

A literature review: Exploring barriers to Canadian youth mental health supports and services

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ABSTRACT

Mental health for Canadian youth is an increasingly worsening issue. For many young people who are struggling with their mental health, securing meaningful and appropriate mental health support is challenging. There are significant barriers to accessing mental health services. Barriers can include, but are not limited to, supports available, wait-times, cost, social stigma, and systemic discrimination. For youth belonging to vulnerable communities, these barriers can be exacerbated by social demographic factors (e.g., gender, race). Supports which do not address the unique needs of diverse youth can contribute to poor mental health. Individuals and families often incur large expenses when attempting to access services. The persistence of stigma associated with mental illness can make young people feel increasingly isolated and alienated from peers, family and community members. More research is needed on how to improve service design as well as in-putting holistic measures to break down barriers for youth seeking mental health support. In this literature review, we explore key research on the demographics of Canadian youth seeking mental health help, focusing on barriers such as long wait times, service design and community-based options that affect access and outcomes.

INTRODUCTION

Youth mental health is an important issue within Canada. Mental health wait times in Canada have been increasing at an alarming rate, causing significant harm to youth and families waiting for mental health support. Youth who are already experiencing poor mental health are exposed to various barriers in accessing suitable mental health services. For example, youth who are racialized and/or gender diverse face unique challenges in obtaining suitable care (Schein et al. 2021). Yang et al. (2024) highlighted:

In Canada, models estimate prevalence rates of 19.8% (or 6.8 million) of all Canadians living with a mental disorder as of 2011, with a projected increase to 20.5% (or 8.9 million) in 2041. The prevalence of mental disorders is notably higher amongst youth, with an estimated 23.4% (or 1 million) of Canadian children and youth aged 9–19 living with a mental disorder. (p. 3)

In an increasingly online world, many Canadian youth find themselves targets of cyber-victimization (Kingsbury et al., 2023) which negatively impacts their mental health. Mental health conditions such as body dysmorphia are associated with depression and anxiety (Hammami et al., 2022). Youth whose communities regularly experience racially motivated violence and/or gender-based violence are subject to impoverished mental health (Menon et al., 2024; Salami et al., 2021). Yang et al. (2024) stressed the need to address the youth mental health crisis in Canada, and observed that “youth may engage in a variety of inappropriate coping strategies” such as substance abuse, anxiety, and self-harm, which can lead to suicide (p. 4). Youths belonging to racialized and/or gender diverse communities experience unique challenges in their mental health (Kourgiantakis et al., 2023; Menon et al., 2024; Salami et al., 2021). For instance, being constantly misgendered has grave consequences on young people’s wellness. Contending with ongoing racial discrimination holds dire consequences for Black, Indigenous, and People of Colour (BIPOC) youth as securing support can be challenging. Mental health concerns are further aggravated by extensive wait times. This intensification is also associated with a spike in the cost of care for youth and their families (Leung et al., 2021). Additional barriers to obtaining meaningful support that were found within the literature include, but are not limited to, social demographics, caregiver support, level of education and service design (Leung et al., 2021). There is a need for community-based solutions (Russell et al., 2019). In this literature review, we explore Canadian research surrounding barriers to accessing youth mental health supports within Canada.

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METHODS

Literature was purposely mined from the following databases, platforms, and academic journal sites: MacEwan Library search engine, University of Alberta search engine, Google Scholar, EBSCO, Medhub, ProQuest, Centre for Addiction and Mental Health, International Journal of Mental Health Systems, Medline, BMC, Springer, Sage Journals, PLoS ONE, Wiley Online Library, and The Canadian Journal of Addiction and Facets.

