

BUILDING THE CONDITIONS FOR CHILD AND YOUTH THRIVING IN CANADA

Discussion Paper on Upstream Prevention, Mental Health Promotion, and the Catalytic Role of Philanthropy



UNIVERSITY OF
CALGARY



Fondation
Graham Boeckh
Foundation

MAY 2026

Authors

Paul Arnold, University of Calgary

Marni Pearce, Graham Boeckh Foundation

Expert Contributors

Christine Alden, Lawson Foundation

David Borkenhagen, University of Calgary

Mariana Brussoni, University of British Columbia

André Côté, the Dais at Toronto Metropolitan University

Karen Cumberland, Canadian Centre on Substance Use and Addiction

Jo Henderson, CAMH, University of Toronto

Annie Kidder, People for Education

Stephanie Priest, Public Health Agency of Canada

Roberto Sassi, University of British Columbia

Kathy Short, School Mental Health Ontario

Kate Storey, University of Alberta

Shea Wood, Canadian Centre on Substance Use and Addiction

Acknowledgments

A sincere thank you to Ante Markinovic and Samarpreet Singh at the University of Calgary for editorial assistance.

Commissioned and Supported by

The Graham Boeckh Foundation and a collaborative group of philanthropic partners committed to advancing upstream approaches to child and youth well-being in Canada, including the Aubrey & Marla Dan Foundation, the Azrieli Foundation, Bell Let's Talk, GreenShield Cares and the Lawson Foundation.



Table of Contents

Executive Summary – 4

Defining Thriving – 5

Introduction: A Systems Moment for Canada – 6

Lessons from Existing Initiatives and Research on Key Development Conditions – 7, 8, 9

Other Prevention Initiatives and Contexts – 10, 11, 12, 13

Vision and Guiding Principles – 14, 15

The Strategic Role of Philanthropy: Catalytic, Not Substitutive – 16

Strategic Priorities for Coordinated Action – 17, 18, 19, 20

Conclusion – 21

References – 22, 23

Appendix: Expert Convening – 24, 25

Executive Summary

Mental health and substance use concerns are a leading cause of disability among young people^(1,2). In 2023, for children and youth aged 5 to 14, mental disorders were the leading cause of disability-adjusted life years in Canada⁽³⁾.

Across the country, youth are experiencing rising psychological distress, social disconnection, problematic substance use, and sleep disruption^(4,5). These trends reflect broader structural shifts – including digital environments, reduced physical activity, and growing social and economic pressures affecting families and communities⁽⁶⁾. Without a more intentional upstream approach, rising demand, worsening outcomes, and escalating system pressures are likely to continue.

This paper responds to a clear gap: while Canada has invested significantly in treatment and crisis response, it lacks a coordinated, upstream approach to enabling child and youth thriving at a population level. Drawing on insights from a national expert convening and existing Canadian and international initiatives, it proposes a practical path forward for a more coordinated and integrated approach to child and youth thriving in Canada. The paper identifies core principles, enabling conditions, and immediate actions to accelerate progress, and is intended to inform the co-development of a pan-Canadian Child and Youth Thriving Framework. It also highlights the catalytic role philanthropy can play – alongside governments and system leaders – in convening partners, supporting shared infrastructure, and advancing coordinated system-level action.

Canada has built a system largely oriented toward crisis response^(7,8). Comparatively less attention has been given to intentionally creating the conditions that enable children and youth to thrive before distress emerges⁽⁹⁾. This imbalance has important implications for both population health and long-term sustainability. A rebalancing is required: strengthening proactive, upstream approaches that enable thriving, while maintaining effective early intervention and specialized care systems^(10,11).

This paper advances a combined focus on upstream prevention and mental health promotion. These approaches are complementary but distinct: prevention reduces the likelihood of illness, while promotion creates the conditions for thriving and improved mental health outcomes across populations.

This paper focuses primarily on enabling thriving across the population of children and youth. This work draws on population health, prevention, and promotion frameworks to mobilize upstream, population-level action that strengthens protective factors and reshapes developmental environments before significant symptoms, disorders, or harmful substance use patterns emerge⁽¹²⁾. A focus on thriving supports all young people – including those experiencing challenges – while complementing prevention, early intervention, and treatment systems.

Emerging evidence from Integrated Youth Services (IYS)⁽¹³⁾, the Icelandic Prevention Model (IPM)⁽¹⁴⁾, outdoor and risky play research⁽¹⁵⁾, and the Alberta Family Wellness Initiative resilience framework⁽¹⁶⁾ demonstrates that population-level improvements are achievable when systems align around shared goals, data, and sustained investment. Additional evidence from early childhood development and care systems further reinforces that foundational mental health and developmental trajectories are established early in life, and that high-quality early learning environments are among the most powerful upstream levers available within broader family and community contexts.

Research into a range of societal “megatrends” influencing child and youth mental health also suggests specific areas of focus. For example, recent scholarship on online harms in youth (e.g., over-exposure to social media) suggests the critical need for integrating evidence-informed approaches to digital over-exposure into a child and youth thriving framework^(17,18).

Creating the conditions for thriving is not primarily about programs. It is the intentional design of developmental environments – across family, early learning and childcare, education, peer, leisure, and digital domains – supported by coordinated governance, shared measurement and sustained investment. This includes strengthening natural supports – informal relationships within families, peer networks, and communities – which represent the primary context through which children and youth experience connection, belonging, and day-to-day support.

This paper moves beyond synthesis to outline a coordinated, actionable path forward across philanthropy, governments, and system leaders. Each has a distinct and complementary role to play. The question is no longer whether this approach is needed, but how quickly and collectively it can be advanced.

Defining Thriving

This paper defines child and youth thriving as optimal child and youth development across physical, mental, cognitive, and social domains^(19,20).

In practical terms, thriving means that young people have the relationships, environments, and opportunities they need to develop, connect, and navigate challenges across their lives. Thriving begins early in life and continues through childhood, adolescence and emerging adulthood. Early childhood – particularly the first five years – is a critical period for brain development, emotional regulation, and the formation of secure relationships. Experiences during this period establish the foundations for lifelong mental health, resilience, and well-being. Brain development continues into adolescence and early adulthood. Key developmental transitions during this time (school transitions, peer relationships, identity formation, and increasing autonomy) represent critical windows to strengthen protective factors.

A thriving focus complements prevention by strengthening the conditions that support mental health across the full population.

