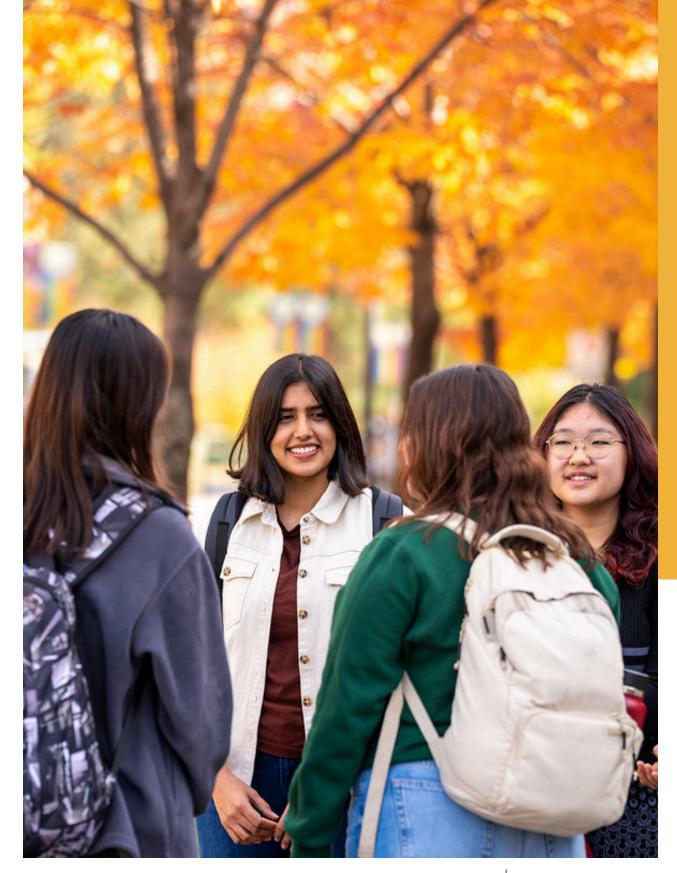
YOUTH CATALYST

PHASE 1







'The state of the young in any city is the litmus test for a city's level of sustainability and vibrancy'

-Anne Kajumulo Tibaijuka, former Executive Director of UN Habitat



Project Overview

The purpose of the 'Youth Catalyst Project' was to review plans and strategies, connect community partners to understand the current state of mental health and build momentum in the Central Okanagan towards a community where youth (age 12-24) can flourish. Upstream interventions to increase youth resilience have been researched and named by community members and refined by leaders and scholars. We know what we need to do to create a thriving community for youth that supports optimal wellness, reduces risk and intervenes early when they struggle.

Despite this knowledge, the focus on youth tends towards crisis intervention and mediation of one epidemic or another. Conditions that support youth wellbeing are rarely discussed. This project sought to consider creating a healthier community where youth can thrive and spent much less time exploring converging crises, and did not consider the youth mental health 'system' except when programs or services were attending directly to healthy community development or early intervention strategies. This scan also did not consider intervention strategies that target children (though they are critical to youth flourishing).

Findings from this project include that community members are passionate about youth health and keen to support initiatives that will create evidence-based, youth-informed, community-level changes. There is a common feeling among participants in this review of the youth care ecosystem that we (as a community) are ready to move beyond survival mode and crisis management and establish collaborative spaces that allow us to explore how to create wellbeing communities.

Constituents of this project are very interested in finding spaces for increased collaboration, networking and co-creating tests of change to enhance community wellbeing.





