

Article

Learning and Professional Development Outcomes Among Participants in a National Youth Mental Health Advisory Council

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Abstract

There is a mental health crisis among young people in Canada, suggesting a need for evidence-based, community-engaged strategies to strengthen the youth mental health workforce. This study explores the learning and professional development outcomes of participation in the National Youth Council (NYC) of Kids Help Phone (KHP), Canada's only "national 24/7, free, confidential, and multilingual e-mental health service, blending technology with the empathy of clinical experts". We surveyed and conducted focus groups with current and former NYC members to identify professional development outcomes associated with council participation. The results suggest that involvement in the NYC fostered professional skill-building, increased interest in mental health and youth-facing careers, improved civic engagement, and created a sense of empowerment and belonging. Barriers to full participation in youth councils included imposter syndrome, limited regional access to in-person activities, and limited representation from certain geographic areas (e.g., the Territories). These findings highlight the potential of youth advisory councils to support youth professional development, while emphasizing the importance of integrating structured mentorship and equity-focused practices into youth engagement models. NYCs may therefore serve as promising venues for strengthening the future youth mental health workforce.

Keywords: youth mental health; mental health workforce; professional development; youth councils



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1. Introduction

Canadian youth are experiencing a mental health crisis ([Statistics Canada, 2025](https://doi.org/10.1139/sc-2025-001)). Over the past two decades, approximately 1.25 million Canadian youth required mental health support, yet nearly 60% did not receive the services they needed ([Mental Health Research Canada, 2024](https://doi.org/10.1139/sc-2024-001)). Suicide is the second leading cause of death among young people ages

15–34 in Canada, accounting for 21% of deaths in this age group ([Public Health Agency of Canada, 2023](#)).

Simultaneously, support services across Canada remain fragmented, under-resourced, and insufficient to meet needs ([Mitchell & Ameis, 2025](#)). Waitlists for specialized services, such as youth mental health and substance use (MHSU) services, extend over 6 months in many jurisdictions ([Cadigan et al., 2019](#); [Barbic et al., 2024](#)). Further, mental health non-profits that supplement in-person mental health services through single session and short-term counseling, suicide prevention, or other crisis intervention, are often oversubscribed ([Zupančič & Pahor, 2016](#); [Mughal et al., 2023](#)). There is a pressing need for innovative strategies to strengthen the youth mental health workforce.

Many youths disengage from formal systems of care, turning instead to informal peer networks, online spaces, or no support at all, often at critical moments of need ([Garrett et al., 2024](#)). Harnessing youth engagement as part of the solution, including peer support and youth-led models, offers a promising pathway to both expand mental health system capacity and to cultivate a future, community-embedded mental health workforce ([Singh et al., 2025](#)).

1.1. Youth Engagement

Youth engagement has been increasingly recognized as an important measure of quality in youth health and social services, providing insights that can improve service delivery and outcomes ([Bailey et al., 2024](#); [Sodha & Shearkhani, 2026](#)). Public participation frameworks emphasize collaboration and shared-decision making at every stage, from ideation to production ([Rozelle & Sarno, 2024](#)). Capturing and incorporating user experience into the design, implementation, and evaluation of health services is particularly critical in the youth mental health sector ([Hackett et al., 2018](#)). Indeed, actively engaging youth in the co-creation of health services not only enhances the program relevance but also improves care outcomes for young people.

Youth councils are one way of integrating youth voices across mental health care, research, and innovation ([McCabe et al., 2022](#)). Common youth engagement activities in mental health services may include participating in peer-support programs and staff selection panels ([James, 2019](#)). Through feedback and the implementation of youth-driven strategies to improve service delivery, youth councils offer a potential solution to addressing quality and access issues ([James, 2019](#)).

Kids Help Phone (KHP) is a Canadian, 24/7, free, confidential, and multilingual e-mental health service. In 2025, KHP interacted with young people more than 3.7 million times over calling, texting, social media, and the resources on their website ([Kids Help Phone, 2025](#)). In 2014, KHP spearheaded the National Youth Council (NYC), a group of youth aged 14–24 from across Canada who are passionate about mental health and well-being ([Kids Help Phone, 2021](#)). The NYC aims to integrate youth perspectives into numerous areas of KHP; members influence the decision-making, strategy and delivery of activities across the organization. NYC members are selected based on several criteria, including prior engagement in mental health advocacy and their own lived experiences. NYC recruitment efforts are grounded in the principles of equity, diversity, and inclusion, and seek to ensure diverse representation on multiple sociodemographic axes (e.g., geography, gender, and race and/or ethnicity). Members can serve terms for several years, based on their activity and engagement on the council. The council meets regularly to share ideas and communicates regularly to collaborate on projects influencing KHP's organizational activities, such as program and resource development. The NYC has led several initiatives, such as participating in resource development and research designs, social media and fundraising campaigns, speaking engagements, and knowledge translation activities for

a variety of stakeholders. With support and oversight from adult staff at KHP, council members play a key role in raising awareness of e-mental health support options for young people and helping to develop KHP's programs and services.

