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# Identifying equity-related priorities in Ontario's child and youth mental health and addictions sector




**Knowledge Institute**  
on Child and Youth Mental Health and Addictions



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## Introduction

The Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) aims to build capacity to advance equity, diversity, inclusion, and anti-racism (EDIA-R) within Ontario's child and youth mental health, substance use health, and addictions sector (the sector). Advancing EDIA-R will foster a more inclusive system that prioritizes [anti-racism, enables identity-affirming care, and supports reconciliation](#).

To support this work, we led a priority-setting activity to better understand the sector's needs and identify the tools and resources most needed to support the sector in providing equitable, inclusive, and affirming care. Our work was informed by feedback from child and youth mental health and addictions organizations, leaders, young people, and caregivers, and aimed to strengthen knowledge and capacity across the sector to advance EDIA-R within organizations. This work aligns with Children's Mental Health Ontario's (CMHO) [Provincial Health Equity Strategy](#) first strategic direction – building knowledge and capacity through tools, training, and resources on equity-focused topics.

This resource summarizes the methods and findings from the Knowledge Institute's planning and priority-setting activities. Its purpose is to help leaders, service providers, and others working in the sector understand current gaps, prioritize meaningful actions, and guide the development of future resources that support EDIA-R principles and broader sector initiatives.<sup>1</sup>

A high-level summary of this work is available on our [EDIA-R webpage](#), where you will also find tools, resources, and information on how we can support the sector in advancing equity, diversity, inclusion, and anti-racism.

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1 Children's Mental Health Ontario (CMHO). (2025) *Growing together: Advancing health equity in Ontario's community child and youth mental health system: A provincial health equity strategy*. [Provincial Health Equity Strategy - Children's Mental Health Ontario](#)

## Methods

### Overview of our approaches

To identify priorities, we used two approaches: a needs assessment and resource mapping.

The aim of the **needs assessment** was to gather insights from partners on perceived unmet or desired needs for EDIA-R resources in the sector. We held 15 consultations with four key groups.

1. **Child and youth mental health lead agencies/core service providers and sector representatives.** This group included The Child and Youth Mental Health Lead Agency Consortium (LAC) is a group of 31 lead agencies responsible for system planning in each of Ontario's 33 service areas.
2. **Youth and family advisory councils** at the Knowledge Institute. Our councils help build on the capacity of young people and family members to improve services across Ontario by speaking to, and acting on, issues that impact or are important to them.
3. **Recipients of Innovation Initiative grants.** The Knowledge Institute's Innovation Initiatives support projects that address barriers in the sector. Organizations currently receiving these grants are developing and testing culturally responsive mental health, substance use health, and addictions programs that support children, young people, and families facing systemic inequities.
4. **Knowledge Institute staff.** Working alongside mental health, substance use health, and addictions agencies across the province, our dedicated team accelerates system change, mobilizes evidence, and strengthens knowledge and skills. Our work is further guided by the insights of our councils, ensuring we remain grounded by the voices and needs of those we serve.

Participants from these groups were asked about priority EDIA-R topics, effective resource formats, and examples of existing resources already in use.

The aim of **resource mapping** was to identify, catalogue, and assess existing EDIA-R resources – and those in development – to understand (a) where gaps exist in the sector, and (b) what was, or would soon be, available. We identified 73 resources through two main sources.

1. [The Knowledge Institute's resource hub](#).
2. **Participants in the needs assessment.** Individuals from the four key groups were invited to identify and share any organizations they knew of that develop or host EDIA-R resources for the sector. In total, participants identified 20 organizations with potentially relevant resources on their websites. All 20 websites were reviewed as part of the mapping process. These organizations included, among others: Wisdom2Action, Ontario Health, Indigenous Child and Family Services Directors Society, Rainbow Health Ontario, YouthREX, CMHO, Healthcare Excellence Canada, the National Newcomer Navigation Network, and the Yellowhead Institute.

Resources were included in the resource mapping if they:

- Were related to EDIA-R.
- Were available in English and/or French.
- Focused on children, young people, or families.
- Addressed mental health, substance use health, or addictions.
- Were intended for professionals in the sector or related fields.

## Data collection

Across both approaches, we collected data on four key features.

