in one instance a cousin.

Sample

There were 11 potential participants who contacted the researcher. The research utilized recommendations proposed by Magilvy and Thomas (2009) such as obtaining participant information including name, phone number and email address (see Appendix B) as well as a separate document listing age, gender, rural location, etc. (see Appendix C). The separation of identifying information from data allowed for confidentiality. The researcher then selected eight participants for the study. The participants were selected to provide a wide variety of ages, genders, and rural locations, as well as those who were currently enrolled in school as well as those who had ceased attendance due to any reason (e.g., graduation, family issues, work necessities, etc.). This allowed the research to obtain rich perspectives from diverse rural youth backgrounds and experiences. The participants consisted of four females and four males aged 16-23, and their residences

ranged from living on a farm to living in the main town of the rural region. Four participants were currently enrolled in high school, while the other four participants had graduated and were now living and working in rural communities.

Data Collection

Sandelowski (2000) recommends using interviews with open ended questions when conducting qualitative description research. Thus, I utilized face to face audio recorded interviews with each participant. The interviews took place at a location of the participants choosing in a nearby location, such as a local health clinic and a private room at the community centre. To maintain confidentiality, the interviews took place in a private room where no other activities could interrupt and where participants could not be identified.

Before I began each first interview, I introduced myself and provided a bit of my background with the participants, as well as information about why I chose to engage in the research. Then we began with a simple non-recorded conversation about whatever the participants wanted to discuss, be it sports, movies, or other topics. This was to establish as much rapport in our sessions as possible, and to improve the rigor of the study by helping the participant to feel comfortable with the interview setting with the hopes they would be more likely to share personal experiences (Tracy, 2010). I also prepared field notes of information prior to as well as during and after the recorded interviews so as to not miss pertinent information (Tracy, 2010). These field notes proved important as they helped me record unspoken but inferred data (e.g., reluctance to answer questions when their answer may admit to illegal activities) and key points (e.g., the impact of cliques, the effect of country music) that were addressed in subsequent interviews.

After this short conversation, the participants were notified when the formal interview was to begin, and the rest of the proceedings were recorded. The interviews consisted of semi-structured questions (see Appendix D), as well as probe questions that explored their responses to the main questions. After the interview, the participants were notified when the recorder was turned off and asked if they have any further questions. The duration of the interviews varied between 39 minutes and 1 hour 26 minutes, with

most lasting around one hour. They were then thanked for their time and experience and notified that the transcript would be available for them in the coming weeks.

Second interviews were conducted with four participants to provide opportunities for them to share any additional information as well as to allow myself to follow up on information from their and other participants' interviews. The participant selection process for the second interviews was deliberate. Two participants, a female and male, were selected because they both provided rich data early in the interview stages; I realized that returning to these informative and verbal participants could provide in depth elaborations of their information as well as address themes identified in the other interviews that took place after theirs. The third and fourth second interviews, again a female and male, were selected because the field notes from their first interviews indicated a hesitancy, and it was believed a second interview might allow them to elaborate further in a more comfortable setting, having already completed one interview. The second interviews were also audio recorded, and took place in the same location as the first interview with each participant. The durations varied between 35 minutes and 56 minutes, and all four second interviews proved successful in providing useful and novel information.

Throughout the data collection process, I allowed participants to contact me via email with any comments, concerns, or elaborations they may have had. I provided my email after each participant was notified of their selection for the study, and made it clear that email correspondence could be initiated by themselves and anything discussed in the emails could be used in the study. In total, 14 emails were sent between myself and four participants. The nature of the emails included one participant with questions about the interview process, one participant looking for further information, and two participants looking to provide further information regarding what we discussed in the interview. Regarding the last example, one participant witnessed a classmate experience a mental wellness situation at school. The student was under mental duress and was unable to access timely mental health counselling, which led to a breakdown in front of many of their classmates. The participant contacted me later in the week to share this experience with me as the participant thought it was pertinent to my study and we hadn't discussed it

in their interview. All email data were included in the study and uploaded into NVivo (QSR International, 2015, Version 10) to assist in theme identification.

Data Analysis

The process of data analysis in qualitative description involves a simultaneous collection and coding of data in which both mutually shape each other (Sandelowski, 2000). To achieve this, analysis of the data took place throughout the course of data collection to help identify and elaborate on the emerging themes in subsequent interviews. Each interview was personally transcribed by the researcher to familiarize myself with the data and facilitate accuracy between the audio recordings and the transcript. Furthermore, NVivo (QSR International, 2015, Version 10) was utilized to assist with data management and analysis for themes and insights.

The data were coded and analyzed using the thematic analysis process as initially presented by qualitative description authors Braun and Clarke (2006) and expanded upon by Vaismoradi, Turunen, and Bondas. (2013). Their guidelines include familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, and defining and naming said themes. The first step in thematic analysis is familiarizing myself with the data; I did this by transcribing the interviews, rereading the data, and noting early themes. After each interview was transcribed, I would enter it in its entirety to NVivo to begin to look for the frequency of words and themes, then prominent topics were identified and linked to emerging larger conceptual themes. For example, if words like “boyfriend” and “girlfriend” proved to be significant, they were combined to form a “relationship” theme. Finally, the themes were defined and subsequently named. For instance, the impact of fellow student and friends would be defined as “peers”, and moving forward all references to those groups would fall under the peer category. Each theme was abstracted to a higher conceptual category as data were collected and analyzed to facilitate an effective investigation of the current status of mental wellness for rural Ontario youth. For example, themes like “siblings” and “parents” were refined to an overarching “family” theme.

It was imperative to be as inductive as possible so that the research findings accurately represent participants' data (Sandelowski, 2000). This was facilitated by the supervising of Dr. Beverly Leipert and my Master's committee who provided a secondary look and expert advice throughout the course of the research by conducting periodic meetings and reviews of the study where the committee could provide feedback and advice to strengthen the data collection and analysis.

Creating Authenticity

When referring to qualitative description, James (2008) defined authenticity as a reassurance that the conduct and evaluation of research are genuine and credible in terms of the participants' experiences. Researchers must respect the implications of the research and how it may affect the target population. This research followed the guidelines of Milne and Oberle (2005) as recommended by Neergaard et al. (2009) and aligns with qualitative description. Their recommendations are as follows: ensure the participants may speak freely, allow the participants' voices to be heard, and accurately represent the participants' perceptions.

To ensure that participants may speak freely, Milne and Oberle (2005) recommend that researchers must ensure participants understand they are free to speak about any topic at any time. This was especially important in this study given the sensitive nature of the topic of mental health. The most authentic answers are given when participants feel they can comment freely (Tracy, 2010). To achieve this, I created flexible open ended interview questions that allowed the participants to lead the discussion to topics they wanted to discuss rather than forcing them to only address questions based on themes the researcher assumed would be important. Further, I conducted the interviews in locales in which their identity and confidentiality were protected, which allowed them to feel comfortable and encouraged them to speak freely.

The second guideline states that the participants' voices must be heard (Milne & Oberle, 2005). Essentially, the researchers must understand that they have an obligation to obtain participants' experiences accurately and in depth. To achieve this, I utilized several probing questions to help stimulate and expand participants' responses to

effectively understand their experiences in more depth (e.g., “I noticed you mentioned your mother had a big impact. Could you elaborate on that?”). I also included data from the detailed field notes (e.g., participant was very sarcastic when exclaiming “Yeah, my brother’s a real role model”) and second interviews to ensure a presentation of rich and diverse data.

Finally, it is recommended that researchers ensure the participants’ perceptions are accurately represented (Milne & Oberle, 2005). This was completed by confirming themes with the participants throughout both the first and second sets of interviews to ensure a proper understanding of their perspectives and ultimately an accurate representation in the findings. For example, I would say, “You’ve mentioned heading to bush bashes a few times. You’re referring to parties out in the woods, correct?” This would allow them to either agree or disagree with my understanding as well as provide a more elaborate description or clarification of what they were referring to.

