

Promoting Youth Connectedness in Families, Schools, Peers & Communities: Evidence for Action

*“We all have a responsibility to improve the health of all Canadian children and youth. We all can play a part in giving them a better life. We all can help healthy, active children grow into healthy, active adults. And **action** must be taken to help our country – and our children – to achieve these important goals”*

(CMHA, 2008)

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Executive Summary

Child and youth mental health is an essential part of our collective health, with mental health challenges being the leading cause of disability in adolescents aged 15 – 19 years in all the world's regions, contributing to 45% of their overall burden of disease (Lancet, 2017). Fifteen to 21% of Canadian children and youth report experiencing at least one mental health challenge, with the most commonly reported mental health challenges in youth being anxiety; attention-deficit/hyperactivity disorder; depression and substance use problems (Centre for Addiction and Mental Health [CAMH], 2014). Furthermore, of the estimated 1.2 million children and youth affected by mental illness in Canada, it is estimated that less than 20% will receive appropriate intervention (Mental Health Commission of Canada, 2015). Early intervention to prevent mental health disorders is crucial to act on this gap and improve lifelong health and well-being. The Child and Youth Health Network (C&YHN) has come together to address child and youth mental health in the capital region of British Columbia (BC), Canada. The C&YHN recognizes the importance of connectedness in promoting child and youth mental health and overall positive health outcomes. The C&YHN aims to promote mental health by embracing a population approach through preventative strengths-based strategies targeting youth, prior to the onset of mental health challenges. The concept of connectedness is featured in the literature as a highly protective factor to mitigate negative mental health outcomes and while the importance of promoting connectedness is intuitive, the effective practice of it is not necessarily so. This literature review looks at the overarching concepts and actions within practices and programs that are found to improve youth connectedness in four key social contexts identified by the C&YHN: family, school, peers and community.

Introduction: Evidence informed practice (EIP) to promote youth connectedness

There is a growing body of literature indicating the numerous benefits of connectedness in youth. Where connectedness in youth is ‘a sense of belonging in which individuals perceive that they are valued, cared for, trusted, and respected by individuals and communities’ (McCreary Centre Society [MCS], 2014), it is found to increase positive mental health (Jenkins, Johnson, Bungay, Kothari & Saewyc, 2015; National Collaborating Centres for Public Health

[NCCPH], 2017), physical, social, physiological and academic outcomes (CDC, 2009a; Jose & Pryor, 2010; NCCPH, 2017).

Approximately 70% of Canadian adults with mental health and substance use challenges experience onset of symptoms during childhood or adolescence (Centre for Addiction and mental Health, 2014; Kessler et al., 2005; Kim-Cohen et al., 2003), with half of all lifetime cases of mental health and substance use cases presenting by age 14 (Dunne, Bishop, Avery & Darcy, 2017). As such, early intervention and adoption of population based approaches to improve mental health in youth through connectedness is a key priority. The Canadian Mental Health Association [CMHA] and Public Health Association of Canada [PHAC] together support the need for investing in children and youth connectedness, as this investment of improving mental health outcomes is estimated to have triple dividend return on benefits to cost ratio (Sheehan et al., 2017), but more importantly, the benefit of social return of service in terms of overall quality of life and standard of living (CMHA, 2008; PHAC, 2008). Health outcome indicators on BC youth based on current data gathered by the McCreary Centre Society (Smith et al., 2013) and the Provincial Health Officer's Annual Report (British Columbia Ministry of Health [BCMh], 2016) can drive policy and program decisions with a primary prevention mandate through evidence informed practice (EIP) which will positively impact the health and well-being outcomes of youth across Canada (CMHA, 2008).

The Ontario Centre of Excellence for Child and Youth Mental Health (2016) in collaboration with youth advisors established seven guiding principles that should be adhered to when addressing youth engagement and connectedness: value youth as a community asset; commit to participatory leadership; build authentic relationships; strive for health equity; meet youth where they're at; use a whole community approach; and put safety first. These principles are embedded in many of the EIP found to create connectedness in youth. These guidelines should be integrated into all aspects of promoting connectedness in the four key domains (The Change Collective, 2017). Public health professionals can use these guidelines in both upstream and downstream actions; advocacy, advisory roles, policy development, partnership development and the intersectoral collaboration for the promotion of mental health and well-being in any planning, development and implementation of youth health promotion initiatives, programs and interventions (NCCPH, 2017).

Current research affirms adolescence offers a key opportunity to promote healthy development and positive mental health outcomes using effective prevention and intervention actions that build on and increase the strength of youth and their connections to family, school, peer and communities (MCS, 2003). Effective youth programs use comprehensive approaches rather than targeting specific behaviors, instead moving towards recognition and promotion of youths' capacity and strengths (MCS, 2003). Multisectoral policies and programs related to youth health must frame their perspective to the ecological nature of youth connection and must incorporate EIP strategies to increase youth connectedness to the four key social domains of family, school, peers and community.

Purpose

Building upon the prior work of the McCreary Centre Society findings of the association between youth connectedness and mental health outcomes in children and youth in British Columbia, Canada (Smith et al., 2011), and the C&YHN aim of promoting adolescent mental health through connectedness, the purpose of this literature review is to examine existing research on what overarching concepts and actions promote connectedness in 11-23 year olds, specifically in the four key social contexts identified by the C&YHN: family, school, peers and community (C&YHN, 2017). This information provides a next step towards development of salient interventions based on identified EIP to promote youth connectedness in the capital region of BC, Canada.

Key Terms and Concepts

Mental Health: The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (WHO, 2014). This concept is also often depicted as good mental health, or mental wellness, illustrating that mental health exists on a continuum from good to poor, just as physical health does (Smith & Saari, 2013).

Mental Health Promotion: “the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while

showing respect for culture, equity, social justice, interconnections, and personal dignity.” (Taylor & Williams, 1996). It uses initiatives that are strengths based and aim to reduce stigma, strengthen protective factors, reduce risk factors and help all or specific group’s access help and resources (CAMH, 2014).