1. **Topics.** The specific equity, diversity, inclusion, and anti-racism subjects discussed within each resource.
2. **Population groups<sup>2</sup>.** The specific communities and groups reflected in the resource topic.
3. **Main audiences.** The intended users of the resource.
4. **Formats.** The medium or method used to present the resource.

In addition to these four key features, we documented details on title, publication date, language, accessibility (downloadable, open access), evidence base (reference list), and glossary availability (yes/no) for each resource.

All data from the resource mapping and needs assessment was populated in a spreadsheet. We developed a shared terminology codebook to ensure consistent documentation and comparisons between both approaches.

## Analysis and synthesis

We organized 158 unique EDIA-R topics into 25 key topic categories to create meaningful groupings, reduce complexity, and reveal patterns ([see Appendix A](#)). We used basic descriptive statistics such as counts, percentages, and ranking to summarize existing EDIA-R resources and sector needs ([see Appendices A-D](#)). Individual resources or needs assessment responses could address multiple topics, topic categories, population groups, or main audiences. As a result, total counts exceeded the actual number of resources and respondents.

Main priorities for EDIA-R resource development were identified based on the overlap between high frequency of need (frequent mentions in the needs assessment) and low resource availability (infrequent mentions in the resource mapping).

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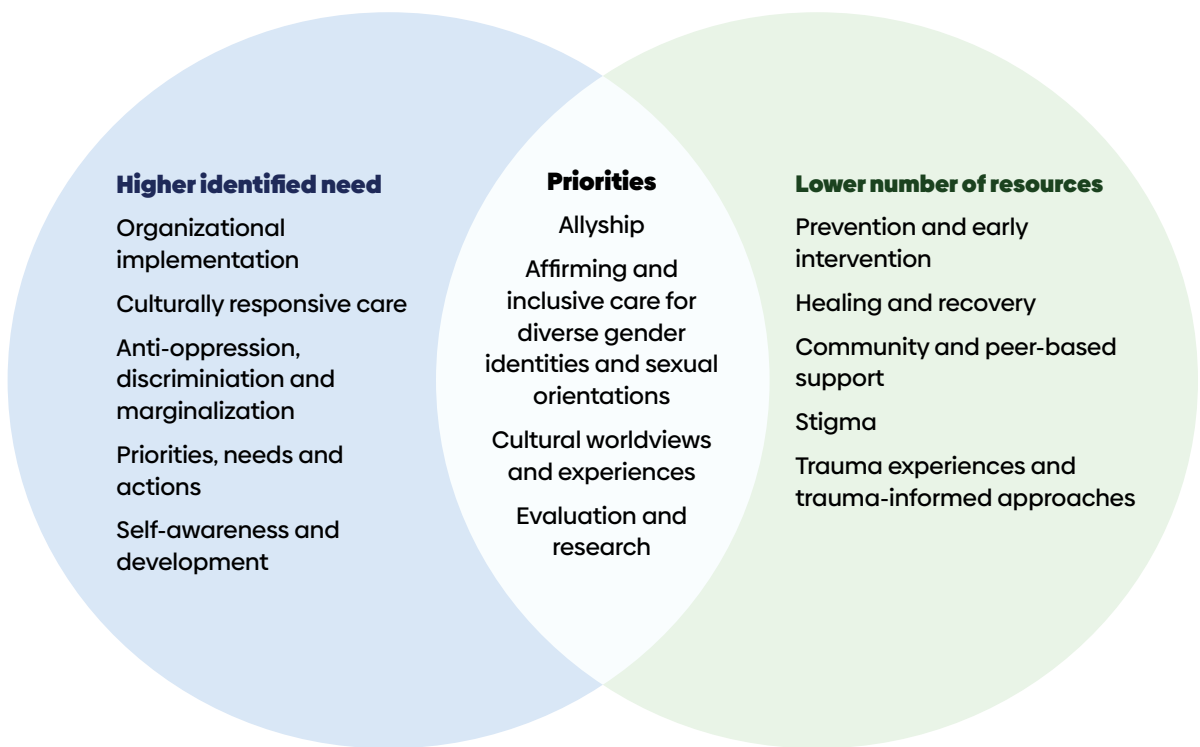
2 Please note that when a population group was not explicitly identified by those consulted in the needs assessment, it was derived from a subjective interpretation from the researcher.