Findings

The thematic analysis process led to an identification of four main themes, each with multiple subthemes. This section will describe the themes that arose from the participants’ interviews, field notes, and subsequent correspondence between myself and the participants including information exchanged in post-interview emails. The identified themes are as follows: the rural context, rural youth maintaining mental wellness, factors that influence rural youth mental wellness, and health promotion recommendations from participants. A summarization the four main themes and their subthemes (Appendix E) is provided.

The Rural Context

The first theme identified in the study is the rural context and its effect on youth mental wellness. Specifically, the rural context refers to characteristics associated with rural communities. The participants noted many characteristics and attributes of rural life that had a profound effect on their mental wellness. From these, three main subthemes were identified: geography, isolation, and overfamiliarity.

Geography. Easily the most identifiable characteristic of rural communities as noted by the participants was its geographic traits. All participants commented on the distance from school, work, and social events and its impact on rural life. “You feel like you’re miles away from the real world”, said Chris, who lives on a farm. “Even then, that real world is a corner store and a diner. There’s nothing to do unless you make the drive to London.” For many of the participants, that drive can take in excess of an hour to an hour and a half. Further, many of the participants said that a drive to an urban center, such as London, is a rarity and oftentimes too difficult to facilitate. Ali, who tries to visit the mall and movies as much as possible, noted:

There are so many things that can mess up a trip to town. You gotta get the car from Mom and Dad. That’s hard enough right there sometimes, and do you have enough time to get there and do what you gotta do and get back? Cause there’s at least two hours on the road. More like two and half.

These issues can weigh heavily on a rural youth’s mental wellness. Six participants were members of sports teams, school clubs, and/or a church group, and found the most difficult part of maintaining participation in their group of choice was transportation.

Some participants noted that their family could not afford to purchase and maintain an extra vehicle for their children to use, so their vehicle access was dependent on whether their parent(s) or other siblings needed it. Further, mental wellness services like counselling and group therapy were noted as difficult to access because of transportation issues. In an urban centre, youth can utilize public transportation, which doesn’t exist in the rural communities where participants lived. Also, many activities (e.g., movies, malls, athletics) in urban centres are more centralized than rural communities and transportation may not even be necessary.

The rural geography also has positives as identified by the participants. Rural southwestern Ontario lends itself well to those who enjoy hiking and watersports thanks to its parks and trails as well as its proximity to Lake Huron. “It’s nice to be able to just

walk around the trail and just enjoy nature and get away from everything,” said Travis, a 23-year-old self-proclaimed introvert. Many rural youth found the area’s geography to facilitate a sense of catharsis unobtainable to most youth in an urban setting without travelling outside the city.

Isolation. The second sub-theme of the rural context that participants identified was the isolation it instilled. Most participants commented on the isolation created by the distance between houses outside of small rural towns, as well as neighbouring villages. Don, a 22-year-old who noted isolation as the biggest point of contention in rural life, noted, “Sometimes you just feel so alone at home. Like there’s nobody to talk to that isn’t a family member. So, when you’re pissed at your parents who do you talk to? Where do you go?” This problem seemed common amongst the participants. They identified a lack of social gatherings (e.g., parties) in their general vicinity as another factor in feeling isolated. This issue is compounded in rural areas due to the distance between communities and lack of public transportation.

Participants also identified small social circles with little variety as another perpetuator of isolation. When living in a rural community, there are very few peers to spend your free time with. If a rural youth does not agree with or fit in with one of the few peer groups (e.g., athletes, music lovers, drama enthusiasts, etc.), they may be cast out. Even a disagreement between clique members can lead to an ostracization of a rural youth. Chris, a 17-year-old student athlete, recalled, “I’ve seen a couple kids step on some other kid’s toes, and once the group decides who messed up they’re pretty much guaranteed to be ignored. No more party invites, and that’s best case. Usually there’s a fight.” The same ostracization applied to women as well, as confirmed by Francine, a 16-year-old currently attending the local high school: “I’m afraid to be different, to stand out at all. ‘Cause I honestly believe if I got kicked out of that group of friends I’d have nobody. There’s no other places to go.” This level of isolation is compounded by the rural context because of the lack of other peer group options. A rural youth is not afforded the luxury of switching public schools and introducing themselves to a new group of peers. In urban contexts, there are many public high schools that a youth could transfer to. This is clearly not an option for rural Ontario youth and, thus, the potential

and reality of isolation plays a significant role in their mental wellness as identified by the participants of this study.

Overfamiliarity. Conversely, the final subtheme identified in the rural context theme was overfamiliarity. Participants spoke to how living in a small rural community forces many youth's lifestyle choices into the spotlight. Mandy, 17, lamented, "I can't go anywhere without someone seeing my car and telling my parents 'I saw your daughter over at so-and-so's place. They dating now?' It's impossible to do anything here without everyone hearing about it." This was confirmed by all eight participants as a characteristic of rural communities. They all felt as though any choice they make, be it who they associate with, what they're doing, or otherwise, is broadcast for the town to observe and pass judgement. This can lead to mental wellness strife for many rural youth. Multiple participants mentioned times they felt as though they couldn't participate in activities they wanted to (e.g., date someone, attend certain parties, etc.) because they were worried what the community would say about them. This extends to destressing techniques such as visiting a clinic or seeking medical attention for a personal matter. Sarah, a 22-year-old who had experienced being recognized while in the community, commented, "How can you park your car at the clinic and expect any privacy? If people are happy to tell everyone you were out late with somebody, you can bet they'll be all over some sort of actual juicy news." Due to the overfamiliarity of rural residents and small community populations, there is often a blatant lack of privacy in a rural community, which is usually not the case in urban centres. It is much easier to go unrecognized in an urban community, as a youth could head to any number of health facilities across town where it would be highly unlikely they or their vehicle may be recognized. Further, multiple participants said they would forgo seeking help for certain issues or illnesses out of fear of embarrassment from their community.

Rural Youth Maintaining Mental Wellness

The second theme answers the question: How do rural youth maintain mental wellness? This section will explore the types of activities, engagements, and outlets the

rural participants utilize. From the data collection three subthemes emerged: utilization of environment, utilization of social support, and intrapersonal techniques.

Utilization of environment. As previously mentioned in the Rural Context theme, the rural geography in southwestern Ontario lend itself well to youth who enjoy outdoor activities. Its lakes, trails, and parks were all mentioned by participants as areas they access to unwind and reflect. Ali, who lives at home with her family, commented, “Whenever I feel like I’m trapped at home (. . .) I head to the lake. I just go alone and sit on the shore or swim for a little bit, but it always calms me down. It’s nice to just . . . exist.” Many participants echoed that sentiment. The tranquility of rural backwoods provides the perfect backdrop for many destressing techniques such as personal reflection, exercise, and journal keeping, all examples provided directly from participants. The rural environment also serves as an open area for many rural youth to participate in their favourite activities such as dirt biking, fishing, hunting, golf, and many more. This wealth of activities allows youth to destress in a fun and active manner. One participant who lives on a farm noted, “It’s cool to just walk out the back door and ask yourself ‘What do I wanna do today?’ I can grab the ATV (All-Terrain Vehicle), or rip over to the pond and fish for a couple hours. All without hopping in my truck.” This is a luxury tailored to the rural community, and it was clear many rural youth utilized their environment to maintain their mental wellness.

Utilization of social support. The participants in this study also relied on their community, friends, and family for support of their mental wellness. Many participants credited social support as a huge proponent of mental wellness maintenance. Examples included sports teams, families, and parties. Looking specifically at sports teams, they can provide rural youth with an opportunity to interact with their peers while exercising and enjoying themselves. Travis, who identified sports team as a major contributor of friendships, elaborated, “When you’re playing hockey, you don’t have to worry about school or home or whatever. All you worry about is helping your team win. There’s not a thing I wouldn’t do for the boys, and I know they feel the same way.” This comradery was echoed by Ali regarding her soccer team: “There’s always only been enough girls to field one team, so we’ve been teammates and friends since we were little.”