Process of selection

The search entailed articles pertaining to Canadian youth written between the years of 2019–2024. Key search words were employed in various combinations. These included: Addictions, African Immigrants, Anxiety, Autism Spectrum Disorder, Barriers, Barriers to Treatment, BIPOC, Bisexual, Black Youth, Canada, Caregivers, Children, College, COVID-19, Cybervictimization, Depression, Drug Use, Early Intervention, ED, Emergency Department, Equity, Externalizing Problems, Family, Gay, Gender Affirming Care, Health Care Services, Health Services, Immigrant, Integrated Youth Services, Internalizing Problems, Intersectionality, Intervention, Lesbian, LGBTQ2S+, Mental Disorders, Mental Health, Mental Health Experiences, Mental Health Service Utilization, Minority Youth, Navigation, Pandemic, Patient Satisfaction, Post-Secondary Institutions, Psychosis, Psychosis Risk, Queer, Race, Racialized Youth, Rapid Access, Rural Communities, Service Delivery, Service Use, Services, Social Support, Stigma, Student Health, Structural Barriers, Substance Abuse, Suicide Attempt, Suicidal Ideation, Transgender, University, Wait List, Wait Times, Young Adults, Young People, Youth, and Youth Mental Health Services.

RESULTS

In line with authors studying youth (Boak et al., 2022; Kourgiantakis et al., 2023; McIlwaine et al., 2023; Scheim et al., 2021) and the Government of Canada's State of Youth Report (SOYR) published in 2021, we surveyed articles focusing on Canadian youth 13 to 29 years of age. The SOYR (2021) notes:

The term “youth” generally refers to those in the stage of life from adolescence to early adulthood. Looked at numerically, there are over 7 million young people in Canada between the ages of 15 to 29, and they are as diverse as the country itself (Who are youth in Canada, para. 1).

26 articles were selected for this literature review.

LITERATURE REVIEW

Demographic of youth seeking mental health services

McIlwaine et al. (2023) found that youth who experienced mental health distress were more likely to seek out support to help alleviate their concerns such as feeling a lack of control over their emotions, conflicting internal perceptions of well-being, and new experiences like anger, self-harm, and feeling depressed. They interviewed 11 participants 14 to 35 years of age, who were receiving care in Montreal, Canada for clinical high-risk psychosis. They found that what “pushed” the youth to receive care was the feeling of not being able to function properly in society (McIlwaine et al., p. 188). McIlwaine et al. (2023) noted “symptoms [of

psychosis] often clashed with participants’ perceptions of “normal” and these perceived changes and newfound barriers ultimately pushed participants to seek help” (p. 188). ‘Normal’ was defined by the researchers as thoughts or behaviour that did not disrupt the individual’s sense of self and/or identity. Youth participants revealed that they could not do the things they usually did. McIlwaine et al. (2023) observed that, “help-seeking was generally brought about by barriers to achieving personal objectives like finding work, going to school, and pursuing other everyday activities” (p. 185). Another study with racialized and transgender youth highlighted that their mental well-being was influenced by how they were identified and treated in their home, school, and community (Menon et al., 2024).

The literature on wait times shows that the intersections of status and gender impact youth experiences in accessing mental health services (Semovski et al., 2022). Few studies specifically included data regarding non-binary youth (Menon et al., 2024; Salami et al., 2021; Scheim et al., 2021). Kourgiantakis et al. (2023) identified youth in Canada aged 16–24 as having the highest rates of mental health concerns. Substance misuse and gambling problems were a few of the concerns they identified. Drawing on previous research, Kourgiantakis et al. (2023) note that of the youth who received care, “approximately 52% drop out of treatment” (p. 2) due to issues of continuity of care during transitions from child and adolescent mental health services to adult mental health services. Looking at children and youth between 12–18 years of age, Semovski et al. (2022) stated “age, sex, legal guardianship, interpersonal conflict, school conflict, intellectual disability and comorbid health condition(s) are associated with the urgency for mental health services” (p. 772), suggesting that sociodemographic status can impact youth mental health negatively. Semovski et al. (2022) also found that girls tend to internalize mental health symptoms whereas boys tend to externalize their symptoms (p. 766). The authors connected the internalizing versus externalizing behaviours across sexes to mental health outcomes, noting that those who identified as male “had a 21% decrease in odds of exhibiting high mental health service urgency when compared to their female counterparts” (p. 769). These findings illustrate a gendered divide within mental health care, where male children who externalize mental health symptoms are often able to have their needs met, whereas female children, who tend to have covert symptoms, are not. Boak et al. (2022) also support this claim in their survey of Grade 7 to 12 students where they found that girls were more likely to report that COVID-19 negatively impacted their mental health. However, Church et al. (2020) observed that “no age or gender differences were found with respect to perceptions of barriers” (p. 566). They explained that this finding could be a result of the lack of mental health awareness in rural communities, suggesting that further research could reveal gender differences.

