

**Rural Young People's Experiences Through the COVID-19 Pandemic: Struggles, Support
and a Way Forward for Young People's Mental Health and Well-being**

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Abstract

The novel coronavirus (COVID-19) pandemic in Canada has increased attention and concern paid to young people's well-being and mental health. Narratives of isolation, exacerbated inequalities, and potential unequal recovery for young people, in particular, have been presented as a result of school closures across the country. Through these narratives, young people are framed as vulnerable, passive recipients of adult decisions and interpretations of their experiences. This research examines these narratives by conducting ethnographic fieldwork with a group of young people living in a rural Ontario town through the pandemic. This thesis presents and analyzes these young people's experiences of the pandemic related to mental health and well-being to reveal the missing nuances of adult narratives and to propose suggestions for future inclusive, accessible, rights-respecting programs for young people's mental health and well-being post-pandemic based on young people's accounts.

Keywords: ethnography, COVID-19 pandemic, rural young people, mental health and well-being, children's rights

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References

Chapter One: Introduction

In March 2020, the World Health Organization declared a global pandemic caused by the novel coronavirus known as COVID-19. In efforts to contain the virus, the Canadian federal and provincial governments implemented emergency measures. These measures ranged from masking to stay-at-home orders, including school and numerous other facility and in-person service closures (Government of Ontario, 2020). While designed to protect the well-being of Canadians, these measures have also brought many disruptions into the lives of millions of people. The disruptions caused by these measures and the physical effects of the pandemic have called attention to and, in some cases, have exacerbated existing social, cultural, psychosocial, and economic concerns, including the ability of current support structures to properly address them (Gadermann et al., 2021; Sahlberg, 2020). Over the past two years of the COVID-19 pandemic and associated regulations, one concern that has emerged is the inequity in young people's abilities to 'recover' from the pandemic's effects.

When COVID-19 regulations began, several narratives surrounding people's experiences of the pandemic emerged. One of these narratives was that the pandemic and associated regulations were having unequal effects and impacts, giving rise to the risk of unequal recovery for different people. Young people, in particular, appeared to be at lower risk of contracting and experiencing severe cases of COVID-19 compared to older, more vulnerable, populations (Bhopal et al., 2021; Felsenstein & Hedrich, 2020). However, young people still presented a significant risk of spreading the virus to others especially at the beginning of the pandemic when they were not eligible for the vaccines. As a result, schools and other childhood institutions went through several phases of lockdown to prevent spread and to protect all Canadians regardless of

age or vulnerability (Chanchlani et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020; Snape & Viner, 2020; Statistics Canada, 2021).

Thus, since the start of the pandemic in 2020, a number of competing narratives regarding young people's current and future experiences of the COVID-19 pandemic have emerged in the media. One predominant narrative surrounding young people's lives concerns the academic toll that closing schools has placed on young people. Since the lockdowns began, there has been an overwhelming fear that young people in Canada generally, and Ontario specifically, would "fall behind" in their school year and be left unprepared for the return to in-person schooling next year (Garbe et al., 2020; MacMillan, 2021; Subramanian, 2021). When schools moved to online delivery in 2020, government officials, parents, and caregivers alike expressed their concerns that many young people would be incapable, if not simply miserable, trying to complete schooling online at home (Kwong, 2022; McKenzie-Sutter, 2021; Wong, 2022).

In addition to the 'falling behind' narrative around school closures, other narratives of struggle emerged concerning the pandemic's impact on well-being and mental health. Governments, parents, scholars, and practitioners raised significant concern surrounding young people's ability to maintain well-being and good mental health under states of isolation and uncertainty. The reality of the rise of domestic violence cases and the deteriorating mental health of young people due to lockdowns came to the forefront, painting a grim picture of life for young people during the pandemic without the escape of in-person school (Brown et al., 2020; Gadermann et al., 2021; Statistics Canada, 2021). My interest in understanding young people's experiences of the pandemic began when I heard adults questioning what young people would do to continue to thrive, prevent detrimental mental health challenges, and generally survive the pandemic since avenues and opportunities for support were limited or cut off. The narratives

around young people's well-being during the pandemic implied that crucial school support had been taken away and young people were, at a disadvantage, no longer able to connect with friends, family, professional help, or others throughout this time. These narratives circled around a general question concerning how young people would survive the toll of this crisis when their access to supports and activities became highly limited by the COVID-19 pandemic. They additionally questioned how governments, communities, and individuals could prevent more damages and promote recovery. These questions, however, ignored the potential for young people to adapt and benefit from the changes in routine through the pandemic.

Given the severity of the pandemic and preventative measures, it is no surprise that some young people's experiences appear to resonate with these narratives regarding their experience of and well-being through the pandemic. However, my experience with the toll of the pandemic while studying the anthropology of childhood illuminated one significant gap in what I felt were the central narratives circulating in the media and government-led initiatives about the detriment of COVID-19 on young people's lives: young people's perspectives and accounts seemed to be missing. It appeared that adult concerns surrounding young people's overall well-being dominated in their narratives of isolation, hardship, and crisis while young people had largely been left out of the conversation regarding their lived experiences as well as discussions of how to move forward.

Writing on this gap, critical childhood scholars Victor Larcher and Joe Brierley (2020) have argued for young people to be partners and pathfinders in the transition to what has been termed a 'new normal' (p. 509). Taking a cue from Larcher and Brierley's work, one aim of this project is to address the gap in understanding experiences of the pandemic by centering the voices and concerns of a select group of young people whose rural location appears to have been

overlooked by decision-makers and researchers. Thus, young people living in a rural location in Ontario have been selected for this study because of the complex and unique situation they experienced during the pandemic not only due to their age but also their locality. This study attempts to address this gap in research on rural communities to include the perspectives of rural young people that continue to remain on the periphery of pandemic-related and other research. Indeed, few studies mention the disproportionate effects and differing experiences of the pandemic for rural young people (FAO, 2020; Haischer et al., 2020; Kvieskienė et al., 2021).

The second aim of this project is to focus on the notion of well-being as it relates to mental health specifically through experiences of the COVID-19 pandemic. Scholarly concern regarding young people's well-being throughout this pandemic has documented increasing mental health challenges, rising domestic violence cases, and decreasing well-being within families (Brown et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020; Gadermann et al., 2021). However, this scholarship focuses mainly on adult, urban perspectives and does not represent the full range of young people's experiences, especially those living in rural locations. Thus, this thesis aims to address the notion of well-being as it relates to mental health by considering rural young people's experiences and perspectives of the COVID-19 pandemic and mental health and well-being in their lives. The overarching goal of this project has been to offer insights into the nuanced experiences of a select group of rural young people and how this identity shapes their social realities. By nuances I mean the variations, both negative and positive, in experiences of the pandemic that can be accessed using an ethnographic approach. These insights, as they relate to young people's perspectives, rurality and mental health and well-being, may offer adults who work with young people in various capacities and who make decisions on their behalf perspectives that can only be learned from hearing from young people

themselves. What follows is a brief overview that situates rural young people in the context of the COVID-19 pandemic, the research questions that guide this project, and reflections of my positionality in this research. Finally, I will provide an overview of the chapters of this thesis to create a roadmap for the reader.

Rural Young People and COVID-19

The COVID-19 pandemic has revealed several pre-existing inequalities across Canada and the world. While generally not viewed as physically vulnerable as adults to the virus, young people are nonetheless framed as socially and emotionally vulnerable to various implications of the COVID-19 pandemic (Chanchlani et al., 2020; Coller & Webber, 2020; Gadermann et al., 2021; Larcher & Brierley, 2020). The pandemic has resulted in a range of different experiences that are dependent not only on age, but also on age as it intersects with other social lines of difference such as race, ethnicity, class, gender, sexuality, ability, and locality. For young people living in rural towns and regions, age and locality stand out as powerful influences in their experiences, not only of the pandemic but of daily life and, in turn, their overall well-being (Blodgett et al., 2018; Boydell et al., 2006; Cross & Lauzon, 2015; Gasparovic & Prieto-Flores, 2021; Margolius et al., 2020).

Both age and locality shape the lives of the young people who participated in this research. Scholars argue that rurality and childhood/adolescence are linked to notions of vulnerability when it comes to individual and community well-being (Brimoh, 2015; Cross & Lauzon, 2015; Levasseur et al., 2020). Prior to a scholarly shift in the early 1990s to recognize children's and young people's agency and participation, the concept of childhood, from a Western perspective, had been framed as indicative of a state of vulnerability and incompetence in young people (Lansdown, 2009). With the emergence of critical childhood studies and

children's rights discourses, this perception shifted to view young people as participants in their own social lives (Haraket & Kartal, 2021; Prout & James, 1997; Tisdall & Punch, 2012). The adoption of the United Nations Convention on the Rights of the Child (UNCRC) (Convention on the Rights of the Child, 1989) included the concept of participation rights in addition to upholding protection and provision rights. Upon its adoption and ratification by countries around the world, scholars reframed children and young people as vulnerable and in need of protection as well as competent participants with the right to have a say in matters that affect them, rather than solely incapable, incompetent, or at-risk individuals (Alderson, 2008; Borg & Samuelsson, 2022; James, 2007; Lansdown, 2009; Tisdall & Elsley, 2011; Tisdall & Punch, 2012). While the UNCRC contains universal rights, these can look different when implemented for young people living in rural areas rather than in urban centres, most notably when considering differing resources, mobility, and community.

Rural areas in Canada are often characterized as areas of large geographical dispersion and close-knit communities with an overwhelming lack of human resources (Boydell et al., 2006; Cross & Lauzon, 2015). In the rural location where I conducted my research, services and houses are geographically dispersed and often hard to come by. Some of what makes this rural location unique is that the only public transportation available to young people are school buses. Most community members rely on personal vehicles to get around. Many individuals in this area appear to work in tourism or trades such as lumber, heating, ventilation and air conditioning (HVAC), and construction in contrast to agriculture, manufacturing, health care and social services, which are more common across rural areas of Canada (Minister of Industry, 2022). Older adults ages 60 and up in this area comprise approximately 48 percent of the population, while young people ages zero to 19 only make up about 13 percent of this population (Statistics

Canada, 2022). During the summer months, this area also has an annual influx of high-income families. This evidently presents fluctuation in the community's income and demand for services throughout the year. These characteristics, typical of central, rural Ontario, may place people, young and old, living in rural areas at a disadvantage in terms of resources, access, and opportunities for things such as support, education, employment, and leisure.

Rural people on average face greater costs, lower availability, and restricted access to essential and non-essential services such as basic and specialized healthcare, employment, recreational facilities and organized activities. This feature makes it difficult to protect young people and present opportunities for their involvement in such services (Button et al., 2020; Cross & Lauzon, 2015; Gasparovic & Prieto-Flores, 2021; Marr, 2015; Robson et al., 2007). Rural young people appear to face unique challenges in realizing their participation rights and having their voices heard due in part to scant attention paid to their locality as distinct. Despite their compounded vulnerability due to age and location, there is still very minimal scholarly research focussing on young people's experiences of living in rural Ontario towns and regions with regard to well-being and mental health during the pandemic. The emphasis on locality in this thesis reflects my concern with this gap in the literature and desire to explore narratives about rural young people beyond those of vulnerability.

Research Questions

Two main research questions frame and inform the design and presentation of this research project: What are rural young people's experiences of COVID-19 generally, and with respect to well-being and mental health? How can these experiences inform the design of inclusive, community-based (i.e., contextually relevant and locally influenced) approaches to young people's mental health and well-being going forward from the pandemic in ways that are

accountable to young people's right to participate in matters that affect them? For this research, I explore the lives of a select group of 25 rural Ontario young people who frequent a youth "wellness" space in their community. This space offers clinical and non-clinical services, supports, and recreational opportunities that present it as an informal gathering space for young people in the community. This ethnographic work explores a particular interest in well-being and mental health, as defined by these young people, with the goal of addressing the lack of attention paid to rural young people and the value of their participation in the design of supports for their mental health and overall well-being. My focus is on hearing young people's experiences of the pandemic, both negative and positive, and how they have navigated their way through this situation considering the structural, social, and personal constraints placed upon them. This thesis attempts to contribute to the anthropological knowledge on young people's mental health and well-being that might inform the ways educators, policymakers and other adult decision-makers make such decisions about and for rural young people.

Description of Project

This project comprises three months of ethnographic fieldwork in a rural Ontario town that is located approximately two and a half hours outside the Greater Toronto Area (GTA). At the beginning of the project, I drove two hours from my home in the GTA to what I will call "The Hub," where I would conduct my research. The Hub is a place concerned with young people's "wellness" in a broad sense that is inclusive of the concepts of both mental health and well-being. In this context, mental health is framed in terms of stress, anxiety, depression and other symptoms of mental disorders, and well-being as basic needs such as housing, food, life skills, and a sense of belonging. Overall, their concept of "wellness" represents a state and pursuit of a healthy life comprised of coping mechanisms for dealing with mental health

challenges and accessibility to basic needs (YWHO, 2017). While I bring this concept of “wellness” with me to the field, I additionally aim to explore young people’s own interpretation of the concepts of wellness, mental health, and well-being to form an inclusive understanding of their place in these young people’s lives.

For this project, I use an ethnographic approach to hear and understand the nuances of rural young people's experiences that can be missed when they are viewed as a homogenous group. Ethnographic research often involves the researcher spending an extended amount of time with participants, using participant observation techniques to create trust and rapport, as well as other methods such as interviews to learn from participants in a specific time and place (Breathnach et al., 2018; O’Reilly, 2009). Ethnographic work with young people can also involve a rights-respecting approach and play-based methods to further centre them in research. Rights-respecting approaches use various methods to uphold children’s rights as defined by the UNCRC, including their right to have opinions and views on issues that affect them, to share their thoughts freely and to have these perspectives heard by adult decision-makers (Committee on the Rights of the Child, n.d.; Simonelli et al., 2014). Play-based methods use forms of play, such as colouring, drawing, or other games, to elicit young people’s views (Janzen, 2008; Linklater, 2006).

For this research, I spent three to four days a week at The Hub, attending drop-in sessions, workshops, and special events with a group of 25 young people. My regular presence at The Hub provided an opportunity to interact with these young people, to conduct interviews as well as to observe, participate, and learn about contextual elements of their lives. After learning that I was travelling two hours back and forth each day, one of The Hub workers offered me a place to stay. This enabled me to spend an extended period of time with young people and to see

what their daily lives were like during a time when the pandemic regulations began to loosen but still had great influence over what they could and could not do. They shared their thoughts with me on a number of different topics including the pandemic, school, mental health and well-being, as well as insights into other parts of their lives that they felt were important to share with me. With the weight of universal narratives and understandings of young people's experiences of a global pandemic in mind, working ethnographically allowed me to open and hold a space for these particular young people to share their own accounts of their lives. Thus, using an ethnographic approach, my aim has been to offer insights into rural young people's experiences, actions and aspirations marked by their time living through the COVID-19 pandemic and envisioning a way to move forward.

Positionality

When I arrived at The Hub and introduced myself to the young people there, I made them aware of my role as a student conducting research that I likened to a "school project" that focused on what they thought of the pandemic and their sense of well-being through this time. Most of the young people seemed largely unphased or took little notice of my presence at The Hub. This might be due, in part, because it was a common experience for them to have placement students there throughout the year. What appeared to surprise some of the young people was how much time I would spend with them during drop-in and recreational sessions. I learned that other placement students worked almost exclusively with young people as clients in the clinical systems available at The Hub. In the first few weeks of fieldwork, I began by building rapport with young people by casually interacting with them and refraining from requesting interviews or interrupting their time at The Hub: I became an observing participant during this time by playing video games, colouring during drop-in time, and never saying no to

playing foosball or ping pong. I quickly settled into the space, taking on a more ‘young person’ than ‘worker’ role.

Once I had established rapport with young people at The Hub and had begun my participant observation, I moved to the next step of my research by organizing one-on-one interviews and focus groups. I explained the plan and intent of the interviews and focus groups, emphasized that there were no wrong answers to my questions and that they could withdraw their participation at any time without explanation. I explained that I wished to learn how they had experienced the pandemic. My intention was to frame myself as a learner and student rather than a professional. Initially, several young people seemed willing to participate in my project. This willingness eventually grew into an eagerness to spend time with me, regardless of the reason. Many of the young people who regularly frequented The Hub showed curiosity in me and what I was doing, even if they did not necessarily want to participate in interviews or focus groups. While I cannot be sure that young people saw me as a peer or a professional, many of them seemed open to sharing their grievances with COVID-19 and staying at home, and their general thoughts on the project itself.

The selection of a rural location for this project grew out of my own experience living in an urban centre. I had heard of differences between living in a rural and urban area but had little experience in rural areas beyond camping and visiting cottages. Since I had never lived in a rural area, I could not connect with young people on this level. However, other factors of my life and background placed me in a good, although limiting, position to connect with the young people at The Hub. I am a young, white woman from the outskirts of the Greater Toronto Area, and I attend a graduate program in the capital city of Canada. As a young white woman, I looked like many of The Hub workers and other people in the rural community. The counsellor and peer

support workers at The Hub are both young, white women. The Manager, Intake Coordinator, Nurse Practitioner, and Care Coordinator, though older, appear to have a similar appearance and background. Thus, my entry into The Hub space fit into what many of the young people regularly saw and perceived as trustworthy adults. Most of the young people with whom I spoke viewed me as non-judgemental and non-authoritative; they commented on how I was “easy to talk to.”

One noticeable difference between my own and the young people’s backgrounds with whom I spoke is linked to economic status. I come from a middle-class family while many of the young people in the rural area where The Hub is located, and those attending The Hub, were experiencing precarious housing and food security situations. Importantly, since 2018, while this rural community has had the second-highest total living wage in Ontario communities their child poverty rate is estimated to be approximately 25% post-pandemic, showing a great economic disparity within the region (HKPR District Health Unit, 2019; Ontario Living Wage Network, 2019). My status as a middle-class student attending graduate school outside of my hometown was a feature of my background that caught the attention of some Hub participants. I was called a “goody-two-shoes” in a joking manner by one of the young people to signal that I had not experienced hardship as perhaps they had experienced. My experience of family also contrasted with the experiences of some of the young people. On several occasions, the young people attending The Hub spoke of their large families, parent conflict and living with grandparents or other relatives because of this conflict. I grew up with three siblings and parents that have been together for over 24 years living in the same house where I was raised. This experience was unlike many of the stories that I heard from some of the young people. I tried my best to respond with kindness, patience, and remain cautious when the stark differences in our experiences

emerged as I was aware that my experience should not preclude the experiences of other young people's lives. While my position as a university student may have been interpreted by some of the young people as confirmation of my research expertise and class, I was determined to convey that they were the experts in their lives or realities, and I was there to learn from them without judgement. As my time in The Hub went on, I saw how framing my curiosity in the form of quietness and openness worked well with young people and showed them that I saw them as competent experts in a life about which I wanted to learn.

For this research, it is additionally important to note my position on the COVID-19 measures taken to protect those living in Canada generally, and Ontario specifically, during the pandemic. While I present various challenges and potential disruptions that COVID-19 measures have caused for young people throughout this thesis, I support the Government of Ontario's and Canada's efforts to contain the virus, including lockdowns, social distancing measures, and mask and vaccine mandates. As a young middle-class person attending and employed by Carleton University, I was largely protected from the negative physical, social, emotional, and financial impacts of the pandemic and associated measures. From such a position of privilege, I was encouraged to reflect on the way these impacts disproportionately affected others who did not have the same stability in employment, housing, or access to basic needs. It has been my understanding through the COVID-19 pandemic and associated provincial regulations, that the measures did not themselves result in or intend to harm people's social, emotional, or economic lives. Rather, they revealed ongoing discrepancies in social systems that placed certain individuals and communities in precarious positions when such measures were implemented with limited government accommodations such as rent freezes, financial subsidies, and work from home equipment or reimbursements.

Contribution of this Study

This study attempts to contribute to the limited anthropological knowledge on well-being and mental health during the COVID-19 pandemic as experienced by rural young people in Ontario. Throughout the pandemic, decisions have been made largely without the input of young people; while this might be due, in part, to the sudden emergence of the pandemic and the haste with which adult decision-makers responded, nonetheless, the absence of young people's voices and general participation in decisions that affected them, particularly in school, is starkly evident. I argue that understanding how young people living in rural regions experienced the COVID-19 pandemic from their own perspectives could inevitably shape how adult decision-makers respond to its impact and how to design ways to move forward as restrictions are lifted. Therefore, this project attempts to make a meaningful effort to include the experiences of young people situated by age and locality in order to more fully understand and address the impact COVID-19 has had on their lives.

In particular, I am interested in the ways rural young people narrate their experiences of well-being and mental health during the pandemic. While assumptions about young people's experiences of the pandemic across the country and province are frequently made based on regulations, restrictions, and shared experiences of the COVID-19 pandemic, young people have the right to participate in creating such narratives. It seems to me that it is imperative to include their experiences, perspectives, and ideas to inform future decision-making in an inclusive way. My hope, moving forward from the pandemic, is that decision-makers in the community will hear and listen to young people's ideas of well-being through and beyond the pandemic and see the value that including young people's perspectives can have for those who work with and on behalf of young people. To design programming and policy that better reaches and serves young

people, it must align with where they are situated socially, culturally, physically, and emotionally.

Chapter Overview

This thesis is divided into six chapters. This introductory chapter introduced my research, including my project rationale, research questions, approach and positionality going into this research. I additionally present what I hope this research will contribute to anthropology and future decision-making surrounding young people's well-being and mental health.

Chapter Two encompasses an overview of the conceptual and theoretical framework that I use to guide this research, contextualizing rural young people's lives, well-being, and mental health through the COVID-19 pandemic. The framework centres debates found in research on young people's participation and agency as related to children's rights and critical childhood discourse. The literature review that follows reflects on three main themes: rurality, young people's experiences during the COVID-19 pandemic, and young people's mental health and well-being. This chapter highlights the relevant studies and findings that frame my approach to exploring experiences of the COVID-19 pandemic related to young people's mental health and well-being.

Chapter Three will provide a methodological overview of the project including a description of the field site, key stakeholders, an explanation of my ethnographic approach, and the methodological considerations and challenges pertinent to the project.

Chapter Four presents my findings from three months of field research and interviews with young people ages 12-17. It focuses on young people's experiences of the COVID-19 pandemic in the rural Ontario town related to their own constructions of mental health and well-being. This discussion centres around young people's experiences of school closures, community

and mental health and well-being supports. Each part of this discussion highlights young people's experiences, structural limitations, and agency.

Chapter Five utilizes the firsthand accounts by rural young people to outline a rights-respecting model for approaching young people's mental health and well-being moving forward from the pandemic. In this chapter, I conduct an analysis of how their experiences might impact and inform adult decision-making surrounding support for young people. To present this model, I use a unique rights-respecting program used in Ottawa schools in the 1990s called Children Learning for Living as an example. I demonstrate how leading with young people's perspectives can assist adults in proposing future models to address well-being and mental health post-pandemic in a more inclusive, responsive way.

The thesis concludes with a discussion of what has been learned from this study with rural young people at The Hub on their experiences of the pandemic and mental health and well-being and supports for young people. This conclusion provides an overview of the findings of this project and contemplates the implications of this research to inform potential ways to inclusively move forward from the pandemic. This chapter ends with describing aims for future research based on the goals and limitations of this study.

Chapter Two: Literature Review

This chapter reviews literature that conceptually and theoretically frames the present project with rural young people. The review begins by exploring ongoing debates in child research surrounding children's participation and agency. These debates inform my decision to pursue ethnographic research into young people's experiences of the pandemic and the goal of using these experiences to propose elements to include in designing a model for addressing young people's mental health and well-being post-pandemic. Next, I present literature that explores three main concepts and ideas that anchor this project: rurality, challenges for young people during the COVID-19 pandemic, and young people's mental health and well-being to highlight the ways young people's perspectives appear in this research and the gaps that remain.

