



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario

#HearNowON

Ontario student perspectives
on school mental health

2024

We work together with Ontario school districts to support student mental health.

School Mental Health Ontario is a provincial implementation support team. We help school districts to enhance student mental health through the use of evidence-based strategies and services.

Visit School Mental Health Ontario at smho-smsso.ca for more sources and information about school mental health.



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Table of contents

Acknowledgements	5
Executive summary	10
Project overview	13
Demographics	21
Findings	25
Summary of key findings	43
Conclusion	45



Land acknowledgement

The Centre for School Mental Health at The University of Western Ontario is located on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron peoples, on lands connected with the London Township and Sombra Treaties of 1796 and the Dish with One Spoon Covenant Wampum. With this, we respect the longstanding relationships that Indigenous Nations have to this land, as they are the original caretakers. We acknowledge historical and ongoing injustices that Indigenous Peoples (First Nations, Métis and Inuit) endure in Canada, and we accept responsibility as a public institution to contribute toward revealing and correcting miseducation as well as renewing respectful relationships with Indigenous communities through our teaching, research and community service.

School Mental Health Ontario is based in the City of Hamilton, and is situated on the ancestral lands of the Anishinaabe and Haudenosaunee Confederacy. This land is covered by the Dish with One Spoon Wampum Belt Covenant, which calls all people to share the land with peace and respect, now and for future generations. We further acknowledge that this land is covered by the Between the Lakes Purchase (1792), an agreement between the Crown and the Mississaugas of the Credit First Nation.

Our work at School Mental Health Ontario serves students across the province, including First Nations, Métis and Inuit students, and takes place on the traditional and ancestral territories of many Indigenous Peoples. As a provincial initiative within the public education system, we recognize our responsibility to contribute to truth, to challenge systemic racism and miseducation, and to work in partnership with Indigenous Peoples to support culturally-responsive, strengths-based mental health and well-being programs and supports. We commit to ongoing learning, accountability, and action in support of reconciliation.

The Centre for School Mental Health at The University of Western Ontario and School Mental Health Ontario teams came together to launch #HearNowON (HNO), a student engagement initiative reaching students across Ontario. The Dish with One Spoon Treaty emphasizes respectful listening and dialogue among nations. Similarly, centring students requires listening to their diverse perspectives—especially those who have and continue to be silenced.

As we live and work on this land, we must do more to learn about the rich history so that we can better understand our roles as residents, neighbours, partners and caretakers. We encourage all reading this report to review the [Calls to Action of the Truth and Reconciliation Commission](#), reflect on the truth of our colonial history and legacies and commit to needed actions in the full spirit of reconciliation.

Acknowledgement of the enslavement of Africans, anti-Black racism and Black excellence in Canada

School Mental Health Ontario recognizes the present-day anti-Black racism that persists in schools and society as a legacy of colonialism and the enslavement of Africans. We acknowledge that it is our shared responsibility to dismantle anti-Black racism, both individually and institutionally in support of the mental health and well-being of Black students, families and communities.

Enslavement, colonialism, and systemic oppression have and continue to shape the experiences of Black people, including within mental health services and supports in the education system. Addressing these realities requires an ongoing commitment from systems, schools and individuals to dismantle harmful practices and amplify the knowledge and expertise of Black communities regarding well-being and mental health. By co-creating and delivery of responsive, affirming, and relevant mental health supports and services, we can help support healing, belonging, and collective care for Black students, families, and communities.

School Mental Health Ontario honours the resilience, excellence, joy, and leadership that exist within Black communities, and that show up through the voices and contributions of Black students, including in #HearNowON 2024. Listening to and learning from these perspectives is an essential part of our work.





Expression of gratitude

#HearNowON was made possible with the support of the incredible student leaders: Alex, Daunte, Haïfa, Juno, Kirin, Loli, Mariana, Shayera, Vaylena and Yoovita. Thank you all for your commitment to #HearNowON. Your leadership was invaluable.

Thank you to the mental health support staff for your contributions in making the focus groups inclusive and welcoming spaces. A special thank you Elder Tina Armstrong for guiding and supporting the students in a space where they could authentically share their thoughts about mental health and well-being.

Thank you to all parents and caregivers for encouraging your children’s participation. Your consent in this project was crucial in helping us connect with young people across the province.

And lastly, a huge thank you to all the student participants. We truly appreciate the insights and perspectives that you shared with us. We hope to use this important information to contribute to school mental health in a significant way.

Positionality statement

School Mental Health Ontario and The Centre for School Mental Health at The University of Western Ontario collaborated as research partners for this project.

School Mental Health Ontario is a provincial implementation support team which consists of regulated mental health professionals, school support staff and educators seconded from various school boards across Ontario and independent consultants. As an interdisciplinary team, our goal is to help school districts enhance student mental health through the use of evidence-informed strategies and services. Our diverse professional backgrounds and personal lived experiences are our source of strength. They equip us with the necessary tools to approach this work from an intersectional and identity-affirming lens.

The Centre for School Mental Health at The University of Western Ontario is a multidisciplinary team of researchers aimed at promoting school-based services to students in Canada. The goal of the Centre for School Mental Health is to provide data-driven, accessible prevention and intervention tools to promote the mental health of all students from kindergarten to grade 12. Through our collaborations and our diverse backgrounds, we aim to help address the gaps in student mental health by conducting meaningful research, providing high quality training, and engaging in knowledge mobilization. Our goal for the Centre is to reach all students, emphasizing the importance of inclusion, diversity, and equity.

Research ethics board approval

In August 2024, #HearNowON received ethics approval from the University of Western Ontario Research Ethics Board. The reference number for this research project is #125187.



Executive summary

Purpose

#HearNowON 2024 is an Ontario student engagement initiative that explores the learning needs and priorities of students from grades 7-12 in the area of mental health and well-being. The data gathered from the online survey and related focus groups informs the work of School Mental Health Ontario and can also be used by school districts to support their school mental health action plans.

#HearNowON 2024 had three main objectives:

1. To gather insights and ideas from middle and secondary school students on how schools and districts can build and sustain mental health knowledge with and among their peers.
2. To explore, from student perspectives, district and school efforts to deliver mental health services and resources using identity-affirming and culturally responsive approaches.
3. To understand student perspectives on authentic engagement related to provincial, district and school-based initiatives in support of student mental health and well-being.

Approach

The #HearNowON initiative drew on principles of Youth Participatory Action Research (YPAR), which centres the experiences and expertise of participants. Students played a key role in shaping the focus groups and survey questions, analyzing themes, and illustrating findings. For a detailed description of the process, see the [methodology](#) section.

Participants

Survey

A total of 365 students completed the HNO 2024 online survey. Most of the student respondents were cisgender girl/woman (50.4%) or cisgender boy/man (38.0%), were white (68.9%), did not have an individualized educational program (IEP) (61.5%) and did not identify with having a disability (70.7%).

Focus groups

14 focus groups were facilitated, with a total of 47 student participants. The focus groups included both identity-specific spaces and broader, open groups. The groups included:

- 2S/LGBTQIA+ (3 student participants)
- African, Afro-Caribbean and Black (3 student participants)
- Deaf and/or hard of hearing (ASL and LSQ) (11 student participants)
- Indigenous (First Nation, Métis and Inuit) (3 student participants)
- Newcomer and refugees (2 student participants)
- Open student groups (21 student participants)
- Special education learning profiles (French and English) (4 student participants)

Key Findings from #HearNowON 2024

1. Students want mental health to be meaningfully incorporated into their education.
2. Students want their parents and caregivers to be equipped to support their mental health.
3. Most students expressed at least some interest in participating in mental health leadership initiatives at school, and just over half are aware of opportunities to get involved.
4. Students recognize the connection between identity and mental health, and value opportunities to celebrate their own identities and learn about others as a way to bolster connectedness at school.
5. Many students know where to find mental health support at school and have at least one trusted adult they can turn to.

Discussion

The sample size within HNO 2024 was smaller than similar student engagement initiatives in prior years. This makes interpretation challenging, in terms of representativeness across the province, and also for year-over-year comparisons. However, we do appreciate the student perspectives offered through surveys and focus groups and want to reflect what we heard from them in this report. Further, the identity specific focus group offerings provided an opportunity for students to engage in deeper dialogue, bringing aspects of their identity to the fore in conversations, which was a unique element of the approach this year. School districts are encouraged to consider the HNO 2024 findings in the context of their own student engagement and student voice initiatives, as a data source that can contribute to mental health action planning.



Project overview

#HearNowON (HNO) is a province-wide student engagement initiative that explores the learning needs and priorities of students from grades 7-12 in the area of mental health and well-being. The data gathered from the online survey and related focus groups informs the work of School Mental Health Ontario (SMH-ON) and can also be used by school districts to support their school mental health action plans.

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1. To gather insights and ideas from middle and secondary school students on how schools and districts can build and sustain mental health knowledge with and among their peers.
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3. To understand student perspectives on authentic engagement related to provincial, district and school-based initiatives in support of student mental health and well-being.

#HearNowON was first launched in 2019. The overarching intention of this initiative has been to understand the mental health learning needs and objectives from students across Ontario. HNO occurs every two to three years to inspire actions in school mental health that reflect the expressed learning needs and preferences of Ontario students.

For more information on previous iterations of HNO, read the [2019 report](#) and the [2021 report](#).