# Emerging priorities

## Priority topic categories

From the 25 topic categories identified, four (4) emerged as top priorities (see Figure 1). These priority areas are outlined below, with detailed findings in [Appendix A](#). The number and proportions for each priority topic category can be found in [Appendix E](#).

**Figure 1.** Identifying priority topic categories. The four priority topic categories represent the intersection of topic categories frequently mentioned in the needs assessment and those with limited availability among existing resources.



Brief descriptions<sup>3</sup> of the four priority topic categories are as follows.

- **Allyship.** How to be an ally and actively support and advocate for the inclusion of people and communities when you are not a member of those groups. This includes supporting people experiencing racism, colonialism, and other forms of oppression and discrimination, with a specific emphasis on 2SLGBTQI+ communities.

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<sup>3</sup> These definitions emerged from our work (including the topics provided) and may not fully reflect the range of experiences or terminologies used across the sector. They will continue to evolve and adapt as the Knowledge Institute moves forward with this equity-focused work.

- **Affirming and inclusive care for diverse gender identities and sexual orientations.** Creating affirming environments and approaches that honour diverse gender identities and sexual orientations. This involves guidance on practical elements, such as inclusive language and spaces, as well as clinical practices that respect and celebrate individual identity.
- **Cultural worldviews and experiences.** Understanding the worldviews, experiences, and historical contexts of specific cultural and geographical communities. This includes critically examining oppressive forces that influence living realities, along with centering cultural perspectives and ways of knowing, in mental health, substance use health, and addictions policy and practice.
- **Evaluation and research.** Equitable and culturally responsive approaches to evaluation and research that center community voices and knowledge. This includes support to collect, interpret, and use identity-based data, as well as guidance on community-driven and culturally relevant methodologies.

## Priority populations

The following communities are priority populations for developing future EDIA-R resources, with detailed findings in [Appendix B](#).

- **Young people/families with various identities:** Broad category used when no specific communities or identities were identified, suggesting a desire for varied coverage across different communities rather than focusing on any single group or identity.
- **2SLGBTQI+ young people/families:** Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other gender and sexually diverse communities.

## Priority audiences

The following audiences are priorities for developing future EDIA-R resources, with detailed findings in [Appendix C](#).

- A focus on **service providers**.
- Some existing resources may be too general or inadequately tailored to **organizations in the sector**, suggesting that specialized resources may be of particular benefit.

## Priority formats

The following formats are priorities for developing future EDIA-R resources are recommended as potential priorities for new EDIA-R resources, with detailed findings in [Appendix D](#).

- **Webinars:** Live virtual presentations led by subject-matter experts and sector leaders.
- **Information sheets:** Short, easy-to-reference resources, such as tipsheets and fact sheets, designed to provide quick access to key information for sector partners.
- **Storytelling:** Personal narratives, case studies, and real-world examples that convey key messages learned from lived and living expertise.
- **Videos:** Engaging digital or recorded audiovisual content that supports flexible, on-demand learning.

Two additional formats warrant attention for future EDIA-R resources. While not top priorities, both emerged as high needs but involve availability and feasibility considerations.

- **Guides:** Practical resources providing detailed instructions for implementing EDIA-R policies, procedures, and frameworks.

Guides ranked relatively high in the need assessment, but they were already well-represented among existing resources, suggesting high value but a potential for oversaturation.

- **Interactive online training modules:** Self-directed online training or learning modules with educational content and engaging components.

Interactive training modules were identified as a highly desired format, but we excluded them from the resource mapping as they are not a product format that the Knowledge Institute is currently developing. However, the strong presence in the needs assessment indicates a growing demand for self-guided e-learning to build capacity.

The Knowledge Institute continues to explore opportunities for exploring this format to better support the sector.

## Key considerations

### Strengths of our priority-setting approach

- **Grounded in sector input:** This work was informed by young people, families, leaders, and staff in the sector to ensure findings reflect real-world priorities, needs, and experiences.
- **Data-driven resource planning:** By gathering data across the sector, we were able to align resource planning efforts with identified gaps and strengths, increasing the relevance and usefulness of the findings.
- **Multi-method approach:** The blend of needs assessment and resource mapping data strengthened the validity of our findings and allowed for a more nuanced understanding of sector priorities.