Youth: This age range determines legal responsibilities and access to services age as well as capturing significant transition points from child to youth and from youth to adult. The C&YHN define youth as those 11-23 years of age (C&YHN, 2017). Beyond age, it must be recognized that youth is not a homogeneous category, but rather a group that is as varied as society at large. Youth do not all experience transition points in the same way or at the same time. The Public Health Agency of Canada [PHAC] (2011) underscores consideration of the life-course approach along with the broader determinates of health, as this approach is essential for recognizing that life stages experienced by youth are fluid, extremely diversified and fundamentally constructed by the social determinants of health.

Connectedness: The concept of connectedness is complex, but is frequently defined as a sense of belonging in which individuals perceive that they are valued, cared for, trusted, and respected by other individuals and communities (MCS, 2014), similar to the concept of engagement, where engagement is “the meaningful participation and sustained involvement of a young person in an activity that has a focus outside of him or herself” (CAMH, 2011, p. 74).

Best practice: This concept is understood in health promotion context as “sets of processes and actions that are consistent with health promotion values, theories, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation” (Kahan & Goodstat, 2001).

Evidence Informed Practice (EIP): The term evidence informed practice implies that a treatment, practice, or action is characterized by the use of the best evidence currently available for decision making, in order to provide the most consistent and best possible intervention (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). EIP balances research-based knowledge with the experience and judgement of practitioners, children, youth and families to deliver measurable benefits. This differs from evidence based practice (EBP) in that EBP is based on rigorously researched and evaluated practices found to be effective when delivered according to the specific

parameters and protocols outlined in the research (School Mental Health-Assit, 2015). Hoagwood et al. (2001) points out that in the area of child and youth mental health, much of what is called research on EBP is more accurately described as clinical treatment efficacy research. There are four criteria that can be used to assess an evidence base: a theory that relates a hypothetical mechanism to a clinical problem; research that assesses the validity of the mechanism; preliminary outcome evidence that shows that application of the mechanisms changes the relevant outcomes; and process-outcome connections, which demonstrate the relationships between process change and clinical outcomes (Hoagwood et al., 2001). In mental health promotion work, what constitutes as evidence remains debated and ultimately successful mental health promotion actions could mean the absence of measurable and diagnosable illnesses; therefore evaluation of cause and effect remains hard to determine for many programs (CAMH, 2012)

Youth Connectedness to Family: Described as how close youth feel and how much youth feel understood by their family (MSC, 2014). Indicators of family connectedness explored by the McCreary Centre Society (Smith et al., 2014) were the extent that youth feel their family understands them, pays attention to them, has fun together, and how satisfied youth feel with their relationships to parents/caregivers, as well as overall feelings of cohesion (Stuart & Jose, 2014).

Youth Connectedness to School: A belief by youth that other youth and adults in their school care about their learning as well as about who they are as individuals (Bradshaw, O'Brennan & McNeeley, 2008; CDC, 2009b) and how much they feel involved in and acknowledged by their school (Smith et al., 2013).

Youth Connectedness to Peers: A supportive relationship between people who have lived experience in common. The concept of peer support is central to youth connection to peers; there are various types of peer connection that fall along a spectrum ranging from informal support to formal peer support within a structured organizational setting (Mental Health Commission of Canada, 2015)

Youth Connectedness to Community: Connectedness to community contextually is comprised of several inter-related constructs; it can be thought of as a "psychological state in which individual

youth perceive that they *and* other youth are cared for, trusted, and respected by adults, individually and collectively” (Whitlock, 2007, p. 501). It can also contain the concepts of shared values, support, a sense of social order, social solidarity, availability of social networks (Kingsbury et al., 2015), as well as a sense of community identity (Kearns & Forrest, 2010). Connectedness to community can also refer to the emotional bond that youth develop towards specific community areas or organizations over time via repeated positive interactions (Lenzi, Vieno, Pastore & Santinello, 2012).

Youth-Adult Partnerships (YAPs): An intentional relationship between youth and adults that relies on adults acknowledging and empowering the ability, perspectives, ideas and knowledge’s of youth throughout the relationship (Fletcher, 2008).

Methodology

An in-depth detailing of specific programs addressing mental health promotion in youth was not performed and readers who seek in-depth understanding of specific program initiatives are encouraged to refer to those. This literature review is not meant as a strategic analysis identifying what is already available, what is missing or how to implement each recommendation. It does however provide an overview of concepts, possible actions and orientations for the next steps to promote connectedness in youth in the four key social contexts; family, school, peers and community.

A scoping review and synthesis of peer-reviewed academic articles, government reports, non-governmental organizations and grey literature was performed to examine identified actions and best practice guidelines found to promote youth connectedness. A scoping review is more exploratory, examining the range of research activity regarding promoting connectedness in youth, with the purpose of identifying common elements across successful programs such as overarching concepts, program characteristics, approaches and actions.

Databases searched included ProQuest (Lakehead University [LU] and Vancouver Island Health Authority [VIHA] networks), PubMed (LU and VIHA networks) and CINHAHL (Cumulative Index to Nursing and Allied Health Literature), EBSCOhost, and MEDLINE. The search engines Google and Google Scholar were also used to find grey literature. To identify pertinent literature the following terms were used: (Action OR Strategy OR Best Practice) AND

(Promoting OR Increasing OR Creating) AND (Youth Or Adolescent OR Young Adult OR Minor OR Teen OR Juvenile OR Preteen OR Emerging Adult OR Child Or Kid Or (Girl AND Boy) AND (Connectedness OR Engagement). Beyond this search string, certain terms were modified/added to find information specific to the databases or issue. For example, the terms (Health Equity OR Equality OR Social Determinants OR Socioeconomic) AND Family AND Peers AND School AND (Community OR Neighbourhood) were added to find literature specific to each of these four domains as identified by the C&YHN in promoting youth connectedness. Limitations included time of publication (2000 onward), language of publication (English) and study population age (>10 <24 years of age). Exclusion criteria were developed iteratively; they include research focused predominately on one ethnic group, one age or one sex. Both qualitative and quantitative research were included. Primarily literature was viewed within the Canadian context, but international benchmarks and best practices were also reviewed. Literature was selected based on the relevance to the EIP and best practice guidelines promoting positive mental health in youth, the public health audience and the focus topic of connectedness. Approximately 3,500 articles and documents were generated and over 150 abstracts were reviewed, leading to a full review of 67 peer reviewed articles; 26 governmental reports; 21 nongovernmental organization reports and 3 dissertation documents found in the grey literature. The ontological perspective of this review is predominately interpretivism, as much of the literature examining connectedness is based on interpretations, individual service use narratives and qualitative dialogues with youth. There is a very real lack of research based on a positivistic paradigm and speaks to a need for more rigorous studies including RCTs of actions that promote youth connection. Given the ecological and ethical implications of the inherent methodology of such research, it is understandable regarding the lack current literature.