The council's activities align with the Public Participation Framework through engaging and collaborating with youth at each level of program implementation and service delivery (Rozelle & Sarno, 2024). At the Inform stage, the council ensures that its members are updated on policies, programs, and resources. At the Consult stage, the organization seeks youth perspectives on mental health programming. At the Involve and Collaborate stages, youth co-create strategies, shape advocacy campaigns, and partner with staff to design services around ongoing initiatives. At the Empower stage, KHP provides youth with resources to launch their own projects and ensures that a member of the council is involved in the KHP Board of Directors (Rozelle & Sarno, 2024). The Public Participation Framework at the NYC aims to position youth as partners in producing equitable, effective mental health resources.

1.2. Research Objectives

Despite growing interest in youth engagement as best practice in mental health service delivery, little research has examined the role of such engagement in shaping youth career trajectories, particularly in sectors experiencing workforce shortages such as youth mental health (Canadian Institute for Health Information, 2024; Wiens et al., 2020). This study aims to examine how youth councils can strengthen the future youth mental health workforce and address service gaps in Canada. Furthermore, this study looks at how youth councils can be structured in a way that combats tokenism, to ensure that youth volunteers benefit, based on their needs. The overarching research question guiding this study is as follows: how can youth engagement contribute to expanding mental health system capacity while supporting participants' professional development? To address this question, we employed multiple approaches, including a quantitative survey examining the impact of NYC participation on youths' knowledge, interest, and professional development, as well as a focus group component examining the opportunities, barriers, and system-level conditions that are necessary for meaningful engagement in mental health workforce initiatives.

2. Materials and Methods

2.1. Study Design

This study employed multiple approaches, including the collection of both survey and focus group data to provide a comprehensive understanding of how participation in the NYC facilitated skill acquisition and to identify barriers and facilitators to youth engagement.

In total, 25 current and former KHP NYC members were asked to participate in our study via email and Slack communication. Recruitment was carried out through an initial email, and all those who responded to the email were eligible to partake in our study. There were 14 youths who voluntarily agreed to participate. They were invited to complete an online survey via Google Forms, as well as a subsequent 1.5 h semi-structured focus group, to provide in-depth feedback on their experiences serving on KHP's NYC and its impact on their professional development.

For a copy of the specific survey questions, please see Appendix A. For a detailed focus group guide, please see Appendix B.

This study received ethical approval from the University of Alberta Research Ethics Board (application number: Pro00143368). The approved protocol outlined participants' rights, including informed consent, confidentiality, and the right to decline or withdraw from participation at any time without consequence. All qualitative participants were

provided with an information sheet describing the study and gave informed consent prior to participation. For participants under the age of 18, assent was obtained in accordance with institutional guidelines. Consent for survey participants was embedded within the online survey platform, where participants indicated agreement before proceeding. Access to identifiable data was restricted to authorized members of the research team and handled in accordance with institutional and regulatory privacy standards.

2.2. Data Analysis

2.2.1. Survey Data

All data were analyzed using Microsoft Excel Version 16.99.2 (Microsoft Corporation, Redmond, WA, USA). Survey responses were collected via an online survey on Google Forms and downloaded directly into Excel, where each row represented an individual participant and each column corresponded to a survey question. Prior to analysis, data cleaning was conducted, involving the removal of duplicate entries and verification of response consistency to ensure data integrity. Frequencies (n) and percentages (%) were computed for each survey variable. These cross-sectional descriptive statistics (% , n) were recorded in a single consolidated table to identify patterns in the data and to examine the distribution of responses across categories. A 100% stacked horizontal bar chart was created using Excel to visualize the distribution of Likert-scale responses examining how serving on the NYC shaped respondents' career trajectories.

2.2.2. Qualitative Data

To analyze the focus group data, we employed qualitative content analysis (QCA), a systematic method for interpreting meaning from textual data within a specific context (Schreier, 2012). We adopted an inductive approach, allowing themes to emerge organically from participants' own words and experiences, rather than from predetermined categories.

Focus group discussions were audio-recorded, transcribed verbatim, and verified for accuracy by the lead author and one co-author (LS and CG) prior to analysis (Chang & Hsu, 2006). Transcripts were read in full multiple times to develop familiarity with the data. During close line-by-line reading, initial codes were assigned to segments of text where participants described meaningful experiences, perceptions, or reflections related to their council involvement. For example, when multiple participants described feelings of self-doubt about whether they belonged on the council or could keep up with their peers, this pattern was captured under the code "Imposter Syndrome". Similarly, when participants repeatedly spoke about wanting face-to-face interaction and the limitations of virtual-only engagement, this was coded as "In-Person Engagement". When participants described how their council experience had influenced job interviews, university applications, or career direction, these responses were grouped under "Professional Development and Career Growth".

