

Assessing Post-Pandemic Mental Health Experiences and Needs Among Marginalized Youth

Prepared for
Abrar Mechmechia, Abrar Mental Health
& Trauma Services

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Executive Summary

Marginalized youth in the Greater Toronto-Hamilton Area continue to face negative mental health outcomes following the COVID-19 pandemic. Abrar Trauma and Mental Health Services is a nonprofit offering culturally appropriate mental health support for newcomers and other diverse populations. Following their 2022 "In This Together" campaign, follow-up was necessary to evaluate the evolving impacts of the pandemic on youth mental health. This research aimed to explore the evolving mental health needs of these youth since the initial pandemic period, as well as explore ways in which marginalized youth access and experience mental health support services in the current post-pandemic era.

First, a rapid literature review was conducted, to source mental health research published after 2022, in Canadian populations, involving participants aged 16 to 30 years. We also collected data at a youth mental health conference hosted by ABRAR via focus groups at the event. 268 studies were selected from the initial database search during the literature review, though only 11 studies were included in this report. Furthermore, all focus group and panel discussion participants were youths, mostly from the Greater Toronto-Hamilton Area, though further demographic information was not collected to preserve identity.

The findings reveal a troubling paradox: while marginalized youth continue to experience elevated levels of depression, anxiety, and substance use since COVID-19, they increasingly avoid formal mental health services due to persistent barriers including cultural insensitivity, financial constraints, long wait times, and systemic discrimination. Instead, youth are turning to informal, peer-led, and community-based support systems that feel safer and more culturally responsive.

At its core, the report finds that while mental health awareness and need have increased in the post-pandemic world, formal systems remain difficult to access and culturally disconnected, underscoring the urgent need for youth-driven, community-based, and structurally responsive mental health solutions. The report recommends three fundamental transformations: implementing culturally responsive care with anti-racist frameworks, expanding accessibility through free services and hybrid care models, and centering youth voices in mental health decision-making, emphasizing that marginalized youth are not seeking greater access to existing services but rather a completely restructured, justice-oriented system that affirms their identities and dismantles systemic barriers.

Introduction

Abrar Trauma and Mental Health Services (ABRAR) is a community-based, nonprofit organization dedicated to providing accessible, trauma-informed, arts-integrated, and culturally grounded mental health support. ABRAR works to co-create mental health systems that are responsive, inclusive, and rooted in the values of the communities they serve.

In 2021–2022, ABRAR responded to youth mental health needs amidst the COVID-19 pandemic through its “In This Together” initiative. Based on a survey of 309 marginalized youth across Canada, they developed a report called “Together Towards Recovery” (TTR) that identified key barriers to accessing mental health care, including long wait times, high costs, stigma, academic pressures, and a lack of culturally appropriate services (Abrar Trauma and Mental Health Services, 2022). It has been several years since COVID-19 emergency legislation and procedures have been rolled back, prompting ABRAR to question the extent to which the state of youth mental health has changed.

Building on the insights from the TTR report, ABRAR has partnered with the McMaster Research Shop to **explore how the mental health needs of marginalized youth and the accessibility of mental health services have evolved (if at all) in the years following the peak of the COVID-19 crisis**. To address this question, this report compares the TTR report’s findings with current academic and qualitative data related to two key research objectives:

1. Examining the impact of the pandemic on the mental health of marginalized Canadian youth since 2022.
2. Identifying trends in how these youth experience accessing mental health support services in the post-pandemic period.

This research seeks to deepen ABRAR’s leadership and its other stakeholders’ understanding of the post-pandemic mental health landscape for marginalized youth and inform strategies that promote equitable, community-responsive mental health care for this population. Strategies may include both immediate programming decisions and longer-term policy recommendations to better support the mental health of marginalized youth in Ontario.

Methodology and Limitations

Literature Review and Qualitative Data

This report identifies the state of the mental health of marginalized Canadian youth and their help-seeking behaviour in the post-pandemic world by systematically gathering relevant literature and incorporating qualitative findings from the “Voices Unleashed” youth-led conference hosted by the community partner. In this report, the term ‘marginalized youth’ refers to individuals aged between 16-30 years who experience systemic barriers due to factors such as race, ethnicity, socioeconomic status, disability, immigration status, gender identity, or sexual orientation. These forms of marginalization can impact their access to education, employment, healthcare, and civic participation.