Research in action

Meaningful engagement of students through HNO is one way to demonstrate commitment to centring student voices and perspectives in school mental health in Ontario. When intentional and explicit efforts are made to action the recommendations made by students, they can see and feel the power of their influence. School Mental Health Ontario (SMH-ON) has taken concrete steps to respond to what students shared in HNO 2021. For example:

Students said they want mental health learning to be frequent, early and varied. To support this, SMH-ON developed [lesson plans and resources for schools and students](#) to support this recommendation.

Students said they want stronger equity-based and culturally responsive mental health resources and support. Since then, SMH-ON has continued to develop resources on equity, allyship and mental health. An [identity-affirming school mental health framework](#) was also launched in response to this call to action. The approach to HNO 2024 also modelled the importance of identity by amplifying marginalized perspectives and experiences through identity-specific focus group offerings.

Students said they want their teachers, parents and caregivers and families to learn more about mental health. In response, SMH-ON introduced an Educator Community of Practice and a Parent and Caregiver Collaboration Group to hear from these audiences and better inform resources and learning opportunities for educators, parents and caregivers. [By Your Side](#), an online resource hub and school-facing toolkit designed to support Ontario parents and caregivers in fostering their children's mental health and well-being, has also been created to help in building mental health literacy for families.

Identity-affirming framework

“School mental health done well recognizes and affirms the identity of every student, regardless of their background or experiences.”

Identity-affirming school mental health addresses inequities and creates an inclusive and supportive environment for every student.”

[\(Leading Mentally Healthy Schools\)](#)

SMH-ON centres the experiences and perspectives of identities that have and continue to be marginalized. To facilitate authentic and specific conversations with these communities, the HNO process included the following identity-specific focus groups:

1. 2S/LGBTQIA+
2. African, Afro-Caribbean and Black
3. Deaf and/or hard of hearing (ASL and LSQ)
4. Indigenous (First Nation, Métis and Inuit)
5. Newcomer and refugee
6. Special education learning profiles (French and English)

Students could also choose to attend a focus group open to all students. These open focus groups were offered in French and English.



SMH-ON facilitated each focus group using anti-oppressive and identity-affirming practices, including:

- representation from student leaders with shared identities
- culturally responsive support and practices (e.g., the presence of an Elder for the focus group with Indigenous students)
- accommodations and modifications specific to participants (e.g., ASL and LSQ interpreters)

Although focus groups were designed around single identity markers, SMH-ON recognizes that individuals are not defined by a singular aspect of their identity, but rather multiple social identities, which inform how a student navigates through life. Through identity-specific groups, our goal was to provide spaces where students could show up as their authentic selves alongside their peers who share similar experiences. Students were not expected to speak on behalf of an entire group of people, nor were students confined to only speak about one aspect of their identity. Instead, we aimed at creating affirming spaces to support open and honest conversations.



Methodology

Youth Participatory Action Research

[Youth Participatory Action Research \(YPAR\)](#) is an approach to research that centres the experiences and expertise of the youth throughout the research process. HNO 2024 used various aspects of this approach to amplify student voice and perspectives. A group of 10 student leaders worked together to:

- review focus group and survey questions,
- lead focus group discussions,
- review themes from data analysis and
- engage in a photo project to illustrate the key themes for this report.

Students remained at the centre of this initiative. Their leadership and support helped to ensure that the process was welcoming, relevant and representative of the student experience.

Recruitment

This study engaged in a mixed-methods design which included the collection of quantitative data through an online student survey, and qualitative data through virtual and in-person focus groups. Between October 2024 and February 2025, a province-wide recruitment campaign invited students in grades 7–12 at publicly funded Ontario schools to participate in a HNO 2024 survey and/or focus group. Students were recruited through multiple platforms: School Mental Health Ontario (SMH-ON) and Centre for School Mental Health websites, social media (Facebook, Instagram and LinkedIn), and communication shared by community groups and school boards.

Survey methods

The online survey tool Qualtrics was used to administer the survey and to collect and store responses. Upon expressing interest to complete the survey, students were taken to a set of mandatory questions to determine eligibility. The mandatory questions asked about the type of school board, name of board and current grade. If the student was eligible, they were directed to a parent/caregiver consent form and then the survey. The survey took approximately 20 to 25 minutes to complete and asked students about their demographic background, familiarity with SMH-ON and available resources, knowledge about their school board's mental health initiatives and student learning related to mental health. The survey did not ask students to disclose personal information about their mental health, and most of the questions were close-ended to prevent disclosures that would be impossible to address in an anonymous survey. All survey questions were optional except for eligibility questions, which were in place to ensure that students met the criteria to participate. Mental health resources (e.g., helplines) were provided at the end of the survey, and students were encouraged to contact a trusted adult if they were experiencing mental health concerns at any time, during and after the survey.

Focus group methods

Students registered for focus groups online and were asked to share their name, email, school board, grade, and preferred focus group. Following focus group registration, an information letter and consent form were shared with each student. Students under 18 years of age required active parent/caregiver consent to participate. 12 focus groups were facilitated online, while two were facilitated in person.

The focus groups were up to 120 minutes in length. Students were asked questions related to mental health learning at school, identity-affirming school mental health and parent/caregiver learning about mental health. The groups were led by student leaders, and they were joined by a SMH-ON or Centre for School Mental Health team member.

During each focus group session, a mental health professional was accessible if a participant identified the need for additional support. A mental health professional was also available during the two in-person sessions. A safety protocol was developed to ensure a process was in place in the event a mental health concern occurred during the discussion.

A notetaker from the HNO research team was also present, and the virtual focus groups were audio recorded. The audio recordings were used to verify the written notes and obtain direct quotes from the conversations. The audio recordings collected during the virtual focus group sessions were downloaded immediately following each session, uploaded onto a secure server and deleted from the virtual platform. The audio recordings were then transcribed and de-identified to remove any identifying information.

Study limitations

There are several limitations to this study. In previous iterations of HNO (2019 and 2021), passive parent/caregiver consent was used to participate in the survey. For this iteration, the Research Ethics Board at Western University required active parent/caregiver consent for students to participate in the survey. Through Qualtrics, the HNO 2024 research team observed a decrease between the number of students who completed the eligibility form and the number of parent/caregiver consent forms that were completed. For example, there were over 1,000 students who completed the survey eligibility form and over 600 parents/caregivers who submitted their consent, but less than 400 completed survey responses were received. Less than half of the students who indicated that they were eligible for the survey followed through to survey completion. It is hypothesized that the number of steps to access the survey and the requirement for active parent/caregiver consent limited the number of study participants.

In addition, students were not required to answer all the survey questions. This was done intentionally to ensure students did not feel obligated to disclose information that they were not comfortable with. However, it resulted in inconsistent completion of some items. Also, as mostly closed-ended questions were used, it is possible that students had other ideas or suggestions that they could not share given the survey format.

Finally, year-over-year comparisons between 2019, 2021 and 2024 HNO reports should be interpreted with caution. The 2024 survey had a smaller sample size than the 2019 and 2021 surveys, which may limit the ability to make direct comparisons over time. Differences in sample size, composition, response rates and broader context (e.g., the COVID-19 pandemic) could also influence observed changes between the iterations.





Data analysis

Survey analysis

Descriptive analyses were performed on the survey data with frequency distributions calculated for each variable. Total number, percentage and average/mean scores, when applicable, are reported.

Focus group analysis

At the end of each focus group session, the notetaker shared a summary of the notes with students to ensure that the main ideas were captured accurately from the students' perspective. Transcripts were cross-referenced with the original audio recording to ensure data accuracy. The transcripts were then de-identified so participants would remain anonymous. Two members of the HNO research team carefully read the transcripts to familiarize themselves with the data, the flow of the conversation, and main discussion points. Reviewers then independently

coded the transcripts before coming together to establish core themes across all groups.

