

# Making the case for citizenship-oriented mental healthcare for youth in Canada

Jordan, Gerald; Mutchler, Christina; Kidd, Sean A; Rowe, Michael; Iyer, Srividya N

DOI:

[10.1108/JPMH-06-2022-0055](https://doi.org/10.1108/JPMH-06-2022-0055)

License:

Creative Commons: Attribution-NonCommercial (CC BY-NC)

*Document Version*

Peer reviewed version

*Citation for published version (Harvard):*

Jordan, G, Mutchler, C, Kidd, SA, Rowe, M & Iyer, SN 2023, 'Making the case for citizenship-oriented mental healthcare for youth in Canada', *Journal of Public Mental Health*. <https://doi.org/10.1108/JPMH-06-2022-0055>

[Link to publication on Research at Birmingham portal](#)

## **Publisher Rights Statement:**

This is the author accepted manuscript of an article, Jordan, G., Mutschler, C., Kidd, S.A., Rowe, M. and Iyer, S.N. (2023), "Making the case for citizenship-oriented mental healthcare for youth in Canada", in *Journal of Public Mental Health*, published by Emerald, and available online at <https://doi.org/10.1108/JPMH-06-2022-0055>.

This author accepted manuscript is deposited under a Creative Commons Attribution Non-commercial 4.0 International (CC BY-NC) licence. This means that anyone may distribute, adapt, and build upon the work for non-commercial purposes, subject to full attribution. If you wish to use this manuscript for commercial purposes, please contact [permissions@emerald.com](mailto:permissions@emerald.com)

## **General rights**

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

## **Take down policy**

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact [UBIRA@lists.bham.ac.uk](mailto:UBIRA@lists.bham.ac.uk) providing details and we will remove access to the work immediately and investigate.

## Abstract

**Purpose:** Varying stakeholders have highlighted how recovery-oriented mental health services such as youth mental health services have traditionally focused on supporting individual resources to promote recovery (e.g., agency) to the exclusion of addressing structural issues that influence recovery (e.g., poverty). One response to this criticism has been work helping people with mental health problems recover a sense of citizenship and sense of belonging in their communities. Work on citizenship has yet to influence youth mental healthcare in Canada's provinces and territories. **Approach:** The arguments described in this paper were established through discussion and consensus among authors based on clinical experience in youth mental health and an understanding of Canada's healthcare policy landscape, including current best practices as well as guidelines for recovery-oriented care by the Mental Health Commission of Canada. **Findings:** Here we propose several recommendations that can help young with mental health problems recover their sense of citizenship at the social, systems, and service levels. These include addressing the social determinants of health; developing a citizenship-based system of care; addressing identity-related disparities; employing youth community health workers within services; adapting and delivering citizenship-based interventions; and connecting youth in care to civic-oriented organizations. **Originality:** This paper provides the first discussion of how the concept of citizenship can be applied to youth mental health in Canada in multiple ways. Our hope is that this work provides momentum for adopting policies and practices that can help youth in Canada recover a sense of citizenship following a mental health crisis.

**Keywords:** Recovery, citizenship, youth mental health, Canada

## Introduction

Mental health challenges such as psychosis typically occur during adolescence and young adulthood; can incur tremendous disability and suffering; and can lead to significant disruptions to life trajectories (McCarthy-Jones et al., 2013). Yet, it is widely recognized that youth can also

1 recover from such challenges. Two interconnected forms of recovery are widely cited in the  
2 literature: clinical recovery and personal recovery. Clinical recovery reflects symptom remission  
3 and the resumption of functioning and is normally clinician-defined. Personal recovery reflects  
4 how people with mental health problems subjectively define recovery and often reflects attempts  
5 to live a full, meaningful life in one's community despite the limitations that may accompany  
6 such challenges (Slade, 2009). Personal recovery can include feelings of connectedness; hope  
7 and optimism for the future; identity; meaning in life; and empowerment (Leamy et al., 2011).  
8 Supporting clinical and personal recovery are important goals that mental health services seeking  
9 to support full recovery (i.e., recovery-oriented services) have sought to achieve (Davidson et al.,  
10 2007).

