Agenda Gap
Community Report

October 2023

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Background

Agenda Gap is a research-driven program led by **Dr. Emily Jenkins** at the University of British Columbia and funded by the Public Health Agency of Canada's Mental Health Promotion – Innovation Fund. The Agenda Gap program is founded on the principle that mental health is shaped by our everyday conditions, which are influenced by policy decisions. Through its facilitation, Agenda Gap supports youth participants in growing understandings about mental health promotion, social determinants of health, youth rights and influencing systems change, all while building peer and adult relationships and skills for policy advocacy.

Erin Mills Connects (EMC) and The Dam sponsored the delivery of the Agenda Gap program in the Peel Region as part of its aim to elevate the voices of youth and support their wellbeing. With the support of EMC and its partners, Agenda Gap staff recruited and interviewed 12 youth participants. These youth completed the Agenda Gap program between January and June 2023. EMC also recruited two local facilitators who received training from Agenda Gap staff and participated in the delivery of the program.

The youth participants attended weekly 2-hour facilitated sessions. The program culminated with the youth delivering a **community youth panel** event on July 4th to present their Calls to Action.

The participating youth developed their aims by exploring their collective expertise during program activities. They incorporated results from a survey they developed and delivered to their peers, along with knowledge gained from community allies they engaged with or interviewed about their policy targets. To amplify their Calls to Action, the group also produced an infographic promoting a strengths-based understanding of mental health in schools to destigmatize and create avenues to enhance mental health through safe and inclusive youth-adult conversations about mental health and youth-identified wellbeing supports.

To understand how the Agenda Gap program works and for who, all participants were invited to participate in evaluation activities, including surveys and interviews. A summary of the survey findings is presented below.

Surveys

The pre- and post- surveys measured the following:

- Program knowledge and self-reported knowledge gains
- Policy-related impacts
- Personal impacts
- Agenda Gap youth-facilitator relationships
- Mental health, protective factors, and policy activities
- Program delivery (post-survey)

Participants

Of the 12 youth participants, 11 completed both the pre- and post-surveys. Youth completing the surveys ranged in age from 15 to 17 years. Most participants identified as boys/men (64%), and nearly all identified as either West or South Asian, Black, or mixed ethnicity.

Results

Program Knowledge and Self-Reported Knowledge Gains

Youth demonstrated gains in knowledge through their participation in Agenda Gap. For example, all of them scored higher on the knowledge assessment questions at post-survey as compared to the pre-survey for most of the questions (7/10). Questions were drawn from program content and assessed knowledge related to resilience, contributors to mental health, social determinants of health, among others. Additionally, youth were asked to self-report their knowledge gains, with over 90% of participants indicating that Agenda Gap improved their knowledge of mental health promotion, social determinants of mental health, and the role of policy in strengthening mental health.

Policy-Related Impacts

All of the youth participants agreed that they found the program workshops to be useful, gained skills in working with people with diverse perspectives, felt more prepared to make change in their community, and learned about how social determinants impact mental health.
A majority of the Agenda Gap youth also indicated they gained skills to identify and act on changes needed in their community and that they plan to keep working with others to contribute to policy change.

Personal Impacts

The majority of youth participants reported that the Agenda Gap program resulted in positive personal impacts, with over 80% reporting mental health improvement and enhanced wellbeing. Moreover, these youth also identified feeling more connected with their school, and improved family relationships.

Most participants (73%) reported they continue to make use of the self-regulation techniques introduced and practiced during the program. A few also indicated that since their participation, they had changed their use of substances (alcohol or drugs) to better support their wellbeing.

Agenda Gap Youth-Facilitator Relationships

The majority of youth participants strongly endorsed positive youth-facilitator relationships, which included a sense of mutual respect, trust, co-learning and sense of shared power (see Figure 1).

Figure 1: Agenda Gap Youth-Facilitator Relationships (n=9)