Once the initial codes were generated, they were reviewed and compared across transcripts to identify recurring patterns and relationships. Codes that reflected similar underlying ideas or experiences were grouped together into broader categories, which ultimately formed the overarching themes and sub-themes. For instance, codes related to confidence building, overcoming self-doubt, and personal motivation were grouped together under the theme "Empowerment and Self-Efficacy", as they all pointed to the council's role in shaping participants' sense of self. One researcher independently coded all transcripts, and all codes were reviewed by a second researcher, with discrepancies resolved through discussion and consensus. Final themes and sub-themes were reviewed, defined, and named to accurately reflect the patterns that were present in the data. All data were managed and analyzed using manual coding in Excel.

3. Results

3.1. Survey Results

Of the 25 individuals contacted, 14 responded to the survey. We tabulated survey responses across respondents (N = 14) in Table 1 and Figure 1. Likert results used to construct Figure 1 are available in Table A1 of Appendix B. The majority of surveyed youth first joined the NYC between the ages of 14–17 years, participating in the NYC less than 3 h per week. Six (42.9%) did not have any volunteer experience prior to the NYC. The most common reason for joining the NYC was to engage in community outreach (33.3%). Common career goals among NYC members were medicine, mental health services, and youth engagement.

Table 1. Survey results.

Survey Responses	N (%)
Age when first joined NYC	
14–17 years	8 (57.1%)
18–24 years	6 (42.9%)
Hours/week dedicated to NYC activities	
0–3 h	11 (78.6%)
4–7 h	3 (21.4%)
Subcommittee participation *	
Youth engagement	8 (57.1%)
Marketing	7 (50.0%)
Donor relations	7 (50.0%)
Volunteer experience before NYC	
No	6 (42.9%)
Yes, with KHP	4 (28.6%)
Yes, with other organization(s)	4 (28.6%)
Reasons for joining NYC *	
For community outreach	14 (100.0%)
For my career development	8 (57.1%)
To learn about mental health	9 (64.3%)
To share my lived experience	8 (57.1%)
Other	3 (21.4%)
Career goals *	
Medicine	3 (21.4%)
Business	4 (28.6%)
Social sciences (including psychology)	3 (21.4%)
Sciences	4 (28.6%)
Law	3 (21.4%)
Other	2 (14.3%)
Considering mental health career after NYC participation	
Yes	7 (50.0%)
No	2 (14.3%)
Undecided	5 (35.7%)
Considering youth engagement career after NYC participation	
Yes	5 (35.7%)
No	2 (14.3%)
Somewhat	7 (50.0%)

Table 1. Cont.

Survey Responses	N (%)
Which NYC activities did you find meaningful? *	
Providing feedback on initiatives	11 (78.6%)
Public speaking engagements	9 (64.3%)
Engaging with donors	8 (57.1%)
Policy work	7 (50%)
Social media content creation	6 (42.9%)
Video creation	5 (35.7%)
Hearing others' perspectives	1 (7.1%)
New member, no activities yet	1 (7.1%)
Which NYC activities influenced your career choice? *	
Providing feedback on initiatives	7 (53.8%)
Public speaking engagements	6 (46.2%)
Engaging with donors	4 (30.8%)
Policy work	5 (38.5%)
Social media content creation	3 (23.1%)
Video creation	1 (7.7%)
Other	3 (21.4%)
None	1 (7.7%)

* Respondents could select more than one option; totals will exceed 100%.

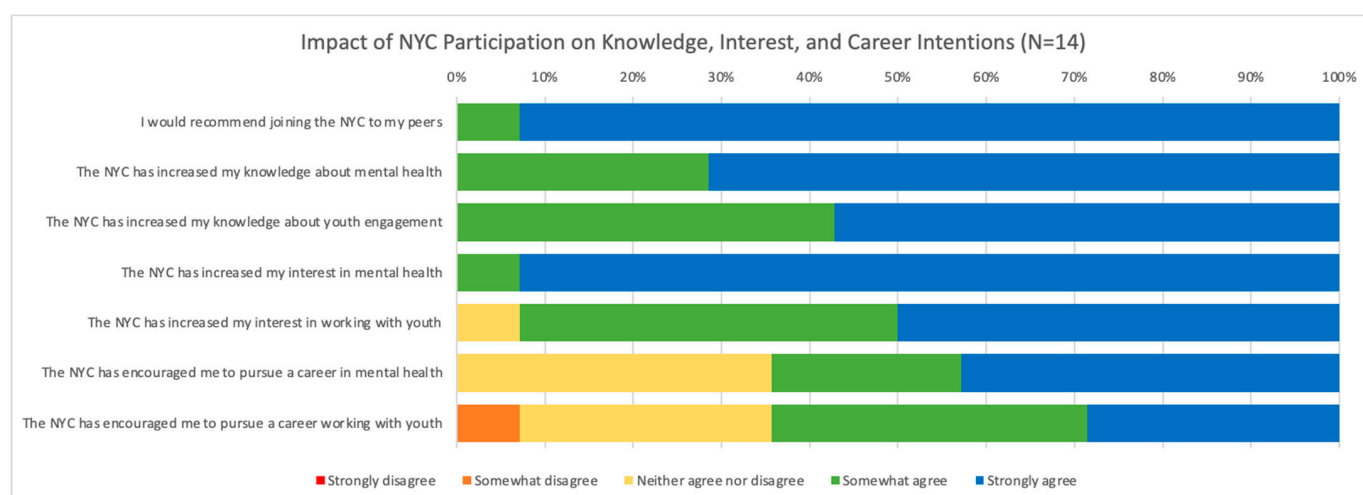


Figure 1. Likert scale of the impact of NYC participation on knowledge, interest, and career intention. No respondent selected “strongly disagree”.

