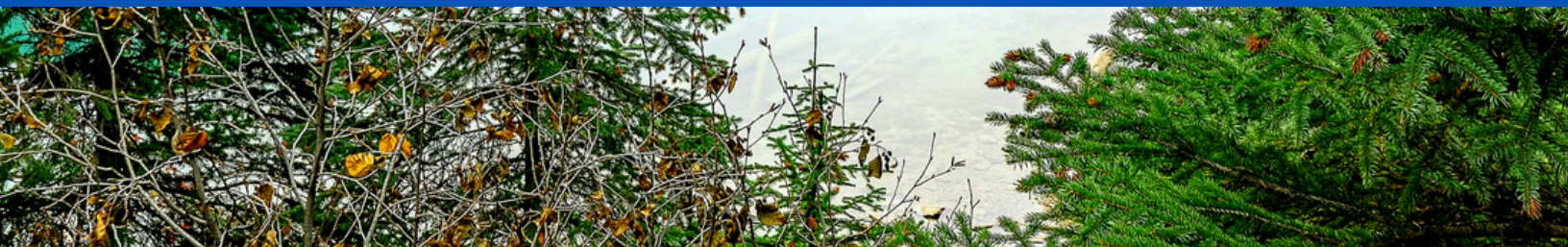




STATE OF YOUTH REPORT

***PERSPECTIVES ON POLICY AND SERVICES
FOR YOUTH IN BRITISH COLUMBIA***



**PREPARED BY THE
INTEGRATED YOUTH ENGAGEMENT RESEARCH (IYER) TEAM**

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EXECUTIVE SUMMARY

Introduction

The Integrated Youth Engagement Research (IYER) project addresses a common gap youth face. Research is often conveyed through academic language that is inaccessible or difficult for youth to understand. This makes it more challenging to connect with youth communities, and share results and knowledge that directly impact them. Thus, the goal of this project is to create a collective space that addresses the needs of youth and research groups by providing a space of connection and co-learning.

An important basis for this work includes recognizing critical issues youth experience. A State of Youth report is not a novel concept, and is often conducted to prioritize youth needs and voices. Particularly, the first State of Youth Report was produced by the Government of Canada to provide cross-country priorities for youth, first published in 2019.¹ Additionally, other groups have provided youth-centered reporting on particular issues, such as the Mental Health Research Canada's Report on the State of Youth Mental Health.² Youth-centred reporting is an emerging type of policy report that prioritizes the voices and needs of youth. Despite these initiatives, there is little evidence that youth priorities have been brought together in British Columbia to integrate existing literature and youth voices into policy and research recommendations.

Overview

Our State of BC Youth Report provides evidence-based, youth-led recommendations for policy, research, and practice. The topics were prioritized through group sessions and subsequent consolidated based on youth preferences and interests. Particular topics include: social transformation, social equity and economic stability, healthcare access, transitioning from youth to adult care, the mental health crisis, and substance use crisis.

This list is not exhaustive and provides a snapshot of youth-informed priorities. Each topic is situated within a British Columbian context, scientific and research evidence, followed by recommendations informed by authors' perspectives as youth and their reflections on current evidence.

Recommendations

The findings of this paper demonstrate that while B.C. offers various impactful local initiatives, youth health and safety continue to be compromised by the lack of coordinated, well-resourced, and integrated provincial strategies. To address this issue, the provincial government should consider the following recommendations to enhance health and socioeconomic outcomes for youth across the province:

- **Establish centralized digital health systems:** Expand and integrate existing healthcare navigation systems into a single, centralized digital platform accessible via website or mobile app. This platform should include: a revised HealthLink BC system offering text messaging and phone call options, a guide to help determine and direct youth to appropriate care settings, specialist referral pathways, appointment resources and community health services.
- **Widen transitional support options:** Medical providers and associated teams should be mandated to aid youth in navigating healthcare transitions, such as providing guidance on the roles of different care providers, completing administrative/medical forms, and transferring health records. Furthermore, social workers should be integrated into primary and community care networks to aid in the transition to adult healthcare for youth without a family physician.
- **Implement province-wide frameworks for care:** Youth care programs and services need to be standardized and adopted across the province to ensure that every young person receives similar levels of intervention and treatment. The provincial government should consider allocating funds to expand successful localized initiatives, such as the SACY prevention program, into rural, remote, and Indigenous communities across B.C.
- **Integrate youth-led advisory in policy making:** The provincial government should establish a youth council that would provide, and support the evaluation of current and planned youth support systems in B.C. Youth should be given the opportunity to speak on what health resources they use and what initiatives are actually working for them to ensure future policies reflect real-world youth needs.

SOCIAL TRANSFORMATION

WRITTEN BY SANIA JULIAN & JAYA SINGH

Recent data show that only 4% of youth in BC meet Canada's daily recommendations for physical activity, sleep, and recreational screen time.³ This was exacerbated by the COVID-19 pandemic, with effects that continue to be seen today. Although restrictions have ended, many youth still experience challenges related to physical activity, technology use, social connection, and overall well-being.⁴ Studies have examined three key areas of post-pandemic social transformation among youth: physical activity and access to recreation, technology's impact on student engagement and well-being, and the effects of social isolation on mental health. This section highlights the progress that has been made and the areas where additional support is still needed.

Youth Physical Activity and Access to Recreation

Since the COVID-19 pandemic, British Columbia has restored many opportunities for youth physical activity through school-based physical education and municipal recreation programs. The province also promotes active living through its physical activity strategy, while investments in youth sport have helped expand access to organized recreation across BC.^{5,6} These initiatives provide opportunities for exercise and social interaction, supporting both the physical and mental well-being of young people.

Although many recreational opportunities have resumed since the COVID-19 pandemic, Statistics Canada found that youth physical activity had not fully recovered by 2021/2022. Compared with pre-pandemic levels, the proportion of youth meeting the recommended physical activity guidelines declined from 53.7% in early 2020 to 43.8% in 2021/2022, while those meeting recommended school-day screen time guidelines decreased from 40.7% in 2018 to 29.1% in 2021.⁷ These findings suggest that some pandemic-related changes in physical activity and screen use persisted beyond the initial public health restrictions. In addition, financial barriers, including registration fees, equipment costs, and transportation expenses, remain significant obstacles to youth participation in sport and recreation. The Future of Sport in Canada Commission reported that 44% of parents could not afford to register their children in organized sport, demonstrating how increasing costs continue to restrict equitable access to physical activity opportunities.⁸ Geographic inequities also persist, as youth living in rural and remote communities often have fewer recreation facilities and organized sport opportunities than those in urban centres.⁹ Although BC's current framework has successfully restored access to recreation, affordability and geographic inequities remain key obstacles to ensuring equitable participation in physical activity for all youth.

Technology's Impact on Student Engagement and Well-Being

During the COVID-19 pandemic, technology became increasingly important to education, reshaping how students access learning resources and develop skills. Remote and hybrid learning environments encouraged students to strengthen digital literacy skills, including navigating online platforms and developing greater independence in learning. These skills are increasingly valuable as digital technologies continue to shape post-secondary education and future workplaces. The British Columbia Council on Admissions and Transfer (BCCAT) highlights that online and flexible learning options have expanded educational access by allowing students to participate in courses through different formats and locations.¹⁰ Technology has also encouraged schools to increase awareness of student well-being through digital mental health resources, and expanded student support. However, greater reliance on technology has also created challenges for student engagement and social connection. Research on youth digital behaviours has raised concerns about excessive screen time, which can contribute to reduced attention and lower academic engagement, and negative mental health outcomes.¹¹ Additionally, chronic absenteeism remains a significant challenge, with some students continuing to feel disconnected from school communities following pandemic disruptions.¹² While Canadian schools have largely returned to in-person instruction, technology continues to improve flexibility and accessibility through digital resources like answer keys or additional material and online assignment submissions that support diverse learning needs. However, technology should complement rather than replace face-to-face interactions, which remain essential for student relationships, engagement, and a sense of belonging.