For the literature review part of the project, the team developed comprehensive search strategies for each research objective using an iterative keyword harvesting process. We sourced academic literature from four established databases, including PubMed, Web of Science, ProQuest, and Scopus. These databases were chosen from the list of databases relevant to the field of psychology and mental health maintained by McMaster Library Services and were chosen because they were identified to contain the largest amount of information and have considerable overlap with other databases such as PsychINFO. Lastly, we compiled the identified literature after screening titles based on the inclusion-exclusion criteria co-developed with the ATMHP community partner (Table 1).

Table 1. Inclusion-Exclusion criteria.

Inclusion Criteria	Exclusion Criteria
Articles published on or after 2022.	Articles published before 2022.
Articles on Canadian population.	Articles on non-Canadian populations.
Articles on marginalized youth aged between 16-30 years.	Articles on individuals under 16 or above 30 years of age.
Articles examining mental health in the post-pandemic era.	Articles that do not evaluate mental health from a post-pandemic lens.

The screening process involved two stages: abstract screening and full-text screening. The team included primary empirical articles presenting quantitative, qualitative, or mixed-method data relevant to the research objectives. We screened primary articles through both abstract and full-text stages and then extracted metadata from the included studies. The studies were categorized by sub-themes corresponding to the research objectives and synthesized into a narrative summary, which we presented as the findings of this report. A total of 268 studies were retrieved through database searches and underwent deduplication, title screening, and abstract/full-text screening. Following this process, 11

studies were selected for inclusion in the synthesis of this report (Appendix A1). Metadata extracted from the included studies included author, year, study design and demographic information. Studies were also categorized by sub-themes following the 2 research objectives of this project. An overview of the characteristics of the included studies can be found in Appendix A2.

Findings from the literature review were supplemented with data collected during two youth-led panel discussions and a focus group session at the “Voices Unleashed” conference, hosted by the community partner. All 8 participants of the focus group were marginalized youth; however, specific demographic information was not collected to preserve their confidentiality. Similarly, the 7 panellists in the youth-led discussions were also marginalized youth, with most identifying as community organizers and/or post-secondary students from the Greater Toronto–Hamilton Area who are actively engaged in issues related to youth mental health and well-being within the community.

At each event, two non-participant volunteer notetakers recorded descriptive field notes capturing the insights and stories shared by panellists and focus group participants. The field notes were organized around predetermined open-ended questions, which were codesigned with the community partner, and aimed to be as detailed as possible, though not verbatim. This approach was chosen to prioritize participant comfort, as the topics discussed were often sensitive and potentially distressing.

The field notes were then thematically analyzed using a hybrid inductive–deductive approach: while predetermined items guided the overarching themes, sub-themes were allowed to emerge organically from the data. The emergent themes both supplemented the literature review findings and informed the recommendations presented in this report. Finally, a comparative analysis was conducted between the findings from the literature review and qualitative field notes and those of the TTR report.

Limitations of the Study

This report has several important limitations that should be considered when interpreting its findings. First, there is limited research on the impact of the pandemic on the mental health and help-seeking behaviours of marginalized youth in the post-pandemic era. While there is ample research on youth mental health during the relevant period, few are Canadian-based primary studies, and even fewer examine this issue specifically in the post-pandemic context. Additionally, the studies reviewed cover diverse populations across Canada, which may limit the applicability of findings to marginalized youth in the Greater Hamilton Area of Ontario, where the community partner is based.

Many of the included studies also have design limitations. Small sample sizes, varied methodologies, and differences in participant demographics make it challenging to compare findings or draw definitive conclusions about the state of youth mental health. As a result, this report can only speculate on how the mental health of marginalized Canadian youth has evolved since the initial pandemic period (2019–2021).

While the research highlights unique social, behavioural, and community-based challenges faced by the focal population and provides recommendations for improving mental health services, it does not definitively identify a clear trend in their overall mental health as a direct result of the post-pandemic context. Such insights would require either a broader literature search or, ideally, a large-scale survey specifically designed to assess how this demographic's mental health and help-seeking behaviours have changed since the pandemic. Finally, the report is subject to the limitations of a rapid review process and the small scale of in-person data collection events. The constrained timeline, combined with the limited availability of relevant literature, reduced both the volume of data that could be collected and the depth of subsequent analysis.