### Limitations of our priority-setting approach

- **Limited data sources:** The needs assessment and resource mapping were based on a constrained pool of information. As a result, some sector needs or available resources may not have been fully captured or represented. In addition, we conducted the needs assessment in an open fashion with no predefined options presented to participants. Relevant topics or populations may not have been mentioned if they were not top of mind or familiar to the individual, but this does not indicate they are unimportant or unneeded. We also used contextual information to identify population groups and main audiences when these were not explicitly stated in the needs assessment.
- **Marginal differences:** The needs assessment and resource mapping had small sample sizes and, at times, high variability in their data. This sometimes made it difficult to find a strong overlap between the two approaches during the priority-setting process. As a result, some of the priorities that we identified may reflect only slight differences between high need and low resource availability.
- **Time-bound data:** Data from the needs assessment and resource mapping reflects the social and cultural context at the time it was collected or created. However, sector needs can change quickly in response to social movements and cultural events. Consider these priorities as a point-in-time snapshot when using them to plan future EDIA-R resources, as some emerging needs may not be fully captured.

## Conclusions

Our priority-setting activity identified resource features of high need and low availability among existing resources. Here are the main findings.

- Priority topic categories:
  - Allyship
  - Affirming and inclusive care for diverse gender identities and sexual orientations
  - Cultural worldviews and experiences
  - Evaluation and research
- Priority populations:
  - Young people and families with various identities
  - 2SLGBTQ+ young people and families specifically
- Priority audiences:
  - Service providers
  - Sector organizations overall
- Priority formats:
  - Webinars
  - Information sheets
  - Storytelling
  - Videos

## What's next?

This report summarizes findings from our priority-setting activity to help those working in the sector understand current gaps, prioritize meaningful actions, and guide future resource development that supports EDIA-R principles. The Knowledge Institute will use these findings to develop new tools and resources to build capacity in the sector to foster a more inclusive and equitable system – one that prioritizes anti-racism, enables identity-affirming care, and supports reconciliation.

## Appendices

### Appendix A. Detailed topic category findings

#### Identified in the needs assessment

In total, 94 topics were identified in the needs assessment, with each respondent providing an average of seven (7) topics (see Table 1).

The **most frequently** identified topic categories were organizational implementation (11.7%, n = 14), culturally responsive care (10.0%, n = 12), and allyship (8.3%, n = 10). Other commonly noted categories included affirming and inclusive care for diverse gender identities and sexual orientations (6.7%, n = 8), anti-oppression, discrimination, and marginalization (6.7%, n = 8), and cultural worldviews and experiences (6.7%, n = 8). The **least mentioned** categories were youth and family engagement (0.0%, n = 0), healing and recovery (0.0%, n = 0), and anti-racism (0.8%, n = 1).

#### Identified in the resource mapping

A total of 73 resources met the inclusion criteria and were included in our final sample (see Table 1). Among existing and in development resources, the **most frequently** identified topic categories were accessibility (8.2%, n = 22) and culturally responsive care (8.2%, n = 22). Resources also commonly addressed anti-racism (7.8%, n = 21), mental health, substance use health, and addictions needs (7.5%, n = 20), and organizational implementation (6.7%, n = 18). The **least identified** categories were evaluation and research (0.7%, n = 2), allyship (0.7%, n = 2), prevention and early intervention (1.5%, n = 4), and healing and recovery (1.9%, n = 5).

**Table 1.** Number and proportion of topic categories identified in the needs assessment and resource mapping.

<b>Topic category<sup>4</sup></b>	<b>Needs Assessment N (%)</b>	<b>Resource Mapping N (%)</b>
Organizational implementation	14 (11.7)	18 (6.7)
Culturally responsive care	12 (10.0)	22 (8.2)
Allyship	10 (8.3)	2 (0.7)
Affirming and inclusive care for diverse gender identities and sexual orientations	8 (6.7)	7 (2.6)
Anti-oppression, discrimination, and marginalization	8 (6.7)	16 (6.0)
Cultural worldviews and experiences	8 (6.7)	8 (3.0)
Priorities, needs, and actions	7 (5.8)	8 (3.0)
Self-awareness and development	7 (5.8)	8 (3.0)
Evaluation and research	7 (5.8)	2 (0.7)
Integrated system approaches and collaborative care	5 (4.2)	16 (6.0)
Accessibility	5 (4.2)	22 (8.2)
Trauma experiences and trauma-informed approaches	4 (3.3)	7 (2.6)
Identity-based data	4 (3.3)	7 (2.6)
Workforce diversity	3 (2.5)	8 (3.0)
Strength-based and other approaches to care	3 (2.5)	9 (3.4)
Community and peer-based support	3 (2.5)	6 (2.2)

<sup>4</sup> Topic categories are presented in order of the most frequently identified in the needs assessment to the least frequently identified.