The Impact of Social Isolation on Mental Health

Social isolation during the COVID-19 pandemic has had a lasting negative impact on the mental health and well-being of young people. In particular, research shows that the pandemic has disproportionately affected girls, sexual and gender minority youth, individuals with pre-existing mental health conditions, and marginalized populations, including Indigenous, racialized, newcomer, rural, low-income, and LGBTQ+ youth.^{13,14} These groups often faced additional barriers to accessing mental health care, increasing their vulnerability to worsening mental health outcomes. The loss of in-person social interaction and important developmental milestones, such as graduation ceremonies and extracurricular activities, also contributed to increased social isolation and feelings of loneliness among young people. These experiences disrupted peer relationships and reduced opportunities for social support during an already stressful time. In addition, staffing shortages and burnout among healthcare providers and school counsellors have further limited access to timely and appropriate mental

health services. As a result, many youth continue to experience long wait times or difficulty accessing the support they need when mental health concerns arise.¹⁴ Studies have shown that these social and physical health experiences have had lasting consequences on youth, contributing to an upward trend in depression and anxiety among adolescents since the pandemic.¹⁶

Evidence-based strategies to improve youth mental health following the COVID-19 pandemic include the implementation of programs such as EASE, ERASE, and Text4Hope.¹⁴ Moreover, there has been increased investment in coordinated cross-government approaches to better support children, youth, and families, such as with the Child and Youth Well-Being Action Plan.¹⁵ These initiatives aim to increase access to mental health support and provide young people with resources that are better tailored to their needs. Other important strategies include improving mental health literacy, expanding access to virtual mental health services, supporting the transition back to regular school routines, and increasing the use of trauma-informed approaches and therapies such as cognitive behavioural therapy (CBT). Together, these approaches help reduce barriers to care, encourage early intervention, and support youth as they recover from the social and emotional impacts of the pandemic.

Recommendations

The following recommendations build on British Columbia's existing post-pandemic recovery efforts while addressing the remaining barriers affecting youth well-being based on literature and youth experiences. By implementing and expanding subsidized initiatives, the province can promote healthier and more equitable outcomes for youth.

- 1. Subsidized Recreation Access:** The BC government should expand targeted funding for fully subsidized youth recreation programs, allowing low-income families to access sports registration, transportation, and equipment at little to no cost. Success should be measured by increased participation rates among youth from lower income households and reduced financial barriers to organized sports.
- 2. Digital Wellness Curriculum:** BC school districts should implement a mandatory digital wellness and engagement curriculum that teaches students how to manage screen time and use technology responsibly for learning. Success should be measured through improved attendance, reduced classroom distraction, and student surveys reporting stronger school belonging. This recommendation focuses on healthy technology habits rather than restriction alone.
- 3. Youth-Led Mental Health Programs:** The BC government should invest in more youth-led community based mental health initiatives that prioritize peer support, cultural safety, and accessible services. Success would include shorter wait times

for support and improved self reported mental well-being among students across diverse communities. Furthermore, recognizing that there is limited research outlining the pandemic's impact on adolescent mental health, there should be increased funding from the B.C. government to conduct more longitudinal studies with samples that are randomized and relevant to the general population.¹⁶

Summary: While BC has introduced several programs and initiatives to support youth since the pandemic, important gaps continue to persist. Improving access to recreation, promoting healthy technology habits, and expanding community-based mental health resources can help youth have healthier and more connected experiences. Without continued action, these challenges may become increasingly difficult to address over time. As a result, many young people may experience worsening outcomes related to physical health, academic engagement, and mental well-being, with the greatest impacts often falling on already vulnerable populations.



SOCIAL EQUITY AND ECONOMIC STABILITY

WRITTEN BY GIA KAKKAR & FIONA LIM

Social equity and economic stability are interconnected concepts that contribute to the well-being of individuals and communities. Social equity is grounded in the principle that all individuals should have equitable access to opportunities and resources, irrespective of their background, through the reduction of systemic barriers that contribute to social and economic disadvantage.¹⁷ Economic stability, in turn, encompasses the sustained availability of resources required to satisfy basic needs and promote quality of life, making it a key determinant of the well-being of children, youth, and families.⁹⁸ Together, these concepts help create conditions in which young people can develop, participate fully in society, and pursue positive educational, social, and economic outcomes. However, socioeconomic disparities continue to influence the opportunities, resources, and support available to youth throughout their development.¹⁸

The importance of these concepts is reflected in the challenges facing young Canadians. In 2022, youth and young adults aged 15 to 29 accounted for more than 7.3 million individuals, representing nearly one-fifth (19%) of Canada's population.¹⁹ The 2025 BC Report Card on Child and Family Poverty emphasizes that poverty continues to disproportionately affect vulnerable children and families, reinforcing the importance of policies that promote equitable access to essential resources and opportunities.²⁰

In British Columbia, youth well-being is shaped by key systems including housing, food security, education, and transportation. Existing policies and support systems provide essential resources, yet persistent structural inequalities continue to limit equitable access and outcomes. This section examines policy challenges across these sectors and identifies strategies to strengthen social equity and economic stability for young people in British Columbia.

Housing

Youth homelessness and housing instability are significant concerns across British Columbia, with young people experiencing different barriers depending on the availability and accessibility of housing and support services in their communities. Young people, particularly in the Interior, Vancouver Island, Northern BC, and rural or remote communities may encounter fewer housing options and greater difficulty obtaining assistance. For example, youth in BC's Interior were more likely than those

across the province to have experienced homelessness in the previous 12 months, at 3% compared with 2% provincially.²⁰ Research on rural and remote communities has similarly identified unmet needs among transition-aged youth and difficulties accessing appropriate resources.²¹

A key strength of BC's response is the role of non-profit and community organizations in addressing needs beyond immediate shelter. In Vancouver, programs offer counselling, education, employment assistance, and housing support, helping young people achieve greater long-term stability.²² Integrated approaches have also demonstrated potential benefits. In Kelowna, a Housing First for Youth program, combining housing, mental health, and addiction care, was associated with greater residential stability, with participants spending 71.8% of their days in stable housing compared with the 35.6% among those receiving usual care.²³ Intersectoral collaboration represents another strength of the current response. A UBC study found that partnerships among housing and community organizations improved service coordination, expanded access for youth with complex needs, and strengthened overall service capacity.²⁵

Despite these strengths, several weaknesses limit the effectiveness of the current system. In Vancouver, homelessness programs have historically depended heavily on non-profit organizations and private donations, while insufficient financial resources have restricted their capacity to meet demand.²⁴ Fragmentation between agencies can further complicate access when organizations operate independently or lack effective communication. Collaborative efforts may also be hindered by competing organizational priorities, complex client needs, competition for resources, and concerns surrounding privacy and information sharing.²⁵

Long-term sustainability is another concern. For example, in Metro Vancouver, a program serving more than 350 young people annually faced potential closure following the expiration of financial support and unsuccessful efforts to secure continued government assistance (<https://dailyhive.com/vancouver/centre-at-risk-metro-vancouver-youth-funding>).²⁶ These challenges exist alongside broader socioeconomic inequalities that contribute to housing vulnerability. The 2025 BC Report Card on Child and Family Poverty also reported that 149,370 children in British Columbia were living in poverty in 2023, with poverty remaining especially persistent among lone-parent families, emphasizing the structural inequalities that increase the risk of housing instability and poorer health outcomes among vulnerable youth.²⁷

Food Sustenance

Food banks are a key component of British Columbia's food support system, providing emergency assistance to individuals and families experiencing food insecurity. Food Banks BC, the provincial association of food banks, supports more than 100 hunger-relief organizations across the province. In 2024-25, the organization distributed nearly \$5 million in donations and more than 1.2 million pounds of food, while supporting over 100,000 unique clients each month.²⁸ Food Banks BC also supports programs designed to provide nutritious food in schools and improve food access in northern, rural, remote, and disaster-prone communities.²⁹ In addition to food banks, the provincial government has invested in school-based food programs to improve access to nutritious meals for children and youth. Introduced in 2023, BC's Feeding Futures Program represents a \$214 million investment over three years aimed at providing students with equitable, daily, and non-stigmatizing access to food in schools.³⁰ Together, these initiatives help mitigate the immediate effects of food insecurity and reduce some of the pressures associated with economic hardship.