Comparative Analysis

This report builds upon earlier research on the mental health of marginalized Canadian youth, particularly the 2021 “In This Together” campaign (TTR report) led by ABRAR. The TTR report offered an early snapshot of how the COVID-19 pandemic disrupted youth mental health and access to care. By comparing its findings with more recent literature and qualitative data collected in the post-pandemic era, this section aims to trace both continuities and shifts in youth experiences, with particular attention to evolving help-seeking behaviours, systemic barriers, and protective factors.

While youth mental health needs have intensified and awareness has grown, the formal systems meant to support them remain largely inaccessible, misaligned, or culturally unresponsive, prompting a growing reliance on informal, peer-led, and community-based care. This persistent mismatch between need and service design forms the basis of the key insights in the following comparative analysis.

The TTR Report: A Snapshot of Early Pandemic Challenges

The “In This Together” campaign, led by ABRAR in 2021, examined the impact of the COVID-19 pandemic on the mental health of marginalized Canadian youth through a cross-sectional survey. Reaching 309 participants, the survey revealed that over half of the respondents reported their psychological wellness being negatively impacted by the global pandemic. A majority of participants identified accessing mental health services

and resources during moments of need as a primary coping mechanism. However, the report also highlighted several systemic and structural barriers that limited youth access to timely and effective care. Notably, 42% of respondents experienced difficulty obtaining support when they needed it most, citing long wait times, limited treatment availability, and a lack of awareness about long-term care options. Even when youth were able to access services, financial constraints and perceptions of ineffective treatment continued to hinder recovery. Approximately 32% reported being unable to initiate or continue mental health care due to financial barriers, many of which were worsened by the pandemic's economic impact. In addition, 22% felt that the care they received was inadequate due to being too brief or lacking in depth.

Another key finding concerned the lack of cultural sensitivity in available treatments. Nearly one in five respondents (19%) felt that their care was overly generic or culturally insensitive, with some indicating that such treatment approaches had a harmful rather than healing effect. Compounding these challenges, stigma and resistance from family and community members were also significant deterrents: 20% of youth expressed fear of being treated differently if they sought help. For students in particular, the absence of academic accommodations further exacerbated mental health struggles. Inaccessible staff, increased workloads, and diminished social support were cited as stressors by 9% of the participants. In response to these findings, the TTR report recommended a greater investment in culturally sensitive and preventative mental health interventions. It also called for targeted efforts to reduce financial and social barriers to care, including the destigmatization of mental health issues and increased affordability of services.

Post-Pandemic Realities: Current Mental Health State of Marginalized Youth

In the post-pandemic era, marginalized youth in Canada continue to face significant mental, social, and behavioural health challenges that reflect the lasting effects of the COVID-19 crisis. Although restrictions began easing in 2022, the psychological and structural impacts of the pandemic persist, particularly among racialized, LGBTQIA+, disabled, and socioeconomically vulnerable populations.

Across studies, elevated levels of depression, anxiety, irritability, and substance use have been reported among youth since the lifting of restrictions. These outcomes are often linked to enduring disruptions in social support systems, including access to healthcare, education, and employment opportunities (Taylor et al., 2024; Salami et al., 2024; Ng et al., 2024). Among Chinese Canadian youth, Ng et al. (2024) found that mental health deterioration remained evident in the post-pandemic period, in part due to the lasting impact of anti-Asian racism. However, many youth also described developing a

strengthened sense of cultural pride and renewed support for their communities. Similarly, Chee and Coleman (2024) reported that LGBTQIA+ Asian youth, despite ongoing mental health struggles, used the reflective time following lockdowns to explore and affirm their identities, resulting in a heightened sense of collective resilience in the aftermath of the pandemic. Post-pandemic challenges have also been significant for Black youth. Salami et al. (2024) identified compounding structural stressors, such as food insecurity, housing precarity, and the limited reopening of community spaces, as contributors to persistent mental health difficulties. Continued exposure to anti-Black racism and systemic inequities further shaped these outcomes. Pregnant and parenting youth similarly expressed ongoing experiences of stigma, social isolation, and economic hardship in the wake of disrupted health and social services (Meherali et al., 2024).