Thriving is shaped by structural conditions – not individual factors alone. It shifts responsibility toward systems, communities, and policy environments. This aligns with primary prevention frameworks, which focus on reducing risk factors and strengthening protective factors before mental health disorders or harmful substance use patterns emerge.

Thriving is relational and contextual. Young people thrive when their families and communities thrive. It emerges from environments that intentionally support healthy development through strong relationships, community assets, equitable opportunities, cultural belonging, and supportive institutions. This includes the well-being of parents, caregivers, and extended family networks, as well as opportunities for intergenerational connection that strengthen belonging and reduce social isolation across communities.

This aligns with a population health approach by pairing universal strategies with targeted efforts to ensure equity. The focus complements – but does not replace – secondary (early intervention) and tertiary (treatment and recovery) systems.

The concept of thriving also aligns with emerging research on Positive Childhood Experiences (PCEs)^(21,22), which demonstrates that supportive relationships, safe environments, opportunities for play and exploration, and community connection can significantly mitigate the long-term effects of adversity and strengthen resilience across the life course.

At a system level, a thriving approach has the potential to reduce long-term demand on specialized services.

Introduction: A Systems Moment for Canada

Evidence suggests that building systems that support child and youth thriving in communities is feasible at scale when enabling conditions are in place⁽¹³⁻¹⁶⁾. When communities intentionally strengthen protective factors, redesign developmental environments, and align systems around thriving, population-level trajectories in child and youth well-being can shift⁽²³⁾.

Canada is at a critical systems moment. Emerging federal discussions on children and youth, alongside growing adoption of well-being frameworks, create a window to shift from fragmented efforts to coordinated action. This window is time-limited; without alignment across governments, communities, and funding partners, momentum risks fragmenting into disconnected initiatives rather than system-level change.

This paper proposes the co-development of a Child and Youth Thriving Framework to guide alignment. This framework is not intended to comprehensively address all determinants of well-being, but to focus on a set of high-impact developmental environments where coordinated action can produce measurable population-level change.

Canada has demonstrated pan-Canadian alignment through implementation of Integrated Youth Services (IYS)⁽¹³⁾. The next imperative is coordinated upstream prevention and mental health promotion.

Key instructive models include:

- Integrated Youth Services (IYS)⁽¹³⁾, demonstrating that pan-Canadian alignment in service integration is feasible.
- The Icelandic Prevention Model (IPM)⁽¹⁴⁾, showing that structured, data-driven, community-embedded prevention can strengthen protective factors and reduce substance use.
- Outdoor and risky play research⁽¹⁵⁾, highlighting autonomy, exploration, and positive risk-taking as foundational developmental strategies.
- Digital environments research^(17,18), emphasizing the need to address online harms as structural determinants of youth well-being.
- School-based mental health prevention models⁽¹⁹⁾, showing ways to advance evidence-informed, culturally responsive mental health promotion and prevention programming to scale across school districts.

Taken together, these initiatives illustrate a core insight from international prevention science: population-level improvements in child and youth well-being emerge when communities intentionally design the social, physical, and digital environments that shape development.

This discussion paper builds on a national expert convening held in Calgary, hosted by philanthropy, on September 12, 2025 (see Appendix 1 for details), alongside a synthesis of existing evidence and initiatives, and proposes strategic priorities for coordinated action.

Purpose of this Paper

1. Summarize insights from the expert convening
2. Synthesize insights from existing child and youth mental health initiatives, particularly those being implemented in Canada, as well as research on key developmental conditions that can inform upstream prevention and mental health promotion
3. Articulate a shared child and youth thriving vision and guiding principles
4. Explore the conditions necessary for scaling⁽²⁴⁾, drawing on Canadian and international evidence on how complex health and social interventions can be implemented and sustained at scale
5. Propose strategic priorities for coordinated action

This paper is intended as a discussion document for philanthropic leaders and partners seeking to advance how coordinated funding and action could catalyze a pan-Canadian approach to child and youth thriving. It is not intended to represent a finalized framework, but rather to stimulate dialogue, alignment, and inform action. The focus on scaling reflects a growing body of international evidence that sustained impact requires attention to governance, financing, workforce capacity, data systems, and community engagement.

Lessons from Existing Initiatives and Research on Key Developmental Conditions

The expert convening examined several system-level models that illustrate how prevention and promotion approaches can be implemented at scale, as well as research on key developmental conditions required for population-level impact.

Key lessons are summarized below.

1. Integrated Youth Services (IYS): Infrastructure, Learning Systems and Outcomes

IYS⁽¹³⁾ provides a service delivery framework that co-locates and integrates mental health, substance use, primary care, and social services in youth-friendly settings. Across Canada, provincial models such as Foundry (British Columbia)⁽²⁵⁾, Youth Wellness Hubs Ontario (YWHO)⁽²⁵⁾, and Aire Ouverte (Quebec)⁽²⁶⁾ have demonstrated that coordinated, cross-sector service delivery can be implemented at scale.

A critical insight is the role of implementation science in enabling scaling across diverse contexts while ensuring fidelity to core components and enabling local responsiveness.

IYS is not only a structural innovation; it has been associated with measurable improvements in access, experience, and outcomes.



10 Principles for Integrated Youth Services.

From *Pan-Canadian Guidance for Integrated Youth Services: 10 Principles for Improving Integrated Care for Youth* (2023)

