YOUTH MENTAL HEALTH AND WELL-BEING: WHAT’S HOPE GOT TO DO WITH IT?

Kids Help Phone
Critical Issue Report
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**Based on the following data**

Kids Help Phone analysis of online posts submitted to the Teen Emotional Health Forum between November 1, 2010 and January 31, 2011.

Posts quoted in the body of the report have been edited for grammar and spelling. Some posts included in the French report have been translated from English.

The information reported in this report is based on information collected by Kids Help Phone. The results of this study may not represent general population trends.
INTRODUCTION

I am pleased to introduce you to Kids Help Phone latest mental health issue report: *Youth Mental Health and Well-Being: What’s Hope Got To Do With It?*

In 2010, Kids Help Phone published a report on the mental health literacy of the kids and teens who use our counselling service on our website. The research explored what young people know about mental health and if (and how) this translated into a willingness to reach out for help. This year, we build on the 2010 report; we turn the lens away from how people conceptually understand mental health and we focus instead on how they experience and talk about their own mental well-being, and the factors affecting it.

If “struggle” is a universal experience, then “hope” is vitally important to human existence. It energizes people to move forward and protects them from deciding that there are no solutions, no resolutions and no possibilities. “Hope” inspires.

Yet, as this report will show, because well-being is so complex and multifaceted, “hope” is equally complex and multifaceted. Professionals and non-professionals must gain an understanding of the pressures kids and teens are facing, be able to put the struggles of individual young people into context, and acquire an understanding of the factors that hinder and foster young people’s well-being.

Nurturing the well-being of young people requires the difficult and ongoing work of fostering hope; that is the critical work of Kids Help Phone. The safe, free and accessible environment we provide young people enables them to ask for help, assists them in exploring ways to build their confidence, and encourages them to reach their goals.

But Kids Help Phone believes that mental health should not be seen exclusively as a health and social service issue. Whilst an important part of the spectrum of care —prevention, promotion and recovery—, we are only one element of what a young person should be able to access and count on; being there for young people’s well-being and hope is a responsibility we all share.

Thank you to our counselling staff for their continued commitment to deliver on our vision of being there for kids. Their passion and compassion play, every day, an important role in the promotion of mental and emotional well-being.

Dr. Janice Currie  
Vice President of Counselling Services  
Kids Help Phone
EXECUTIVE SUMMARY

Well-being is a way of describing quality of life. Although self-defined, it is affected by social factors such as poverty, violence, and inequity. Hope, or the ability to be hopeful, is arguably one of the most important emotions as one works towards a meaningful and satisfying life: it promotes mental and physical well-being, gets us through stressful times and supports recovery.

Every time a young person contacts Kids Help Phone, it is because they are struggling with personal, interpersonal or environmental factors that are affecting their well-being. Sometimes their struggles are common ones: grief, loss, change, and conflict are difficult challenges that everyone faces at one time or another. Other times, their struggles are compounded by situational factors like violence, poverty, and discrimination. And for some of our clients, the ability to respond to and make sense of the challenges of growing up is significantly eroded by a clinical-level mental health condition. Whatever the challenge they are facing, kids and teens contact Kids Help Phone because they are feeling hopeless, "stuck" with a problem, or like they can’t move forward without help.

Evidence tells us that well-being is becoming more elusive, in large part because of unrealistic or outdated expectations and pervasive uncertainty about the future. The pressure to perform, to succeed against all odds, to make the right choices, to save face or to prove their worth in the eyes of others are common reasons kids and teens reach out to us. Alongside reports of pressure to live up to expectations, to succeed, to "become someone" come telltale signs of faltering hope: resignation to failure; goal abandonment; apathy; suicidal ideation; anxiety about the future; complaints of depression.

Part of the work of becoming an adult is learning to set realistic goals, and to adapt unrealistic goals in order to make them achievable. Hope is not blind faith; it is a learning process that includes uncertainty, trial, and error. But when uncertainty, or uncertainty that inhibits goal-setting and the process of learning from experience, becomes pervasive, it can actually promote hopelessness and erode mental well-being. Because this is the type of uncertainty that young people are grappling with, having strong support networks – or people who can be relied upon to do hope with them – is more important than ever.

Fostering hope is what the Kids Help Phone professional counsellors do every day. Making available some of Kids Help Phone’s practice-based understanding of the things that hinder and foster young people’s well-being, this report analyzes posts to the “Ask Us Online” section of Kids Help Phone’s counselling website, and explores the wellness needs, goals, and hopes for the present and the future of the young people that reach out to us. But how does a parent guide and help the kid in their life to get “unstuck” and feel hopeful? This report also offers tips and practical suggestions on being hope-centric and "doing hope" with the young people in our lives.

Methodology

Posts to the Emotional Health forum of the “Ask Us Online” section of our English website offer us unique access to a wide range of young people’s first-person accounts of mental and emotional struggle, fear, and uncertainty.

For this report, two sets of posts submitted to the Teen Emotional Health Forum were analysed. The first set (846 posts submitted between November 1, 2010 and January 31, 2011) were filtered through a word frequency analysis to learn what language these young people were using to describe their mental and emotional struggles. The second set (296 posts submitted in January of 2011) were the basis for a for a more in-depth thematic analysis that specifically examined the balance of hope and hopelessness in the kid or teen’s narrative; the implicit
or explicit goals (or “wellness needs”) embedded in their presenting issue; and evidence of a range of factors broadly recognized as determinants of health, including:

- The presence of violence in the young person’s context (victim or witness)
- The experience of discrimination (or lack of equity)
- Socioeconomic disadvantage (poverty, financial instability, significant debt inadequate or unstable housing, food insecurity, lack of access to resources including higher education & health care)
- Mental Health problems (identified, ongoing, clinical-level concerns – either personal or in the family)
- Physical Health (physical ill-health, physical disability – either personal or in the family)

1. 100% indicated a desire to feel better “in my own skin”;
2. 80% of posters wanted to be loved, respected, or listened to;
3. 48% wished to feel a sense of meaning, direction, or achievement;
4. 33% of posters expressed a need to be safe or free from violence.

In this analysis, the most common needs identified were also the most universal. They're the things that every human being needs in order to be well: to feel a sense of self-worth; be loved by and connected to others; to experience a sense of purpose or meaning in life; to feel safe in the world.

**Highlights**

**Hope and hopelessness**

Of the 296 posts analyzed, 36% contained indicators that the author was hopeful about his or her situation. A little under half of these (15% of total posts) were coded as demonstrating global hope, while the others were seen as displaying the more constrained issue-specific hope. Seventy-eight percent of the total posts contained indicators that the young person was feeling hopeless about his or her situation, with about two thirds of these (46% of total posts) indicating global hopelessness, and the remaining evidencing issue-specific hopelessness. We also looked for posts containing any references to suicide or suicidal ideation, and found that approximately 20% of posts referenced thoughts of suicide, contemplation of death as a possible option, suicidal intent, or past suicide attempts.

**Young-people’s wellness needs**

An emphasis on problems, struggles and difficult emotions is to be expected in posts to a counselling service like Kids Help Phone, but the number of posts containing indicators of hopelessness remains significant, and concerning. If hopelessness is essentially hope without the belief that a goal or outcome is achievable, it raises the question: what are the goals that feel so out of reach for our young people? Our analysis revealed that these fell into four broad domains:

As evidenced in Kids Help Phone’s 2010 Mental Health Literacy Critical Issue Report and elsewhere, more and more young people are using clinical terms like “depression” and “anxiety” to understand, communicate, and make sense of their struggles. This year’s Critical Issue Report underscores this trend. In our word frequency analysis, the most common word by far that posters’ used to describe their emotional state was “depressed” which appeared 451 times in these posts.