The same could be said about family support. Mandy, who spoke of her large and close-knit family, said “Out here sometimes all you have is your family to talk to at night. I think there’s a strong belief in family values here, and whenever I need help they’re the first ones I turn to.” This type and level of support is imperative to maintaining rural youth mental wellness, as noted by these and other participants.

Finally, all participants noted parties with their peers as an avenue for unwinding. Often referred to by participants as “bush parties”, these gatherings often take place on a local farm or in a nearby wooded area where the attendees can enjoy themselves without annoying any neighbours. Sarah, who looked back at these parties as a time when she was care free, commented, “Bush bashes were all I looked forward to during the week. I could get away from the pressures of school and from my family and just be me.” However, this form of mental wellness maintenance certainly came with a lengthy list of negative aspects from participants, as many recalled witnessing fights, groundings, and even tickets from police being issued. There were also instances of drinking and driving. Don, who went to multiple parties a month, commented, “There’d be a few idiots who’d disappear and later we’d find out they’d driven home. They were never brought back again. We had no time for people like that.” Yet, despite these negative aspects all participants attended multiple bush parties underage.

Intrapersonal techniques. The final subtheme explores the inner-dialogues rural youth in the study utilized to maintain mental wellness. Because of the isolation associated with rural communities, intrapersonal techniques of maintaining mental wellness on one’s own are integral to rural youth mental wellness. Rural youth cannot utilize external methods as often as urban youth due to concerns over privacy, overfamiliarity, distance, access, and other issues. Instead, the participants noted important intrapersonal techniques they found effective. These techniques included journal keeping, exercising, and/or personal reflection. Four of the eight participants recalled utilizing a journal to maintain their mental wellness. Francine, an only child with a small social circle, commented, “Sometimes it’s nice to just write out your feelings and see it on the paper [. . .] it’s nice to have something private that no one will find.” Clearly

journal keeping can be an effective and private way for rural youth to maintain mental wellness.

Exercising was a second way for rural youth to destress on their own. This included working out, running, and walking. Ali recalls, “Sometimes when I’m upset I just run until I’m so exhausted I can’t be upset anymore (...) there’s lots of gravel roads for me to run down.” Exercising was also credited with giving a sense of accomplishment, which was beneficial to their mental wellness.

Factors that Influence Rural Youth Mental Wellness

The third theme identified in this study was the positive and negative impact of factors that influence rural youth mental wellness. It quickly became clear that rural youth in the study were subjected to factors and influences from all directions throughout their life. Participants addressed four main avenues of influence: community, peer, family, and self. This section will explore each facet’s importance to rural youth mental wellness, as expressed by the participants. All the influences identified were found to both facilitate and hinder the mental wellness of rural youth. The following section will be presented in a way that outlines the hindering aspects first, followed by how these influences facilitate rural youth mental wellness.

Community. The participants in the study identified community influences as the biggest point of contention in terms of their mental wellness. It was clear many rural youth felt as though they must act, dress, and even speak a certain way to exude, as they stated, “country kid”. Three participants used this term as a reference to how rural culture popularizes a lifestyle of big trucks, hunting, fishing, plaid shirts, boots, and more. Commenting on country music specifically, Chris, who lives on a farm, said, “I think we all try to be the guy in the country song: big truck, boots, hunting and fishing all the time. And it’s worse for girls.” Speaking further to the latter comment, Francine, a 16-year-old who has felt objectified by country music, said, “There’s no songs from a girl’s perspective. All country songs basically tell us is to be pretty [. . .] we’re a trophy.” These comments are disconcerting, and represent misogynistic stereotypes understandably that have a negative impact on all genders’ mental wellness as noted by Chris, Francine, and

four other participants. Participants said this influence extends beyond radio and into television as well, identifying shows depicting rural life and programming on the County Music Channel.

The community can also have a positive influence on rural youth mental wellness as well. Multiple participants spoke to seeing the community banding together to help a family in need. One participant, who identified as the oldest sibling in their family, recalled:

There was a family that lost their parents in a car accident, and I remember everyone in town reaching out to help any way they could. They donated money, cooked meals, whatever. It's nice to know that, God forbid, anything happen to my family we got the community to help us. It's a country thing.

Clearly this sense of community can have a both a facilitative and negative impact on rural youth mental wellness. Oftentimes if something happens to a parent, a great deal of responsibility falls onto the oldest sibling. It was clear the participant had considered that possibility, and felt confident that their community would help their family through that difficult time should it ever arise.

Peer. The second area of influence for rural youth was from their peers. This included both negative and positive examples of classmates' effect on mental wellness. Like the negative influences felt by the community, many participants felt they had to look and act a certain way to fit in with their classmates. Compounded by the fact rural schools had so little variety in terms of choice of groups. participants made it clear rural peers do not allow much room for individualism, lest you risk ostracization. Ali, who emphasized the importance of maintaining status in her social circle, recalled, "If I got kicked out of that group I'd have like nobody to go to."

Further, participants noted that gossip amongst the small peer group was a serious issue. Francine, a current student, noted, "People at school need gossip like they need oxygen. If any word of you messing up gets out, you're in some real trouble." As noted,

the gossip of their peers was exacerbated in the rural community because of how small the groups were and because of the overfamiliarity experienced throughout the community.

Regarding facilitative peer aspects, many participants recalled schools helping those less fortunate, and one school even implemented “buyouts”, a chance to buy out of class for an afternoon. Mandy, a current student, explained:

The student council would pick a group, maybe YMCA or the food bank, and for two bucks you got to go watch the football team play. They donated all the money and we could all hang out with each other and cheer on the team.

Essentially, these buyouts act as a supervised get-together where rural youth can socialize much like they would at a party, but without the concern of transportation and illegal activity like drinking. It was clear from the interviews these buyouts had a lasting positive impact on some of the participants.

Further, peers could provide support via ride sharing and team/group activities. Patrick, who required transportation to hockey and baseball games, noted, “We’d all take turns driving to games and practices, and it made things way easier.” By coordinating ride sharing, rural youth can attend more functions as well as utilize that time for socializing. Finally, team sports and group meetings (e.g., church groups, video game groups) were identified as a source of peer support. Francine, a member of her local church group, commented, “We help each other through all kinds of problems, like homework, or relationship problems, or whatever. Everyone there understands what it’s like in our town. They get it.”

Family. All participants mentioned family as an important influence in rural life. Participants made it clear that the impact was most often dependent on the relationship with one’s parents. Participants who felt as though they weren’t in good standing with their family all associated a negative connotation to the impact of family. Don said:

There was a lot of pressure from my parents to take over my dad's auto shop, but I had no interest. That caused a lot of fights, and I could tell people in town were judging me for letting my family business die. I hated them for that.

This would obviously have a major impact on one's mental wellness, and though this may happen in an urban centre, it is compounded by the extra emphasis on continuing the family business and maintaining your surname's prominence in the rural community (Kitchen et al., 2012). Further, seven of the participants had siblings, and many of them experienced sibling rivalries. Chris lamented, "Getting the car is essentially impossible. I just got my license and I thought I'd be able to go anywhere I want, but I'm like sixth in line for the keys so I'm stuck at home still."

Family can also have a positive influence. Travis, who has two siblings, recalled, "Family is everything here. We're taught from a real young age that you always take care of those that raised you. Treat them with respect. Make them proud." It was clear many participants were very proud of their close-knit rural family, and often used that positive influence as a guide to exhibiting kindness to others. For example, one participant used her older brother as a role model. They recalled:

He always did well in school and would make sure I was doing my homework. And before my Grandma passed he made sure to drive me up and visit with her once a week. I would have never gotten to spend that time with her otherwise, and I always remember how great he was to me, and I try and to do right by him.

Self. Finally, many participants spoke to the importance of being able to cope with external pressures and negative influences by identifying what is important to them personally. This understanding of self is important in rural areas because participants noted often being alone with little ability to access other supports or resources such as friends or recreation. Like the other factors, participants noted both hindrances as well as positives.