The Feeding Futures Program has achieved broad provincial reach, with more than 90% of BC public schools offering accessible food programs that serve over 246,000 students.³¹ School districts have reported benefits extending beyond access to food. For example, educators in the Abbotsford School District have linked predictable access to nutritious and consistent meals with improved student attendance, fewer behavioural disruptions, and greater concentration in the classroom.³² These outcomes demonstrate that food support programs can contribute not only to reducing hunger but also to creating conditions that support students' participation and success in education.

Despite these benefits, significant challenges remain. Rising food prices and living costs have placed increasing pressure on food banks, contributing to their transition from a source of temporary emergency assistance to an ongoing necessity for many households.³³ Growing reliance on charitable food assistance can also place greater responsibility on organizations that are primarily designed to address immediate needs rather than the structural causes of food insecurity, including inadequate incomes, unaffordable housing, and the rising cost of essential goods and services. These financial pressures are particularly significant as housing and other essential living expenses continue to strain household budgets across British Columbia.³⁴ These pressures can be particularly harmful for single-parent and low-income families. Financial pressures may restrict educational opportunities for youth, particularly when young people are expected to contribute to household income or balance employment with their education. At the same time, accessing food assistance can

present additional challenges, including limited operating hours, transportation costs, and program-specific eligibility or registration requirements. These barriers may be even greater in rural and remote communities, where services are often less accessible. Consequently, while food banks and school food programs provide essential short-term support and can improve educational outcomes, they are not designed to resolve the underlying economic conditions that produce food insecurity. Addressing food insecurity more sustainably therefore requires accessible food programs alongside broader policies that improve household income, housing affordability, and the cost of essential needs.

Educational Equity

Educational equity is a key driver of career and skills development for Canadian youth. British Columbia's concept-based, competency-driven curriculum emphasizes equity, inclusion, and Indigenous perspectives. However, youth from low-income communities continue to face socioeconomic barriers that affect high school completion and post-secondary participation. In 2024–25, completion rates were 93% for all BC students, compared with 77% for Indigenous students and 80% for students with diverse abilities.³⁵ Foster youth experience even greater disparities, with a graduation rate of approximately 47%, compared with 84% for the general population.³⁶ To improve access, StudentAid BC provides the BC Access Grant, Adult Upgrading Grant, Provincial Tuition Waiver Program (PTWP), and Youth Education Assistance Fund to reduce financial barriers.^{37,38}

BC has implemented several effective equity initiatives. The PTWP removed age restrictions for former youth in care, increasing post-secondary applications by 70%. As of March 2025, 1,866 recipients had received over 2,500 grants totaling \$9 million, while approximately 800 former youth in care earned post-secondary credentials.³⁹ Indigenous-focused Enhancement Agreements have also improved graduation rates and narrowed achievement gaps.⁴⁰ Equity Labs have further strengthened inclusive policies and community engagement.⁴¹

Funding remains a significant challenge. School districts often shoulder greater responsibility than the Ministry of Education for inclusion initiatives, creating resource strain and a "triage effect".⁴² Although Indigenous outcomes have improved, foster youth and students with diverse learning needs continue to have the province's lowest graduation rates.^{43,44} Youth from low-income and rural communities often have fewer opportunities to participate in internships and work-integrated learning opportunities, limiting future employment prospects. Additionally, rural youth may incur higher costs of housing, food, and other basic necessities when participating in

mentorship programs in urban areas. At the same time, many internships, volunteer opportunities, and mentorship opportunities are unpaid, forcing some youth to choose between advancing their career prospects and maintaining paid employment to support themselves. While financial aid addresses affordability, barriers such as housing instability, mental health, and lack of mentorship continue to limit educational success for vulnerable youth.

Transportation

Access to reliable and affordable transportation plays an important role in young people's ability to participate in education, employment, healthcare, and community life across British Columbia. BC Transit helps address these mobility needs by operating public transit systems in more than 130 communities across the province, connecting residents to schools, employment, shopping, and other essential destinations.⁴⁵ While provincial transportation initiatives have improved accessibility and reduced costs for some young people, geographic, financial, and safety-related barriers continue to create unequal mobility experiences across BC.

A key strength is the policy allowing children 12 and under to travel for free across multiple transit services such as buses, SkyTrain, SeaBus, and West Coast Express, with fare gate assistance available through staff or courtesy phones when needed.⁴⁶ These measures reduce transportation costs and improve access to essential services for youth. At the same time, limitations persist, particularly in rural areas where transportation services are less available than in urban centres. Research on low-income youths' mobility in British Columbia shows that transportation access remains uneven and strongly shaped by geography and income. A study of 27 youth aged 15-18 from the Lower Mainland (n=12) and West Kootenay (n=15), with nearly half (48%) reporting at least one disability and over half (55%) working part-time or casual jobs, emphasized how mobility needs intersect with economic and social vulnerability.⁴⁷ Participants identified financial constraints, infrequent transit, long walking distances, and limited cycling infrastructure as obstacles to reaching school, work, and appointments. These challenges increased financial stress and reduced social participation, while rural participants described personal vehicles as the only reliable option. Safety concerns, including harassment, substance use on transit, and travelling at night, created additional restrictions on when and how young people could travel.⁴⁷

Recommendations

Although British Columbia has made significant efforts to engage youth alongside community leaders, stakeholders, and policymakers, persistent funding shortages, fragmented service delivery, and unequal access continue to drive social and economic inequities. To address these systemic gaps, funding should be strategically reallocated and existing policies strengthened.

- 1. Increase collaboration with local businesses and non-profits and introduce a Youth Food Security Benefit:** Building on the success of the Feeding Futures Program, the province should maintain long-term investment in accessible and non-stigmatizing school food programs while expanding partnerships with local businesses and community non-profits. Developing a targeted food allowance or grocery benefit for low-income youth, post-secondary students, and youth transitioning out of care would provide more consistent access to nutritious food and reduce long-term dependence on charitable food banks. Additional funding should prioritize northern, rural, and remote communities, where transportation costs and limited availability of services can create greater barriers to accessing food assistance.
- 2. Develop an Integrated Youth Supportive Housing System:** Localized case management and centralized referral systems would improve access to services and ensure youth receive timely, comprehensive support. Creating regional "one-stop" youth housing centres that coordinate emergency shelters, transitional housing, rental assistance, and legal advocacy would reduce service fragmentation and make it easier for youth to access support without navigating multiple organizations.
- 3. Expand paid work-integrated learning opportunities:** Partner with employers, colleges, and community organizations to provide paid internships, apprenticeships, exchange programs, and mentorship opportunities for low-income, Indigenous, rural, and foster youth. Paid opportunities allow youth to build skills without sacrificing income. Where employers are unable to provide wages, they could instead subsidize travel and relocation costs, including accommodation and other basic necessities. Integrating school-based mental health, tutoring, and career counselling services with financial aid programs would improve graduation and post-secondary participation.
- 4. Improve access in rural and underserved communities:** Introducing further-discounted or free transit passes for low-income youth aged 13–24 across BC, including students, apprentices, and youth seeking employment, would improve access to education, work, healthcare, and community services. Such passes could be jointly subsidized by employers and government. Funding community shuttles and school-community transportation partnerships in rural and remote

communities could also reduce missed educational and employment opportunities while improving access to essential services.