Key Lessons from IYS

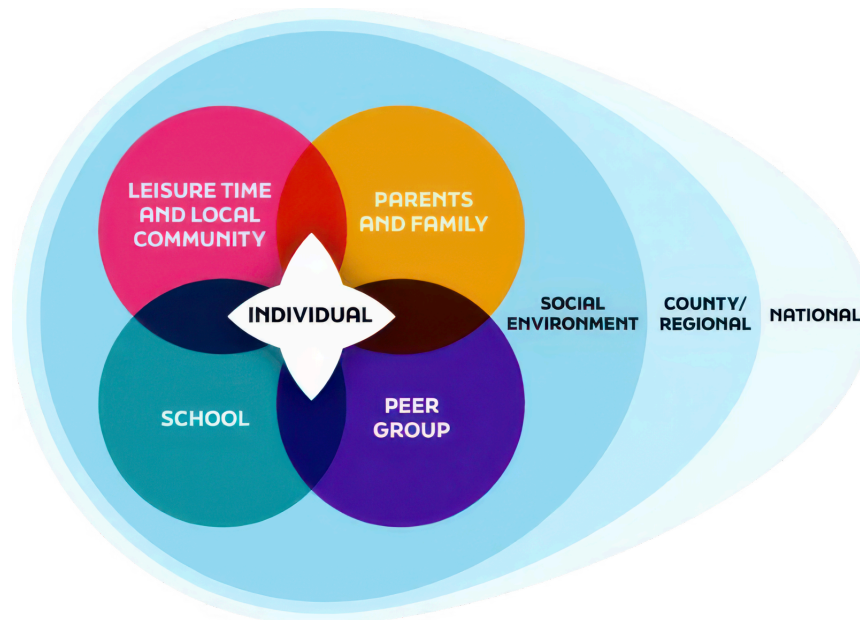
- Cross-Sector alignment reduces fragmentation and improves access.
- Youth and family co-design enhances legitimacy and responsiveness.
- Standardized principles can coexist with local flexibility.
- Equity-focused governance, including Indigenous leadership, is achievable.
- Federated data infrastructure strengthens alignment and accountability.
- Learning Health System models enable continuous improvement.
- Scaling requires deliberate implementation infrastructure – not just program expansion.

Why This Matters for a Child and Youth Thriving Framework: IYS demonstrates that pan-Canadian coordination around shared principles, governance and measurement is feasible – and that structural reform has been associated with measurable improvements in access and outcomes.

2. Icelandic Prevention Model: Structured Population-Level Prevention

The Icelandic Prevention Model (IPM)^(14,28) uses a disciplined 10-step, data-to-action cycle with the goal of long-term youth substance use prevention. It is grounded in local coalitions, bi-annual population-level student surveys, iterative feedback loops and social environmental change across family, school, peer and leisure domains.

Its core insight is that population-level outcomes are driven by environmental change, rather than individual behaviour change alone.



*Icelandic Prevention Model (IPM).
From Planet Youth (n.d.), About the Icelandic Prevention Model.*

Key Lessons from IPM

- Community coalitions require stable infrastructure, including sustained coordination capacity, clear governance structures, and supporting data and communication systems.
- Regular local data collection strengthens shared understanding and action.
- Prevention must be embedded within existing community and school systems.
- Long-term commitment is required.

Relevance for Canada: Adaptation in Canadian communities, some with support from the Public Health Agency of Canada Youth Substance Use Prevention Program, demonstrates that this primary prevention approach is feasible within Canadian contexts, including meaningful engagement with youth and adaptation to Indigenous contexts.

3. Outdoor and Risky Play: Developmental Environment Design

Evidence shows that unstructured outdoor play and positive risk-taking are foundational to physical, cognitive, social, and emotional development⁽¹⁵⁾. Declines in outdoor play have accelerated with increases in screen time and structured programming.

Research indicates that opportunities for developmentally appropriate risky play are associated with reduced anxiety risk and strengthened coping and resilience capacities.

The Canadian Paediatric Society has advocated for outdoor risky play as a preventive health strategy to address obesity, anxiety, and behavioural issues^(29,30).

Key Lessons from the Outdoor and Risky Play Movement

- Autonomy and exploration act as protective factors.
- Play-based approaches need to be embedded across early years, school and community settings as part of children's daily lives.
- Positive risk-taking supports mental health, identity formation, and peer connection.

4. Early Childhood Development and Care as Foundational Infrastructure

Early childhood represents the most developmentally sensitive period for establishing the foundations of mental health and well-being. Evidence from neuroscience and longitudinal population studies demonstrates that early experiences shape brain architecture, stress response systems, and socio-emotional development.

High-quality early learning and childcare systems (ELCC), including emerging national frameworks such as Canada's early learning and childcare system, function as critical developmental environments. When well-designed and implemented, these systems support:

- Secure attachment and relational health
- Early emotional regulation and social skills development
- School readiness and long-term educational attainment
- Improved lifelong mental health and economic outcomes

Longitudinal evidence demonstrates that investments in early childhood programs are associated with increased high school graduation rates, higher lifetime earnings, and reduced involvement in the criminal justice system.

Implication for Child and Youth Thriving: Early childhood systems should be understood as core infrastructure within a thriving framework.

Other Prevention Initiatives and Contexts

While the above examples offer instructive structural lessons, additional initiatives further illuminate how upstream prevention can be operationalized within existing systems.

Digital Environments and Online Harms

Digital engagement has rapidly expanded during a critical window of neurodevelopment. Time displacement is a key concern: excessive screen exposure can crowd out sleep, outdoor play, face-to-face interaction, and autonomy-building experiences. Childhood and adolescence include sensitive periods for social, emotional, physical, and cognitive development. Missed developmental opportunities during these windows may have long-term consequences^(17,18).

Digital risks arise not only from time spent online, but from platform design features – social metrics, algorithmic amplification, persuasive architecture, and exposure to adult content. Unrestricted access to social media platforms also leads to risk of cyber-bullying and exploitation of vulnerable children and youth, with associated risks to safety and to mental health. These risks have increasingly manifested in online gaming environments, wherein unsupervised children and youth are exposed to immersive and addictive design features, as well as in-game chat functions that carry the risk of harassment and potential targeting by adult predators^(17,18).

Emerging technologies are further transforming digital environments in ways that are not yet completely understood. Artificial intelligence (AI), including chatbots and AI companions, raises concerns related to the amplification of screen time, social isolation, and the spread of misinformation. Early reports have raised concerns about potential associations between AI and adverse mental health experiences among some young people, including concerning reports of harmful or distorted thinking patterns and, in some cases, exposure to content related to self-harm or aggression⁽³¹⁾.

Another burgeoning area of concern is online gaming, including the liberalization of sports gambling. Though research on this topic is in its infancy, these online gaming platforms are heavily marketed and seem to disproportionately target young men, raising concerns about financial harm, addiction, and emotional distress. This is an emerging area requiring closer monitoring and policy attention.

While uncertainty remains, the scale and speed of technological change create a compelling case for organized societal and educational monitoring, governance, and adaptive policy responses.

Addressing digital environments therefore requires a systems response that includes policy, platform accountability, family and school norms, and child/youth digital literacy – not solely individual behaviour change.