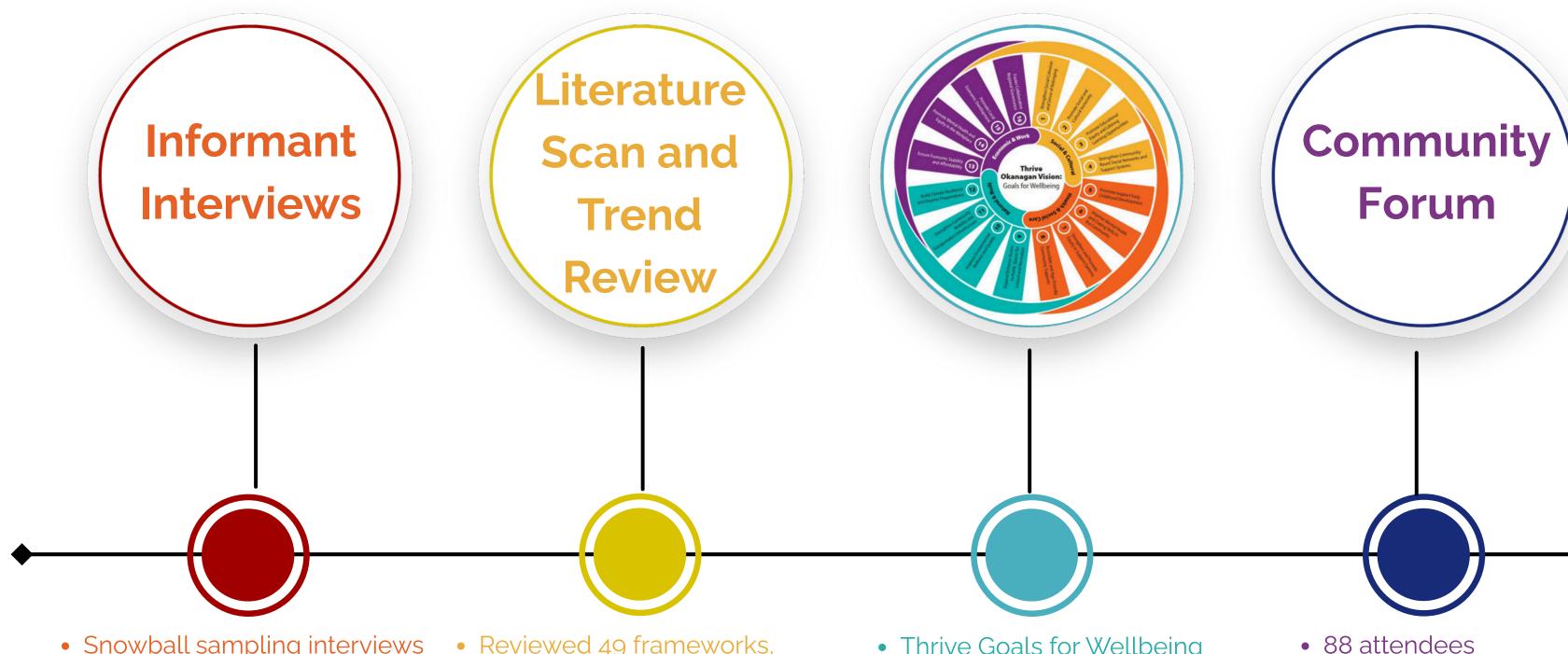
Project Goals

The project goals were:

- 1. Build Connections
- 2. Create youth wellbeing tool to highlight strategy and priorities.
- 3. Facilitate a community forum

While the process took longer than expected, all project goals were met and additional opportunities emerged.

Project Phases



- Snowball sampling interviews
- 28 organizations
- 42 engagements

- Reviewed 49 frameworks, curricula and innovative practices (Appendix A)
- Reviewed recent youth wellbeing data for the Central Okangan (Appendix B)
- Thrive Goals for Wellbeing were developed. This emergence caused shift in the development of youth-specific actions.
- Including 17 youth
- 23 Agencies
- 9 Executive Directors

Interviews

A series of snowball sampling interviews were conducted. These interviews focused on primary prevention initiatives and uncovering what literature, evidence or perspectives are driving priorities and actions. Interviewees were identified by a mapping exercise and expanded as the interviews progressed and more key collaborators and youth health actors were identified. Forty-two interviews were held, representing 28 organizations (including Central Okanagan Public Schools, Interior Health, City of Kelowna and many non-profits).

Despite best intentions, many interviews focused on challenges with the youth care system and few could articulate what frameworks or evidence they were drawing from.