Summary

British Columbia has established a range of frameworks to support youth through housing, education, and transportation, reflecting a commitment to improving equity and access to essential services. These initiatives provide important resources and opportunities for young people; nonetheless, persistent challenges such as funding constraints, fragmented service delivery, and geographic disparities continue to limit their reach and effectiveness. Collectively, these recommendations would shift youth support from primarily responding to immediate financial hardship toward addressing the interconnected causes of food insecurity, housing instability, and unequal access to education and transportation.



HEALTHCARE ACCESS

WRITTEN BY PHOEBE MAIERHOFER

The COVID-19 pandemic exposed longstanding weaknesses within British Columbia's healthcare system, which continue to impact youth today. While there were generally lower rates of severe COVID-19 cases among youth, the indirect health consequences of the pandemic had a substantial impact. These consequences arose from disrupted healthcare access, delayed diagnoses, and reduced continuity of care.⁴⁸ However, healthcare recovery post-pandemic has been accompanied by several ongoing challenges, including workforce shortages, increasing service demands, and continued fragmentation of the healthcare system.⁴⁸ As a result, many youth continue to face significant barriers to accessing timely and appropriate healthcare, including prolonged wait times, difficulties navigating a fragmented healthcare system, and inequitable access to primary and specialized services. Timely healthcare access during adolescence and young adulthood is extremely important, as it supports healthy transitions into adulthood and helps prevent minor health concerns from escalating into chronic conditions.⁴⁹ With these ongoing challenges, the basic necessity of timely healthcare access for youth is not being met. While there have been provincial efforts to improve healthcare accessibility, many youth continue to experience barriers to timely and appropriate care.⁵⁰ This section will discuss how British Columbia's healthcare system remains insufficiently equipped to support youth healthcare despite previous provincial investments, undermining equitable access to care.

Long and Stressful Wait Times

Timely healthcare is a fundamental necessity in medicine, to prevent the advancement of illness and ensure positive long-term health. Recognizing this necessity, the Government of British Columbia has invested in implementing initiatives that help improve access to primary healthcare, including Primary Care Networks (PCNs), Urgent and Primary Care Centres (UPCCs), the Health Connect Registry, and team-based primary care models.⁶⁰ These initiatives aim to increase capacity within healthcare, support a coordinated wellness plan for patients, and provide alternatives to emergency departments for patients who do not need immediate, life-threatening care.

Despite these efforts and investments, timely access to care remains a significant barrier for youth, and they often experience lengthy waits to see family physicians. In the 2024 Canadian Health Survey on Children and Youth (CHSCY), only 25% of BC

children and youth aged 1 to 17 reported being able to see a health provider the same or next day when they were sick or worried about their health. This is low compared with the national average of 42.5%, and B.C. had the lowest percentage among all provinces surveyed.⁵¹ Despite expanding access points, many PCNs and UPCCs still continue to experience high patient volumes and understaffing, resulting in lengthy wait times and continued reliance on emergency departments for non-emergent concerns.⁵² Consequently, BC patients face persistent barriers to timely healthcare, with routine and critical health appointments frequently delayed by a week or more.

Extended waits for primary care can delay diagnoses, allow untreated conditions to worsen, increase anxiety about seeking care, disrupt daily activities, and increase reliance on already congested emergency departments.⁵³

Confusion Navigating Healthcare Services

In addition to prolonged wait times, many youth face difficulty navigating British Columbia's healthcare system and determining where to seek appropriate care. Distinguishing between emergency departments, walk-in clinics, UPCCs, family physicians, specialists, and virtual care services can be difficult and stressful, especially for young people who are accessing healthcare on their own for the first time.

Recognizing this difficulty, British Columbia does offer resources to help guide patients toward the appropriate healthcare service. HealthLink BC (8-1-1) provides free, 24-hour telephone access to healthcare professionals who can support and guide patients to the appropriate care location based on their health situation or symptoms.⁵⁴ This provides an important entry point for youth who are uncertain whether they should seek care from a primary care provider, UPCC, emergency department, or another service. BC has also developed youth-specific health services such as Foundry BC, an integrated network of clinics that provide youth aged 12-24 with access to primary care, peer support, social services, mental health services, and substance use support in one location.⁵⁵ By integrating multiple services within one clinic, Foundry BC helps reduce the number of separate services youth must navigate independently.

Despite these efforts, the existence of a navigation service does not guarantee youth know about it or will use it. Mental Health Research Canada found that youth still identified issues with healthcare navigation, and had difficulty understanding the available resources, creating further barriers to them accessing care.⁵⁶ Furthermore, healthcare information and pathways are dispersed across multiple platforms, contributing to poor coordination and referral delays.⁵⁷ Additionally, HealthLink BC's

reliance on telephone-based communication is a limitation for youth as it requires real-time verbal communication. A 2025 study at BC Children's Hospital found that youth were more receptive to using text messaging to communicate with healthcare providers, with 96% of participants reporting that texting was effective and 92% feeling more connected to their provider.⁵⁸ Similarly, some services offering youth-focused medical services provide limited drop-in windows, creating additional barriers for youth seeking timely healthcare.

Barriers to healthcare navigation and timely care force youth into emergency departments for non-emergent concerns, further straining hospital capacity and delaying essential care.⁵⁹

Fragmentation and Inequities in Care

Access to healthcare and quality of care vary significantly across British Columbia, with geography, socioeconomic status, and cultural background creating substantial disparities in the care patients receive. BC has expanded interdisciplinary, team-based care for patients, helping to improve coordination and equity.⁶⁰ BC has also implemented several initiatives that promote a healthcare system that is culturally safe and inclusive, particularly for Indigenous communities with the In Plain Sight recommendations.⁶¹ The expansion of virtual healthcare has also improved access for patients unable to attend in-person appointments.⁶²

Despite these efforts, inequities remain, especially in rural areas. Youth living in rural and remote areas still experience reduced access to primary care providers and specialist healthcare services due to persistent workforce shortages and geographic barriers.⁶³ Furthermore, fragmentation within the healthcare system can create significant gaps in communication and coordination between providers. A 2026 survey of community-based pediatricians in British Columbia found that 63% (31 of 49 respondents) reported poor access to child and adolescent psychiatry specialists, with respondents specifically highlighting that children experiencing more complex mental health conditions were often assessed only once without follow-up.⁶⁴ This lack of coordinated follow-up highlights how fragmented specialist services can disrupt continuity of care for children and youth, particularly those with complex healthcare needs.

Recommendations

Solving the issues of long wait times, confusing healthcare navigation systems, and fragmentation within care is very difficult. These issues are not new, however, the aim of this report is to bring a youth perspective on where limited funding should actually be placed.