<b>Topic category<sup>4</sup></b>	<b>Needs Assessment N (%)</b>	<b>Resource Mapping N (%)</b>
Prevention and early intervention	2 (1.7)	4 (1.5)
Intersectionality	2 (1.7)	7 (2.6)
Stigma	2 (1.7)	6 (2.2)
Determinants and impacts on mental health	2 (1.7)	16 (6.0)
Mental health, substance use health, and addictions needs	2 (1.7)	20 (7.5)
Advancing EDIA-R	1 (0.8)	13 (4.9)
Anti-racism	1 (0.8)	21 (7.8)
Healing and recovery	0 (0.0)	5 (1.9)
Youth and family engagement	0 (0.0)	10 (3.7)
<b>Total</b>	<b>120 (100.0)</b>	<b>268 (100.0)</b>

## Appendix B. Detailed population group findings

### Identified in the needs assessment

The needs assessment revealed a **high demand** for resources that broadly support young people and families with various identities (76.3%, n = 74) (see Table 2). Additionally, there was a demand for resources specific to 2SLGBTQI+ individuals (10.3%, n = 10), followed by racialized (4.1%, n = 4) and Indigenous communities (4.1%, n = 4). There was **no explicit focus** on newcomers, refugees, young people, families living in poverty, or on young people and families living with a disability.

### Identified in the resource mapping

The mapping of existing and in development resources found Black (18.1%, n = 15), newcomer (16.9%, n = 14), refugee (13.3%, n = 11), and racialized (13.3%, n = 11) young people and families were the **most frequently** represented populations in existing and in development materials, along with broader resources on young people and families with various identities (13.3%, n = 11) (see Table 2). The **least-addressed** population groups were young people and families living in poverty (1.2%, n = 1), living with a disability (1.2%, n = 1), and living in rural and remote communities (1.2%, n = 1).

**Table 2.** Number and proportion of population groups identified in the needs assessment and resource mapping.

<b>Population group<sup>5</sup></b>	<b>Needs Assessment<sup>6</sup> N (%)</b>	<b>Resource Mapping N (%)</b>
Various identities	74 (76.3)	11 (13.3)
2SLGBTQI+	10 (10.3)	7 (8.4)
Racialized	4 (4.1)	11 (13.3)
Indigenous	4 (4.1)	7 (8.4)
Rural and remote communities	2 (2.1)	1 (1.2)
Black	1 (1.0)	15 (18.1)
Francophone	1 (1.0)	2 (2.4)
With diverse linguistic backgrounds	1 (1.0)	2 (2.4)
Living with a disability	0 (0.0)	1 (1.2)
Living in poverty	0 (0.0)	1 (1.2)
Newcomer	0 (0.0)	14 (16.9)
Refugee	0 (0.0)	11 (13.3)
<b>Total</b>	<b>97 (100.0)</b>	<b>83 (100.0)</b>

5 Population groups are presented in order of the most frequently identified in the needs assessment to the least frequently identified.

6 When a population group was not explicitly identified by those consulted in the needs assessment, it was derived from a subjective interpretation from the researcher.

## Appendix C. Detailed main audience findings

### Identified in the needs assessment

The needs assessment highlighted a **demand for resources** specifically designed for organizations in the sector as the main audience (64.2%, n = 68) (see Table 3). Service providers (20.8%, n = 22) also emerged as a priority audience, followed by agency leaders (8.5%, n = 9).

### Identified in the resource mapping

The mapping of existing and in development resources revealed that current offerings were primarily designed for organizations in the sector (26.8%, n = 40) (see Table 3). However, **many resources** were more broadly designed for youth-serving organizations (11.4%, n = 17) and health organizations (4.7%, n = 7). For individual audiences, resources were equally designed for service providers (18.8%, n = 28) and leaders (18.8%, n = 28), while policymakers were addressed **less frequently** (10.7%, n = 16).