Key Lessons from Digital Environment Research

- Developmental timing matters: early and/or intensive exposure may have more significant developmental impacts compared to later or more moderated use⁽³²⁾.
- Design features of platforms influence behaviour and emotional regulation⁽³³⁾.
- Reduced unstructured, offline peer interaction may weaken opportunities for autonomy-building and positive risk-taking⁽³²⁾.
- Excessive screen use and digital engagement have been associated with declines in sleep quality and duration, which in turn are linked to adverse mental health outcomes and impaired cognitive functioning⁽³⁴⁾.
- Emerging evidence also suggests associations between high levels of digital engagement and reduced academic performance, including impacts on attention, concentration, and school engagement⁽³²⁾.
- Family norms, school and community standards around device use shape risk exposure⁽³²⁾.

Implication for Child and Youth Thriving: Digital environments must be addressed as structural determinants of well-being – not left to individual self-regulation.

Alberta Family Wellness Initiative (AFWI): A Shared Framework for Resilience

The AFWI⁽¹⁶⁾ has contributed to a shared understanding of resilience across sectors, particularly through its neuroscience-informed framing. The framework provides a shared language to help policymakers, practitioners, educators, health professionals, and families understand how safe and supportive relationships and environments – alongside skill-building to navigate adversity – shape developmental trajectories.



Resilience Scale
From Palix Foundation, Alberta Family Wellness Initiative (AFWI)

Key Lessons from AFWI

- Shared language, informed by research, strengthens cross-sector alignment.
- Resilience operates along a developmental continuum.
- Protective factors can be intentionally strengthened through coordinated policy and system design.

Implication for Child and Youth Thriving: A pan-Canadian framework requires conceptual coherence across sectors, including shared understanding of thriving, resilience, adversity, and protective factors.

Natural Supports and Social Connection: Operationalizing Resilience in Daily Life

Complementing systems-level and neuroscience-informed frameworks, evidence highlights the critical role of natural supports – informal, relationship-based supports embedded within families, peer networks, and communities – in shaping child and youth mental health and well-being⁽³⁵⁾.

Natural supports – relationships with caregivers, peers, Elders, coaches, and other trusted adults – are the primary context for development.

Research on stress and resilience also points to three interrelated conditions that support well-being across developmental stages – Routines, Resources, and Relationships (3Rs)⁽³⁶⁾:

- Routines provide predictability and support emotional regulation
- Resources enable families and young people to meet developmental needs
- Relationships provide connection, co-regulation, and support

These relationships operationalize resilience in daily life.

Natural supports are culturally embedded and context specific. In many Indigenous, rural, and diverse communities, extended family networks and intergenerational relationships play a central role in development and well-being, reinforcing the importance of community-led and equity-focused approaches.

Implication for Child and Youth Thriving: A pan-Canadian thriving framework should explicitly recognize natural supports as foundational to mental health promotion and prevention, operating across developmental environments. This includes strengthening family and caregiver well-being, enabling social connection, embedding relationship-based approaches across settings, and ensuring formal systems complement and reinforce – rather than replace – informal supports.

School-Based Promotion and Prevention

Children and youth spend a significant portion of their developmental years within education settings, making schools and child-care critical settings for population-level child and youth thriving initiatives⁽³⁷⁾.

Beyond discrete programs, schools and education systems (including early learning environments and transitions to post-secondary) can function as comprehensive developmental platforms. Evidence supports embedding social and emotional learning (SEL), mental health literacy, and well-being practices across curricula, school culture, and daily routines – rather than delivering them as stand-alone interventions⁽³⁸⁾.

Whole-system integration – through curriculum design, educator training, leadership, and school climate – enhances both impact and sustainability⁽³⁹⁾.

School-based initiatives extend beyond discrete programs to include school climate, classroom-embedded wellness practices, land-based learning, access to early supports, fostering digital literacy, and managing digital environments (e.g., addressing excessive smartphone use), positive risk-taking opportunities, and alignment with community services. Across early childhood, elementary, and secondary settings, holistic supports can be embedded into daily routines and institutional structures^(39,40).

Evidence from school mental health research and implementation science indicates that embedding upstream prevention initiatives within core institutional structures improves sustainability and reach compared to stand-alone programming. There are pan-Canadian initiatives which can inform the proposed Thriving framework, including: 1) Pan-Canadian standards for *“School-based Substance Use Prevention, Education and Intervention”*, which outline a developmental, evidence-based approach using standards, resources, and partnerships to address substance use from Kindergarten to Grade 12; 2) the Blueprint for Action, which integrates the Comprehensive School Health (also known as Health Promoting Schools) framework and evidence-based approaches to address substance-related issues among youth at structural and policy levels; and 3) the Canadian Healthy School Standards, a framework that promotes student and staff well-being through a holistic, system-wide approach in school communities^(40,41).

Several Canadian provinces have created multi-tiered systems of support that harness these elements and also enable early identification of children with emerging mental health concerns. These frameworks are nuanced for the contexts served. School Mental Health Ontario⁽⁴²⁾, Centre of Excellence for Mental Health⁽⁴³⁾ within English school boards in Quebec, and the Human Early Learning Partnership⁽⁴⁴⁾ in British Columbia have each developed models for systematic, scalable and sustainable school mental health practice.

Key Lessons from School-Based Promotion and Prevention

Effective approaches are age-appropriate and scaffolded in alignment with developmentally appropriate practice and offer multi-tiered systems of support including universal primary prevention⁽⁴⁵⁾.

- Embedding primary prevention in the school environment and community through a Comprehensive School Health/Health Promoting Schools approach has greater impact and sustainability than stand-alone programs.
- Mental health promotion programming – wellness and life promotion, identity responsive social emotional learning, mental health literacy, stigma reduction, and student leadership – has been shown to enhance positive mental health and student achievement and is adopted optimally by school staff when it is packaged in ways that align with Canadian classroom practice and local curricula.
- Alignment between education, public health systems, and community partners is essential.
- Schools can function as anchor institutions within broader prevention ecosystems.
- Schools can provide an ideal opportunity to create a continuum of supports, ranging from universal primary prevention to intervention for children and youth identified as at risk.

Implication for Child and Youth Thriving: School mental health models in Canada demonstrate that school settings can be optimized for thriving, through systematic implementation of mental health promotion, prevention, and early intervention services. Initiatives must be embedded within education policy and school governance structures – not layered onto them. Schools represent both an implementation setting and a systems partner in any pan-Canadian framework.