3.2. Learning and Professional Development Outcomes

All surveyed participants reported strongly or somewhat agreeing that they would recommend joining the NYC to their peers. Similarly, all participants reported strongly or somewhat agreeing that the NYC increased their knowledge about mental health and youth engagement. While all participants strongly or somewhat agreed that the NYC increased their interest in mental health, 92.9% of participants strongly or somewhat agreed that the NYC increased their interest in working with youth. In terms of professional goals, 64.3% of the surveyed youth strongly or somewhat agreed that the NYC encouraged them to pursue a career in mental health or a career working with youth.

3.3. Focus Group Results

Out of 14 survey respondents, 9 participated in semi-structured focus groups (64%). We conducted two focus groups, each lasting 1.5 h over Zoom. Groups consisted of four

(44.4%) youth aged < 18 years and five (55.6%) youth between 18 and 24 years. Four (44.4%) were enrolled in high school, two (22.2%) in Collège d'enseignement général et professionnel (CEGEP), two (22.2%) in undergraduate studies, and one (11.1%) in graduate studies.

As shown in Table 2, five main themes emerged from our qualitative content analysis, including:

1. Professional development.
2. Empowerment and self-efficacy.
3. Access, equity, and inclusion.
4. Social and civic engagement.
5. Supportive environment and belonging.

Table 2. Key themes identified through qualitative content analysis.

Theme	Definition	Example Quote
Theme 1: Professional Development	This theme examines how participation in the NYC contributed to participants' professional development, career trajectories, and workforce readiness.	"I've never been at an interview where KHP has not come up. . .it shows you have a life beyond the law, let's chat about that."
Sub-theme: Career Interest in Mental Health	Refers to participants' motivation to pursue careers in the mental health sector, directly linked to their council experience.	"The National Youth Council definitely ties really close to my career plans because I want to do mental health work in the non-profit sector."
Theme 2: Empowerment and Self-Efficacy	This theme explores how council participation fostered a sense of personal empowerment, confidence, and self-awareness among youth members.	"Having the confidence to have a conversation with someone who's been working for 30 years and to work past the imposter syndrome that I think all of us feel at some point."
Sub-theme: Imposter Syndrome (as a barrier to confidence)	Refers to feelings of self-doubt and inadequacy that participants experienced when applying to or participating in the council.	"When I applied, there was a lot of imposter syndrome because I'd had to take a break from a lot of leadership activities the year previous because I'd had some really intense mental health struggles."
Theme 3: Access, Equity, and Inclusion	This theme examines the structural and systemic factors that shaped participants' ability to engage with the council and the broader mental health system equitably.	"I want to be able to bring that change, especially focusing on the perspective of diversity and inclusion and just making mental health something that everyone is comfortable speaking about."
Sub-theme: Regional Disparities	Refers to the unequal access to mental health services and council participation opportunities experienced by youth in rural or underserved regions.	"With New Brunswick being more of a rural province, we're sometimes lacking in the mental health services that youth really need right now."
Theme 4: Social and Civic Engagement	This theme explores how council participation deepened participants' understanding of civic systems, policy processes, and their roles as advocates for change.	"The National Youth Council signed a letter in support of a bill at the senate seeking to remove Section 43 from the criminal code, I had a chance to work with the council and the KHP government relations team on that letter."
Theme 5: Supportive Environment and Belonging	This theme captures the relational and environmental conditions that made council participation meaningful, including peer connection, mentorship, and a sense of community.	"Everyone has similar goals, but different perspectives are all coming in and informing my perspective, it just makes me happy and feels like something I like doing for sure."

Table 2. *Cont.*

Theme	Definition	Example Quote
Sub-theme: Mentorship and Support	Refers to formal and informal mentorship relationships that participants engaged in because of their council involvement.	“Bringing that awareness which I developed and improved upon at council to my work as a mentor, as well as being able to direct people who come to see me.”
Sub-theme: In-Person Engagement	Refers to participants’ desire for and positive experiences with face-to-face interaction as a complement to virtual council participation.	“In-person meetings definitely add a little something special that you don’t get through a Zoom interaction. One of the highlights during my time on council was when we all got together in Toronto for a weekend.”

3.4. Professional Development

Youth council participation provided hands-on experiences that fostered critical professional skills such as public speaking, project management, and policy analysis. Many participants reported gaining clarity on their career aspirations and leveraging their council experience to pursue further opportunities in related sectors such as pediatrics, law, and not-for-profits. Participants also highlighted access to external opportunities, including internships, scholarships, volunteer positions, and networking events. Mentorship from professionals and staff at the organization and exposure to real-world decision-making processes also helped participants to build networks and strengthen their resumes. Importantly, several participants explicitly connected their NYC involvement to a deepened interest in mental health work and a clearer sense of purpose in pursuing mental health-related careers.