Background factors related to youth mental health concerns should also be considered when thinking about barriers to accessing mental health services. In terms of gender diverse youth, Scheim et al. (2021) focused on transgender and gender nonbinary youth and adults, and found that “having a doctor who was aware of one’s gender identity and feeling comfort with a family doctor were positively associated with general and mental health” (p. 1214). This finding is supported by Menon et al. (2024) who foregrounded the mental health experiences of a racialized youth and a transgender youth alongside their desire for culturally,

racially, and gender affirming care. [Kourgiantakis et al. \(2023\)](#) explained that “stigma, racism, discrimination, and lack of culturally appropriate treatment and care” (p. 2) are some of the barriers associated with finding appropriate mental health support. They quoted Coleman and Best (2023) who found that “Black youth have wait times that are almost double that of White youth, with reduced access to family physicians” (p. 11), reporting that Black patients waited for about 16 months for support while White patients waited for seven months. [Kourgiantakis et al. \(2023\)](#) further noted the “Eurocentric nature of mental health services and the importance of culturally responsive services and affirming care for Black youth” (p. 11). This is a significant recognition of the structural barriers affecting marginalized populations. This finding is supported by [Toulany et al. \(2023\)](#) who view barriers as a symptom of the discrimination, and not characteristics of marginalized populations (p. 905).

[Fante-Coleman and Jackson-Best \(2020\)](#) recognized that marginalization can present as a lack of cultural understanding, which can lead to inadequate and/or a compromised quality care for vulnerable populations (p. 129). This finding is supported by [Menon et al.’s](#) study in 2024, where two youth discuss feelings of being traumatized because of their ethnic heritage and gender while seeking appropriate cultural and gender affirming care. [Salami et al. \(2021\)](#) found that “participants described the mental health system as an “othering” service that contributes to the exclusion and marginalization of Black people” (p. 247). [Scheim et al. \(2019\)](#) noted that Canadian youth can wait up to 3–11 months for mental health assessments related to gender affirming care (p. 1216). When mental health services do not oppress or negate youths’ lived experiences, but instead actively attend to the experiences of BIPOC and gender diverse youth, opportunities for improved mental health are fostered ([Menon et al., 2024](#)). University students are often thought to have better access to mental health services; however, [Dunley et al. \(2019\)](#) found that “university mental health services remain underutilized” (p. 700) for Canadian and American young people. They outlined sociocultural factors, insurance coverage, and student barriers as some of the factors that prevent these youth from seeking mental health support ([Dunley et al., 2019, p. 709–712](#)). [Javadizadeh et al. \(2025\)](#) highlighted that students’ mental health history can affect their academic success. These findings show that it is not merely enough to provide mental health services to youth. Efforts to improve youth mental health services must go beyond simply making care available. Effective holistic approaches include promoting treatment benefits, establishing youth-focused drop-in centers and shelters, and actively involving young people in decision-making about their care ([Russell et al., 2019, p. 14–16](#)).