Bars (% Strongly agree):
- Youth-staff respect: 91%
- Learned a lot from staff: 82%
- Staff learned a lot from youth: 64%
- Youth-staff balance of power: 82%
- Youth-staff mutual trust: 82%
- Youth-staff learned from working together: 91%
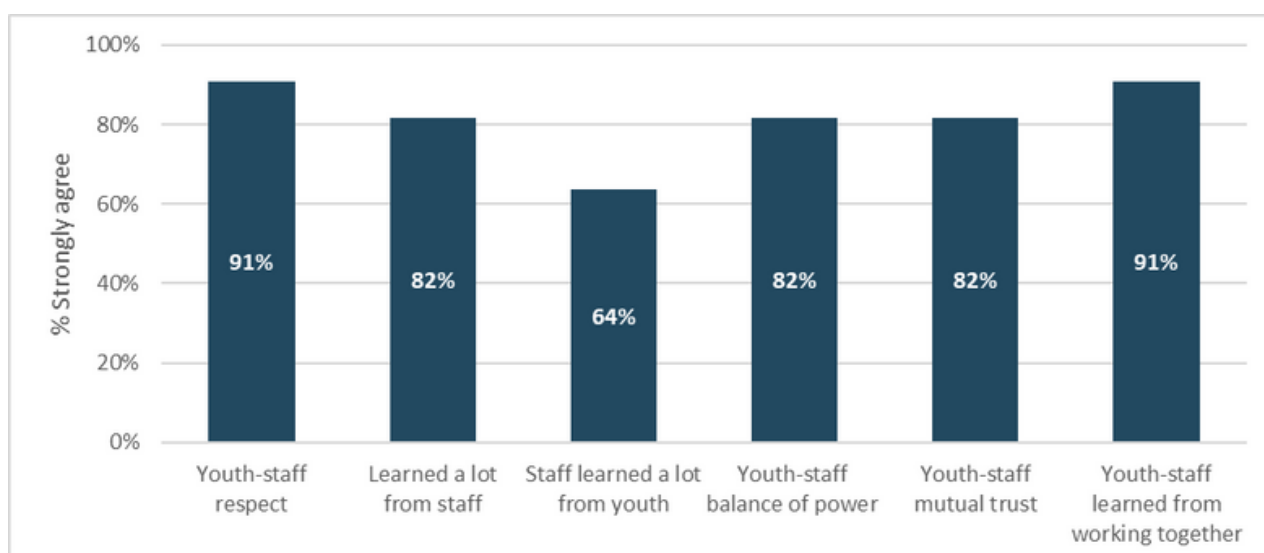
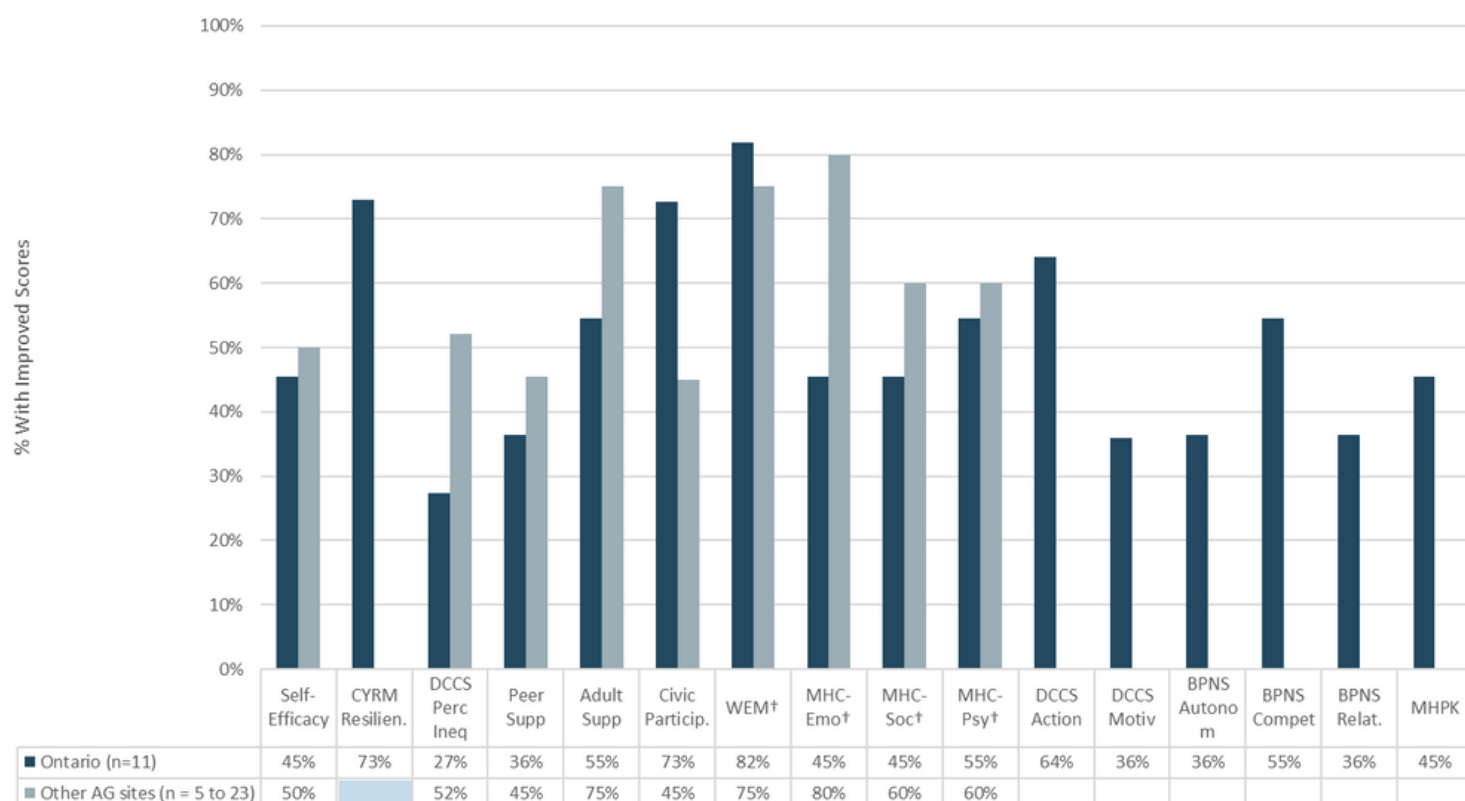# Mental Health, Protective Factors, and Policy Activities

A number of established scales were used to measure indicators of mental health among youth participants, including self-efficacy, wellbeing, motivation, peer and adult support, among others. A list of these scales is provided on the final page of this report. Consistent with results from other Agenda Gap sites, scores improved across all of the scales (see Figure 2).