1. **Expand Youth-Focused Primary Care Capacity:** Increase funding for additional primary care teams focused on youth within already established Primary Care Networks (PCNs) and Urgent and Primary Care Centres (UPCCs). Expanding the capacity of providers and improving attachment to primary care will indirectly reduce wait times, discontinuous care, and provider unavailability. Strengthened primary care capacity can help reduce unnecessary emergency department use for non-urgent conditions and support timely, appropriate care for youth.
2. **Standardize Youth Healthcare Navigation Across BC:** Rather than developing an entirely new healthcare navigation system, mandate the expansion and integration of existing navigation resources into a single, centralized digital platform. This platform would first include a revised HealthLink BC system where there is both a text messaging and telephone call option, along with instructions on how to use it. The platform could also include general guidance on determining appropriate care settings (e.g., PCNs, UPCCs, and emergency departments), specialist referral pathways, appointment resources, and community health services. Providing youth with a single, user-friendly information source would simplify healthcare navigation, promote timely care-seeking, and reduce delays that can lead to worsening health outcomes. To improve awareness, the information to access this website or mobile app should also be incorporated into orientation materials at all British Columbia universities and colleges, as this specific group of youth tend to have the most difficulty with healthcare navigation as they transition to independent living. This would help ensure that youth are informed about the resources available to them.
3. **Invest in Equitable Youth-Centred Care:** Expand accessible services based on cultural safety and geography that targets rural, newcomer (i.e. international or out-of-province), Indigenous, and other marginalized youth populations. This includes increasing investments in mobile outreach clinics, virtual healthcare services, and provider training in culturally responsive care. This will ensure all marginalized youth populations will receive equitable and high-quality care regardless of their cultural background or geographical location.

Summary

British Columbia has made meaningful efforts to invest in improving its healthcare accessibility through initiatives such as PCNs, UPCCs, and youth-focused services. However, post-pandemic youth continue to face barriers including prolonged wait times, confusion on seeking care, and inequitable access to care. Without targeted action, these systemic challenges will continue to delay treatment, contribute to poorer long-term health outcomes for B.C. youth, and increase pressure on emergency departments. By prioritizing timely healthcare access, coordinated and clear navigation, and equitable youth-centred healthcare, policymakers can not only strengthen the BC healthcare system, but improve long-term population health outcomes.

TRANSITIONING FROM YOUTH TO ADULT CARE

WRITTEN BY LAURYN MURRAY

Facilitating Communication for Youth who are Transitioning to Adult Care

In British Columbia, youth aged 12 to 24 access public health care and are attached to family physicians and specialists, but report limited communication. Specifically, communication between providers and youth does not always clarify how youth should access and use different healthcare providers. The pandemic has also had lasting effects on provider-youth interactions, particularly through the shift between virtual and in-person communication. Moving forward, this can increase the risk of youth neglecting their care. Recognizing that this group is developing their communication skills, providers must strengthen interprofessional communication.

Youth who are connected to a family physician may have limited understanding of the physician's role in relation to specialists. For example, family physicians can facilitate provider communication and manage administrative tasks, including medical documentation.⁶⁵ Although Canada is experiencing a family physician shortage, youth who do have a family physician are uninformed about their role versus specialists.⁶⁶ Given British Columbia's diverse demographics, it is important to consider how the COVID-19 pandemic has impacted youth and racialized youth. Notably, first- and second-generation immigrant youth, who were close to the age of 18 and were navigating services to develop a transition plan, reported increased experiences of discrimination related to intersecting factors, including race and age.⁶⁶ In turn, this group reported being more likely to disengage from services. From the perspective of the social determinants of health, this provides insight about how racialized youth are at increased risk of disengaging from services and may be under-represented in statistics if they are not accessing services.

Overall, barriers to transitioning to adult health care include inconsistent communication between youth and providers, administrative demands, and competing needs, including mental health concerns. Although the COVID-19 pandemic has increased the availability of age-limited services such as Foundry across British Columbia, youth in transitional periods face age-related and communication barriers with their providers. In addition, this should not overlook their positionality within the health care system. Although Canada has a family physician shortage, youth within the health care system should receive a comprehensive approach to their providers while providers continue to integrate team-based care.

Public Resources and Communication Methods for Youth about Transitional Needs

Public resources provide transition frameworks but are often generalized and may omit important administrative tasks. In addition, some resources are outdated and do not adequately reflect the expansion of virtual care during the COVID-19 pandemic. The COVID-19 pandemic increased reliance on virtual care, with health care providers increasingly integrating both video and telephone appointments. Notably, British Columbia reported that telehealth had increased from 10% to 80.7%.⁶⁷ Although this was accessible during COVID-19, 56.4% of youth reported minimal in-person services and 24.8% of youth reported that virtual services negatively impacted their health.⁶⁸ Recognizing that a subgroup of youth benefits from in-person communication, limited in-person options can create risks for youth navigating a transitional phase who require extensive communication.

In British Columbia, the transition to adult health care recognizes multiple resources, but are outdated and omit administrative tasks that can impact under-represented groups. Notably, as youth want to prepare for economic independence, the BC Children's "ONTRAC" resource includes financial resources and vocational support.⁶⁹ However, the resource was published in 2016 and therefore does not reflect how the COVID-19 pandemic has changed health care access or more recent vocational supports. For example, in 2022, 42.2% of youth with disabilities attended school while unemployed and 22.8% were employed and attending school.⁷⁰ Although this reflects diverse demographics to proceed with education and employment, these statistics do not indicate whether youth accessed government or vocational supports. To add, the above statistics capture groups with mild disabilities. Thus, these data may underrepresent youth who experience greater barriers to administrative navigation and frequent communication with clinicians.⁷¹

Overall, available resources that support youth with pediatric to adult health care should outline the role of medical providers in facilitating the process and align these resources with how youth are accessing services post-pandemic.

Facilitating Interprofessional and Client Communication

Providers use various approaches for interprofessional communication and provider-to-client communication. Although diverse frameworks can provide benefits depending on the client and confidentiality requirements, when interprofessional communication is not transparent to transition-aged youth, continuity of care may be compromised. Specialists may redirect youth to family physicians during transition to adult care;

however, physician shortages and communication gaps between providers and patients can undermine continuity of care.⁷³ 53% of youth rely on specialists, and 34% of youth who are older than 18 had specialist referrals.⁷⁴ Youth may also experience fragmented relationships with family physicians when they are redirected to primary care and expected to initiate aspects of the transition process.⁷³

Due to the family physician shortage, 44.5% of youth without a primary care provider are on waitlists while 17.5% report that they do not need one.⁵¹ Uniquely, 74% of both children and youth report that they do access community services, which has been effective for youth who are not attached. However, when youth age out of community services or become attached to a family physician, they may receive limited guidance from community health providers on how to navigate the transition.⁷⁵

Overall, minimal team-based care has contributed to youth having unsuccessful care plans. Even with short-term resources, abrupt transitions and insufficient informed involvement may have emotional impacts on youth, thereby increasing the risk of disengagement from services.

Addressing Youth with Mental Health Needs and the Connection to their Providers

Canada's youth mental health crisis has reflected a demand for mental health services and provinces have continued to address this through integrated services. For example, British Columbia has multiple Foundry centres that provide mental health and primary care services for youth between 12 and 24.⁷⁵ Although this targets the age range for youth who are susceptible to mental health conditions, these services have age restrictions that can impose limitations for youth within the transitional process. However, age restrictions can limit continuity during the transition to adult care because provider relationships may end once youth exceed program eligibility.

The 2025 Foundry Impact Service reported that 27% of its youth between 12 and 24 access primary care while 33% access mental health services.⁸⁰ Although these integrated services provide valuable access to multiple forms of support, their age limits can create continuity challenges for youth transitioning out of care without a family physician.