Quantitative evidence further adds to these findings. Filiatrault et al. (2024) observed that undergraduate students in the post-pandemic period reported sustained high levels of stress, worsened sleep quality, increased substance use, and poor dietary habits. Kaser et al. (2024) documented that 47.1% of Canadian undergraduates continued to experience bullying, which was strongly associated with anxiety, depression, and substance use. Adeyinka et al. (2023) found that individuals aged 16–34 exhibited significantly higher rates of suicidal ideation (17.4%), problematic cannabis use (22.1%), and problematic alcohol use (29.1%) compared to older adults. Mood disturbances have also persisted among adolescents and young adults. During the 2021–2022 academic year and beyond, 23–28% of youth displayed moderate to severe symptoms such as irritability, fatigue, loneliness, and anxiety (Shakuran et al., 2025). These issues were especially pronounced among youth in rural areas, those identifying outside the gender binary, and BIPOC youth. Contributing factors in the post-pandemic context included continued reliance on hybrid learning, reduced extracurricular engagement, ongoing family conflict, and limited access to culturally responsive mental health care (Moss et al., 2024; Shakuran et al., 2025). Other salient factors include racially motivated bullying, which has also been linked to increased rates of depression, anxiety, and substance use among racialized youth (Kaser et al., 2024). Ivande et al. (2025) found that protective factors such as strong social support networks and reduced internalized racism mitigated some of these effects for Asian youth.

The TTR report offers only a high-level indication of pandemic-related mental health impacts, noting that 50% of participants reported negative psychological effects. While our findings are not directly comparable due to differences in scope and methodology, the literature reviewed suggests that the mental health of marginalized youth has not improved in the post-pandemic period.

Changing Patterns in Help-Seeking: Then and Now

Navigating Mental Health Support in the Post-Pandemic Era

Patterns of help-seeking behaviour among marginalized Canadian youth in the post-pandemic context reveal a striking paradox: while the demand for and acceptance of mental health support increased significantly, access to and engagement with formal services remained limited. This gap was especially pronounced among youth from racialized, low-income, and otherwise underserved communities.

Youth demonstrated a consistent reluctance to engage with formal mental health systems both in the literature and in the “Voices Unleashed” conference. This hesitancy may be attributed to past negative experiences, perceptions of cultural insensitivity, financial barriers, and logistical challenges such as transportation and digital inequity (Meherali et al., 2024; Salami et al., 2024). Conference participants attributed this aversion to traditional and formal mental health support to the systemic inequities and social stigma surrounding when and how to seek help. However, youth also reported that social isolation itself often obstructed help-seeking. In particular, disabled and racialized youth faced distinct and often overlapping barriers. Disabled participants noted a severe disruption in essential services and described experiences of neglect within medical systems. One participant shared a striking quote that captured this dehumanization: “They are going to die anyway—why care?” This sentiment, reportedly encountered during the pandemic, illustrates the invisibility and marginalization many disabled youths experienced. Continued underfunding of programs like ODSP and the lack of accessible, inclusive mental health care further entrenched feelings of isolation and diminished quality of life.

Racialized youth similarly reported structural neglect. The combination of disproportionate exposure to long COVID, online racial abuse, and inadequate culturally competent care created a climate of fear and mistrust. A primary concern raised by both panellists and focus group participants was the fundamental disconnect between mental health services and the lived experiences of marginalized youth. Participants expressed frustration that current systems are often designed with the priorities of policymakers, institutions, and academics in mind, rather than the communities they aim to serve. As a result, services are frequently perceived as out of touch, overly bureaucratic, and intrusive. Many youth reported that clinicians often failed to demonstrate cultural sensitivity or an understanding of the sociopolitical realities shaping the lives of diaspora communities. This disconnect sometimes resulted in stereotyping, over-pathologizing, or the application of one-size-fits-all approaches that ultimately undermined the therapeutic process. For instance, focus group participants shared that a therapist unfamiliar with the sociopolitical context of their marginalized client’s community often provided care that felt

dismissive or harmful due to cultural misunderstanding or stereotyping. For youth navigating multiple forms of marginalization, particularly racialized, disabled, and immigrant individuals, this ultimately contributes to a lack of trust and a reluctance to engage with formal mental health care systems. Participants emphasized that effective care must move beyond clinical protocols to meaningfully engage with identity, community, and context. Services were also often inaccessible due to language barriers, geographic mismatches, poor advertisement and complex service structures.