**Table 3.** Number and proportion of main audiences identified in the needs assessment and resource mapping.

<b>Main audience<sup>7</sup></b>	<b>Needs Assessment<sup>8</sup> N (%)</b>	<b>Resource Mapping N (%)</b>
Organizations in the sector	68 (64.2)	40 (26.8)
Service providers	22 (20.8)	28 (18.8)
Leaders	9 (8.5)	28 (18.8)
Mental health, substance use health, and addictions organizations	3 (2.8)	2 (1.3)
Youth-serving organizations	1 (0.9)	17 (11.4)
Families	1 (0.9)	3 (2.0)
Researchers	1 (0.9)	1 (0.7)
Social service organizations	1 (0.9)	0 (0.0)
Policymakers	0 (0.0)	16 (10.7)
Health organizations	0 (0.0)	7 (4.7)
Young people	0 (0.0)	2 (1.3)
Data analysts	0 (0.0)	2 (1.3)
Evaluators	0 (0.0)	1 (0.7)
Child welfare organizations	0 (0.0)	1 (0.7)
Philanthropic organizations	0 (0.0)	1 (0.7)
<b>Total</b>	<b>106 (100.0)</b>	<b>149 (100.0)</b>

7 Main audiences are presented in order of the most frequently identified in the needs assessment to the least frequently identified.

8 The main audience was not explicitly identified by those consulted in the needs assessment; it was derived from a subjective interpretation from the researcher.

## Appendix D. Detailed format findings

### Identified in the needs assessment

Based on the needs assessment, webinars (13.5%, n = 5), guides (10.8%, n = 4), information sheets (10.8%, n = 4), and interactive training modules (10.8%, n = 4) emerged as the **most requested** formats for new EDIA-R resources (see Table 4). Other suggested formats included storytelling (8.1%, n = 3) and videos (8.1%, n = 3), followed by tools (5.4%, n = 2), infographics (5.4%, n = 2), training sessions (5.4%, n = 2), co-developed resources (5.4%, n = 2), and hard-copy materials (5.4%, n = 2).

### Identified in the resource mapping

The mapping of existing and in development resources found (24.6%, n = 18), guides (16.4%, n = 12), and webinars (9.6%, n = 7) were the **most frequently** used formats (see Table 4).

**Table 4.** Number and proportion of formats identified in the needs assessment and resource mapping.

<b>Format<sup>9</sup></b>	<b>Needs Assessment N (%)</b>	<b>Resource Mapping N (%)</b>
Webinar	5 (13.5)	7 (9.6)
Guide	4 (10.8)	12 (16.4)
Information sheet	4 (10.8)	3 (4.1)
Interactive training modules	4 (10.8)	0 (0.0)
Storytelling	3 (8.1)	1 (1.4)
Videos	3 (8.1)	0 (0.0)
Tools	2 (5.4)	1 (1.4)
Infographics	2 (5.4)	2 (2.7)
Training sessions	2 (5.4)	0 (0.0)
Co-developed	2 (5.4)	0 (0.0)
Physical copies	2 (5.4)	0 (0.0)
Brief report	1 (2.7)	5 (6.8)
Research summary	1 (2.7)	4 (5.5)
Resource list	1 (2.7)	2 (2.7)
Personalized	1 (2.7)	0 (0.0)
Report	0 (0.0)	18 (24.6)
Standard	0 (0.0)	3 (4.1)
Primer	0 (0.0)	5 (6.8)
Policy paper	0 (0.0)	6 (8.2)
Framework	0 (0.0)	2 (2.7)
Strategy	0 (0.0)	2 (2.7)
<b>Total</b>	<b>37 (100.0)</b>	<b>73 (100.0)</b>

9 Formats are presented in order of the most frequently identified in the needs assessment to the least frequently identified.

## Appendix E. Detailed priority topic category findings

**Table 5.** Number and proportion of priority topic categories identified in the needs assessment and resource mapping.

<b>Priority topic category<sup>10</sup></b>	<b>Needs Assessment N (%)</b>	<b>Resource Mapping N (%)</b>
Allyship	10 (8.3)	2 (0.7)
Affirming and inclusive care for diverse gender identities and sexual orientations	8 (6.7)	7 (2.6)
Cultural worldviews and experiences	8 (6.7)	8 (3.0)
Evaluation and research	7 (5.8)	2 (0.7)

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<sup>10</sup> Priority topic categories are presented in order of the most frequently identified in the needs assessment to the least frequently identified.



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