Results

The foundational concepts and EIPs discussed are based on the synthesis of related research from the fields of medicine, nursing, psychology, education and sociology to identify the overarching concepts and actions within programs, policies and best practice guidelines that demonstrate positive impact on youth connectedness within the context of families, schools, peers and communities. Overall, overarching concepts emphasized strong adult to youth relationships – where youth are fundamentally valued, the critical impact of everyday youth adult

encounters with both known and anonymous adults, family protective factors, creating supportive environments, comprehensively addressing the social determinants of health, social inclusion, active youth engagement in participation and decision making, and social emotional learning (British Columbia, 2010; British Columbia Ministry of Health [BCMh], 2007; Center for Disease Control and Prevention [CDC], 2011; MCS, 2011; NCCPH, 2017). Actions grounded in these core concepts promoted youth mental health and feelings of connection.

Promoting Youth Connectedness within Family:

In a longitudinal study of 1,700 adolescents over three years, Jose and Pryor (2010) discovered that of the four domains (family, school, peer and community), family connectedness proved to be the most powerful and salubrious in promoting positive youth development, specifically in improving psychological well-being. A well-established, essential component of connectedness of youth to family is early childhood development and the social determinates of health (SDoH) that make early childhood development positive (Canadian Institute for Health Information [CIHI], 2008; Murphy, Pavkovic, Sawula & Vandervoort, 2015; NCCPH, 2017). It is not within the scope of this literature review to examine these critical components for family connectedness in youth; instead, this literature review explores what is demonstrated as effective for creating positive youth connections to family through youth-parent/caregiver relationships. Two initiatives can strengthen youth-parent/caregiver relationships; targeted referrals for more intensive family interventions (Higgins, 2015) and parenting programs and supports (Dunne et al., 2017).

Of these two initiatives, targeted referrals are a downstream approach, providing treatment for youth requiring specialized support and intervention. This is an important component of an integrated population health strategy (CIHI, 2008) however, services can be uncoordinated and fragmented across multiple sectors (health, education and ministries) and multiple jurisdictions (federal, provincial and municipal) (Waddell & Godderis, 2005). More importantly, it is now increasingly recognized and advocated that preventative approaches are the only viable means of significantly making an impact on youth mental health (NCCPH, 2017; WHO, 2011)

Parenting programs and supports are preventative initiatives, in that they create the foundation for positive mental health and youth to feeling connected to their families. Families

provide the fundamental structure within which children are born, grow and develop, and from which youth transition to adult lives. They are the mainstay of safety and support for children's positive development and are the most important source of protection from negative health outcomes when they provide a sense of security, foster self-esteem and respond appropriately to children and youth's needs (Higgins, 2015; Stuart & Jose, 2014). Early in their development, youth rely on their families, primarily a parent figure, as their initial source of support, protection and help with decision making (Kutcher & McLuckie, 2010). Key predictors of negative behavioral outcomes and adolescent mental health challenges are frequently grounded in deficits of parental management and poor family relationships (Connell & Dishion, 2008; Spoth, Kavanagh, & Dishion, 2002; Stormshak, Bierman, McMahon, Lengua, 2000). In contrast, consistent family management and healthy parenting relationships fostering connectedness protect youth from the development of and continuation of negative health behaviors, even when youth are exposed to other risk factors such as stress and poverty (Galambos, Barker, & Almeida, 2003; Ryan, Martin, & Brooks-Gunn, 2006).

Research unequivocally demonstrates that initiatives targeting caregiver practices are effective interventions for adolescents with health compromising behaviors (Dunne et al., 2017; Higgins, 2015; Dishion, Nelson & Kavanagh, 2003; Dishion & Stormshak, 2007; Forgatch, DeGarmo, & Beldavs, 2005; Schmidt, Spoth et al., 2002). Services providing family management and positive parenting skills, and especially those engaging parents/caregivers in initiatives that are tailored to individual family strengths, areas of growth, and parenting values, and allowing for adaptation of content to meet the needs of diverse families, are the most successful at maximizing positive change for youth (Dishion & Stormshak, 2007; Mental Health Foundation, 2016; Stormshak et al., 2011).

The MCS (2003) through an extensive qualitative study involving the voices of BC youth find that these youth feel an increased sense of connectedness to their family if parents/primary caregivers have high positive expectations, provide a safe environment and where parental monitoring and limit setting are provided (MCS, 2003). This is found at international levels as well, where Robinson, Power and Allan (2010) find Australian youth with poor parental monitoring clearly linked to negative health outcomes in adolescent behavior such as substance abuse, antisocial behaviour and sexual risk taking. Youth report better physical and emotional health when a parent or caregiver actively participates in school activities (CDC, 2009b) and

when a parent/caregiver is present at key times; when youth wake in the morning, when youth return home from school, when youth eat their evening meal and when youth go to bed (MSC, 2003). These times may allow for increased communication and may help to strengthen youth's feelings of importance in the family increasing their relationships to an adult parent/caregiver. Schofield and Beek (2009) expand on this, describing five elements of strengthening youth – parent/caregiver relationships; availability – helping youth to trust; sensitivity – assisting youth to manage feelings and behaviors; acceptance – building self-esteem of youth; co-operation – helping youth to feel effective; and family membership – helping youth to feel they belong within the family. Parenting programs creating and building on these elements would then improve youth connectedness to their family.