45.7% of parents of youth reported inadequate mental health care with their family physician.⁷⁶ Although this reflects the demand for mental health services, this finding may also reflect the limits of what families expect or require from family physicians in relation to mental health care. Family physicians play an important role in mental health care but may refer patients with more complex needs to psychiatrists or other

specialized services. However, psychiatrists may redirect to family physicians for prescription facilitation or general health inquiries. Although family physicians recognize mental health demands, additional training may contribute to delays in receiving care from a family physician due to the rising demands of mental health care.⁷⁷

In British Columbia, 25.5% of youth aged 16 to 24 are reported to access mental health services for depression and anxiety.⁷⁸ This age range overlaps with the transition to adult care. Given that reduced social connectedness during the pandemic may also have affected communication and help-seeking, maintaining options for in-person care may be particularly important for youth who require more intensive support. Overall, the pandemic has enhanced intersectional needs for youth, notably mental health, that is being integrated within the health care system. However, the process to receive support from clinical providers regarding clinical interventions for mental health can increase the risk of inconsistent care or, youth who are not adequately provided with a framework to transition from short-term services.

Recommendations

1. **Update public resources that incorporate alternatives:** BC's existing transition resources often assume that patients have access to a family physician. However, social workers or advocates who can guide the process can benefit youth, as consistent providers are crucial. Although there have been flexible age ranges, like 16-19, it is an equitable practice to provide direct guidance for youth who transition to adult care.⁷⁹
2. **Educate Youth About Team-Based Care and Emphasize the Role Of Family Physicians:** Transitional information and medical documents can impose barriers to youth due to confidentiality barriers. However, this can be prevented by having medical providers facilitate the process to reduce communication and accessibility barriers. Therefore, it demonstrates a collaborative process that promotes clarity about which processes depend on clinical staff versus youth. This could include educating youth about the transition process and clearly identifying which tasks are the responsibility of healthcare providers and which require action from youth.
3. **Increase the Accessibility of Social Workers Who Can Temporarily Facilitate The Transition for Youth without a Family Physician:** As there is a family physician shortage and youth have been accessing short-term resources, providers such as social workers could help facilitate the transition process. For youth, a social worker can support them to navigate transition processes, address mental health needs, and manage administrative demands associated with the transition. However, the role of social workers is unclear to youth and somewhat stigmatized. Moving forward, youth without a family physician should be educated about direct

providers who can facilitate the process and are equipped to provide clinical interventions.

Summary

Transitioning from pediatric to adult care can be a cognitively and administratively demanding process, particularly when considered alongside the social determinants of health and the lasting effects of the pandemic on youths' connections with public health care services. Although resources are publicly available, there needs to be direct and consistent service provider support with navigating resources as specific tasks have limitations with how much a client can independently manage. Collaborative communication between service providers is also necessary to address compounding needs, such as mental health concerns, that may affect the transition process.

Due to a lack of physician collaboration and the pressure created by age restrictions, this can be perceived as strenuous and youth under time-constraints less equipped to handle administrative tasks, like referral processes, are perceived as entirely imposed on them despite that the process involves initiation from service providers. Given that these tasks within the transition process are intensive and require time, youth have reflected hesitations with accessing services and are at risk of delaying their care due to miscommunications between providers that lead to youth believing that they need to handle tasks that they are not equipped for.

To provide an informed process while youth access short-term resources, transition guidance should explicitly address how youth will move out of short-term, age-restricted services. As resources, like Foundry, report that 26% of their youth between the ages of 16 to 18 access their services for both primary and mental health care, service providers should reinforce guidelines upon aging out.⁸⁰



MENTAL HEALTH CRISIS

WRITTEN BY RISHIKA SELVAKUMAR

Mental health encompasses both positive well-being and experiences of psychological distress or illness, with youth and young adults continuing to be vulnerable populations whose mental health status has decreased with time.⁸¹ Adolescence is a period of transition that can involve significant emotional, social, and developmental change. In particular, the importance of supportive emotional and social development in children and youth is noted to have an impact on mental health, with mental illness impacting over 1.2 million Canadian youth and children.⁸² Prevention and early intervention are therefore important approaches to proactively supporting youth mental health needs. A recent report by Mental Health Research Canada on the State of Youth Mental Health confirmed that 1.25 million youth need mental health support yearly with only 57% getting the help they need.⁸³ Youth continue to experience high rates of anxiety, depression, and suicidal ideation, especially in vulnerable communities such as 2SLGBTQ+, immigrant, and Indigenous youth.⁸³

The Canadian Community Health Survey noted various differences in youth experiences over time, for the age range of 12 to 25 between 2015 to 2022. Notably, it was found that females and young adults in comparison to male and youth populations, particularly reported worse mental health, alongside lower mean life satisfaction of youth and young adults living in urban centres compared to other rural areas; higher risk for mental health disorders within 2SLGBTQ+ populations; and higher levels of mood or anxiety disorder for Canadian-born versus immigrant youth and young adult populations.^{81,84}

Alongside an aging population, youth remain a vulnerable population requiring greater attention and tailored mental health support. This section will argue that the current youth mental health system is insufficient due to systemic barriers in access, structural inequities and fragmentation to propose policy interventions to address these core issues.

Youth Access and Background

Youth in Canada can access mental health support through various methods, including provincial healthcare that covers primary care, psychiatrists, and emergency department visits; through institutional supports offered in school such as counsellors; community-based services or non-profits; digital help lines or crisis services; and through private services such as counseling or psychologists.

A new model that has become increasingly popular in certain provinces is the integrated youth services option as well, which offers a hub to support mental health, substance use, and early intervention and support broadly.⁸⁵ Specifically, this offers some primary care and mental health services, alongside peer, family, work, study, housing, Indigenous culture, and navigation-based supports.⁸⁵

These services offer several important benefits. There are options that are available immediately in the short-term for urgent cases or ones that are extended and provide a long-term connection for youth. Some are available publicly and are free, while some are privatized, have financial implications, or may require parental oversight. Some may be easy to access in terms of location, time or model, while others may be in-person and harder to reach. There is benefit to this flexibility as it allows youth to choose what matters most to them.

At the same time, there are some difficulties with these varied services and models. While primary care, psychiatry, and emergency departments are available consistently across Canada, the wait times are often long, and with medical staff who are already overworked, it can be difficult for youth to truly connect and feel heard. Schools are similarly taxed and may not even have enough funding for counselors to meet student needs, especially based on areas such as rural or urban regions where one teacher may be playing multiple roles. Non-profit and community-based funding has decreased, placing additional pressure on services and contributing to further waits for youth. Digital help lines, crisis services, or integrated youth services may feel supportive in the short term or for an emergency but may not provide the continuity and long-term stability that youth often need. On the other hand, counseling and psychology can be difficult to navigate in terms of finding the right fit and then finding a way to fund these expensive options, especially for youth who may rely on parental insurance plans and then require conversation or support from family, which can often be stigmatized as well.

Each service has its associated strengths and weaknesses, but there is no one service that is perfectly tailored to what youth need, which can be assumed given the rising rates of mental health despite growing access to mental health services, and simultaneously, these services seem quite reactive rather than preventative. Additionally, this diversity in services is beneficial, as it offers services where youth need, whether that be virtually or in their community or even within a place that is more accessible and convenient for them. However, the number of available services can also be overwhelming for youth to navigate. It can be difficult to decide what is the best fit, which has implications on the accessibility and navigation of services, especially for youth who are already in need and may feel overwhelmed.

The Mental Health Research Canada's qualitative research with youth suggests core issues in navigation of resources, including financial barriers, complex and unclear pathways, long wait times, inconsistent care, stigma, mental health literacy, and social media use as core issues for mental health in Canada.⁸⁶

There are three main issues that warrant further consideration and investigation at a system and policy-level, including access, inequities, and fragmentation.