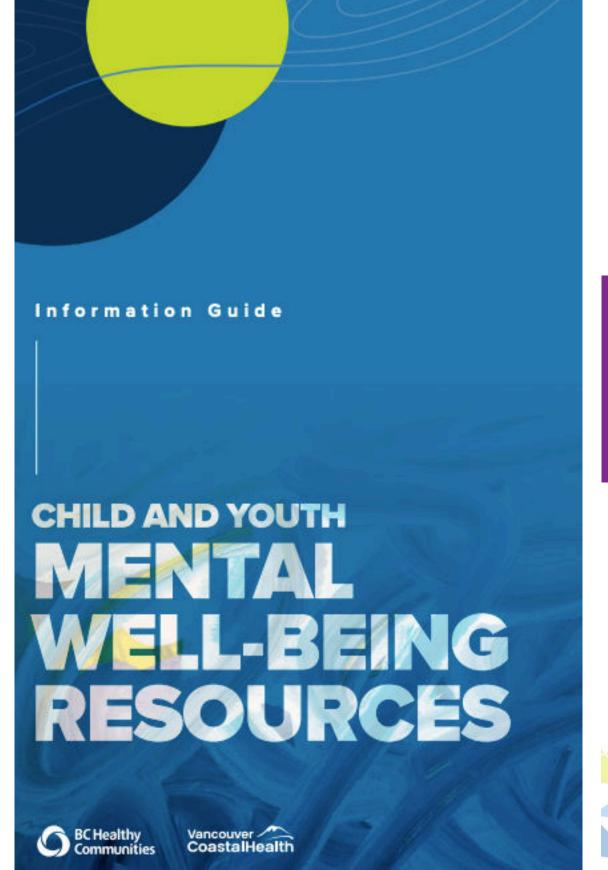


Emergent themes included loneliness and belonging, need for identity and race-based support groups/spaces, safe physical and online spaces for youth, suicidality, substance use, poverty, the occurrence of crisis driven interventions (instead of treatment), critical need for family-based supports, school avoidance, social anxiety, youth violence, food security, technology dependence, and a felt lack of social cohesion among youth and service providers.

Leveraging approaches that increase community-level resilience, social cohesion, familial stability and other social determinants of mental health will address all of the significant issues identified by the informants.

Literature Scan

A list of frameworks, plans and guiding curricula (see Appendix A) was compiled and reviewed during these interviews and a subsequent literature scan. This scan aimed to understand the evidence base that informs healthy communities for youth and to look for promising practices that could be leveraged to support Thriving Youth in the Central Okanagan. Several documents emerged as critical either because they might lead to funding opportunities such as the BC Healthy Communities Pillars, or because they are already guiding local programs such as Michael Ungars R2 Curriculum. Interventions such as the Icelandic Model, which prioritizes 'community as patient' were often discussed in the interviews and is of interest to the community as a potential model for us. The Icelandic model is a collective impact intervention that shares data, makes long-term commitments and tests interventions at a broad community level. This approach is showing remarkable impact on youth health (especially related to substance use) and is being enacted in communities around the world.