Clinical language often feels straightforward and tidy, when the experiences it describes are anything but. When we try to understand the feelings and experiences that are behind a young person’s clinical language, a more complicated picture of what “depressed” looks and feels like emerges. For the young people using our service,

- “Depressed” can mean scared, sad, alone, lost, stupid, hurt, confused, and angry.
- “Depressed” can also mean lonely, afraid, tired, mad, stressed, and ashamed.
- And sometimes, “depressed” can mean worthless, stuck, empty, hopeless, sorry, numb, and even suicidal.

Looked at from a slightly different angle, “depressed” points to a range of wellness needs that feel out of reach to these young people – the need to feel safe and supported, to feel loved and accepted, to have a sense of meaning, to feel competent and engaged, to feel proud, and to feel hopeful.
Hope in context: The determinants of health

When analyzing the posts for indicators of violence, socioeconomic disadvantage, discrimination, individual or familial mental ill-health, and individual or familial physical ill-health, we found --not unexpectedly -- that posts that contained such evidence were also more likely to contain indicators of hopelessness and suicidality, and less likely to contain indicators of hope.

Posts that referenced a single determinant of health had slightly higher levels of hopelessness and suicidal ideation and lower levels of hope than the large group.

In posts containing references to two determinants of health this disparity is more evident.

And in those posts containing reference to three or more determinants, the disparity is striking: indicators of hope are non-existent (0%), all posts contain indicators of hopelessness, and nearly half (43%) contain references to suicidal ideation.

Conclusions

Most young people feel “stuck” or hopeless at the time of reaching out to us. This year’s Critical Issue Report supports the evidence-base that hope and well-being are not individual attributes but rather, phenomena that arise from our collective, social experience. Young people reaching out are doing so most often in relation to universal wellness needs for things such as self-worth, love, a sense of connection with others, a sense of purpose or meaning in life, and safety.

Because well-being is complex and multifaceted, there are no “easy answers” or “quick fixes” to young people’s struggles. Nurturing the well-being of young people requires the difficult and ongoing work of fostering hope. Kids Help Phone is committed to promoting young people’s mental health and well-being. But we are only one part of a much larger network of connections and potential supports in any young person’s life.

Promoting young people’s well-being – which includes hope – is a responsibility we all share, so a good place to start is to share it actively. Supporting young people to make or develop strong connections with other people in their lives; helping them become informed about the range of more formal services and supports available in their communities; and encouraging their agency and respecting their choices, are all ways that we can be ‘hope-centric’ in our interactions with youth.

Kids Help Phone offers information, referral, and counselling to young people who are dealing with overwhelming emotions. By promoting the understanding that asking for help isn’t a sign of weakness, but a sign of hopefulness and resourcefulness, Kids Help Phone helps to reduce the stigma associated with mental and emotional health struggles and encourage help-seeking in kids and teens. Counsellors can be reached 24 hours a day, 365 days a year at 1-800-668-6868 or online at kidshelpphone.ca.
YOUTH MENTAL HEALTH AND WELL-BEING
WHAT’S HOPE GOT TO DO WITH IT?

The World Health Organization (Herrman, Saxena & Moodie, 2006) defines health as “a state of balance,” or “complete physical, mental and social well-being [...] not merely the absence of disease or infirmity.” Defined as such, mental health, physical health, and social functioning are interdependent. The balance of someone’s well-being can be tipped by any number of personal, interpersonal, and environmental factors.

I feel like no one understands me and no one will be able to help me.

female, 18

I can’t deal with it anymore.
I feel like I’ve lost who I am...

female, 20

Every time a young person contacts Kids Help Phone, it is because they are struggling with something that is affecting this balance of well-being1. Sometimes their struggles are common ones: grief, loss, change, and conflict are difficult challenges that everyone faces at one time or another. Other times, their struggles are compounded by situational factors like violence, poverty, and discrimination. And for some of our clients, the ability to respond to and make sense of the challenges of growing up is significantly eroded by a clinical-level mental health condition. Whatever the challenge they are facing, kids and teens contact Kids Help Phone because they are feeling “stuck,” hopeless, or like they can’t move forward without help. To become “unstuck,” these young people often need empathy, understanding, and guidance. Our counsellors help kids, teens and young adults make sense of their experience and identify concrete steps that can help improve their situation. Their task, in other words, is to open up space for young people to hope, even when they feel trapped by circumstance.

I don’t think I can ever be as happy or even come close to being as happy as others.

female, 15

I wonder why I’m even alive ‘cause i know i won’t be successful or do anything good.

male, 14

In recent years, the young people who contact us are increasingly using the language of mental health and illness / ill-health / disorder to describe their struggles. Important work being done in mental health literacy and awareness as well as growing media interest in mental health issues have made the language of mental ill-health more familiar and accessible to young people. And yet, as noted in Kids Help Phone’s 2010 Critical Issue Report, while our users’ mental health literacy is broad, it is also shallow. Young people are versed in basic mental health facts and concepts, but many still understand and interpret mental ill-health in ways that reflect their fear and promote stigma. Because of their misconceptions, counsellors who help young people “make sense” or “find hope” have the extra task of clarifying the relationship between everyday mental and emotional struggles (such as grief) and diagnosable mental health conditions (such as depression)2.

1 See Appendix A for a glossary of terms, including ‘well-being.’
2 Kids Help Phone is a non-medical counselling service that does not provide or confirm psychiatric diagnoses. We can, however, provide basic psychoeducation about common mental health struggles, explore strategies to improve well-being, as well as refer the young person to longer term supports when appropriate.
Building on Mental Health Literacy

In 2010, Kids Help Phone published a report on the mental health literacy of the kids and teens who use our service on our website. This research addressed both our ongoing interest in young people’s mental health as well as our more recent observation that young people increasingly use the language of mental health and illness to describe their struggles. The survey, which received more than 1400 responses from across Canada, had interesting results: namely, that there is a gap between what kids know about mental health, and what they do with this knowledge. For example, more than half of our respondents with relatively high levels of general mental health literacy indicated that they would not reach out or seek help if they were struggling. The reasons these respondents gave for not seeking help included not wanting to feel socially rejected or misunderstood, the fear of “being a burden”, not wanting their concerns minimized, not feeling like they could trust the available resources as well as the often-cited belief that “nothing can help.”

This year’s report builds on the 2010 report’s findings of how young people understand mental health facts and concepts, and how to encourage young people’s help-seeking by making it seem like a safer and more viable option. Here, we turn the lens away from how young people conceptually understand mental health, and focus instead on how they experience and talk about their own mental well-being and the things that affect it.

Posts to the Emotional Health forum of the “Ask Us Online” section of our English website offer us unique access to a wide range of young people’s first-person accounts of mental and emotional struggle, fear, and uncertainty. These posts also inform us of their wellness needs, goals, and hopes for the present and the future. In this year’s Critical Issue Report, we analyze these posts, paying particular attention to indicators of hope and hopelessness – interrelated experiences that are widely acknowledged as central to overall well-being. Our exploration of the balance of hope and hopelessness in these posts also includes analysis of the goals and wellness needs embedded in young people’s narratives, and the situational variables that may erode or foster hope. We will also take a close look at the language that young people use to describe their struggles, to learn more about ways that language relates to mental health and may even affect our hope and optimism about health and recovery. This report will also offer tips and practical suggestions on being hope-centric in practice, or “doing hope” with the young people in our lives.

The Ask Us Online forum invites young people to post a question to receive a personalized, written answer from a counselor. For kids who may be too shy or afraid to phone a counsellor, reading the Ask Us Online posts and counsellors responses provides a virtual community of other kids who may be going through exactly the same thing. In 2010, up to 49 kids were reading every question and answer posted, finding comfort and perspective without ever feeling like they were giving themselves away.