Integrating Insights Across Initiatives

Across these initiatives, a consistent pattern emerges:

- Coordinated, cross-sector governance and alignment
- Shared frameworks and language
- Sustained, multi-system investment
- Developmentally informed environmental design
- Continuous learning through data and adaptation

This has clear implications for both governments and philanthropy – isolated or fragmented efforts are unlikely to achieve meaningful population-level impact. Future child and youth thriving efforts must integrate these processes while remaining responsive to local priorities, cultural contexts and equity.

Vision and Guiding Principles

Vision

We envision a Canada in which children, youth, and families live in communities that intentionally foster thriving, well-being, resilience, autonomy, and belonging across developmental stages and across generations – from conception through emerging adulthood – where enabling conditions are embedded across systems.

This vision reflects a shared commitment across philanthropy, governments, Indigenous partners, and communities to create the conditions that enable all children and youth to thrive. It also recognizes that strengthening social connection across generations – including relationships with caregivers, older adults, and community members – can reinforce protective factors for children and youth.

Guiding Principles:

1. Prioritize Thriving and Resilience

Shift from deficit-based framings toward strengthening the assets, relationships, and environments across developmental stages that allow young people to thrive.

This includes intentionally strengthening positive developmental experiences and community assets that promote belonging, safety, exploration, cultural continuity, and opportunities for meaningful participation.

This principle reflects a mental health promotion approach, which complements primary prevention efforts aimed at reducing the onset of mental health and substance use challenges.

2. Ensure Community-Led, Equitable Implementation

Embed Indigenous governance, cultural safety and child and youth co-design as core elements of implementation – not as parallel or consultative processes.

Advance equitable implementation by ensuring the framework is adaptable across Canada's diverse contexts – including urban, rural, remote, and Northern communities – and responsive to the needs of equity-deserving populations. This includes children and youth experiencing structural inequities related to income, race, disability, geography, gender identity, and access to services.

Implementation approaches must be flexible and community-led, enabling local adaptation while maintaining fidelity to core principles. This includes investing in community capacity, supporting culturally relevant and identity-affirming approaches, and addressing systemic barriers that limit access to developmental opportunities and supports.

This paper acknowledges that meaningful engagement with Indigenous communities, organizations, and knowledge holders is essential and must occur through sustained partnership, co-development, and respect for Indigenous data sovereignty. Indigenous leadership must be embedded within governance structures, with recognition of rights, self-determination, and distinctions-based approaches. Future iterations of this work should be co-developed with Indigenous partners to ensure relevance, legitimacy, and shared ownership.

Equity considerations extend beyond Indigenous communities and require a broader population health lens. Population-level approaches must be intentionally designed to reduce – not inadvertently increase – inequities. This includes applying proportionate universalism, where universal strategies are implemented alongside targeted efforts to address the needs of equity-deserving populations.

3. Enable Intersectoral Alignment and Shared Accountability

Coordinate and integrate across health, education, social services, justice, housing, and recreation, with clarity on roles across federal, provincial/territorial, municipal and Indigenous governments.

This includes early and ongoing engagement across orders of government to support alignment with policy priorities, clarify roles, and enable coordinated implementation.

4. Embed Data-Driven Decision Making

Implement shared measurement approaches, implementation evaluation, impact monitoring, and continuous adaptation cycles. Encourage uptake of evidence-informed, culturally responsive programming that is scalable and sustainable over time. Data efforts should align with existing federal, provincial/territorial, and community data systems where possible, minimizing duplication and reducing burden on institutions such as schools and community organizations.

The Strategic Role of Philanthropy: Catalytic, Not Substitutive

For a thriving framework to shift from concept to action and impact, coordinated leadership across governments, system partners, and philanthropy is required. System-level change will not be achieved through fragmented efforts or isolated pilot funding.

Within this broader system response, philanthropy brings distinct strengths that can complement public leadership and community expertise, including:

- Multi-year funding across electoral cycles
- Early-stage innovation
- Co-funding backbone capacity and data infrastructure
- Convening across jurisdictions
- Supporting narrative change, grounded in implementation evidence, for public and political action

Philanthropic capital is well positioned to support enabling conditions that public systems may be less able to resource on their own – governance design, cross-sector convening, shared measurement infrastructure, and early-stage implementation learning.

At the same time, philanthropy is most effective when working in partnership with public systems. Its role is to build catalytic partnerships with government and system leaders, and to constructively support progress in areas where institutional inertia, policy fragmentation, or competing priorities may slow needed innovations affecting child and youth well-being.

Philanthropy does not replace public systems; rather, it can help accelerate alignment, de-risk innovation, and support the enabling conditions required for system transformation.

In certain moments, philanthropy can also act rapidly to help seize emerging policy windows – providing evidence, convening partners, and supporting public dialogue (for example, reforms addressing online safety or digital platform accountability affecting young people).

Strategic Priorities for Coordinated Action

Canada has a strong foundation of initiatives that can be aligned and extended. This work requires:

- **A shared framework** that defines the conditions for child and youth thriving
- **Implementation processes** that enable adaptation across diverse communities
- **Strategic investments and platforms** that generate evidence and momentum for scaling

These priorities cannot be advanced by any one actor alone, but rather as a shared agenda requiring coordination across governments, philanthropy, and system leaders.

This discussion paper is intended to inform the potential co-development of such a framework, rather than to define it in its final form.

Immediate Catalytic Opportunities (Next 12-24 Months)

Given the pace of change affecting young people – particularly in digital environments, social conditions, and service demand – immediate action is required. While long-term systems change will take sustained effort, there are immediate steps that can be taken to build momentum while infrastructure develops.

These opportunities are actionable within the next 12-24 months and can be advanced through coordinated leadership across governments, philanthropy, and community partners.

1. Initiate Co-Development of a Shared Thriving Framework

Develop a clear, operational child and youth thriving framework that:

- Defines thriving across developmental stages
- Identifies key development environments (family, early childhood, education, peer, leisure, digital)
- Articulates structural conditions for thriving
- Establishes a high-level set of measurable outcomes

This work should synthesize existing evidence and initiatives, and be undertaken through co-development with philanthropic, government (including federal, provincial/territorial), Indigenous, and community partners to ensure alignment, relevance, and shared ownership.

2. Mobilize Rapid Evidence for Policy Windows

In parallel, philanthropy can support rapid response to emerging policy opportunities, including:

- Digital environments and online safety
- Early learning/childcare and school policies affecting well-being
- Community infrastructure and recreation

This includes evidence synthesis, convening, and amplifying youth and community voices to inform timely policy decisions.