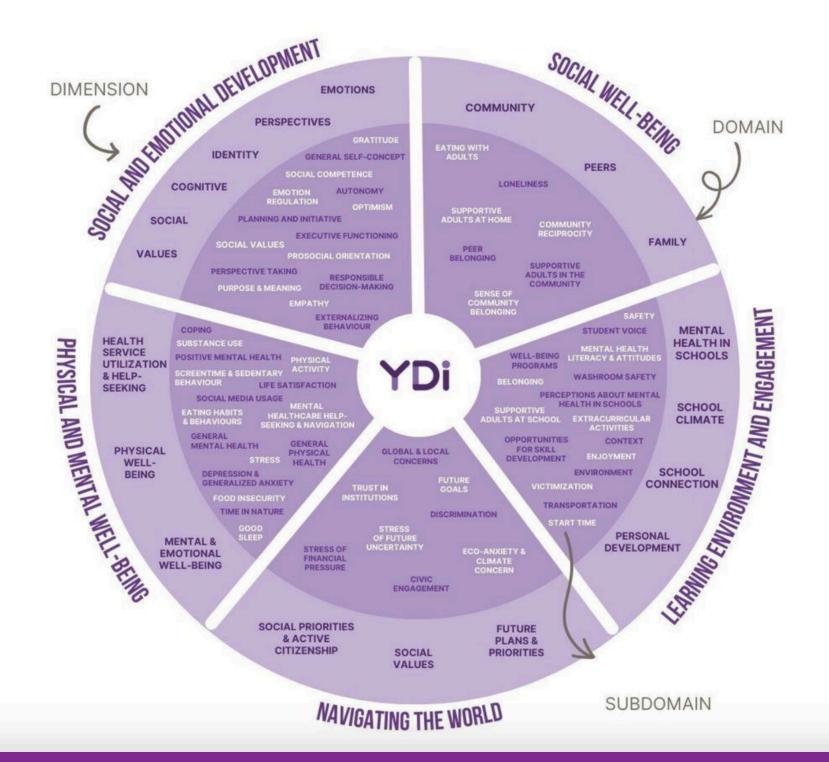
KELOWNA YOUTH SERVICES FRAMEWORK

March 2022

Prepared By: Urban Matters CCC Ltd.

Youth Wellbeing Data

All collective impact initiatives must have agreed-upon data that they are working to improve. In British Columbia, most youth wellbeing data is collected with the Youth Development Instrument (CHART Lab SFU) and the Adolescent Health Survey (McCreary Centre Society). Several recent publications are sounding the alarm about worsening mental health among young people since the pandemic. Texts like 'The Anxious Generation' are fueling global concern about the mental health of young people. Data for 18 - 24 year olds is more difficult to access and mostly limited to those in post-secondary institutions. The Canadian Campus Wellbeing Survey is the most utilized data metric for this cohort. Youth in the Okanagan are using more substances than other youth in the province and experiencing significant loneliness and a lack of support.



Okanagan Youth - Where are we at?

Decline in Mental Health:

- The proportion of Okanagan youth rating their mental health as good or excellent has decreased from 70% in 2018 to 56% in 2023.
- Only 46% of Okanagan youth felt they managed stress well or very well, a decline from 54% in 2018.

Substance Use:

- While substance use remains higher in the Okanagan compared to provincial averages, there have been slight declines:
- Alcohol use decreased from 53% in 2018 to 49% in 2023.
- Tobacco use declined from 24% to 20% over the same period.
- Cannabis use is higher in the Okanagan (32%) compared to the provincial average (22%).



Okanagan Youth - Where are we at?

Social Connections:

- Over a quarter of youth indicated they often or always feel lonely
- Youth reported feeling less connected to school, having fewer close in-person friends, and feeling less understood by their families.
- Youth reported better health and well-being when they had access to supportive adults. While 75% of youth reported having caring adults at home, fewer reported such support at school (34%) and in the community (26%).
- High-quality friendships also played a crucial role in youth well-being.

Violence

• Youth violence (including intimate partner) appears to be increasing nationally and the Central Okangan is not an exception to this trend.