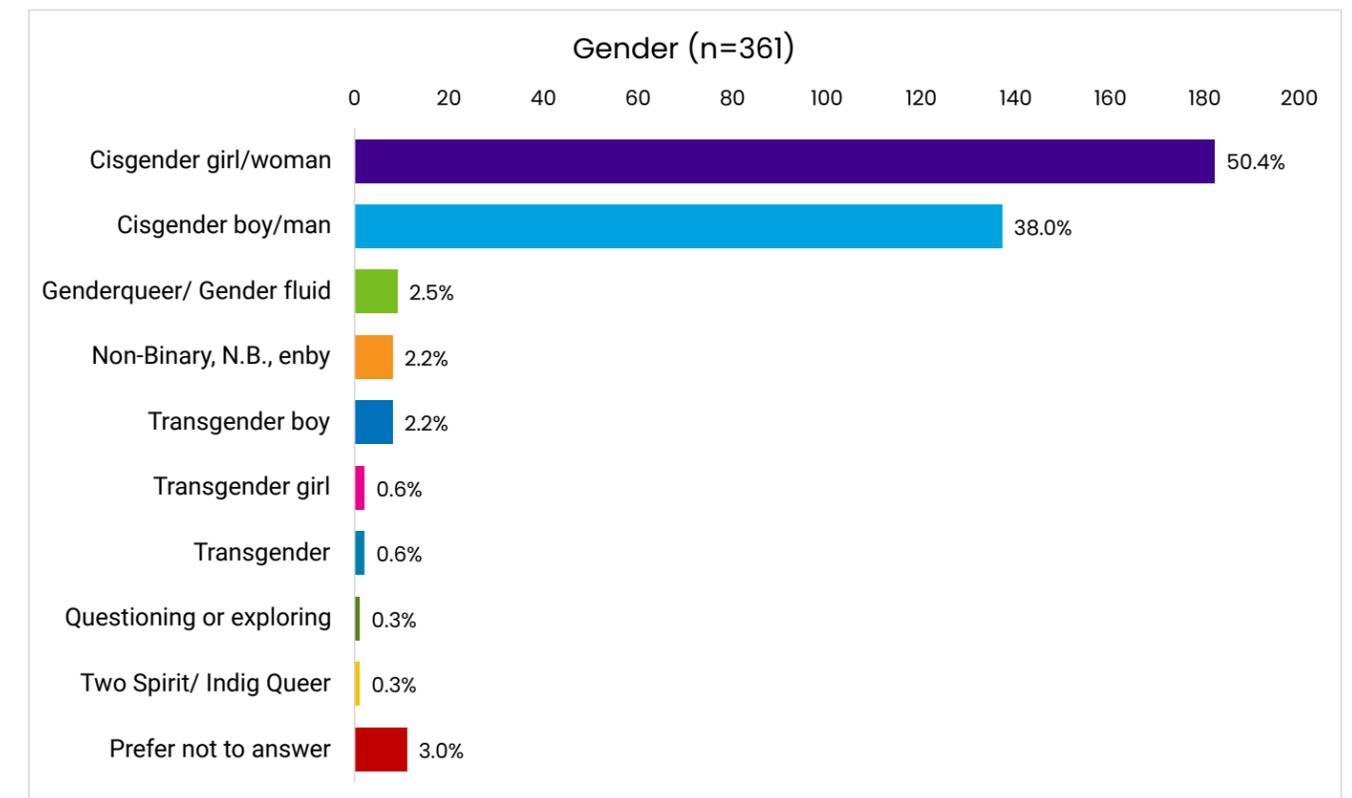
The analysis process was slightly modified for the focus group with students who identify as Indigenous. For this group, Indigenous consultants at SMH-ON were asked to also analyze the transcripts and to share a summary of themes identified from the session. The themes identified by the HNO research team and the Indigenous consultants were reviewed and discussed to ensure cultural nuances were highlighted.

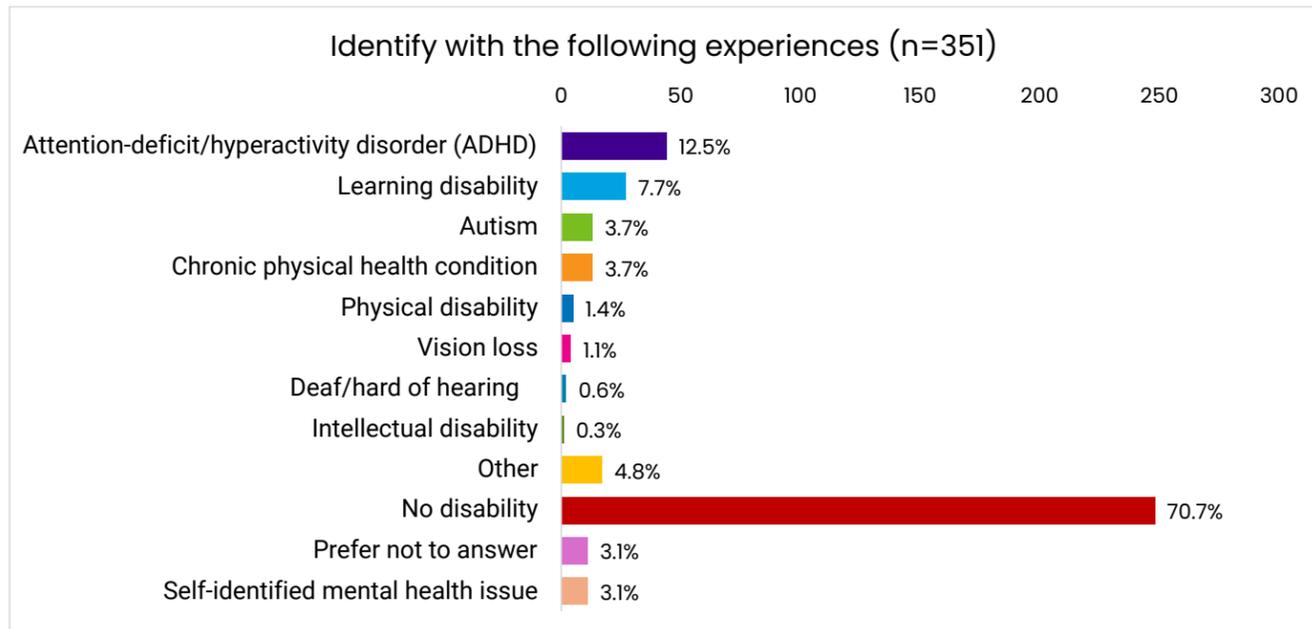
Finally, following the analysis from all focus groups, the HNO student working group reviewed the broad themes to ensure accuracy. The student working group also helped to define each theme using language relevant and appropriate for students.

Demographics

Survey

A total of 365 students completed the HNO 2024 online survey. Most of the student respondents were cisgender girl/woman (50.4%) or cisgender boy/man (38.0%), were white (68.9%) and did not have an individualized educational program (IEP) (61.5%).



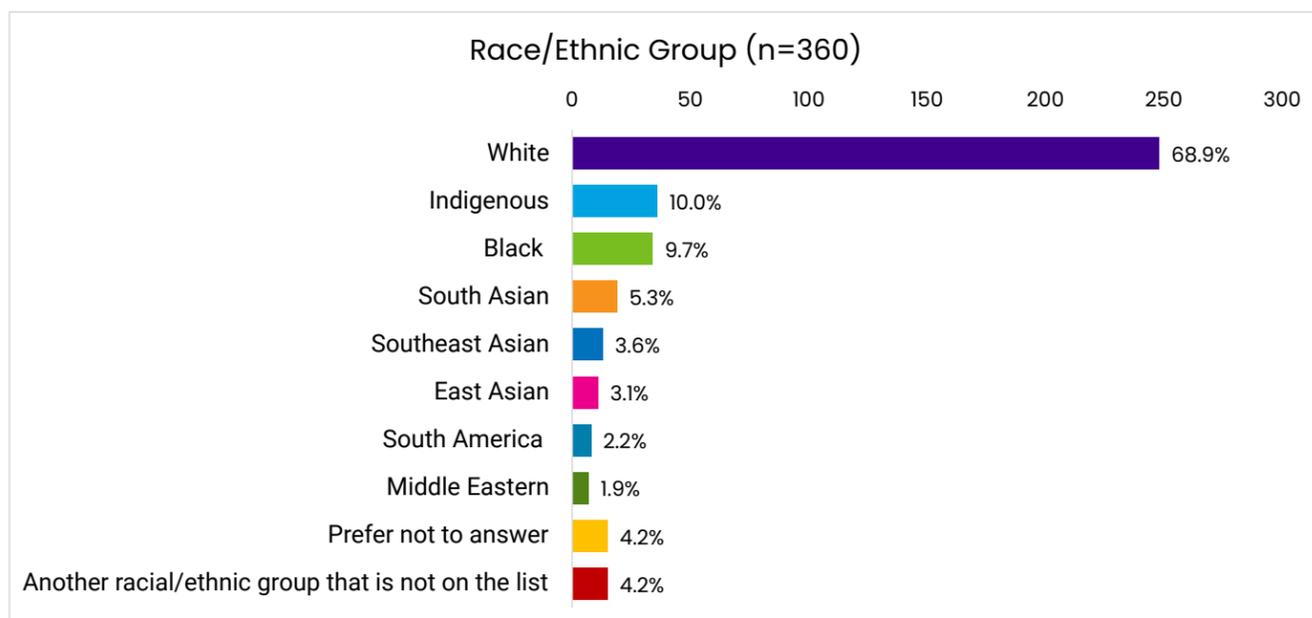
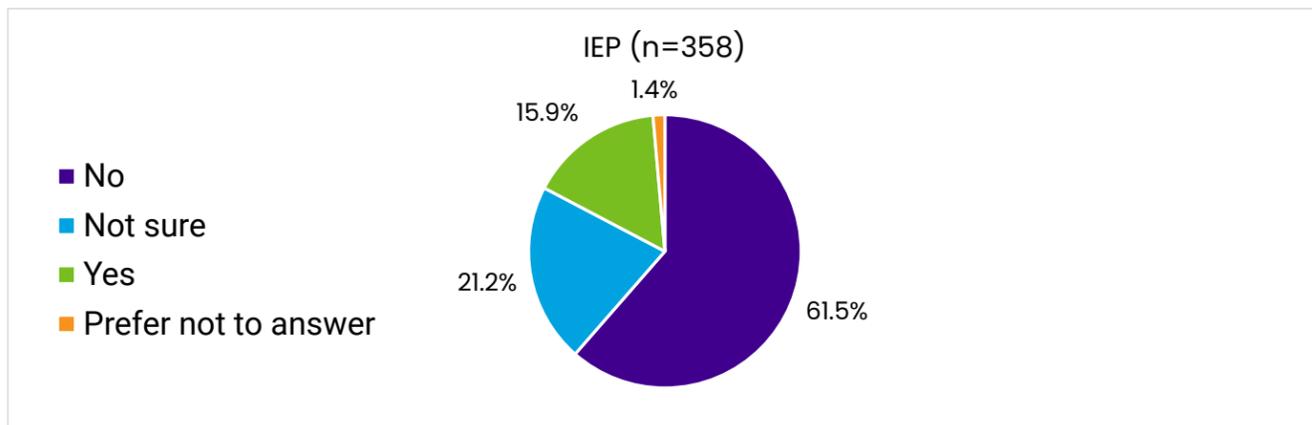


Focus group

A total of 14 focus groups were held with a total of 47 student participants.