11 The World Health Organization has recently put forth new guidelines for mental health  
12 services in promoting person-centered and rights-based approaches. The documents note services  
13 must protect people's rights to self-determination in their care and overall life goals (WHO,  
14 2021). In Canada, the Mental Health Commission of Canada has created guidelines for recovery-  
15 oriented practice which include supporting social inclusion of people with mental health  
16 concerns while also advocating for their right to accessing the social determinants of health  
17 (2015). Although foundational, these guidelines do not address the particular needs of youth and  
18 young adults with mental health problems.

19 In Canada, youth are typically defined as the developmental stage occupying adolescence  
20 to early adulthood between the ages of 15-29 (Government of Canada, 2021). Over the past 10  
21 years, the Canadian federal, and several of its provincial, governments have made significant  
22 financial investments into supporting the mental health of young people. One fruit borne from  
23 these investments includes the establishment of youth mental health services (Malla et al.,  
24 2019). Such services aspire to provide recovery-oriented care and are typically community-  
25 based, one-stop shops where youth can receive integrative support for varying needs in one  
26 setting. Such services typically offer early, rapid access to free, youth-friendly treatment; as well  
27 as person-centred, hope-inspiring and strengths-based support where decisions may be shared  
28 among youth, families and clinicians. These services also support young people's educational,  
29 occupational and social goals; and provide opportunities for youth and families to provide input  
30 on the organization and delivery of services. Many youth mental health services have developed  
31 strong connections and partnerships with community organizations and agencies (Hawke et al.,  
32 2019; Settapani et al., 2019).

33 Despite the strengths of recovery-oriented forms of care, activists and scholars have  
34 lamented that such care has generally become overly focused on helping people develop the  
35 individual resources needed to support their recovery (e.g., self-efficacy) to the exclusion of  
36 addressing the broader social, personal and economic conditions that support recovery and  
37 community life (Davidson et al., 2021). These include loneliness, poverty, and economic  
38 insecurity. To promote a more collective form of recovery, people with mental health problems,  
39 activists, clinicians, and policy makers have begun calling for a new approach to recovery, one  
40 that can help people recover a sense of citizenship (Rowe & Davidson, 2016). By addressing the  
41 broader social and economic issues that impact mental health, people with mental health  
42 problems may recover their sense of citizenship in their communities (Rowe & Davidson, 2016).

1           The most well-developed model of citizenship defines it as the strength of a person's  
2 access to the rights (e.g., freedom to wear a religious symbol to work), responsibilities (i.e.,  
3 actions that are important to people), roles (i.e., positions occupied in society), and resources  
4 (e.g., money) needed to live a full and meaningful life; as well as the relationships (e.g.,  
5 community connections) that promote a socially validated sense of belonging. Experiencing  
6 citizenship relies on the full participation of people with mental health problems in social and  
7 community life and in turn being valued by one's community for that participation (Rowe and  
8 Davidson, 2016).

9           The responsibility to support recovery rests on multiple stakeholders and systems (Pope  
10 et al., 2019). Although community organizations and peer-run organizations often play a key role  
11 in supporting young people's sense of belonging, mental health care in Canada's provinces and  
12 territories are not tailored towards supporting citizenship-based recovery. In addition, various  
13 actors working within youth mental health services may lack an awareness and the capacity to  
14 support citizenship. The need for citizenship-oriented mental health care is further underscored  
15 by the impacts of the COVID-19 pandemic. Young people were at higher risk of anxiety and  
16 depression during the pandemic, feelings which were exacerbated by loneliness (Horigian et al.,  
17 2021). Providing opportunities to connect with one's community is therefore paramount as an  
18 intervention to alter the negative outcomes associated with isolation, loneliness, and other  
19 COVID-19 sequelae. Given its importance, it is imperative that policies and practices aimed at  
20 helping youth recover a sense of citizenship be adopted in several ways, as described in this  
21 paper.

### 22 23 **Recommendation one: address the social determinants of health**

24  
25           One way to help youth recover a sense of citizenship is by addressing the social  
26 determinants of health, as lacking access to such determinants may prevent youth from accessing  
27 the resources and relationships that can support their sense of citizenship (Ponce et al., 2016;  
28 Clayton et al., 2020). Key social determinants include income inequality, food security, poverty  
29 and housing affordability (Bryant et al., 2011).