Evidence of the protective factors existing in the family domain for adolescent health outcomes is now well established. While one of the primary goals for adolescence is to individualize from the family, this has often been conceptualized as a decreasing need for parental involvement in youth's lives. Research suggests the contrary, with parents/caregivers continuing to have an important presence for youth to rely on as they navigate through a period of intense and complex growth (CDC, 2006; Vassallo, Smart, & Price-Robertson, 2009; Robinson, Power & Allan, 2010). Stability in the home and the emotional availability of parents contributes greatly to self-esteem, social development and good health (CAMH, 2014), therefore, efforts aimed at promoting positive parenting practices should be an essential component of an overall strategy to promote youth connectedness to family and improve youth mental health.

Initiative Examples:

Connect: This program focuses on the enhancement of the building blocks of secure attachment shown to affect child outcomes: parental reflective function, sensitivity, and adaptive dyadic affect regulation (Moretti, Braber & Obsuth, 2010). The enhancement of competence in each of these domains supports parents to 'reframe' their adolescent's behaviour and needs; modulate their emotional response to problem behaviour; and mindfully use parenting strategies to support their relationship with their adolescent while clearly setting limits and expectations (Moretti, Braber & Obsuth, 2010). Quasi-experimental evaluations of Connect have found it to result in reductions in externalizing and internalizing behaviours in youth, positive impacts on parents,

such as improved parenting self-efficacy and confidence, improved parenting satisfaction and reductions in parental/caregiver burden (Canadian Best Practices Portal, 2017).

Triple P – Positive Parenting Program: Triple P is a family support strategy targeting the developmental periods ranging from infancy to adolescence. Based on cognitive behavioural and social learning theories this program aims to prevent behavioural, emotional and developmental problems in children and youth by improving the skills and confidence of parents/caregivers. Evaluations of Triple P consistently find the program to be beneficial with positive outcomes including improvements in parenting behaviours, improvement in parent/caregiver self-esteem and lower rates of negative behaviour in children and youth (Bodenmann, et al., 2008; Sander, Bor, & Morawska, 2007; Faculty of Public Health and Mental Health Foundation, 2016).

Promoting Youth Connectedness within School:

Of all the social contexts of youth connectedness, the domain of school is generating the most research. School connectedness is second in importance only after family connectedness as a protective factor against negative mental health outcomes (CDC, 2009). The school setting allows a broad spectrum of youth to be reached and substantial evidence on the role of school in youth connectedness confirms that youth who feel connected to school are more likely to have increased positive health and academic outcomes (Blum, 2005; CDC, 2009b; Chung-Do, Goebert, Chang & Hamagani, 2015; Smith et al., 2014). Consistently, “youth perceptions of engagement and connection to their school influences their behavior and academic performance” (Debnam, Johnson, Waasdorp & Bradshaw, 2013, p. 455). Even for marginalized youth this can hold true, where Smith et al., (2015) finds that homeless youth in BC feeling connected to school were more likely to have post-secondary plans. Another finding is among those BC students who have the strongest connection to school, 24% consider themselves the top students in their class, compared with 7% of students with the weakest feelings of connectedness with their school (Smith et al., 2014). Throughout the literature overarching concepts and EIP found to increase connectedness of youth with their schools can be broadly based under 5 domains: partnerships, equity, learning, quality and organizational culture.

Partnerships:

Schools that promote adults engaging with youth as equal partners in the school community foster strong youth adult partnerships (YAPs). EIP finds teachers that validate youths knowledge by intentionally engaging students in actively setting goals, designing and leading activities, developing and conducting assessments and who encouraged youth dialogue and decision-making on school action promote connectedness (CDC, 2009b; Blum, 2005).

Another form of partnership frequently identified as having positive impact on youth mental health are school based peer mentoring programs (either cross-age mentoring or age – age) (Blum, 2005; Coyne-Foresi, 2016; Karcher, 2008; Mental Health Foundation, 2016). McNeely, Walton, & Stephans (2015) found that even the act of sharing school lunch breaks together between 16 and 18 year old youth allowed for opportunities to establish and strengthen social relationships and fostered school connectedness. Although there is evidence that school-based mentoring programs increase youth connectedness, it is also found that these initiatives have smaller effects than that of other mentoring programs established in the community setting, such as the Big Brothers Big Sisters mentoring programs (DuBois, Holloway, Valentine & Cooper, 2002; Tolan, Henry, Schoeny, Lovegrove & Nichols, 2014).

A small body of evidence also speaks to parental partnerships with schools. Parent/caregiver involvement including parents being consulted and involved before a particular curriculum is adopted, and where parents are actively encouraged by the school to help their children through discussion of roles and responsibilities in the classroom and to practice new skills at home (CDC, 2009a; Communities that Care, 2012).

Interestingly, school physical environment is found to impact rapport; where a clean and pleasant physical environment (i.e. free from graffiti) raises expectations for safety and positive, respectful relationships (Centre for Addictions and Mental Health [CAMH], 2011; CDC, 2009a; Blum, 2005). This finding could lead to youth engagement in activities to promote the positive physical environment of schools.

Equity:

Improving school equity is an important contextual action for promoting youth connectedness (Debnam, Johnson, Waasdorp & Bradshaw, 2013; NCCPH, 2017), where equity is striving for excellence for all students without discrimination of race, ethnicity, gender,

religion, sexual orientation, economic status, etcetera. Activities improving equity bridge the engagement gap between minority, low-income, and underserved youth with mainstream populations and support educators that convey high expectations for all youth, implementing multiple learning styles with the focus of cooperation instead of competition (CDC, 2009; Blum, 2005; McCay et al., 2011).

Learning:

School environments that ensure active learning with practical, purposeful, relevant skills and information being taught (NCCPH, 2017; Communities that Care, 2012). Blum (2005) finds that interactive teaching approaches where new skills are taught, modelled by others, practiced by youth and where feedback and encouragement are provided engages youth (Blum, 2005; Communities that Care, 2012). The Centre for Disease Control (2009b) finds that commitment to education, enhancing the belief in students that school is important to their future, and having youth perceive that adults are invested in their future, engages students and enhances connection to school.