The literature chosen for review on rurality is limited to Ontario-based research that addresses young people's experiences of living in rural areas in the province. Following a review of literature on rurality, I focus on the social, emotional, financial, and other challenges for young people during the pandemic presented in scholarly work over the past two years. Following this section, this chapter reviews scholarly literature on mental health and well-being with focus on mental health and well-being supports and young people's participation in Canadian mental health strategies and research. The review additionally provides an opportunity to highlight how an ethnographic approach contributes to nuanced understandings of young people's lives during a pandemic that, in turn, might be helpful in designing proper well-being support moving forward from the pandemic. The review exposes a gap in this literature; namely, that rural young people's experiences in discussions surrounding the pandemic and their mental health and well-being are largely absent. This ethnographic research project attempts to address this gap in knowledge in Ontario.

Young People's Agency and Participation

Critical childhood scholars such as Allison James (1993; 1997; 2007), Alan Prout (1997; 2007), Tatek Abebe (2019), Priscilla Alderson (2011) and several others began addressing young people's agency three decades ago. Before the 1990's, children and young people were primarily represented and conceptualized as objects of study. These scholars document the ways young people participate in limited ways in their environments and relationships and note how this impacts policy and the law (Alderson et al., 2011; Holloway & Valentine, 2000; Janzen, 2008; Prout & James, 1997). Generally speaking, children and young people were viewed in developmental terms, progressing from one state to the next and moving from a state of immaturity and incapacity to learning to become a rational adult. From this perspective, children and young people were thought of in terms of their future as adults rather than their presence in society. Scholars theorize that children were seen as human 'becomings' but not necessarily human 'beings' (Uprichard, 2008, p. 304). Thus, little scholarly attention was paid to hearing children's views in research (Qvortrup, 1994; Tisdall & Punch, 2012; Uprichard, 2008; Valentine, 1996).

Over the past three decades, childhood scholars have attended to methodological questions of participation, voice, and agency, among others, in the concepts of research and program design. Agency is often understood as the ongoing negotiation that takes place within the context of institutions and spaces in which people engage to create their own experience (Panelli et al., 2007). As long as children and young people were viewed as passive human "becomings," any agency they engaged in would go unrecognized by adults and childhood researchers. Thus, young people were left out and disregarded as "knowers" and agents of change, simply viewed as "objects of socialization" (Dennis & Huf, 2020; Janzen, 2008; Thorne, 1993).

Recent education studies have, however, been part of a sociological paradigm shift to attend to children and young people as holding agency that should be prioritized in research and decision-making that follows (Borg & Samuelsson, 2022; Koivuhovi et al., 2019; Sairanen et al., 2022). Additionally, several other scholars like Stina Michelson (2022), Emma Sobring and Leon Kucynski (2018), and Diane Rodgers (2020) have recently questioned and used notions of young people's agency to re-frame them as full, capable and competent human "beings" in research on educational, home, and social movement settings. Despite being increasingly upheld in research, young people's agency is not as highly recognized in other aspects of their lives. Sobring & Kucynski (2018) argue that while the perception of children and young people as agents has made strides since the 1990's, the idea has "been slower to take root in social policy...and social services" (p. 1). In response, childhood scholar Anette Bolin (2019), argues that children and young people could be valuable social agents and decision-makers in programs of care, if engaged as such by service providers.

Agency, however, is not a straightforward concept. In practice, it is not as simple as saying that children and young people are competent enough to make social change happen or to influence institutions, spaces, and their environments. It is additionally not enough to assume young people can freely partake in the way we design schools, social services or other aspects of their lives. In a study of children's experiences of participation in their homes, schools and communities, childhood scholars Dierdre Horgan et al. (2017), argue that young people's agency is often oversimplified in theoretical scholarly work. They critique the way children and young people's agency has largely been reduced to represent formal participation by young people as individual citizens and 'rights-holders' despite the influence of relationships on this agency and young people's "carving out their own unique forms of participation in the everyday" (Canosa &

Graham, 2020; Horgan et al., 2017, p. 277). Rather, children's agency must be viewed in the context of different times, spaces, social, political, economic, and moral circumstances (Bluebond-Langner, 1978; Rosen, 2007; Sobring & Kuczynski, 2018). In an analysis of childhood studies over time, Antonia Canosa and Anna Graham (2020) identify early work on agency as lacking in this complex and multidimensional thinking. They highlight a call by several scholars to recognize children and young people's agency in all circumstances, including those where children or young people are not doing the 'right thing' and structural constraints are at play (Canosa & Graham, 2020, p. 34).

Alongside scholarly research and debate on children's agency, the concept of children and young people's participation also emerged. This was due in part to the 1989 adoption by several countries across the world of the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC is an international human rights legal agreement made between countries to uphold children's rights to protection, provision and participation (Convention on the Rights of the Child, 1989). This agreement became part of the sociological paradigm shift regarding how children and childhood were viewed in scholarship and practice; it served to highlight the absence of children's and young people's views on matters affecting them (Tisdall & Elsley, 2011). Importantly, the UNCRC contains several articles that address children's rights to education, play, health, and social and economic help. Article 12¹, in particular, has been of great interest to childhood scholars and researchers because of the way it focuses on children's right to participation or to express and have their views heard on matters that affect them

¹ Article 12 of the UNCRC: 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. 2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

(Alderson, 2009; Haraket & Kartal, 2021; Mason & Watson, 2014; Morrow, 1999; Tisdall & Elsley, 2014). Article 12 prompted scholars to call for further young people's participation.

In response to the different understandings of young people's agency and the call for young people's increased participation in all matters that affect them, childhood scholars began to use ethnographic and other participatory methods to conduct research on young people's lives. Ethnographic methods create unique spaces and time for children and young people to share their views and perspectives in less adult structured ways than surveys, questionnaires or formal interviews allow (Dennis & Huf, 2020; Lappalainen & Odenbring, 2020). The time spent observing and participating during ethnographic research allows researchers to ask open-ended questions and deeply listen to participants (James, 2011; Lappalainen & Odenbring, 2020; O'Kane, 2008; Paley, 1986; Prout & James, 1997). The flexibility of ethnographic research additionally allows for ongoing negotiation of power differentials between adults and young people, and acknowledgement of the complex relationships entangled in young people's agency and participation, as highlighted by recent childhood scholars (Atkinson, 2019; Canosa & Graham, 2020; Horgan et al., 2017). Overall, this presents opportunity to attribute young people's experiences, agency, and participation in part to contexts that reveal themselves over time.

Ethnographic methods are highly suited to eliciting the pandemic experiences of rural young people involved in this research. For the present project, it is a valuable method for emphasizing and creating space for young people's meaningful participation in research as well as in creating the narratives through which their lives are told. Anthropological approaches also offer a position on young people's agency that recognizes their competency and capacity to contribute to such narratives while simultaneously being tied to particular time and space. In this

thesis, I attend to young people's agency through the ways they narrate their experiences of the pandemic, of their school, community, and their sense of well-being. Rural young people's experiences of the pandemic are crucial to moving forward from the pandemic.

Rurality

Rural young people's lives appear in social science research most often through an emphasis on the vulnerabilities that arise living in rural areas. These vulnerabilities include physical, social, emotional, academic, and economic restrictions as well as safety concerns. These vulnerabilities are also much like the ones that appear in narratives of children and childhood that rest on the idea of children as dependant, passive and in need of protection. One prominent example is reflected in children and young people not being allowed by parents/guardians to attend activities or facilities alone at risk of them encountering instances of bad weather, injury or dangerous animals (Button et al., 2020). Scholarship in public health, social work, education, and childhood studies presents young people living in rural areas as particularly vulnerable to struggles with engaging in healthy behaviours such as physical activity or healthy eating, difficulty securing employment, encountering barriers to achieving higher levels of post-secondary education, and finding a sense of belonging (Button et al., 2020; Cross & Lauzon, 2015; Gasparovic & Prieto-Flores, 2021; Gauthier et al., 2011; Hillier et al., 2021; Marr, 2015). Much of this research is written from the perspectives and accounts of service providers in the health, education, and well-being field, including mental health, employment, and housing services rather than young people themselves (Blodgett et al., 2018; Braimoh, 2015; Button et al., 2020; Cross & Lauzon, 2015; Jones et al., 2015).

Scholars such as Blodgett et al. (2018), Boydell et al. (2006) and Button et al. (2020) present rural young lives as isolated by lack of transportation, resources, and vast geographical

dispersion. They argue that many rural regions have minimal public transportation (Blodgett et al., 2018; Boydell et al., 2006; Gasparovic & Prieto-Flores, 2021; Marr, 2015). The geographical dispersion of rural areas also makes it nearly impossible for young people to move around without a vehicle which often leads to relying on parents or guardians to drive them (Gasparovic & Prieto-Flores, 2021; Marr, 2015; Robson et al., 2007). As a result of these factors, young people's mobility is highly restricted in ways that sometimes prevent them from working part-time jobs, visiting friends, engaging in recreational activities, and accessing adequate health and well-being care (Blodgett et al., 2018; Boydell et al., 2006; Braimoh, 2015; Gasparovic & Prieto-Flores, 2021; Reaume-Zimmer et al., 2019). This restriction on their mobility within the community presents economic, social, physical, and emotional concerns for adults who see these factors as crucial to young people's experiences of childhood and the ability to fulfill children's rights (Gasparovic & Prieto-Flores, 2021; Kraftl, 2013; Mikkelsen & Christensen, 2009). Apart from relying on adults to move around in rural locales, young people also rely on a combination of school transportation arrangements to access spaces for social interaction, recreational activities and health and well-being services that are considered to positively promote good physical, social, and emotional well-being (Button et al., 2020; Cross & Lauzon, 2015; Marr, 2015). Thus, lack of mobility presents an obstacle for young people's experiences and well-being that was particularly heightened during the pandemic when schools ceased to provide such access.

Social class is another element often mentioned in rural sociological research focusing on young people in Canada and the United States. While a class analysis is beyond the scope of this thesis, it is important to note scholarship that highlights an ongoing and increasing attention paid to the way rural people have identified themselves, and have been identified, as belonging to a

lower-class structure compared with people living in urban areas (Jensen, 2018). In recent writing, Sonja Ardoin and Ty McNamee (2020), for instance, claim that the assumption that rural people come from poor and working-class backgrounds often frames young people who live in rural regions as part of a shared experience of limited resources and accessibility to advanced schooling and higher education. However, there is very minimal recent scholarly research supporting the prevalence of higher- or lower-class individuals or households in urban versus rural areas of Ontario beyond rates of child poverty or high-income rankings. Rather, there is scholarly work highlighting a lack of resources, including jobs, local services, and higher costs of transportation, food, and essentials in rural areas that could lead to greater financial struggles (Boydell et al., 2006; Braimoh, 2015; Cross & Lauzon, 2015; Gauthier et al., 2011; Marr, 2015).

In addition to transportation and access issues, scholars such as Katherine Boydell et al. (2006), and Jessica Braimoh (2015) argue that a lack of resources presents a great potential threat to young people's physical, social, and emotional health and well-being. They note that in rural areas, services and supports can be quite limited with service providers struggling to find and retain employees willing and able to work in these areas. They also struggle with obtaining sufficient funding because of the area's population size and geographical dispersion. Therefore, in some instances, rural areas may not have the human resources to provide inclusive spaces or meet the diverse needs of young people that support their well-being and mental health (Boydell et al., 2006; Braimoh, 2015; Cross & Lauzon, 2015; Reaume-Zimmer et al., 2019). One impact of this lack of space and support is that it might lead some young people to spend extensive time and money to travel to urban centres that provide these spaces and services (Blodgett et al., 2018; Boydell et al., 2006). In rural areas, these issues are compounded by the incidence of high rates of child poverty. When services are available within the community, it can mean that young

people deal with long wait times, generalized services and rigid intake criteria that turns them away and leaves them without proper support (Boydell et al., 2006).

In addition to lack of resources and access, Blodgett et al. (2018) and Boydell et al. (2006) argue that in terms of mental health, rural young people face greater stigma and gender and racial discrimination that can be attributed to living in rural areas. Lack of information surrounding concepts of gender, race, and mental health in rural areas among community members and service providers may place young people's mental health at risk and make seeking health and well-being care or support scary and uncomfortable (Boydell et al., 2006). Blodgett et al. (2018) note that transgender youth experience challenges when trying to find appropriate health care in rural Ontario. In their study of transgender youth, they argue that these young people faced a lack of support and general unwillingness among practitioners to treat them due to stigma or limited knowledge of gender diversity (Blodgett et al., 2018). Another issue is lack of anonymity in a small community. In a study by Boydell et al. (2006), they heard young people express concern over the lack of anonymity they experienced when trying to access services in rural areas. This combination of perceived vulnerabilities presents a general concern over rural young people's experiences of the pandemic as well as their well-being over this time. To better serve and support them, there must be a greater understanding, acceptance, and attention paid to their unique experiences and challenges.

Challenges for Young People During the COVID-19 Pandemic

Shortly after the start of the lockdown, researchers began investigating, evaluating, and presenting some of the significant impacts and concerns surrounding the COVID-19 pandemic. Schools closed and re-opened several times, moving back and forth from in-person to online learning. Employees at several organizations and companies across Ontario and Canada shifted

to work entirely from home leading to widespread social isolation (CIHI, 2022). Thus, scholars, politicians, and decision-makers presented concerns around people's health, development, economic, social, and emotional well-being (Chanchlani et al., 2020; Coller & Webber, 2020; Green, 2020; Fafard et al., 2021). They additionally highlighted numerous ways in which the COVID-19 pandemic had or could potentially exacerbate and expose existing social inequalities worldwide (Bambra et al., 2020; Blundell et al., 2020; Gerber & Offit, 2021; Greer et al., 2021; Patel et al., 2020).

Bambra et al. (2020) and Greer et al.'s (2021) work focuses on potential exacerbated health inequalities. Based on current policy, they argue that the rates of infection and mortality hit disadvantaged communities much harder due to unequal social protection and provision of public services. They state that lower income families were much more likely to have low quality, insecure housing, with more individuals living in a home, and family members with lower-paying, less flexible and safe jobs. This argument was supported by Patel et al. (2020) who found that individuals from low socio-economic status groups are often employed in jobs that do not allow working from home or have stable working conditions. This, in turn, not only leads to greater physical risk to the pandemic but also leads to disproportionate harms to theirs and their family's mental health through financial and other stressors. Blundell et al. (2020) highlight some of the generational effects of the pandemic including on younger generations losing job prospects and opportunities for educational attainment, conditions exacerbated by low socio-economic status. While financial responsibility may disproportionately fall on adults, young people, particularly those from lower-income families, likely experienced the financial stress on their family through the pandemic.

At the beginning of the pandemic, scholars primarily focused on the physical health risk that COVID-19 posed to individuals. It became apparent in the early waves of the pandemic that COVID-19 disproportionately affected and posed a health risk to older and minority populations (Buffel et al., 2021; El-Khatib et al., 2020; Farrell et al., 2020; Lee & Miller, 2020; Miller, 2020; Mueller et al., 2020). On the other hand, children and young people presented as very low risk. The physical impacts of COVID-19 on children and young people were thought to be very minimal. On average, thus far, children and young people have been less susceptible to contracting and experiencing the physical effects of the virus (Bhopal et al., 2021; Chanchlani et al., 2020; Coller & Webber, 2020; Felsenstein & Hedrich, 2020; Gadermann et al., 2021; Larcher & Brierley, 2020).

While the physical impacts of the COVID-19 pandemic have remained minimal for most Canadian children and young people, scholars increasingly draw attention to other adverse effects that the pandemic has or potentially will have. Several scholars state that children and young people are facing the brunt of the social and emotional impacts of the COVID-19 pandemic regulations (Brown et al., 2020; Coller & Webber, 2020; Creswell et al., 2021; Danese & Smith, 2020; Fegert et al., 2020; Gadermann et al., 2021; Larcher & Brierley, 2020; Margolius et al., 2020). The isolation that comes with being forced to stay at home during school closures, the ongoing threat of economic instability and potential domestic violence as part of their family contexts without the freedom or mobility to escape these situations are some of the issues scholars report young people facing (Chanchlani et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020; Fegert et al., 2020; Gadermann et al., 2021; Green, 2020; Waddell et al., 2020).

Scholarly literature on COVID-19 also connects physical distancing, quarantining, lockdowns, and general social isolation to several potential and ongoing social and emotional

impacts on children and young people (Brown et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020). Unable to attend school or gather with people outside of their households has resulted in separation from friends and family and constant disruption to routines. Young people have also had to cope with unanswered confusion surrounding the pandemic and isolation from vital social services generally provided through school sites (Allemang et al., 2021; Brown et al., 2020; Chanchlani et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020; Golberstien et al., 2020; Green, 2020; Waddell et al., 2020). Young people have shared with scholars an anxiety around the future, their own and their family's health, food security, and financial insecurity during the pandemic (Brown et al., 2020; Coller & Webber, 2020; Danese & Smith, 2020; Gadermann et al., 2021; Margolius et al., 2020; Silva Junior et al., 2020). Loneliness, stigmatization, racism, and intensified media coverage are also factors stated as increasing over the time of the pandemic that present significant risks to young people's mental health and well-being (Brown et al., 2020; Gadermann et al., 2021; Green, 2020; Silva Junior et al., 2020; Waddell et al., 2020).

When asked specifically about their mental health during the pandemic, a 2020 Statistics Canada survey reports that approximately two-thirds of young people in Ontario and 64% of young people ages 15-24 in Canada said that their mental health had declined over the pandemic (Brown et al., 2020; Statistics Canada, 2020). By April 2020, Kids Help Phone had recorded a dramatic surge in calls from young people related to social isolation, anxiety, and stress as well as physical abuse (Gadermann et al., 2021; Waddell et al., 2020). This increased use of this service aligns with the situation in the United States. In a 2020 study, one in four young people ages 13-19 in the U.S. reported poorer emotional and cognitive health, including poor sleep, feelings of unhappiness, depression, constant strain and loss of confidence (Margolius et al.,

2020). Similarly, in Canada, young people ages 15-25 reported a 20 percent deterioration in their mental health over the pandemic (Statistics Canada, 2020).

School closures have been identified in some studies focussing on children and young people through the pandemic as the main cause for the deterioration of mental health and well-being (Brown et al., 2020; Chanchlani et al., 2020; Creswell et al., 2021; Danese & Smith, 2020; Fegert et al., 2020; Golberstien et al., 2020; Silva Junior et al., 2020; Waddell et al., 2020).

While some of these studies utilize self-reported data from children and young people, very few highlight the importance of including children and youth in future decisions (Brown et al., 2020; Danese & Smith, 2020; Margolius et al., 2020; Statistics Canada, 2020). Much of this work includes reports made by parents or organizations (Chanchalani et al., 2020; Coller & Webber, 2020; Creswell et al., 2021; Gadermann et al., 2021). Childhood scholars such as Andrea Danese, Patrick Smith (2020), Victor Larcher and Joe Brierley (2020) express a need for research and literature to address children and young people's own experiences and voices. To move forward in a positive and inclusive way, and to attend to the potential unequal recovery of individuals and communities from the pandemic, they state that children and young people must be included in the conversation (Brown et al., 2020; Danese & Smith, 2020; Green, 2020; Larcher & Brierley, 2020).

Young People's Mental Health and Well-being

One of the dominant narratives emerging in scholarly writing on the COVID-19 pandemic focuses on the impact on young people's mental health and well-being. The research in young people's mental health and well-being is rich in its overall understanding, approach, and representation of the topic (Allemang et al., 2021; Ben-Arieh, 2005; CAMH, 2019; Malla et al., 2018; Wiens et al., 2020). It is rooted primarily in psychology outlining the identifiers and

determinants of mental health and well-being. In addition, several other disciplines have contributed to understanding, approaching, and acknowledging the entanglements of young people's mental health and well-being within their lives. Scholars in the field of education, sociology, and anthropology, for example, have addressed the way we think, talk about, and respond to questions and concerns of mental health and well-being (Eisenhauer, 2019; Felver et al., 2020; Getrich et al., 2007; Kutcher & Wei, 2020; Street, 2017; Ware et al., 2003).

Previous conceptualizations of mental health focus on 'mental health' as the absence of mental illness (Golberstien et al., 2020; Hymel et al., 2017; Read & Bentall, 2012; Waddell et al., 2020; Weare, 2015). Mental illness, more commonly referred to as mental disorders, is an individual's experience of certain groups of symptoms, depending on the condition, to the point of disrupting ones' ability to go about daily life for an extended period of time (Flett et al., 2017). Mental health and well-being have also been represented in some research as one's state of languishing or flourishing regardless of potential mental illness or disorder (Feng & Astell-Burt, 2017; Hatch et al., 2010; MacKean, 2011; Otto et al., 2010; Short, 2016). This is part of what is understood as the "mental health continuum" (MHCC, 2017; MacKean, 2011). More recently, organisations such as the World Health Organization (2019), the Mental Health Commission of Canada (2012), and the Public Health Agency of Canada (2018) have used the definition of 'mental health' as "a state of well-being where people realize their own abilities, can cope with normal stresses of life, work productively, and make a contribution to their communities" (Hymel et al., 2017; Pilkauskaite-Valickiene & Gabralaviciute, 2015; Short, 2016; WHO, 2010, p.1). In light of the COVID-19 pandemic, emerging research in mental health resiliency and coping primarily uses this definition of mental health as a guide to looking at protective and promotive factors of mental health and well-being (Halliday et al., 2021; Russell

et al., 2021; Sugawara et al., 2021). This focus and definition presents a more inclusive understanding of mental health and well-being where stressors and risk factors such as housing, financial stability, physical health and employment, community influence and individual capacities, including social and emotional skills, are considered within the context of people's lives in order to grasp the potential for recovery and the variable impacts of such events on mental health and well-being (Raghavan et al., 2019).

In medical anthropology, scholars have long addressed the concepts of mental health and well-being (Ben-Arieh, 2005; Drybread, 2013; Getrich et al., 2007; Jain & Orr, 2016; Parr, 1998; Ware et al., 2003). Their research primarily focuses on experiences of mental health institutions or services and the process of measuring well-being. Asher Ben-Arieh (2005), in particular, used anthropological approaches in their research to hear from and include children regarding how to measure and monitor well-being. They argue that the field of research on well-being indicators had generally been based on structured, objective studies by and of adults. However, with the introduction of the UNCRC in 1989 and the shift in understanding of childhood as a distinct phase of life, worthy of study in its own right around this time, scholars such as Ben-Arieh (2005) began to reconsider how children's well-being had been understood and measured in relation to adults and without the input of children themselves. Ben-Arieh (2005) concludes that understandings of children's well-being need to include questions of what children are doing, what they think and feel, to whom and to what they are connected, and what do they contribute to understanding well-being.

Scholars such as Getrich et al. (2007), Myers (2015), Parr (1998) and Ware et al. (2003), focus less on young people's involvement and more on evaluating mental health and well-being care systems. Getrich et al. (2007), Myers (2015) and Ware et al. (2003) all use ethnography as a

method for evaluating the response of support systems to mental health and well-being challenges. They spent time in mental health service settings and utilized observation and open-ended interviews to hear about individual's experiences of these mental health services. Sumeet Jain and David Orr (2016) additionally use ethnographic methods to elicit understandings of the implications of mental health policy and practice on global mental health experiences.

Generally, anthropological studies of mental health and well-being have been less concerned with definitions and more concerned with highlighting the voices and perspectives of their participants in relation to mental health and well-being. However, the participants in these studies have largely been adults with little consideration of young people's experiences, perspectives or participation. Focusing on mental health and well-being in this way has led to an understanding of unique barriers to supporting, servicing, and improving or maintaining mental health and well-being (Allemang et al., 2021; Faithfull et al., 2019; Kutcher et al., 2015; MacDonald et al., 2018; Malla et al., 2018; Reaume-Zimmer et al., 2019). This could similarly lead to understanding of the unique barriers faced by young people.

