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Divided and disconnected — An examination of youths' experiences with emotional distress within the context of their everyday lives

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ABSTRACT

This paper is based on a qualitative study conducted in a rural community in British Columbia, Canada. Ethnographic methods were used to: (1) to bring youth voice to the literature on emotional distress; and (2) to capture the ways in which context shapes young peoples' experiences of emotional distress within their everyday lives. Our findings demonstrate how socio-structural contextual factors such as the local economy, geographical segregation, racism, ageism, and cutbacks in health and social service programming operate to create various forms of disconnection, and intersect in young peoples' lives to shape their experiences of emotional distress.

1. Introduction

Mental health is a necessary component of overall health and wellbeing and is crucial to healthy adolescent development. Good mental health in adolescence provides the necessary foundation for "having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling… full active participation in society" (World Health Organization, 2013, p, 6). While positive mental health plays an important role in the health and development of young people, it is estimated that 20–30% of the adolescent population will experience emotional distress, which can contribute to clinically significant mental health problems (Boyce, 2004). For the purposes of this research, emotional distress was conceptualized as encompassing a spectrum of mental health challenges from difficult thoughts and emotions such as stress and grief, through to clinically significant mental disorders. This view of emotional distress is aligned with the belief that mental health challenges lie along a continuum, and may not always fit within established diagnostic categories (Williams, 2012). The magnitude of emotional distress among adolescent populations has contributed to the World Health Organization (2014) identifying this as the most significant public health issue facing young people.

Research on emotional distress among youth has tended to use biomedical, psychological or epidemiological perspectives to explain the causal contributors to emotional distress and document rates within particular populations. While such evidence has contributed valuable information about the prevalence of emotional distress among young people and theories about the aetiology of particular mental disorders, it has not provided sufficient understanding of the diverse array of underlying risk factors or the complex ways in which elements of context intersect to shape health and illness. Multiple authors for instance, have reported an association between stressful life events or adverse experiences and emotional distress including difficult thoughts and emotions, feelings of sadness or anxiety, and diagnosable mental illnesses including depression (Brown, 2002; Cleary and Mechanic, 1983; Dohrenwend, 1990; Fernando, 1984; Folkman and Lazarus, 1986; George and Lynch, 2003), schizophrenia, anxiety disorders, and substance use disorders (Dohrenwend, 1990). As emotional distress experienced in early life tends to persist throughout the life course and therefore increases vulnerability for mental health problems in adulthood (Menaghan, 1999), there is an urgent need to situate emotional distress and its severity across a mental health continuum within the larger context of youth's everyday lives.

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Social scientists have long argued for the importance of exploring how aspects of context influence health outcomes. In more recent years, scholars from fields such as health geography, sociology, anthropology and public health have asserted that context must be viewed as more than simply a backdrop to social processes and instead situated within the structural, social and individual features that ultimately affect health and well-being (Agnew, 1993).

In keeping with our interest in examining how social structures shape health experiences and emotional distress, we drew on Poland et al. (2006) conceptualization of context as a configuration of social relations that are comprised of "…social structures such as class, race, and gender; institutional practices, and collective and individual behaviour, and intersecting personal biographies" (p, 60). Poland and colleagues argue that social structures shape, constrain, and reproduce human thought and behaviour, and that these structures are specific to neighbourhoods, towns or regions. This notion of context encompasses micro, meso and macro level elements and highlights the interrelationship between structure and agency — context shapes and is shaped by individuals and the communities in which they live. This understanding of context provides support for the importance of examining the ways in which mental health and emotional distress are constituted in particular settings, ultimately providing the evidence necessary to inform interventions to improve the mental health of populations (Poland et al., 2006).

