

Seeking Care: Youth's Counterstories Within the Context of Mental Health

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Abstract

In this article, we draw on a narrative inquiry into the experiences of children, youth, and families waiting for mental health support during the COVID-19 pandemic in Western Canada. We foreground two youths' experiences (Gillian, who self-identifies as transgender, and Malek, who self-identifies as racialized) to highlight the complex barriers and supports each encountered while attempting to secure appropriate care as they navigated moments of crisis within their worlds of home, school, and communities. By inquiring into their mental health stories, we foreground the unique ways these youth enacted counterstories to disrupt hegemonic constructions of their identities, build agency, and support their wellbeing.

Background

This paper is drawn from a two-year Canadian Institute of Health Research (CIHR) funded study that narratively inquired into the experiences of diverse children, youth, and families awaiting mental health services (MHS) during and after the COVID-19 pandemic. Marietta et al. (2023) found that during the pandemic there was not enough attention paid to early interventions; accessing and receiving MHS was further complicated by slow assessments, insufficient supports for all family members, little follow-through, and a lack of coordination amongst services and providers. These challenges were characterized by long wait times that perpetuated further distress (Children's Mental Health Ontario, 2020; Eichstedt et al., 2024).

Our study focused on participants' experiences of waiting for formal MHS prior to and during COVID-19. Participants negotiated their ongoing challenges, often by carving out spaces of wellbeing as a means of coping while waiting for support. Youth participants recounted experiences of racism, discrimination, being un/supported, and offered little/no guidance while waiting for MHS. They shared their mental health (MH) stories and desire for agency. Evident within these stories were the counterstories that the youth both told and lived. Lindemann (2020) explicates the transformative power of counterstories as:

a story that is told for the purpose of resisting a socially shared narrative used to justify the oppression of a social group. The socially shared story enters the tissue of stories that constitute the group's identity, damaging that identity and thereby . . . the counterstory sets out to uproot some part of the oppressive story and replace it with a more accurate one. (p. 286)

In this paper, we focus on the experiences of Malek, a young Muslim youth, and Gillian, a young trans woman, to highlight the complex challenges each faced alongside their determination to tell and live counterstories. Counterstories were both told and lived by both participants to resist, rewrite, and recompose hegemonic stories (e.g., racism, cisgenderism) that were incessantly imposed upon them. Working within the narrative considerations of temporality, sociality, and place (Clandinin, 2013, 2023; Clandinin & Connelly, 2000), we share select moments of Malek's and Gillian's experiences, along with art and poetry co-created with their stories to show the worldmaking effects of seeking and waiting for care.

Literature Review: COVID-19 and Youth Mental Health

The emergence of COVID-19 complicated youth mental health (YMH) outcomes by increasing anxiety, depression, and behavioral issues (Markoulakis et al., 2022; Nearchou et al., 2020; Ravens-Sieberer et al., 2023). Multiple aspects of COVID-19 also disproportionately and negatively impacted racialized populations (Castro-Ramirez et al., 2021; Williams et al., 2023) as well as sexual and gender minority youth (Hawke, Hayes, et al., 2021; Jones et al., 2023). Marginalized and structurally vulnerable youth faced increased barriers and challenges (e.g., discrimination) in public spaces and/or while seeking care (Everest et al., 2023; Hilario et al., 2023). Additionally, social isolation due to gathering restrictions, coupled with the shuttering of community spaces, was linked to increased symptoms of anxiety, loneliness, and depression (Al Omari et al., 2023; Lips, 2021; Reiriz et al., 2023).