30           A recent review has highlighted how the social determinants of health can be addressed  
31 by targeting multiple aspects of a person's life (e.g., social, economic, physical) (Wahlbeck et  
32 al., 2017), such as through programmes that support parenting, housing and employment as well  
33 as access to mental health services. For example, Housing First approaches, which advocate for  
34 housing as a human right, have been found to assist youth with mental health problems in  
35 achieving housing stability (Kozloff et al., 2016). Researchers have noted the importance of  
36 programs such as vocational rehabilitation to assist youth with mental health concerns in  
37 obtaining meaningful work (Halvorsen & Klette Böhler, 2017).

38           A key Canadian organization addressing the social determinants of health among youth is  
39 Generation Squeeze, which has successfully lobbied governments to better address issues such as  
40 climate change, childcare costs, and the astronomical cost of housing (Kershaw et al., 2017). By  
41 developing stronger partnerships between such organizations and the various levels of  
42 government, the social determinants of health that are relevant to youth may be better addressed,  
43 thereby supporting young people's sense of citizenship.

## **Recommendation two: develop a citizenship-based system of care**

Specific mental health outcomes (e.g., recovery) are best supported when systems under which clinical care is provided are oriented towards such outcomes (e.g., recovery-oriented systems of care; Davidson et al., 2007). Thus, the provinces and territories that administer Canada's mental health system may need to shift their attention to helping youth recover a sense of citizenship by developing a citizenship-oriented system of care. Such a shift may first require the adoption of key values that underpin the belief that adopting a citizenship-oriented system of care for youth is a worthy goal. Such values include recognizing the importance of close relationships, respecting the autonomy of people, and recognizing the worth of people living in communities (Reis et al., 2022). On a practical level, systems within each province may need to develop stronger networks and communication with actors and stakeholders that support community belonging but typically operate outside the healthcare system. One recent paper highlights how the state of Connecticut achieved this by linking local mental health agencies to the various authorities, governing bodies, and community organizations at the city, county and state levels, with the goal of promoting inclusion of people with mental health problems at all levels of their communities (Davidson et al., 2021).

To implement a citizenship-oriented systems of care, stakeholders can look to implementation frameworks that have been developed for implementing recovery-oriented care. For example, a recent systematic review of the implementation of recovery-oriented care in hospital-based mental health services discussed the barriers and facilitators to implementation using the Promoting Action on Research Implementation in Health Services framework (Lorien, Blunden, & Madsen, 2020). The authors note the prevailing biomedical approach to mental healthcare as a barrier to implementation of recovery-oriented care. Facilitators of implementation include knowing the evidence for recovery, promoting organizational cultural change, and facilitating multimodal staff training, programs, and changes to care planning. The implementation of citizenship-oriented youth mental health care may follow similar implementation processes by having strong leadership, providing staff with education to increase buy-in, and involving youth in the implementation planning and process.

## **Recommendation three: address identity-related disparities**

There is a recognition that intersecting forms of oppression and marginalization may influence people's sense of belonging in their communities (Yuval-Davis, 2007), thereby influencing their sense of citizenship. Such forms of oppression may intersect with experiences of mental health stigma, which may in turn negatively impact young people's sense of belonging and feelings of citizenship (Jordan et al., 2022a). Youth with marginalized identities also often experience profound disparities to mental healthcare and often feel their needs are not fully met, which may negatively impact their recovery (Saunders et al., 2018). Thus, to help youth recover a sense of citizenship, it is incumbent on provincial and territorial health authorities in Canada to address such identity-related disparities; and for laws that result in minority groups feeling excluded from their communities be dismantled. Such laws may include Bill 21, which was

1 recently passed into law in the province of Québec. Bill 21 bars people from wearing certain  
2 religious symbols (e.g., hijabs) in several workplaces, which may result in young people from  
3 certain faiths feeling excluded from society and being denied the same employment opportunities  
4 afforded to others. The law has led to an increase in feelings of social exclusion and deterioration  
5 in mental health, particularly among women (Association for Canadian Studies, 2022) and has  
6 been subject to several court challenges.