There is mounting evidence to support the connection between social context, emotional distress and ultimately mental health. For example, North American women are three to four times more likely than men to attempt suicide Navaneelan, 2012 (2014), however, suicidal behaviour is highly context dependent and shaped by cultural and gender norms (Canetto, 2008). Suicide rates are five to seven times higher for Aboriginal youth than for non-Aboriginal youth in Canada, with suicide rates for Inuit youth among the highest in the world at 11 times the national average (Health Canada, 2013). Scholars suggest that ongoing cultural oppression and marginalization of Aboriginal peoples and communities are important contributors to mental health challenges among First Nations populations (Kirmayer et al., 2003). Young people from lower socioeconomic backgrounds and those living in communities with poor social cohesion report greater emotional distress compared to their peers growing up in more cohesive neighbourhoods (Aneshensel and Sucoff, 1996). Consistently, sexual minority youth are overrepresented in the data on adverse mental health (Saewyc, 2011). These outcomes are related, in part, to the homophobia experienced by those with a minority sexual orientation. For example, research has demonstrated that sexual minority youth often receive less support from their parents, experience more verbal and physical abuse (D'Augelli, 2002), undergo chronic stress in navigating adolescence, and deal with internalized homophobia that limits their self-esteem (Wilsonet al., 2011).

Despite a growing interest in accounting for context in health research, much of this research has focused on identifying inequalities across geographies (i.e., locations, space) and at the level of individual characteristics and their associated health implications (Cummins et al., 2007; Frohlich et al., 2001; Kearns, 2012). The nuanced *relational* aspects of context (e.g., social and structural features), which help produce and maintain actions of populations and institutions and, in turn, influence health, remain largely unexplored (Cummins et al., 2007). Furthermore, how relational aspects are experienced by youth and the meaning that youth attribute to these experiences is substantially lacking in the literature (Howard et al., 1999). Such research is needed to inform interventions that are responsive to and resonate with the needs of youth. In addition, research that situates emotional distress within the context of young peoples' everyday experiences is also required. Given the aforementioned oversights in knowledge concerned with youth mental health and emotional distress, the purpose of this study was twofold: (1) to bring youth voice to the literature on emotional distress and, (2) to capture the ways in which context shapes young peoples' experiences of emotional distress within their everyday lives.

2. Methods

This qualitative study drew on ethnographic data focused on the experiences of young people living in a small, rural community in British Columbia (BC), Canada. In order to protect the identity of the study site and its residents, this community is referred to by the pseudonym, Lakeview. An ethnographic approach was selected because it facilitates in-depth, comprehensive insights into peoples' perspectives and behaviours, and the setting in which these are shaped (Reeves et al., 2008). Adding a critical lens to our ethnographic approach pushed us to move beyond a description of "what is" to a more developed explanation of why things are (Cook, 2005). We drew on the notion of an "evolving criticality" Kincheloe et al. (2005) that posits a concern with "issues of power and justice and the ways that economy; matters of race, class, and gender; ideologies; discourses; education; religion and other social institutions; and cultural dynamics interact to construct a social system" (p. 306). In depth, interviews and detailed field work observations provided rich sources of data and allowed us to examine the ways in which context shaped experiences of emotional distress. Field note data provided insight into aspects of context that remained unspoken in formal interviews (Carspecken, 1996).

2.1. Study Site

Lakeview is a small, resource-oriented (i.e., forestry and mining) town located in the north-central region of BC, Canada. It has a population of approximately 4700 people including the town, outlying rural areas, and surrounding three First Nations communities and reserves (Destination BC Corp., 2014). The town is described as picturesque and is prized for its outdoor opportunities. Like many resource-based rural communities, Lakeview's economic climate has fluctuated significantly over the years. Its lumber mills closed in 2007, creating higher unemployment rates. The population also declined nearly 30% from 1996 to 2006. In 2009, the Provincial and Federal governments approved a new mining project in the Lakeview area. While Lakeview remains a resource dependent community, some residents hope the mining industry will create jobs, allowing time to better diversify the local economy (Smith and Parkins, 2011).

Lakeview has a small hospital, however care is often referred to the larger hospitals in towns that are one to two hours' drive away, where there are more specialty health care providers and treatment resources. Lakeview also has a 24-h emergency shelter for women and children, a local Ministry of Child and Family Development branch, and an outreach clinic offering sexual health programs and needle exchange services Rural Coordination Centre of BC, 2014 (2014). A local community services society provides counselling services and the local First Nations deliver health programs to members living on reserve.

The health data from Lakeview suggest that, in comparison to other BC communities, health outcomes are poor. For example, the life expectancy in Lakeview is shorter than that of BC residents as a whole (77.1 years vs. 81.4 years), and while specific health and social indicators are unavailable for Lakeview itself, data for the local health area document important disparities. For example,