Mental health and wellness: what’s hope got to do with it?

Hope is arguably the most influential, and most importantly, flexible and enduring of all emotions. Hope has been understood as a psychological strength that moderates the effects of stressful life events, fosters recovery, and promotes mental and physical well-being (Miceli & Castelfranchi, 2010; Tutton, Seers & Langstaff, 2009; Valle, Huebner, & Suldo, 2006). High levels of hope during adolescence have been linked to scholastic achievement, self-esteem, and overall psychological well-being (Gilman, Dooley, & Florell, 2006; Stoddard et al., 2010).
In general, hope requires:

1. A wish or a goal
2. A belief that there is a possibility of obtaining this wish or goal
3. But also an uncertainty that the wish or goal can actually be achieved. Hope includes recognizing that there are things outside of one’s control that have the power to influence events (Miceli & Castelfranchi, 2010).

Hopelessness, then, is hope without the belief that a goal or outcome is actually achievable. Hopelessness limits our ability to imagine a way to reach our goal or wish (McCarter, 2007; Tutton, Seers, & Langstaff, 2009).

Hopelessness is a recognized risk factor for a range of negative outcomes for young people. Everything from school failure and crime/victimization, to developing a clinical level mental health condition or attempting suicide have been linked to hopelessness (Beautrais, 2000; Becker-Weidman et al., 2009; Bolland et al., 2005; Haatainen, et al., 2004 ; Stoddard et al, 2010). High levels of hopelessness have also been identified as more directly related to suicidal intent than depression alone (Beck et al., 2006). In addition to its impact on physical and mental well-being, hopelessness hinders our recovery from hardship or illness. Those who tend to feel hopeless in general feel more helpless in challenging situations, while those who tend towards hopefulness and trust their own strengths are likely to feel less trapped or constrained by situational challenges (McCarter, 2007; Miceli & Castelfranchi, 2010).

Significantly, hope is limited or cultivated by our environment. When people have opportunities to experience success, safety, and self-efficacy, and have had power to influence the world around them, they feel more hope (McCubbin, 2001; Prilleltensky, Nelson & Pierson, 2001; Ungar, 2008).

Hope in the face of uncertainty

“One of the greatest paradoxes of the modern world is that while material well-being and physical health have dramatically improved, the mental health of young people in transition from childhood to adulthood has been steadily declining…” (McGorry, 2011, p. 1).

Mental well-being appears to be growing more elusive for young people. There is no consensus on why mental health is decreasing worldwide. However, because this type of struggle is increasing globally, the “cause” is thought to have sociocultural origins rather than genetic or biological ones. Briefly, we can attribute mental ill-health and its increase to two interrelated factors (or, more accurately, clusters of factors):

• Health inequities: At the level of the whole population, health and well-being follow a social gradient: people experiencing poverty or financial instability typically have a higher burden of disease and ill-health, and those who are better off are, on average, healthier. In particular, poverty is a chronic stressor that has negative implications for mental health, as are inequality and violence (Fisher & Baum, 2010).

• The times we live in: Rapid cultural changes in the West, including shifting family and gender roles, increasing risks and uncertainty, and escalating individualism and materialism, are all newer sources of chronic stress (Eckersley, 2011; Lager & Bremberg, 2009; Patel, Flisher, Hetrick & McGorry, 2007; Wyn & Andres, 2011). Amidst these larger stressors, young people may be particularly affected by (Eckersly, 2011):
  • a heightened sense of uncertainty and insecurity (particularly about money and work)
  • increasingly “outwardly-driven” motivation (with more goals related to social status and “image” than in the past, and related impacts on self-esteem)
  • the belief that the individual is responsible for his or her success, regardless of any social barriers (i.e. socioeconomic disadvantage, racism) he or she may face.

The idea that the individual is responsible for achieving high levels of success against all odds (i.e. irrespective of the range of interpersonal, social and economic challenges, barriers, and uncertainties they may be facing) is reflected in the stories of our service users. The pressure to perform, to succeed, to make the right
choices, to save face or to prove their worth in the eyes of others are common reasons kids and teens reach out to us. The milestones that delineated the expected path to adulthood for previous generations – school completion, stable employment, marriage, purchasing a home, children – feel unrealistic or outdated to many of the youth who contact us, and yet they still feel pressure to succeed or to "become someone". Alongside reports of pressure to live up to expectations that seem further and further out of reach come signs of faltering hope:

I feel so alone. I don’t know what to do with life anymore. I have goals and dreams to become someone, but I can never make them. What’s wrong with me?! I just want an explanation.

male, 16

Part of the work of becoming an adult is learning to set realistic goals, and to adapt unrealistic goals in order to make them achievable. Hope is not blind faith; it is a learning process that includes uncertainty, trial, and error (Weingarten, 2007). Uncertainty is in fact a central component of hope. Being hopeful includes the motivation to pursue goals while recognizing that there are things outside of your control that can influence outcomes. But when uncertainty, or uncertainty that inhibits goal-setting and the process of learning from experience, becomes pervasive, it can actually promote hopelessness and erode mental well-being. Because this is the type of uncertainty that young people are grappling with, having strong support networks – or people who can be relied upon to do hope with them – is more important than ever.

Hope and hopelessness in young people’s narratives – a qualitative analysis

If we are willing to acknowledge that young people face unique (if not unprecedented) pressures and uncertainties, then we must also acknowledge that the work of fostering their hope and well-being is complex, multifaceted, and not something that any one person can do alone. Whether we are professional or non-professional sources of support in young people’s lives, we can begin by actively listening to them, with the goal of understanding the pressures they are facing and how this affects their subjective experience in the world. Kids Help Phone counsellors do this type of hope-fostering work with many clients every day, and thus have an understanding of the pressures kids and teens are facing. It can be difficult for non-professionals to access the kind of cumulative understanding that can help us put the struggles of individual young people into context. The remainder of this report aims to make available to others some of Kids Help Phone’s practice-based understanding of the things that hinder and foster young people’s well-being. Building on the hope-fostering work that counsellors do in their everyday work, this document is grounded in the findings of a qualitative analysis of young people’s posts to our online “Ask Us Online” service.

I play rep soccer, and school soccer, and I’m on the rowing team and have 80’s in school, but I just feel like I’m a failure. I know I shouldn’t feel like this but I can’t help but feel that if I was hurt and not participating, then the team would be better off. I get so down about myself that I end up drinking or taking outrageous amounts of pain pills. This is all so pathetic and I hate it. I just don’t know where I’m going with my life. I don’t know where to go and what to do and I want someone to tell me cuz I’m feeling so alone and lost right now.

female, 18

The analysis was based on three months of posts (n=846) to our English Teens Emotional Health forum (November, 01 2010 – January 31, 2011). These forum users, or ‘posters,’ ranged in age from 11-22 (see figure 1 for age breakdown) and were predominantly female (see figure 2). We began with a word frequency count to learn what language these young people were using to describe their mental and emotional struggles. We then selected one month’s worth of posts (January, 2011 – 256 English posts in total) for a more in-depth thematic analysis that specifically examined the balance of hope and hopelessness in the posts, as well as the implicit or explicit goals embedded in their presenting issue (their reason for contacting us). For a more detailed account of our methodology, please see Appendix B.
"anxiety" to understand, communicate, and make sense of their experiences. This shift has its significant advantages – including increased help-seeking – but some disadvantages, too. Take as an example diagram 1, which visually represents the number of times that particular feeling words were used in the 846 posts reviewed.

As is evident, the most common word by far that posters used to describe their emotional state was “depressed,” which appeared 451 times in these posts. Importantly, the vast majority of these young people are using this language in the clinical sense -- as in "I think I’m depressed" or “I have depression” – versus the more generic (and less clinical) “depressed mood or feeling depressed”.