One participant remarked that “on the initial application itself professional development wasn’t kind of truly on my mind . . . but [the NYC] did have a kind of concrete impact” on their professional development. They also remarked that serving on the council has always been a discussion point at interviews, and that there have been many transferrable skills. Another participant shared that prior to an interview, “one of the ladies looked me up ahead of time and then mentioned my involvement with Kids Help Phone. . . you could tell that it influenced her perspective of me”.

One participant spoke about how serving on the council “helped personally in [my] career. . . it made some sort of contribution in getting my student position and getting to the current position [as a government policy analyst] I’m at right now”. Another reported how their work in the NYC was always mentioned during interviews with law firms, and how their peers often asked them about their work. They spoke about how serving on the NYC set them apart from other candidates during job interviews and gave interviewers a more “holistic” perspective. Others cited improved communication skills, media literacy, and increased comfort with working closely with adult stakeholders as formative experiences guiding them toward careers in communications, journalism, or youth-centered program design. One participant reported that their work on a NYC subcommittee is what influenced them to pursue a degree in business and marketing, fields that had not been considered prior to the NYC.

Another participant identified direct alignment with their career plans in the mental health and non-profit sectors, stating that “the National Youth Council definitely ties really close to my career plans because I want to do mental health work in the non-profit sector so that’s a big reason of why I joined”. Additional participants reported that engagement with youth mental health issues through the NYC clarified or reinforced their desire to

pursue careers in mental health, including roles in child psychology, psychiatry, social work, and nursing.

Peer advocacy and sharing were also cited as being important. Participants reported learning from each other about professional development opportunities and receiving guidance from KHP staff and NYC alumni. The NYC has also hosted staff-led professional development sessions, with one participating stating “even like speaking to some staff leads they are very welcome to us like speaking to them and networking and they give us connections so I really got to network with a lot of people who are into marketing and I realized that this something that I like to do”. Another participant noted that skills such as media training were transferable to various facets of their life.

3.5. Empowerment and Self-Efficacy

Participants reported that serving on the NYC significantly increased their confidence in their abilities to lead, advocate, and contribute meaningfully to discussions. Their self-efficacy translated into increased motivation to pursue leadership roles beyond the council, such as internships and university student government. For example, one participant noted that “had it not been for that first push and that initial, like, showing how much advocacy can have an impact, I maybe would not have gotten involved in my student body and joined other things. . . maybe I wouldn’t be here at university”.

Some participants also reported experiencing imposter syndrome, described as “self-doubt of intellect, skills, or accomplishments” (Huecker et al., 2023). During the application process, this imposter syndrome was often heightened by the need to retrospectively evaluate one’s achievements and present a coherent narrative of leadership and capability. One participant shared, “I know when I applied, there was like, a lot of imposter syndrome, because I’d kind of had to take a break from a lot of leadership activities the year previous, because I’d had some really intense mental health struggles”. Participants described feeling that pauses in involvement, particularly those related to mental health, created perceived gaps in their resumes, which they worried would be viewed as shortcomings, rather than contextual realities. The emphasis on sustained leadership engagement and competitive selection processes further intensified comparisons to other applicants, reinforcing feelings of not being “qualified enough” or of having fallen behind. In this context, imposter syndrome was not only an internal experience of self-doubt, but was also shaped by external expectations embedded within the application process, where non-linear pathways and recovery periods were difficult to reconcile with dominant narratives of uninterrupted achievement.

However, within the context of the NYC, participants noted that the organization’s explicit valuing of lived experience helped to reframe these perceived deficits as meaningful assets. Experiences with mental health challenges were understood not as disqualifying, but as contributing to empathy, insight, and credibility when engaging in NYC work. This recognition mitigated feelings of imposter syndrome for some participants, as it validated non-linear pathways and affirmed that personal experiences could enhance, rather than undermine, one’s capacity for leadership and contribution.

Another participant claimed, “the council has influenced other aspects of my life, it’s honestly just been really fulfilling to, like, it’s cheesy as it sounds, like, feel like you’re really hands-on in terms of making a difference in the resources that are available to youth nationally for their mental health”.

3.6. Access, Equity, and Inclusion

The NYC offered a unique platform for diverse youth, especially those from under-represented communities, to access youth leadership and service positions. Participants highlighted how inclusive recruitment, culturally responsive facilitation, and equitable

compensation helped to remove barriers to participation. One participant reported "...the organization's commitment to including as many people as possible and making it as accessible as possible. So, that was really my reason for joining". Another participant stated, "[the NYC] gave me a lot of opportunities to see how I could become kind of a voice for French people and just youth in general". Participants from outside of the Greater Toronto Area (GTA) reported limited access to in-person opportunities as a barrier to youth engagement. Others reported that representation from the Territories was lacking.