The focus groups included:

- five open groups (n=21 students; 45% of focus group sample)
 - two focus groups conducted in French and three in English
- two in-person sessions held at Ernest C. Drury School for the Deaf and Consortium Centre Jules-Léger (CCJL) for students who are Deaf and/or hard of hearing. (n=11 students; 23%)
- three groups for students identifying with special education needs (n=4 students; 9% of focus group sample)
 - one focus group conducted in French and two in English
- one group for students identifying as 2S/ LGBTQIA+ (n=3 students; 6% of focus group sample)
- one group for students identifying as African, Afro-Caribbean and Black (n=3 students; 6% of focus group sample)
- one group for students identifying as Indigenous (n= 3 students; 6% of focus group sample)
- one group for students identifying as a newcomer or refugee (n=2 students; 4% of focus group sample)





Findings

The findings from HNO 2024 include insights from both the qualitative and quantitative student data, which will be presented in five themes:

1. Student mental health literacy
2. Parent/caregiver mental health literacy
3. Student engagement in school mental health initiatives
4. Identity affirming school mental health
5. Help-seeking and mental health support

The HNO 2024 survey invited students to report on their experiences with mental health literacy, and to offer input about their learning preferences.

Out of 305 survey responses, the majority of participating Ontario students (88.5%) indicated that they learned about mental health at school. When the students were asked specifically where learning about mental health occurs (multiple responses could be selected), amongst the 270 survey respondents to the question, the most common location was “in class.” This included:

- “in class, from a teacher” (79.6%)
- “in class from a mental health professional” (31.5%)
- “in class, through a student support staff member” (15.2%)

Student mental health literacy

The term “mental health literacy” has been defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” ([Jorm et al., 1997](#)).

Several participants across the focus groups emphasized that mental health learning is best when it happens “in class” as part of the curriculum.

Teaching students about mental health at school has the potential to:

- promote lifelong habits for maintaining good mental health,
- assist with early identification of mental health problems,
- encourage help-seeking, and
- reduce stigma.

“I think it’s great that we’re actually introducing mental health education into our curriculum, like in our actual education for students in the career studies classes, especially in a career studies class where that may not be the focus.”



In focus groups, the mental health topics covered in school that were identified as most helpful to students were:

1. Coping strategies
2. Common types of mental health problems
3. Importance of self-care
4. Availability of resources/services

Focus group participants shared the following:

These topics were seen as particularly valuable when they helped students better understand the range of mental health experiences. As one student shared, “How to recognize different parts of mental health for example, recognizing what it means to have anxiety.”

Another focus group participant reflected, “I think it’s been helpful overall learning about different ways mental health can affect different people.”

Focus group participants also suggested that mental health learning could be effective through organized presentations such as workshops, assemblies, guest speakers and presentations facilitated by a mental health professional and peer-led support groups. Workshops and small groups were shared as “interactive” and a “safe space” for discussion.

One focus group participant from the newcomer and refugee student focus group stated,

“I would love, like, actual discussions on it or like a small knit, tight group of people talking about it. So, like, maybe there could be like a group, like a support group for newcomers and they can just like all go together and talk about things that they could all work on together and fix.”

From the Indigenous student focus group, a student shared, “Sometimes we have beading at lunch different, like, activities like that. And just having conversations about mental health would be so helpful.”

Through focus group discussions and responses, students shared wanting the opportunity to talk about mental health in ways that are comfortable for them. These discussions can happen at different points of the day, using various mediums that are culturally relevant (i.e., beading) to engage students.



Parent and caregiver mental health literacy

In 2021, HNO findings suggested that students wanted their parents/caregivers to be more informed about mental health. To further unpack this theme in HNO 2024, focus group and survey participants were asked a series of questions regarding parents/caregivers and mental health literacy.

Approximately half (46.2%) of the survey respondents think that their parents/caregivers have received enough information from the school to support their mental health learning at home. The remaining respondents were either “unsure” (36.5%) or reported that their parents/caregivers do not receive enough information (17.4%). This was further emphasized by the focus group participants, who shared the need for more effective communication pathways between school and parents/caregivers.

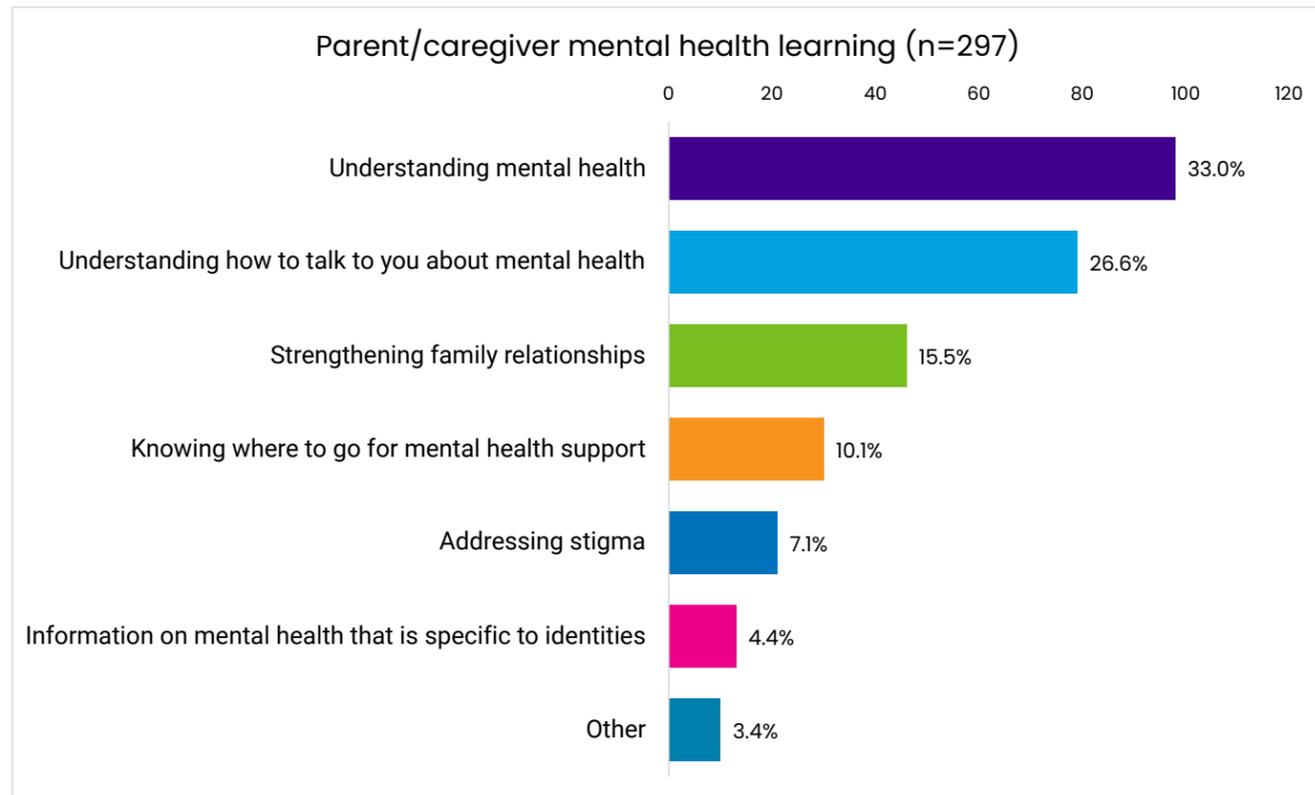
“I think that if a student has mental health problems, parents need to contact the school so that they can get accommodations in their daily lives.” Another noted that “schools should contact parents if they notice traits, mental health issues in students... and if they can receive resources and if there is a safe space at home as well.”

“I feel like there isn’t much [of] a way for the parents to kind of connect with the school.”

A few participants emphasized the importance of schools understanding their students’ diverse cultures. They suggested that this would help schools better connect with parents/caregivers.

A participant stated, “...I would imagine that school boards should have an understanding of, you know, the different cultural influences at home that may inform how they interact with mental health and how in turn their children are interacting with mental health at home.”

The graph below presents the mental health topics that students believe are most important for parents and caregivers to learn more about. Respondents could select one option. The top three topics were “understanding mental health” (33.0%), followed by “understanding how to talk to you about mental health” (26.6%) and “strengthening family relationships” (15.5%).