Mental Health and Well-Being Supports

Within the past 15 years, scholars have observed increasing rates of poor mental health among children and young people (Kutcher & Wei, 2010; MHCC, 2010; Waddell et al., 2020). In the past decade, mental disorders have become the leading cause of childhood disability in Canada and worldwide (Kutcher & McLuckie, 2010; MHCC, 2012; Waddell et al., 2020). Approximately half of all cases of mental disorders begin by the age of 14 with 75% percent appearing before the age of 24 (CAMH, 2019; Golberstien et al., 2020; Hymel et al., 2017; Kessler et al., 2005; Merikangas et al., 2010; MHCC, 2021; Sanchez et al., 2018). This presents

good reason to address concepts of well-being and mental health at younger ages but also for children and young people themselves to be part of explaining these well-being concerns.

As evidenced by a review of dominant government and Mental Health Commission of Canada mental health strategies, policies, and frameworks, the most recent Canadian and Ontario strategies adopt universal designs, proposing supports that serve all children and young people with a variety of mental health and well-being needs (Brown & Carr, 2019; Crooks et al., 2013; Kutcher & McLuckie, 2010; MHCC, 2012, 2016; Short, 2016). A review of the MHCC's Evergreen: Child and Youth Mental Health Framework for Canada, Mental Health Strategy for Canada, the Government of Ontario's Policy Framework for Child and Youth Mental Health and the School Mental Health Ontario Action Plan specifically reveals that the dominant mental health strategies in Ontario include three main pillars of support: promotion, prevention, and intervention (Kutcher & McLuckie, 2010; MHCC, 2012; Ministry of Children and Youth Services, 2006; School Mental Health Ontario, 2019a). Promotion focuses on delivering programs or strategies that promote overall mental well-being. Anti-stigma initiatives, mental health literacy, "healthy/wellness" spaces and skill-building workshops are among the common forms of promotion used in schools and surrounding communities (Dassanayake et al., 2017; Kutcher et al., 2015; Short & Manion, 2012; SMHO, 2019a; Wells et al., 2011). Prevention supports and services aim to strengthen protective factors such as strong community ties and reduce risk factors, such as poverty, racism, homophobia, and homelessness (Kutcher & McLuckie, 2010; Kutcher & Wei, 2020; Macklem, 2014; O'Mara & Lind, 2013; Weist et al., 2017). Prevention and promotion supports and services are meant to address environmental and contextual factors that the World Health Organisation and Mental Health Commission of Canada have labelled "crucial" to improving young people's mental health and well-being. These

organizations clarify that many barriers can both stem from and can be resolved by addressing the environments and contexts that children and young people are entangled within on a daily basis (MHCC, 2012; O'Mara & Lind, 2013; Short & Manion, 2012; Malla et al., 2018). This has additionally led to programs like The Hub that offer a range of promotion, prevention, and intervention/clinical supports to young people under the age of 25 in a single site.

Young People's Participation in Canadian Mental Health Strategies and Research

Childhood scholars such as Allemang et al. (2021), Ben-Arieh (2005), Malla et al. (2018), Sobring & Kucynski (2018), and Street et al. (2003) argue that children and young people should always be involved, in meaningful ways, in everything from the conceptualization of mental health to the decision-making processes surrounding policies, programs, and services. Paula Reaume-Zimmer and Ashok Malla who are members of a Pan-Canadian Youth Research Network², use their collaboration with young people to reveal how current systems are not very youth-friendly. They highlight that there are high rates of disengagement and lack of involvement by young people and families in the actual delivery of well-being services and supports (MacDonald et al., 2018; Malla et al., 2018; Reaume-Zimmer et al., 2019). With youth participating in their research, they found that transitions in care are a significant and unique problem young people face in addressing their well-being and mental health needs. They found that many supports and services target groups ages 16 and under or 18 and up, offering "child" and "adult" support and care separately (Kutcher & McLuckie, 2010; Malla et al., 2018; Reaume-Zimmer et al., 2019). This leaves many young people out of the intake criteria and results in challenging transitions that see them move from one system to the next.

² <https://accessopenminds.ca/who-we-are/>

Organizations such as the Mental Health Commission of Canada (MHCC) and the Centre for Addiction and Mental Health (CAMH) have begun to prioritize young people and their participation in the decision-making processes to address issues such as transitions in care. Over the past decade, the MHCC (2015), CAMH (2017) and School Mental Health Ontario (2019b) have included young people in research. They highlight their experiences and perspectives of mental health and well-being and use this knowledge to develop new programs, services, and strategies for delivering mental health and well-being support. In 2017, CAMH formed YouthCan IMPACT, a collaborative initiative with young people across Canada "to improve the youth mental health and addictions system" (YouthCan IMPACT, 2017). School Mental Health Ontario (SMHO) followed, publishing a Final Report on school mental health based on their 2019 #HearNowON initiative to develop their 2019 Action Plan: A Student-Centred Approach (SMHO, 2019a). This initiative involved surveying 1,028 young people across Ontario to ask them about their priorities regarding mental health and what schools can do to prioritize it to (SMHO, 2019b). These efforts have led to more youth-friendly, successful services and support addressing children and young people's mental health and well-being, showing the value of their involvement in research. This is similar to what I aim to do with this research.

Conclusion

This literature review outlines the conceptual framework that guides this study. Several debates emerge in this literature regarding young people's agency, voice and participation that point to the necessity of a methodological approach that includes rural young people's experiences of the COVID-19 pandemic. The three areas highlighted in this review focus on rurality, young people and the COVID-19 pandemic, and young people's mental health and well-being that are pertinent for the present study. The literature on rurality points to limited mobility

as a feature of young people's experiences of their rural lives. Vulnerability is a main theme of the narratives that describe rural young people lives in terms of economic, social, emotional, and physical risks. This review supports the view that the COVID-19 pandemic has highlighted and perpetuated many of the unrecognized challenges young people face including social, emotional, and economic stress related to lack of control in their daily lives and the negative effects when they find themselves prevented from accessing professional and non-professional support systems. Research on young people's mental health and well-being presents conceptualizations of mental health and well-being that influence young people's experiences through the pandemic. There are also increasing efforts being made by organizations like the MHCC, CAMH, and SMHO to improve the way young people's mental health and well-being is approached, including the inclusion of young people themselves in research and service or program delivery processes. Still, there is limited research thus far in anthropology or other disciplines, focused on young people's perspectives and experiences of the pandemic related to this mental health and well-being. With this literature review to inform the context for my research on rural young people's experiences of the COVID-19 pandemic as it relates to mental health and well-being, the next chapter introduces the methodology used in this study.

Chapter Three: Methodology

This chapter introduces the methodology guiding my research on rural young people's experiences of COVID-19 as related to well-being and, more specifically, mental health. I begin by describing the field site that I call "The Hub," its services, structure and how I came to work with this site for my research. This description is followed by an overview of the key active stakeholders and overarching model used at The Hub, co-designed by a local agency and young people. Next, I describe my methodological approach using previous scholarly work as a guide to learn about the experiences of young people attending The Hub in the rural Ontario town where it is located. Following this description, I present a project overview of the fieldwork, data collection process, and the participant demographic of this project. Finally, I present some of the methodological challenges I encountered while conducting this research and describe the various methods used to address such issues.

The Field Site

The Hub is the site where the fieldwork for this research took place between October 2021 and January 2022. It is a "youth mental health and wellness" site governed by an agency I will call "Start Here." Start Here is a local child, youth, and family agency located with The Hub in what I will call the town of "Hazeltree." Hazeltree is part of a larger county served by The Hub and Start Here consisting of approximately 20 000 people. There are approximately 680 young people ages 15 to 19 living in the area with a large percentage of the population aged 65 years and over. Most people live in single detached homes with most households earning \$60 000 to \$79 000 annually according to a 2017 statistic (Statistics Canada, 2017; Statistics Canada, 2022). Based on my observations and the most recent data by Statistics Canada (2017) on the Hazeltree County labour force, trades and tourism present as major sources of employment year-

round. However, according to locals, the demand on the tourism industry, including accommodation, retail, and social services increases over the summer months as the occupying population surges with cottage owners and tourists.

The Hub provides primary care, sexual health, mental health and addictions counselling, housing support, and recreational activities to young people living in this rural area in Central Ontario; all of which are explicitly targeted to young people ages 12-25. It is one of 14 similar sites that uses an integrated youth support model as part of a government funded initiative I will call “YHO.” As one of several sites across Ontario, The Hub is designed to provide a ‘one-stop-shop’ for young people seeking support. This design means rapid, developmentally appropriate, and socially attuned access to community and social services and supports. The model is additionally intended to mediate some of the many barriers to providing well-being and mental health support to young people, including addressing wait times, delayed intervention, transition, and engagement challenges. The Hub offers clinical, non-clinical, and recreational services that create a well-rounded site for young people to access what they need, when they need it, and where they need it.

Due to the COVID-19 pandemic, the government shut down and restricted schools, childcare centres, and several other sites serving children and young people. Most youth mental health and “wellness” sites, including The Hub, had been closed or were limited to working solely online. While COVID-19 numbers around the province went down over the 2021 year, many were still hesitant about opening up schools, sites, and service providers to in-person activities. Most organizations and institutions had only just begun offering in-person programming and services in the summer of 2021. This limitation presented a challenge with finding a field site to conduct in-person research.

One of the reasons for choosing The Hub as the site of this research is that its mental health and well-being supports stood out in my search of Ontario child and youth mental health programs and organizations. It appeared unique in its delivery and understanding of the importance of children's rights and young people's input in mental health services and supports. "Co-designed with local youth," The Hub advertises a collaborative approach to addressing young people's well-being and mental health within the community by including and prioritizing youth in every facet of their journey. In making it a priority to centre young people's opinions and experiences, I understood The Hub as an ideal environment for conducting the present research. The Hub's values form a strong groundwork for including young people in the decision-making processes that concern finding a way forward for mental health and well-being supports designed for them.

The Hub employs a full-time staff of seven employees including The Hub Manager, a Mental Health and Addictions Counsellor, Nurse Practitioner, Care Coordinator, Intake Coordinator, Individual and Placement Support worker and Peer Support worker. They also employ one off-site contract Youth Engagement worker and a part-time Peer Ambassador who mainly works during drop-in sessions and helps run The Hub's Youth Advisory Committee. The Manager of The Hub is the main point of contact between the other workers and The Hub's governing organization. She attends leadership meetings, coordinates changes and programs with the Executive Director of Start Here, approves staff requests and hours, and handles several administrative duties including sharing information about The Hub with community organizations and members. In addition to these responsibilities, the Manager makes attempts to help with drop-in and other recreational services at The Hub.

The Mental Health and Addictions Counsellor at The Hub provides counselling by appointment to young people through The Hub and supervises and assists at the weekly drop-in sessions. The Nurse Practitioner provides comprehensive physical, and sexual health care, including gender affirming and mental health care. The Care and Intake Coordinator act in a couple of different capacities, largely organizing appointments, assisting with regular data collection, and coordinating the various supports a young person may be accessing. The Care Coordinator is also part of leading specialized programs such as Mindfulness Martial Arts at the local school and a Dialectic Behavioural Therapy skills group at The Hub. The Individual and Placement Support Worker is a non-clinical staff member who runs a program that helps youth, particularly those with mental health challenges, obtain employment, education, and training. Finally, the Peer Support Worker acts as non-clinical support for young people. She predominantly acts as the first point of contact for young people entering The Hub, assisting with drop-in and outreach services on top of meeting with clients who wish to meet with someone close to their age.

The Hub is located in an old church building, previously called “The Lighthouse.” The Hub is a two-floor white building with an accessibility ramp down the side. It has a sign with its title in addition to the building’s original name, “The Lighthouse,” at the request of the young people. The building was purchased three years ago, with drop-in for young people starting shortly thereafter. It was not until a year later that they renovated the lower floor into offices and introduced other services into The Hub such as counselling, a nurse practitioner, and an employment and education program. The site is a 25- to 30-minute walk down the main road from the local high school and one of the three elementary schools in the region. It is around the

corner from several stores on the main road and across the street from the community recreation centre and skate park, where young people generally hang out in the warmer months.

The Hub is a mainly brick building with front steps painted by local young people with the transgender and pride flags. One can enter the building onto the main floor that is most often used for drop-in and, more recently, workshops and group appointments. Up a few steps, on the main level is a kitchen on the left-hand side and a check-in desk to the right. The kitchen is fully equipped with a fridge, freezer, sinks, an oven, stove, dishwasher, and cabinets filled with cutlery and other kitchenware for cooking and serving food. Before COVID-19 hit, young people and The Hub workers used the kitchen during drop-in to cook meals and teach basic cooking skills. Due to COVID-19 food handling regulations, the kitchen was only used for crafts and offering pre-packaged snacks and drinks to young people during drop-in or appointment visits.

The rest of The Hub's main floor is an open space arranged based on young people's preference. It is organized for hanging out, chatting with one another, playing video games, foosball and ping pong playing, and colouring or doing homework. Young people and the workers have re-arranged the space over the years, including a couple of times during my fieldwork. However, the activities in the space largely remained the same while I was conducting my research. There are comfortable seats around the room, arranged in a circle facing one another. A table is also set up next to one of the old church pews and primarily became a craft, colouring, and homework table. There are two TVs, one for movies and one for video gaming, though both often get used for video games during drop-in. Hanging on two windows of The Hub are the 2021 updated Pride flag and a Canadian flag with the rainbow pattern on it. Beside the flags is a shelf with board games, video games, and art supplies for young people to choose from. There were posters on the walls with various reminders, mostly COVID-related, but also

some presenting different activities and workshops going on at The Hub and in the community at the time. On the back wall, there is a list of Hub guidelines created in collaboration with the young people regularly attending.

On the lower level, there are a few offices for young people to meet with the Nurse Practitioner, Mental Health and Addictions Counsellor, Individual Placement and Support worker, or other workers with The Hub and Start Here. There is a full physician's room, a shower, and two rooms referred to as the "green" and "orange" room with seats and a desk, used for counselling or as office space. With fewer offices than workers at The Hub, many workers shuffle through the office spaces, regularly working upstairs or throughout the other open Hub spaces. The Nurse Practitioner, Intake Coordinator, and the Individual Placement and Support worker tend to use the same office every day as their work is dependent on physical spaces or resources. The Manager, Care Coordinator, Counsellor, and Peer Support worker carry out their work around The Hub depending on space availability and their schedule. There is also a small semi-enclosed space downstairs beside the lift and a door back up the main floor. This space has sometimes been used as a temporary office but is most often used during drop-in as an additional quiet space for young people to do homework and, more recently, to play Dungeons and Dragons as a group.

The physical space of The Hub itself is ever-changing. Over the three months of my fieldwork, the upstairs level of The Hub was re-arranged three or four times. Since in-person drop-in had just started a couple of weeks before I arrived in October, the space had not been used for this purpose since COVID-19 regulations came into effect. The first couple of re-arrangements happened at the request of staff to accommodate growing drop-in attendance and to create more effective physical distancing between young people. Meanwhile, the next changes

were at the request of staff and young people together. This was to increase the functionality of the space during drop-in. As more young people showed up for drop-in, activities like the ping-pong table and foosball table took up more room than the young people were using them. As school started up again, young people began looking for quiet, clear spaces to sit down and do schoolwork. When certain young people attended drop-in, they used the television typically located in the middle of the room for loud video games. Therefore, The Hub workers re-arranged the TV to the corner of the drop-in area to avoid a scenario where a few young people took over the central space, leaving little room for others to hang out together. There was also ongoing talk of adjusting the “homework/quiet space” downstairs to give a relaxed, living room feel. With almost every re-arrangement or idea, The Hub staff asked young people at drop-in sessions and the Youth Advisory Committee meetings about their thoughts.

The Hub and its governing agency pride themselves on involving young people on an ongoing basis in the decision-making process. The Hub has a Youth Advisory Committee (YAC) as well as a Peer Ambassador and a Peer Support worker to make this happen. The YAC and Peer Ambassadors were among The Hub’s top priorities for its opening. Start Here also has a Youth Steering Committee as part of more large-scale organization decision-making processes. The overarching organisation guiding The Hub and sites like it, that I will call YHO, additionally includes young people from various groups as stakeholders at the provincial level. These groups include First Nations, Inuit and Métis youth, LGBTQ+ youth, Francophone youth, immigrant, refugee, ethnic/cultural minority youth, racialized youth, and youth with disabilities.

Key Stakeholders

The YHO organisation defines itself as an initiative dedicated to creating sites across Ontario where youth and their families can access “the right services...at the right time and in

the right place.” While YHO is understood as defining the governing model for The Hub and similar sites across Ontario, several key stakeholders influence The Hub’s delivery and culture. One of these stakeholders is the Centre for Addiction and Mental Health (CAMH), a well-known Canadian mental health teaching hospital and research centre. It is recognized for its funding, contributions, and leadership in mental health resources, programming, and information. In 2018, CAMH collaborated with the Ministry of Health and Ministry of Child and Youth Services in Ontario to fund The Hub and similar sites through the YHO model. While this funding began as a trial four years ago, it has now been designated as a permanently funded program by the Ontario Government. CAMH established a Provincial System Support Program (PSSP) for this initiative and joined with the Ontario Centre of Excellence for Child and Youth Mental Health, now referred to as the Knowledge Institute on Child and Youth Mental Health and Addictions, to implement the YHO initiative. The Hub was one of the first sites to be created. It was established as a trial run site in 2019 and a permanent site in 2021. All sites are now part of the permanently funded program, with more being added around Ontario each year.

At the provincial level, the collaboration between CAMH, PSSP, the Government of Ontario and the Knowledge Institute has provided funding, guidance, and resources to municipalities and local communities to establish and run sites like The Hub. This initiative has required collaboration with community organizations to govern and provide them with adequate resources. In the case of The Hub, the local organization is Start Here. While The Hub has its own Manager and staff, they are employed by Start Here and work closely with the leadership team at Start Here to create continuity between their services and support for youth ages 12-25. The Hub additionally has and is forming ongoing relationships with other local services, supports, and recreational providers such as the local library, school and the Hazeltree Highlands

Health Services, an organization delivering health services to the region and surrounding areas. While trying their best to provide transportation for young people to and from The Hub, lack of resources has required them to rely on the Hazeltree Highlands Health Services and the local school board for transportation. In addition to transportation, they partner with other local organizations to receive training and provide programming and resources for young people, including food, clothing and toiletry donations, harm reduction kits, smudge kits, and gift cards, particularly around the holidays.

The YHO Model

The YHO model used at The Hub is unique in its design and delivery of mental health and well-being services to young people across the province of Ontario. As I state in Chapter Two, there are many barriers currently facing service providers and young people in the delivery and access to mental health and well-being services. In a rural town like Hazeltree, additional unique barriers make it harder to reach, engage, and include young people. The YHO model is unique in several ways. First, the model combines clinical, non-clinical, and recreational services for a coordinated approach to youth mental health and wellness. It prioritizes rapid access to appropriate avenues of care and evidence-based practices that suit individual young people's needs. One of the additional unique factors of the YHO model is its recognition of difficult transitions often faced by young people as they age out of child services, change locations, and even connect with different services. In each facet of the model, the governing organizations emphasize the voices and input of young people and their families. This input is evident in the clinical, non-clinical, and recreational services and activities provided by The Hub.

While clinical approaches are fundamental to addressing the challenges young people face with mental health today, non-clinical and recreational approaches are additionally highly

valued in the YHO model. Clinical interventions include therapy, psychiatric care, health care, and crisis or group support. These are often reserved for young people struggling with mental health and/or substance use. Non-clinical interventions or services generally include employment/education, peer support, navigation, housing, outreach, and family supports. Finally, recreational supports, also referred to as skills and well-being activities, include drop-in sessions, cultural programs, arts programs, guest speakers, food provision, and quiet study spaces. This recreational or skills and well-being piece is a recent addition to youth mental health and “wellness” supports. This inclusion is unique and highly valued in the YHO model because of its ability to create an initial connection with young people in the community and increase engagement in settings where mental health and substance use supports are available.

One of the main reasons I selected The Hub for a field research site was because of its unique design and use of a rights-based approach to support young people’s mental health and well-being. A rights-based approach ensures that the rights of all children are being considered, including their right to live without discrimination, to have access to information, social and economic help, health, water and food, and respect for their views (Convention on the Rights of the Child, 1989; Collins, 2012). Not only does The Hub take a rights-based approach to clinical and non-clinical services, they prioritize young people as co-creators of the spaces where recreational activities occur. For instance, the workers ask young people regularly about their thoughts on the space, how it should be re-arranged, the snacks they would like to have served, what activities, and what sort of programs they would like to see. These efforts demonstrate that The Hub and its workers endeavour to reach young people on their terms and seek their input in understanding and adjusting services and supports to suit young people’s needs.

The Project

From the beginning of October 2021 to January 2022, I spent three to four days a week at The Hub. After establishing a connection in early July, I met with the Executive Director of the child, youth, and family agency, Start Here, The Hub Manager and their leadership team. We arranged that I would attend The Hub, help with its program delivery, provide some information to the agency, and in turn be able to use their space to informally connect with and recruit young people and conduct participant observation and semi-structured interviews. Once in the field, I conducted two primary forms of data collection: participant observation and semi-structured interviews with individuals and groups. While anticipating the use of focus groups to collect data, the COVID-19 pandemic, young people's interest, and the nature of their visits to The Hub dictated otherwise.

I began my fieldwork by building rapport with young people and workers at The Hub, learning about what they knew and thought about the town and community and explaining my project. I conducted participant observations each Tuesday, Wednesday, and Thursday, attending drop-in sessions every Tuesday and Thursday and outreach services every Wednesday for the first couple of months. On drop-in days I arrived at noon and stayed until 7 or 8pm to help with, and participate in drop-in. On Wednesdays, I mostly spent the day with Hub workers and informally interacted with young people who came in for appointments in the afternoon. Later in my fieldwork, I also participated in Peer Support sessions and workshops in addition to some Hub, Start Here, and YHO team meetings. I recruited participants most often through word of mouth, talking to young people at drop-in or those attending appointments, though, a few Hub workers also referred young people to me, including a few that came to The Hub to discuss mental health for school projects. I put up posters around The Hub and around the town. I also

had the opportunity to participate in meetings with local organizations such as the cadet's group to present my research to local young people that may be interested.

Upon entering the field, I was unsure how the pre-existing relationship between The Hub workers and young people would look. Considering I have primarily been in childcare or educational settings with young people, I had little experience of a youth-focused mental health and well-being setting. As such, I was unsure what my position would be, especially considering I am part of the age group serviced and supported at The Hub. During the first few weeks, I had the pleasure of interacting mainly with the Peer Support Worker who was a couple of years younger than me, born and raised in the area. Based on a few discussions with her about her position, entrance into working with The Hub and some of my initial observations, I learned that The Hub is very informal, comfortable and strives to be “not as intimidating” as more formal, clinical mental health and well-being services and spaces. At the first drop-in, it was clear that the informality translated to the relationships between The Hub workers and young people in attendance. Workers rarely made efforts to regulate young people's behaviour and focused on creating mutual respect between themselves and the young people. This made it easy for me to loosen the perception the young people might have of me as an adult and researcher.

After spending some time at The Hub colouring, playing video games, joking around, and doing crafts, the young people seemed to warm up to me because of our casual and comfortable interactions. They started to treat me more like one of their peers, introducing me to their friends, telling me stories about school, and talking about the trouble they had gotten into. As a 23-year-old white woman, it was not entirely surprising that girls who identified in a similar way at The Hub warmed up to me quickly, followed by some of the boys and young people identifying as they/them. During my time there, the young people who attended The Hub were primarily

Caucasian but evenly divided between boys, girls, and those who identify as they/them. Despite being a university student from what they referred to as the “big city,” I was able to connect with the young people through engaging in activities and discussing hobbies of mutual interest such as baking, board games, listening to music, and year-round outdoor activities like camping and skating, ones that they themselves related to.