Quality:

The quality of youth – educator relationships is foundational to youth feeling connected to their school and environments in which adult and student relationships are positive and respectful (CDC, 2009b) increase quality and foster connection. Quality can also be observed in classroom tolerance where openness and acceptance are encouraged and support for students to try out new skills that may seem unfamiliar are in place. Youth benefit when teachers model appropriate attitudes and ways of interacting and the ability of teachers to recognize student progress and not only top performance (Blum, 2005; McNeely, Nonnemaker & Blum, 2002; CDC, 2009a; Communities that Care, 2012). Also emphasized is the action of limiting the size of the school and/or classrooms to create small learning environments, increasing the settings where teachers can maintain positive social relationships with youth (McNeely, Nonnemaker & Blum, 2002) and where high academic standards are coupled with strong teacher support (Blum, 2005).

Organizational Culture:

An organizational culture comprised of a demonstrated value of youths voice, strong leadership supporting and championing efforts to promote youth health and well-being, support of ongoing professional development of educators; and an ethos grounded in respect and value for diversity will promote youth connectedness (Blum, 2005; CDC, 2009a; Lavis & Robsin, 2015; NCCPH, 2017). A key action to support positive organizational culture is providing ongoing professional development and support for teachers and other school staff to promote and maintain their own self-care. This enables them to meet the diverse cognitive, emotional, and social needs of youth (CDC, 2009b; Faculty of Public Health and Mental Health Foundation, 2016; Lavis & Robson, 2015), as high levels of teacher support are associated with higher levels of positive mental health and lower levels of negative behaviours (CAMH, 2014).

Key actions demonstrating value in youth is created both through allowing time to socialize with youth and giving youth active participation in decision making (MCS, 2011). Socialization with youth should be allowed to take place in unstructured time for informal interactions – free periods or adequate time between activities and; space for informal interactions – snack rooms or lounges, drop-in rooms, and offices made available for private conversations (CDC, 2009a; Grossman & Bulle, 2006; CDC, 2006; MCS, 2011, Mental Health Foundation, 2016; NCCPH, 2017). Giving youth active participation in decision making around educational content consistently promotes engagement and connection (CDC, 2009a).

Initiative Examples:

Center for Disease Control and Prevention: The CDC (2009b) published a comprehensive guide to promoting school connectedness. This guide, *Fostering School Connectedness: Improving Student Health and Academic Achievement*, provides salient information for school districts and school administrators. The six strategies and corresponding actions outlined in this publication provide a framework for increasing student's connectedness to school that can be modified and adapted to the local level.

Wingspread Declaration on School Connections: Supported by the Centers for Disease Control and Preventions division on Adolescent and School Health (DASH). In *Wingspread Declaration on School Connections*, Blum (2005) provides insights that can form the foundation for school environments in which all students regardless of academic capacity are engaged and connected.

Promoting Positive Youth Connectedness with Peers:

Relative to childhood, peer relationships take on an increased importance during adolescence (Somerville, 2013) and this emergence of strong peer relationships is a central feature of adolescence, with significant implications for health and well-being (Patton et al., 2016). In contrast to family relationships which provide the foundational values and beliefs that are developed early in life (Para, 2008), peer relationships offer models of diversity, and an opportunity for exploration of beliefs, values and autonomous discovery (CAMH, 2014) and promote mental health.

Canadian youth are highly connected to their peers via technology (Dunne et al., 2017) with 99% of youth in Grades 4-11 having access to an Internet connection outside of school; as youth age technology access increases; with the two most influential forms of engagement via technology being video sources and social media (Dunne et al., 2017). Online interventions offer a significant way to promote youth connectedness with peers (i.e. chat rooms and social media [SM]) and can promote social inclusion of marginalized and geographically isolated youth. Other benefits of online initiatives are they have near universal reach, 24 hour access, little or no cost of access, confidentiality/anonymity, relative ease of updating of materials and interactivity. Interactive, online-based programs with additional in-person supports in communities have been identified by youth as positive initiatives (CAMH, 2014) but these have to be relevant and frequently updated to maintain youth interest (CAMH, 2014). Although youth identify SM as creating opportunities for dynamic self-expression, enhancing identity development and giving the ability to connect with others who have common interests (Gallo, 2013), Primack & Escobar-Viera (2017) find in a large cross-sectional nationally representative study of American youth that there is a consistent, linear association between SM use and depression and anxiety. Future research is warranted to determine best practice for optimal use of SM to enhance positive youth connectedness and mental health by capitalizing on its benefits and minimizing its drawbacks.

Peer mentoring programs, even of relatively brief duration (<6 months), that create pro-social engagement and interpersonal relationships, otherwise known as socio-emotional learning (CAMH, 2011; Karcher, 2008; Weiler et al., 2015) are found to have positive effects for mentees as well as for mentors (Elledge, Cavell, Ogle, and Newgent, 2010) fostering leadership and

collaboration skills in the mentors while simultaneously promoting mentees connectedness, self-esteem and academic achievement (Karcher, 2008). Farruggia et al., 2011, found peer mentoring focusing on psychological and interpersonal goals rather than academic achievements were more effective in a systematic review examining the effectiveness of youth mentoring programs in New Zealand and the mentee and mentor typically established high quality relationships based on trust, mutuality and empathy, promoting a sense of connectedness.

Peer support groups with initiatives in assisting youth develop interpersonal skills and socio-emotional learning such as: negotiating effectively with peers, ability to refuse and initiate activities, ability to give and take appropriately in friendships, ability to discuss values, needs and topics openly and effectively (CDC, 2009; Karcher, 2008) In longitudinal study over 3 years involving 2,194 participants, Van Zalk and Van Zalk (2014) found supportive relationships to peers in youth reduced feelings of social anxiety and mediated the effects of social anxiety over time.

In a meta-analysis of afterschool programs Durlak, Weissburg, and Pachan (2010) found that peer group activities increase positive social relationships. Providing activities that will appeal to youth, including both physical and creative initiatives, both structured and unstructured enhances peer interaction and develops positive peer relationships (Fredicks & Eccles, 2005). Examples include but are not limited to: organized sports, outdoor activities; climbing walls, fishing, biking; and participative arts activities; comedy, musical activities, painting, computer programming (Mental Health Foundation, 2016).