Many participants recalled struggling with quantifying external pressures, which led to hindrances in their mental wellness maintenance. Chris recalled:

Ever since I was young I was known as the smart kid. The one that was going to get out of here and move to Toronto and be a doctor. But there's so much pressure. I like living here in the country, but I feel like if I don't leave I'll be a failure in everyone else's eyes.

Another point of contention was the participants' ability to choose destressing techniques. Travis said, "I struggled for a long time because I didn't know how to properly deal with stress or anger or even happiness. They don't really teach that stuff here. I had to learn the hard way that burying it down and drowning it in alcohol wasn't safe, or smart." Speaking further to the lack of education surrounding mental wellness, Francine, a current student, commented, "We really don't talk about it at school at all. I think there's like one lesson in grade 10 gym class, and that's an elective. Half the grade won't take it." The participants all agreed that education is something that needs to be addressed.

Looking at the facilitative aspect of self, having a firm grasp on one's reality allowed many participants to properly identify what influences matter. Sarah, whose family pressured her for some time to go to university to be a lawyer, said, "In the long run, I had to realize what I wanted for myself, and make sure that was actually what I wanted, and not what everyone else wanted for me." This allowed her to feel confidence in her personal ability to deal with problem solving, and she noted feeling at peace with her decision because she ultimately put her interests first.

Another positive influence noted by four participants was journaling and self-reflection techniques such as meditation or yoga. Ali, a multi-sport athlete, recognized yoga as an important positive factor in her mental wellness maintenance. She recalled, "Sometimes I start to feel real stressed out, and I just want to scream or cry or punch something [. . .] I roll out my mat and just crush some yoga and I feel so much better."

Health Promotion Recommendations from Participants

The final theme explores the recommendations participants made when looking to the future of rural youth and their mental wellness and ways to help strengthen and support the youth community moving forward. From the data, three main recommendations were identified: changing the culture, maintaining mental wellness, and coping and resiliency in high stress situations. It is important to note that the recommendations were made to affect the four factors: community, peer, family, and self.

Changing the culture. Many of the participants felt as though there is a current ignorance in the rural community regarding mental wellness. One participant stated, “I think a big issue around here is nobody actually knows anything about mental health (...) but nobody really cares either. That’s gotta change before any real difference will be made. The problem is how do you do that?”

Participants had a few different recommendations. First, they felt as though a culture shift is necessary to better promote the maintenance of mental wellness. To do this, many participants recommended education avenues. This included community education nights to help inform community, peers, family members, and youth to champion mental wellness maintenance. Mandy has participated in many volunteering initiatives in the area, which has allowed her to get to know her community better. She said:

If you can get these people to sit down and actually learn about mental wellness and why it’s important and why they should care, I think that’d make a big difference (. . .) It’s not like people out here are heartless, or don’t care about people. It’s actually the opposite. If they knew they could help people in their community they’d be all over it.

They also believed community support nights would be beneficial in shifting the culture surrounding mental wellness in rural southwestern Ontario. During the interview process each participant was asked, “Why did you choose to participate in the study?” Many participants shared that their interest in participating in the research was stimulated

by their desire to decrease or eliminate the stigma that currently surrounds mental wellness in rural communities. One participant spoke about a sibling who had been diagnosed with a mental illness and the events that followed: “Everyone treated us differently [. . .] It was real hard on my mom and me.” Participants recommended walks to raise awareness, wellness nights at community groups like Lions clubs, 4H clubs, and church groups, as well as school assemblies to help start the conversation among peers with the hope that the conversation could continue outside the school with family members, friends, and others.

Maintaining mental wellness. The second intervention participants would like to see is a movement to enlighten rural youth about ways to maintain their mental wellness. As all youth likely experience stressors in one way or another e.g., school, significant others, family, money, future planning, etc., many of the participants believed rural youth would benefit greatly from learning about ways to destress and maintain their mental wellness in effective and healthy ways. Looking at the party scene, many participants said they would be open to safer outlets to destress. Looking at substitutions for parties where rural youth could still socialize, most participants suggested sports teams and clubs. Many agreed that an emphasis on these outlets could curb partying to a degree. Further, two participants recommended more chaperoned dances at the school to let students enjoy themselves while under supervision to prevent or minimize stressful situations such as fighting and drug use.

Regarding general destressing techniques, participants recommended booths at fairs, farmer’s markets, or other community nights that could teach rural youth destressing strategies as simple as breathing techniques, yoga, or mantras. Many said they attend these types of events, and agreed these strategies would be simple, yet effective ways of delivering information to rural youth that could help them better maintain their mental wellness moving forward. From there, we explored ways to disseminate that information. School assemblies were once again a top recommendation. Francine noted:

Assemblies may not reach every single student that goes, but I know for sure they make a difference to some. And that’s all it takes sometimes,

right? Get them talking about in the hallways, and the kids who didn't care at first just might come around.

Coping and resiliency in high stress situations. Finally, the participants wanted to see more help for youth moving forward with their mental wellness when they are faced with more stressful situations than the typical daily stressors, or if daily stressors, such as dealing with loss of a family member, become overwhelming. Chris, a high school student noted, "You always see schools bring in a counselor when a student passes away or if there's some other super tragic event. But really, kids could use that kind of support for a lot more than just those events." This sentiment was echoed by multiple participants. A few recommended informal social support groups where rural youth could volunteer their time to listen to those dealing with these types of stressors. They particularly liked this option because it was viewed as a mutually helpful relationship, where both parties would benefit from the conversation. Francine, a member of her high school's peer support group, explained:

Sometimes all you need is someone to talk to, and I think it'd be extra helpful because you're talking to someone your age (. . .) and for the volunteer, you a) get your volunteer hours, b) get a chance to work on your listening skills, and c) you're likely to better appreciate the things you have.

These are all viable ideas directly from those who have experienced rural life during their youth, and will be discussed further later in the thesis.

Summary

In summation, the study identified four main themes: the rural context, rural youth maintaining mental wellness, factors that influence rural youth mental wellness, and health promotion recommendations from participants. From these themes, we can better understand how rural youth maintain mental wellness, what factors facilitate/hinder the mental wellness of rural youth, and recommendations for promoting the mental wellness of rural youth from their perspective.

Discussion

The results of this study have provided several valuable insights regarding how youth in rural Ontario maintain their mental wellness. Further, it has identified factors specific to living in a rural community that facilitate or hinder their ability to maintain their mental wellness. These findings highlight that most aspects of rural life act as both facilitators and hindrances to rural youth mental wellness, depending on the situation and people involved.

The first insight, regarding how rural youth maintain their mental wellness, revealed that rural youth use a multitude of strategies including utilizing their environment, utilizing social support, and relying on intrapersonal techniques such as exercise and journaling. This was congruent with previous rural research (Hart, 2013; Ramey et al, 2009). Many of the strategies identified by the rural participants were hindered by the rural context, as also noted by Tummala and Rogers (2009). For example, participants found traditional exercise such as attending a gym to be difficult in most rural communities due to transportation and/or distance issues. This hindrance also exhibited economic and gender influences. The study identified that those participants from families of lower income held social support in lower regard, as they found they could not participate in many team or group based activities. Furthermore, a few women in the study were less likely to utilize their environment as they did not enjoy the rural geography as much as other participants. This in turn impacted their social support, as many sociable activities are held outdoors, forcing the participants to rely heavily on intrapersonal techniques. However, some participants in this study attributed the rural context as a facilitator as well. The open space found in most rural areas provided many participants with an excellent venue for walking and running on the county roads, swimming, fishing, hiking, and simple relaxation. To that point, most participants had learned to utilize their surroundings to aide in their mental wellness maintenance, rather than lament the fact they couldn't attend a traditional gym.