This function can support governments in aligning emerging policy priorities with evidence-informed mental health promotion and prevention approaches.

3. Launch Provincial/Territorial Planning & Engagement Grants (Catalytic Step)

Philanthropy can launch targeted Planning & Engagement Grants to accelerate provincial and territorial readiness.

These grants would:

- Support cross-sector convening (government, community, Indigenous partners, youth, researchers)
- Assess existing assets and initiatives that can be aligned
- Identify gaps in governance, measurement, and implementation capacity
- Develop an investment-ready roadmap for place-based thriving initiatives

Similar to emerging approaches in other fields (e.g., Learning Health Systems), this is a field-building investment – not a service delivery grant.

The goal is to prepare jurisdictions to move quickly toward coordinated demonstration and implementation, while ensuring alignment with local context and priorities.

This approach enables philanthropic investment to align with and complement government planning and system priorities.

4. Convene an Early Adopter Learning Collaborative

Establish a structured learning collaborative among early adopters, including:

- Provincial and territorial leaders exploring upstream youth thriving approaches
- Municipal and regional community coalitions
- Leaders of Indigenous-led child and youth well-being initiatives
- Researchers and evaluation partners
- Philanthropic funders

The purpose is to accelerate shared learning, reduce duplication, and build alignment as implementation begins.

This collaborative can support early cross-jurisdictional alignment and shared learning across philanthropic and governmental partners.

Implementation Pathway: Provincial and Territorial Demonstration Initiatives

Building on early planning and alignment, provincial and territorial demonstration initiatives represent the next critical step.

These initiatives translate the thriving framework into practice across diverse contexts and settings. They also provide a platform for joint leadership – bringing together governments, communities, researchers, and philanthropy to test and refine coordinated upstream approaches in real-world settings.

Demonstration initiatives should:

- Embed thriving initiatives across multiple domains (family, neighbourhood, early learning, school, peer, leisure, digital)
- Establish cross-sector governance
- Include youth and community co-design
- Align with existing systems (e.g., education, health, social services)
- Commit to multi-year implementation and ongoing evaluation
- Include urban, rural, remote, Northern, and Indigenous-led settings

These efforts serve both local impact and pan-Canadian learning – generating the evidence required for broader scaling.

The federal government can play key roles in policy alignment, data leadership, convening across jurisdictions, and supporting shared indicators. Early engagement is important to ensure alignment with federal priorities and levers.

Building the Enabling Infrastructure

Sustained implementation requires enabling infrastructure across governance, data, and coordination.

Canada has made important progress in strengthening child and youth data capacity in recent years, including investments in data platforms and increased attention to measurement and outcomes. At the same time, significant gaps remain. Canada does not yet have a fully integrated, pan-Canadian approach that links data across health, education, social services, and developmental outcomes over time. While some provinces and territories have advanced key elements, overall capacity remains uneven and fragmented across jurisdictions. This creates ongoing challenges for establishing shared indicators, tracking outcomes longitudinally, and informing coordinated policy and investment decisions.

Key elements include:

- Cross-ministerial alignment across health, education, and social systems
- Indigenous governance and data sovereignty
- Child, youth, and family engagement in decision-making
- Dedicated backbone organizations to support coordination

Shared measurement and data systems should include:

- A minimal common set of indicators
- Alignment with existing data systems
- Federated data-sharing approaches
- Cross-site learning and evaluation

Given Canada's complex data landscape, efforts should prioritize alignment with existing federal, provincial/territorial, and program-specific systems to avoid duplication and minimize burden on schools, communities, and respondents.

Philanthropy can co-invest in governance design, backbone capacity, and shared measurement infrastructure, while helping to facilitate trust-building across sectors and jurisdictions.

Strategic Arc: A Phased Approach

Phase 1 (Years 1–3): Mobilization and Readiness

- Identify and act on immediate policy opportunities
- Co-develop the thriving framework
- Convene early adopters
- Initiate demonstration planning
- Develop shared indicators
- Convene national dialogue on child and youth data infrastructure and linkage
- Engage federal, provincial/territorial, municipal, and Indigenous partners from the outset to co-develop priorities and clarify roles

Phase 2 (Years 3–5): Demonstration and Alignment

- Implement provincial/territorial demonstration initiatives
- Strengthen governance and backbone capacity
- Align implementation approaches across sites
- Expand cross-jurisdictional learning

Phase 3 (Years 5–10): Scaling

- Formalize a pan-Canadian thriving and prevention network
- Consolidate shared measurement and data systems
- Establish sustainable funding pathways
- Deepen federal engagement alongside sustained PT collaboration

This phased approach reflects how systems change has successfully advanced in Canada: through place-based leadership, disciplined alignment, and gradual institutionalization. It also balances urgency with realism – enabling immediate action while building toward long-term system transformation.

Conclusion: A Generational Window

Canada has demonstrated that pan-Canadian collaboration and knowledge exchange in integrated youth services is possible. The next frontier is a comprehensive framework for child and youth thriving, redesigning developmental environments that shape childhood and adolescence.

This is a generational opportunity to influence life trajectories at scale.

Realizing this opportunity will require coordinated action across governments, system leaders, communities, and philanthropy. Each has a distinct and essential role to play.

By aligning efforts, investing in shared infrastructure, and advancing a common vision, Canada can shift from fragmented responses to a coherent, population-level approach to child and youth thriving.

With sustained commitment, Canada can move beyond managing crises toward enabling long-term thriving – improving outcomes for young people while strengthening the long-term sustainability of public systems.

The opportunity is clear. The next step is collective action.