Focus group participants echoed similar priorities regarding parent/caregiver mental health learning and literacy:

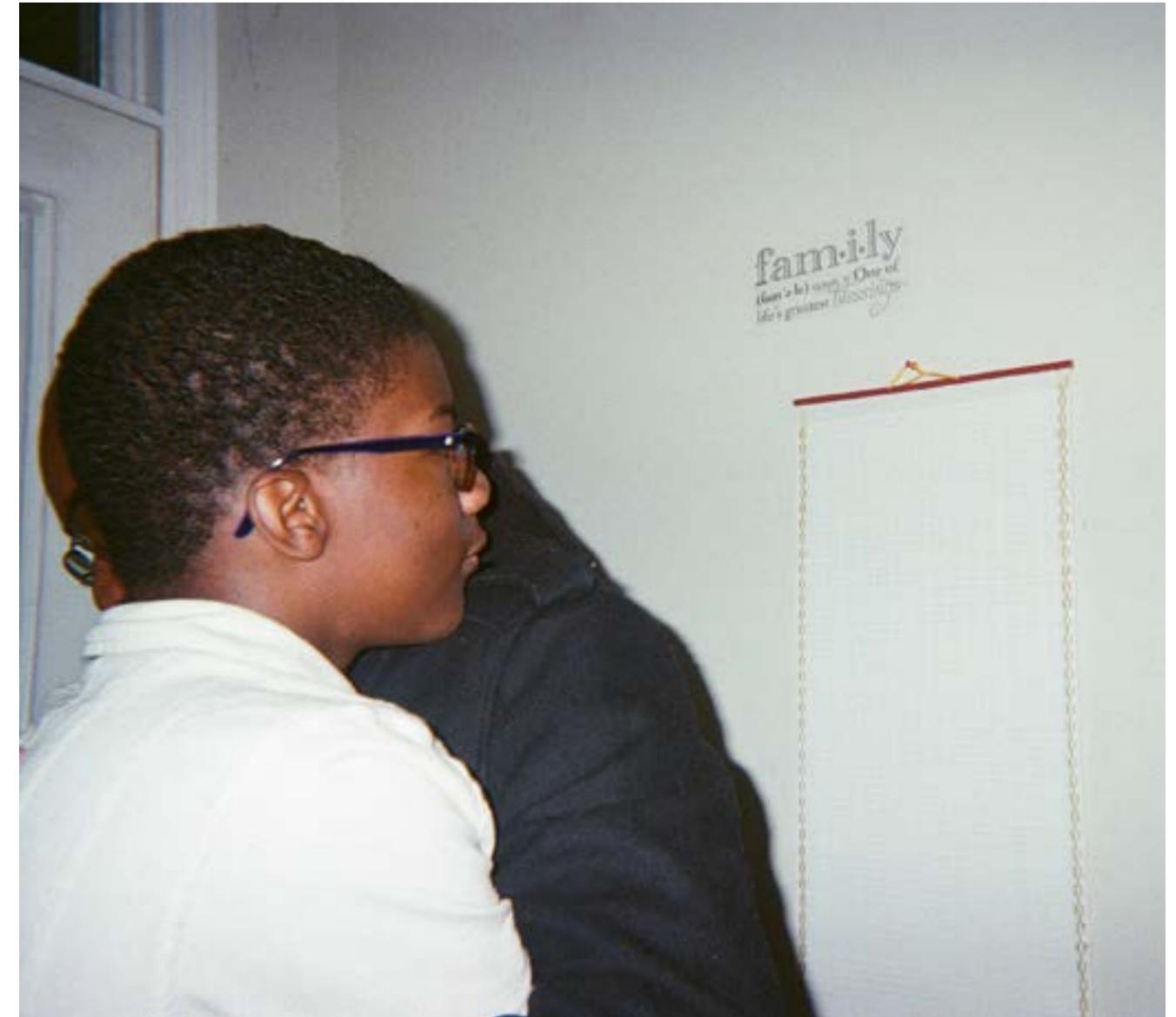
Recognize mental health is real and address the stigma. Secondary school students experience stress for many reasons, such as academic pressure, social relationships, or lack of time due to extracurricular commitments or employment. Several participants also highlighted the stigma attached to mental health in some cultures. One student stated, "I think it comes back to stigma where, you know, it's like a taboo subject, like being, 'No, this doesn't happen.'"

Increased mental health literacy for parents/caregivers. Students would like their parents/caregivers to understand that mental health affects people differently, and a strategy that works for one family member may not work for another. One respondent explained, "...I'd like them to also recognize that I'm not exactly them. So, sometimes I will go to them because it's like, okay, I need help with this thing. But it's just, well, I figured it out, so do this and it will work for you,

but sometimes it doesn't. So, I just think I'd like them to be better educated on different things about mental health and how it affects different people differently."

Understand how to talk about mental health and recognize what children need to feel supported. A few respondents noted that parents/caregivers will often provide a solution when a problem is presented. Students may not want a solution but simply the opportunity to talk. One student explained, "I think it's also important for them to recognize that just because I bring up something to them, [it] doesn't mean that it's necessarily something I want them to fix. And I've explained that to them before. But it's like if I say anything, it's just, you know, there's some sort of issue here, they think. And it's like, no, I can figure this out, I just kind of wanted to talk about it."

The key for students was open and effective communication with parents/caregivers, allowing students' mental health needs to be shared in culturally appropriate and relevant ways.





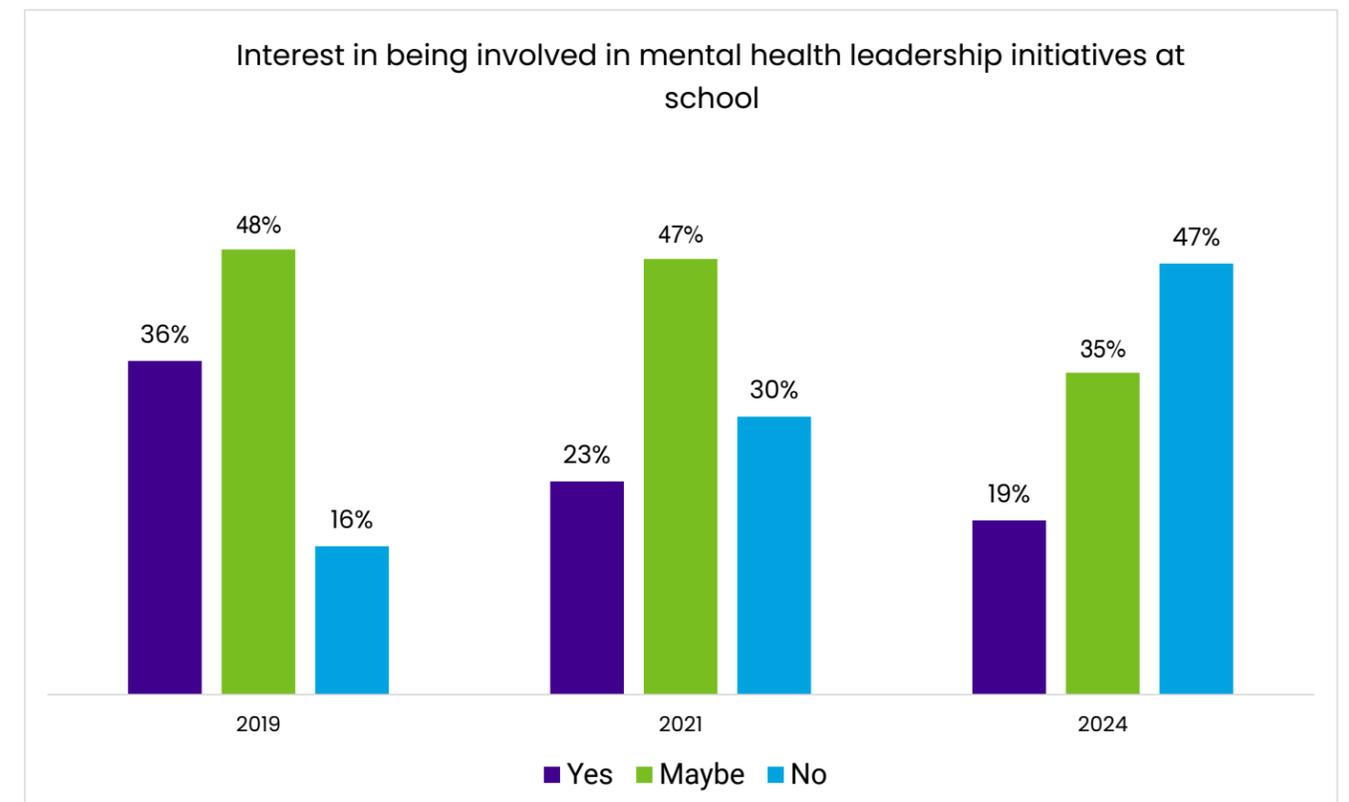
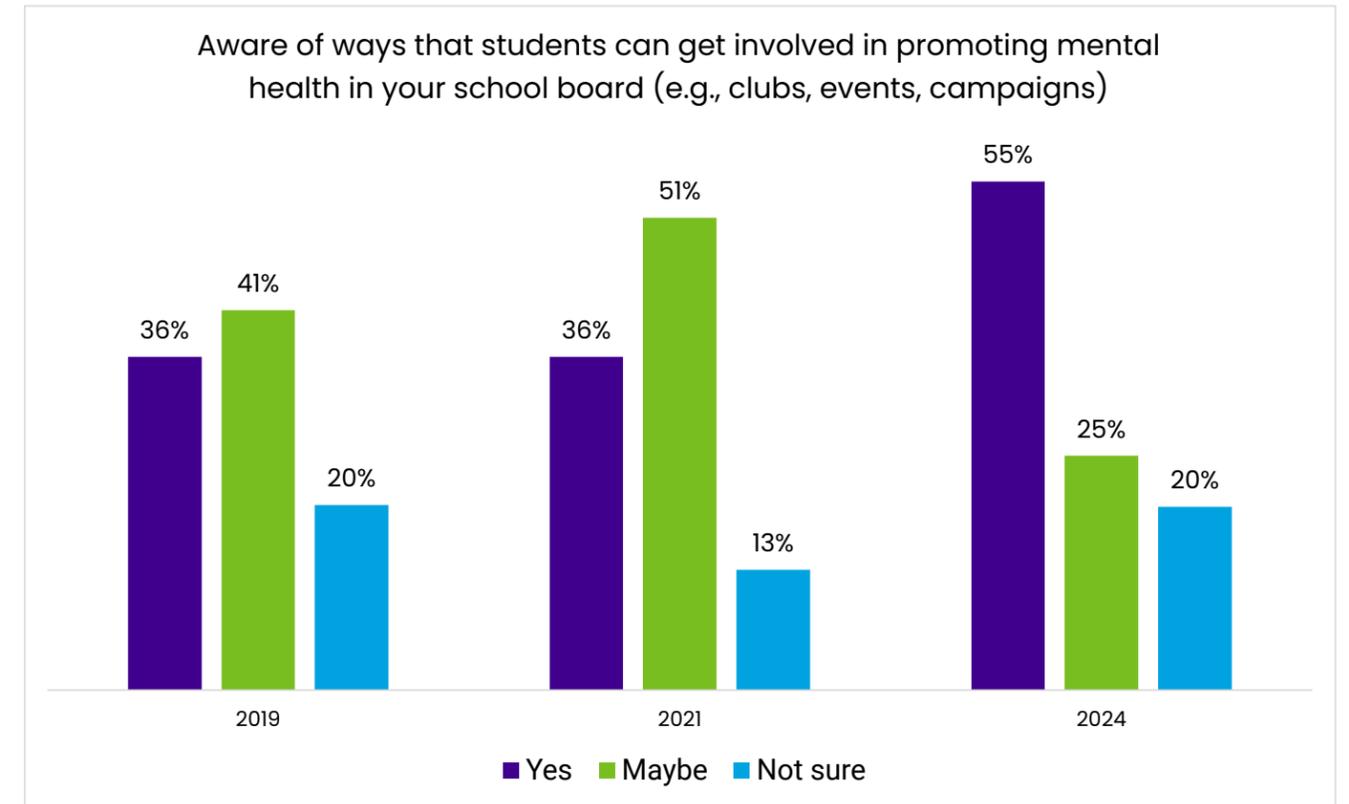
Student engagement in mental health initiatives at school