Wait times for mental health care

In Canada, access to mental health care is publicly funded. However, there exists private mental health care that is often paid out of pocket and/or through employee/student benefit plans. Wait times can vary from province to province, with Quebec having the best mental health access rate for gender diverse youth ([Scheim et al., 2019, p. 1216](#)). Access to care, however, is impeded by the wait times many youths experienced in search of help. [Kourgiantakis et al. \(2023\)](#) noted how long wait times are a barrier to youth receiving mental health care. One youth they interviewed shared, “just being told I was going to be waitlisted... makes me realize... in 8 months, am I gonna still be in tuned with how I’m feeling right now?” (p. 4). This youth’s internal struggle showcases

the disruption of wait times that many youths seeking mental health services encounter. [Children’s Mental Health Ontario \(2020\)](#) observed that “the longest wait for services can reach 919 days or 2.5 years. Additionally, average wait times for counseling and therapy is 67 days and for intensive treatment the average is 92 days” (p. 3). Many organizations report increasing or stagnant wait times which negatively impact Canadians. The [Canadian Institute for Health Information \(2021\)](#) reported, “[h]alf of Canadians wait up to a month for ongoing counseling services in the community, while 1 in 10 can wait more than 4 months” (p. 12). Wait times within the public health care system for mental health support can leave youth and their families with feelings of both hope and hopelessness ([Menon et al., 2024](#)).

The impact of long wait times

Wait times are not only frustrating to those who experience them. They can become life-threatening situations and/or pose financial risks for youth and their families ([Smith-Young et al., 2020](#)). Long wait times can have traumatic effects on youth and their families which affect the way they interact with the healthcare system ([McIlwaine et al., 2023](#)). [McIlwaine et al. \(2023\)](#) interviewed participants on their experiences of waiting to receive care in a Montreal Emergency room and observed that “extended waits also allowed symptoms to worsen.” (p. 186). These included feelings of sadness, guilt, sleep disturbances, anxiety, and unusual or distressing thoughts (p. 188). [McIlwaine et al. \(2023\)](#) shared one youth’s experience. Darryl experienced great distress in waiting for formal mental health support. He felt that his symptoms were growing stronger while he waited for his referral to the Clinical High Risk (CHR) service to be processed. These harms, caused by prolonged wait times, can exacerbate symptoms and result in dangerous outcomes for youth. [Semovski et al. \(2022\)](#) suggest that unmet mental health needs in children and adolescents greatly increase their risk of later disengagement from school, involvement with the criminal justice system, and underemployment. Vulnerable groups are further marginalized by wait-times ([Kourgiantakis et al., 2023; Menon et al., 2024](#)).

Other harms of wait times relate to their financial implications. Some researchers indicate that when youth and their families reach a breaking point, they often turn to more expensive alternatives ([Smith-Young et al., 2020](#)). It is evident that “[p]arents faced a considerable financial burden when paying out-of-pocket for services that are not funded to avoid long waits” ([Leung et al., 2021, p. 558](#)). [Smith-Young et al. \(2020\)](#) interviewed one parent who stated that: “you got a wait list and a child that has needs and at least you got a credit card that can fund it or that line of credit . . . we’re \$32,000 [in debt] still digging out” (p. 7). Although some families are able to mitigate the long wait times by opting to pay out of pocket, many Canadian families are not able to afford this cost ([Moroz et al., 2020](#)).

Service design and community-based solutions

Service design can be a barrier for youth seeking help. [Kourgiantakis et al. \(2023\)](#) suggested that service design issues such as “fragmented and siloed services, and lack of smooth transition between child and adult services” contribute to the inadequate mental health care received by youth and their families (p. 2). They also found that physicians feel “lost” trying to navigate the complex and fragmented mental health care system” (p. 3). Youth and families seeking mental health support, as well as their service providers, feel overwhelmed by failures of the system (p.

4). Russell et al. (2019) reported that participants struggled to access services due to lack of awareness or limited availability (p. 4). Consequently, youth without access to mental health care often use emergency departments to get the help they need. Researchers suggest that an indicator of how well youth are able to access mental health services is the frequency of which they use the emergency department for mental health support (Saunders & Gill, 2018).