Listening to the language of emotional distress

Many of the “feeling words” people use depend on context – our age, our geographical and social location, and, perhaps most importantly, the words we hear around us. In other words, we tend to talk about our feelings and experiences in the language that is most familiar and accessible to us. Over the past few years – thanks to strong work being done across multiple sectors – the general public’s level of mental health literacy has grown, and people are increasingly exposed to information about the signs and symptoms of mental disorders as well as diagnostic terminology. More and more young people are using clinical terms like “depression” and “anxiety” to understand, communicate, and make sense of their experiences. This shift has its significant advantages – including increased help-seeking – but some disadvantages, too. Take as an example diagram 1, which visually represents the number of times that particular feeling words were used in the 846 posts reviewed.

As is evident, the most common word by far that posters used to describe their emotional state was “depressed,” which appeared 451 times in these posts. Importantly, the vast majority of these young people are using this language in the clinical sense -- as in "I think I’m depressed" or “I have depression” – versus the more generic (and less clinical) “depressed mood or feeling depressed”.

Diagram 1: Wordle including clinical terms
One time I tried to hint to my mother, but all she did was laugh, and tell me that I have nothing to worry about, 'cause it's all in my head. She told me that I didn't have depression, that I only think I do, but I really don't. So I can’t go to them for any help or advice.

Given its visual dominance, it might seem like “depressed” is communicating something important. And yet on its own, “depressed” or “I’m depressed” doesn’t tell us very much: it’s a conclusion rather than a question, and it can limit how a young person understands their experience. When diagnostic categories become our most immediate frame of reference for describing and understanding emotional struggle and pain, the depth and specificity of experience can get lost. The “everyday life” aspects of our struggle can get overlooked, along with the interpersonal and environmental factors that help or hinder our personal well-being. And in this gloss, hope can also be undermined. In our counselling context, moving a conversation that begins with “I’m depressed” into an area that is productive and meaningful requires us to get behind the restrictive label to find out what “depressed” means for the client, and what wellness needs “I’m depressed” is communicating.

When we try to understand the struggle that is behind a young person’s clinical language, the picture becomes at once more complex and more specific. Rendered in greater detail, the young person’s narrative becomes something we can more readily engage with, unpack, and discuss. Take, for example, diagram 2, which is the same set of data pictured previously, with the prominent clinical terms “depressed” and “anxiety” removed.

Diagram 2 offers a more complicated picture of what “depressed” looks and feels like for these young people.

- “Depressed” is scared, sad, alone, lost, stupid, hurt, confused, and angry.
- “Depressed” is also lonely, afraid, tired, mad, stressed, and ashamed.
- And sometimes, “depressed” is worthless, stuck, empty, hopeless, sorry, numb, and even suicidal.

Looked at from a slightly different angle, “depressed” points to a range of wellness needs that feel out of reach to these young people – the need to feel safe and supported by others, to feel loved and accepted, to have a sense of direction, meaning and purpose, to feel competent and clearheaded, to feel balanced, energized and engaged, to feel relaxed, to feel proud, and to feel hopeful.

Diagram 2: Wordle not including clinical terms

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3 This includes both those young people who have been diagnosed with or likely meet the diagnostic criteria for depression, and those whose struggles fall outside of any diagnosable parameters.

4 For the purposes of this analysis, common word forms were collapsed when the meaning was equivalent, i.e., ‘I think I’m depressed’ and ‘I think I have depression’.
Some research suggests that framing mental health problems solely in biomedical terms—that is, attributing them to “illness,” genetic factors or brain chemistry—can increase stigma and discrimination against people who struggle with their mental health. This biomedical perspective may also encourage people to understand their mental health struggles as permanent or unchangeable, which in turn can limit how optimistic they feel about their recovery. According to the same research, stigma can be reduced by foregrounding the social and contextual factors that contribute to mental health problems, and by emphasizing the universality of their struggle (i.e., that mental health struggles are linked to life experiences and are, in fact, a part of our “shared humanity”).

* See: Queensland Alliance. From Discrimination to Social Inclusion [www.qldalliance.org.au]
Well-being interrupted

To learn more about the “what” of these young people’s struggles — what it is that they are attributing their pain to, and what they would like to see different in their lives — we also analyzed the posts for embedded goals or wellness needs. Our analysis revealed that these fell into four broad domains:

1. To feel better “in my own skin” (coded as Well-Being);
2. To be safe or free from violence (coded as Safety);
3. To feel a sense of meaning, direction, or achievement (coded as Purpose & Achievement);
4. To be loved, respected, or listened to (coded as Esteem).

These goals were sometimes quite explicit (i.e. “I want my parents to respect me”), but were more often implicit in users’ complaints or presenting problems. These domains were not mutually exclusive. Indeed, the majority of posts contained more than one identifiable goal or need. For example, in the narratives of young people whose most clearly articulated goal was “to feel better” or “to hurt less” we also saw a number of other implicit or explicit needs related to safety, esteem, and purpose.
Safety – freedom from family abuse, sexual violence, peer-group violence, bullying, and harassment – was the least frequently discussed need, but was still present in approximately one third of posts. Significantly (as Figure 8 illustrates) the subset of posts in which safety was identified as a need also evidenced considerably higher levels of global hopelessness (63%) than the larger group (46%). This difference lends support to the existing evidence that the experience of violence and abuse can significantly erode a young person’s well-being and ability to imagine a brighter future (Denny & Bronwell, 2010; Mudaly & Goddard, 2006).

The most common needs identified in these posts are also the most universal. They’re the things that every human being needs in order to be well: to feel a sense of self-worth; be loved by and connected to others; to experience a sense of purpose or meaning in life; to feel safe in the world. When these needs are unmet – whether compounded by a clinical-level mental health disorder or not – well-being is affected. These needs, and the feelings that arise when they are unmet or called into question are not inconsequential. Recognizing and reflecting back the ubiquity of these needs to the young people in our lives is in itself a hope-fostering practice, and a good place to begin the work of doing hope together.

As Figure 7 highlights, the goal or need for increased well-being was present in every post analyzed. For some young people this came through as a very general desire for less pain or to “feel better”, where for others it was more specifically related to improved coping, recovery or self-worth.

Increased esteem, or positive regard of others, was the second most common need, expressed in 80% of posts coded. This often presented as a wish for love, care, respect and belonging, or its inverse (the wish to stop feeling unlovable, rejected, dismissed or demeaned).

Nearly half of posts evidenced the desire for (or lack of) a sense of purpose and achievement. These goals came through as the desire to have or find direction and meaning, the wish for academic or financial success, and the pressure to meet others’ expectations.
Hopelessness in context: determinants of hope and hopelessness

Violence is not the only social variable that has a negative impact on health and well-being (though it is an important one). There are a range of recognized individual and environmental variables (or “determinants of health”) that have a primary role in shaping an individual’s social, physical, mental and spiritual well-being (Denny & Brownell, 2010; Halfon, et al., 2010; Hertzman, 2010; Mikkonen & Raphael, 2010). To better understand the possible influences of these health determinants on the well-being of the young people who write to us, we analyzed the posts for evidence of these variables, even when not directly attached to their presenting issue. We looked for:

- The presence of violence in the young person’s context
- The experience of discrimination
- Socioeconomic inequality
- Mental ill-health (including parental mental ill-health / disorder)
- Physical health problems (including significant physical health problems in the family)

In line with the existing body of research on the determinants of health, posts containing indicators of these determinants – and particularly those posts referencing multiple determinants – also demonstrated lower levels of hope, and higher levels of hopelessness and suicidal ideation. Figure 9 represents a trend in our data that could support the understanding that multiple social barriers can have a compounding negative effect on well-being.