Throughout the three months of fieldwork, I conducted participant observation with approximately 25 young people ages 12-18 from the local and surrounding area three to four days a week. I also conducted semi-structured interviews with eight young people ages 15-17 with each interview lasting up to 45 minutes. Most of the young people who I interviewed were Caucasian. My intention was to carry out an initial set of interviews and then follow up with subsequent interviews and a series of focus groups. All of the young people who I interviewed attended the local high school in the town. Three boys, two girls and three young people identifying as they/them were part of this group. Most of the young people who attended The Hub had been born in the area and had lived there since birth, while two of them, that I knew of, had quite recently moved from Toronto. For the semi-structured interviews, the young people chose where they wanted to sit down in The Hub. This process helped to make sure participants were comfortable and had an important say in how we did the interview. In one interview with a group of three young people, I created a game with the interview questions. I would ask each question in a simplified way; the participants would write down their answers on an individual whiteboard and then guess what each other answered. Each participant would receive points every time they guessed the other participants responses correctly. This play-based method not only made it more fun for the participants, as I kept score and gave prizes at the end, but it gave me insight into their understanding of their peers. In addition to interviews, I spent several hours

a week with about five of the young people I interviewed and other young people attending drop-in. I tried to conduct one focus group centred around “designing your own wellness program” but faced several of the same barriers faced by The Hub when trying to run their programs. Such barriers included lack of transportation, challenges for young people to commit ahead of time, and collection of parent/guardian consent.

Throughout the day spent at The Hub and after leaving the field site, I immediately wrote notes on my participant observations, focusing on common patterns of young people at The Hub and informal conversations I had with them. Within a day or two following each semi-structured interview, I recorded notes on what I saw as the most frequently mentioned and emphasized ideas articulated by young people. In interviews with two or three participants, I wrote down what they seemed to agree or strongly disagree on. I also recorded the views that appeared to come up in multiple interviews or informal conversations with other young people at The Hub. In addition to writing down some rough notes, I transcribed and reviewed the interview transcription within a few days after each interview. While transcribing, I made sure to keep the language used by young people as close to the original as possible, adding notes to explain what they meant when using slang. My intention for data collection and analysis through this research was to create space for young people to express themselves in the way they saw fit and not to adjust or use their views in ways that suited me. I found this intention particularly valuable in interviews with multiple young people as their language changed when talking to or with one another in contrast to speaking only to me.

At the end of December 2021, I began analyzing my semi-structured interview data by conducting initial coding of the transcriptions. After compiling a list of codes from the interviews, I compared them to codes found in my fieldwork or participant observation notes. I

then categorized the codes into the themes I saw emerging, including rurality, community, school, mental health and well-being, peers, friends, family, and physical space. Several subthemes also frequently appeared when reviewing the interview coding, including transportation, the presence or potential presence of The Hub in the local school, stigma, social media, and isolation. After reviewing and organizing the codes into themes and subthemes, I rearranged them within a contextual perspective of well-being and mental health including three domains: people, physical space, and social norms. From this analysis, I started to draw further connections between the codes from interview transcriptions and fieldnotes, subthemes, themes, and the overarching research questions I ask. In Chapters Four and Five, I unpack these connections in detail, presenting my analysis in the form of a discussion.

Methodological Considerations

When conducting research with children and young people, scholars have struggled to address questions of power, agency, and child and youth participation in their work. The power structures between researcher and participant, and adult and child make it difficult for researchers to feel like they truly understand or are able to access children's social worlds (Atkinson, 2019; Christensen, 2004; Dennis & Huf, 2020; Linklater, 2006). In many cases, scholars articulate that adults cannot access these worlds in their entirety because of the otherness of childhood and the part that children and young people play in constructing these social worlds (Ahn, 2010; Blazek, 2015; Jones, 2008). This perspective provides scholars with all the more reason to include children and young people in their research in ways that create space for their views and experiences to be expressed and heard.

In the field of child and youth research, scholars have made ongoing attempts to understand, consider and accurately represent the views and voices of children and young

people. While research has included children's and young people's voices more frequently over the past two decades, there remains ongoing tension between the desire to include children and youth as experts of their own lives and the complexity and limits of their inclusion (James, 2011; Prout & James, 1997; Tisdall & Punch, 2012). Even when children and young people are included, there are potential risks that come with adults being the ones to collect their perspectives and disseminate them to others. Scholars such as Peter Kraftl (2013) and Spyros Spyrou, Rachel Rosen, and Daniel Thomas Cook (2018) have been part of a debate surrounding the use of children's 'voices' within research. These scholars argue that emphasizing children's and young people's 'voices' recognizes their agency and competency in their lives. However, these 'voices' can be, and are often separated from, the complex surroundings of these lives, used by adults to push adult agendas, and confirm adult discourses with little questioning of young people's own involvement or intentions (Kraftl, 2013; Spyrou et al., 2018).

Many scholars have used particular methods to centre child and youth voices in ways that remain meaningful to them, including participant observation, play-based activities, and rights-based focus groups (James, 2011; Nguyen, 2016; Akbar, 2012). A variety of methods were used in the present study to engage differing young people's interests, comfort levels, and complexities of their inclusion throughout the process. While some young people were comfortable sitting down to talk one-on-one, others were more comfortable in a group or more informal, play-based settings. Other young people were eager to participate in interviews but struggled with finding time to do so. Such participation required them to balance their interests and the physical and social limits placed on them by the adults in their lives.

A researcher's methodological choices and reflexivity are common ways of combatting such structures and meaningfully acknowledging such limitations to conducting research with

young people. When conducted with care, participatory methods carry unique characteristics that potentially disrupt the inherent power inequalities between adult researchers and young participants. Ethnography, for one, involves participant observation research conducted over a long period of time. This informal nature of study and time allows for ongoing reflection by the researcher, formation of deep connections and analysis, and more structural freedom for young people to express themselves and be seen as the competent interpreters of their social worlds (Dennis & Huf, 2020; James, 2011; Lappalainen & Odenbring, 2020; Prout & James, 1997). Participatory methods are those most well-known to child researchers. When used in child and youth research, these methods often include various techniques such as photovoice, digital archives, or poster-making (Mitchell, 2011; Nguyen, 2016; Rotas, 2019). Young people in participatory research can be reframed as the researchers, taking part in different parts of the research process, including the design and analysis (Alderson, 2008; Kellett et al., 2004). Overall, participatory research aims to plan and conduct research *with* young people rather than *on* or *of* young people (Crump & Phipps, 2013; Bergold & Thomas, 2012). Play-based methods are also considered part of the participatory methods used to conduct research with young people. Childhood scholars state that playfulness in research with young people is an important factor for establishing a connection and putting young people in “control of the terms on which meanings and understandings can be expressed” (Crump & Phipps, 2013; Janzen, 2008; Linklater, 2006, p.67).

For this research, the methods chosen include participant observation, semi-structured and play-based interviews, and rights-based focus groups to provide different opportunities for young people to share their ideas and experiences. Participant observation provides a unique mode of collecting data that pays attention to the complexities of people’s lives, including the

context in which they make decisions, form, and share ideas (Dennis & Huf, 2020; Mayall, 2008; Ware et al., 2003). This research method is a valuable tool for acknowledging and understanding how young people's experiences and voices are continually entangled with a largely adult-regulated worlds (Bluebond-Langner, 1978; James, 2007; Lundy, 2007; Prout & James, 1997; Sinclair, 2004). This method aimed to help young people get more comfortable with my presence and allow them time and to lead me to what was important to them. Thus, it assisted in gaining important contextual information for understanding their thoughts and experiences with the pandemic related to well-being and mental health. Semi-structured interviews and what I had hoped to be two to three focus groups aimed to provide more directed and focused responses to my research questions while emphasizing young people's comfort and right to be heard.

Reflections on Methodology

The fieldwork for this project began a year and a half into the pandemic, in October of 2021. The ever-shifting regulations set by the provincial government presented a unique methodological challenge and addition to the debate surrounding risks of involving young people in research. As previously mentioned, several service providers and child-centred spaces such as schools, recreation centres, and childcare had been closed or restricted for approximately one and a half years and, only beginning to open up with stringent protocols in the summer of 2021. The risk of spreading the virus resulted in organizations being unwilling to welcome external individuals into their spaces. This presented an initial challenge to conducting in-person ethnographic research through the COVID-19 pandemic. In addition, institutions further restricting their physical access, research ethics boards enforced strict limits and regulations on in-person research. These limits and regulations included ensuring that all public health guidelines would be followed and that a backup plan was in place in case government

regulations enforced further physical distancing measures. These restrictions on in-person research heavily limited where, how, and when I conducted my research.

When considering the inclusion of young people in research generally, there is ongoing debate surrounding the potential risks of their inclusion as a ‘vulnerable population.’ Organizations such as the UNICEF Office of Research and Childwatch International Research Network have gone to great lengths to outline ethical research involving children that includes anyone under the age of 18 because of the potential risks (Graham et al., 2013). They state in the International Charter for Ethical Research Involving Children (ERIC) that “researchers must work to prevent any potential risks of harm and assess whether the need to involve the individual child is justified” (Graham et al., 2013, p.23). Throughout my fieldwork, I reflected on individual stories young people told me about their personal lives and negotiated what to include or exclude from my notes and eventually, in this thesis. During the COVID-19 pandemic there was an added potential health-related risk of involving young people in face-to-face research. Thus, COVID-19 regulations and measures created further questions to consider in justifying the risk of involving young people and prevented many researchers from accessing spaces and individuals that would provide them with perspectives and lived experience of the pandemic.

While COVID-19 and ethical guidelines present risks to consider when involving young people in research, this debate is also pertinent within a social context. The original aim for this research was to focus on young people ages 12-15 years old. However, what I have come to recognize firsthand is that researchers are faced with complex power relationships between adults and young people that influence the perception of risk and potential justification for including young people in their research. As mentioned, children and young people have been framed as “vulnerable populations.” Therefore, adults have felt the need to implement various

safeguard procedures to protect them. In research, these safeguards include multiple layers of informed consent, assent and often restrictions placed on how and when researchers can interact with young people as participants. For ethnographic research, in particular, there are also often adult gatekeepers that one has to go through in order to involve children or young people in their research. For my research, I required approval from the Research Ethics Board at Carleton University, the Executive Director of the governing agency of The Hub, the Manager of The Hub, and the parents or guardians of young people ages 12-15. This formed several layers of adult permission before involving young people in my research.

According to these safeguarding measures, individuals under the age of 16 had to give assent and have parent/guardian consent to participate in this research. This presented a particular challenge for my pursuit of interviews or focus groups with young people ages 12-15. In explaining my project and the nature of their participation, young people were eager to participate. However, when finding out that they had to get parent/guardian consent, they often became apprehensive or struggled to remember to get their consent form signed. This layer of protection in the form of adult consent presented not only a challenge for recruitment but also for building rapport with young people. While I tried to explain my interest, respect, and desire to learn from their experiences, I was required to ask their parents or guardians permission to allow them to share this expertise with me. As a form of troubleshooting, I started asking young people who showed interest in participating if it would be helpful for me to get in touch with their parent/guardian separately to get their consent. However, most of the young people remained hesitant about involving their parent/guardian and opted not to have me contact them and thus, not participating in the study.

Another methodological challenge that has been debated by critical childhood scholars and is pertinent to this research, is the division between adult and children's worlds. Childhood ethnographers, in particular, use their expertise to find a balance between their adult responsibilities and their desire to access children's worlds to form an understanding of their experiences in context. While I had the advantage going into my fieldwork as a young woman and relatively close in age of some of the young people at The Hub, there remained a slight division between us. While many young people were eager to interact with me and participate in my project, I sensed that many held back when their peers or friends were not also involved. The young people to whom I spoke one-on-one were more reserved than those who were around friends and peers. Young people who previously showed interest in attending a focus group, backed out when their friends decided not to join. Alternatively, there is a potential that the closeness in age between myself and my participants could leave young people vulnerable to voicing opinions that they would wish not to share with other adults at The Hub or in the community. This is something that I will have to consider when presenting my work back to The Hub and Start Here.

My reflections on the ways young people at The Hub responded to my interest in their lives reminds me of Nancy Mandell's (1988) concept of the "least adult" role. In her work, taking on the "least adult" role represented a way of increasing children's meaningful participation in ethnographic research by shedding all adult responsibilities and indicators to try and "pass as children" (Christensen, 2004, p.174; Mandell, 1988). Her intent was to disrupt the pre-existing power dynamics one stepped into as an adult ethnographer as well as foster more access to 'children's worlds,' in other words, the way children live and see their lives. However, childhood scholars such as Catherine Atkinson (2019) have criticized this approach in

anthropological research. Some say that the “least adult” role, while productive, simplifies the power dynamics at play and underestimates children’s awareness of such complex dynamics.

Recognizing the young people’s comfort in my study increasing with their friends and peers’ involvement, I used these debates to form my role as researcher in a way that prioritized their comfort and leadership in my access to their worlds. By this I mean that I only joined in when invited and tried my best to remain open and quietly observe, prioritizing young people’s conversations with one another over my conversations with them. In interviews, I always welcomed participants to bring their friends to participate as well and used play-based methods to provide time for them to interact with one another during a group interview. Using ethnographic methods for this project allowed me to make these accommodations and gain access into the parts of the young people’s worlds that they were willing to welcome me into. Had I used only surveys or structured interviews, no amount of time, self-reflection or patience would have given me the same access to young people’s ways of seeing their own lives.

Unfortunately, at the end of my third month at The Hub, COVID-19 cases began to rise once again, and I was unable to continue my in-person research. This prevented me from spending more time at The Hub although I did have many rich opportunities to meet with the group of young people participating in this research. If my time at The Hub had not ended in January 2022, I would have continued to conduct semi-structured interviews and focus groups with my participants. Additionally, I had planned on connecting with young people in other ways beyond their participation at the site to more fully understand the rural context that plays a significant part in how these young people experience the world. In future research, a comparative study with an urban site like The Hub would present an interesting way to expand the narratives of young people's experiences related to well-being and mental health supports.

The young people I spoke with represent only a small sample of COVID-19 experiences that are specific to a rural area of Ontario. Thus, these experiences and insights represent particular perspectives of the pandemic that are important to consider, nonetheless. It is these experiences and insights that are presented in the next chapter.

Chapter Four: Rural Young People’s Experiences of the COVID-19 Pandemic, Well-Being and Mental Health

When the COVID-19 pandemic began and spread across the world, countries like Canada implemented drastic measures to stop the spread. Measures such as lockdowns, physical distancing, mask wearing and eventually vaccine mandates prevented further health risk and harm to older and more vulnerable populations. Part of the lockdown and social distancing measures included closing schools to in-person learning and transitioning to online delivery. In an effort to minimize the disruption to young people’s lives, the Ministry of Education of Ontario moved schooling back and forth to online and in-person delivery, closing and opening several times over the course of the pandemic. Scholars, governments, and media outlets expressed deep concern about the social and emotional impact of school closures on young people (MacMillan, 2021; McKenzie-Sutter, 2021). They feared for their well-being, particularly their mental health, considering the disconnection from friends, family, peers, and other support systems in their lives (Gadermann et al., 2021; Kwong, 2022; Sahlberg, 2020; Wong 2022). At times, young people's accounts aligned with broader pandemic narratives circulating in media and academic literature. At other times, these rural young people had their own unique concerns and experiences of the pandemic, including ones that were not necessarily negative. In this chapter, I present rural young people’s own accounts of their experiences of the pandemic as they relate to circulating narratives of well-being. First, I highlight young people’s experiences of uncertainty, isolation as well as more positive experiences through school closures, drawing attention to their age and locality as compounding factors. This is followed by their reflections on what they described as their close-knit community, highlighting the complex relationships that contextualize their experiences of the pandemic and associated challenges. Finally, I explore

young people's understandings of well-being and, specifically, mental health by focusing on how these concepts resonate in their everyday lives. I present young people's reflections on how they see and understand well-being and mental health in their lives, how social norms and stigma influence where they turn for support and what they feel is important in considering how these themes show up in the future. These three sections combine to form a thick description of these rural young people's experiences of the pandemic as they relate to well-being and mental health by highlighting their thoughts and opinions on how they would like to move forward.

“It’s Just the Inconsistency”: Experiences of School Closures

When I started my fieldwork in October of 2021, I arrived in the town of Hazeltree, looking for places to recruit young people for my research. I started by hanging posters at The Hub where I conducted my fieldwork and introducing myself to every young person who came in for drop-in sessions or appointments. After two weeks of low attendance, The Hub Manager suggested hanging posters throughout the town. I went to the recreation centre, grocery stores and library but saw few young people around town. Eventually, I went to a green park with pavilions, picnic benches and a paved trail. When I arrived at the park, there were many young people eating lunch and chatting with one another; I assumed they were high school students. At a loss for where else to go, I approached a few of them and asked where they thought I should hang a poster up. I asked whether they thought other young people might see and read it if I hung one in the pavilion. They eagerly said ‘yes,’ explaining how they went to the park every day to hang out, pointing out the local Subway sandwich store and pizza place as other places they would go. They asked me about the poster, what it was and why I was hanging it. I explained that I was doing a school project to learn how they experienced the pandemic. I told them I wondered how they felt about COVID-19 and how they had experienced their lives during the

pandemic. Without asking, three young people immediately jumped up to say, “it’s just the inconsistency.” They said school had been back and forth between online and in-person so many times that it became frustrating not knowing what was coming next, what to expect from school, or what their day or week would entail. While this spontaneous interaction was one of the first I had with young people in the town related to my project, it seemed to be a significant indicator of what would come.

After this interaction in the park, I spent about three months conducting fieldwork, observing and interacting with young people at The Hub. Attendance eventually increased and there were many young people willing to discuss the pandemic. During this time, several young people expressed similar sentiments of frustration with the inconsistency and uncertainty they experienced through all the school closures. Through the pandemic, they felt excluded from decision making and conversations of what school, in particular, had in store for them on a daily basis. Ella, one Grade 9 student who found The Hub through her sister, said:

“...last year was off and on all the time. Like when it would go into lockdown, then we'd be online and be back for like a month and then go back on. Like it was just all over the place, and I really didn't like it...with all of the new rules and stuff, like the government changing everything you can do. So, like everything was just constantly changing...this year's a lot better. Definitely, they have things more figured out.”

Carter, another Grade 9 student who visited The Hub, stated plainly how they felt about school during the pandemic:

“It sucked...just because it was online like it was back and forth between online and in school. Online. In school. They just needed to either pick one. I know nobody wanted to do online, but it would have been better than the back and forth.”

This inconsistency and uncertainty appeared to create frustrating disruption in young people's routines as childhood and education scholars had predicted (Brown et al., 2020; Chanchlani et al., 2020; Danese & Smith 2020). Young people spoke a great deal about changing

start times, end times and the unpredictability of the school day structure. While some teachers expected young people to be online for an entire live class, others taught live for a short time then left students to work independently. During the pandemic, their school changed to offering one class at a time and then two, with the possibility of moving back to four classes like normal on the horizon. A couple of young people expressed that they hoped school would just keep it the same until the end of the year, offering two classes at a time to keep it consistent. Not only did they experience a loss of routine by going back and forth between in-person and online and changing from four classes to one to two at a time, but they also lost the physical environment that they realized fostered much of their motivation for schoolwork. As Jessica, a Grade 11 student who approached The Hub for a school project, pointed out:

“I got sleep deprived. I, like, became like a nocturnal. I’d go to bed at four a.m. and get up at noon the next day because I have nothing going on. I wasn’t working; I wasn’t going to school. I did not feel like doing anything.”

Once again, Ella said:

“...I remember when I was still in grade eight. I wasn’t really motivated to do my work...so like my mom got this old desk and she like set up like this sort for me and just like a spot that I could go do my work...just kind of motivating me, I guess.”

Two Grade 11 students, Devon and Cory, reiterated this sentiment, expressing the struggle to get engaged with online schooling while trying to learn from home. Distractions at home and lack of pressure from peers in their immediate physical environment made it easy to disengage.

Devon: Like nine times out of ten [during online classes], I was watching my sister play video games...it was way easier to get distracted because we’re not in a classroom. So, you can’t turn to talk to somebody [in a classroom] because they’re doing their work, so you have to do your work.

Cory: 90 percent of the time, I just have my computer with me, like, I just turn it on, mute myself.

Devon: She just kept sleeping – she just sleeps through class ...

Cory: I answer questions, so they know I’m alive.

Besides the inconsistency, uncertainty, and challenge motivating, these young people also felt significant social isolation being limited to online school and at-home learning, a significant concern of adults and decision-makers through the pandemic (Chanchalani et al., 2020; Danese & Smith, 2020; Gadermann et al., 2021). The most commonly mentioned grievance that young people had with online school during the pandemic was not seeing friends regularly. They said, it made school and life “dull” and made coping with the difficulty of the pandemic even harder as they did not have others to easily turn to. In a group interview, one Grade 9, I will call Darren, explained his experience with school being online, “I just like I don't get to see most of my friends in the day.” Another Grade 11 student, Cory, said they “just missed seeing [their] friends” while doing online school. Jessica, a Grade 11 student who preferred online classes for learning, stated that “the online learning did do a lot, like I felt like I learnt better online learning more than in person. But I did miss the social interaction with other people in my class...It was a benefit, but it was not at the same time.” It seemed that young people had mixed feelings about online school, but they shared a common feeling of isolation from friends and peers during school closures.

While school closures took away opportunities for young people to see friends and peers, this loss of social connection is compounded by their locality and age. This is mostly due to restrictions on their mobility that could potentially lead to unequal recovery from the pandemic, even when schools open back up. As mentioned by childhood and rural scholars, restrictions on mobility can extend circumstances of social isolation beyond the pandemic, limit access to educational, recreational and employment opportunities, and place constraints on young people's agency (Gasparovic & Prieto-Flores, 2021; Marr, 2015; Robson et al., 2007). In this rural area, many of the young people with whom I spoke lived far away from their friends, peers, and the

local school. Considering this distance, many of them could not walk to school or friends' houses. This fact required young people to rely on vehicle transportation, either buses or cars, to get to and from spaces for social connection. However, there is no public transportation available in this rural town. Thus, young people's mobility is limited to school bus schedules or their ability to find another ride. This included basic mobility getting to and from places like the park, recreation centres, and The Hub, where they would often hang out with friends.

In addition to being limited by the rural public transportation options, most of the young people I observed and spoke with were under the age of 16, making them ineligible to drive in Ontario. Therefore, when they were not relying on school buses, they relied on parents or guardians to drive them to spaces to socialize with peers. On several occasions, I noticed that young people showed interest in getting involved with workshops or attending drop-in sessions at The Hub, but their inability to find transportation prevented them from doing so. The Hub offered transportation to and from their space for a while, but the travel times and lack of resources forced them to stop offering rides except for clinical or non-clinical appointments. Even after some restrictions were lifted, these young people had limited opportunities to engage in local activities in interact with others outside of school. Young people who had driver's licenses were some of the few who could go to and from The Hub or hang out with friends in town without relying on the school bus or their parents or guardians to drive them. This demonstrates the limitations that their age and locality place on mobility and their escape from states of social isolation.

During the pandemic, mobility and opportunities for social interaction were additionally limited by parent or guardian rules surrounding COVID-19. When COVID-19 regulations were implemented, young people became bound by physical distancing measures as well as parent or

guardian's rules around going back to "normal." Some young people's parents or guardians felt more or less comfortable with their children going back to regular social interactions. This additionally influenced young people's ability to recover from long periods of social isolation as restrictions began to dissolve. When I asked Ella what she found most challenging through the pandemic, she replied:

"I think it was probably, I think at the start, definitely not being able to see people. Because that was kind of hard like me and my sisters were always out going - doing stuff with friends, like having fires and just like everything with friends pretty much. So, it was probably that was probably a really hard part. Especially because my cousins, they're like, they're my age and they live right across the road from us. So, we would literally hang out every single day. But their family, like my family's not super strict about everything like that. Like we don't really care. We're not super worried about COVID, but they're really- their mom's really strict about everything. So not being able to see them for a while was really hard. Yeah, probably. Probably not being able to see people."