Although protective factors such as strong social support networks and lower levels of internalized racism were found to facilitate greater access to formal mental health services, a strong preference for informal support systems emerged (Ivande et al., 2025). Many youths reported turning to peer networks, cultural and community groups, and online platforms instead of formal mental health providers (Chee & Coleman, 2024; Ng et al., 2024). Qualitative data collected from focus group participants and panel discussions at the conference echoed these preferences. These informal avenues were often perceived by participants as more accessible, safer, and more responsive to the lived experiences of marginalized youth, although concerns around accessibility and safety limited their effectiveness. Specifically, conference participants described how the increased online bigotry throughout the pandemic, especially directed at racialized and faith-based groups, eroded trust and further alienated them from broader support systems.

Evolution of Help-Seeking Experiences of Marginalized Youth

A comparison of the TTR report and recent post-pandemic findings reveals both continuity and divergence in how marginalized Canadian youth engage with mental health support services. While both data sources highlight significant barriers to accessing care, the post-pandemic literature and qualitative data presented here provide a more nuanced understanding of the social, structural, and cultural factors that continue to shape help-seeking behaviour.

The TTR report identified financial constraints, long wait times, and limited service availability as primary obstacles to accessing care during the pandemic. These findings are echoed in the post-pandemic context, with participants continuing to cite these barriers as reasons for disengaging from formal mental health systems. However, the literature and conference data suggest a broader and more complex landscape of deterrents, particularly for racialized, disabled, and low-income youth. While the TTR report acknowledged the role of stigma and cultural insensitivity, recent evidence paints a more detailed picture of systemic mistrust, cultural misalignment, and a widespread perception that existing mental health systems are not designed with marginalized communities in mind.

Notably, the TTR study emphasized a relatively high reliance on formal services as a coping mechanism. In contrast, post-pandemic findings reveal a shift towards informal and community-based support. This divergence may reflect deepening disillusionment with institutional care, shaped by pandemic-era neglect and compounded by enduring issues such as clinician bias, inadequate cultural training, and inaccessible care delivery. Focus group participants and panellists repeatedly described feeling unseen or stereotyped in clinical encounters, with some reporting actively harmful experiences when providers failed to engage with the cultural or sociopolitical contexts of their lives. This growing reliance on peer networks, online communities, and grassroots support structures underscores a key insight: for many marginalized youth, safety, trust, and cultural relevance are prerequisites for meaningful engagement with mental health care. While these informal systems offer crucial support, they are not without limitations, often lacking the resources, sustainability, and reach of formal services.

Overall, while the TTR report captured the early pandemic's psychological toll, the post-pandemic findings suggest that these challenges have not abated. In fact, they have evolved, becoming increasingly intertwined with broader issues of systemic inequity and service inaccessibility. Without meaningful reforms to address cultural competency, structural accessibility, and community engagement, formal mental health services risk remaining out of reach for those who may need them most.

Recommendations

The collective insights from the literature review, the TTR report, and the “Voices Unleashed” conference make one message clear: incremental improvements are not enough. Marginalized youth are calling for a reimagined mental health system; one that centers their voices, meets them where they are, and addresses the structural injustices that continue to shape their well-being. In envisioning this equitable, youth-centered mental health system, the participants of the conference also articulated a series of critical expectations and recommendations, reflecting their lived experiences and highlighting systemic gaps that must be addressed.

Culturally Responsive Care

The widespread cultural insensitivity within the mental health system underscores the urgent need to embed cultural humility and anti-racist frameworks into service delivery. Participants emphasized that mental health care must not only be culturally competent but also tailored to the specific developmental and identity-based needs of youth. For example, focus group participants proposed the implementation of community-based, peer support programs that are both personalized and culturally grounded. While such peer support can help bridge the widening gap between the demand for and availability

of services, professional practitioners must also be equipped to address the distinct challenges faced by racialized, LGBTQIA+, and immigrant youth.