Meaningful student engagement is a protective factor that contributes to the overall well-being of students and can support the success of mental health initiatives in schools. When students are meaningfully engaged, they help shape decisions, programs and resources in ways that reflect their diverse experiences and identities. True engagement centres on valuing and amplifying perspectives and experiences of every student. This includes creating space for students to participate in ways that feel empowering, while also addressing systemic barriers to engagement.

Out of a total of 288 survey respondents, over half (54.9%) were aware of ways that students could get involved in promoting mental health in their school board (e.g., clubs, events, campaigns). Yet, fewer respondents were interested in being involved in the mental health initiatives at their school, with (18.8%) of student respondents expressing interest in becoming involved, (34.7%) respondents indicating they may want to become involved and (46.5%) respondents not wanting to become involved.

When comparing this to previous #HearNowON surveys, there are differences in both awareness and interest over time. In 2021, 36% of respondents reported being aware of ways to get involved at their school board (the same was reported in 2019). Interest in getting involved has also shifted, with 23% of respondents in 2021 indicating they wanted to get involved (47% maybe, 30% no), compared to 36% of respondents in 2019 (48% maybe, 16% no).

These comparisons suggest some fluctuations in both awareness and interest over time. However, caution is needed when interpreting trends across years. The 2024 survey had a smaller sample size than the 2019 and 2021 surveys, which may limit the ability to make direct year-to-year comparisons. This is further explained in the [limitations section](#).

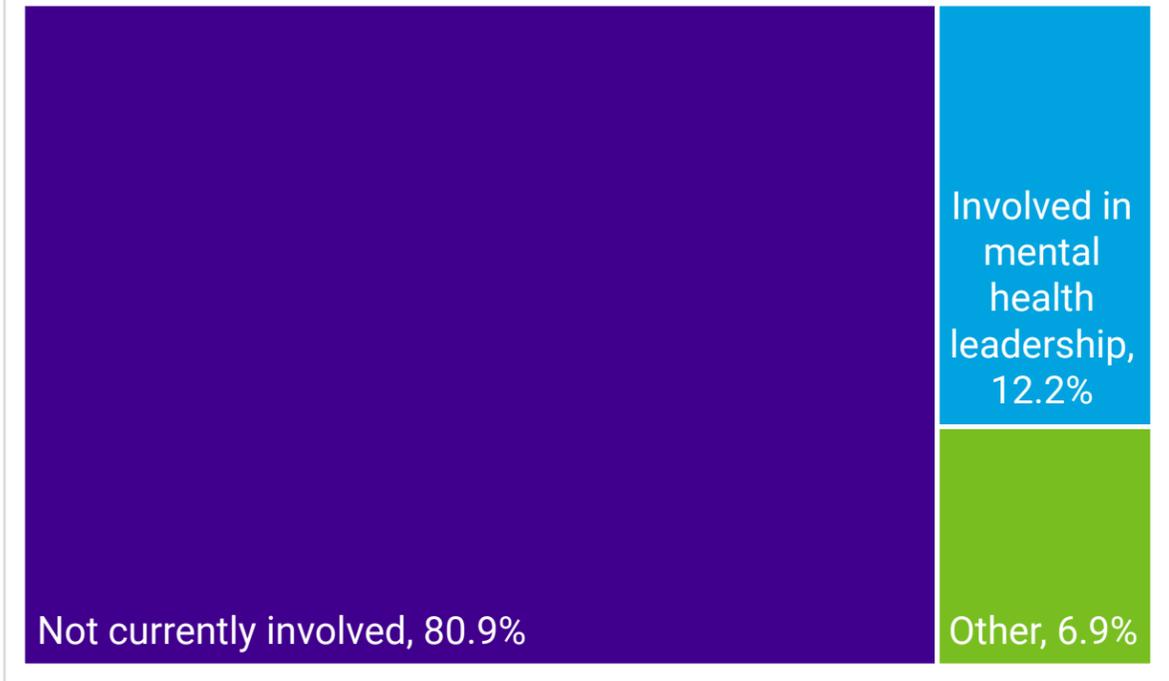


During focus group discussions, students shared their positive experiences in student programs and spaces. These examples focused primarily on the impact of student-led opportunities. One student said, "I think one thing I learned fairly recently [in an event hosted by] Mental Health Champions [at school], that was really nice to go to because there was a bunch of students who are actually interested in helping out with mental health in their own school. And they were training us on just what we should be bringing to other students."

When asked if they are currently involved in a mental health leadership initiatives at their school, the majority of respondents (80.9%) reported not currently involved in a mental health initiative at school, while few respondents were involved in a school mental health/wellness club (4.2%), school mental health advisory committee (3.8%), school mental health awareness campaign (1.4%), mental health workshops and activities (2.1%) or affinity groups (0.7%). A few students (6.9%) reported being involved in 'other' mental health leadership initiatives at their school.

Finally, when students were asked if they were involved in mental health leadership in their community organizations outside of school, a few survey respondents (6.6%) shared that they were, while most survey respondents (93.4%) were not involved in mental health leadership opportunities through community organizations.

Student engagement and leadership in mental health at school



Identity and mental health

Identity and mental health are undeniably connected, who you are impacts how you feel. When identity is affirmed and celebrated, students feel a sense of connectedness to the school community. This is a protective factor for students which can positively impact their social relationships at school and academic achievements. However, if student identities are not being affirmed or there are no spaces in schools where a student's identities are celebrated, that may have an adverse impact. Students may feel isolated and disconnected from their school communities, which can impact their mental health and well-being.

An objective of HNO 2024 was to better understand the experiences of students as they relate to school mental health supports and services and identity. Focus group conversations further illuminated student perspectives within this priority area. Students noted, for example:

"I think identity is a big factor in mental health. So, when someone attacks your identity or makes fun of your identity, it can have a negative impact on your mental health. Just as if someone compliments you on who you are or says something nice about who you are, it can have a positive impact on your mental health."

Similarly, focus group participants explained that mental health may be impacted by how they see themselves and how they are treated by others. The importance of self-perception was expressed.

"I think...the way we view ourselves reflects how we feel and how we're doing mentally. So, if you have a lot of things about yourself that you like, you're probably going to be mentally doing a lot better if you're basically the person you want to be."

Participants felt that how others treated them affected their mental health. A few respondents shared examples of the impact of discrimination related to identity and the impact on their mental health and well-being.

"For me personally, when I was younger, I had an accent from my home country and people laughed at me. So, I changed my accent when I was talking to some different people. And that's an example of how I lost my identity, and it affected my mental health a lot because people laughed at me."

It is important that we engage with students regarding conversations about identity, school experiences, school culture, and belonging to better understand the strategies and supports that foster inclusion and affirmation.

Students across all focus groups emphasized the importance of representation and its positive impact on their mental health. Seeing themselves in the supports and services they were receiving was a source of motivation and encouragement.

A student shared, "...I'm South Asian, and there wasn't a lot of, like, brown kids in my school. [It] is mostly, like, predominantly white and some other cultures, but there was hardly any Indians... I think that there should be representation for every kind of, like, every race. And I feel like once you see someone thriving in that, like, in that position, it like motivates you to follow in their footsteps... and makes you more comfortable to ask them for support as well. So, I feel like that also affects your mental health..."