#### 7 8 **Recommendation four: employ youth community health workers within youth mental** 9 **health services**

10  
11 Youth mental health services typically do not engage with the full spectrum of  
12 community settings that can support citizenship in their jurisdictions (Hawke et al., 2019). Such  
13 settings may include, but are not limited to, places of work, education, worship, and recreation  
14 that promote a sense of belonging. Youth mental health services can help youth connect to such  
15 settings by working with community health workers. Such workers often have a strong  
16 understanding of the local needs and resources available in communities (Olaniran et al., 2017)  
17 and can link youth with community resources; as well as engage in advocacy, community  
18 organizing and mobilization with, or behalf of, youth (Torres et al., 2014). Youth with lived  
19 experience of mental health problems may be particularly well-suited for community health  
20 worker roles, as a review has shown they may be able to form authentic, empathetic and non-  
21 judgemental relationships with other youth; be particularly sensitive to the developmental and  
22 cultural needs of other young people; and have a deep understanding of specific challenges and  
23 adversities that young people today face (de Beer, 2022). Youth in such roles may also have a  
24 particular aptitude for knowledge of local communities with personal experiences of recovery  
25 (Ehrlich et al., 2020; Rowe et al., 2007). Combined, such knowledge and life experience can  
26 model and support youth to recover a sense of citizenship. Indeed, research on the role of peer  
27 support workers in connecting adults with mental health problems with their communities has  
28 shown promising results (Mutschler et al., 2019).

#### 29 30 **Recommendation five: Mental health services should deliver citizenship-based** 31 **interventions**

32  
33 Clinicians working in youth mental health services can also help youth recover a sense of  
34 citizenship by delivering specific citizenship-oriented interventions. Although these interventions  
35 have largely been delivered with adults outside of Canada and may need to be tailored to  
36 youth—they still show promise. These interventions may be implemented within youth mental  
37 health services; however, they may also be implemented in other settings frequented by  
38 Canadian youth, including secondary and tertiary education settings and community mental  
39 health centres. Apps and video games that can help young people develop a sense of community  
40 and improve mental health are becoming increasingly commonplace (Lehtimaki et al., 2020). As  
41 such, these interventions can also eventually be developed into digital, youth-friendly formats.

42 For instance, in the Citizenship Project participants are enrolled in peer-run classes and  
43 take on socially valued role projects (e.g., training police officers to treat people with greater

1 empathy and respect) (Clayton et al., 2013). These projects provide opportunities for people with  
2 mental health problems to make meaningful contributions to society that are valued by  
3 community members and people carrying out such activities. The Citizenship Project also  
4 supports the development of strong relationships and community ties; as well as supporting the  
5 pursuit of individual and collective goals, thereby fostering a sense of citizenship among  
6 students. Classes support the learning of new skills and knowledge; offer the opportunity to  
7 engage with invited speakers; and provide opportunities for participants to discuss their interests  
8 and skills. In addition, participants are invited to propose new course topics that typically centre  
9 on community, neighborhood, and mental health issues; as well as individual-level issues such as  
10 problem-solving skills. The sole evaluation of this project among American adults with serious  
11 mental health problems revealed that it led to reductions in substance use, and greater  
12 satisfaction with social activities, finances, work and quality of life (Clayton et al., 2013).

13 A similar intervention named Project Connect seeks to help people with mental health  
14 problems pursue activities and interests they find meaningful in their communities, such as  
15 joining local arts-based collectives. By doing so, the intervention can support aspects of  
16 citizenship such as new roles, responsibilities and a new sense of belonging. The peer-run  
17 intervention is based on the premise that intervention participants should determine the types of  
18 community connections they wish to establish for themselves. During an initial meeting,  
19 participants are invited to describe their interests, passions, and the types of community  
20 connections they are seeking. A Project Connect intervention worker then relies on networks  
21 within local healthcare contexts, the participant's own social network, and the community at  
22 large to link participants to the meaningful community activities they seek to partake in  
23 (Bromage et al., 2017).