Regarding social support, all participants recalled using parties as a destressor, which agrees with prior research (Stoduto, Adlaf, & Mann, 1998). However, this study

has found it is unclear whether the benefits of these parties outweigh the negatives associated. Regardless, it was clear underage partying is a major component of life for the rural youth participants, and many agreed youth would benefit from safer and legal ways to congregate (e.g., more supervised dances at school, more choices for team-based sports and/or clubs).

Finally, seven out of eight participants in this study spoke to the importance of intrapersonal techniques. Participants identified these techniques as integral because oftentimes the participants felt isolated, and could only rely on themselves for mental wellness maintenance. Participants used techniques including personal reflection via journaling, meditation, exercising, and yoga to aide in their mental wellness maintenance. This isolation and subsequent reliance on self is congruent with previous rural findings (Farmer et al, 2012; Tummala & Roberts, 2009). However, it is important to note participants in this study added that while they tended to be self-reliant, they felt as though they were ill-prepared to handle all their stressors alone. This new finding shows rural youth would benefit from more education and conversations regarding self-care.

The second insight relates to facilitative and hindering aspects of life in a rural Ontario community regarding youth mental wellness. These aspects seemed to pertain to four themes: community, peer, family, and self. The first three factors confirm what previous research (Kitchen et al., 2012; Ramey et al., 2009; Tummala & Roberts, 2009) had suspected for rural communities. Rural youth mental wellness in Ontario is directly impacted by a youth's community, their peers, and their family. However, the importance of self proved to be much more integral than previous research indicated. Participants spoke to extended periods of isolation in their rural homes where they had to rely on intrapersonal techniques for situations including entertainment and destressing. This significant finding highlights the importance of providing rural youth with adequate and effective intrapersonal techniques to help in their mental wellness maintenance.

Looking at facilitators of rural youth mental wellness, the most prominent factors included tight-knit families and social circles. All eight participants noted families or their social circle, if not both, as having a facilitative aspect to their mental wellness.

Participants identified these groups as their second or third level of support, after themselves, and viewed their group as typically non-judgmental. Negatively, participants identified overfamiliarity in the community, isolation, and the necessity of conformation to the rural stereotype as the main points of contention to their mental wellness. This idea of overfamiliarity and isolation was explored by Tummala and Roberts (2009), and proved similar in the rural Ontario youth participants. New important information suggests this conformation to the rural stereotype may be more prevalent than previous literature may have thought. Many participants felt they must exhibit what they considered “country kid” behaviour, including hunting, fishing, and wearing camouflage. Though some enjoyed these activities, there were a few participants who were bitter to be forced into a lifestyle for fear of losing their social support. Further, these participants identified this inability to exhibit their own personality as a negative factor on their mental wellness.

An important finding of research was the significant influence country music had on most participants. Though rarely mentioned in previous research, six of the eight participants identified modern country music as an influence on how they felt they should project themselves. This had a negative impact on many of the rural participants’ mental wellness. For example, many male participants felt pressured to project a rural machismo with lifted trucks and hunting rifles. Furthermore, many female participants felt marginalized, sexualized, and forced into a narrow window of what was considered attractive. Country music was surprisingly identified by more participants as an influence than churches or sports teams, which have both received more interest in literature to date. It is plausible that country music serves as a continuation of the “country kid” stereotype mentioned by many of the participants.

Throughout the course of data collection, many participants identified themes and methods of mental wellness maintenance that seemed to prove effective in their individual case, but could prove unsuccessful or, in some instances, even promote poor mental health for others. For example, when looking at peer influence, many participants, especially those still in high school, spoke to the positive effect of buyouts. Buyouts took place at the local high school, where students could “buy out” of class for an afternoon to

watch their sports team (e.g., football, soccer, hockey) compete against a rival school. The participants said it was a great way to socialize with their peers while escaping schoolwork for an afternoon, and the \$2 fee would be donated to the organization of choice, oftentimes decided by student council. This emphasis on community engagements expands upon the findings of Kitchen et al. (2012) where community involvement was found to have a significant effect on mental wellness. While the novel idea of a buyout clearly had a positive effect on some of the participants of the study, the initiative may not be as inclusive as the organizers hope. What happens if a student cannot afford the \$2 buyout? Participants spoke about how many in the area struggle financially at times, which has been noted in previous research regarding rural Ontario (MOHLTC, 2010). If a student's family is struggling youth may feel uncomfortable asking for money to buy out of classes. This may place a mental strain on the family as they struggle to find funds for these buyouts. Further, does that student approach faculty with that dilemma? Do they tell their friends? This may cause much more stress for the student than a regular school day ever could. Furthermore, what about those who enjoy learning and have no interest in missing class? In addition, not all students enjoy sporting events, and those who may not be part of a larger social circle may not enjoy the extra social time. Throughout data collection, the participants mentioned the importance of acceptance by peers, so those who would not benefit from the buyout would likely be reluctant to speak up for fear of being ostracized. These students' mental wellness would not only suffer due to less education time, but they would also feel strained due to the internal conflict of "Should I speak out?"

I found it intriguing many of the factors identified by the participants served as both facilitators and hindrances. This was more prevalent than the literature had suggested. For example, family was labelled a facilitator by three participants, a hindrance by one participant, and the final four participants considered family to be fluid between the two. Speaking to that fluidity, many participants felt their family had helped them maintain mental wellness at times by possibly supporting their decisions or protecting them from bullies, much like the positive contributions noted by Patel et al. (2007) and Boydell et al. (2006). However, the same family also proved to be a hindrance to their mental wellness by, for example, demanding the participants follow a certain

career path. This thesis found the influence of family is magnified in rural communities because, as most participants noted, there is a major significance placed on the importance of family in rural communities. Coupled with the fact that many participants' families were the only people within a few kilometers to interact with, it was clear family plays a major role in rural youth mental wellness.

Further, how would mental wellness be affected for those youth who value things differently from the rural community? For example, how might living in a rural community be for those youth who don't place the same high value on family and community or may not have family support at all? Five participants recalled specific examples of youth being ostracized due to going against the status quo of the community (e.g., wanting to leave for the city, not taking care of a sick family member, getting into an altercation with a popular member of their class). To that end, many of the participants mentioned they felt as though they had to sacrifice their individuality to appease their peers and maintain social support. If some rural youth choose to not conform, they may lose all their social support. This isolation, coupled with the geographical isolation, may lead to issues for rural youth and their mental wellness including undiagnosed issues and a strain on their ability to properly cope with stressful situations (Arseneault et al., 2010).

Throughout the data collection process, I found that the participants' experiences varied based on many factors including gender and background. Gender certainly influenced the participants' experiences, and this study found there is still a misogynistic tendency in rural life. This was observed by multiple women of the study, who spoke of family and community members assigning them "womanly task" (e.g., cooking, cleaning, taking care of a family member) rather than helping with yardwork or with manual labour. This discrimination was no more evident than when participants discussed how country music portrayed women. Even male participants noted how poorly most songs referred to women, and how it promoted traditional gender stereotypes. These discoveries regarding country music are significant because the rural community already exhibits an enforcement of traditional gender stereotypes (Berg, 2009; Crosato & Leipert, 2006; Little, 2002). This continuation will only hinder female rural youth mental wellness maintenance further.

Experiences also seemed to be influenced by the participants' background. I found those who came from a single-parent household seemed to value different themes than those from a nuclear family (e.g., more emphasis on peer support than family support for mental wellness maintenance). Further, those who lived on a farm seemed to deal with isolation better than those from the main town. The two participants who lived on farms both stated that they preferred the tranquility offered outside of villages; both participants who lived in the central town said they were heavily dependent on community support. Perhaps the abundance of activities available on the farm coupled with their intrapersonal development and comfort with isolation helped facilitate the mental wellness maintenance of those who lived on a farm. This level of classification of farm and town is rarely seen in the literature, and provides important new information regarding the significance of variance for rural youth mental wellness. Finally, there were discrepancies in responses from participants with different household incomes. Those whose parents were more well-to-do often seemed to place a higher value on family than those who may have experienced financial struggles in the past. This may be due in part to the supports afforded to those in more financially successful families, whereas those participants who lived a more restricted lifestyle may have felt some family resentment due to possibly missing out on certain experiences like sports teams, trips, and/or expensive clothes. This appreciation of family is important to one's mental wellness, as explored by Boydell et al. (2006). This study presents new information regarding the importance of support for those families who may not be able to provide rural youth with adequate opportunities for sociability and mental wellness maintenance.