As figure 9 highlights, those posts that referenced one health determinant had slightly higher levels of hopelessness and suicidal ideation and lower levels of hope than the large group. In posts containing references to two health determinants this disparity is more evident. And in those posts containing reference to three or more determinants, the disparity is striking: indicators of hope are non-existent. All posts with three or more determinants contain evidence of hopelessness, and nearly half contain references to suicidal ideation. In this latter, smaller group of posts, hopelessness seems to have limited the ability to imagine a different, better, future. The presence of a mental disorder like depression may very well factor in to this picture, but so does hopelessness, violence, and inequity. When we focus on hope – for recovery, for change, for doing well in the face of obstacles – we become able to acknowledge and address the range of individual, social and environmental factors that affect a young person’s well-being. Attending to hope is about recognizing that individual well-being isn’t really individual at all, and takes more than the work of any one parent, agency, or sector to address. This is what we mean when we advocate “breaking the silence” on mental health. “Breaking the silence” is about refusing isolation in favour of a true dialogue with each other – and young people in particular – about what it means to have well-being and hope for the future.

I’m feeling really lonely right now and I’m scared about how I’m going to make it. Everything reminds me of my childhood sexual abuse. I’m feeling a lot of pain that I can’t articulate. I look at my arm and see the old scars and remember why they’re there. They’re there because of this. Because I couldn’t name the feelings that were going on inside me – to the point of psychological numbness. I don’t wanna be there anymore. But when I look around me, and see no other option.....

female, 21
Overview
Grounded in the first-person narratives of the young people who use our service, this report has explored the role that hope and hopelessness play in young people’s mental health and well-being. Building from the work displayed in Kids Help Phone’s 2010 report on Mental Health Literacy, our analysis centered around four broad themes:

1. Mental health literacy and the potential downsides of a narrow “disorder-based” understanding of mental health and wellness;
2. The language of feelings and using feelings to tap into hope;
3. The universality of many of young people’s wellness needs; and
4. The impact of context on hope and well-being.

The posts on which we based our analysis were submitted to our counselling service by young people in need of support, which means that the findings are not generalizable in any strict sense. However, they do paint a compelling picture of the complexity of young people’s lives and needs, and of what well-being means in practice.

Summary and highlights

- In this report, we explored some of the ways in which a narrow “disorder-based” view of mental health has the potential to limit young people’s understanding of their own pain and struggle. Our forum users’ reliance on the clinical language of “being depressed / having depression” to categorize and make sense of their experience was one clear example of this. Because a disorder-based understanding is heavily deficit-oriented – i.e., it focuses on problems, illness, pathology, and risk – it runs the risk of reinforcing stigma and eroding hope. Attending to the feelings associated with the statement “I’m depressed” and exploring their meaning within the context of a young person’s life can open up conversations that would otherwise be foreclosed, making it a more holistic way of understanding his or her struggles.

- When we looked beyond the label to the feelings associated with the statement “I’m depressed,” we found young people who were feeling scared, sad, alone, lost, stupid, hurt, confused, and angry. We also found that a lot of young people felt “stuck” or hopeless at the time of reaching out to us, and that this “stuckness” was often connected to universal wellness needs for things such as self-worth, love, a sense of connection with others, a sense of purpose or meaning in life, and safety.

- We observed that the narratives of young people facing multiple social barriers and inequities were considerably more likely to contain indicators of hopelessness and less likely to contain indicators of hope than the large group. This trend supports existing evidence that multiple social and environmental barriers can have a compounding negative effect on well-being, and that hope and well-being are not individual attributes but rather, phenomena that arise from our collective, social experience.

Because well-being is so complex and multifaceted there are no “easy answers” or “quick fixes” to young people’s struggles. Nurturing the well-being of young people requires the difficult and ongoing work of fostering hope.
At a high level this means:

- Helping young people understand their experiences in the world, including acknowledging the material realities of their lives and barriers they may be facing.
- Acknowledging the universality of struggle, and making space, or “giving permission” for young people to express pain and distress.
- Recognizing and building on the skills, capabilities and resources that young people already possess.
- Reflecting that well-being isn’t something anyone can achieve in isolation – it’s something we’re all in together.
- Helping young people connect with appropriate supports and resources, including, but not limited to, encouraging young people to seek help from a mental health professional when appropriate.

Kids Help Phone is committed to promoting young people’s mental health and well-being. As our mission and the foundation of our counselling framework, this is something our counsellors do in their direct work with the kids, teens and young adults who contact us every day. But we are only one part of a much larger network of connections and potential supports in any young person’s life. Promoting young people’s well-being and hope is a responsibility we all share, so a good place to start is to share it actively. We can do this by supporting young people to make or develop strong connections with other people in their lives; helping them become informed about the range of more formal services and supports available in their communities; encouraging their agency and respecting their choices; and practicing being “hope-centric” by interacting with youth in ways that are conscious and productive.
TIPS FOR PARENTS AND CAREGIVERS

HOPE IN PRACTICE

While some people may be more naturally hopeful than others, hopefulness isn’t just a matter of temperament. Like health, hope is affected by our context – our interpersonal, social, economic, and political circumstances. What this means is that we can all help each other become more hopeful through our everyday interactions.

**Hope is a verb: something we do together.**

Behind the idea of hope in practice is a belief in the power of community. In other words: “We can’t do it alone.” We can’t accomplish our goals or meet our needs without the support of others, and well-being is heavily dependent on the quality of our relationships. In practice, we can foster hope by refusing isolation. This means reaching out to others when we ourselves are feeling hopeless; “holding” hope for others when they can’t find their own; and collaborating with others in ways that are imaginative and validating on an everyday basis.

Practicing hope will be particularly familiar to parents of young children. Validating children when they are frustrated, reassuring and soothing them when they are hurt, and supporting them to try again when they feel they have failed are part of every parent’s day-to-day lives. As children get older, however, fostering hope can become more of a challenge. The ever-changing dynamic between parent and child and shifting boundaries can make it difficult for many parents to know how to help their growing children in ways that are appropriate and productive. Moreover, older kids and teens may be newly suspicious and even dismissive of the hopeful, yet seemingly-trite idea that their struggles will improve over time.

**Becoming hope-centric: tips for fostering hope in our children**

Practicing hope with our children is an ongoing process. Here are some different ways we can make our family lives “hope-centric” to help foster hope in our children.

In conversation

**While listening**

Listen actively. It’s easy to get into the habit of ‘half-listening’ to our children, or start formulating a response while they are still explaining something. Yet by doing this, we can miss out on a lot of what our children are telling us. We can practice active listening by repeating back, or “reflecting” what a child has said in our own words. It’s surprising how much more productive or meaningful a conversation can be when it begins with “what I think you are telling me is ….”

**Focus on the message.** Kids and teens may describe their struggles in a language or tone that seems outsized for the issue they are facing. Trying to understand the wish or need behind even the most passionate delivery can help us appreciate what they feel is at stake in their struggle. Most often, they are expressing universal needs: to belong, to feel respected, to feel well, and to succeed. What can a child’s feelings of sadness, anger, fear, or uncertainty tell them (and us) about what is happening in their lives? What do their feelings say about their needs for wellness?

**Practice empathy.** We can start empathizing by trying to understand our child or teen’s frame of reference. How do they define their perceptions, goals, wishes and dreams? What does their problem or situation mean to them?