24 An approach to fostering citizenship that provides individuals with opportunities to take  
25 collective action (e.g., painting a mural in a community space) has also been developed. The  
26 group is grounded in ideas of collective forms of citizenship and seeks to address dimensions of  
27 citizenship that are embedded within structural issues through encouraging collective advocacy  
28 and challenging discrimination. The Focus, Act, Connect Every-day (FACE) group does this by  
29 creating a space where members are free to discuss issues in their community and strategies to  
30 collectively address those issues. A peer support worker helps members strengthen their sense of  
31 personal identity and become better community activists. An experienced community organizer  
32 facilitates group meetings, helps recruit members, schedules meetings, takes notes, and bridges  
33 connections between individual members and community organizations (Quinn et al., 2020).  
34 This collective citizenship intervention allows for peer collaboration while working towards a  
35 collective goal.

36 Community-based services, such as the Clubhouse model of psychosocial rehabilitation  
37 may be an important avenue for youth as they begin to reclaim their citizenship. A qualitative  
38 study by Pardi & Willis (2018) of youth Clubhouse members found that being involved in  
39 Clubhouse work, improved confidence and experiences of reciprocal relationships. Valued  
40 employment in this context included work that was thought to be meaningful and could build  
41 skills that could be used for future careers. Further, participation in the Clubhouse often led  
42 youth to explore other avenues for community involvement (Pardi & Willis, 2018). Due to their

1 recovery-oriented values, Clubhouses and other community-based programs may provide youth  
2 with a starting point for getting involved with their communities and gaining active citizenship.

3 In addition to the mental health and community-based service sector, stakeholders in  
4 academic and research settings can also provide opportunities for active citizenship for youth  
5 through research. Prati and colleagues (2020) used youth-led participatory action research as a  
6 citizenship intervention. The intervention aimed to involve youth in this intervention that focused  
7 on social issues the youth identified as relevant, while also eliciting solutions to these problems  
8 from political institutions. The results found that those who were in the intervention group  
9 reported increased scores on social well-being, institutional trust, and participation, and  
10 decreased scores on political alienation compared with the control group. Interventions may also  
11 integrate principles from green space interventions, as studies have shown green spaces and  
12 outdoor nature-based interventions can have positive associations with mental well-being, while  
13 providing a needed intervention to the environment (Burls & Ashton, 2021; Reece et al., 2021).

### 14 **Recommendation six: Connect youth in care to civic-orientation organizations**

15  
16  
17 Civic involvement can promote community building and recovery (Jordan et al., 2022b)  
18 as well as meaning in life (Klar and Kasser, 2009). Hence, clinicians or community health  
19 workers can consider linking youth with civics-oriented organizations, such as Apathy is Boring  
20 (<https://www.apathyisboring.com/>). This Canadian non-profit organization trains young people  
21 on ways to become actively engaged in the democratic process, such through voting; supports  
22 youth to develop community-based projects oriented towards strengthening “the democratic  
23 fabric”; and offers training to young people on how to advocate for change within government  
24 and social institutions. Apathy is Boring has found that youth are able to make considerable  
25 impact in their communities (Ho, Clarke, & Dougherty, 2015). Important areas of future study  
26 include evaluations on the impact of participation in civic-oriented organizations on youth, such  
27 as increasing sense of community and well-being.

### 28 **Conclusions and future directions**

29  
30 In Canada, mental health care for youth is often designed to support the individual-level  
31 resources that may promote recovery. There is an additional need to help young people recover a  
32 sense of citizenship within their communities. A multipronged approach to supporting  
33 citizenship is needed that involves addressing the social determinants of health; developing a  
34 citizenship-based system of care; addressing identity-related disparities; employing youth  
35 community health workers within services; adapting and delivering citizenship-based  
36 interventions; and connecting youth in care to civic-oriented organizations. Implementing these  
37 recommendations may rely on multiple systems and stakeholders, including governments,  
38 community organizations, mental health services and non-profit organizations. Several  
39 citizenship-based interventions that have been developed for adults in the United States form an  
40 important basis of our recommendations. The call for citizenship-oriented mental health care is  
41 timely due to the significant impact of COVID-19 on youth mental health and well-being.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38