3.7. Social and Civic Engagement

Involvement in the NYC deepened participants' understanding of civic processes and fostered a long-term commitment to community engagement. Participants reported becoming more informed volunteers and community organizers. For example, one participant noted that the NYC influenced their involvement in "policy, politics, government... and advocacy". They went on to say that the NYC "made some sort of contribution in getting my student position and getting to the current position I'm at right now". They also reported that the NYC increased civic literacy by providing structured exposure to public policy, advocacy, and decision-making processes. For six participants, this early experience laid the groundwork for careers in public service, nonprofit leadership, education, and health advocacy.

Participants also described how the NYC strengthened their beliefs in collective action. One participant said, "it seems like small amounts of insignificant work... but when you look at it in the grand scheme of things, giving your opinion on these things is what makes it better for people in the long run".

3.8. Supportive Environment and Belonging

KHP's NYC aimed to cultivate a sense of community and respect. This sense of belonging was expressed by one participant: "it feels like our thoughts and opinions are being valued by the higher-ups, it's fulfilling to know that we're actually getting some really big changes done". The community and respect cultivated through the NYC empowered participants with a sense of agency and legitimacy, reinforcing that youth voices could meaningfully influence decision-making. This validation fostered deeper engagement, sustained commitment, and confidence among members, translating individual perspectives into collective action and tangible organizational change.

As the NYC connects young people from across Canada, virtual engagement was key. Despite being completely virtual, a participant mentioned that "even though we're fully virtual... there's people on the council that I talk to outside of the council, just... as friends. We check up on each other and make sure we're mentally healthy". This illustrates the NYC fostering a meaningful, cross-Canada community that has transcended geography to build genuine relations, mutual support, and a shared sense of belonging among youth.

4. Discussion

Prior research has shown that youth advisory councils may help to strengthen the youth mental health workforce through early exposure and the provision of professional development opportunities (Meza et al., 2025). This study examined the influence of participating in KHP's NYC on youths' professional development, and the barriers and facilitators to youth engagement in the NYC. Key findings included participants reporting that serving on the NYC fostered professional growth, leadership skills, and enhanced future career prospects, such as increased interest in pursuing careers in medicine, public health, law, and community advocacy; greater clarity around educational pathways; and access to networking opportunities with professionals and institutions that informed future

career decisions. They reported that the NYC promoted equity and inclusion by engaging diverse youth and strengthened civic engagement through exposure to policy and advocacy processes. Participants also reported that the NYC cultivated a supportive community where youth felt that their voices were valued. Youth appreciated being connected to a network of peers with shared interests and lived experiences. Council members reported meaningful gains in leadership, advocacy, and civic literacy, with many highlighting how their experiences shaped or reaffirmed their career aspirations.

It is important to note that most participants were students, not working professionals, and as such, the present findings reflect their perspectives on how NYC participation may support their academic and professional development, rather than direct effects on career outcomes. Notably, a central theme across participant responses was the role of the NYC in deepening their understanding of and commitment to youth mental health. Many participants described how engagement with the council increased their awareness of the systemic barriers that young people face in accessing mental health support, and how this awareness directly shaped their academic and career interests. This connection between youth participation and mental health awareness is a particularly meaningful finding, as it suggests that youth advisory councils may not only build generic professional skills, but may also cultivate a generation of youth who are invested in improving mental health systems for other young people. NYC participants expressed increased interest in roles that address mental health, such as child psychology, psychiatry, social work, and nursing, and in related fields such as public health, education, non-profit leadership, policy development, and community-based research.

Others described how their time on the council opened their eyes to the broader systems that impact youth well-being, sparking ambitions in law, government, or urban planning, where they hope to influence change at a structural level. These outcomes suggest that youth advisory may serve as platforms for meaningful personal and academic development, equipping young people with skills and experiences that they perceive as foundational to their future professional trajectories (Wainwright et al., 2025). The emphasis that participants placed on mental health as a motivating force behind their engagement highlights the importance of embedding mental health literacy and advocacy training within youth council programming. More broadly, these trajectories suggest that youth advisory bodies can help to strengthen the future youth mental health workforce by cultivating systems-level thinking, leadership skills, and sustained commitment to equity-oriented change (Simon et al., 2025). By exposing participants to policy, governance, and advocacy pathways, such councils may expand the pipeline of professionals equipped to address youth mental health not only through clinical care, but also through legal and governmental systems that shape the structural determinants of health.

Our results parallel the findings from the previous literature. In a study conducted on a sample of 332 students enrolled in youth work programs in South Korea, youth council participation was found to mediate effects on professional identity development in youth work (Yoon, 2024). This was evidenced by the increased awareness of youth work as a profession, average hours spent as a volunteer youth worker during college, and willingness to choose youth work as a potential career (Yoon, 2024). Consistent with the present study, these participants were students whose outcomes reflected anticipated, rather than realized, career trajectories, suggesting that the value of youth council participation may lie in shaping career aspirations and building relevant skills, rather than producing immediate employment outcomes.