Strengths and Limitations

Overall, the study has some noted strengths. The study was conducted with an adequate number of participants and interviews to obtain meaningful information, as recommended by Sandelowski (2000). Further, it was conducted with an equal number of males and females, and had a wide variance of age. It is believed that while the limitations below may have had an effect, the research was successful in answering its proposed questions.

There were a few limitations that affected the study. While the age range was diverse, the sample for the study was homogenous in that all participants identified as heterosexual Caucasians. The study could have benefited from the recruitment of participants from different cultural backgrounds, sexual orientation, gender identity, and other backgrounds (Tracy, 2010). This diversity would broaden our understanding of what rural youth mental wellness might be like for more rural youth.

The study may have also been limited by the reliance on self-reported data. While qualitative description relies on participants sharing their experiences, it is possible the participants may have withheld information to present themselves in a better light or remove any implication of wrongdoing (Tracy, 2010). They may also have simply forgotten to share experiences that may have proved valuable to the study. This limitation may have prevented some deeper or alternative experiences and perceptions from being shared.

Conclusion

The results of this study have provided valuable insights regarding how rural Ontario youth maintain their mental wellness and identified key factors that may facilitate or hinder their mental wellness. Consistent with previous literature, it was found that rural youth utilize personal, environmental, and social support (Hart, 2013; Ramey et al., 2009). Furthermore, the study found participants noted intrapersonal techniques had a significant impact on their ability to maintain their mental wellness, especially in more isolated farm contexts. The participants also noted four primary facilitators and hindrances to their ability to maintain mental wellness, which expand upon previous research (Kitchen et al., 2012; Ramey et al., 2009; Tummala and Roberts, 2009). The study has identified following four main themes as having major facilitative and hindering influences on rural mental wellness: community, peer, family, and self. The study also provided novel information regarding the current enforcement of gender roles in rural Ontario, particularly the influence of country music. These insights provide important new information and direction for rural youth, their families, schools, teachers, group leaders, health care providers, educators, and future researchers. The

comprehensive understanding of rural youth mental wellness provided by this research will help the aforementioned parties provide an environment conducive to success in terms of rural youth mental wellness maintenance and promotion.

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CHAPTER III

Implications

The purpose of this study was to identify strategies rural Ontario youth utilize to maintain their mental health, and to examine factors that facilitate or hinder their mental wellness. Study findings revealed that participants relied on a utilization of environment, social support, and intrapersonal techniques to maintain their mental wellness. Participants utilized their environment, specifically the undeveloped rural landscape, for hiking, biking, swimming, and other outdoor activities. Social support, including community engagement and bush parties, allowed participants to destress and maintain their social connections. Finally, and as identified by the participants most integrally, they utilized intrapersonal techniques such as exercising, journaling, and yoga.

Further, participants identified four main factors that each had a facilitative and hindering effect on their mental wellness: community, peer, family, and self. Participants provided meaningful insight into the positive and negative effects of community, citing community support in difficult family situations and their enforcement of traditional rural and gender stereotypes, respectively. Peer support, for example close-knit social circles, small rural athletic teams, and ride sharing, was a well noted facilitator of participant mental wellness. However, gossip and little variety of social circles both acted as hindrances for participants' mental wellness. Seven out of the eight rural youth engaged with their close-knit rural families for support and guidance. With that said, five participants identified elements of their family life as a hindrance to their mental wellness when pressured to follow rural family traditions (e.g., living a heteronormative lifestyle, taking over the farm, staying in town to look after grandparents rather than attend post-secondary education). Finally, the rural youth in the study identified self-influence on their mental wellness. This included implementation of self-reflection techniques (e.g., meditation, journaling, exercise) to help facilitate mental wellness. However, many participants noted they struggle to assess and appropriately respond to stressors that may have a greater impact on their mental wellness versus those stressors that may seem catastrophic in the moment but are likely not life-altering (e.g., breaking up with their

significant other vs. missing the bus). Further, they felt as though they would benefit from more information regarding adequate destressing techniques such as breathing exercises, practicing yoga, or practicing mindfulness. The findings from this research have mental wellness and health promotion implications for rural schools and communities, rural youth and their families, rural policy makers and healthcare professionals, as well as for future research.

Implications for Rural Schools and Communities

The findings from this study indicate a meaningful influence on rural youth mental wellness by influential rural adults, be it parents, teachers, coaches, group leaders, etc. These influential adults were identified by all eight participants as having both positive and negative effects on rural youth mental wellness. Using knowledge obtained from this study, influential rural adults may be able to implement strategies that can help maximize their facilitative aspects while minimizing or negating their perceived hindrances, all while gaining a better appreciation for rural youth and their efforts to maintain mental wellness.

All rural youth participants felt there is a significant stigma still prevalent in rural Ontario communities surrounding mental health. This agrees with prior mental health research (Corrigan, 2004), and requires health promotion interventions and attention from influential rural adults. Participants felt as though they could not actively seek help for their mental wellness or participate in certain destressing techniques (e.g., journal keeping, yoga) out of fear of being identified as different and ostracized accordingly, and prior rural research supports that claim (Boydell et al., 2006). Rural influential adults in schools and in the community can help to break down this stereotype by educating rural youth regarding the benefits of mental wellness maintenance techniques, which may help remove some of the uncertainty surrounding mental wellness.

Further, these parents, teachers, coaches, etc. could help remove the stigma by leading through example (e.g., practicing yoga or breathing techniques). Corrigan and Kosyluk (2014) found one of the most successful interventions regarding mental health stigma included direct contact (i.e., conversations) with someone who may exhibit a

mental illness. It was found that this intervention helped remove stereotypes via positive interactions that may provide information in a more encompassing way than education alone. While Corrigan and Kosyluk looked at mental illness specifically, the same benefits of contact may extend to mental wellness maintenance. Seeing influential adults practice these mental wellness techniques may help rural youth understand the benefits and view mental wellness maintenance with a more positive outlook. Health promotion and education are key to helping rural youth understand the importance of mental wellness, and rural youth are less likely to view negatively those who practice mental wellness maintenance techniques when they are knowledgeable on the subject (Story, Kirkwood, Parker, & Weller, 2016). For example, when a prominent member of the community engages in a destressing technique like yoga, it may help to enlighten rural youth that yoga is an acceptable strategy for mental wellness maintenance. Further, if influential adults such as parents and teachers in rural communities refuse to condone behaviour that perpetuates a stigma against mental wellness (e.g., bullying, shaming), they will continue to set an example for rural youth to follow.

Rural youth and their mental wellness would also benefit greatly from a deconstruction and alteration of traditional gender stereotypes as often supported by the rural context and furthered by rural media (e.g., television, music) and community members (Little & Panelli, 2003). This might be achieved through rural parents, teachers, and community leaders working together to promote gender equality via discussion, education, and not putting rural youth in situations that might promote traditional gender stereotypes (e.g., asking “Can anyone help me move this desk?” rather than “Can one of you boys help me move this desk?”). Further, six of the eight participants identified country music specifically as an influence on how they felt men and women should act. Efforts should be made by rural radio stations to promote songs that do not further the traditional gender stereotype often found in country songs, and instead portray women in a strong and positive role (Andsager & Roe, 1999). This includes songs with a strong female role as well as more songs that are respectful of individuality and diversity.