It was clear to me that many of the young people saw themselves as restricted by their locality and age even more so than before the pandemic. Living in a rural area, as young people, with little access to public transportation and having to depend on parents and guardians for rides and permission meant that social isolation was not just an issue of school closures. During the pandemic, it seemed that their right to protection was deemed more important than their right to participation, as has often been the case when decisions have been made on behalf of young people (Larcher & Brierley, 2020; Tisdall & Punch 2012). With such little control over the decisions being made about the pandemic and their own interactions, it is hardly surprising that the young people noted the inconsistency, uncertainty, and isolation that impacted their lives.

Some young people, however, also noted some positive experiences with school closures; namely, learning through online schooling. As previously mentioned, one student, Jessica, enjoyed online classes despite missing the opportunity to see friends everyday. She said that "it was difficult over a Google classroom meet to have that social interaction, but it was nice there

because I wasn't like- my anxiety wasn't as bad as it was when I was in person." Another young person, Tommy, mentioned that they really enjoyed online school. When I asked why, they said:

"I was by myself for most of it so it's like okay I actually have the peace and quiet to work on this. I don't have to worry about people looking over my shoulder or breathing down my neck type of thing. The only time I ever had to worry about that was during English class and that's when the teacher would like demand – sorta, not demand, but demand updates on what we're doing at the time...being able to work on my own time...eating in class is also a fun thing."

With school online, some young people also mentioned the flexibility in their school schedules, allowing them to focus on part-time jobs. Tommy, for one, said that during online schooling they were able to work through the school year and despite enjoying online school, work gave them a nice break "to like actually converse with people and sort of have the social interaction I need for that time." Another young person, Ella, mentioned that:

"in grade eight [during the pandemic] I had- I was working at- my family owns a lumber mill...So, I was working there and then when I had a Zoom call I would just go do the Zoom call and go back to work and just do like the actual work after school or after work, I guess."

Ella explained that online school had been frustrating but the pandemic had created flexibility for her to work more. She also mentioned that the pandemic had a somewhat positive experience as it relieved her from some of the pre-pandemic expectations with school and friends. "I feel like I can, like, focus on myself more now because, like I'm not always- wanted to hang out with people." She went on to explain that COVID-19 could be used as an 'acceptable' excuse for not hanging out with friends when she did not want to and taking more time to be by herself.

Despite their perceived lack of control over the impact of the pandemic on their lives, young people were not passive in their experience of isolation and uncertainty. In response to restrictions and limitations, many of them turned to digital technology and social media to access forms of social interaction and manage the unpredictability of the pandemic. As Horgan et al.

(2017) state in their work, this is an important form of everyday participation and agency among young people. Texting, FaceTime, Zoom, Instagram, and TikTok became online platforms that young people used regularly to connect socially with friends, family, and peers, and find out more about the pandemic. For instance, when I asked about connecting with friends through the pandemic, Ella said that she would FaceTime and text her friends a lot of the time: “I would always be talking to my friends. Like texting them.” Another Grade 9 student, Jake, said that he would FaceTime every day with his friends during online classes. “We FaceTimed and talked [during class] because we’re not allowed talking in class, in real class, so then we improvised.”

Despite their frustration over the inconsistency and unpredictability of school decisions and social isolation, they, nonetheless, found ways to adapt by using social media and other online platforms to maintain regular social connection and consistency in their lives. After discussing adult concerns around social isolation with the young people in this study, it appeared to me that, while they generally agreed with such narratives, some young people had differing and more positive experiences of the COVID-19 pandemic. These young people expressed perspectives and responded to the temporal and spatial contexts in which they found themselves in creative ways. On the other hand, it is important to consider that in this rural town, some young people lacked reliable internet due to their locality. Therefore, some of the positive experiences with social media or online schooling noted above did not necessarily apply to all of the participants in this study. Some young people did not have this positive experience as easily available to them, further questioning the potential unequal recovery of rural young people who have been limited in their online engagement.

“It’s a small town, so you already know everybody”: A Close-Knit Community During the COVID-19 Pandemic.

The rural young people in this study expressed a range of connections to their community during my time at The Hub that point to relational components of their experiences of the pandemic and daily lives in several ways. A few of the young people with whom I spoke reflected on their relationship to the community by telling me about their experiences of school or their first time living in a rural region. Based on my observations, the town where The Hub is located consists of a close-knit community with numerous supportive individuals and organizations that entangle themselves with local young people, much like the regions centred in previous rural Ontario research (Boydell et al., 2006; Braimoh, 2015; Reaume-Zimmer et al., 2019). I know this in part because I observed community members’ knowledge of, and willingness to help one another firsthand. When I arrived at The Hub, many of the workers and young people knew other members of the community who did not themselves attend The Hub or its governing agency. Each time someone mentioned the name of a person living in a town close by, it seemed that at least one worker or young person knew them, their family, and the details of their lives. Ella, who lived in a town 20-minutes outside of Hazeltree, talked about her experiences of knowing everyone at her high school in Hazeltree, “walking through the hallways, you’re not just like complete strangers.” She said, “it’s a small town, so you already know everybody,” referring to her start at a new school.

In many cases, young people expressed an awareness and a level of comfort with knowing lots of people in the community. When it came to school transitions and performance, they saw it as a benefit both socially and academically. Ella, for instance, expressed “know[ing] everybody” as a benefit when going into a new school, making it less nerve-wracking and

unfamiliar. For Tommy, a Grade 11 student who had moved from Toronto just before the pandemic, living in the rural community meant attending a smaller school and getting better grades it seemed, in part, due to the closer connection they felt with the school and its teachers. Thus, school presented a more positive experience for them than in the city. When I asked them about how they felt living in the rural community, they responded:

“I enjoy it. I do like the city more though. I just don't like the city schools, but that's cause back in Grade 9 before I moved, I was at a 50 average, and now I'm at an 80 average...So it's somehow helped...My guess is smaller school, and there's actually classes I like to take...Mind you, the library there was bigger.”

When the government implemented COVID-19 restrictions, the young people I spoke to saw the impacts of the pandemic on their local community and their ability to stay connected and participate in it regularly. Many showed great interest in being socially involved with their community and were disappointed when COVID-19 and their lack of mobility prevented them from doing so. When I asked another young person about the biggest changes they had experienced during the pandemic, they referred to the community impact: “I guess the amount of things that got cancelled...because it's like all of a sudden popular places are ghost towns.” They went on to mention not being able to go to places like the farmer's market because of the COVID-19 regulations. When I asked Tommy more about the differences between living in the city and Hazeltree, they mentioned their connection to the community in Toronto as much easier to manage due to options and opportunities for mobility:

Tommy: In grade nine [in Toronto], some of the things I was doing was four classes in school...and then doing on Tuesdays and Thursdays, volunteer after school until 8 pm.

Carmen: Where did you...?

Tommy: Uh, a food bank...it was usually people from my community, so I was able to chat to say hello to my neighbours. [in Hazeltree] I can't do this because I can't-don't go there. I don't have a car. I can't drive anywhere.

As the COVID-19 restrictions continued to be a prominent part of young people's daily lives and connection to the community, local organizations joined together to provide programs and services targeted towards young people. They collaborated to provide song-writing workshops, financial literacy programs, and activities such as trivia night to keep and get young people back to their community. In numerous meetings I attended at The Hub, I heard local organizations offer their spaces and services to The Hub to help provide a place to discuss harm-reduction strategies and inclusive recreational programs for local young people. These collaborations and efforts present a potential opportunity to subside unequal recovery in rural regions like Hazeltree, providing significant community support and strong community ties.

In such a close-knit community, the willingness of these organizations to work together became an advantage for young people and their own involvement in community relationships. During my time at The Hub, I saw the way organizations banded together to support and include young people in the community's framework through the COVID-19 pandemic. When I first arrived in the area, I explored the local towns, their second-hand clothing and bookstores, restaurants, and parks. While exploring, I stumbled upon a collaborative project between a few local housing organizations targeted towards young people in the area. The organizations had created a project for which they had placed a sign along a walking path that read: "what does it mean to belong? We asked children in your neighbourhood what it means to belong...this is what they said." Underneath the caption was what they called a "rock garden," with rocks painted with young people's responses. It appeared to me that such a collaboration was an effort to include and centre young people in the framework of the community while they were being forced by the pandemic to keep social distance. Based on my observations, The Hub made several attempts to do the same.

During fieldwork, I noticed a positive response by these young people to being involved in co-creating the community at The Hub. As mentioned, The Hub would ask them about things like snack choices or area arrangement on a regular basis. In fact, when the area was re-arranged or decisions were made without the workers asking the young people first, I heard many of them come in and complain that things had changed without their knowledge or consultation. Thus, The Hub made every effort to use a collaborative approach to create a community that these young people felt a part of, recognizing their desire to be involved and the potential benefits to their overall well-being and mental health. As mentioned by childhood scholars, this everyday participation is crucial to recognizing the complexity of young people's lives and agency (Horgan et al., 2017).

After seeing the tremendous efforts of community organizations to include and centre young people, and young people's positive responses to such involvement, I asked young people what they themselves thought their community could do or could have done to make the pandemic easier for them. In response, many of the young people discussed the need for greater accessibility and visibility of community efforts. They stated a desire to be involved but a general lack of knowledge and awareness of all they could do or what was locally available.

Referring to organizations' efforts, one young person said:

Ella: I feel like they could definitely, like, get mentioned in schools more, especially outside of schools, because like if kids hear about it in school. Consistently. Then they're going to like do things like with those [organizations] outside of school too. So, I feel like promoting...is like in a place that kids go.

Many other young people echoed this sentiment wishing organizations would meet with and engage young people by bringing more information and access to community projects to them, rather than expecting young people to find them on their own. During my time at The Hub, some of the workers did mention promoting The Hub through school announcements or relaying

information to the local principals to share with students aged 12-25. However, young people's experiences dictate the effectiveness of such community efforts, pointing to these avenues for promoting community organizations or opportunities as somewhat ineffective. Most young people who ended up visiting The Hub, did so because of word of mouth through a friend. During my fieldwork, I even saw this happen with one young person joining the local cadets group the night of a meeting because another young person mentioned going during drop-in.

The Benefits and Challenges of Living in a Small Community

The relationships entangled in such a close-knit community present various benefits for these young people including a sense of familiarity, support, and involvement in the community and its formation. However, the young people in this study also experienced particular challenges of being part of such a close-knit community. The concerns they most often mentioned surrounded their anonymity in the town of Hazeltree; an element highlighted by parents of young people in previous rural research (Boydell et al., 2006). When I first arrived at The Hub, I heard from workers how news travelled quickly and efficiently throughout the town. One worker explained that in such a small region, with a close-knit community, everyone seemed to know everyone else's 'business.' I experienced this spread of information firsthand while I was conducting my fieldwork. An incident occurred between a couple of community members, and before long, most of the people in and outside of The Hub, young and old, knew about the incident, what had happened and who had been involved.

When I inquired why some young people thought their peers did not attend The Hub or interact with community organizations or programs, they explained that they thought other young people worried about community members and peers hearing and knowing about their involvement. In my conversations and observations of these young people, they reported that

they did not want other people “knowing [their] business.” They were particularly concerned about others hearing that they were attending programs and organizations that aimed to help or support their mental health or overall well-being. Some of the young people with whom I spoke mentioned that there is a room called “Room Six” in their school that is designated as a “wellness” space for students. While the young people I interviewed knew of and spoke of students who they knew had gone there, they admitted to never having gone there themselves for fear of others finding out and thinking they needed help. In such a close-knit community, these young people were aware that their actions were continually being monitored by peers and other community members, especially when turning to spaces labelled as “helping” spaces.

Most Hub workers were aware of young people’s apprehensions about associating with mental health and “wellness” help and explained how often they struggled to alter the narrative surrounding accessing “wellness” spaces like “Room Six” or The Hub within the community. Several young people mentioned to me in passing that, while they knew about some of the services and opportunities available, they feared for their relationships with peers and the broader community should they attend. The Hub Manager discussed her desire to address this close-knit community barrier. However, organizations and programs like The Hub trying to provide supportive “wellness” spaces or services for young people are limited by the area’s population and a general lack of human resources common in rural areas (Boydell et al., 2006; Braimoh, 2015; Cross & Lauzon, 2015; Reaume-Zimmer et al., 2019). Being able to employ professional support staff that young people do not know personally is unlikely in this tight-knit community. This fact was comforting for some young people but made it difficult to reach out for others. Some young people greatly desired anonymity and wanted to get away from the constant

possibility that they will be talked about, recognized, and potentially judged for attending community programs and, more particularly, “wellness” spaces or supports.

Generally, most of the young people with whom I spoke showed a great fondness for their close-knit community. They felt the benefit of knowing the people around them and saw the impact of the pandemic on their relationship to the community. They appreciated that organizations like The Hub banded with the others to support them and promote a sense of belonging for young people during the pandemic. They saw how these organizations recognized their desire to contribute and be involved in events and decision-making. However, the lack of anonymity and potential stigma preventing young people from seeking supports and services, could potentially contribute to inability to recover quickly from struggles caused by the pandemic if they are not appropriately addressed. These community elements frame these rural young people’s relational experiences of the pandemic and highlight the importance of considering this context in moving forward to address young people’s well-being in a post-pandemic setting.

Well-Being and Mental Health: In School, At Home, and Online

When I started observing and talking with the rural young people who regularly attended The Hub, I was curious about how they understood the notions of well-being and mental health and where they saw these themes emerge in their lives. As evidenced by the concern from the public surrounding school closures during the pandemic, many adults considered school as providing a significant source of maintenance and support for young people’s mental health and well-being. When the COVID-19 pandemic hit and strict regulations were implemented, concern for young people’s mental health and well-being became even more heightened (Brown et al., 2020; Creswell et al., 2021; Danese & Smith, 2020; Snape & Viner, 2020). While it has long

been presented in research that schools are the ideal place to present information and resources to young people on mental health and well-being (Dassanayake et al., 2017; Kutcher & Wei, 2020; Short & Manion, 2012), I took the opportunity to follow up with the young people at The Hub to explore this connection. I asked them how themes of well-being and mental health emerged in the school setting, followed by how this worked to address their well-being and mental health. I chose this line of questioning to explore what some adults perceived to be missing in young people's lives due to school closures beyond social connection; that is, the loss of certain teachings or support to help maintain their mental health and well-being. In response to my questions, the most common answer I received was that the school was not the context where well-being and mental health arose. Indeed, of the young people I spoke with, almost everyone stated that they did not feel like they learned or saw anything related to these themes in school. One Grade 11 student even came to The Hub under the pretence of doing a school project focused on the absence of mental health talk happening in school. She wanted to talk to The Hub Manager about young people's use of the space and services for mental health to highlight the need for better mental health talk in the school. When asking her if she thought mental health and well-being came up in her school regularly, either with teachers or even peers and friends, she said:

“Not really. There is some times it comes up, but it's very rare. Like we know we have the guidance counsellors, we know we have a [Start Here] counsellor at school, and we can book appointments, but it doesn't get talked about very often. So, it's kind of I think that's why a lot of people struggle because they don't – it's not talked about.”

In response to a similar question about what they had learned about mental health in school during a group interview with three Grade 9 high school students, each one confirmed they felt they had learned “nothing” on the topic from school, although one boy noted that “they give you resources apparently, [but] they don't really do anything to help you...they give you

stuff that you think – that they expect you to help – like work on yourself.” Two other Grade 11 students supported this statement when asked what they thought school was teaching them about mental health and well-being. “It’s not,” they both said, one student following up with “that’s the end of that question.” Another girl in Grade 9 said that well-being and mental health did explicitly show up in school, but only in the form of a course called JEDI, which addressed notions of Justice, Equality, Diversity, and Inclusion. She explained that the course was something the students worked through on their own, learning about each component at their own pace. Despite the overwhelming concern that school closures cut off vital sources of well-being and mental health talk and support for all young people, the people I spoke with seemed to have a different impression of how these themes played out in their school and their lives.

When I asked young people specifically about well-being and mental health in school, they highlighted a lack of formal instruction on the topic. It appeared to me that the connection between mental health and well-being and sources of support in the school was not widely held within the group of people with whom I spoke. When I asked generally about support in school, the young people explained the human resources that the school had offered them in more detail. They referred to guidance counsellors available at their school and a counsellor from Start Here. According to The Hub staff, this worker was only in the school before the pandemic began, and they were still working on getting them back into the school after a change in school board leadership and lifting COVID-19 restrictions. One young person also mentioned that the school had one student who acted as a “peer support” for other students. It appeared to most of them that these people did not connect clearly to themes of mental health and well-being in their minds. Rather, they related more to their understandings of support.

Apart from teachings about mental health in schools changing when the COVID-19 pandemic hit and schools closed, another narrative that emerged from adult concerns centred around the lack of access to the supports generally offered in school. However, according to these young people, it was not simply physical access that prevented young people from seeking help from these sources for well-being and mental health or support during difficult times. As mentioned in the previous section, lack of anonymity within the community prevented many from going to what they saw as “helping” places. The young people that were part of this study also showed an understanding of the social norms around supports in school that posed a barrier to turning to them. Spaces like “Room Six,” presented by the school as “fostering well-being” in students, appeared to these young people as just an alternate workspace in the school designated for those in need of academic help. Similarly, they saw guidance counsellors as more academically oriented, able to aid with school schedules or getting the credits to graduate but not with mental health or well-being.

The young people I spoke with also expressed varying levels of struggle. For some, the COVID-19 pandemic was devastating, while others felt like it was a break from the stresses of their regular lives. Sensing that school supports could only offer academic assistance, and being limited by the pandemic, most young people turned to friends and family for social and emotional support. When I inquired about who they turned to for support when things got challenging during the pandemic, some of them responded as follows:

Ella: Probably definitely like from maybe like my mom...

Jessica: Um, my stepmom like she wasn't working at the time either or like she was, but she was working like three days a week. So, I've talked to her a lot. My mom was still working every day, 9:00 to 5:00. So, it was a little more difficult to talk to her. But my stepmom was there for a lot. She always has been. And I found that like talking to her while she wasn't working that like it's the first time for everyone to live through a

pandemic. But she knows better than I do. And she's gone through the same things I've gone through, so talking to her and relieving my anxiety.

In a group interview with three high school students, each participant explained that they would only go to friends or partners for support during the pandemic, especially social and emotional support. One explained that they go to friends in particular “cause they’re like they’re always one of the people there to talk to you...some of your friends are going through the same stuff, I guess.” Even when schools opened back up, and school supports were once again available, they talked about going to friends and family because they felt that they understood them better than others would. It appeared to me that a sense of belonging, feeling accepted and not alone in expressing their struggles, was important to them when seeking such support. It also seemed that this, in part, was what motivated many of them to spend time at The Hub: the opportunity to connect with friends or peers in a safe, accepting space unrelated to school.

In addition to preferring support from family members or someone who could relate, young people explained how the perception of structural constraints prevented them from turning to school and other professional supports. One Grade 9 student explained that he thought young people did not go to guidance counsellors, “Room Six,” and other spaces like The Hub because they largely did not know what sort of commitment it would require from them. He felt that many young people assumed that visiting these people or spaces meant they had to commit to receiving professional help immediately rather than gradually or without other options. As he said, “some people are like scared to come here [The Hub] cause [they] don’t know what they’ll get themselves into. Cause they don’t know what it is.” Based on my observations, it is no wonder young people are uncertain about the commitment attending spaces like The Hub may require. Based on my own experiences with community mental health services, The Hub is unique in the fact that it does not require young people to fill out forms, commit to services or

book appointments to attend. Typically, young people start attending The Hub because their friend is a regular and brings them along, taking advantage of drop-in sessions. After spending some time informally at The Hub, without any prompting from workers, I observed many of these young people asking about the supports offered and how they could access them.

Given the lack of information young people perceived in school regarding mental health, social norms surrounding help-seeking, and apprehension around commitment to supports, it appeared that these young people turned to friends and family as well as online spaces for their well-being and mental health during the COVID-19 pandemic. The young people I spoke with felt they did not hear enough information about well-being and mental health in school. In response, some young people used social media platforms, such as TikTok and Instagram, to find out more about well-being and specifically, mental health. Two Grade 11 students I spoke to explained that they had seen certain people post videos online identifying traits of mental illness or disorders and suggesting ways to cope with mental health challenges. One of the Grade 11's, Devon explained that they were drawn to this format because the information began to resonate with them and connected them to an online community of people facing similar struggles. Tommy, the other Grade 11, said they used Instagram or TikTok videos as a starting point for further online research. They saw information about mental health, such as common disorders, stressors, or places to find support through the internet posted online and proceeded to look up what it meant, connecting it to their own life experiences and needs. Thus, it appeared to me, in their comfort with The Hub model and turning to friends, family and online platforms, that flexibility was also a high priority for young people when seeking mental health or well-being support or information. If approached in a safe and guided way, online platforms and digital technology could potentially assist in providing flexible support to rural young people for their

mental health and well-being, addressing the limited human resources potentially leading to unequal recovery for rural young people.

Conclusion

This chapter highlights three different areas that the young people who participated in this study emphasized when discussing their experiences of the pandemic: school closures, community connection, and support of their well-being and mental health. The young people noted that some of the hardest struggles they faced during the pandemic were uncertainty and social isolation caused by school closures. When schools closed during the pandemic, young people were at particular risk of social isolation, given their age and locality. The experience of schools opening and closing and fluctuating between online and in-person instruction left them feeling troubled and disconnected from the decisions about and impacts on their lives. However, some young people had differing experiences, where school closures and online schooling resulted in a more positive experience of school and flexibility to do things like work.

One significant theme that arose from my conversations with the young people was the connection to community, and, specifically, young people's relationship to and participation or lack of involvement in their community throughout the pandemic. Over the course of this study, young people expressed their awareness of the pandemic's impact on their community and how this impacted their feelings of connection to it. They also expressed the desire to participate in co-creating their community that they recognized had made efforts to provide them with spaces and opportunities for involvement. However, these rural young people also recognized the challenges they experienced being part of such a close-knit community, most notably a lack of anonymity.

In addition to the importance and complexity of community in their experiences, another theme that emerged from our conversations was these young people's understanding of well-being and mental health in their lives. While adults were concerned that young people would no longer have access to crucial resources, including social interaction and structured services such as counselling or peer support when schools closed, young people's perceptions of the situation differed. They accessed online spaces and turned to friends and family at home to support their mental health and well-being when schools could no longer provide a place for them to gather and socialize. Importantly, they noted that these people and alternative online spaces provided them with flexibility, community, information, and a sense of belonging that differed from what was currently available to them within the school setting.

Chapter Five: Designing a Children Learning for Living Model for Rural Young People

In response to calls to better support young people, social service agencies, governments, educational organizations, and others have offered a variety of child and youth mental health and well-being programs, including the one offered at The Hub (CAMH, 2019; CAMH, 2022). As evidenced by the now permanent funding of The Hub and other sites like it, there is increasing acknowledgement of the value of models that include young people in their design and implementation. However, Brown et al. (2020) report that the current programs and services in Ontario still struggle to provide adequate access and inclusivity for young people. In 2020, the number of Ontario children and young people waiting to access mental health supports such as counselling and psychiatric care were at an all-time high (CMHO, 2020a). Based on a 2020 study, Brown et al. (2020) and the Children’s Mental Health Ontario (2020a) organization reported a total of 28,000 children and youth in Ontario as sitting on a waitlist to access support, with some waiting as long as 2.5 years. Since then, the COVID-19 pandemic has exacerbated inequalities presenting challenges for young people’s recovery creating further need for accessible and inclusive programs and models addressing their well-being and mental health (Allemang et al., 2021; MacDonald et al., 2018; Radomski et al., 2020; Waddell et al., 2020).