References

1. Children's Mental Health: Data and statistics on children's mental health 2020. In *Centers for Disease Control Prevention*. Retrieved June 15 2024.
2. Lang et al. (2018). Global Burden of Disease Study trends for Canada from 1990 to 2016. *Canadian Medical Association Journal*, 190: E1296-E1304.
3. Institute for Health Metrics and Evaluation (IHME). *GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2023*. Seattle, WA: IHME, University of Washington, 2025. Available from <https://vizhub.healthdata.org/gbd-compare/>. (Accessed 3/26/2026)
4. Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: examining trends in youth mental health from 2011 to 2018. *Epidemiology and psychiatric sciences*, 29, e115.
5. Centre for Addiction and Mental Health. (n.d.). *Mental illness and addiction: Facts and statistics*. CAMH. <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>
6. McGorry, P. D., Mei, C., Dalal, N., Alvarez-Jimenez, M., Blakemore, S. J., Browne, V., ... & Killackey, E. (2024). The Lancet Psychiatry Commission on youth mental health. *The Lancet Psychiatry*, 11(9), 731-774.
7. Public Health Agency of Canada. (2021). *Blueprint for action: Preventing substance-related harms among youth through a comprehensive school health approach*. Government of Canada. <https://www.canada.ca/en/public-health/services/publications/healthy-living/blueprint-for-action-preventing-substance-related-harms-youth-comprehensive-school-health.html>
8. Public Health Agency of Canada. (2026). *Youth Substance Use Prevention Program*. Government of Canada. <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/youth-substance-use-prevention-program.html>
9. Malla, A., Shah, J., Iyer, S., Boksa, P., Joober, R., Andersson, N., ... & Fuhrer, R. (2018). Youth mental health should be a top priority for health care in Canada. *The Canadian Journal of Psychiatry*, 63(4), 216-222.
10. Arruda, W., Bélanger, S. A., Cohen, J. S., Hrycko, S., Kawamura, A., Lane, M., ... & Korczak, D. J. (2023). Promoting optimal mental health outcomes for children and youth. *Paediatrics & child health*, 28(7), 417-425.
11. Moodie, R. (May 26, 2025). *A strategy for children and youth in Canada*. Senate of Canada. <https://senmoodie.sencanada.ca/en/my-priorities/a-strategy-for-children-and-youth>.
12. Fusar-Poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. (2021). Preventive psychiatry: a blueprint for improving the mental health of young people. *World Psychiatry*, 20(2), 200-221.
13. Halsall, T., Manion, I., Iyer, S. N., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. In *Healthcare management forum* (Vol. 32, No. 2, pp. 51-55). Sage CA: Los Angeles, CA: SAGE Publications.
14. Kristjansson, A. L., Mann, M. J., Sigfusson, J., Thorisdottir, I. E., Allegrante, J. P., & Sigfusdottir, I. D. (2020). Implementing the Icelandic model for preventing adolescent substance use. *Health promotion practice*, 21(1), 70-79.
15. Brussoni, M., Olsen, L. L., Pike, I., & Sleet, D. A. (2012). Risky play and children's safety: Balancing priorities for optimal child development. *International journal of environmental research and public health*, 9(9), 3134-3148.
16. Alberta Family Wellness Initiative. (2023, November). *The Brain Story and the Resilience Scale Framework*. <https://www.albertafamilywellness.org/brain-story-and-the-resilience-scale-framework/>
17. Public Health Agency of Canada. (2022). *Mental health and problematic social media use in Canadian adolescents: Findings from the 2018 Health Behaviour in School-aged Children (HBSC) study*. Canada.ca. <https://www.canada.ca/en/public-health/services/publications/science-research-data/mental-health-problematic-social-media-use-canadian-adolescents.html>
18. Khalaf, A. M., Alubied, A. A., Khalaf, A. M., Rifaey, A. A., Alubied, A., & Rifaey, A. (2023). The impact of social media on the mental health of adolescents and young adults: a systematic review. *Cureus*, 15(8).
19. Lerner, R. M. (2017). *Liberty: Thriving and civic engagement among America's youth*. Sage Publications.
20. Ettinger, A. K., Landsittel, D., Abebe, K. Z., Bey, J., Chavis, V., Navratil, J. D., ... & Pittsburgh Study Committee Co-Leads. (2022). THRIVE conceptual framework and study protocol: a community-partnered longitudinal multi-cohort study to promote child and youth thriving, health equity, and community strength. *Frontiers in pediatrics*, 9, 797526.
21. Huang, C. X., Halfon, N., Sastry, N., Chung, P. J., & Schickedanz, A. (2023). Positive childhood experiences and adult health outcomes. *Pediatrics*, 152(1), e2022060951.

22. Bhargav, M., & Swords, L. (2024). Two sides of the coin: The roles of adverse childhood experiences and positive childhood experiences in college students' mental health. *Journal of interpersonal violence*, 39(11-12), 2507-2525.
23. Kristjánsson, A. L., Mann, M. J., Sigfusson, J., Thorisdóttir, I. E., Allegrante, J. P., & Sigfusdóttir, I. D. (2020). Development and guiding principles of the Icelandic model for preventing adolescent substance use. *Health promotion practice*, 21(1), 62-69.
24. Walker, S. C., Wissow, L., Gubner, N. R., Ngo, S., Szatmari, P., & Servili, C. (2024). Scale-up of global child and youth mental health services: A scoping review. *Administration and Policy in Mental Health and Mental Health Services Research*, 51(6), 935-969.
25. Foundry BC. (n.d.). *Foundry BC: Free & confidential youth wellness support*. <https://foundrybc.ca>
26. Youth Wellness Hubs Ontario. (n.d.). *Youth Wellness Hubs Ontario*. <https://youthhubs.ca>
27. Gouvernement du Québec. (2025). *Aire ouverte : Services gratuits de santé et de bien-être pour les jeunes de 12 à 25 ans*. <https://www.quebec.ca/sante/trouver-une-ressource/aire-ouverte>
28. Sigfúsdóttir, I. D., Thorlindsson, T., Kristjánsson, Á. L., Roe, K. M., & Allegrante, J. P. (2009). Substance use prevention for adolescents: the Icelandic model. *Health Promotion International*, 24(1), 16-25.
29. Beaulieu, E., & Beno, S. (2024). Healthy childhood development through outdoor risky play: Navigating the balance with injury prevention. *Paediatrics & child health*, 29(4), 255-261.
30. Canadian Paediatric Society. (2024). *Healthy childhood development through outdoor risky play*. <https://cps.ca/en/documents/position/outdoor-risky-play>. (Accessed April 14, 2026).
31. Bernier, P., & Hudon, A. (2026). Mass Media Narratives of Psychiatric Adverse Events Associated With Generative AI Chatbots: Rapid Scoping Review. *JMIR Mental Health*, 13(1), e93040.
32. Odgers, C. L., & Jensen, M. R. (2020). Annual research review: Adolescent mental health in the digital age: Facts, fears, and future directions. *Journal of Child Psychology and Psychiatry*, 61(3), 336-348.
33. Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature human behaviour*, 3(2), 173-182.
34. Mei, X., Zhou, Q., Li, X., Jing, P., Wang, X., & Hu, Z. (2018). Sleep problems in excessive technology use among adolescent: a systemic review and meta-analysis. *Sleep Science and practice*, 2(1), 9.
35. World Health Organization. (2023). *Social isolation and loneliness among children and adolescents: Policy brief*. Geneva: WHO
36. Tough, S., et al. (Max Bell Foundation Burns Memorial Fund). (2023). *Connections First: A policy fellowship exploring social connection and well-being; and associated Cultivating Resilience and Flourishing through the 3Rs (Routines, Resources and Relationships) workbook*
37. Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services*, 72(1), 37-48.
38. Canadian Healthy Schools Alliance. (2020). *Beyond the binder: Toward more systemic and sustainable approaches to mental health and well-being in K-12 education*. <https://www.healthyschoolsalliance.ca/en/resources/beyond-the-binder>. (Accessed April 16, 2026).
39. Lyon, A. R., Cook, C. R., Locke, J., Davis, C., Powell, B. J., & Waltz, T. J. (2019). Importance and feasibility of an adapted set of implementation strategies in schools. *Journal of school psychology*, 76, 66-77.
40. Canadian Healthy Schools Alliance. (2018). *Canadian healthy school standards*. <https://www.healthyschoolsalliance.ca/ca-healthy-school-standards>
41. Wellstream. (2026). *Wellstream for schools*. <https://wellstream.ca/initiatives/wellstream-for-schools/>
42. School Mental Health Ontario. *School Mental Health Ontario*. <https://smho-smsso.ca>
43. Centre of Excellence for Mental Health. *Centre of Excellence for Mental Health*. <https://cemh.lbpsb.qc.ca/>
44. Human Early Learning Partnership. *Human Early Learning Partnership*. University of British Columbia. <https://earlylearning.ubc.ca>
45. Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C., & McBride, T. (2021). *Adolescent mental health: A systematic review on the effectiveness of school-based interventions*. Early Intervention Foundation. <https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions>