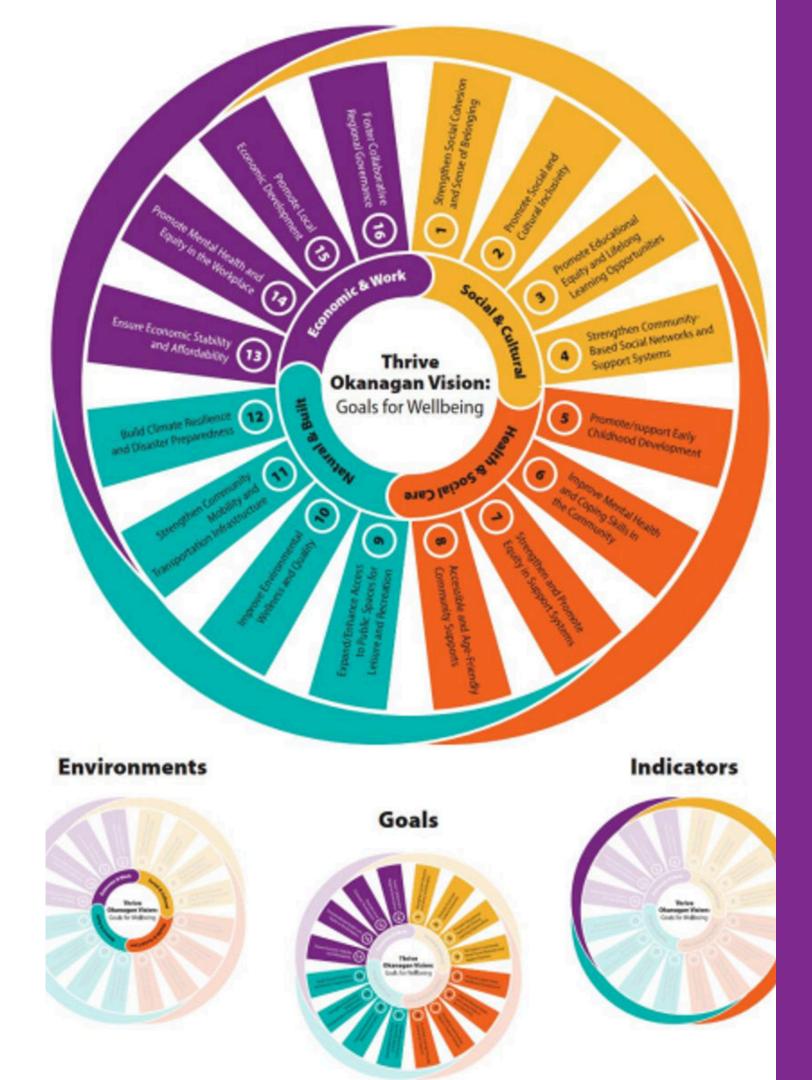
Tool Development

The creation of a youth tool was delayed as the emergence of the Thrive Goals for Well-Being evolved as a project. It was agreed that any youth wellness strategy needs to be deeply rooted and in alignment with the community-level goals. *Youth flourishing is an outcome and indicator of community health.*

Driver diagrams have been used in our community as a tool to align actions, prioritize funding and move the community together in the same direction. Tools like this must be iterative and subject to community priorities and current context. It is recommended that the actions (as articulated in Appendix C) be open to shifts based on youth wellbeing data, emergent youth voice and community priorities.

The key guiding documents for this tool are the frameworks created by the Clarity Youth Research team, R2 Resilience Curricula (Michael Ungar), BC Healthy Community Pillars, and the Health Canada plans for healthy communities for children and youth. These frameworks provided the drivers to our plan, tertiary actions were named through a facilitated intervention at the Community Forum.

This tool will only be useful in the context of a community movement that is carefully stewarded through asset-based community development principles and youth-adult partnerships that emphasize youth voice.



Community Forum

On April 22, 2025, eighty-eight community members came together to explore evidence compiled in this project, hear presentations about promising practices happening in our community, and explore actions that can be collaboratively undertaken.

The primary question asked was "What would need to be true (at a systems level) for youth in our community to increasingly demonstrate resilient traits?"

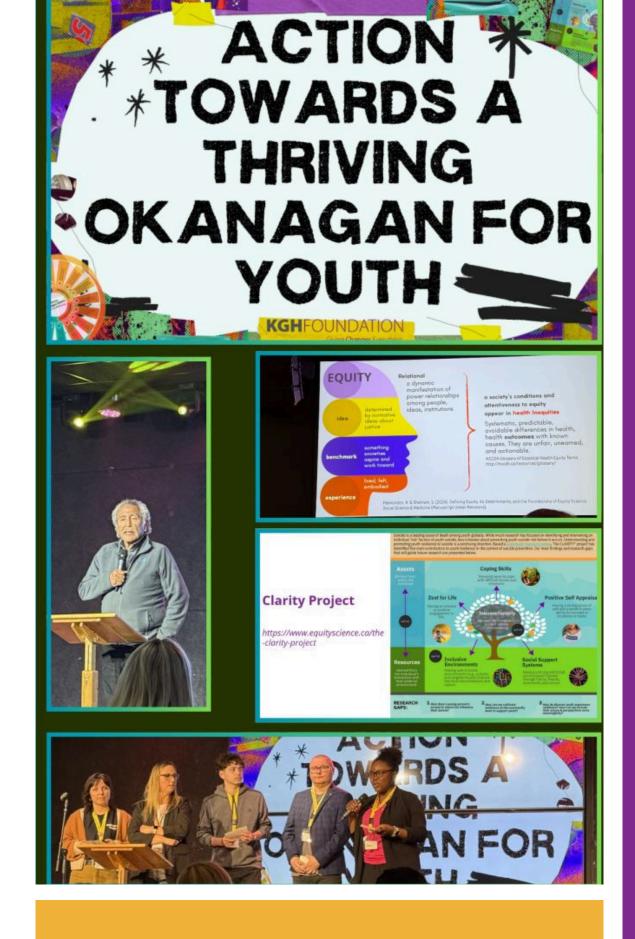
Post-event evaluations were positive and articulated the value of opportunities to build relationships and collaborate. Community members would like to participate in more events like this that provide the opportunity to network, collaborate and share assets.