## References

- Association for Canadian Studies (2021). Law 21: discourse, perceptions & impacts. <https://acs-metropolis.ca/product/law-21-discourse-perceptions-impacts/>
- Bromage, B., Kriegel, L., Williamson, B., Maclean, K. & Rowe, M. 2017. Project Connect: A community intervention for individuals with mental illness. *American Journal of Psychiatric Rehabilitation*, 20(3), pp 218-233.
- Bryant, T., Raphael, D., Schrecker, T. & Labonte, R. 2011. Canada: A land of missed opportunity for addressing the social determinants of health. *Health Policy*, 101(1), pp 44-58.
- Burls, A. and Ashton, J., 2021. Public mental health and nature: a paradigm shift. *Journal of Public Mental Health*, 20(3), pp.221-228.
- Clayton, A., Miller, R., Gambino, M., Rowe, M. & Ponce, A. N. 2020. Structural Barriers to Citizenship: A Mental Health Provider Perspective. *Community Ment Health J*, 56(1), pp 32-41.
- Clayton, A., O'Connell, M. J., Bellamy, C., Benedict, P. & Rowe, M. 2013. The Citizenship Project Part II: Impact of a Citizenship Intervention on Clinical and Community Outcomes for Persons with Mental Illness and Criminal Justice Involvement. *American Journal of Community Psychology*, 51(1-2), pp 114-122.
- Davidson, L., Rowe, M., DiLeo, P., Bellamy, C. & Delphin-Rittmon, M. 2021. Recovery-Oriented Systems of Care: A Perspective on the Past, Present, and Future. *Alcohol research : current reviews*, 41(1), pp 09-09.
- Davidson, L., Tondora, J., O'Connell, M. J., Kirk Jr, T., Rockholz, P. & Evans, A. C. 2007. Creating a recovery-oriented system of behavioral health care: Moving from concept to reality. *Psychiatric Rehabilitation Journal*, 31(1), pp 23-31.
- De Beer, C.R.M., Nooteboom, L.A., van Domburgh, L., de Vreugd, M., Schoones, J. W., Vermeiren, R. R. J. M. 2022. A systematic review exploring youth peer support for young people with mental health problems. *Eur Child Adolesc Psychiatry*, doi: [/doi.org/10.1007/s00787-022-02120-5](https://doi.org/10.1007/s00787-022-02120-5)

