

Research & Practice Notes

Diversifying outreach: Key practices for recruiting youth from equity-seeking communities into North American mental health advocacy movements

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North American mental health organisations often struggle to diversify community perspectives informing their programs. A lack of representation compromises advocates' ability to serve members of equity-seeking communities. I conducted semi-structured interviews with nine youth who volunteered with a North American charity, 'Catalyst,' and who self-identified as Black, Indigenous, low-income, or male. I used thematic analysis to identify common motivations for participation and ways to close gaps in engagement. Catalyst-involved youth undertook advocacy to: 1) combat social injustice; 2) find like-minded peers; and 3) strengthen personal skillsets. These compelling motivations provide opportunities and strategies for recruiting under-represented youth. Adult-led organisations may wish to improve their organisations' visibility in public spaces, host networking events, and offer professional development opportunities.

Introduction

Gaps in mental health outcomes between youth from socially privileged groups and youth from marginalised communities in North America remain wide. Experiences of interlocking oppression, such as systemic discrimination facing 2SLGBTQIA+, racialised, Indigenous, and low-income communities, significantly increase the likelihood of distress (Yamaguchi et al. 2023). Some North American mental health organisations are turning to youth engagement as a way forward (Halsall et al. 2020). Recruitment of youth from marginalised communities, however, may prove challenging.

Context for the Inquiry

I have over seven years of experience in mental health advocacy, which includes contact with a North American charity that I will call 'Catalyst.' Catalyst engages youth volunteers through three programs: 'Gatherings,' 'Presentations,' and 'Branches.' Gatherings are conferences where young participants hear

from guest speakers and socialise with each other. Presentations are peer to peer workshops that cover the basics of mental health literacy. Branches are localised, youth-led advocacy hubs with mandates to reduce mental health stigma. Finally, Catalyst engages a few youths through high-level programming akin to advisory councils, where participants inform organisational development.

A barrier to Catalyst's push for health equity is the disproportionately low participation of people identifying as male, Indigenous, Black, or low-income in their network, as documented through a national survey of youth volunteers (n=836). This survey was sent to Catalyst's national network in 2021. Out of everyone who responded, 52% identified with a racialised ethnicity, and 4% of respondents identified as Indigenous; 79% identified as women, 15% as men, 5% as non-binary, and 1% as transgender. This study examines strategies that Catalyst and other youth mental health organisations could enact to better engage under-represented communities.

Background

Contemporary efforts to engage young people in mental health advocacy are inextricably linked to mainstream conceptions of health and illness. Existing discourse tends to focus on individual deficits and centre mainstream psychiatric interventions as culturally neutral responses to distress (Sundar et al. 2012). Mental health discourse is thus separated from the relational, social, historical, cultural, and political contexts that youths occupy, and that critically influence their quality of life.

Some biomedical interventions are offered as culturally neutral responses to distress (Garjaria et al. 2021). However, members of equity-seeking communities cite experiences of discrimination and cultural mismatch as obstacles to engaging with mental health systems (Garjaria et al. 2021). Examples of poor service uptake represent challenges unique to individual communities, but they also represent systemic processes that push out individuals who could benefit from accessible mental health resources.

Diversified youth engagement supports mental health promotion, a 'strengths-based orientation' to developing mental health and equity by improving individuals' and communities' ability to overcome barriers to wellness (Jenkins et al. 2023). Effective mental health promotion typically addresses social determinants of health affecting beneficiary communities (Jenkins et al. 2023). Youth participation in advocacy is observed to benefit volunteers and communities at large (Foster-Fishman et al. 2010, Wray-Lake & Abrams 2020).

The benefits of mental health promotion, for youth participants, include a sense of self-efficacy and emotional empowerment (Jenkins et al. 2023). Young people who advise or counsel North American mental health organisations report similar feelings of agency despite working on largely divergent projects. Youth recognise their personal abilities, and demonstrate self-efficacy, when they advance projects that impact local or national communities (Halsall et al. 2020). These observations reflect emotional empowerment, which refers to youths' perceptions that they can meaningfully affect the sociopolitical environments in which they live (Wray-Lake & Abrams 2020).