**While talking**

Avoid minimizing. Many adults feel that “life isn’t always fair,” and react to setbacks or disappointments with resignation. This attitude can indirectly invalidate a child’s feelings. When we tell a child they are “being dramatic” or “overreacting”, we minimize their sense of injustice or outrage. At these moments, it may be more helpful to stop and reflect on our own experiences and assumptions about distress. Let’s ask ourselves: What is an appropriate reaction to disappointment? Where did we get this idea from? How do our assumptions help, or hinder, our ability to listen openly to our children’s concerns?
Facilitate connections: Young people benefit from having a range of human connections. Encouraging them to talk to others – an aunt, a family friend, a teacher or guidance counsellor – about their struggles can help them build a support network that offers them a range of perspectives and types of assistance. Connecting with others who have made it through similar struggles can go a long way to facilitating the hope that “I can get through this.”

In general

Encourage independence. Hopeful people trust that they can create meaning and fulfillment in their own lives. When young people are able to take an active role in making decisions that affect them, they learn that they have some control over their environment. In this way, having choices – and the opportunity to try, fail, and try again – teaches kids and teens how to be hopeful.

Be a role model. Children learn how to “be” in the world from those around them. When we model behaviours and attitudes that support hope and well-being, the young people in our lives will have the opportunity to learn from our example. Some of the things that we can do to model hope and well-being include:

- Expressing a range of emotions, and being OK with talking about them (even the hard ones)
- Supporting others who are struggling and letting others support us when we need help
- Having and valuing respectful and loving relationships
- Taking the lead in some circumstances, and following in others
- Planning for the future, including setting short- and long-term goals
- Recognizing that life includes setbacks and disappointments by:
  - Reflecting that it’s okay to make mistakes
  - Apologizing when we’ve made a mistake
  - Losing gracefully
  - Adapting goals to make them more achievable

Tailor responses. Simpler reassurances often work well with younger children, especially when combined with gestures of affection. For older kids and teens, it’s a good idea to match the complexity of a response to the complexity of a problem. A helpful response might begin with the acknowledgement that things aren’t simple, and then move on to helping the child make sense of their problem in the context of their larger experience.

In a struggle

Slow down. As parents and caregivers, we instinctively try to take care of the children in our lives. When our kids are stuck, we may jump to reassure them by moving quickly into problem-solving mode. But not all problems have solutions, or are within our child’s (or our own) control. Taking the time to listen to what the problem means for our child is a helpful and validating act, even when there are no solutions.

Focus on strengths and skills. When a child is struggling, pointing out the things they are doing well can help them become hopeful that these strategies can help them deal successfully with future challenges. It can also help to compliment kids and teens when they’ve been thoughtful, kind, insightful or strategic during situations they found disappointing. The more detailed the compliment is, the better. For example: “I was really impressed with the way you handled yourself in that disagreement with your brother. From the way you were asking questions I could tell you were trying to understand things from his perspective, and to be respectful. That shows kindness and maturity.”
• Demonstrating that all people (including ourselves) have value by:
  ○ Being non-judgmental
  ○ Being curious about and interested in other people
  ○ Valuing yourself
  ○ Reflecting that material possessions do not reflect a person’s worth

**Tips for opening the door to talking about mental health and well-being with your kids**

**Things you can do starting right now**

• Reflect that you value and accept your child for who he or she is. Don’t assume that that they already know it or don’t need to hear it again.

• Communicate with your kids. Encourage them to talk about what’s happening in their lives – both the good stuff and the bad – while respecting that they may not want to disclose everything. Teenagers will keep secrets from their parents, but if a foundation of trust is in place they will be more likely to reach out when they really need help.

• Let your kids know that you are safe to talk to. Explicitly tell them that you’re open to talking about the really tough stuff, and that there’s nothing they could tell you that would damage the relationship irreparably.

• Be open to a variety of kinds of communication. Some young people might find it really difficult to open up in person, but not in an email or written note. Ask what works best for them and try to work with it.

• Do your best to avoid involving your child in adult problems.

• Challenge stigma when you see it, be mindful of how you talk about mental disorder, and your reactions to depictions of, or encounters with, individuals who are struggling.

**Things you can do if your child tells you that they are struggling.**

**Don’t make assumptions**

• Remember that it’s okay not to have all of the answers – you’re not expected to.

• Keep in mind that many kids fear that their parents won’t be willing to hear them out, so actively listening and making an effort to really understand what your child is saying is an incredibly important first step.

• Don’t make assumptions about what your child is going through. Instead, ask questions, show that you are interested, and acknowledge that if your child is bringing this concern to you that it’s worthy of some time and attention. Making assumptions and shutting down the conversation before it starts is a significant missed opportunity for fostering communication and trust. And in cases when the child is, in fact, struggling with a mental health problem, parental dismissal can be very harmful and a significant barrier to the young person’s recovery.

• Don’t talk to others about your child’s experiences without asking first.

• Don’t rush to solutions. Moving too quickly to offering advice or next steps can shut the conversation down quickly and circumvent an opportunity for understanding the nuance of your child’s experience and building trust.

**Embrace the opportunity**

• Be thankful that if your child is bringing concerns to you, he or she thinks you are worthy of time and attention. Ask questions, show that you are interested.

• Ask your child what would be most helpful right now. Maybe your child just needs someone to listen, maybe they would like someone to do some research with them, maybe they would like you to go to the doctor’s with them. You won’t know what they most want from you until you ask.

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**Here’s an idea!**

Consider creating a set of codes or signals with your kids that will allow them to let you know that they have something really important to talk to you about. Signals could be anything: code words; a cryptic email message; the placement of a fridge magnet. Having this sort of system in place is a very concrete way of letting your child know that you are open to talking about the tough stuff, and that if you will be there when he or she needs you. It also has the advantage of giving you a window of time to prepare yourself for dealing with something that could be emotionally challenging.
• Be open to collaborating on solutions, including solutions about the types of help or treatment you might consider pursuing.

**Take care of yourself**

• Having a child disclose a mental health related struggle can be incredibly distressing. Fear, sadness, guilt, anger, and helplessness are normal emotional reactions to this sort of news. Know that it’s okay to be distressed (and give yourself time and space to process what you are feeling) but try not to let your own feelings overshadow what your child is going through. Monitor your own reactions – there’s a good chance that your child will be hyper-attuned to your response, so try your best to remain neutral, present, and open.

• Acknowledge that stigma does not only affect someone with a mental health concern, but their parents as well. You might feel judged or blamed for what your child is going through, or like it’s somehow your fault. It’s not. Be gentle with yourself and give yourself permission to be human. Maybe you aren’t a perfect parent, but no one is.

• Take care of yourself. Supporting your child through a mental health struggle is no easy task. Take advantage of whatever supports are available to you, and make sure to build in time to relax and recoup.

**What to do if your child is suicidal**

If you think your child may be suicidal:

• Be direct. Ask your child if they are considering suicide (“Are you thinking about hurting or killing yourself?”), and always take any indication that they are or might be suicidal seriously.

• Remind them you care. People who feel suicidal are often worried that they are a burden, so it’s important to communicate to them that you love them, that you do not want them to die, and that you will be there to help them through this.

• Tell them there is hope for them. Let your child know that there are many types of treatment and support for young people who feel suicidal, and that it is possible to feel better.

• Take your child to your family doctor as soon as possible, or if a doctor is unavailable, to the Emergency room at your local hospital. Do not leave them alone.
Many young people who are struggling with their mental health don’t ever reach out for help. This is a problem because mental health struggles can be helped - with the right support it is very possible to feel better.

Some of the reasons that teens may not seek help include:

• They feel that there is no chance of solving their problems
• They believe they have to deal with what they are feeling alone
• They think that what they are feeling is part of growing up
• They’re afraid that that seeking help means they are “crazy”

These things aren’t true – they are the result of stigma and misunderstanding about mental health.