While the COVID-19 pandemic, caused major stress and disruption in young Canadian lives, it also presents an opportunity, by revealing current gaps, to propose new strategies that include young people in finding the most accessible and inclusive approaches to their mental health and well-being. This chapter attempts to contribute to this discussion by considering potential elements that may be included in future programs that target young people’s mental health and well-being for a post-pandemic time that include young people’s participation. For this discussion, I use a program called Children Learning for Living (CLFL) as an example of

how to use a rights-based approach in support of young people's mental health and well-being in the future. I highlight this model here in order to explore what elements might be included in developing an inclusive program considering the accounts and requests of the rural young people who took part in the research project. Three main priorities to consider emerge from these accounts: 1) the creation of accessible and consistent spaces for social connection, 2) consideration of contextual understanding in program design, and 3) formulation of a model of support that is flexible and inclusive. This chapter elaborates on how to envision a rights-based program model based on CLFL and propose a meaningful way to address young people's mental health and well-being following the pandemic. Importantly, the proposed model prioritizes rural young people's participation and involvement in decision-making that impacts how they experience mental health and well-being supports. These rural young people are imagined in this model as complex, full human beings with agency albeit to varying degrees depending on the limitations and meanings present in their lives.

Children Learning for Living: A Rights-Respecting School-Based Model for Addressing Children's Mental Health

Children Learning for Living (CLFL) is the name of a primary prevention mental health program that was implemented in Ottawa elementary schools from 1975 to 1998 by the Ottawa Board of Education (now the Ottawa-Carleton District School Board). The Honourable Landon Pearson and her colleague Jane Legg designed the program. It grew out of their concern to take a rights-based approach featuring children's participation to provide support for children's mental health and well-being that considered their relationships with school staff, parents/guardians, siblings, friends, peers and other individuals in their lives. The program mainly targeted schools

in low-income and diverse areas of Ottawa. It was the first of its kind in Ontario and used for over 20 years by the Ottawa Board.

The CLFL program targeted Kindergarten to Grade 6 students, including their teachers, principals, and parents/guardians. While it began in only three schools, it quickly expanded to 10 schools with eight waiting for approval when the program was shut down in 1998. CLFL featured a mental health worker placed in each participating school for three to five days each week. They would have their own office and space in the school and were seen as a fairly ‘permanent’ position in the school community. The mental health worker at each school was responsible for consulting, counselling, education, and partaking in special activities or events with the students, other school staff and family members.

For the education portion of the CLFL program, teachers would be asked to split their classes into three groups. The mental health worker would spend one day each week for ten weeks teaching each group of students about topics related to mental health and well-being. These topics in the original model included learning about feelings and how to recognize them, conflict resolution, and getting along with others. In this program, the mental health worker was also responsible for planning activities and events that fostered a welcoming, supportive environment and culture within the greater school community. The events would differ depending on the worker’s observations in the school and what they understood would help create this environment. One example of an event recalled by Landon Pearson was food festivals where students and their families were encouraged to bring food from their respective cultures to school to share with other students. The intent of this particular event was to promote anti-racism and inclusion in the school (L. Pearson, personal communication, March 6, 2021). Another

example could be activities or events that address stigma and aim to de-stigmatize mental health and seeking help.

With regard to consulting and counselling, one of the aims of the CLFL program was directed at strengthening relationships and connections between teachers, principals, parents, and students in ways that considered the day-to-day realities of each individual. When working with individual children, the mental health worker would be responsible for creating balance and communication between the child's thoughts and feelings, the parent's desires, and the school staff's responsibilities. Using this approach in combination with educating and special activities, the program respected the rights of all children as full human beings. They emphasized children's participation in their environments and relationships and approached them and their mental health in a more holistic, inclusive way. The longevity of this program is a testament to its success, with initial program evaluations including school and family reports of solid connections between them, students, and the worker. The program coordinators attempted to scale up the program to reach more schools in later years, however, limited funding meant that mental health workers had to be assigned to multiple schools. This meant that the mental health worker no longer stayed in one school per week; rather, they would split their time between different schools. This ultimately diminished the workers' ability to nurture the connections that were crucial to the program's success. Unfortunately, despite several successful years of implementation in Ottawa elementary schools, the program was shut down due to Ontario government funding cuts.

Building on the strengths of the CLFL program, I propose three adjustments to the CLFL model based on rural young people's accounts of their lives through and beyond the pandemic.

These adjustments are: spaces for social connection, contextual understanding, and flexible and inclusive support.

Spaces for Social Connection

In the previous chapter, I highlighted some of the struggles articulated by the young people who participated in this project as they navigated their way through the pandemic compounded by their age, locality and potentially their social class. Two of the prominent themes that emerge from this analysis are uncertainty and social isolation. With schools closing and re-opening in response to the spread of the COVID-19 virus, these young people noted that their primary source of stability and social connections through school had been disrupted. They spoke about the absence of transportation to and from school as a further obstacle to their ability to access opportunities to connect with other young people. In response to the situation in which they found themselves, several of the participants described how they turned to online platforms such as FaceTime, Zoom, Instagram and TikTok to stay connected with friends in their attempt to mimic some of the conditions of in-person schooling. Online spaces became a space to replace some of what was lost in the school site during the pandemic-related closures.

While the young people's efforts to use online spaces are laudable, several participants also noted that their online interactions did not entirely address the isolation they felt. When I asked them about going back to in-person schooling, several young people mentioned that they felt happy and excited to be back in school and to see friends regularly. One young person, Ella, mentioned that when given the choice to do in-person or online school as regulations decreased, "mostly everybody did in-person. Maybe just like a couple of people who kind of like the, the computer people would do like online or whatever, but none of them are really my friends."

When I asked a group of three Grade 9 boys to choose one word to describe how they are feeling

about being back in school, Carter said “happy...just because, like, you can see all your friends and stuff now.” These responses indicate that these young people’s experiences align with some of the adult narratives surrounding the negative impact of the pandemic on young people’s mental health and well-being and the ways schools provide a physical environment that is crucial to consider. The design of the CLFL program, as described above, works from this notion that schools are viewed by young people as generally a place that offers some stability in their lives and where they have opportunities to interact and socialize with friends. CLFL builds on this idea that schools are places to foster good mental health and well-being in collaboration with young people. They additionally build on the idea that school provides crucial access to young people struggling with poverty, and situations associated with low-income such as food and housing insecurity. In part, the success of the CLFL program emulates these key ideas; namely, that schools offer inclusive access to young people who may be seeking support for mental health and well-being and that consistency is important to young people’s everyday lives. CLFL recognizes that school is one of the few places where children and young people spend most of their day. Similarly, a number of Canadian mental health and well-being programs³ view the site of the school as one of the most effective spaces and avenues to access young people, inclusive of age, class, race, gender, or locality (Kutcher & Wei, 2020; Short & Manion, 2012). For the young people with whom I spoke living in a rural area, the school space appeared to offer an even more crucial environment. Before the pandemic, school was their key to mobility, social connection, and access to the rest of the community. Attending school was also a constant part of

³ Mental Health & High School Curriculum Guide (Kutcher & Wei 2020)
Mental Health Strategy for Canada (Short & Manion 2012)
School Mental Health Ontario (SMHO n.d.)

their daily routine; without it, many of the young people said that their lives were disrupted, unpredictable, and isolated.

In addition to the school space, the young people who participated in the study noted how The Hub in Hazeltree offered them a similar type of consistency and physical environment in which to socialize and to make their own. Many of the young people I spoke to attended The Hub regularly, every Tuesday and Thursday, with the same workers and often the same peers in a space that promoted acceptance and belonging. The expectations of their interaction in this space were consistent, apart from COVID-19 regulations like mask-wearing and COVID-19 screening. Young people were free to use The Hub as they pleased, whether for homework, playing board games, or socializing with friends and peers. There were snacks and drinks offered along with food donations for young people to take home, and multiple workers on site in the event that any of the young people wished to talk with an adult. It appeared to me over my three-month fieldwork at The Hub that the young people felt comfortable in the space and saw it as a “second home.” When I asked them if they thought schools could do better to address their well-being and mental health, a few Grade 9 boys thought that schools might re-create a similar space to The Hub: “A hangout spot like here...” “[an] alternate spot in the school...somewhere to go inside or outside school to talk to somebody,” “just let them into- a hangout spot,” they said. While others noted that their school had a “wellness” or resource room, students only saw this room as an alternate workspace, centred around school support. They also had a guidance counsellor office, but the expectation was that students would go in only for appointments and mainly for academic assistance.

In view of these comments, one of the ways to create a model to support young people’s well-being and mental health that extends the Children Learning for Living model would be to

enlist a mental health worker to co-create a space like The Hub within the school. The mental health worker(s) could occupy a less formal space than an office presenting a spot for social connection, mental health and well-being and a place for young people feel more comfortable in than those currently offered in school. The space could be flexible so that it had multiple uses and it could be associated with ‘hanging out’ rather than attending programming, as some of the young participants suggested. Those who access this space might also have a consistent mental health worker or another staff member there or accessible to them to talk with or help address any concerns. This modification to the CLFL model would present an accessible space within the school for young people to form social connections and satisfy the need for consistency.

In addition to a physical space, another aspect of a model that modifies CLFL in view of my research participants’ interests and accounts is to consider integrating an online/virtual component alongside the physical space of the school. For young people who were not able to attend school in person during the pandemic, they noted that online worlds were where they turned for information, consistency, and social connection. Some young people expressed that they did not want to engage online via Zoom when organizations like The Hub presented virtual trivia, art hour, drop-in, or peer support. These young people claimed that the “last thing [they] want[ed] to do” after doing school online was to go virtual for these sorts of structured opportunities. However, the same young people expressed that they enjoyed engaging online via FaceTime, Discord, Instagram, and TikTok in a more casual way. These platforms gave them a chance for regular social connection and an opportunity to be part of a flexible community rather than organized online activities. Given my understanding of young people’s use of online platforms during the pandemic, I suggest that it might be helpful for schools to use these platforms to offer resources, event information, or a place for them to express thoughts and ideas

that reflect their concerns as well as the school values and culture to young people. The Hub, and other sites like it in Ontario, have used social media platforms such as Instagram and TikTok to collect young people's input on the physical design of their spaces, programs, and services. They have also opened online platforms to general topic conversations such as Black History Month or the COVID-19 pandemic by requesting young people's involvement in these discussions. Based on my observations of online platforms provided by The Hub and other sites like it, these initiatives have received several online positive responses from young people in the form of public comments and shares. Expanding the understanding of well-being spaces to 'hangout' spots and online worlds could take a rights-respecting program one step closer to including young people's desires and specific needs in its framework.

Contextual Understandings: Relationships, Community, and Hearing What Young People Say

As discussed in the previous chapter, community, and young people's relationships with community, including how they are positioned within it, are important aspects to consider when trying to understand these rural young people's experiences of the pandemic. The young people with whom I spoke saw value in their community and showed appreciation when community organizations prioritized involving them in co-creating spaces and decision-making processes. However, in such a close-knit rural-based community, it is clear that young people are entangled with complex relationships that influence their experiences and behaviour. They spoke of cases and possibilities of when they or others would refrain from accessing services, supports or general community activities because of the risk that other members of the community would find out. Young people seemed primarily concerned with this lack of anonymity within and outside of school, despite the comfort and support a close-knit community offers.

When discussing support systems with young people, I explained the CLFL program as an example of a rights-respecting program and asked whether they saw a model such as CLFL working in their own school. I asked what they thought specifically about how the educating role of the CLFL mental health worker would work in classrooms, including the potential to learn about mental health and coping and ask questions of a mental health worker. One young person, Jessica, responded that it would be helpful to have the opportunity to learn more about mental health in school. However, she also saw some problems linked to anonymity and stigma in situations of group learning. She said that while it would be nice to be able to easily ask questions and learn from a mental health worker in school, she worried about:

“People making fun of other people asking questions. Other students saying like, oh, you know, like you ask that question, maybe you’re struggling, maybe that’s why you’re asking, and that’ll make people worry more and get more anxious because then they think, oh, well, they know like my life is ruined.”

These concerns from young people make it clear that a mental health worker in the enhanced model must consider the complex relationships rural young people have within the school with peers and other community members before implementing certain lesson structures or special activities. From this research, I heard from young people how important their anonymity is in the community, considering the still prevalent stigma they felt around well-being and, more specifically, mental health. Through talking to the young people, I came to the understanding that they would appreciate the opportunity to learn about mental health in school and ask questions but not necessarily in front of their peers. It is also clear from their experiences that there is still work to be done to de-stigmatize seeking and needing help from others. For the enhanced CLFL model, the mental health worker would adjust to delivering lessons in schools while offering opportunities for anonymous questions. Additionally, the mental health worker

would arrange special lessons or activities to address the stigma within the school community surrounding mental health and well-being and help-seeking.

Another important element of community to note when adapting the CLFL model is the willingness of local organizations to support young people's mental health and well-being. Organizations in such a tight-knit community offer support and resources to one another to serve young people to the best of their ability. Housing organizations have come together to promote young people's sense of belonging through a local project. The Hub joined with other local agencies and organizations to deliver fun workshops, harm-reduction supports, and recreational opportunities like skating days, art hours, and movie nights. When I asked young people about what their community could or has done to help their well-being over the pandemic, one Grade 9 mentioned individual community members making an effort to improve their experience of school during the pandemic.

Ella: [for graduation during the pandemic] They made a video for grade eight. They made a video like any pictures that they took all that. Um actually we went to the school, and they just had like a little – I think my cousin, my cousin's mom made it for when her daughter graduated two years ago or something. But it was just like this wooden thing that said "High School Bound" on it, just like a spot you can take pictures...

Carmen: Was there anything...in the community that helped with the pandemic...?

Ella: Um, I don't – I don't really know if Hazeltree did things like that like they might have, I think definitely doing the grade eight graduation, like the little thing that they did for us was kind of good because it kind of like gave you a little bit of hope.

Considering the willingness of community members and organizations to support the rural young people, it is crucial to capitalize on their desire to contribute, particularly considering the limits of locality. During my time at The Hub, the Manager explained that not only were community members and organizations generous with their contributions and efforts, but they were also necessary to fill the gap in rural human resources. The Hub's governing agency, Start Here, had previously employed a counsellor at the school, much like had been done in the

Children Learning for Living (CLFL) program, because the school did not have the resources to employ their own. Using an externally provided counsellor in the school created a strong connection between The Hub and the school. Thus, use of external community sources combated the limitations of rurality while reinforcing the ties within the community to serve young people in the region, eliminating two potential risks to rural young people's equal recovery from the pandemic. This strategy could be used in the enhanced CLFL model, particularly in rural areas, to utilize community organizations as valuable resources inside of the school. The mental health worker employed at the school through the CLFL model could be employed in part by a local agency. In school, this would promote necessary access for young people limited by locality, age, and class to the wider community. Additionally, the mental health worker could then create connections to spaces and sources outside of school for young people who might not be comfortable with accessing in-school support. As mentioned in the previous chapter, young people specifically requested greater presence of community organizations and efforts in school as a form of accessibility and visibility for students. This tactic of collaboration with organizations and supports external to the school may additionally help to address young people's concerns regarding anonymity. This extension of the CLFL model could simultaneously create ties between young people and their community and help ease young people's anxiety around accessing help from school staff.

Listening to young people's concerns and understanding the valuable relationships that exist in such a tight-knit rural community point to the critical need to consult young people about how to address their well-being and mental health on an ongoing basis. The enhanced CLFL program would have a mental health worker to listen to young people's concerns and consider how their relationships may be impacting and impacted by their behaviour and willingness to

reach out for support. In the original CLFL model, the mental health worker would include children and young people in conversations about what would or would not work in their schools and lives. During my fieldwork, a tension emerged in young people's desire to be part of the community while, at the same time, maintain a sense of anonymity. Many of the young people expressed excitement about being involved in co-creating the community at The Hub, lighting up when the workers asked about their thoughts on the physical space and snack or workshop choices. These rural young people were also extremely eager to share their views and opinions with me on what they thought would work or not work in their school and community. In interviews I used examples of the CLFL, such as "teaching mental health in classrooms" to give them an idea of the kind of programs I was curious about hearing their thoughts on. Therefore, part of a way to extend the CLFL program to promote inclusivity and understanding of the context of young people's lives is to consult and involve the young people of each school in the development and decision-making processes of the program.

The young people at The Hub often had strong opinions regarding what might or might not work. They also had a much better understanding of how other young people would respond than people external to their social circles like me or a mental health worker. In the proposed extension of the CLFL model, the mental health worker assigned to each school would dedicate time to meet with young people on a regular basis, ask for their opinions on their school and community needs, and seek input on which of their ideas the young people believe they and others would respond to in a positive way. This consultation process could happen in many different ways; the critical aspect is that it happens on an ongoing basis and not just at the beginning of a program. The Hub has used a Youth Advisory Committee for this process, meeting once a month to discuss the programs, policies, and new ideas for The Hub. The

Committee members are compensated for their time. However, The Hub has experienced an array of challenges with getting young people to commit and engage with the Committee. The Hub also found that transportation and the lack of desire to get involved without friends were significant barriers to engaging young people. Including young people in decision-making at The Hub was more successful when young people were already at the site and informally attending The Hub with friends. Young people were also more likely to express their ideas and opinions when they did not have to commit to attending set meetings.

For the extended CLFL program, a consultation process might be conducted in the informal social space designated at the school described earlier in this chapter. The mental health worker would take time to sit down and ask young people about their opinions and ideas related to the space, structure, and design of the program. Alternatively, the mental health worker would ask young people to use online platforms, like Instagram, TikTok or Discord, to share their opinions and ideas, while monitoring the platforms for concerning discussions. In addition to consulting all young people willing to share their opinions and ideas, the mental health worker would create a ‘council’ or group of young people to hold them accountable for consulting and including young people in the framework. The council would have a peer leader and the mental health worker would operate only in an assisting capacity, reporting back to the council every couple of months and placing the responsibility on young people to decide where, when, how, and what they wished to discuss at their meetings. A mental health worker employed at the school on a regular basis has the opportunity to create these informal and formal ways for young people to give their input and be included in the decision-making process. This method would help meaningfully include young people in building the framework of the program because young people would see that they could influence actions taken by adults on their behalf. Young

people's concerns and opinions surrounding things like anonymity, desires to be involved and the limits of their age and locality would have the potential to be involved in the design and implementation of the CLFL space, lessons, and approach.

Flexible and Inclusive Support

When asking where these rural young people went or would go for support during the pandemic, many of them named friends and family as their primary sources. They often turned to friends and family for school help or someone to talk to when things became challenging. While they recognized that there were supports available in school for them, they had many reasons why they and their peers did not seek out this assistance for social or emotional support. Most of the young people did not associate school with teaching about or addressing areas of well-being or mental health. The places in school they saw promoted as “wellness” or “helping” spaces, they considered more alternate workspaces for students. They noted that supports that were available in these spaces would simply provide students with resources that they were expected to use on their own, with little help from school staff. When one young person explained to me how the school would hand out resources with the expectation that students would help themselves, he wished staff would sit down with students and help them book appointments or look through the resources with a more hands-on approach.

On the other hand, young people were also apprehensive of going to spaces offering support because they were unsure of the level of commitment it would require. As one young person said to me: “Some people are like scared to come here [to The Hub] cause [they] don't know what they'll get themselves into.” Going to where support is offered in the school for these young people meant potentially committing to more than they were ready for; perhaps all they wanted was a place to hang out, get help booking an appointment, or look through available

resources. Therefore, for an extended CLFL model, offering a range of flexible support and promoting it as such to young people in school would be an important change. With the mental health worker based in the school regularly, there would be an opportunity to offer each form of support in a way that suits young people's desire for flexibility in how, when, and where they access or seek support; that is, from friends or professionals, by dropping in or making an appointment, during lunch or after school, and in or outside of school. This proposed design generally mimics the 'one-stop-shop' model currently used by The Hub, that appears, from my observations and interactions with young people, to work well in action. By co-creating a space for young people to hang out and access a variety of supports, there is an opportunity for them to pick and choose how they engage for themselves with these supports. In many cases, I saw young people attend drop-in at The Hub regularly at first as a recreational activity and eventually as a way to start asking about other services offered. The space and flexibility offered young people a stepping-stone to accessing and navigating support according to their comfort level.

Considering young people's tendency to speak with and turn to friends and family during the COVID-19 pandemic, the mental health worker in the envisioned enhanced CLFL model could potentially offer guidance to those offering support to (other) young people. As part of the special activities proposed by the mental health worker, they could integrate a workshop on supporting friends or children to young people and their families. As part of my research on pathways of support for mental health at Carleton University⁴, I attended a "supporting a friend" workshop which involved lessons on how to recognize a friend experiencing mental health challenges, how to support them through these challenges and when and where to suggest professional support. In many cases, I have been able to implement these lessons in my own life.

⁴ Undergraduate Honours Thesis research as part of the Bachelor of Arts program in the Department of Sociology and Anthropology.

This kind of special activity would work with young people's trend of turning to friends and family. It might additionally assist in expanding their recognition of mental health and well-being challenges, decrease social stigma, and encourage use of professional supports when needed.

Due to the desire for flexibility and a sense of community when seeking support for mental health and well-being, some young people turned to online platforms to learn about well-being and mental health and to find a sense of belonging or acceptance in their struggles. As previously mentioned, the rural young people I spoke to have struggled with the stigma surrounding mental health and well-being, particularly surrounding seeking help or information. Using a rights-respecting approach in an enhanced CLFL program is essential to consider how young people themselves respond to such stigma and perceived barriers. As seen in the original CLFL program and the practices at The Hub, rights-respecting approaches hinge on meeting young people "where they are" in terms of each person's place in a diverse context of needs, desires, and experiences. The special activities portion of the CLFL program might be a suitable way for the mental health worker to address the stigma young people feel among their peers and community. Additionally, the mental health worker could incorporate teachings on how to appropriately use online platforms for mental health and well-being. Considering young people's use of online platforms for not only mediating social isolation, but also for retrieving information about mental health and well-being, the enhanced CLFL program mental health worker could integrate lessons on recognizing reliable sources, cautions to take when accessing such platforms and good indicators of unreliable sources. Including such lessons may help to promote inclusion of young people's desires and agency, when faced with barriers to mental health and well-being work.

Conclusion

As we move forward from the COVID-19 pandemic and the associated concerns over not only young people's well-being and mental health but an uneven recovery for some young people, it is crucial to consider how to engage young people, to listen and hear their own accounts and lived experiences and to be accountable to them in a post-pandemic time. In the previous chapter, I presented a range of young people's experiences of the pandemic and the potential for unequal recovery as influenced by age, locality, and class. Some said that they had struggled with their well-being and mental health, most often concerning uncertainty, isolation, and challenges with connecting to spaces where themes of mental health and well-being emerge. What I have proposed in envisioning an enhanced CLFL program is a way to learn from these experiences and propose a potential rights-respecting approach to fostering well-being and striving for equitable recovery for rural young people after the pandemic.

During my time at The Hub, I also came to understand that young people lead complex lives and relationships with their peers and their community. While recognized in the original CLFL model, these complex relationships must be emphasized even more in the local context, considering the benefits and challenges young people experience in a rural region. It must also work to incorporate rural young people's experiences and opinions into its design and framework to understand and accommodate these benefits, challenges, and others like it. Finally, the enhanced model proposed here should provide flexible and inclusive support to respond to young people's desire for a range of support, from a low commitment hangout space, to help supporting one another, to a higher commitment opportunity for individual services. If the concern is to ensure that young people, whether in rural, urban or suburban locations, recover well and equitably from this pandemic and to be sure that they are well supported, programs designed to

address mental health and well-being should be meaningful to young people and viewed by them as sources of support. This is partly achieved through their engagement and participation. Thus, one aspect of this research project has been to understand that it is necessary for researchers and decision-makers to listen to young people's concerns, to hear what they say and respond respectfully to their lived experiences. Adults must be accountable to the young people with whom they work and serve in order to collaborate in supportive and positive ways.