Initiative Examples:

Boys & Girls Club: The mission of the Boys & Girls Club is “to provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life” (Boys & Girls Club, 2017). With multiple programs and initiatives for children, youth and parents, the foundation of the Boys & Girls Club is positive relationship development for children, youth, parents and community members. A core value of the Boys & Girls club of “welcome[ing] everyone in a safe, accepting environment based on belonging and positive relationships” (Boys & Girls Club, 2017) fundamentally enhances connectedness.

The Fourth R: Strategies for Healthy Youth Relationships: This initiative's goal is to reduce physical dating violence through the implementation of an interactive curriculum that integrates dating violence prevention with lessons on healthy relationships, sexual health, and substance use. A cluster randomized trial of 1722 students aged 14-15 from 20 public schools (52.8% girls) was conducted by Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis, Stitt & Donner (2016) to have the key result be that the Fourth R program reduced physical dating violence 2.5 years later at a low per-student cost.

Promoting Youth Connectedness within Community

There remains little doubt that healthy development and wellbeing are intrinsically linked to a sense of belonging and meaning within a larger social and community context (Whitlock, 2007; Whitlock et al., 2012). Adolescent development occurs within a complex interlacing of social and cultural influences and this wider social engagement is an important aspect of healthy development where youth test the values and ideologies that have shaped their childhood (Crone & Dahl, 2012). Youth who grow up in neighbourhoods with higher levels of social cohesion and control experience lower levels of depressive and anxiety symptoms, regardless of their gender, socio-economic disadvantage or household income (National Collaborating Centre for Environmental Health and National Collaborating Centre for Determinates of Health, 2017). Unfortunately, only 40 percent of youth in BC report having a sense of belonging in their community (BCMh, 2016). Although the role of community youth connectedness reflects that the proximal connections such as family are more central in mental health and well-being, it does not negate the importance of it (Jose & Pryor, 2010) especially in those youth lacking strong family connection. Building community connectedness and a sense of belonging for youth is created by programs that have an organization culture of making time to socialize with youth; the ability of youth to have an active voice in the programs and services provided for them; and high quality informal and formal youth-adult interactions and relationships.

Community connectedness for youth varies from information exchange, to more opened and self-managed participation and it is argued that improvement for youth experiences within community requires their views and interests to be represented; it is asserted that there are developmental benefits arising from participation for both the individual youth themselves and for the community as a whole (Head, 2010; Shaw-Raudoy, 2011).

In 2016, almost 20% of youth in BC, reported they do not have an adult inside or outside of their family that they can talk to about a serious problem (BCMh, 2016). The quality of youth-adult relationships can determine the extent to which youth feel valued and connected to their community. Adults who: interact informally with youth; incorporate youths desires and needs into deciding what they will do; are skilled at helping youth accomplish tasks; have interests, culture or backgrounds in common with the youth and ; who treat youth respectfully (Grossman & Bulle, 2006) foster youth connectedness. Whitlock (2007) finds that even simple exchanges with adults in business settings, community policing settings, and on the streets of their community were evaluated by youth according to the respect, civility, and encouragement offered to them, and this was found to be fundamentally linked for youth to feelings of community connectedness and to the right to simply occupy space with a sense of belonging. Whether an adult is a family member, health professional, teacher or youth worker, even the most vulnerable youth were found to report better mental health if they received support from an adult (MCS, 2011). These qualities can be highlighted in informal and formal non-parental adult-youth mentoring programs to build relationships between youth and competent, caring adults, augmenting positive youth development and mitigating negative behaviours (McCay et al., 2011; Weiler et al., 2015).

Community youth development programs can promote competencies including pro-social behavior and academic success, reduce engagement in high-risk behaviors and may lead to long term positive change (Karcher, 2008; Kutcher & McLuckie, 2010; Mallan & Greenaway, 2011). A key action to youth development programs is the ability of the program to balance opportunities for group participation with access to direct one-on-one adult support (Mental Health Foundation, 2016), this also enables the level of support for vulnerable youth to be flexible according to need (NCCPH, 2017).

Initiatives fostering awareness and recognition in youth of their own resources and strengths create a sense of connectedness (CAMH, 2011, Shaw-Raudoy, 2011). These initiatives and programs position youth as experts and provide safe places for discussion between peers and youth mentors (CAMH, 2011; Mental Health Foundation, 2016; Shaw-Raudoy, 2011). A key action to position youth as experts is having youth involved in program decision-making (Dunne et al., 2017; Kutchner & McLuckie, 2010; Mallan & Greenaway, 2011; Shaw-Raudoy, 2011).

The McCreary Centre Society (2011) finds youth as young as Grade 7 clearly demonstrate that they should be included in any dialogue about the design of policies and programs affecting them. This was also found by Akiva, Cortina and Smith (2014), where the outcome of a hierarchical liner modeling among 979 youth attending 63 multipurpose afterschool programs revealed positive associations between youth program decision-making practices and youth motivation to attend, increase in problem-solving efficacy, expression, efficacy and empathy. This action even has impact on youth living in lower socio-economic settings, with males who live in poverty who had input into their activities five times more likely to report good or excellent health, and immigrant males with input on their activities six times more likely to report good or excellent health than their peers who were not involved in meaningful activities (MCS, 2011)

Youth recreation centers (MCS, 2003) and community centres (CYN, 2015) with equitable access to extracurricular activities and afterschool programs can promote youth to feel connected (Hall, Williams & Daniel, 2010; Head, 2011; Jenkins et al., 2015). Equitable access is found where program planners are actively cognizant that the youth that contain confidence, knowledge, communication skills and organizational navigation skills are more likely to become involved, and the vulnerable, marginalized youth populations maybe overlooked (Head, 2011). Another key feature of youth recreation centers that improved youth engagement and connection to their community was an approach of using a combination of youth participation and co-design of activities provided, again promoting the active voice of youth (CAMH, 2011; CAMH, 2014).