- 1 Ehrlich, C., Slattery, M., Vilic, G., Chester, P. & Crompton, D. 2020. What happens when peer  
2 support workers are introduced as members of community-based clinical mental health  
3 service delivery teams: a qualitative study. *J Interprof Care*, 34(1), pp 107-115.
- 4 Government of Canada (2021). Canada's first state of youth report: for youth, with youth, by  
5 youth. [Publications.gc.ca/pub?id=9.900929&sl=0](https://publications.gc.ca/pub?id=9.900929&sl=0)
- 6 Hawke, L. D., Mehra, K., Settipani, C., Relihan, J., Darnay, K., Chaim, G. & Henderson, J.  
7 2019. What makes mental health and substance use services youth friendly? A scoping  
8 review of literature. *BMC Health Serv Res*, 19(1), pp 257.
- 9 Halvorsen, R., & Böhler K. K. 2017. Transitions to active citizenship for young persons with  
10 disabilities: virtuous and vicious cycles of functionings. In *Understanding the Lived*  
11 *Experiences of Persons with Disabilities in Nine Countries*. (pp. 174-191). Routledge.
- 12 Ho, E., Clarke, A. and Dougherty, I., 2015. Youth-led social change: Topics, engagement types,  
13 organizational types, strategies, and impacts. *Futures*, 67, pp.52-62.
- 14 Horigian, V. E., Schmidt, R. D., & Feaster, D. J. (2021). Loneliness, mental health, and  
15 substance use among US young adults during COVID-19. *Journal of psychoactive drugs*,  
16 53(1), 1-9.
- 17 Jordan, G., Burke, L., Bailey, J., Kreidstein, S., Iftikhar, M., Plamondon, L., Young, C.,  
18 Davidson, L., Rowe, M., Bellamy, C., Abdel-Baki, A. & Iyer, S. N. 2022a. A Mixed  
19 Methods Study Examining Citizenship Among Youth With Mental Health Challenges.  
20 *Frontiers in Psychiatry*, 13.
- 21 Jordan, G., Davidson, L., Bellamy, C. 2022b. Generativity among people with lived experience  
22 of mental illness and distress. *American Journal of Orthopsychiatry*, 92 (3), pp 280-290.
- 23 Kershaw, P., Swanson, E. & Stucchi, A. 2017. A surgical intervention for the body politic:  
24 Generation Squeeze applies the Advocacy Coalition Framework to social determinants of  
25 health knowledge translation. *Canadian journal of public health = Revue canadienne de*  
26 *sante publique*, 108(2), pp e199-e204.
- 27 Kozloff, N., Adair, C. E., Palma Lazgare, L. I., Poremski, D., Cheung, A. H., Sandu, R., &  
28 Stergiopoulos, V. (2016). Housing first for homeless youth with mental illness.  
29 *Pediatrics*, 138(4).
- 30 Klar, M. & Kasser, T. 2009. Some benefits of being an activist: Measuring activism and its role  
31 in psychological well-being. *Political Psychology*, 30(5), pp 755-777.
- 32 Leamy, M., Bird, V., Le Boutillier, C., Williams, J. & Slade, M. 2011. Conceptual framework  
33 for personal recovery in mental health: systematic review and narrative synthesis. *The*  
34 *British journal of psychiatry*, 199(6), pp 445-452.
- 35 Lehtimäki S, Martic J, Wahl B, Foster K, Schwalbe N. 2021. Evidence on digital mental health  
36 interventions for adolescents and young people: systematic overview. *JMIR Mental*  
37 *Health*,8, :e25847
- 38 Lorien, L., Blunden, S. & Madsen. (2020). Implenetation of recovery-oriented practice in  
39 hospital-based mental health services: a systematic review. *International Journal of*  
40 *Mental Health Nursing*, 29(6), pp 1035-1048.
- 41 Malla, A., Iyer, S., Shah, J., Joobar, R., Boksa, P., Lal, S., Fuhrer, R., Andersson, N., Abdel-  
42 Baki, A., Hutt-MacLeod, D., Beaton, A., Reaume-Zimmer, P., Chisholm-Nelson, J.,  
43 Rousseau, C., Chandrasena, R., Bourque, J., Aubin, D., Levasseur, M. A., Winkelmann,  
44 I., Etter, M., Kelland, J., Tait, C., Torrie, J., Vallianatos, H. & Network, t. A. O. M. Y. M.  
45 H. 2019. Canadian response to need for transformation of youth mental health services:

- 1 ACCESS Open Minds (Esprits ouverts). *Early Intervention in Psychiatry*, 13(3), pp 697-  
2 706.
- 3 McCarthy-Jones, S., Marriott, M., Knowles, R., Rowse, G. & Thompson, A. R. 2013. What is  
4 psychosis? A meta-synthesis of inductive qualitative studies exploring the experience of  
5 psychosis. *Psychosis*, 5(1), pp 1-16.
- 6 Mental Health Commission of Canada. (2015). Recovery Guidelines Ottawa, ON. Mental Health  
7 Commission of Canada
- 8 Mutschler, C., Miller, R., Bromage, B., Bellamy, C., Jordan, G., Lichtenstein, S., Blair, F., de la  
9 Reza, P., Loranger, M., McKinney, C. and Mihalakakos, G., 2019. Boundary crossing as  
10 a guide in the implementation of peer support interventions in mental health. *American  
11 Journal of Psychiatric Rehabilitation*, 22(1), pp.26-42.
- 12 Olaniran, A., Smith, H., Unkels, R., Bar-Zeev, S. & van den Broek, N. 2017. Who is a  
13 community health worker? - a systematic review of definitions. *Glob Health Action*,  
14 10(1), pp 1272223.
- 15 Pardi, J. and Willis, M., 2018. How young adults in London experience the Clubhouse model of  
16 mental health recovery: A thematic analysis. *Journal of Psychosocial Rehabilitation and  
17 Mental Health*, 5, pp.169-182.
- 18 Ponce, A. N., Clayton, A., Gambino, M. & Rowe, M. 2016. Social and clinical dimensions of  
19 citizenship from the mental health-care provider perspective. *Psychiatric Rehabilitation  
20 Journal*, 39(2), pp 161-166.
- 21 Pope, M. A., Jordan, G., Venkataraman, S., Malla, A. K. & Iyer, S. N. 2019. "Everyone Has a  
22 Role": Perspectives of Service Users With First-Episode Psychosis, Family Caregivers,  
23 Treatment Providers, and Policymakers on Responsibility for Supporting Individuals  
24 With Mental Health Problems. *Qual Health Res*, 29(9), pp 1299-1312.
- 25 Prati, G., Mazzoni, D., Guarino, A., Albanesi, C. and Cicognani, E., 2020. Evaluation of an  
26 active citizenship intervention based on youth-led participatory action research. *Health  
27 Education & Behavior*, 47(6), pp.894-904.
- 28 Quinn, N., Bromage, B. & Rowe, M. 2020. Collective citizenship: From citizenship and mental  
29 health to citizenship and solidarity. *Social Policy & Administration*, 54(3), pp 361-374.
- 30 Reece, R., Bray, I., Sinnett, D., Hayward, R. and Martin, F., 2021. Exposure to green space and  
31 prevention of anxiety and depression among young people in urban settings: a global  
32 scoping review. *Journal of Public Mental Health*, 20(2), pp.94-104.
- 33 Reis, G., Bromage, B., Rowe, M., Restrepo-Toro, M. E., Bellamy, C., Costa, M. & Davidson, L.  
34 2022. Citizenship, Social Justice and Collective Empowerment: Living Outside Mental  
35 Illness. *Psychiatric Quarterly*, 93(2), pp 537-546.
- 36 Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P., Davidson,  
37 L., Buchanan, J. & Sells, D. 2007. A peer-support, group intervention to reduce substance  
38 use and criminality among persons with severe mental illness. *Psychiatric Services*,  
39 58(7), pp 955-961.
- 40 Rowe, M. & Davidson, L. 2016. Recovering Citizenship. *Isr J Psychiatry Relat Sci*, 53(1), pp  
41 14-20.
- 42 Saunders, N. R., Gill, P. J., Holder, L., Vigod, S., Kurdyak, P., Gandhi, S. & Guttman, A. 2018.  
43 Use of the emergency department as a first point of contact for mental health care by  
44 immigrant youth in Canada: a population-based study. *Canadian Medical Association  
45 Journal*, 190(40), pp E1183-E1191.

- 1 Settipani, C.A., Hawke, L.D., Cleverley, K., Chaim, G., Cheung, A., Mehra, K., Rice, M.,  
2 Szatmari, P., Henderson, J. 2019. Key attributes of integrated community-based youth  
3 service hubs for mental health: a scoping review. *International Journal of Mental Health*  
4 *Systems*, 13, pp 52
- 5 Slade, M. 2009. *Personal recovery and mental illness: A guide for mental health professionals*:  
6 Cambridge University Press.
- 7 Torres, S., Labonté, R., Spitzer, D. L., Andrew, C. & Amaratunga, C. 2014. Improving health  
8 equity: the promising role of community health workers in Canada. *Healthcare policy =*  
9 *Politiques de sante*, 10(1), pp 73-85.
- 10 Wahlbeck, K., Cresswell-Smith, J., Haaramo, P. & Parkkonen, J. 2017. Interventions to mitigate  
11 the effects of poverty and inequality on mental health. *Soc Psychiatry Psychiatr*  
12 *Epidemiol*, 52(5), pp 505-514.
- 13 World Health Organization (WHO). (2021). Guidance on Community Mental Health Services.  
14 <https://www.who.int/publications/i/item/9789240025707>
- 15 Yuval-Davis, N. 2007. Intersectionality, citizenship and contemporary politics of belonging.  
16 *Critical review of international social and political philosophy*, 10(4), pp 561-574.  
17  
18