Diversified youth engagement often engages local communities in mental health promotion efforts (Knoll et al. 2012, Yamaguchi et al. 2023). The more directly a young person informs an established organisation's strategic directors, the greater their proximity is to high-level actors in the mental health sector (Halsall et al. 2020). Communities engaged in dismantling, rebuilding, or re-shaping social institutions may enjoy a sense of control, which feeds into health promotion (Foster-Fishman et al. 2010, Wray-Lake & Abrams 2020). Considering these benefits, I ask: *how can North American organisations more effectively engage youth from communities that were historically excluded from mental health advocacy spaces?*

Methods

I consider myself a Catalyst insider: I had five years of experience volunteering for Catalyst at the time of data collection. I am a racialised, queer, and transgender person. My commitment to equity spurred my

interest in undertaking this research project. While I completed my research as a community partner, the trust that I built with Catalyst's network likely supported participants' willingness to share. I guarded against conflicts of interest by developing, negotiating, and signing a Memorandum of Understanding with Catalyst's leadership prior to data collection. I reviewed my findings with Dalhousie researchers, who are acknowledged at the end of this paper, to manage bias. My history with Catalyst remained front-of-mind as I interpreted interview data, formulated recommendations, and pursued knowledge translation such as academic publication.

My study was approved by the Social Sciences and Humanities Research Ethics Board at Dalhousie University (File #2023-6762). All participants provided written informed consent prior to completing their interviews, along with written consent to having their interview responses published.

Interview Process

I completed semi-structured interviews with nine current and former Catalyst volunteers. Interview participants were young adults between the ages of 18 and 30. Four interviewees self-identified as White, two as Black, one as Indigenous, and two as otherwise racialised. Two participants lived in Western North America, four in Central North America, and three in Eastern North America. I am keeping the geographic areas vague to heighten confidentiality, with the recognition that ambiguity glosses over important regional differences in life experience. The pool was more homogenous in terms of social class and gender. Two participants had experiences of low income, six self-identified as middle-class or affluent, while one did not disclose their socioeconomic status. Eight participants self-identified as men, while one self-identified as a woman. I wanted to capture men's experiences as Catalyst volunteers, as men are generally under-represented across Catalyst's programming. I recognise the under-representation of low-income people in my participant pool as a limitation of my study. Participants were all university students or recent graduates, which demonstrates an over-representation of people with high cultural capital.

I shared research documents with participants early, to facilitate informed consent. To promote safety, I shared professional mental health resources before interviews. Identifying information was kept on an encrypted university account with two-factor authentication, and participants are only referred to by pseudonym. During interviews, I prompted participants to describe their role(s) at Catalyst, and to comment on observed social dynamics. Interviews were recorded and transcribed. I shared back key findings with participants, and everyone who responded affirmed my insights. Participants received a \$25 electronic grocery gift card or e-transfer as honoraria.

Data Analysis

This narrative thematic study was influenced by the writings of Braun and Clarke (2006) and as interpreted by Campbell et al. (2021). My thematic analysis included an iterative process for collecting, interpreting, and synthesising evidence (Braun & Clarke 2006). I identified patterns within datasets, collected insights into themes, and interpreted findings to explain phenomena of interest (Braun & Clarke, 2006, Campbell et al., 2021). I completed revisions as I advanced my analyses.

After completing interviews, I identified four major themes. Participants described their *engagement* with Catalyst in general terms, including what drew them to the organisation and how they interacted with various programs. Participants shared the *opportunities* for growth that they accessed as Catalyst volunteers. They identified *challenges* that they encountered, such as missed opportunities for knowledge mobilisation. Finally, participants offered *recommendations* for Catalyst to grow as an organisation. I identified sub-themes within these four broad categories, which I translated into policy recommendations taken back to Catalyst.

Findings

Analysis of the interview data highlighted three main contributors to youth engagement. Current and former Catalyst volunteers described: 1) a desire to combat perceived social injustice; 2) a desire for connection; and 3) the desire to strengthen personal capacity.

Combating Social Injustice

Most Catalyst-engaged participants had a personal history of mental health struggles, or they had a close relation who experienced poor mental health. These experiences informed their desire to speak out. When asked to reflect on the people already present within Catalyst's youth network, Aaron (a White man from Western North America), shared: 'It is kind of a pipeline from [demonstrating linear movement with one hand] suffering... poor mental health person, to advocate, to person engaging with Catalyst'.

Aaron's description represented a subtheme, where young people expressed a desire to share their stories and uplift struggling peers. Story-sharing was an intent of Catalyst as an organisation, which attracted volunteers like Aaron, and Noah. Yet Catalyst volunteers went beyond a focus on mental health awareness to speak critically about matters of race and gender. Noah, a cisgender and straight Black man, described feeling disconnected from the mental health educators he met as a teen. In Noah's community, conversations about wellness overwhelmingly targeted Queer men and cisgender women. Noah explained:

Their struggles are, like, totally different from yours. When a gay man talks to me about the struggle that he's experiencing as a gay man, there's a variety of things that I can't understand because I'm not in this position.