The best way to deconstruct traditional rural gender stereotypes is to lead by example (Berg, 2009). Not forcing rural youth into situations where they feel they must

conform is a valiant start. Rural parents, teachers, and community leaders can continue by actively championing gender diversity, and speaking with rural youth on the consequences of following media and community perspectives and expectations that are non-inclusive and stereotypical. Participants made it very clear they don't condone the stereotypes cast upon them, but didn't think anything they said or did would change the rural community's view. True, there may be some parents and community members who do not approve of changes to the normative gender roles currently found in many rural communities (Little & Panelli, 2003). Though not all rural community members can be persuaded, it is important to open a dialogue which may allow for growth and acceptance in the rural community (Story, Kirkwood, Parker & Weller, 2016).

Another challenge established by this study is overfamiliarity in the community. Rural youth participants often lamented the fact that they could not go anywhere in town (e.g., physician's office, restaurant for a date, friend's house) without being identified. Further, this identification by a community member often culminated in the gossip being relayed to the youth's family. Lack of anonymity is a common feature of rural communities (Tummala & Roberts, 2009). While it is not realistic or perhaps even desirable to completely hide rural youth and their lifestyle choices, there are opportunities to provide them with some relief from the public eye in an overfamiliar town. One participant spoke of a time when her parents responded to gossip with quick and stern rejection, citing that they would not have the town acting as spies for them, and that they were perfectly comfortable with their daughter's choices. The participant went on to explain that from that moment forward she did not stress about her decisions as much, and she felt as though a weight had been lifted off her shoulders. Rural adults including parents, teachers, or group leaders could help ensure their role as a facilitative factor in rural youth's mental wellness with a similar approach that provides youth with adequate role-modeling and fastening of self-confidence to mature and make decisions without having to worry about the community passing judgement and scrutiny.

Living in a rural community often means travelling great distances for things like movie theatres, sports arenas, and shopping malls (Kirst, Borland, Haji, & Schwartz, 2012). For participants to visit any of these places, they had to either schedule a

borrowing of a parent's car or hitch a ride from another friend and/or teammate. These barriers to sociability were identified as negatively impactful to the mental wellness of the rural youth participants. Influential rural adults, such as coaches and teachers, could ease the mental stressor of planning and paying for these social gatherings by arranging ride shares in advance via internet chat groups or teacher facilitated programs at school. Furthermore, rural communities could provide an area for rural youth congregation. For example, something as simple as projecting a movie in a community centre using community resources may facilitate rural youth sociability, and could facilitate rural youth mental wellness.

Participants also noted a lack of financial stability often proved to be a barrier to social activities, and in turn a hindrance to their mental wellness. Rural Ontario has one of the highest unemployment rates in Canada (Moazzami, 2011), and thus many families may not be able to afford to provide their children with the opportunity to participate in after school activities. Subsidized enrolment fees could be beneficial, but would require the school or some other organization (e.g., Lions Clubs, Kinsmen, the sports organizations themselves) to pay the difference. This may include the additional costs for those youth who participate in travelling competitive organizations, as these groups incur even higher enrolment and participation fees and costs. Finally, the community could develop less expensive resources for sociability and interaction, be it choir for music lovers, or soccer, basketball, or other less expensive sports for sports enthusiasts.

Implications for Rural Youth and Their Families

Some of the perceived negative experiences identified by rural youth participants included parents/guardian(s) pressuring rural youth to pursue certain career or personal choices (e.g., who they can interact with, date, what after school activities they participate in). In three instances, this pressure implied consequences, such as being kicked out of the house, derision, or violence. This understandably has a negative impact on rural youth mental wellness, and can be magnified in rural homes due to the isolated location of rural homes (Farmer, Munoz, & Threlkeld, 2012; Tummala & Roberts, 2009). Rural parents and guardians can help promote rural youth mental wellness by providing their youth

with a home setting that is conducive to acceptance and personal growth. For example, listening to rural youth and their decision making with empathy, sincerity, and acceptance could provide rural youth with tools to reflect upon and make their decisions while putting less strain on their mental wellness, as also found by Compas (1987).

The study also revealed that rural youth are drinking underage, with instances of drinking and driving as well. Participants made it clear that underage partying is very much a staple in rural youth culture as all eight participants recalled attending a party, drinking underage, and witnessing peers drive home after drinking. While they understood the dangers of these decisions, participants continued to go to parties as they provided rural youth with a chance to destress and socialize with their peers in rural contexts that often have few or no socializing opportunities (Shucksmith, 2004). Findings suggest that more education by parents and others may help rural youth better understand the dangers of underage drinking as well as drinking and driving. It is important to remember these parties have been identified by rural youth participants as significant to their mental wellness. Simply forbidding rural youth from attending may have adverse effects on their mental wellness, such as feelings of isolation (Kitchen, Williams, & Chowhan, 2012). Rather, with support from parents and teachers, conversations can help empower rural youth by educating them and allowing them to work with rural adults to make important life decisions, as well as help rural families facilitate open lines of communication.

While they may not be able to stop parties, influential rural adults should aim to eliminate rural youth drinking and driving as it can have a profound long term impact on rural youth, their mental wellness, and their communities (Stoduto, Adlaf, & Mann, 1998). This could be accomplished by arranging pickups for rural youth, where parents/guardian(s) can set a pick-up time and place that are mutually agreeable. Further, residents of the rural community could lead by example and not drink and drive themselves. These recommendations would help minimize or remove some of the dangers that currently surround rural bush parties.

Participants also felt as though they did not have adequate free time to spend on sociability or mental wellness maintenance, and identified these time constraints as a barrier to their mental wellness. Rural youth are often asked to help more with chores as there is usually more land owned by rural residents compared to urban residents (Ontario Ministry of Health and Long-Term Care [MOHLTC], 2010), and more maintenance is often required. Further, many youth who grow up on farms are recruited at a young age to help around the farm (DeRoo & Rautiainen, 2000). Rural chores, coupled with the extended travel time in rural areas due to distance, may allow very little time for rural youth to engage in social activities. This puts a significant strain on their mental wellness. Do they skip out on practice or do they skip out on chores? Perhaps it is possible for some families to hire others to replace youth while they participate in after school activities. Rural parents, teachers, coaches, and community leaders could aide rural youth by working with them to create a schedule that allows them to participate in their desired social events when possible while still being able to assist their family at home. Further, rural communities may be able to address some of the time constraints identified by the rural participants by examining the current scheduling of social events, sports teams, and other activities during known busy periods like spring seeding season or harvest season in the fall. Perhaps a rescheduling of these sociable activities would help rural youth be able to assist at home while not being forced to miss afterschool activities that have been identified as imperative to youth development (Deutsch, Blyth, Kelley, Tolan, & Lerner, 2017).

Implications for Rural Healthcare Professionals and Rural Policy Makers

While the rural youth participants in the study did not speak exclusively about rural policy makers and rural healthcare professionals, the findings of this research could prove beneficial to both. This study has concluded rural healthcare professionals and their accessibility have a significant impact on rural mental wellness. These professionals may be able to use the findings of this study to better understand the target population and provide a more informed level of care in rural Ontario. Furthermore, policy at a provincial level is implemented with the hopes of benefitting broad populations, including both urban and rural communities. Rural policy makers at the local level could

utilize the findings of this study and tailor the recommendations of previous policies and programs to better serve the rural youth population.

Rural healthcare professionals, including physicians, social workers, and community mental health nurses, could help provide information for advertisements or help facilitate education by increasing the frequency with which they speak in settings like the classroom or in the community. This may allow education to reach more rural youth, as well as constantly challenge stereotypes with the proper information regarding mental wellness (Corrigan & Kosyluk, 2014). Rural healthcare professionals could also continue to work towards providing more anonymous access to their services and expertise. Many participants spoke to the fear of being identified while visiting a doctor or any other private matter. This study suggests further research into the efficacy of home visits and online/phone appointments may be beneficial. These programs may help facilitate rural youth access to mental wellness resources that they may not otherwise seek for fear of being identified and possibly ostracized.