Chapter Six: Conclusion

The COVID-19 pandemic and associated regulations have disrupted the lives of all Canadians over the past two years, leading to several narratives of panic surrounding young people's ability to recover. Schools, childcare, and recreational facilities have closed and reopened several times, resulting in narratives of crisis, vulnerability, and isolation (Brown et al., 2020; Garbe et al., 2020; Subramanian, 2021). Scholars, policymakers, educators, and parents have shown grave concern for young people's well-being through these times, particularly their mental health, drawing attention to current systems that rely heavily on schools for access and delivery (Gadermann et al., 2021; Sahlberg, 2020; Subramanian, 2021). Along with their concern for young people's mental health through the pandemic, scholars have increasingly highlighted the exacerbation of prior social, cultural, psychosocial, and economic inequalities and the potential risks of unequal recovery based on age, race, class, gender, and locality. In response to these narratives and concerns, growing attention and effort to create appropriate supports and services for young people's mental health and well-being has increased even further. As evidenced by the permanent funding of sites like The Hub across Ontario, rights-respecting, child/youth-centred, and inclusive programs for young people's mental health and well-being are on the rise (Reaume-Zimmer et al., 2019; YWHO, 2017).

In this thesis, my interest has been to examine young people's experiences of the pandemic from the perspectives of young people themselves. In seeking their views and understandings of mental health and well-being in their own lives, I propose a way to use a previous rights-respecting model for young people's mental health and well-being as the basis to design one that is responsive and inclusive of their perspectives in a post-pandemic context. Young people's participation and agency is at the heart of the model envisioned here. According

to Tatek Abebe (2019), Emma Sobring and Leon Kucynski (2018) young people's agency is not something that young people have or deploy, rather it emerges from context and relies on access, opportunities, and desires. This research explores agency by paying attention to the ways it is complicated by age and locality, as not static nor fixed, but malleable and influenced by particular time, space, relationships, and circumstances of their rural lives. Given my observations and interactions over three months of fieldwork at The Hub, I have come to understand how young people's agency through the pandemic encompasses a continuum of experiences that have been heavily influenced by school closures, their connections to their community, and their understandings of mental health and well-being.

In undertaking this project, the research process unfolded within a space designed to offer young people support for their well-being and mental health in a rural location. It uses an ethnographic approach and a "least adult" role to enter rural young people's lives and gain an understanding of their experiences of the pandemic and perceptions and experiences of mental health, well-being and associated supports. This "least adult" role values young people's perspectives, establishes mutual trust with participants, and engages with young people in a way that demands reflexivity of the researcher's role in shaping the outcome of research (Christensen, 2004; Mandell, 1988). One of the aims of this thesis has been to contribute the perspectives of rural young people to anthropological knowledge about the pandemic based on young people's accounts and an individual researcher's participant observation and analysis. In particular, the thesis highlights how young people's involvement in narratives about their experiences are complicated by age, locality, context, and agency. For some young people, the pandemic placed several limitations on their mobility, access, and inclusion. By including these rural young people's experiences of the pandemic related to understandings of well-being and mental health,

this thesis presents the value that meaningfully including young people can offer to the support systems proposed for young people post-pandemic. It additionally contributes several key perspectives on young people's lives and the considerations of research and program development involving young people.

First, I have come to understand that narratives heard in media and from adult decision-makers concerning isolation and challenges with school closures and online school, align with many of the ideas expressed by some of the young people in this study. They expressed deep frustration with the inconsistency and unpredictability of school through the pandemic. They also expressed a lack of motivation in school and daily life as a result of being isolated from friends, peers, and the physical environment that in-person school would generally provide. However, it is important to note that some young people had more positive experiences with online schooling. Young people's feelings of isolation during the pandemic were complicated for this particular group of young people by the limitations placed on their mobility given their locality and age, that, in turn, impacted their ability to access social spaces and support services. In response, young people found ways to socially connect through online platforms such as FaceTime, Zoom, TikTok, Instagram and Discord displaying their efforts to create a somewhat predictable, less isolated, 'new normal' experience of the pandemic for themselves.

Second, a broader insight that emerges from these rural young people's experiences of the COVID-19 pandemic is not only the importance of connection to community in their everyday and pandemic lives but the precarious nature of this connection. These young people articulated that they are participants in their community in ways that entangle them in complex relationships with organizations, peers, and other members of the region's population. This became especially apparent as avenues for participation were cut off by the pandemic, and young

people tried seeking support through their struggles with COVID-19. The organizations and individuals within the community represent opportunities and areas of support for young people. On the other hand, the young people conveyed their concerns with risks to becoming involved with the organizations that offer support for mental health. The risk of being identified in their use of mental health supports often resulted in young people questioning their behaviours and experiences. Young people understood that they were always being monitored by others and the fear of facing stigma or stepping out of the social norms prevented them from turning to structured support. Thus, to appropriately address young people's context and concerns, connection to community is both important to enable and consider as a potential barrier for young people seeking involvement and support.

I have additionally learned through this research that two elements these young people prioritized when seeking support and involvement were flexibility and a sense of belonging. While many young people recognized that there were resources available in school for them, few associated these resources with appropriate mental health and well-being support. Several young people turned to friends and family for support instead explaining that they felt like they belonged, were accepted, and could turn to them when and how they wanted. This research contributes to the discussion about mental health supports for young people by offering a glimpse of the complex perspectives, desires, and experiences of young people through the pandemic. These complexities additionally draw attention to the role that social media platforms play in offering well-being and mental health information and support to young people. For those living in rural areas, online platforms may be the only way to connect with friends, find consistency during school closures, and find a sense of belonging and information on mental health and well-being. While it appeared to me from my conversations with young people that

many had sufficient access to the internet because I did not hear of any concerns about doing school online, unstable internet may be a barrier for other young people living in rural areas. It was for this reason that The Hub manager stated they provide free Wi-Fi in their facility. Thus, this may be an additional important element to address when designing future programs for young people.

Third, this research contributes to discussions on the role of place in shaping, enabling, and restricting young people's participation and agency both because of the spatial and physical elements of the place as well as its embedded rules and meanings. Young people navigate their way through and around their community largely through physical movement. When online opportunities for community involvement were offered through the pandemic, many young people expressed the importance of physical space in their enjoyment and engagement in such activities. Yet, their mobility was highly restricted by adult decision-makers, transportation options, and in some part the potential stigmatization and lack of anonymity in their choice of 'place.' While the community made every effort to support young people's previous concepts of place and space through the pandemic, the embedded rules and meanings around use of mental health and well-being spaces, in particular, created a complex relationship of trust and distrust between young people and this community.

A number of ethical questions and issues additionally arise in attending to place in this research. For instance, the question of anonymity and confidentiality in research, a consideration of how the presence of a researcher may influence young people's interactions with their peers, and the role and influence of the researcher that sets up power relationships despite mediating this relationship using an ethnographic approach. There is an ethical dimension to the presence of a researcher in such as setting as a rural Ontario Hub, through the COVID-19 pandemic; that

is, that the researcher becomes another marker of what is not permanent in young people's lives with my departure at the end of the research. This research highlights the importance of establishing trust with young participants as well recognizing the impact of when we enter and leave the field. My exit from the field was abrupt as a result of rising COVID-19 cases through the 2021/22 winter break. While I intended to return for further field research, regulations prevented me from doing so as well as explaining my departure from The Hub. Although, I intend to return to The Hub and offer a summary of my research to the young people at The Hub, this departure is something I have had to consider in writing about these young people's lives.

Based on my experience with these rural young people and listening to and hearing their accounts of their experiences during the pandemic, this research required an approach to relational work that considers the social interactions between young people, researcher, and place. Relational work carefully attends to the negotiation of space between young people and adults and focuses on trust-building approaches (Canosa & Graham, 2020). This research reveals the importance of addressing the spatial and temporal components when working with young people, particularly when discussing challenges during the pandemic and notions of mental health and well-being. In this study, not only was the quality of social interactions with young people important, but so was the negotiation of space between young people and adult decision-makers – as seen in the reconfiguration of The Hub several times during fieldwork and in the negotiation with young people in my “least-adult” role as researcher. The research relied on temporal factors in that building trust with my participants and adult decision-makers at The Hub required ongoing input from myself, the young people, and workers at The Hub. During my three months of fieldwork, the young people determined the pace of the research while I followed their lead. Thus, considering the influence of this reciprocal relationship is crucial to understanding

how to offer future supports for rural young people's well-being and mental health. The complexities of this relationship could prove to be a valuable consideration in designing programs as well as research that intends to prioritize young people's meaningful involvement in both the creation of narratives and decision-making processes that produce such supports. In other words, the relationships between researcher and young people must be given due time to develop and create adequate space for young people to participate, acting as influential decision-makers in the process.

Finally, this research contributes potential ways to design a model that uses a rights-respecting approach for rural young people's mental health and well-being in a post-pandemic time. I base this proposed model on one that was implemented in Ottawa elementary schools called Children Learning for Living with the addition of three ideas: first, the creation of spaces for social connection in school that are informal and inclusive of young people's desire to participate in-person and online; second, the consideration of contextual realities of young people's lives and complex connections to the community and its members; and third, built-in flexibility in the ways that well-being and mental health support is offered including options to learn support strategies to use with friends, obtain help booking appointments or guidance navigating resources to use on their own. I have learned that young people's meaningful participation is the anchor to the inclusivity and suitability of this program for rural young people's mental health and well-being. The research suggests that programs for young people's mental health and well-being should approach young people as crucial players in the success of such programs rather than as merely recipients of services.

Future Considerations and Limitations of the Research

This research ethnographically explores the pandemic experiences of a group of 25 young people who attended a rural mental health and well-being setting. In doing so, I attempt to include their experiences related to mental health and well-being in a particular time and space. However, considering the ways locality and the ever-changing COVID-19 regulations shape these experiences, this research could be expanded to address a broader range of spatially and temporally diverse young people. Given that the study focuses on a group of 25 young people, there is a limitation in the range of perspectives and experiences represented in this thesis. Future research in young people's mental health and well-being focussing on their participation in future support programs would benefit from involving a larger number of young people throughout the ongoing phases of the pandemic, and from other rural or urban sites. Another limitation of this research is restricted time afforded to complete this research. In response, I narrowed the scope of my fieldwork to accommodate for increasing COVID-19 regulations in January 2022 and meet institutional deadlines. Spending more time with the young people at The Hub would have potentially assisted me in recruiting and interviewing more participants ages 12-15, affording me more time to form stronger connections and build trust with more young people, their parents or guardians, and the wider community. This additionally would have allowed me to continue to interact with the 25 young people already part of this study and conduct subsequent semi-structured interviews and focus groups. This adjustment would work to fill a gap in literature on the experiences and participation of young people ages 12-15 and further demonstrate the complex influence age has on their lives. Therefore, the research would have benefitted from having had more time to conduct longer fieldwork in The Hub site as well as to work at a comparable rural site. Future research might also consider a comparative study

between The Hub and a similar urban centred site to further explore young people's experiences and more significantly understand the concept of locality as a factor in young people's experiences of mental health and well-being support.

Finally, by attending to the participation of rural young people at The Hub and using an approach to minimize the social distance between researcher and young people in a constantly reflexive way, this research offers a small glimpse of the lives of a group of young people in a particular place and time. I was privy to unique details about their lives and understanding of well-being and mental health. Yet I recognize that I remained a 'guest' in their lives rather than a constant presence. My research contributes to the discussion that we are all currently faced with in finding a way forward from the pandemic; how can we meaningfully involve young people in future research, decision-making and program planning while considering the relationships and contextual elements that influence our own and other's part in their lives. My hope is that the accounts and perspectives offered in this thesis can assist those who endeavour to find a way to do so while attending to their desire for consistency, social connection, belonging and participation in the decisions that affect them.

References

- Abebe, T. (2019). Reconceptualising children's agency as continuum and interdependence. *Social Sciences* 8(81), 1-16.
- Ahn, J. (2010). 'I'm not scared of anything' Emotion as social power in children's worlds. *Childhood* 17(1), 94-112.
- Akbar, L. (2012). *Shaking the movers VI: Standing up for children's mental health*. Bellwoods Press.
- Alderson, P. (2008). Children as researchers: The effects of participation rights on research methodology. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd edition) (pp. 276-290). Routledge.
- Alderson, P. (2009). Younger children's individual participation in 'all matters affecting the child.' In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Conversations for transformational change* (pp.87-96). Taylor & Francis Group.
- Alderson, P., Adelman, L., Bradshaw, J., Alanen, L., Archard, E., Ardener, E., Aries, P., Beck, U., Benedict, R., Bluebond-Langner, M., Perkel, D., Goertzel, T., Brannen, J., O'Brien, M., Christensen, P., Clarke, L., Connolly, P., Corsaro, W., Crawford, R...Wyness, M.G. (2011). Anthropological and sociological perspectives on the study of children. In S. Greene & D. Hogan (Eds.), *Researching children's experience* (pp. 1-21). SAGE Publications Ltd.
- Allemang, B., Cullen, O., Schraeder, K., Pintson, K., & Dimitropoulos, G. (2021). Recommendations for youth engagement in Canadian mental health research in the context of COVID-19. *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 30(2), 123-130.
- Ardoin, S. & McNamee, T.C. (2020). Spatial inequality and social class: Suggestions for supporting rural students across social class backgrounds. *New Directions for Student Services* 2020, 37-46.
- Atkinson, C. (2019). Ethical complexities in participatory childhood research: Rethinking the 'least adult role.' *Childhood* 26(2), 186-201.
- Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiol Community Health* 74, 964-968.
- Ben-Arieh, A. (2005). Where are the children? Children's role in measuring and monitoring their well-being. *Social Indicators Research* 74, 573-596.

- Bergold, J. & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Historical Social Research* 37(4), 191-122.
- Bhopal, S., Bagaria, J., Olabi, B., & Bhopal, R. (2021). Children and young people remain at low risk of COVID-19 mortality. *Lancet Child Adolescent Health* 5(5), E12-13.
- Blazek, M. (2015). Children's emotional geographies: Politics of difference and practices of engagement. In A. Hackett, L. Procter, & J. Seymour (Eds.), *Children's spatialities: Embodiment, emotion and agency* (pp. 95-111). Palgrave Macmillan.
- Blodgett, N., Coughlan, R., & Khullar, N. (2018). Overcoming the barriers in transgender healthcare in rural Ontario: Discourses of personal agency, resilience, and empowerment. *International Social Science Journal* 67(225-226), 83-95.
- Bluebond-Langner, M. (1978). *The private worlds of dying children*. Princeton University Press.
- Blundell, R., Costa Dias, M., Joyce, R., & Xu, X. (2020). COVID-19 and inequalities. *Fiscal Studies* 41(2), 291-319.
- Bolin, A. (2018). Organizing for agency: Rethinking the conditions for children's participation in service provision. *International Journal of Qualitative Studies on Health and Well-being* 13, 1-10.
- Borg, F. & Samuelsson, I.P. (2022). Preschool children's agency in education for sustainability: The case of Sweden. *European Early Childhood Education Research Journal* 30(1), 147-163.
- Boydell, K., Pong, R., Volpe, T., Tilleczek, K., Wilson, E., & Lemieux, S. (2006). Family perspectives on pathways to mental health care for children and youth in rural communities. *Mental Health* 22(2), 182-188.
- Braimoh, J. (2015). Service disparity of rural youth: The organization of social services across the urban youth centre and its rural branch. *Journal of Sociology & Social Welfare* 42(2), 31-54.
- Breathnach, H., Danby, S., & O'Gorman, L. (2018). Becoming a member of the classroom: Supporting children's participation as informants in research. *European Early Childhood Education Research Journal* 26(3), 393-406.
- Brown, C. & Carr, S. (2017). Education policy and mental weakness: A response to a mental health crisis. *Journal of Education Policy* 34(2), 242-266.
- Brown, J., Summers, N., Sundar, P. (2020). *Return to school during COVID-19: Considerations for Ontario's child and youth community mental health service providers*. Ontario Centre of Excellence for Child and Youth Mental Health. <https://cmho.org/wp->

content/uploads/Return-to-school-during-COVID19-Evidence-summary-for-community-service-providers.pdf

- Buffel, T., Yarker, S., Phillipson, C., Lang, L., Lewis, C., Doran, P., & Goff, M. (2021). Locked down by inequality: Older people and the COVID-19 pandemic. *Urban Studies* 00(0), 1-18.
- Button, B., Tillmann, S., & Gilliland, J. (2020). Exploring children's perceptions of barriers and facilitators to physical activity in rural Northwestern Ontario, Canada. *Rural and Remote Health* 20, 5791-5798.
- CAMH. (2019). *Child and youth mental health: Putting young people at the centre of transformations in care*. Research Impact Report. <https://www.camh.ca/en/science-and-research/discoveries/camh-research-impact-report-2019/child-and-youth>
- CAMH. (2022) *Programs & services*. CAMH. <https://www.camh.ca/en/your-care/programs-and-services>
- Canosa, A. & Graham, A. (2020). Tracing the contribution of childhood studies: Maintaining momentum while navigating tensions. *Childhood* 27(1), 25-47.
- Chanchlani, N., Buchanan, F., & Gill, P. (2020). Addressing the indirect effects of COVID-19 on the health of children and young people. *CMAJ* 192(32), E921-927.
- Christensen, P. (2004). Children's participation in ethnographic research: Issues of power and representation. *Children & Society* 18, 165-176.
- CIHI. (2022, January 13). *COVID-19 intervention timeline in Canada*. CIHI. <https://www.cihi.ca/en/covid-19-intervention-timeline-in-canada>
- CMHO. (2020a). *Kids can't wait: Raise your voice for kids' mental health*. CMHO <https://cmho.org/kidscantwait/>
- CMHO. (2020b, May 6). *Covid-19 mental health impacts*. Children's Mental Health Ontario. <https://cmho.org/covid-19-mental-health-impacts/>
- CMHO. (2021, March 9). *Everything is not OK: 74% of Ontarians experiencing increased mental health and substance use challenges during the pandemic*. Children's Mental Health Ontario. <https://cmho.org/everything-is-not-ok/>
- Coller, R. & Webber, S. (2020). COVID-19 and the well-being of children and families. *Pediatrics* 146(4), 1-3.
- Collins, T.M. (2012). Improving research of children using a rights-based approach: A case study of some psychological research about socioeconomic status. *Front Psychol* 20(3), 293.

- Committee on the Rights of the Child. (n.d.). The Convention on the Rights of the Child: The children's version. <https://www.unicef.org/child-rights-convention/convention-text-childrens-version>
- Creswell, C., Shum, A., Pearcey, S., Skripkauskaitė, S., Patalay, P., & Waite, P. (2021). Young people's mental health during the COVID-19 pandemic. *Lancet Child Adolescent Health* 5, 535-537.
- Crooks, C., Chiodo, D., Zwarych, S., Hughes, R., & Wolfe, D. (2013). Predicting implementation success of an evidence-based program to promote healthy relationships among students two to eight years after teacher training. *Canadian Journal of Community Mental Health* 32(1), 125-138.
- Cross, H. & Lauzon, A. C. (2015). Fostering rural youth wellbeing through afterschool programs: The case of Fusion Youth and Technology Centre, Ingersoll, Ontario. *The Journal of Rural and Community Development* 10(1), 128-153.
- Crump, A. & Phipps, H. (2013). Listening to children's voices: Reflections on researching with children in multilingual Montreal. *LEARNing Landscapes* 7(1), 129-148.
- Danese, A. & Smith, P. (2020). Debate: Recognising and responding to the mental health needs of young people in the era of COVID-19. *Child and Adolescent Mental Health* 25(3), 169-170.
- Dassanayake, W., Springett, J., & Shewring, T. (2017). The impact on anxiety and depression of a whole school approach to health promotion: Evidence from a Canadian comprehensive school health (CSH) initiative. *Advances in School Mental Health Promotion* 10(4), 221-234.
- Dennis, B. & Huf, C. (2020). Ethnographic research in childhood institutions: Participations and entanglements. *Ethnography and Education* 15(4), 445-461.
- Detsky, A. & Bogoch, I. (2020). COVID-19 in Canada: Experience and response. *JAMA* 324(8), 743-744.
- Drybread, K. (2013). Social life and the deaths of Brazilian street children. *Journal of Latin American and Caribbean Anthropology* 18(2), 212-230.
- Eisenhauer, S. (2019). Youths' individual pathways towards contextual well-being: Utilizing electrodermal activity as an ethnographic tool at a theater after-school program. *ETHOS* 47(2), 168-189.
- El-Khatib, Z., Jacobs, G., Ikomey, G., & Neogi, U. (2020). The disproportionate effect of COVID-19 mortality on ethnic minorities: Genetics or health inequalities? *Lancet Discovery Science* 23(100430).

- Fafard, P., Cassola, A., MacAulay, M., & Palkovits, M. (2021). The politics and policy of Canada's COVID-19 response. In S. Greer, E. King, E. Massard da Fonseca & A. Peralta-Santos (Eds.), *Coronavirus politics: The comparative politics and policy of COVID-19* (pp.459-477). University of Michigan Press.
- Faithfull, S., Brophy, L., Pennell, K., & Simmons, M. (2019). Barriers and enablers to meaningful youth participation in mental health research: Qualitative interviews with youth mental health researchers. *Journal of Mental Health* 28(1), 56-63.
- FAO. (2020). *Rural youth and the COVID-19 pandemic*. FAO.
- Farrell, T., Francis, L., Brown, T., Ferrante, L., Widera, E., Rhodes, R., Rosen, T., Hwang, U., Witt, L., Stephens, C., & Saliba, D. (2020). Rationing limited healthcare resources in the COVID-19 era and beyond: Ethical considerations regarding older adults. *J Am Geriatr Soc* 68(6), 1143-1149.
- Fegert, J., Vitiello, B., Plener, P., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolescent Psychiatry Mental Health* 14(20), 1-11.
- Felsenstein, S. & Hedrich, C. (2020). COVID-19 in children and young people. *Lancet Rheumatology* 2, E514-516.
- Felver, J., Razza, R., Morton, M., Clawson, A., & Shaffer Mannion, R. (2020). School-based yoga intervention increases adolescent resilience: A pilot trial. *Journal of Child and Adolescent Mental Health* 32(1), 1-10.
- Feng, X. & Astell-Burt, T. (2017). The relationship between neighbourhood green space and child wellbeing depends upon whom you ask: Multilevel evidence from 3083 children aged 12-13 years. *International Journal of Environmental Research and Public Health* 14(235), 1-11.
- Flett, G.L., Kocovski, N.L., Davison, G.C., & Neale, J.M. (2017). *Abnormal psychology* (6th Edition). John Wiley & Sons, Inc.
- Gadermann, A., Thomson, K., Richardson, C., Gagné, M., NeAuliffe, C., Hirani, S., & Jenkins, E. (2021). Examining the impacts of the COVID-19 pandemic on family mental health in Canada: Findings from a national cross-sectional study. *BMJ Open* 11, 1-11.
- Garbe, A., Ogurlu, U., Logan, N., & Cook, P. (2020). COVID-19 and remote learning: Experiences of parents with children during the pandemic. *American Journal of Qualitative Research* 4(3), 45-65.