Figure 2: Pre to Post Gains on Standardized Scales by Site

	Self-Efficacy	CYRM Resilien.	DCCS Perc Ineq	Peer Supp	Adult Supp	Civic Particip.	WEM†	MHC-Emo†	MHC-Soc†	MHC-Psy†	DCCS Action	DCCS Motiv	BPNS Autonom	BPNS Compet	BPNS Relat.	MHPK
Ontario (n=11)	45%	73%	27%	36%	55%	73%	82%	45%	45%	55%	64%	36%	36%	55%	36%	45%
Other AG sites (n = 5 to 23)	50%		52%	45%	75%	45%	75%	80%	60%	60%						

Self-efficacy = General Self-Efficacy (10 items); CYRM Resilien. = Child & Youth Resilience Measure (12 items); DCCS Perc Ineq (short) = Critical Consciousness Scale Perceived Inequity – Short/Diemer (4 items); Peer Supp = Peer Support – Youth and Community Survey (3 items); Adult Supp = Adult support – Youth and community Survey (5 items); Civic Particip. = Civic Participation – Youth and Community Survey (10 items); WEM = Warwick Edinburgh Mental Wellbeing – Short (7 items); MHC = Mental Health Continuum Short Form (14 items); DCCS Action = Diemer Civic Action (5 items); DCCS Motiv = Diemer Motivation (4 items); BPNS = Basic Psychology Need Satisfaction Scale, Autonomy (2 items), Relatedness (2 items), Competence (2 items).

Program Delivery Evaluation

Agenda Gap program delivery was assessed through anonymous workshop surveys and via open-ended survey questions included in the post-survey.

Session Evaluation Results

At the close of each workshop, youth participants were invited to complete an anonymous session evaluation. Results, including open-ended feedback and anonymous compliments to other participants, were shared regularly with the youth and periodically in the form of an infographic. This infographic summarizes results from 79 responses collected between January and March 2023.

Open-Ended Survey Results

Open ended responses collected during the post-survey allowed youth to elaborate on the aspects of Agenda Gap that were experienced as particularly helpful or important. Youth shared a variety of insights, including how Agenda Gap helped them to feel valued: "The workshops are important because to me I was able to feel seen and heard when expressing my ideas." Further, youth shared that their participation expanded their understandings of mental health: "…it provided a different lens through which I could understand mental health better." The youth participants also expressed the positive impact of the program on their mental health, noting: "It has allowed me to vocalize my thoughts on these issues and has been very positive to my mental health" and "My participation in the workshops has helped me to feel more confident in my ability to make a difference and to take action on the issues that I care about".

Conclusion

This report presents highlights from the survey data collected as part of an evaluation of the Agenda Gap program delivered to youth in the Peel region of Ontario. Overall, the program was well-received and impactful. A high proportion of the youth found Agenda Gap valuable, indicated they would contribute to policy change in the future, and reported that participation improved their mental health and wellbeing.

Pre-Post Surveys: Overview of Scales

1. General Self-Efficacy Scale (GSE): Measures perceived self-efficacy, focusing on how participants can perform new or difficult tasks or cope with adversity.

2. Warwick Edinburgh Mental Well Being (Short WEM): Measures emotional wellbeing through questions about feeling optimistic, useful, relaxed, dealing with problems, thinking clearly, feeling close to others and making up own mind about things.

3. Critical Consciousness Scale (Diemer's short DCCS-PI, CM & CA): Three subscales: questions related to perceived inequities among different groups; critical motivation questions about the importance and responsibility to participate in activities that can affect racism, inequality or overall improvement of society, and; critical action questions about participation in various political activities in the last year.

4. Peer Support (PS - Youth & Community Survey): Asks about trusting friends, friends caring and being available when needed.

5. Adult support (AS - Youth & Community Survey): Asks about having supportive adults in one's life in general and adults outside the home.

6. Mental Health Continuum (Short MHC): Three subscales covering questions about emotional, social and psychological wellbeing in the past month

7. Civic participation (CP – Youth & Community Survey): Asks about how frequently person engaged in a variety of civic participation activities in the past year, including at the neighbourhood, community, and school activities.

8. Child & Youth Resiliency Measure (CYRM): asks about a variety of support mechanisms (e.g., people to look up to, support of parents/caregivers/family friends; belonging, opportunities, and linkage with cultural/family traditions).

9. Basic Psychology Need Satisfaction Scale (BPNS): Asks about autonomy, relatedness and competence, with 3 subscales comprised of 2 items each.

10. Mental Health Promoting Knowledge (MHPK): Asks to rate items on how important they are for mental health (e.g., handling stress, feeling valuable, believing in yourself).