Access

Accessing necessary mental health support should be timely. There needs to be a sense of emergency given how it determines many core issues, including quality of life and even having implications on life expectancy and physical health. In an ideal world, long wait times could be removed entirely. Many national organizations including the Canadian Institute for Health Information noted that current wait times are high, with 50% of individuals waiting between 24 to 34 days in urban areas,⁸⁷ while simultaneously referral to psychiatry after family physician referral was found to take over 25 weeks.⁹⁹ This is concerning given how suicide continues to be the second leading cause of death among Canadian youth, with up to 90% of suicidal deaths having untreated concerns.⁸⁸ This is further exacerbated based on geographic areas, especially for youth who may be in rural or remote regions. For services that may be easier or faster to access such as private counseling or therapy, there are financial barriers that youth especially may face or in navigation. Similarly, youth often have to rely on caregivers or parents to access services, which creates an inhibition in needing to have a separate conversation or even educate parents to be able to access public or private mental health care, including due to stigma and cultural differences in mental health literacy and acceptance as well. On the other side, providers of youth services are also burdened by high patient load and navigating these challenges as well.

Inequities

A 2024 report by the Government of Canada investigating inequalities in Canada through quantitative and qualitative data found that inequities often show up with socioeconomic conditions or racism and discrimination.⁸⁹ Levels of income and employment status can significantly impact access to private mental health care, while the inability to access social determinants of health such as housing or employment can significantly impact mental health due to the instability of life. However, simultaneously, it can be hard to prioritize mental health care when these basic needs are not satisfied, which may result in their mental health needs being deprioritized or unmet.

Racism and discrimination is a core issue as well that severely impacts mental health, and is often found to impact depression, anxiety, stress, negative emotions and outcomes in these populations, including Black, racialized, immigrant, 2SGLBTQIA+ and Indigenous populations.⁸⁹ Given this, experiencing racism and discrimination within mental health services can further worsen youth mental health and reduce willingness to seek care. In addition to that, many of these communities may not be fully educated on mental health, and these youth may have their loved ones or their own stigma around mental health and help-seeking. If youth are faced with cultural families who are unaware or have stigma towards mental health, or on the other end, face individuals who show them discrimination when they are seeking care, how will they truly be able to get the support they need? These inequities create vast differences in the level of mental health diagnosis, treatment, and care that youth across Canada receive, and require more tailored support.

Fragmentation

A large issue for youth is fragmentation of services, especially in the navigation between child mental health to adult mental health care at the age of 18.⁹⁰ Navigating this transition, alongside the large number of available services and limited coordination between them, creates significant challenges for youth seeking continuous mental health care. The school environment, which may have provided stability throughout childhood and adolescence, also changes substantially as youth transition to post-secondary education or employment. While schools could provide preparation for these experiences and change, schools themselves are often burdened and have limited resources. This often presents itself with limited mental health education for youth, and leaves youth in a lurch in the midst of transitions while navigating a complex, uncoordinated system that is fragmented across resources and systems.

Recommendations

Access, inequities, and fragmentation are system-level issues that are difficult to solve. These issues are not new, however, the aim of this report is to bring a youth perspective on where limited funding should actually be placed.

- 1. Integrate Youth Advisory Council in policy systems and ensure transparency in how decisions are made:** Youth should be given the opportunity to speak on resources they use and what is actually working for them. While there are many interest holders in this work, including families, providers, educators, and policy professionals, evaluation and engagement cannot be considered meaningful for youth mental health without the direct involvement of youth themselves.

“Understanding what is and is not working could provide insight into how access, navigation, and service delivery can be improved.

2. **Address Inequities:** Inequities and responding to the core determinants of health and racial inequities is prolonged work that requires time. However, an immediate action and place for funding to respond to inequities could involve providing more culturally safe and equity-oriented care. This would allow providers to be educated on core issues facing youth and be able to support youth’s diverse experiences with housing, income, and discriminatory experiences youth may face, and create a safe environment where youth feel heard.
3. **Mandate and Support Mental Health Education:** Fragmentation is a core issue that requires deep work and cannot be fixed overnight. However, there are existing systems that can be leveraged that interact with youth consistently in order to build preventative care that understands and tries to address the rising rates of mental health disorders. Mental health is a priority and self-care techniques and understanding of help-seeking should be prioritized in school systems, so youth are better able to find their own mechanisms and help themselves through transitions and navigation of siloed systems. Additionally, after students graduate from high school and transition to employment or college or university spaces, there needs to be a continuity in culture and support that could be instituted with community centres and hubs for youth to engage with other youth and find supportive connections.

Summary

With rising mental health rates in youth alongside key issues with access, inequities, and system fragmentation, it is imperative to invest resources into actionable steps to promote progress. Without targeted intervention, the systemic challenges will continue to negatively affect youth mental health outcomes. Investment in youth engagement, equity-focused care, prevention, and education could support a more sustainable mental health system. These dynamic approaches support immediate and long-term changes, rather than focusing solely on a crisis-responsive system.

OPINION

WILL IT ACTUALLY HELP? A QUESTION YOUTHS HAVE FOR PROFESSIONAL MENTAL HEALTH SUPPORT

WRITTEN BY YUMO TAN

Improving access is not enough. More work is needed to increase willingness to seek help.

A while ago, UBC sent me a survey asking how likely I am to seek professional mental health support and use the mental health services available to students. Truth is, probably somewhat less likely than I've reported.

Before I seek a professional's support, I must have exhausted all self-help options and spoken to those closest to me. But then at that point, I'd probably think no human alive could have helped me. After all, what can't you find on the internet nowadays? If a Reddit user doesn't know the solution to one's life crisis, then who else does?

But in all seriousness, I wonder how much of my hesitation towards professional mental health support lies outside of my personality and has to do with my first impression of it.

I was fifteen when I first sat on a therapist's couch. After outlasting her in awkward silence, I reluctantly told her about my current life situation. Two sessions in, she didn't "fix" me or give me any constructive advice, and turns out spilling everything didn't lift a huge weight off my shoulders as others said it would; instead, I just felt drained and that I wasted my time. It didn't help that her eyelids occasionally drooped, making her eyes lose focus in a funny way. She would then snap out of it seconds later and resume her former attentiveness. Overworked or sleep-deprived, I figured.

Unfortunately, walking into the therapist's office with skepticism and unease is already a difficult position to begin. Making it the therapist's responsibility to change that attitude before my patience ran out, which was about two hours, was a lot to ask for. After all, she had to get beneath a stranger's conscious and subconscious defenses before knowing how she could help. But I didn't know that. All I knew was that I wasn't vibing with her, and therapy wasn't for me.

Many of the friends I had growing up have only considered seeking professional mental health support after getting to university, even though they would have benefited from

receiving it earlier. Even then, they have complained about doubts regarding confidentiality and expectations not being met.

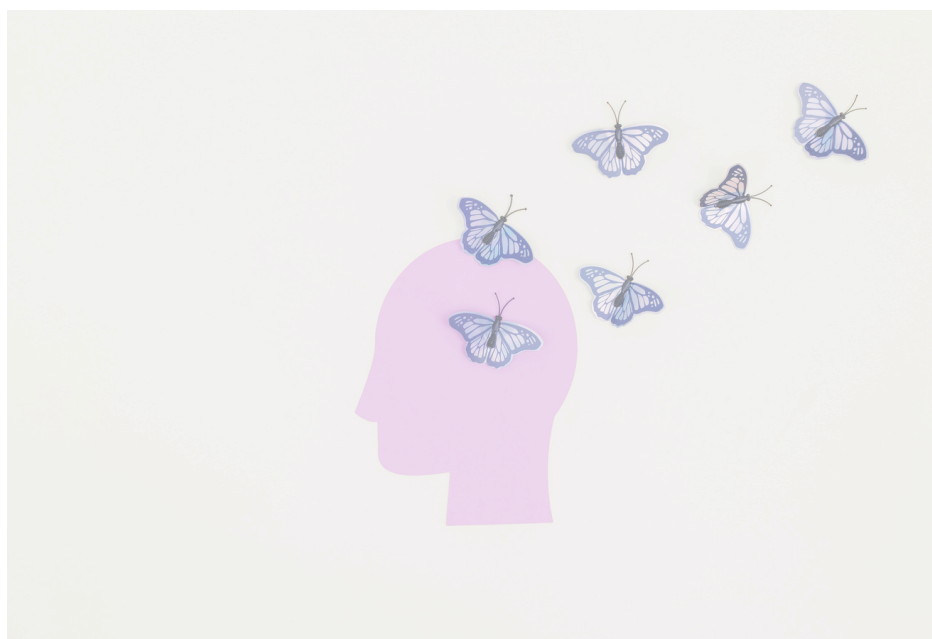
The mental health system has improved so much in recent years, but providing better access is not enough.