A central concern in youth advisory work is ensuring that participation moves beyond tokenism, where youth are included in name only, without genuine influence (Childress et al., 2023). NYC's alignment with the IAP2 Public Participation Framework, reaching

up to the *Empower* level, including a youth seat on KHP's Board of Directors, reflects a structural commitment to authentic engagement, rather than performative inclusion (Rozelle & Sarno, 2024).

Importantly, the study also revealed several challenges to youth engagement. Imposter syndrome was a common barrier, particularly for younger members and those from underrepresented backgrounds (Cokley et al., 2024). Geographic disparities limited access to in-person opportunities, and some participants noted that council activities and leadership structures were disproportionately centered in the Greater Toronto Area, resulting in fewer opportunities for meaningful participation and representation from youth in the Territories and other remote regions. In Canada, reports have also found that francophones face barriers to accessing mental health services, and a lack of culturally appropriate care, emphasizing the importance for equitable, francophone representation in youth councils (Mental Health Commission of Canada, 2010). These findings support the existing efforts to promote diversity in the recruitment of youth advisory councils. Other strategies for equitable participation include informing participants of them being in a private, safe space and ensuring that closed captions are automatically enabled during meetings to improve accessibility (Anwarzi et al., 2025). Collectively, our study highlights the continued need for youth engagement models to include equity-focused approaches, as well as robust mentorship and support systems.

This study has several limitations. The sample size was small and may not fully capture the diversity of experiences among all NYC members or youth more broadly. The participants were self-selected, which may introduce response bias, as those with particularly positive or negative experiences may have been more likely to participate (Hiratsuka, 2025). Additionally, as a study focused on a single organization in Canada, the findings may not be generalizable to all youth councils or other jurisdictions. Furthermore, as a majority of participants were students rather than working professionals, this study was unable to assess the direct impact of NYC participation on employment or career outcomes.

Future research should expand to include longitudinal studies that track youth outcomes over time, allowing for a clearer understanding of how youth engagement impacts long-term career pathways and mental health advocacy. Boyle et al. (2007) report that not-for-profit organizations play a role in mental health promotion, and the role of these organizations in addressing larger, more systemic, shortages should continue to be explored. Future studies may also explore how youth councils function in different organizational settings and assess the effectiveness of specific practices (e.g., mentorship models, regional engagement strategies, equity training). Future work may prioritize the voices of equity-deserving groups to ensure that youth engagement efforts are inclusive, accessible, and empowering for marginalized youth (Jones et al., 2024).

Overall, these findings suggest that youth advisory councils may help to cultivate the knowledge, skills, and interests needed to support young people in pursuing careers in youth mental health and related fields.

5. Conclusions

This study highlights the personal and professional development benefits of youth participation in the National Youth Council (NYC) at Kids Help Phone (KHP). The participants noted that involvement in the NYC cultivated professional skills and an increased interest in mental health careers, which are areas that are critical for addressing workforce shortages in the sector. Youth also reported increased confidence, access to mentorship, and a strong sense of belonging. Barriers such as imposter syndrome, regional disparities, and inequities in access were identified. These findings emphasize the need for structured support and inclusive practices in youth advisory councils. Overall, KHP's NYC amplifies

youth voices and may serve as a valuable means of strengthening the future youth mental health workforce.

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Abbreviations

The following abbreviations are used in this manuscript:

KHP Kids Help Phone
NYC National Youth Council

Appendix A. Survey Questions

Appendix A.1. Section 1: Background and Involvement

1. What stage of your education and/or career were you at when you began volunteering with KHP? (Select all that apply.)
 - ☐ High School.
 - ☐ Undergraduate.
 - ☐ Graduate/Professional.
 - ☐ Other: [Open Text].
2. How old were you when you first joined the NYC?
 - ☐ [Open Text].
3. How much time do/did you devote to NYC activities per week?
 - ☐ [Multiple Choice Options].
4. What subcommittee(s) do/did you serve on? (Select all that apply.)
 - ☐ [List of Subcommittees].
 - ☐ Other: [Open Text].

5. Why did you join the National Youth Council (NYC)? (Select all that apply.)
 - ☐ [List of Reasons].
 - ☐ Other: [Open Text].
6. Had you volunteered with any mental health organizations prior to volunteering with the NYC?
 - ☐ Yes.
 - ☐ No.
 - ☐ Other: [Open Text].

Appendix A.2. Section 2: Career Aspirations and Influence

7. What are your career aspirations?
 - ☐ [Multiple Selection Options].
 - ☐ Other: [Open Text].
8. Are you considering a career that relates to mental health?
 - ☐ Yes/No/Unsure.
9. Are you considering a career that relates to youth engagement?
 - ☐ Yes/No/Unsure.
10. Which type of activities did you find meaningful? (Select all that apply.)
 - ☐ [List of Activities].
 - ☐ Other: [Open Text].
11. If relevant, which activities of the NYC influenced your career choice? (Select all that apply.)
 - ☐ [List of Activities].
 - ☐ Other: [Open Text].