Expanded Accessibility

Despite increased acceptance of mental health care among youth, access remains limited by financial, geographic, and structural barriers. Participants recommended expanding accessibility through free or low-cost services, increased outreach in rural and underserved areas, and hybrid care models that integrate both virtual and in-person options. They also advocated for peer support training programs designed to enhance psychological resilience and foster community-based care. Such initiatives were reinforced by conference panellists, who emphasized the importance of building culturally sensitive support systems beyond the traditional clinical model.

Youth-Centered Decision-Making

A recurring theme among both focus group participants and conference panellists was the exclusion of youth from mental health policy and program development. This lack of involvement has led to distrust and disengagement from formal mental health systems, prompting many to turn to alternative, identity-affirming community supports. To address this, both groups called for youth to be centred in the design, implementation, and evaluation of mental health initiatives. Furthermore, therapists and mental health professionals must adapt their practices to reflect the digital realities and social contexts of today's youth, ensuring that services are relevant, relatable, and responsive to their unique experiences.

In alignment with the recommendations from the TTR report, this study underscores the need for sustained investment in culturally competent, youth-responsive mental health care. It also emphasizes the importance of reducing systemic barriers to access and expanding community-level initiatives that take a proactive, preventative approach to youth mental health. The emerging need for youth-centred services signals a critical turning point that demands structural transformation rather than superficial reform. In summary, marginalized youth do not merely seek greater access to mental health services. Rather, they demand a restructured, justice-oriented system that affirms their identities, recognizes their lived realities, and dismantles the barriers that have historically impeded their well-being.

Conclusion

This report builds on the foundational insights of the TTR study, which identified key access barriers to mental health services during the pandemic, by offering a more detailed view of the ongoing mental health experiences and help-seeking behaviours of marginalized youth in the post-pandemic context. While the TTR report captured the extent of psychological distress and service limitations during the early pandemic, our findings suggest that many of these challenges persist, with youth continuing to face structural barriers such as financial constraints, systemic inequity, geographic inaccessibility, and a lack of culturally competent care. Despite the broader availability of virtual mental health services, these supports have not consistently reached underserved communities, and youth from racialized, disabled, LGBTQIA+, and parenting groups continue to report stigma, cultural disconnection, and inadequate treatment. Both studies highlight the need for culturally responsive services, but our findings indicate that implementation remains unsatisfactory. As a result, many youth rely on informal and community-based supports that feel more accessible and validating. These insights underscore the importance of not only expanding access but also transforming mental health systems to be intersectional, community-informed, and responsive to the complex realities faced by marginalized youth. As such, this report proposes three main recommendations: increasing culturally responsive care, expanding accessibility of existing services, and enabling youth-centred decision making and holistic approaches to psychological well-being. In combination, these approaches will ensure more equitable mental health service delivery that recognizes and supports the experiences of marginalized youth in the Greater Toronto-Hamilton Area.