Across focus groups, students identified the importance of having a **sense of connectedness or belonging**. Participants shared that this could be achieved through:

1. Social groups
2. Affinity groups
3. Cultural days
4. Resources



Students expressed:

"I personally belong to a club that is for Black students, to, like, to promote their culture and all that. And I think that since its inception, a lot of students have said that they have found a space where they can express themselves and talk about reality."

"Certain group associations, such as the BSAs, Black Student Associations, would be something I find identity affirming."

"At my school, we have a lot of different clubs for certain groups of people that can be really affirming since people can build their communities there."

School **cultural days of celebrations** were also noted as helpful across the focus groups. Students noted that, during these events, the school community had the opportunity to learn about a variety of cultures, which can encourage a school environment that celebrates diversity and supports the well-being of every student.

"We recently had a Diwali evening for those celebrating where they had food, dances and everyone got to learn about Diwali."

"We have, like, cultural days, so other people are invested in where you're from. And I feel like that just creates an overall good school where we're all accepting and diverse and understanding of each other's norms and values and even food. We like to share food, and I feel like food is such a powerful thing that connects us all. So yeah, cultural day."

Additionally, social relationships that develop from the groups and cultural exchange was gained through school cultural days was emphasized by participants.

One participant said: "...our different culture activities and our ceremonies bring people together. And I feel like a lot of people from our youth groups, they become friends after the first few meetings and, they really come together. And I think that's a really positive thing because they can go and talk to each other. And I feel like they can really relate to each other. So, I think that that adds to really the mental health aspect of social being in schools."

And there was consensus that having resources available in the school library all year round, including "books and materials representing diverse cultures, identities, and experiences" is very beneficial.

One important caution mentioned in relation to matters of reconciliation and equity was the importance of avoiding tokenism. For the student participants, this means avoiding putting individual students on the spot and expected to represent an entire identity group.

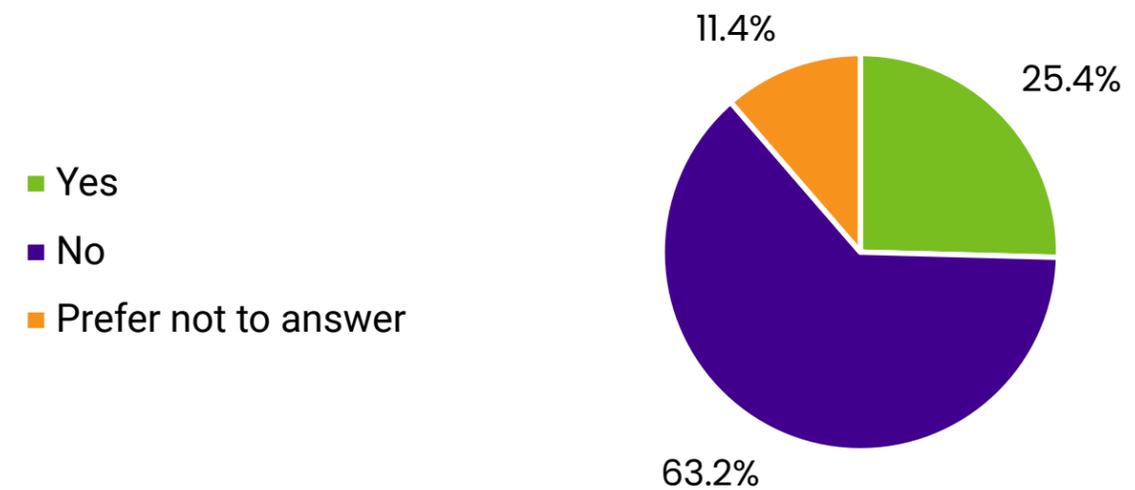
Student participants shared the importance of having safe spaces for them to openly discuss their experiences as well as celebrations that invite the entire school to participate in learning. Ensuring that these opportunities are organized without singling a student out is imperative for their psychological safety and comfort.

Help-seeking and mental health support

Knowing how and when to seek help is an important life skill. Schools play an essential role in encouraging help-seeking behaviours and ensuring that students are aware of, and feel comfortable accessing, available supports. As part of this study, the HNO research team explored students' needs related to help-seeking, including their interest in speaking with a school mental health professional, the presence of trusted adults at school, and the sources they turn to for information about mental health.

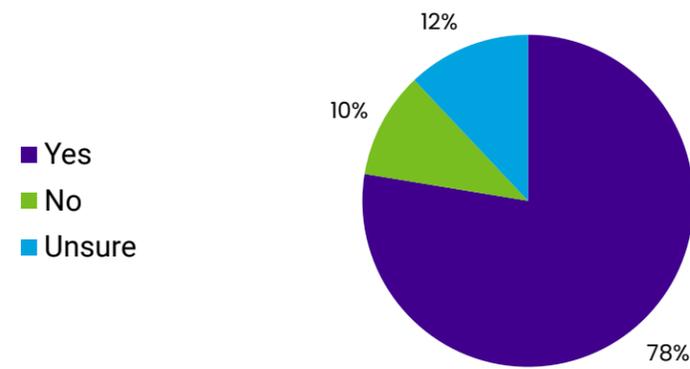
Out of the 299 responses, a quarter (25.4%) of the survey respondents wanted to talk to a school mental health professional about emotional challenges or problems during the past 12 months. Survey respondents were asked if they were aware of where or who to contact in their school if they have a mental health concern. Out of the 299 responses, most (77.6%) indicated that they were aware of where or who to contact, 10.4% reported that they were not aware and 12% were unsure.

During the past 12 months, did you want to talk to a school mental health professional about emotional challenges or problems? (n=299)

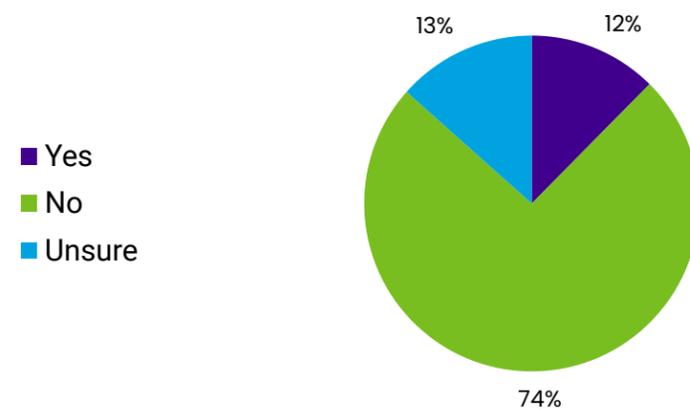


Most survey respondents indicated that they are not currently accessing mental health services at school (74.2%), while 12.4% indicated that they are. Approximately 25% of participating students indicated that they were accessing mental health services outside of school.

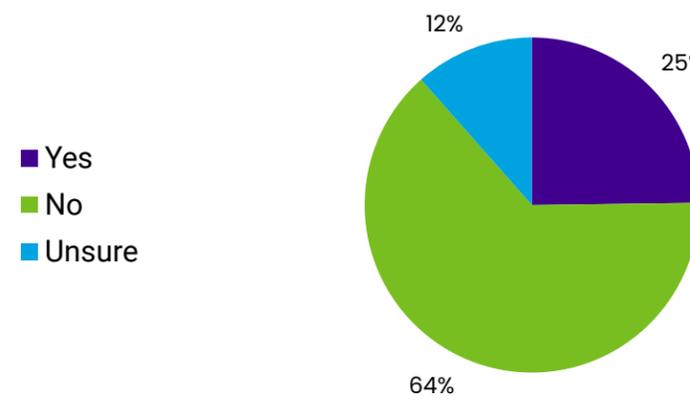
Aware of where/who to contact at school when there is a mental health concern (n=299)



Currently accessing mental health services at school (n=289)