Appendix A.3. Section 3: Program Impact (Likert Scale Items)

For items 12–18, participants responded using a 5-point scale: (1) Strongly Disagree, (2) Somewhat Disagree, (3) Neither Agree nor Disagree, (4) Somewhat Agree, or (5) Strongly Agree.

12. The NYC has increased my knowledge about mental health.
13. The NYC has increased my knowledge about youth engagement.
14. The NYC has increased my interest in mental health.
15. The NYC has increased my interest in working with youth.
16. The NYC has encouraged me to pursue a career in mental health.
17. The NYC has encouraged me to pursue a career working with youth.
18. I would recommend joining NYC to my peers.

Appendix A.4. Section 4: Demographics

19. Are there any specific communities you hope to work with? (e.g., LGBTQ+, Black, Indigenous, Refugee, Newcomers, etc.)
 - ☐ [Open Text].
20. Please specify your ethnicity. (Select all that apply.)
 - ☐ [List of Ethnicities].
21. What is your age?
 - ☐ [Open Text].
22. What is your gender?

- [Open Text/Options].
- 23. What is your sexual orientation?
- [Open Text/Options].

Appendix B. Focus Group Questions

Appendix B.1. Introduction and Consent

[If the participant has consented to participate and for the interview to be recorded, begin Zoom recording.]

Thank you all for your time and expertise today. Over the next hour, I will ask you all some questions and I ask that you please answer my questions as honestly as you can. Feel free to take your time to respond. With your consent, I will be recording the interview and might take a few notes as we go, writing about things that cannot be heard, such as body language and group dynamics. Please remember, you can choose to withdraw from the focus group or not answer any questions that you do not wish to answer at any time. We ask that participants respect the privacy of one another and refrain from sharing anything discussed today. We will be recording this for ease of transcription, but you should feel free to turn off your video if that makes you more comfortable.

If you are ready, we will get started.

Appendix B.2. Warm-Up

1. We are going to be talking about your involvement with the NYC over the years, why you decided to get involved and how the NYC has influenced other aspects of your life.

Appendix B.3. Background

1. Can you describe your prior volunteering experience, or if volunteering with the NYC was your first volunteer experience? (We will prompt focus group participants to take turns answering this question.)

Appendix B.4. Motivations to Become Involved with Youth Councils

Introduction to this section:

Being involved with the NYC required not only a time commitment, but a passion for youth mental health on your part. My following questions are going to address your motivation to volunteer your time and to get involved with the KHP NYC. Feel free to jump in and/or build on each other's answers.

1. What sparked your interest or motivated you to apply to the KHP NYC?
2. How does spending your time volunteering with the NYC make you feel? Were there any projects that were particularly significant?
3. Has serving on the NYC supported your career trajectory or changed your career plans? Did you initially feel motivated to join the NYC for professional development opportunities?
4. What part(s) of the NYC influenced your career interests?
5. Do your peers and/or close others know about your involvement with KHP? Do you feel proud about serving on the NYC?
6. Has the NYC aided you in feeling empowered to make changes in your community and advocate for youth mental health?
7. What impact do you think the NYC has had on the youth mental health landscape? Do you feel like you have been an active agent of change through the NYC?

Appendix B.5. Barriers and Facilitators to Youth Engagement

Introduction to this section:

Applying for a youth council like KHP’s NYC can require a lot of courage. The following questions are to assess if there were any barriers to your participation with the NYC and to identify positive facilitators for youth engagement. As a reminder, please remember that this is a safe and confidential place to share your experiences. These responses will help the NYC to flourish in the future. Feel free to jump in and/or build on each other’s answers.

1. Did you face any barriers when applying to the NYC? If so, what were they?
2. Think back to when you first applied to the NYC; what feelings did you experience?
3. What has been a positive facilitator or catalyst that has enriched your experience with the NYC?
4. Do you feel that the NYC has been supportive and accommodating of your needs?
5. Are there any ways that the NYC can change to enrich your professional or personal career further?
6. What opportunities would you like to see offered to council members in the future?
7. Has the NYC exposed you all to new forms of mental health advocacy? This can include projects like working policy briefs, resource and content development, or any projects you worked on in your respective subcommittee.

Table A1. Impact of NYC participation on knowledge, interest, and career intentions (N = 14).

Category	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
I would recommend joining the NYC to my peers	13 (92.9%)	1 (7.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
The NYC has increased my knowledge about mental health	10 (71.4%)	4 (28.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
The NYC has increased my knowledge about youth engagement	8 (57.1%)	6 (42.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
The NYC has increased my interest in mental health	13 (92.9%)	1 (7.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
The NYC has increased my interest in working with youth	7 (50%)	6 (42.9%)	1 (7.1%)	0 (0.0%)	0 (0.0%)
The NYC has encouraged me to pursue a career in mental health	6 (42.9%)	3 (21.4%)	5 (35.7%)	0 (0.0%)	0 (0.0%)
The NYC has encouraged me to pursue a career working with youth	4 (28.6%)	5 (35.7%)	4 (28.6%)	1 (7.1%)	0 (0.0%)

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