The role emergency departments play in youth mental health can be further explored, especially with respect to wait times. Eichstedt et al. (2021) explained that “[p]rioritization of patients on wait lists is an important management strategy” (p. 116). They recommended finding tools that make the harmonization of services easier. Participants in another study suggested service design could be improved when treatment is gender-specific, culturally relevant, family based, and when cut-off limits are eliminated, as well as having service providers with lived experience (Russell et al., 2019, pp. 8–9). Leung et al. (2021) stress the need for a collaborative approach between mental health services which involves communication of all parties involved. This approach would help identify risk factors in youth and add to preventative measures for worsening youth mental health. Kim et al. (2023) stated that “[u]nderstanding factors related to increased ED visits is critical to inform policy strategies to enhance the mental health and addiction (MHA) healthcare system” (p. 2). Additionally, Moroz et al. (2020) suggested using community based and stepped models because they “can reduce wait times and increase access to mental health services by coordinating care” (p. 284).

From a caregiver perspective, Leung et al. (2021) found that parents recommended a team approach to service design. This team approach to service design is also supported by Russell et al. (2019) who state that there is an “integrated youth services movement” that offers “brief interventions, peer support, care navigation, primary care and a point of access to higher intensity services for both mental health and addictions issues for youth” (p. 15). Church et al. (2020) recognized funding as a barrier to effective service design (p. 555). Service design to improve mental health service delivery must consider patients’ needs. Also, there is a need for enhanced communication between services and service providers. Read et al. (2023) urged post-secondary institutions to have a clear pathway to services on their websites (pp. 105–106). In terms of improving service design for marginalized people, Fante-Coleman and Jackson-Best (2020) noted that “challenging power structures and the status quo surrounding race and treatment provision was difficult when senior employees were mostly White” (p. 131). Menon et al. (2024) contended that by listening to the stories of youth service providers, program facilitators and policy makers, meaningful interventions for youth in distress can be co-created, helping to mediate long wait times.

DISCUSSION

Youths’ specific life experiences have both direct and indirect impacts on the way they seek and receive mental health services. More research is needed into how gendered socialization affects how children and youth seek and access mental health support. Youth from vulnerable populations are at further risk. The mental health experiences of BIPOC and gender diverse youth need to be

further studied. Another important consideration raised within the research literature are the increasing wait-times for formal mental health supports and care within Canada. The burden of expensive treatment endured by youth and their families coupled with long wait times has an impact on the mental health of youth. Identifying ways to reduce wait times will help to decrease the stress experienced by youth awaiting support. It is also valuable to investigate ways to alleviate the strain on youth and family service providers.

The need for service design that contributes positively to youth mental health outcomes was discussed in the literature. The costs associated with poor service design can cause negative mental health outcomes for youth seeking mental health support. Communication between service providers and their patients is important for breaking down barriers within the mental health system. Intersectional mental health care that takes into account socio-demographic factors of youth is able to better identify and serve youth seeking support. More research can be undertaken to find ways to improve and sustain mental health service design and to foster support for youth, families and mental health professionals. For instance, partnerships can be an avenue of exploration.

Future considerations

Caregivers such as guardians, parents, and other familial members play critical roles in youth mental health as they are often primary advocates for youth. This literature review has not touched in depth on the experiences of caregivers, even though they are a crucial demographic in youth mental health. Literature around supports and system designs that consider the experiences and concerns of caregivers would be helpful in understanding how they influence youth mental health, and in turn, are impacted by their interactions with the health care system. Exploring the roles of caregivers in helping Canadian youth can hold significant value in determining how best to support youth struggling with their mental wellness.

CONCLUSION

This literature review, limited in scope, provides an exploration of various issues pertinent to the mental health concerns of youth in Canada. Tracking increases in mental health wait times is an important service design measure that can help healthcare providers identify gaps in service delivery. The impact of wait-times is significant and can accumulate into months and years of waiting. Impacts can include worsening mental health symptoms and steep costs of care for those seeking alternatives to the health care system. In terms of service design, bringing communities into conversation on how to improve mental health care supports will create spaces for dialogue and innovation beneficial to youth, their families and healthcare providers. The research discussed here provides a broad guide for understanding the mental health needs of Canadian youth.

CONFLICTS OF INTEREST

The author declares no conflicts of interest.

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