Quotes from Post Event Evaluation:

'Strong collaboration is needed to move this work forward.'

'Better integration among community partners, including local governments, the business sector and NFP' (is required to advance this work)

"Creating a coalition of people willing to actually take an idea, brainstorm more and make it happen."



Recommendations

Prioritizing youth wellbeing will necessitate a long-term commitment to the process of tending relationships, coalition building, tests of change and strength-based / evidenceinformed action. This sector is fraught with competition, division and territorial gatekeeping. Trust will be slow to emerge. Promising practices, like the Icelandic model prioritize meaningful connection and sustained attention as treatment at the population health level, and we have already completed several foundational aspects (such as building coalitions, collecting data and community engagement) through this Youth Catalyst Project (see figure).

Youth mental health requires physical safety, third spaces (both virtual and in person) to connect, caring adults who encourage civic participation, a powerful identity and sense of belonging. Actions that seed and reinforce these must be collaboratively built and integrated into all sectors.



What is Planet Youth?

An organization based out of Iceland, that supports communities worldwide to adapt and implement a substance use prevention approach called the Icelandic Prevention Model (IPM)

What is the Icelandic Prevention Model? -

The IPM was developed in Iceland to ensure children and youth have the supports they need to live their best lives. This includes using less alcohol, tobacco and other drugs, experiencing less violence. better mental health, and feeling like they belong. The IPM has been adopted in more than 18 countries and hundreds of cities and towns around the world

What does the IPM Look Like in Practice?

- Building local coalitions of community members, community-based organizations, policy-makers, researchers, professionals, schools, youth service and health organizations, public health practitioners and youth
- · Conducting youth Surveys every two years in schools and providing user-friendly reports to give communities real-time data on youth substance use behaviors and risk and protective factors (things that make it more or less likely for a youth to use substances)

Community engagement

Based on local findings, communities design programs and policies that address the risk and protective factors identified in the surveys (e.g. parent groups, buses that take kids to activities after school, support for recreational activities, and school-based health promotion activities) Leisure

Examples of protective factors

Family (spending time with family)

The

time (affordable options for activities)

group (having a Individual

School (feeling safe at school)

THE IPM IS BUILT ON A FOUNDATION OF 5 GUIDING PRINCIPLES



Society is the patient



Meaningful connection is treatment



STEP 4

including

data-driven

diagnostics

Data collection

and processing

Sustained attention as a treatment



STEP 6

Dissemination

of findings

Builds community-specific and institution-level capacity for leadership and problem-solving



The scope of the solution matches the scope of the problem

STEP 10

Repeat steps

10 CORE STEPS OF THE IPM

STEP 1

Local coalition identification, development. and capacity building

Local funding identification. development, and capacity building

STEP 2

STEP 3

Pre-data collection planning and community engagement

STEP 5

Enhancing community participation engagement

STEP 7

Community goal setting and other organized responses to the findings

STEP 9

STEP 8

practice

Policy and

alignment

Child and adolescent immersion in primary prevention environments, activities, and messages

1-9 annually

 His Majesty the King in Right of Canada, as represented by the Minister of Health, 2024 Cat.: HP35-187/2024E-PDF | ISBN: 978-0-660-72679-3 | Pub.: 240337

"We can make ourselves more resilient by making the world around us supportive."

-Michael Ungar, <u>Change Your World: The Science of Resilience and the True Path to Success</u>



Recommendations



Create and steward a dynamic network to advance youth-specific actions that align with the Thrive goals for wellbeing.



Seed 'tests of change' based on that model youth participation and civic responsibility. Ensure the actions are evidence-informed and focus on the social determinants of youth mental health (belonging, safety, etc).



Increase competency in the community to create youth-friendly spaces and capacity to engage youth in change projects.



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