• Mental health issues aren’t just a part of growing up – you should never have to feel this bad
• Mental health issues are very treatable
• Mental health issues are not something you can easily get over without the support of family, friends, and professionals
• “Crazy” is a word that stigma uses to discriminate against people and make people who are struggling feel bad or guilty about it.

Other reasons that young people might not seek help include:

• They’re afraid they won’t be listened to, or have gotten a bad reaction when they tried to open up in the past.
• They don’t like the idea of treatment, or they’ve had a bad experience with mental health services in the past.

Mental health services

If you have bad experiences with mental health services in the past, it’s normal that you’d be reluctant to go down that road again. It would be better if all help was equally helpful, but the reality is that many people have to try a few different services or counsellors before they find one that really works for them. Don’t let a bad experience be the thing that keeps you from finding help that works for you. If you’re not sure what’s available to you, call us and we can help you to locate mental health services in your area.

Talking to someone you know

If you’re worried about what people might think or do if you tell them that you’re struggling, it might be helpful to consider speaking to someone who is trustworthy, but who has a bit more distance from your life than a friend or parent. Aunts, uncles, guidance counsellors, and teachers can be good candidates. Or, if you want to be absolutely assured that what you say will be kept confidential, you can call a Kids Help Phone counsellor at 1-800-668-6868. We don’t ask for names or track phone numbers, so your story is safe with us.

Waitlists

No-cost mental health or counselling services (particularly those not covered under your provincial healthcare plan) often have long wait lists. This can be really difficult and frustrating, especially if it’s taken you a while to reach out for help. Consider asking whether the service provider has any drop-in times or groups that you could take part in until a counsellor becomes available. You can also call us or use some of the tools on our website while you wait.
Talking to your parent(s)

If you are thinking of telling your parent(s) about something you are struggling with but are afraid of how they will react, here are some tips about talking about tough stuff with parents:

• Rehearsing can be helpful. Plan out the points you want to make, and the words you’d like to use.

• Pick a good time. Approaching your parent(s) when they are busy, or stressed, or when they have just walked through the door may not be a great idea. Find a time when they are relaxed and approachable. You may even want to set up an appointment or make a “date” to talk to them.

• Let them know what you expect of them while you talk. For example “I have some things to say, and I’d really appreciate it if you wait until I’m finished to respond … would that be okay?”

• Try not to get angry. Yelling or becoming defensive does not help you to get your message across.

• It would be great if your parent(s) could be as calm and supportive as you’d like them to be, but know that they might react emotionally at first. Don’t be too discouraged if you don’t get the exact response you were hoping for. Your parent(s) might need some time to collect themselves before they can respond in a helpful way.

• Recognize if the conversation stops being productive (i.e. if you are going over the same points again and again, or getting nothing but silence) and consider ending it for the time being. You can always try again later, after you’ve all had some time to think.

If you’ve tried talking to your parents, and you just aren’t getting the support you need from them, it might be time to turn to someone else. It feels terrible to be misunderstood or dismissed by your parents, but don’t let it be the end of your efforts to find support. Reach out to another trusted adult, or call us.

1-800-668-6868

Just not ready to reach out yet?

If you just don’t feel ready to talk to anyone about what you are going through, here are some other things you can do:

Educate yourself

• Read about mental health and the types of treatment that are out there

• Visit the “Info Booth” section of our website (kidshelpphone.ca)

Take care of yourself

• Play sports or do another activity you love

• Write about your feelings in a journal

• Go for a walk

• Get a good night’s sleep

• Hang out with friends

What about writing to a counsellor?

• Sometimes it’s easier to write it out than to talk. Would you consider asking a question or writing about what you are feeling in the “Ask Us Online” section of our website?
Well-being

‘Well-being’ is another way of describing quality of life. Typically understood as the balance between social-environmental health, physical health, and mental and emotional health, the state of positive well-being implies contentment, happiness, prosperity, and wellness. As a broader descriptor, well-being encompasses both the quality of everyday experiences for all people, and the struggle and crisis of the smaller number who face severe or chronic struggles. "Well-being" reflects a holistic understanding of health and wellness, as it speaks to the reality that "health is not simply the absence of disease, just as happiness is more than the lack of misery" (Huppert, 2004, p. 1332).

Mental Health

As defined by the World Health Organization (2005), mental health is "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community" (p.2). Mental Health can be seen as having two dimensions:

1. Positive mental health. Positive mental health considers mental health as a resource that is essential to subjective well-being. Positive mental health allows us to accurately perceive, comprehend and interpret our surroundings, to adapt to them or to change them if necessary. It also allows us to communicate with each other and have successful and social interactions. Positive mental health enables us to experience life as meaningful; helping us to be, among other things, creative and productive members of society". (WHO, 2005, p. 46).

2. Mental ill-health. Mental ill-health is about mental disorders, symptoms and problems: mental disorders are defined in the current diagnostic classifications mainly by the existence of symptoms. Mental symptoms and problems also exist without the criteria for clinical disorders being met. These subclinical conditions are often a consequence of persistent or temporary distress. They, too, can be a marked burden to individuals, families and societies. (WHO, 2005, p. 46).

Recovery

Focused on well-being rather than illness, recovery is a process in which those living with mental health struggles are supported to actively engage in their own journey to wellness (MHCC, 2009). As defined by the Mental Health “Recovery” Study working Group (2009), recovery is:

3. a personal journey to wellness,
4. a collective journey that requires society to provide the social determinants of health to all its members, and
5. a critique of medicalized responses to mental and emotional struggle: “society needs to recover from the idea that we need fixing.”

Stigma & Discrimination

The Mental Health Commission of Canada (2009) defines stigma and discrimination as follows: “Stigma refers to beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families. These are often based on ignorance, misunderstanding and misinformation. Discrimination refers to the various ways in which people, organizations and institutions unfairly treat people living with mental health problems or illnesses, often based on an acceptance of these stereotypical and prejudicial beliefs and attitudes… [S] tigma and discrimination [are] two sides of the same coin. Both must be addressed.” (p. 123).

For many, the experience of stigma and discrimination is more difficult and distressing than the symptoms of the mental disorder itself (Gormley & Quinn, 2009).
APPENDIX B
RESEARCH METHODS

Word Frequency Analysis – Method

All posts submitted to the Teen Emotional Health Forum of our English "Ask Us Online" service between November 01, 2010 and January 31, 2011 were selected for analysis (n=846). To establish the list of feeling words and phrases to be used in this analysis, we began with a common list of feeling terms, and supplemented these with any missed or colloquial terms that we identified through a review of 40 posts chosen at random. We also included a list of common diagnostic terms (i.e. depression, anxiety, bipolar, borderline personality) in the search. Our final search list contained the following terms:

Words

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<th>Desperate</th>
<th>Inferior</th>
<th>Relieved</th>
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<td>Disappointed</td>
<td>Inspired</td>
<td>Resentful</td>
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<tr>
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<td>Discouraged</td>
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<td>Fortunate</td>
<td>Optimistic</td>
<td>Surprised</td>
</tr>
<tr>
<td>Blamed</td>
<td>Frightened</td>
<td>Overwhelmed</td>
<td>Terrified</td>
</tr>
<tr>
<td>Bored</td>
<td>Frustrated</td>
<td>Pain</td>
<td>Terrible</td>
</tr>
<tr>
<td>Borderline(Personality)</td>
<td>Frustration</td>
<td>Paranoid</td>
<td>Thankful</td>
</tr>
<tr>
<td>Burden(some)</td>
<td>Glad</td>
<td>Panicked</td>
<td>Thrilled</td>
</tr>
<tr>
<td>Calm</td>
<td>Good</td>
<td>Passionate</td>
<td>Tired</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Grief</td>
<td>Pathetic</td>
<td>Trapped</td>
</tr>
<tr>
<td>Comforted</td>
<td>Guilt</td>
<td>Peaceful</td>
<td>Ugly</td>
</tr>
<tr>
<td>Comfortable</td>
<td>Guilty</td>
<td>Pessimistic</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Concerned</td>
<td>Happy</td>
<td>Playful</td>
<td>Unhappy</td>
</tr>
<tr>
<td>Confident</td>
<td>Heartbroken</td>
<td>Preoccupied</td>
<td>Upset</td>
</tr>
<tr>
<td>Confused</td>
<td>Helpless</td>
<td>Psychotic</td>
<td>Useless</td>
</tr>
<tr>
<td>Curious</td>
<td>Hopeless</td>
<td>Reassured</td>
<td>Vulnerable</td>
</tr>
<tr>
<td>Depressed</td>
<td>Hopeful</td>
<td>Rejected</td>
<td>Worried</td>
</tr>
<tr>
<td>Depression</td>
<td>Humiliated</td>
<td>Relaxed</td>
<td>Worthless</td>
</tr>
<tr>
<td>Delighted</td>
<td>Hurt</td>
<td>Relief</td>
<td></td>
</tr>
</tbody>
</table>

Phrases

<table>
<thead>
<tr>
<th>Can’t talk to anyone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know what to do</td>
</tr>
<tr>
<td>Don’t understand me</td>
</tr>
<tr>
<td>Give up (it’s time to / I want to)</td>
</tr>
<tr>
<td>Left out</td>
</tr>
<tr>
<td>Losing control</td>
</tr>
<tr>
<td>Not good enough</td>
</tr>
<tr>
<td>No hope</td>
</tr>
<tr>
<td>No one to talk to</td>
</tr>
<tr>
<td>Out of control</td>
</tr>
<tr>
<td>Something (is) wrong with me</td>
</tr>
<tr>
<td>Want to die</td>
</tr>
<tr>
<td>Want to end it</td>
</tr>
</tbody>
</table>

To determine word frequency, we performed a computerized search for each term. A Key Word In Context, which also considers the sentence the word appears in, was used to ensure that we were only counting words with the intended meaning (i.e. only counting “afraid” in “I feel afraid” and not “I’m afraid that I can’t do that”). Common misspellings of terms were also searched. The results were fed into word cloud generating software (www.wordle.com) to produce frequency clouds.
Content Analysis - Method

All posts submitted to the Teen Emotional Health Forum of our English “Ask Us Online” service between January 01, 2011 and January 31, 2011 were selected for review (n=296). 31 posts were excluded based on the following criteria:

- Absence of content or insufficient content
- Moved to another forum by moderator
- Content removed to protect identity of poster

To establish codes for goals or wellness needs, 30 posts were selected at random and reviewed by the group of 3 coders. Once goals / needs were identified and agreed upon by the group they were organized into the categories and sub-categories discussed in the report.

We approached the coding of hope and hopelessness by reviewing each post for indicators of global hope, issue-specific hope, global hopelessness, and issue-specific hopelessness. See Figure 5 in the body of the report for an overview of how we employed these categories.

- If a post contained indicators of both global and issue-specific hopelessness, it was coded as "global hopelessness."
- If a post contained indicators of both global and issue-specific hope, it was coded as "global hope."
- When a post evidenced both hope and hopelessness – i.e. issue-specific hopelessness and global hope, or global hopelessness and issue-specific hope – both codes were used. This decision was made to reflect the perspective of many theorists of hope and hopelessness who view the experiences as independent and parallel versus mutually exclusive.

In order to capture potentially significant situational factors that may not have always been reflected in the poster’s presenting goal or need, we also analysed these posts for evidence of factors broadly recognized as determinants of health. These included:

- The presence of violence in the young person’s context (victim or witness)
- The experience of discrimination (or lack of equity)
- Socioeconomic disadvantage (poverty, financial instability, significant debt (including school debt) inadequate or unstable housing, food insecurity, lack of access to resources including higher education and health care (poster’s own status or family status)
- Mental Health problems (identified, ongoing, clinical-level concerns – either personal or in the family)
- Physical Health (physical ill-health, physical disability – either personal or in the family)

The process of analysing these posts was undertaken by a group of three coders, with all categories and codes determined collectively, and grounded in a thorough review of the literature of hope and hopelessness. The majority of posts were analysed by one of the three coders, with a smaller number (20 posts) analysed by all three coders and reviewed collectively to help ensure consistency of coding.
100% of young people will experience sadness, frustration, grief, stress… How they are supported is what counts.

- Kids Help Phone is Canada’s leading youth counselling service, helping young people to cope with overwhelming emotions and to build on personal skills and abilities.
- Any young person with access to a phone or computer can reach Kids Help Phone any hour of the day or night, from any community in Canada.
- From trouble with homework to dealing with loss and grief, from sexual identity questions to thoughts of suicide, young people can turn to Kids Help Phone. No matter the question, no matter the problem.
- Available in English and French, Kids Help Phone is the go-to resource for kids in Canada from five to 20 when they need help or trustworthy information on issues that are difficult to discuss with anyone else.
- This generation is dealing with so much more, and so much earlier. Parents and teachers may not always have the answer, but they can take comfort in knowing that Kids Help Phone does.
- Kids Help Phone relies almost exclusively on the support of corporations, foundations and individuals to ensure that every child that takes the courageous step of reaching out for help receives the meaningful support he seeks.

Our Services

- Young people know they can trust Kids Help Phone. Counsellors don’t use call display, and don’t trace calls or IP addresses.
- Kids Help Phone assists kids between the ages of five and 20.
  - The kids’ website is also segmented by age through two separate portals – for kids ages eight to 11, and teens ages 12 to 20 – to allow for the cognitive, emotional and literacy differences of growing up.
- Kids Help Phone offers six different approaches to counselling, ensuring each child is offered the most effective form of consultation for his or her unique needs.
  - Immediate day or night counselling by phone;
  - Counselling by online posts;
  - Access to thoroughly researched and clinically endorsed content in the Info Booth section of the kids’ website;
  - Navigating in a virtual support community created by kids viewing other kids’ posts and the counsellor response online;
  - Interactive tools promoting self-care and resiliency, on the kids’ website;
  - Your Space where kids can share their innermost thoughts, secrets and feelings in a safe and non-judgemental environment.

Being There for Young People’s Unique Counselling Needs

- In 2010, Kids Help Phone estimates it had 225,622 counselling contacts with the youth of Canada. The counsellors assisted kids more than 4,300 times a week either through phone or web consultation.
- In 2010, there were more than 1M indirect counselling contacts; reading stories which resonate with their own in the Ask Us Online section of the website, and accessing trusted information from the...
Info Booth are both powerful ways to find comfort and perspective without ever feeling like you’ve given yourself away.

• The thoroughly researched and clinically endorsed content in the Info Booth section of the kids’ website offers age-appropriate online information on more than 50 topics counsellors have identified as important to children and youth in their everyday lives.

• Kids Help Phone counsellors can tap into its Community Referral database, a national catalog of more than 37,000 local services to connect kids with someone on the ground – child welfare agencies, shelters, health clinics, counselling centres, police and more – in their own community. The largest of its kind in Canada, the database is continuously updated and enhanced to make sure that counsellors can quickly find whatever resources kids need.

Our Counsellors

• Kids Help Phone employs skilled counselling professionals, not volunteers.

• Each of the more than 75 full- and part-time counsellors have a clinical or academic background and a degree or diploma in child and youth counselling, or in an applied social science such as social work or psychology.

• Counsellors have a minimum of three to five years of experience and many have expertise in a specific area, such as eating disorders, gangs, gaming addictions or sexual abuse, allowing them to contribute to the knowledge base of the organization and their peers.