Appendix 1: Expert Convening

On September 12, 2025, Canadian experts from health, education, and community systems came together in Calgary to identify prevention approaches that promote youth mental health and well-being at the population level and how to mobilize philanthropy to support a population-level prevention framework. The event was organized by the Graham Boeckh Foundation and was sponsored by a small group of philanthropic funders, including the Graham Boeckh Foundation, Bell Let's Talk, Lawson Foundation, Aubrey and Marla Dan Foundation, Walton's Trust, Medavie Foundation, and the Azrieli Foundation. Together, these organizations allowed researchers, policy makers, practitioners, and community leaders to examine how philanthropy can catalyze a pan-Canadian prevention shift grounded in evidence, equity, and collaboration.

The event convened eighteen senior leaders from across Canada representing academia, government, health systems, education, philanthropy, and the non-profit sector. Attendees included researchers and research institute leaders in paediatrics, psychiatry, public health, psychology, social work, education, and early childhood development, as well as senior executives from national mental health, addictions, and public health organizations. Participants also included provincial and federal government officials, leaders from the education system, and experts in policy, law, and systems implementation. Collectively, participants brought diverse expertise spanning child and youth development, mental health and well-being, population health, and systems-level policy and implementation.

Attendees engaged in guided discussions throughout the convening that combined structured presentations and discussion prompts with facilitated dialogue. The morning program reviewed promising models and system-level approaches to inform a national prevention framework, with a focus on feasibility and adaptability across jurisdictions. Three key presentations included:

1. An overview of the development of Integrated Youth Services in Canada, which provides a model of a pan-Canadian Learning Health System for youth mental health.
2. The Icelandic Prevention Model and early lessons from its implementation in Canada at the community level through the Youth Substance Use Prevention Program.
3. Outdoor Play, an evidence-based approach to promotion of child health and well-being that emphasizes the role of risky play and autonomy as foundational prevention strategies in a digital age.

The afternoon program focused on collective strategy-building. Sessions explored articulating a shared vision, core principles, and enabling conditions for prevention for children and youth in Canada, as well as specific implementation strategies. In break-out and large group discussions, participants discussed near-term priorities, and a 5- to 10-year phased approach addressing scaling, the sequencing of early investments, how to balance short-term wins and long-term systems change, and how progress and outcomes might be evaluated.

Each session was audio recorded, with a notetaker capturing live reflections in real time. These recordings were later transcribed, and together with the notes, they provided a comprehensive record of the dialogue. The material was then carefully reviewed, coded, and synthesized into themes that reflect the collective insights and priorities of participants. Following the initial meeting, findings were summarized, and a small group of participants from the Expert Convening met twice (on Feb 2, March 4) to discuss and refine findings from the initial meeting and to offer input into this Discussion Paper.

List of Attendees:

- Christine Alden, Program Director, Lawson Foundation
- Paul Arnold, Director, Mathison Centre for Mental Health Research and Education, University of Calgary
- David Borkenhagen, Post Doctoral Scholar, University of Calgary (notetaker)
- Mariana Brussoni, Professor, Department of Pediatrics and the School of Population and Public Health, University of British Columbia; Director, Human Early Learning Partnership
- Christine Chambers, Scientific Director, CIHR Institute of Human Development, Child and Youth Health. Professor, Departments of Pediatrics and Psychology and Neuroscience, Dalhousie University
- Karen Cumberland, Vice President, Strategic Initiatives and Community Outreach, Canadian Centre on Substance Use and Addiction
- Jo Henderson, Chief Scientific Officer, Centre for Addiction and Mental Health; Professor of Psychiatry, University of Toronto
- Annie Kidder, Executive Director, People for Education
- Emily Laidlaw, Canada Research Chair in Cybersecurity Law; Associate Professor, Faculty of Law, University of Calgary
- Marni Pearce, Vice President, Youth Mental Health, Graham Boeckh Foundation
- Michel Perron, Consultant and Facilitator
- Joanne Pitman, Chief Superintendent, Calgary Board of Education
- Stephanie Priest, Executive Director, Mental Health and Well-being Division, Centre for Health Promotion, Public Health Agency of Canada
- Evan Romanow, Provincial/Territorial Cochair of Deputy Ministers responsible for Mental Health, Addictions and Recovery
- Kate Storey, Professor, School of Public Health, University of Alberta; CIHR/PHAC Applied Public Health Chair
- Roberto Sassi, Head, Division of Child and Adolescent Psychiatry, University of British Columbia
- Michael Ungar, Professor, School of Social Work, Dalhousie University