Communities that provide youth with meaningful opportunities to be involved in skill development (Anderson-Butcher, 2010; National Institute for Health and Care Excellence [NICE], 2013; Oliver, Collin, Burns & Nicholas, 2006) and with authentic participation opportunities in local community issues (i.e. in environmental action) (Mallon & Greenaway, 2011; Schusler & Krasny, 2010; Schusler et al., 2009; Shaw-Raudoy, 2011) foster community connection. For these opportunities the Mental Health Foundation (2016) finds that encouraging youth to actively define what they want to get out of their time within these opportunities enhances engagement and relationship building.

The availability and promotion of culturally specific activities to help youth, parents/caregivers, and families to develop or maintain a connection with cultural traditions i.e.

cultural safety (Kingsbury et al., 2015) for Indigenous populations and new immigrants to Canada (Kutcher & McLuckie, 2010). Another action for youth programs is having the engagement of adults with diverse backgrounds and previous lived experience that is relevant to the youth accessing a program, where cultural safety is embraced .

Youth connectedness to community can be fostered by afterschool programs which include the following characteristics: tailored to adolescents interests and needs, at a developmentally appropriate level; are sensitive to diverse backgrounds and experiences of members, specify and evaluate outcomes (particularly positive outcomes) with the establishment of high expectation and standards (Anderson-Butcher, 2010); work both as a group and an individual to provide access to high-risk, high-needs youth, include high quality and diverse adult leadership (Anderson-Butcher, 2010); strengthen the role of adolescent as a community resource- not as a problem (Shaw-Raudoy, 2011); advocate for and with youth; partner with families, schools and community members and institutions (Anderson-Butcher, 2010); create stable funding; develop a strong committed organizational structure; identify and intervene early; provide social skills training; engage peers in interventions; link the world of work through job training and work experience (MCS, 2003; MCS, 2013) . Both Miller (2005) and Grossman and Bulle (2006) found that smaller groups and higher staff/youth ratios with programs having flexibility about attendance but remaining in touch; especially through flexible methods such as text, email and/or phone before and after activities (Mental Health Foundation, 2016) encouraged positive youth interactions with adults.

As established in promoting family and school connectedness for youth, a critical action for youth connectedness to community is fostering positive youth-adult relationship (YAPs): how individual adults interact with youth will form the relationship, and the programs and policies in place will enhance the extent of connectedness (Anderson-Butcher, 2010; Grossman & Bulle, 2006, MCS, 2003). In a case-control study involving 1, 139 9 – 16 year olds in 10 cities over 1.5 years, Herrera, Grossman, Kauh & McMaken (2011) found that youth involved in an adult mentorship program performed better academically, had more positive perceptions of their own academic abilities, and were more likely to report having a special adult in their lives.

As with school connectedness, an organizational culture of making time to socialize with youth should be a high priority in any community setting. Having unstructured time for informal

interactions – free periods or adequate time between activities and; space for informal interactions – snack rooms or lounges, drop-in rooms, offices made available for private conversations, and office space are found to be essential to engage youth (Grossman & Bulle, 2006; CDC, 2006; MCS, 2011, Mental Health Foundation, 2016; NCCPH, 2017). Whitlock (2007) and Shaw-Raudoy (2011) both find community connectedness influenced by: quality of youth –adult exchange; availability of outlets for creative engagement; well-advertised opportunities for meaningful input; safety; perceived welcome in public spaces; knowledge of community events; and awareness of youth impact on community policies.

Greater investments in community organizations which improve neighborhood collective efficacy and cohesion can improve youth connectedness to a community (Donnelly et al., 2016). In a study looking at 403 adolescents, Lenzi, Viento Massimiliano & Santinello (2013) postulate that even the simple act of creating opportunities for youth to get to know and interact with neighbours, such as local events or common spaces positively impacts social connectedness within a community.

Initiative Examples:

Big Brothers Big Sisters: The Big Brothers Big Sisters (BBBS) program is a global organization aiming to reduce marginalized and negative behaviours in children and youth aged 7-17, by fostering positive development and confident identities through mentoring relationships with adult volunteers (Moodie & Fisher, 2009). The BBBS program engages vulnerable youth living in complex social situations, are isolated and in need of additional support and friendship.

Communities that Care: Communities that Care (2017) builds community capacity to plan and deliver effective developmental prevention services that respond to local needs with a focus to enhance the healthy development of children and youth. Through training, communities develop the skills to identify and minimise risk factors for health and behaviour outcomes, while simultaneously promoting protective factors to improve children and youth well-being.

The Incredible Years: A series of interlocking EIP programs for parents, children, and teachers with a goal of prevention of children’s behavioral problems, promoting social emotional learning and academic competence. This program has been utilized globally and is shown to improve

positive outcomes across cultures and socioeconomic groups (Canadian Best Practice Portal, 2017).

EIP: Benefits of a Socioecological Approach

The Ottawa Charter advocates for the creation of supportive environments, placing the emphasis on a socio-ecological approach to health promotion (Jane-Llopis, Barry, Hosman, & Patel, 2005). A socio-ecological model [SEM] (Appendix A) has the ability to address the broader contextual factors and the ways in which these factors impact the onset and course of youth development generally and youth mental health specifically (Glanz, Rimer & Viswanath, 2015; Kemp, Langer & Tompson, 2016). SEMs can examine multiple contextual layers and display the interrelatedness between context and health, providing a more comprehensive picture of the influence of the social determinants of health (Appendix B). These structures within the SEM are systems in themselves, yet are not independent of each other. Each domain nested within the SEM layer can influence the positive mental health of youth and can be considered a potential entry point for intervention that promote youth connectedness (PHAC, 2016). When examining EIP to promote youth connectedness, using a SEM allows the ability to contextualize the overlap and interrelated relationship between the domains of family, school, peers and community (Appendix B) leading to the argument that EIP actions can be comprehensive and will be most effective when implemented across all of these key domains.