Seeking mental health support is still stigmatized and uncomfortable to say the least. Young people are often very reluctant to seek professional mental health support. If they do, they tend to have limited patience and poor judgment of their potential benefit. Their issues are either “not serious enough” for short-term counseling or too complex, making those methods often unsatisfying because they can’t address underlying issues. Therapy, on the other hand, has high dropout rates.

To increase willingness to seek professional mental health support, expectations and convincing evidence of improvement need to be communicated early on. Early, as in well before their first session with the therapist or counselor. School newsletters and social media should not only offer options for accessing support but also reasons to do so.

Young people need evidence that professional mental health support is effective and better than the readily available alternatives, which include various forms of dopamine-inducing distractions, the search engine, and now, AI.

Whether it’s simplified scientific explanations, statistics, or relatable peer experiences, we need more convincing that professional mental health support is worth our time and can actually help us.



SUBSTANCE USE CRISIS

WRITTEN BY MICHAEL KAMASZEWSKI

The toxic drug crisis has significantly impacted youth throughout B.C., with unregulated drug toxicity being the leading cause of unnatural death of people under 19 years of age.⁹¹ Across the five-year period of 2019 to 2023, the average number of deaths due to unregulated drug toxicity among British Columbia's (BC) youth was 25 per year.⁹² This number is almost double the average of deaths recorded in the five-year period from 2014 to 2018. With a significant number of fatalities already recorded, it is crucial to reduce the adverse effects of unregulated substance use on B.C.'s youth today. The issue of substance use among the youth population presents a matter of concern that requires an evaluation of two key factors: the availability of education and support services to the affected community members and the shortcomings in clinical treatment services specific to youth patients.

Youth Education and Support Systems

Within the context of substance use education and support systems, there is an array of localized initiatives available to BC's youth, particularly in urban communities. SACY, a universal substance use prevention program found in the Vancouver Coastal Health region, provides training to teachers and administrators on adopting destigmatizing language related to substance use.⁹³ This ensures that the school environment remains safe and supportive for young people who engage in substance use. The SACY program also helps bridge the knowledge gap between students and parents, as it allows school-aged youth to have informative discussions within the family about substance use.⁹³

The main limitation of such an impactful program lies in its exclusion from the universal school curriculum, as the SACY collaboration between the Vancouver School Board and Vancouver Coastal Health is only available within a specific geographical area. As there are significant proportions of the population in Northern, Interior, and coastal areas of B.C. that are not served by impactful systems like SACY, this limitation raises questions about the health inequity and risks associated with unregulated substance use. Additionally, as the SACY program is not mandated at the provincial level by the Ministry of Education, its implementation depends on the budget allocation and cooperation of individual school boards and administrators. Given that 126 children/youth lost their lives to unregulated drugs between 2019-2023, the need for provincial youth education and support systems in B.C. is evident.⁹²

Treatment Gap Between Youth and Young Adults

When addressing the issue of clinical treatment of youth substance use, B.C. provides various bed-based treatment programs for complex substance use cases, including the Provincial Youth and Young Adult Substance Use Live-In Treatment Program at the BC Children's Hospital.⁹⁵ Youth treatment programs aim to address not only substance use but also related challenges such as home environment, schooling, and family dynamics. This program offers a variety of services, such as life skills training, school completion, and family therapy in a residential treatment setting. SACY and the Provincial Youth and Young Adult Substance Use Live-In Treatment programs, for instance, have a limit of 24 years of age and allow patients to graduate and transition into the next stage of their lives.

B.C.'s Representative for Children and Youth recently observed that the province faces multiple system-level challenges when addressing youth substance use.⁹⁷ In particular, the intersection of mental health and substance use treatment presents a matter of great concern. The majority of youth-facing services have lengthy wait-lists, with some of the most vulnerable populations having to go through multiple steps before accessing care. Although the adult-focused harm reduction initiatives adequately cater to the needs of the youthful population, there is a noted absence of safe spaces for youth, as many tend to hide their use due to shame or fear of being reported to protective services. In fact, over 50% of deaths among youth have been reported to be individuals using substances alone.⁹⁶ Additionally, the report by the BC Coroners Service suggests over 66% of youth who died from substance use toxicity accessed or were known to receive services from the Ministry of Children and Family Development. This is a stark reminder that the majority of youth who die from toxic substance use do so in the context of being known to child protection agencies; highlighting significant gaps in the provincial child welfare and substance use support systems.

Recommendations

1. Youth education programs and services need to be standardized and adopted across the province to ensure that every young person receives similar levels of intervention and treatment. The provincial government should consider allocating funds to include programs such as SACY as part of the provincial curriculum. In addition, it may be necessary to centralize funding at the ministry level to ensure that rural, remote, and Indigenous communities receive the same support as the Metro Vancouver.
2. Youth clinical care programs should be expanded to cover the gap between school and adult services. The province should ensure that funding for youth substance

use and mental health services continues up to the age of 25. Additionally, the provincial government should prioritize investing in youth-specific and safe inpatient treatment beds in every regional health authority. Scaling up immediate access to clinical services and youth-specific harm reduction services will ensure that young people survive long enough to access extended care.

Summary

Based on the findings, it is evident that the status quo surrounding youth substance use treatment and education in B.C. is not sufficient to protect the population from unregulated drug toxicity. Without centralizing youth education around substance use at the provincial level and ensuring that treatment services are available across jurisdictional lines, significant disparities in youth health will persist. This crisis requires an immediate and coordinated response from the provincial government to bridge the treatment gap between localized school programs and institutional care. Without such intervention, the inaction of the system will continue to see the needless loss of B.C.'s youth due to substance use and related complications.



Report Conclusions

The results of this report illustrate the socioeconomic barriers and fragmented support networks that continue to impact the health, safety and well-being of British Columbia's youth. The research findings indicate that current challenges in healthcare access, transitional care, mental health, and substance use are compounded by limited coordination and preventive approaches across government systems. Although there are various youth-focused programs that help address local needs, they are not integrated at the provincial level. Consequently, young people, especially those in more rural communities, continue to face fragmented and complicated service systems that are inadequate and insufficient to meet their diverse needs.

In order to improve health and social outcomes for B.C.'s youth, the government should shift its focus from short-term crisis responses to youth-specific, coordinated and preventive action. These initiatives should be launched province-wide to ensure streamlined access to health and substance use services and provide appropriate support for vulnerable individuals. Furthermore, resources must also prioritize rural, Indigenous and marginalized communities to ensure the quality of care is consistent regardless of geographical or socioeconomic status.

Investing in youth is an investment in the future of the entire province. By giving young people a voice and addressing the barriers to care identified in this paper, the government can help close existing gaps and create an environment in which all B.C. youth have the opportunity to thrive.



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