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Appendix A1

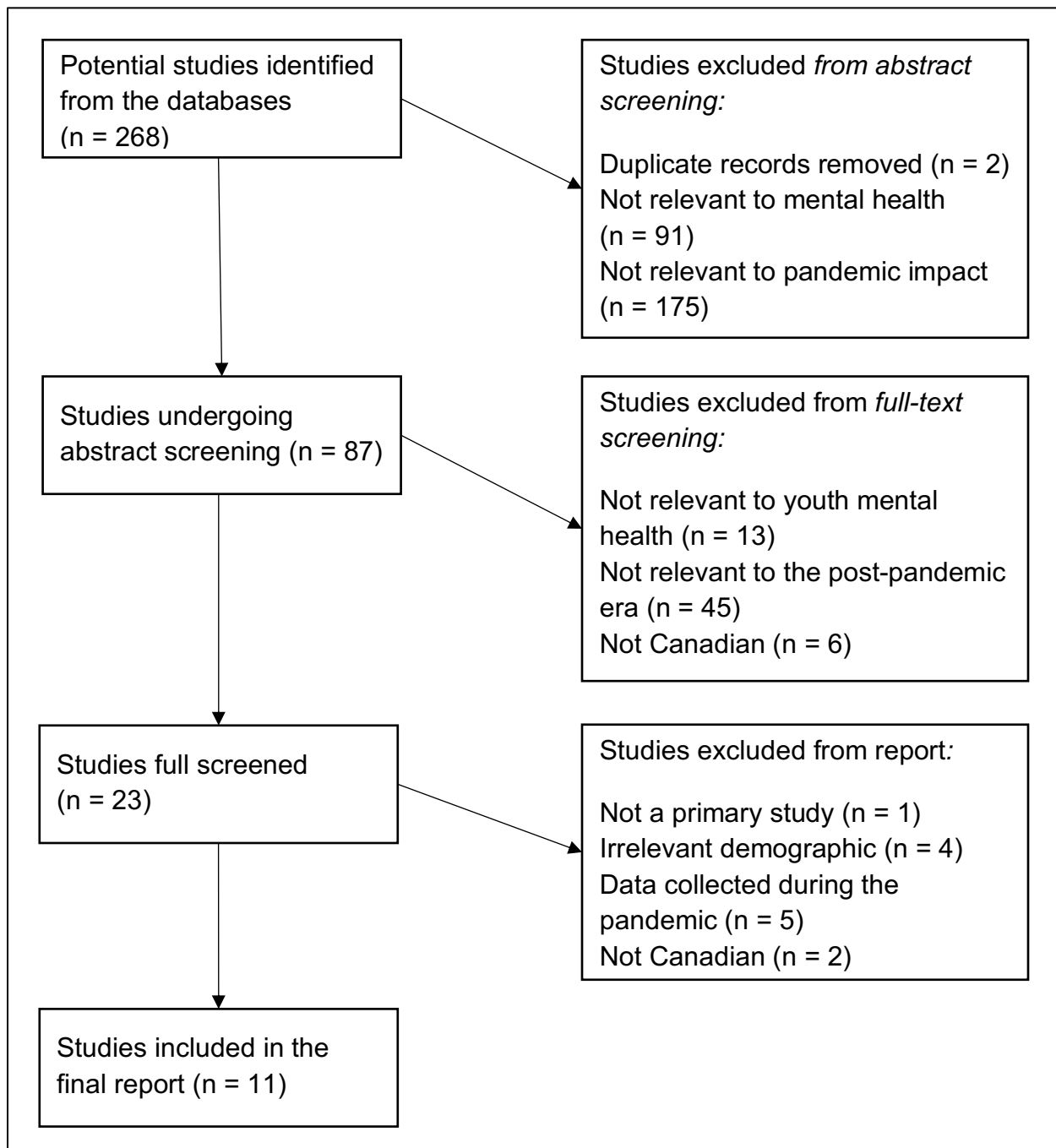


Figure 1: Flow diagram of excluded and included studies in the final report.

Appendix A2

Table 2. Overview of study characteristics.

Authors, Year	Study Design	Sample Demographic	Data Collection Timeframe	Mental health of youth	Help-Seeking Behavior of Youth
Adeyinka et al., 2023	Quantitative	666 Saskatchewan residents 16 years and older; 86 participants were youths aged 16-30 years old. ^a	March 2022.	X	
Chee and Coleman, 2024	Mixed-Methods	LGBTQIA+ Asian Canadian youth aged between 16-29 years.	November 2021 to March 2022. ^a	X	
Filiatrault et al., 2024	Quantitative	953 undergraduate students from Université Laval in Quebec.	February to April 2022.	X	
Ivande et al., 2025	Mixed-Methods	141 Asian-identifying university students in Canada.	January to April 2022.	X	X
Kaser et al., 2024	Quantitative	1,435 first-year undergraduate students (18–25 years old) from 5	2022 to 2023.	X	

		Canadian universities.			
Meherali et al., 2024	Qualitative	49 pregnant and parenting youth (18-25 years old) from various locations within Canada.	December 2022 to October 2023.	X	X
Moss et al., 2024	Mixed-Methods	450 Canadian youth from 10 different provinces.	April to May 2022.	X	
Ng et al., 2024	Qualitative	9 Chinese Canadian youth (19-23 years old) from Alberta.	June to September 2022.	X	
Salami et al., 2024	Qualitative	48 Black Canadian youth aged from 16-30 years old.	February to May 2022.	X	
Shakuran et al., 2025	Qualitative	563 parent-child dyads of which 136 were parent-youth dyads. ^a	May to July 2022.	X	
Taylor et al., 2024	Qualitative	30 Canadian youth from Alberta.	May to October 2022.	X	X

^a Only partial data in compliance with the inclusion criteria were extracted.