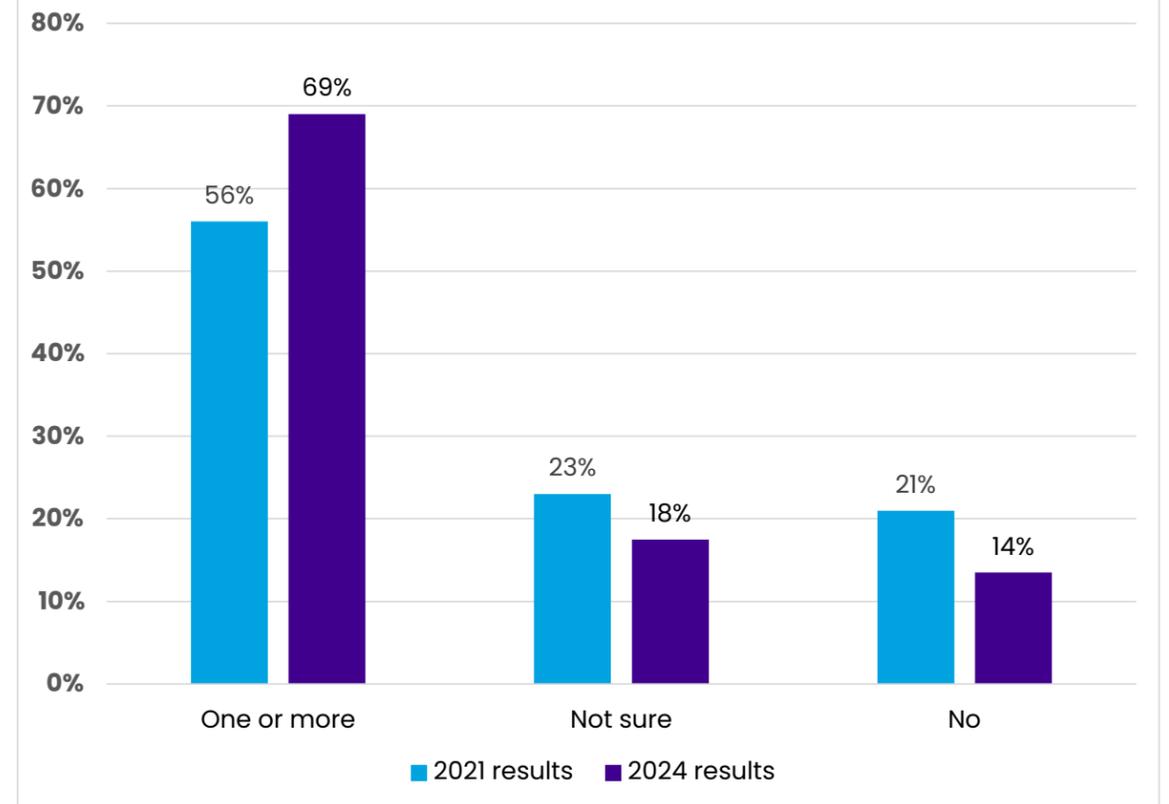


Currently accessing mental health services outside of school (n=347)

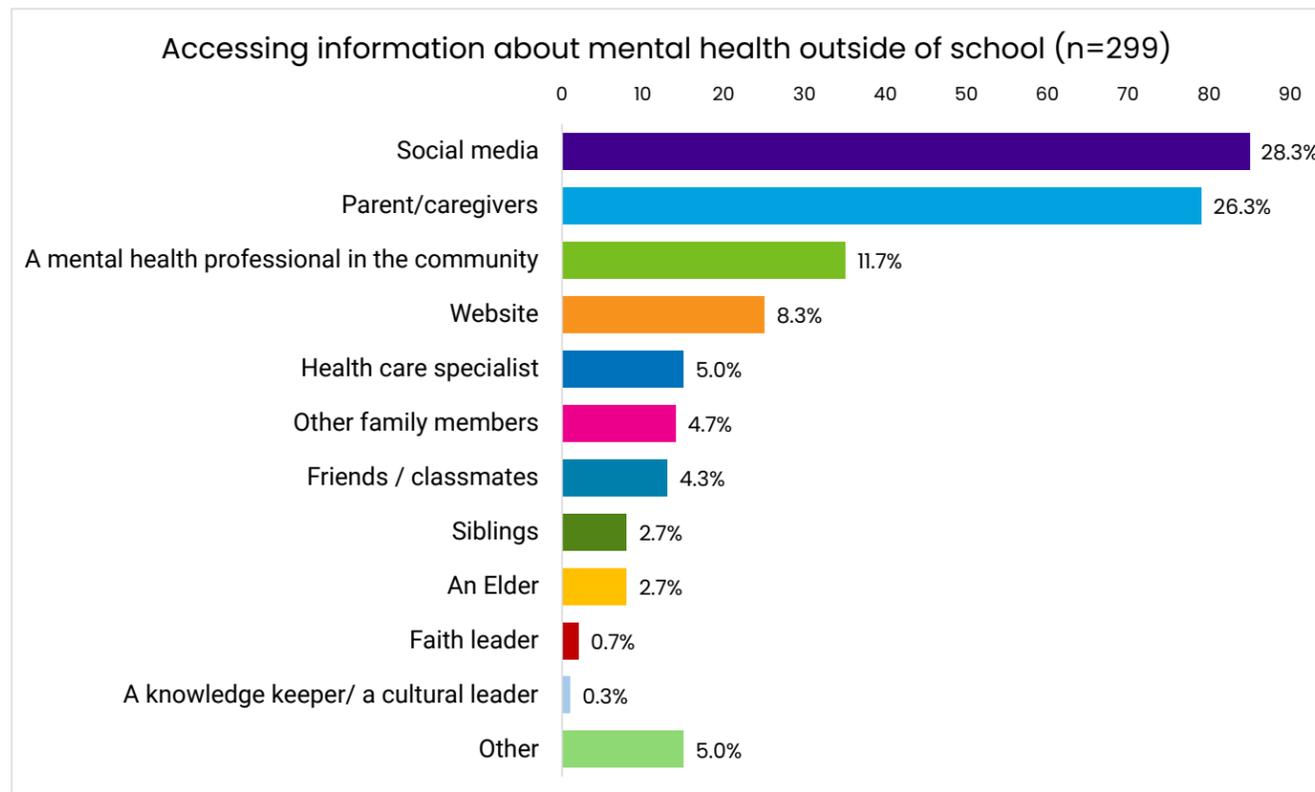


Survey respondents were asked if there was a trusted adult at school that they could turn to if they had a question about their mental health. Out of 297 responses, 69% reported at least one person they could turn to with a question about mental health. Fewer respondents indicated they were unsure (17.5%) or did not have a caring adult (13.5%).

Is there a caring adult at school that you could turn to if you had a question about mental health?



Survey respondents were also asked where they would most likely go to get information about mental health outside of school. Out of 299 responses, the most selected sources were social media (28.3%) and parents or caregivers (26.3%). Fewer respondents indicated turning to a mental health professional in the community (11.7%), a website (8.3%) or a health care specialist (5.0%), and even fewer selected peers, extended family or cultural/spiritual leaders.



In focus groups, students also shared how they would like mental health resources and services to be communicated to them. The most frequently mentioned methods were:

1. Online channels, particularly email and social media.
2. One student shared, "I'm always checking my emails," while another stated, "The most engaging way for me would be on social media where I can easily find and look at and understand information".
3. Announcements and in-class sharing by educators were preferred methods to access mental health information.
4. Easy and accessible print material such as flyers or brochures.

Students also stressed that one-off efforts are not enough. Sustained, consistent communication and opportunities to learn about mental health supports and services are seen as essential to fostering help-seeking confidence and knowledge.

Summary of key findings

1. Students want mental health to be meaningfully incorporated into their education.

- Students want mental health education that feels natural and respectful of their cultural context.
- Students identified the classroom as a key space for continued learning, and value participating in discussion-based, interactive activities to deepen their understanding.
- Most students receive mental health education from educators and school mental health professionals.

2. Students want their parents/caregivers to be equipped to support their mental health.

- Students emphasized the importance of schools taking a culturally responsive approach when supporting the mental health learning of parents/caregivers.
- There were differences between focus group and survey participants on whether parents/caregivers are receiving enough information about mental health.
- Students want learning for parents/caregivers to prioritize reducing stigma, improving communication and deepening understanding of mental health.

3. Most students expressed at least some interest in participating in mental health leadership initiatives at school, and just over half are aware of opportunities to get involved.

- While only small segment expressed a strong interest in leadership, most students were aware of the opportunities to participate in mental health initiatives at school.
- Among those who had participated, students described experiences with school-based, student-led initiatives as empowering and impactful.

4. Students recognize the connection between identity and mental health, and value opportunities to celebrate their own identities and learn about others as a way to bolster connectedness at school.

- Students identified social clubs, affinity groups, and cultural days as meaningful ways to support community building and promote identity-affirming environments year-round.
- Students shared that tokenism undermines efforts to build authentic community.

5. Many students know where to find mental health support at school and have at least one trusted adult they can turn to.

- Most students reported that they know where or who to contact at school if they have a mental health concern, and a majority indicated having at least one trusted adult they could turn to for support at school.
- While some students shared that they had wanted to speak with a school mental health professional in the past year, fewer reported currently accessing services at school.
- Outside of school, students most often turn to social media and parents or caregivers for information about mental health. Fewer reported turning to formal or professional sources.



Conclusion

The #HearNowON initiative continues to build on the learnings from previous iterations and feedback from student participants. The online survey and series of virtual and in-person focus groups were designed to collect information about student mental health learning needs, how schools can adopt an identity-affirming school mental health approach, and parent/caregiver mental health literacy.

This initiative found that students were eager to learn more about mental health at school, and students need safe and comfortable spaces that allow them to show up as their authentic selves. Creating pathways for open and clear communication between parents/caregivers, students and schools was of strong importance.

Students shared many meaningful ideas on how to advance school mental health in Ontario, such as opportunities to learn more in class, participate in cultural days at school that do not feel tokenistic and bolster parent/caregiver engagement with mental health learning. Findings from this initiative will inform future directions at School Mental Health Ontario, and can be considered alongside board-level student voice data to support district mental health and addictions action planning.

Centring student perspectives is a cornerstone of #HearNowON. School Mental Health Ontario and the Center for School Mental Health are grateful that students trusted us with their perspectives to inform our strategic directions and action plans. Students not only participated in this initiative, but they also took on key leadership roles. Working side by side with students, the #HearNowON 2024 research team was able to gather, analyze, and report on student perspectives on mental health learning, engagement, and support at school.

Looking ahead, the School Mental Health Ontario team, in collaboration with the ThriveSMH and Pros'pairs SMS provincial student reference groups will support the actions that emerge from this student voice initiative. The continued involvement of students will help to ensure that the input generously offered through the survey and focus groups is well-considered and translates to meaningful action.