Another contributing factor to rural youth's fear of being identified is the lack of options for healthcare in the rural community. One participant noted that the local physician was a family friend, and that at times they felt uncomfortable with sharing intimate information. This may lead to sensitive information being withheld, and could be combatted by providing rural youth with multiple options for healthcare delivery. While towns under 10,000 account for 22.2% of the population of Canada, it has been found they are served by 10.1% of physicians (Society of Rural Physicians of Canada [SRPC], 2017). This does not take into consideration the dispersed distribution of rural communities. Coupled with the lack of rural physicians, this distribution increases the distance rural youth must travel to access physicians with whom they do not have a personal relationship. This findings of this study recommend that rural Local Health Integration Networks (LHINs) continue research with healthcare professionals like physicians and community nurses to determine the best way to attract more professionals to rural communities. Perhaps this could be achieved by expanding upon previously implemented incentives (e.g., helping with student loans, allocating more provincial money for a yearly 'rural bonus' for professionals) that have seen short term success in

prior iterations (Sempowski, 2004). This could provide rural youth with more options for anonymity without necessitating an hour drive or more.

Rural policy makers (e.g., district councilors, politicians, school boards) could use avenues such as local newspapers, school publications, and television to implement health promotion techniques (e.g., awareness commercials, fundraisers, championing of mental wellness maintenance) to educate the population. The participants in the study suggested there is currently little information being disseminated in rural communities regarding mental wellness and its maintenance. These interventions could start the conversation about mental wellness in rural communities and help fight the stigma surrounding mental wellness as identified by the rural youth participants in the study.

Finally, rural policy makers and healthcare professionals could also utilize the findings of this study and look to incorporate telehealth as a more prominent option to provide rural youth with access to healthcare without leaving home (Wolfgang, 2016). This service allows patients to access healthcare professionals without having to leave home. Telehealth also negates multiple barriers beyond anonymity (e.g., access to care, transportation issues). It is important to note that some patients that have utilized telehealth refer to it as impersonal and/or cold (Wolfgang, 2016). This needs to be taken into consideration when implementing for rural youth mental wellness, as they may withhold valuable information due to the lack of rapport. Regardless, telehealth may provide an avenue of healthcare services to rural youth that may otherwise forgo any help due to the current lack of options in their community.

Implications for Future Research

While this research highlighted several significant findings regarding rural Ontario youth and mental wellness, unanswered questions remain. One limitation of the study was the limited diversity in the backgrounds and experiences of the participants. Rural communities, which are diverse (Reimer, Burns, & Gareau, 2007), could benefit from further research that includes more heterogeneous groups such as different races, lifestyle choices, and/or sexual orientation (D'Augelli & Hart, 1987; Ezer, Leipert, Evans, & Regan, 2016). These groups are often marginalized (David, 2014), and their

experiences need to be considered as this study revealed that participants often feared being different for risk of ostracization, for example regarding choices like taste in music or fashion. Further research should aim to recruit youth with diverse backgrounds to explore how living in a rural community affects their mental wellness. This future research could help to provide a more encompassing view of rural youth mental wellness in Ontario.

Secondly, rural Ontario youth and rural communities would benefit greatly from a creation and implementation of educational programs that explore mental wellness, its importance, and techniques for mental wellness promotion. Study participants identified a knowledge gap regarding mental wellness for themselves and their community. Rural youth participants noted that almost all their knowledge regarding mental wellness came from one or two classes during their second year of high school. Better education regarding mental wellness may help address rural youth stress while also decreasing the stigma of mental health that often exists in rural communities (Corrigan and Kosyluk, 2014). Further research could extend this study's findings by creating a series of health promotion outreaches (e.g., television and radio advertisements, school assemblies, community education nights) and then evaluate each program's efficacy. They could then make further recommendations as to the best way(s) to tailor these health promotion interventions to best support the community and promote rural youth mental wellness.

Finally, the study identified a significant influence on rural youth mental wellness from country music. Specifically, country music was noted by many participants as a main purveyor of traditional gender stereotypes in rural communities. It is important to explore country music and its effect on rural youth and rural adult mental wellness. One way that this could be done is by identifying the messages being broadcast by the songs and the lifestyle they are projecting. When added to the important knowledge gained from the study, further research will enrich our understanding regarding rural youth mental wellness and factors that affect it.

Conclusion

The rural youth participants of this study made it clear that they desire an environment that better promotes mental wellness. This chapter has provided recommendations for rural schools and communities, rural youth and their families, rural program administration and healthcare professionals, and for future research moving forward. From these recommendations, researchers, rural communities, healthcare professionals, schools, families, and youth themselves can work to build a more supportive environment conducive to rural youth mental wellness maintenance and promotion.

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Appendix A

Ethics Approval



**Western University Health Science Research Ethics Board
HSREB Delegated Initial Approval Notice**

Principal Investigator: Dr. Beverly Leipert
Department & Institution: Health Sciences\Faculty of Health Sciences, Western University

Review Type: Delegated
HSREB File Number: 107690
Study Title: Rural Ontario Youth and Mental Wellness

HSREB Initial Approval Date: April 12, 2016
HSREB Expiry Date: April 12, 2017

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Other	Full Citations	2016/02/08
Recruitment Items	Recruitment Poster	2016/03/15
Letter of Information & Consent	LOI and Informed Consent (PDF)	2016/03/15
Western University Protocol	received 07Apr16	
Recruitment Items	Updated Recruitment Poster March 15 Version (PDF)	2016/03/15
Instruments	Interview Guide Received 07Apr16 (January 12th version)	
Recruitment Items	Initial Contact Form for Recruitment (Received 07Apr16, January 12th version)	
Recruitment Items	Background Information (Received 07Apr16, January 12th version)	

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the above named study, as of the HSREB Initial Approval Date noted above.

HSREB approval for this study remains valid until the HSREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University HSREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use Guideline for Good Clinical Practice Practices (ICH E6 R1), the Ontario Personal Health Information Protection Act (PHIPA, 2004), Part 4 of the Natural Health Product Regulations, Health Canada Medical Device Regulations and Part C, Division 5, of the Food and Drug Regulations of Health Canada.

Members of the HSREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number 100-0000040

Appendix B

Initial Contact Form for Recruitment

Initial Contact Form for Recruitment

Name:

Phone:

Email:

Appendix C

Background Information

Background Information (any interesting information):

- Birth Year:
- What sex do you identify with?
- Address? Farm or town location? How long have you lived in rural area? Where do you live? (e.g., at home, on your own, apartment, farm house)
- Why did you volunteer? What sparked your interest?
- Mental health interest? Experience as a youth?
- Mental health background?
- Any perceived facilitators and/or barriers in rural life to mental health?
- Education?

Appendix D

Semi-Structured Interview Guide

Interview Guide

1. How do you define mental wellness/mental health?
2. What constitutes good mental health for yourself?
-other rural youth?
3. How would you describe your mental health?
4. How do you maintain your mental health?
-How do you deal with stress?
5. How does living in a rural area help your mental wellness?
6. How does living in a rural area hinder your mental wellness?
7. What are some barriers/facilitators, such as community involvement or isolation, that affect you or your peers' ability to achieve mental wellness and stay mentally healthy?
-Size of community? Economics? Part time job? Rural activities? Friends?
Significant others?
8. If you could make changes to better promote your mental health, what would you suggest?
9. Recommendations to improve mental health for other rural youth?
-Gender? Location? Economics? Extra-curricular?
10. Any final comments?

Appendix E

Summarization of Themes and Subthemes

Summation of Themes and Subthemes

THEME: The Rural Context

SUBTHEMES: Geography
Isolation
Overfamiliarity

THEME: Rural Youth Maintaining Mental Wellness

SUBTHEMES: Utilization of Environment
Utilization of Social Support
Intrapersonal Techniques

THEME: Factors That Influence Rural Youth Mental Wellness

SUBTHEMES: Community
Peer
Family
Self

THEME: Health Promotion Recommendations from Participants

SUBTHEMES: Changing the Culture
Maintaining Mental Wellness
Coping and Resiliency in High Stress Situations

CURRICULUM VITAE

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