Discussion: Considerations for Public Health

It is evident that families, schools and communities need to align themselves in partnership to foster youth connectedness and capacity building. Public health organizations can support partnerships between youth, families and communities embracing EB actions to promote connectedness through collaborative practice. The SEM framework is an increasingly popular approach suited to fostering positive youth development and health outcomes, as it considers the direct, indirect and reciprocal interactions and interrelated relationships that occur between each of the four key social domains (Eagle, Dowd-Eagle & Sheridan, 2008; Keating, Dowdy, Morgan & Noam, 2011). Furthermore, this approach can be sensitive to the cultural and situational variables that are present within the various communities where partnerships are established. Frequently discussed in the literature was that youth recognized for opportunities in school (cite)

and civic engagement were often restricted to youth already well connected and equipped with leadership skills (Whitlock, 2007). Using a health equity lens and engaging youth who are least involved in school and community organizations must be a priority to cultivate connectedness. By implementing ecologically based strategies the likelihood of impact on marginalized youth is much larger.

It would be remiss not to speak to the impact of the social determinates of health on youth mental health and well-being. The national and globally recognized impact of poverty, food security, social inclusion, income security, affordable housing, education, Indigenous ethnicity and early childhood development (Mikkonen & Raphael, 2010) cannot be overlooked when addressing youth connection to their family, school, peers and community. Addressing the SDoH and reducing health inequities is fundamental to public health. Macro-political action on the SDoH and health equity at the population level has the potential to have enormous impact on youth mental health and well-being (Ministry of Health and Long-Term Care, 2014; NCCPH, 2017). Canadian and global leaders all acknowledge the importance of action on the SDoH and the mandate of public health in Canada (NCCPH, 2017; PHAC, 2017; WHO, 2017)

Conclusion

Although not a new concept, growing evidence indicates that families, schools, and communities all need to work cohesively to create an environment that coalesces to facilitate youth connectedness, improving mental health and ultimately fostering holistic positive development of adolescents. The health and well-being, the connectedness of youth is not merely a youth, family, community responsibility, but must be reinforced by systems that promote opportunities for positive outcomes. The intent of this literature review was to determine evidence informed and best practice actions that combined community-level improvement in clinical outcomes with proven strategies in youth connectedness to inform the C&YHN working group's development of initiatives at the local level. This literature review reveals that continued research into what promotes youth connectedness among families, schools peers and comprehensive evaluations of programs and policies already in place is needed. With the understanding of the importance of connectedness and tangible concepts and actions found to promote connectedness; we can move forward into action. The overarching concepts underlying

the actions promoting connectedness in youth presented here speak to intuitive action that must occur comprehensively in each context of family, school, peer and community.

Historically efforts to improve youth health have focused on interventions designed to address specific health risk behaviours -however - growing evidence within the literature suggests that a greater impact on the overall health of youth, with implications especially for mental health outcomes, can be made by increasing youths feelings of connectedness (BCMh, 2017; MCS, 2003; CDC, 2009a). This paradigm shift reflects the understanding of a strengths based approach and the consolidating awareness that proactive initiatives rather than reactive initiatives are the best way forward. Enhancing connectedness in families, schools, peers and communities undoubtedly fosters positive child and adolescent mental health. There are multiple actions nested within each key domain to promote youth connectedness and many of these actions overlap. There are two core concepts underlying every action that promotes youth connectedness. One: positive change is possible through the promotion of developmental assets in families, schools and communities that provide relational and social support, and two; youth must be fundamentally valued, not only as future citizens, but as actively contributing members of a collective society (Farruggia, Bullen, Davidson, Dunphy, Solomon & Collins, 2011). Youth deserve to have the best chance at positive mental health, they deserve to be connected.

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Appendix A

Social Ecological Model

Image retrieved from

<http://www.bing.com/images/search?view=detailV2&ccid=d7XDYmEQ&id=1E7AE852B689791DC3EF99E77EE5B8190251E8CB&thid=OIP.d7XDYmEQiKufSP10D8jcgEgDY&q=+blank+social+ecological+model+image&simid=608044568875961735&selectedIndex=21&ajaxhist=0>

Appendix B

Social Ecological Model Displaying Interrelations Between Domains of Youth Connectedness

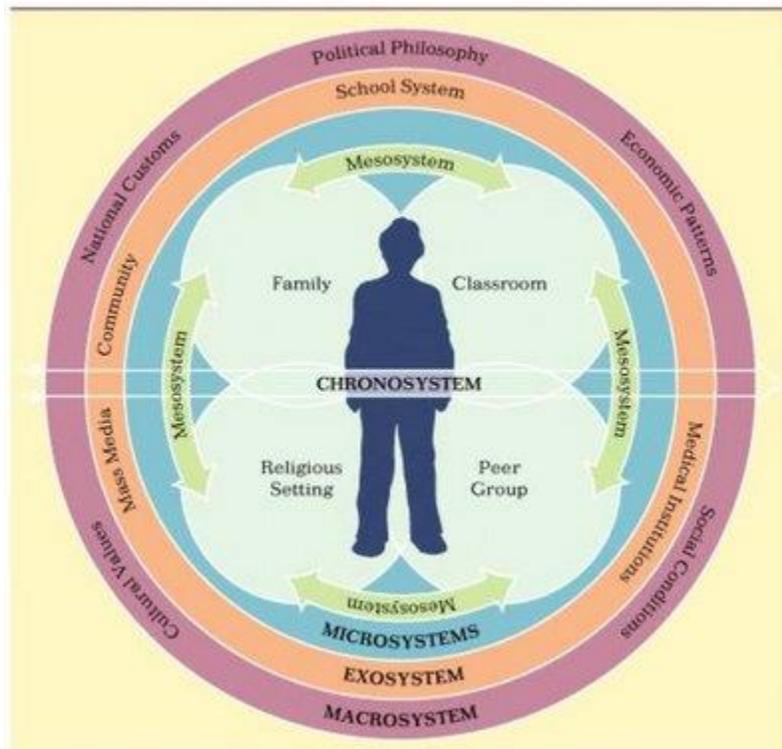


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<http://www.bing.com/images/search?view=detailV2&ccid=BHluJso&id=6E4BB129642DC68AE91B2D4E7EB23662C65B6D9C&thid=OIP.BHluJsoLCEk4Lbnnc886QEsEd&q=+blank+social+ecological+model+image&simid=608033977488508246&selectedIndex=15&mode=overlay&first=1>