- Gasparovic, S. & Prieto-Flores, O. (2021). Editorial: Lessons on building more sustainable rural societies: Youth and mobility. *Sustainability* 13(10370), 1-4.
- Gauthier, A., Young, N., Snelling, S., Sears, E., & Burke, T. (2011). Looking beyond the bright lights: Identifying Canadian indicators of health for children in rural and northern regions. *Child Ind Res* 4, 169-183.
- Gerber, J. & Offit, P. (2021). COVID-19 vaccines for children. *Science* 374(6570), 913.
- Getrich, C., Heying, S., Willging, C., & Waitzkin, H. (2007). An ethnography of clinic “noise” in a community-based, promotora-centred mental health intervention. *Social Science & Medicine* 65, 319-330.
- Golberstien, E., Wen, H., & Miller, B.F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics* 174(9), 819-820.
- Government of Canada. (2022). *Coronavirus disease (COVID-19): Canada’s response*. Canada.ca. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>
- Government of Ontario. (2020). *COVID-19*. <https://covid-19.ontario.ca/index.html>
- Graham, A., Powell, M., Taylor, N., Anderson, D., & Fitzgerald, R. (2013). *Ethical research involving children*. UNICEF Office of Research – Innocenti.
- Green, P. (2020) Risks to children and young people during covid-19 pandemic. *BMJ* 369(1669), 1-2.
- Greer, S., King, E., Massard da Fonseca, E., & Peralta-Santos, A. (2021). *Coronavirus politics: The comparative politics and policy of COVID-19*. University of Michigan Press.
- Haischer, M.H., Beilfuss, R., Hart, M.R., Opielinski, L., Wrucke, D., Zirgaitis, G., Uhrich, T.D., & Hunter, S.K. (2020). Who is wearing a mask? Gender-, age-, and location-related differences during the COVID-19 pandemic. *PLoS ONE* 15(10), 1-12.
- Halliday, E.C., Holt, V., Khan, K., Ward, F., Wheeler, P., & Sadler, G. (2021). ‘A lot of small things make a difference’. Mental health and strategies of coping during the COVID-19 pandemic. *Health Expectations* 25, 532-540.
- Hatch, S., Harvey, S., & Maughan, B. (2010). A developmental-contextual approach to understanding mental health and well-being in early adulthood. *Social Science & Medicine* 70, 261-268.
- Hillier, C., Zarifa, D., & Hango, D. (2021). Mind the gaps: Examining youth’s reading, math and science skills across northern and rural Canada. *Rural Sociology* 0(0), 1-39.

- HKPR District Health Unit. (2019). Put poverty under wraps. *Haliburton, Kawartha, Pine Ridge District Health Unit*. https://www.hkpr.on.ca/news_items/put-poverty-under-wraps/
- Holloway, S.L. & Valentine, G. (2000). Spatiality and the new social studies of childhood. *Sociology* 34(4), 763-783.
- Horgan, D., Forde, C., Martin, S., & Parkes, A. (2017). Children's participation: Moving from the performative to the social. *Childhood Geographies* 15(3), 274-288.
- Hymel, S., Low, A., Starosta, L., Gill, R., & Schonert-Reichl, K. (2017). Promoting mental well-being through social-emotional learning in schools: Examples from British Columbia. *Canadian Journal of Community Mental Health* 36(4), 97-107.
- Jain, S. & Orr, D.M.R. (2016). Ethnographic perspectives on global mental health. *Transcultural Psychiatry* 53(6), 685-695.
- James, A. (1993). *Childhood identities: Social relations and the self in the experience of the child*. Edinburgh University Press.
- James, A. (2007). Giving voice to children's voices: Practices and problems, pitfalls and potentials. *American Anthropologist* 109(2), 261-272.
- James, A. (2011). Ethnography in the study of children and childhood. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of ethnography* (pp. 246-257). SAGE Publications Ltd.
- Janzen, M. (2008). Where is the (postmodern) child in early childhood education research? *Early Years* 28(3), 287-298.
- Jensen, L. (2018). Understanding rural social class in an era of global challenge. *Rural Sociology* 83(2), 227-243.
- Jones, O. (2008). 'True geography [] quickly forgotten, giving away to an adult-imagined universe'. Approaching the otherness of childhood. *Children's Geographies* 6(2), 195-212.
- Jones, E., Manassis, K., Arnold, P., Ickowicz, A., Mendlowitz, S., Nowrouzi, B., Wilansky-Traynor, P., Bennett, K., & Schmidt, F. (2015). Translating cognitive behavioral therapy for anxious youth to rural-community settings via tele-psychiatry. *Community Mental Health Journal* 51, 852-856.
- Kellett, M., Forrest, R. (aged 10), Dent, N. (aged 10), & Ward, S. (2004). Just teach us the skills pleas, we'll do the rest: Empowering ten-year-olds as active researchers. *Children & Society* (18), 329-343.

- Kessler, R.C., Berglund, P., Demler, O., Jin, R., & Merikangas, K.R. (2005). Lifetime prevalence and age of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Arch Gen Psychiatry* 62(6), 593-602.
- Koivuhovi, S., Vainikainen, M., Kalalahti, M., & Niemivirta, M. (2019). Changes in children's agency beliefs and control expectancy in classes with and without a special emphasis in Finland from grade four to grade 6. *Scandinavian Journal of Educational Research* 63(3), 427-442.
- Kraftl, P. (2013). Beyond 'voice,' beyond 'agency,' beyond 'politics'? Hybrid childhoods and some critical reflections on children's emotional geographies. *Emotion, Space and Society*, 13-23.
- Kutcher, S. & McLuckie, A. for the Child and Youth Advisory Committee, Mental Health Commission of Canada. (2010). *Evergreen: A child and youth mental health framework for Canada*. Calgary, AB: Mental Health Commission of Canada.
- Kutcher, S. & Wei, Y. (2020). School mental health: A necessary component of youth mental health policy and plans. *World Psychiatry* 19(2), 174-175.
- Kutcher, S., Wei, Y., & Morgan, C. (2015). Successful application of a Canadian mental health curriculum resource by usual classroom teachers in significantly and sustainably improving student mental health literacy. *The Canadian Journal of Psychiatry* 60(12), 580-586.
- Kvieskienė, G., Ivanova, I., Trasberg, K., Stasytė, V., & Celiešienė, E. (2021). Modelling of social policy and initiatives under COVID-19: Rural NEET youth case study. *Social Sciences* 10 (393), 1-16.
- Kwong, E. (2022, January 5). Parents in Ontario scramble with online learning after province closes schools. *Toronto Star*. <https://www.thestar.com/news/gta/2022/01/05/seeing-your-children-suffer-is-heartbreaking-parents-in-ontario-scramble-with-online-learning-after-province-closes-schools.html>
- Lansdown, G. (2009). The realisation of children's participation rights: Critical reflections. In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Conversations for transformational change* (pp.11-23). Taylor & Francis Group.
- Lappalainen, S. & Odenbring, Y. (2020). Gender and social class in Nordic early childhood educational ethnography – a meta-analysis. *Ethnography and Education* 15(4), 412-428.
- Larcher, V., & Brierley, J. (2020). Children of COVID-19: Pawns, pathfinders or partners? *J Med Ethics* 46, 508-509.

- Lee, H. & Miller, V. (2020). The disproportionate impact of COVID-19 on minority groups: A social justice concern. *J Gerontol Soc Work* 63(6-7), 580-584.
- Levasseur, M., Routhier, S., Clapperton, I., Doré C., & Gallagher, F. (2020). Social participation needs of older adults living in a rural regional county municipality: Towards reducing situations of isolation and vulnerability. *BMC Geriatrics* 20(456), 1-12.
- Linklater, H. (2006). Listening to learn: Children playing and talking about the reception year of early years education in the UK. *Early Years* 26(1), 63-78.
- Lundy, L. (2007). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal* 33(6), 927-942.
- MacDonald, K., Fainman-Adelman, N., Anderson, K., & Iyer, S. (2018). Pathways to mental health services for young people: A systematic review. *Social Psychiatry and Psychiatric Epidemiology* 53, 1005-1038.
- MacKean, G. (2011). *Dual continuum model of mental health* [Infographic]. The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association. <https://cspm.csyw.qld.gov.au/practice-kits/mental-health/overview-of-mental-health-1/the-dual-continuum-of-mental-health-and-mental-ill>
- Macklem, G. (2014). Adapting programs for young children. In G. Macklem (Ed.), *Preventive mental health at school: Evidence-based services for students* (pp. 233-252). Springer.
- MacMillan, S. (2021, May 17). 'COVID generation' of students falling behind, northeastern Ontario teachers worry about achievement gap. *CBC News*. <https://www.cbc.ca/news/canada/sudbury/sudbury-schooling-under-stress-students-falling-behind-1.6027212>
- Malla, A., Shah, J., Iyer, S., Boksa, P., Joobor, R., Andersson, N., Lal, S., & Fuhrer, R. (2018). Youth mental health should be a top priority for health care in Canada. *The Canadian Journal of Psychiatry* 63(4), 216-222.
- Mandell, N. (1988). The least-adult role in studying children. *Journal of Contemporary Ethnography* 16(4), 433-467.
- Margolius, M., Doyle Lynch, A., Pufall Jones, E. & Hynes, M. (2020). *The state of young people during COVID-19: Findings from a nationally representative survey of high school youth*. Americas Promise Alliance.
- Marr, E. (2015). Assessing transportation disadvantage in rural Ontario, Canada: A case study of Huron County. *The Journal of Rural and Community Development*, 10(2), 100-120.

- Mason, J. & Watson, E. (2014). Researching children: Research on, with, and by children. In A. Ben-Arieh et al. (Eds.), *Handbook of child well-being*, (pp. 2757-2796). Springer.
- Mayall, B. (2008). Conversations with children: Working with generational issues. In P. Christenson, & A. James (Eds.), *Research with children: Perspectives and practices* (2nd ed., pp. 109-124).
- McKenzie-Sutter, H. (2021, May 5). Ontario educators, advocacy groups raise concern about online learning plan for next school year. *The Globe and Mail*.
<https://www.theglobeandmail.com/canada/article-ontario-educators-advocacy-groups-raise-concerns-about-online-learning/>
- McMartin, S.K., Kuhle, S., Colman, I., Kirk, S.F.L., & Veugelers, P.J. (2012). Diet quality and mental health in subsequent years among Canadian youth. *Public Health Nutrition* 15(12), 2253-2258.
- Merikangas, K.R., He, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Survey Replication – Adolescent supplement (NCS-A). *Journal American Academy of Child and Adolescent Psychiatry* 49, 980-989.
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Mental Health Commission of Canada.
- Mental Health Commission of Canada. (2015). *The mental health strategy for Canada: A youth perspective*. Mental Health Commission of Canada.
- Mental Health Commission of Canada (2017). *Mental health continuum model*. Mental Health Commission of Canada.
- Mental Health Commission of Canada. (2021). *Annual report: The one and the many 2020-2021*. Mental Health Commission of Canada.
- Michelson, S. (2022). Children’s agency when experiencing family-related adversities: The negotiation of closeness and distance in children’s personal narratives. *Qualitative Social Work* 0(0), 1-16.
- Mikkelsen, M. & Christensen, P. (2009). Is children’s independent mobility really independent? A study of children’s mobility combining ethnography and GPS/mobile phone technologies. *Mobilities* 4, 37-58.
- Miller, E. (2020). Protecting and improving the lives of older adults in the COVID-19 era. *Journal of Aging & Social Policy* 32(4-5), 297-309.

- Ministry of Children and Youth Services. (2006). *A shared responsibility: Ontario's policy framework for child and youth mental health*. Queen's Printer for Ontario.
- Ministry of Industry. (2022). *Employment by industry in rural Canada: Interactive dashboard*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021006-eng.htm>
- Mitchell, C. (2011). What's participation got to do with it? Visual methodologies in 'girl-method' to address gender-based violence in the time of AIDS. *Global Studies of Childhood* 1(1), 51-59.
- Morrow, V. (1999). 'We are people too': Children's and young people's perspectives on children's rights and decision-making in England. *The International Journal of Children's Rights* 7, 149-170.
- Mueller, A., McNamara, M., & Sinclair, D. (2020). Why does COVID-19 disproportionately affect older people? *Aging* 12(10), 9959-9981.
- Myers, N. L. (2015). *Recovery's edge: An ethnography of mental health care and moral agency*. Routledge.
- Nguyen, X. (2016). Girls with disabilities in the Global South: Rethinking the politics of engagement. *Girlhood Studies* 9(1), 53-71.
- O'Kane, C. (2008). The development of participatory techniques: Facilitating children's views about decisions which affect them. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd edition) (pp.136-159). Routledge.
- O'Mara, L. & Lind, C. (2013). What do we know about school mental health promotion programmes for children and youth? *Advances in School Mental Health Promotion* 6(3), 203-224.
- O'Reilly, K. (2009). *Key Concepts in Ethnography*. Sage, London.
- Oliver, A., Harden, A., Rees, R., Shepherd, J., Brunton, G., & Oakley, A. (2008). Young people and mental health: Novel methods for systematic review of research on barriers and facilitators. *Health Education Research* 23(5), 770-790.
- Ontario Living Wage Network. (2019, November 04). #LivingWageWeek. *Ontario Living Wage Network*. <https://www.ontariolivingwage.ca/livingwageweek2019>
- Otto, L., Howerter, A., Bell, I., Jackson, N. (2010). Exploring measures of whole person wellness: Integrative well-being and psychological flourishing. *EXPLORE* 6(6), 364-370.
- Paley, V.G. (1986). On listening to what the children say. *Harvard educational review* 56(2), 122-131.

- Panelli, R., Punch, S., & Robson, E. (2007). *Global perspectives on rural childhood and youth: Young rural lives*. Routledge.
- Parr, H. (1998). Mental health, ethnography and the body. *Area* 30(1), 28-37.
- Patel, J.A., Nielsen, F.B.H., Badiani, A.A., Assi, S., Unadkat, V.A., Patel, B., Ravindrane, R., & Wardle, H. (2020). Poverty, inequality and COVID-19: The forgotten vulnerable. *Public Health* 183, 110-111.
- Pilkauskaite-Valickiene, R. & Gabralaviciute, I. (2015). The role of school context on subjective well-being and social well-being in adolescence. *Procedia – Social and Behavioural Sciences* 191, 2588-2592.
- Prout, A. & James, A. (1997). A new paradigm for the sociology of childhood? Provenance, promise and problems. In A. James & A. Prout (Eds.), *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood* (pp. 7-32). Taylor & Francis Group.
- Public Health Agency of Canada. (2018). *Positive mental health of youth* [Infographic]. <http://www.canada.ca/en/services/health/publications/healthy-living/positive-mental-health-youth-infographic.html>
- Public Health Ontario. (2020). COVID-19 in Ontario: A summary of Wave 1 transmission patterns and case identification. *Enhanced Epidemiological Summary*. https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/08/covid-19-wave-1-transmission-patterns-epi-summary.pdf?sc_lang=en
- Qvortrup, J. (1994). Childhood matters: An introduction. In J. Qvortrup, M. Bardy, G. Sgritta, & H. Wintersberger (Eds.), *Childhood matters: Social theory, practice and politics*, (pp. 1-24). Avebury Press.
- Radomski, A., Cloutier, P., Gardner, W., Pajer, K., Sheridan, N., Sundar, P., & Cappelli, M. (2020). *Ontario getting ahead of the mental health surge: A cross-sectional survey study of self-reported mental health impact of COVID-19 on Ontario's young people*. [Manuscript submitted for publication]. Ottawa, Canada
- Raghavan, R., Coope, J., Jamwal, S., & Pendse, T. (2019). Reflections on the use of mental health resilience concepts in migration and global mental health. *International Journal of Mental Health* 48(4), 299-308.
- Read, J. & Bentall, R. (2012). Negative childhood experiences and mental health: Theoretical, clinical and primary prevention implications. *The British Journal of Psychiatry* 200, 89-91.

- Reaume-Zimmer, P., Chandrasena, R., Malla, A., Joobar, R., Boksa, P., Shah, J., Iyer, S., & Lal, S. (2019). Transforming youth mental health care in a semi-urban and rural region of Canada: A service description of ACCESS Open Minds Chatham-Kent. *Early Intervention in Psychiatry* 13(Suppl. 1), 48-55.
- Robson, E., Bell, S., Klocker, N. (2007). Conceptualizing agency in the lives and actions of rural young people. In R. Panelli, S. Punch, & E. Robson (Eds.), *Global perspectives on rural childhood and youth: Young rural lives* (pp. 135-148). Routledge.
- Rodgers, D.M. (2020). *Children in social movements: Rethinking agency, mobilization and rights* (1st ed.). Routledge.
- Rosen, D. (2007). Child soldiers, international humanitarian law, and the globalization of childhood. *American Anthropologist* 109(2), 296-306.
- Rotas, N. (2019). Three notes on visual pedagogies in childhood research: Making images that move and endure time. *Video Journal of Education and Pedagogy* 4, 1-14.
- Russell, B.S., Tomkunas, A.J., Hutchison, M., Tambling, R.R., & Horton, A.L. (2022). The protective role of parent resilience on mental health and the parent-child relationship during COVID-19. *Child Psychiatry & Human Development* 53, 183-196.
- Sahlberg, P. (2020). Will the pandemic change schools? *Journal of Professional Capital and Community* 5(3/4), 359-365.
- Sairanen, H., Kumpulainen, K., & Kajamaa, A. (2022). An investigation into children's agency: Children's initiatives and practitioners' responses in Finnish early childhood education. *Early Child Development and Care* 192(1), 112-123.
- Sanchez, A., Cornacchio, D., Poznanski, B., Golik, A., Chou, T., & Comer, J. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry* 57(3), 153-165.
- School Mental Health Ontario. (2019a). *2019 action plan: A student-centred approach*. School Mental Health Ontario.
- School Mental Health Ontario. (2019b). *#HearNowON: Student voices on mental health – Final report*. <https://smho-smsso.ca/wp-content/uploads/2019/10/HearNowON-final-report.pdf>
- Short, K. (2016). Intentional, explicit, systematic: Implementation and scale-up of effective practices for supporting student mental well-being in Ontario schools. *International Journal of Mental Health Promotion* 18(1), 33-48.
- Short, K. & Manion, I. (2012). School mental health in Canada: Current status and directions. *Canada's Children/Les enfants du Canada* 18(3), 7-14.

- Silva Junior, F.J.G.da, Sales, J.C.e.S., Monteiro, C.F.d.S., Costa, A.P.C., Campos, L.R.B., Miranda, P.I.G., Monteiro, T.A.d.S., Lima, R.A.G., & Lopes-Junio, L.C. (2020). Impact of COVID-19 pandemic on mental health of young people and adults: a systematic review protocol of observational studies. *BMJ Open* 10, 1-6.
- Simonelli, I., Mercer, R., Bennett, S., Clarke, A., Fernandes, G.A.I., Fløtten, K., Maggi, S., Robinson, J.E., Simonelli, F., Vaghri, Z., Webb, E., & Goldhagen, J. (2014). A rights and equity-based “Platform and Action Cycle” to advance child health and well being by fulfilling the rights of children. *Canadian Journal of Children’s Rights* 1(1), 199-218.
- Sinclair, R. (2004). Participation in Practice: Making it meaningful, effective and sustainable. *Children & Society* 18, 106-118.
- Snape, M.D. & Viner R.M. (2020). COVID-19 in children and young people: Children have a low risk of COVID-19 and are disproportionately harmed by precautions. *SCIENCE* 370(6514), 286-288.
- Sorbring, E. & Kuczynski, L. (2018). Children’s agency in the family, in school and in society: Implications for health and well-being. *International Journal of Qualitative Studies on Health and Well-being* 13, 1-4.
- Spyrou, S., Rosen, R., & Cook, D.T. (2018). Reimagining childhood studies: Connectivites... relationalities... linkages... In S. Spyrou, R. Rosen, & D.T. Cook (Eds.), *Reimagining childhood studies* (pp. 1-20). Bloomsbury Academic.
- Statistics Canada. (2017). *Census*. Statistics Canada. <https://townfolio.co/on/haliburton-county/demographics>
- Statistics Canada. (2021, March 4). *Impacts on mental health*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s3-eng.htm>
- Statistics Canada. (2022, April 27). *Census profile* [table]. 2021 Census of population. Statistics Canada Catalogue no. 98-316-X2021001. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>
- Street, H. (2017). *Contextual wellbeing: Creating positive schools from the inside out*. Wise Solutions Pty Ltd.
- Street, H., Nathan, P., Durkin, K., Morling, J., Dzahari, M.A., Carson J., Durkin, E. (2003). Understanding the relationships between wellbeing, goal-setting and depression in children. *Australian and New Zealand Journal of Psychiatry* 38, 155-161.
- Subramanian, S. (2021, June 4). The lost year in education. *Maclean’s*. <https://www.macleans.ca/longforms/covid-19-pandemic-disrupted-schooling-impact/>

- Sugawara, D., Gu, Y., Masuyama, A., Ng, S.L., Phoo, E.Y.M., Shah, R.I.A.B.R., Kubo, T., Chishima, Y., & Tee, E.Y.J. (2021). RE-COVER project: A survey on resilience mental health, and fear of Covid-19 in four countries. *BMC Research Notes* 14(409), 1-4.
- Thorne, B. (1993). *Gender play: Girls and boys in school*. Rutgers University Press.
- Tisdall, K. & Elsley, S. (2011). *Children and young people's participation in policy-making: Making it meaningful, effective and sustainable*. Centre for research on families and relationships. <https://era.ed.ac.uk/bitstream/handle/1842/20973/Participation-briefing-1.pdf?sequence=1&isAllowed=y>
- Tisdall, K.M. & Punch, S. (2012). Not so 'new'? Looking critically at childhood studies. *Children's Geographies* 10(3), 249-264.
- U.N. Convention on the Rights of the Child. (1989). <https://www.unicef.org/child-rights-convention/convention-text#>
- Uprichard, E. (2008). Children as 'being and becomings': Children, childhood and temporality. *Children & Society* 22, 303-313.
- Valentine, G. (1996). Children should be seen and not heard: The production and transgression of adults' public space. *Urban Geography* 17, 205-220.
- Waddell, C., Schwartz, C., Barican, J., Yung, D., & Gray-Grant, D. (2020). *COVID-19 and the impact on children's mental health*. Children's Health Policy Centre, Simon Fraser University.
- Ware, N.C., Tugenberg, T., & Dickey, B. (2003). Ethnography and measurement in mental health: Qualitative validation of a measure of continuity of care (CONNECT). *Qualitative Health Research* 13(10), 1393-1406.
- Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in school? Advice for schools and framework document*. National Children's Bureau.
- Weist, M.D., Bruns, E.J., Whitaker, K., Wei, Y., Kutcher, S., Larsen, T., Holsen, I., Cooper, J.L., Geroski, A., & Short, K.H. (2017). School mental health promotion and intervention: Experiences from four nations. *School Psychology International* 38(4), 343-362.
- Wells, G., Biewener, Whitman, C.V., Sebian, J., Popp, J., Short, K., George, M.R.W., & Weist, M.D. (2011). The formation of the Canada-United States School Mental Health Alliance. *Advances in School Mental Health Promotion* 4(3), 42-54.
- Wiens, K., Bhattarai, A., Pedram, P., Dores A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences* 29(e115), 1-9.

Wong, J. (2022, January 4). Parents frustrated as some schools shift online, others plow ahead amid rising COVID-19 cases. *CBC News*. <https://www.cbc.ca/news/canada/parents-frustration-schools-covid-1.6303239>

World Health Organisation. (2010). *Mental health: Strengthening our response*. Fact sheet No. 220. http://www.wiredhealthresources.net/resources/NA/WHOFS_MentalHealthStrengtheningResponse.pdf

World Health Organisation. (2019). *Mental health: Fact sheet*. World Health Organisation. https://www.euro.who.int/__data/assets/pdf_file/0004/404851/MNH_FactSheet_ENG.pdf

YouthCan IMPACT. (2017). About YouthCan IMPACT. *YouthCanIMPACT*. <http://youthcanimpact.com/about-youthcan>

YWHO. (2017). *Youth Wellness Hubs Ontario: A primer*. YWHO.