Noah emphasised the role that representation played in his decision to join Catalyst. As a Presenter (a mental health workshop facilitator), Noah shared his personal journey with other cisgender and straight Black men, acting as the voice he perceived was missing.

Desire for Connection

For many Catalyst-involved youth, mental health advocacy was an activity through which they could meet new people and enjoy a sense of community. Brandon, a White man from Eastern North America, found Catalyst through a fair hosted by his university. He recalled: 'I was going through one of the [student society] fairs ... And I saw [Catalyst's] booth. It seemed pretty interesting to me ... I just kind of started ... helping out at more of the events'. Brandon described his experiences as a Branch volunteer, which tied into his desire to connect with his local community. Brandon saw the need to de-stigmatise help-seeking, such as for a close friend who experienced mental health struggles.

Jasvir, a racialised man residing in Eastern North America, read about a Catalyst volunteer through his university's newsletter. Jasvir, who had personal experiences of poor mental health, expressed a desire to connect with other civically minded youth and make space for compassionate wellness discourse. He recalled: 'When I was back in university, I tried to keep an eye on people that [uphold] the value of justice. Like social justice, equity, diversity and inclusion ... How can we meet people and learn from them?'. For Jasvir, joining Catalyst was a way to surround himself with potential role models, friends, and mentors. For youth struggling with their mental health, finding spaces where their contributions are upheld is often novel. Jasvir described Catalyst as an organisation where youth pushed for social justice, equity, diversity, and inclusion, which he identified as key personal values.

Strengthening Personal Capacity

Several interviewees connected their civic engagement to their desire for professional advancement. Aaron, a White man from Western North America, heard about Catalyst while promoting a separate mental health event. Catalyst shared Aaron's cause, and Aaron was impressed by Catalyst's reach. He described his rationale for staying involved: 'I'm always kind of, scheming and ... um, making plans, and I just thought ... [Catalyst] was an organisation that I would do well to keep within my life.' For Aaron, Catalyst was an organisation through which he could access powerful social networks and their resources.

Oliver, a White man from Central North America, joined Catalyst through the Gatherings program, which organizes national and regional conference. Oliver recalled: 'I loved organising [the local Gathering] ... That was such a fun experience for me. And also a huge leadership opportunity for me. I learned so much ... I think it gave me opportunities as a result.' While Oliver identified altruistic drivers of civic engagement, he also valued the professional skills that he developed through Catalyst. He was not alone. Amir developed his public speaking skills by hosting Catalyst events. Josephine strengthened her communications skills by facilitating mental health conversations at a Gathering. For Catalyst volunteers, the desire for personal development existed in tandem with their altruism and their personal commitment to mental health advocacy.

Discussion and Conclusion

Mental health organisations looking to attract diverse youth supporters are encouraged to emphasise elements of collective impact, social connectivity, and professional advancement when conducting outreach. Representatives of mental health advocacy organisations could focus their recruitment efforts on public spaces where members of under-represented communities are already active, such as community fairs (Ruiz-Casares et al. 2015)

Amir and Brandon, two interviewees, found Catalyst through student society fairs at their respective post-secondary institutions. They described the high visibility of Catalyst-themed booths, and friendly representatives drew them into fruitful conversations about civic engagement. While an existing inclination to socialise and push for equity is described by several participants (e.g., Brandon, Jasvir, Oliver), they also highlighted a need to deepen and maintain connections formed through advocacy. Aaron's professed desire to keep Catalyst's network 'within my life' implies that his engagement with Catalyst could help him influence local mental health discourse over the long term. Noah's goal of adding his perspective to local mental health discourse illustrates this possibility.

Mental health organisations could spotlight the professional development opportunities they offer to members. Offers will naturally vary between organisations of different sizes and means, but examples are captured in the academic literature (Canas et al. 2019, Foster-Fishman et al. 2010). Participants in the current study named public speaking skills, mental health literacy training, leadership development, and travel opportunities as benefits of supporting Catalyst. Interviewees emphasised their desire to balance altruistic work with their desire for professional development. The focus on mental health was an additional motivator for almost everyone, reflecting deeply personal experiences.

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