Racialized Youth

Racialized youth contending with preexisting mental health (MH) conditions typically report lower levels of resilience (Collin-Vézina et al., 2022) than their non-racialized peers. Yet they experience differential and/or insufficient treatment compared to these peers (Bulloch et al., 2021; Nguyen et al., 2022). The impact of the COVID-19 pandemic intensified inequities for racialized youth. Gajaria et al. (2021) troublingly observed, "Systemic racism clearly influences access to, and experience of mental health care for racialized Canadians" (p. 133). Micro and macro aggressions of racism, discrimination, and lack of cultural sensitivity adversely impact racialized youth's MH (Eboigbe et al., 2023; Liu et al., 2023; Quinn et al., 2023). During the pandemic, these acts accentuated the harms faced by young people of color who attempted to seek support for their MH (Bath & Meza, 2023; Salami et al., 2021; Sheikhan et al., 2023). For instance, experiences of hatred, violence, and racism perpetuated by others were associated with increased health concerns (Liu et al., 2023), internalization or self-blame by victims (Nguyen et al., 2022) and heightened instances of COVID-19 directed discrimination (Fisher et al., 2023). Complicating their relationships with MHS, racialized youth regularly contend with different kinds of stigma. Membership within certain communities can hinder seeking help for MH (Basri et al., 2022). Moreover, self-stigma and stigma among peers can also influence whether youth of color seek help (Sheikhan et al., 2023). Such membership can disenfranchise racialized young people who fear further prejudice. Service providers outside the community who purport to help vulnerable youth can instead aggravate emotional harms of stigma related to ethnic and cultural differences (Banks, 2022; Williams et al., 2023). Kamali et al. (2023) ascertained "racial and ethnic families, are almost 40% to 50% less likely

to make contact compared to self-identified White families" (p. 601), emphasizing the urgent need for equitable access to care for racialized children and youth (Bath et al., 2023).

2SLGBTQ+ Youth

For 2SLGBTQ+ youth, the impacts of COVID-19 were compounded by pre-pandemic stressors and exacerbated preexisting social and health inequalities (Everest et al., 2023; Hawke, Szatmari, et al., 2021). Kneale and Bécares (2021) help us understand the complex interdependence of intersectional impacts on 2SLGBTQ+ people, arguing that "mental health inequities during and predating the pandemic are a product of complex processes of discrimination and exclusion" (p. 22). Prior to the pandemic, Canadian transgender and nonbinary youth navigated more MH issues than their cisgender peers (Veale et al., 2017). COVID-19 worsened MH impacts on transgender and nonbinary youth by compounding health inequities unique to this population (e.g., gender affirming surgeries) with preexisting stressors (e.g., transphobia) (Hawke, Hayes, et al., 2021). Research demonstrates how lack of access to gender affirming care (Everest et al., 2023) and increased minority stress (Salerno et al., 2020) may have fostered substance use (Hawke, Szatmari et al., 2021), and increased incidents of anxiety, depression, and suicidal ideation (Jarrett et al., 2021; Taylor et al., 2020). For transgender and nonbinary youth, these factors may have been further complicated by increased frequencies of gender-based violence that emerged during the pandemic, including increased verbal and physical attacks against 2SLGBTQ+ people (Everest et al., 2023; Kneale & Bécares, 2021; Salerno & Boekeloo, 2022), and lack of access to critical 2SLGBTQ+ community supports and connections (Everest et al., 2023; Kia et al., 2022). Town and colleagues (2022) also noted that 2SLGBTQ+ youth may shun formal YMH services because these services are often viewed as discriminatory by 2SLGBTQ+ communities and are perceived as heterocentric and overly generic (Chaiton et al., 2021).

Turning to Narrative Inquiry

Our Study and Research Puzzle

In response to research indicating that the pandemic disproportionately affected marginalized populations (Laurencin & McClinton, 2020) and made visible gaps in health equity (Alegría et al., 2022; Rees et al., 2021), we came alongside children, youth, and families over 18 months to better understand their stories of waiting for MH care. We used narrative inquiry to understand participants' experiences from their unique perspectives and positionality. Narrative inquiry is primarily a way to understand experience (Clandinin, 2013, 2023; Clandinin & Connelly, 2000); put differently, "to use narrative inquiry methodology is to adopt a particular view of experience as a phenomenon under study" (Connelly & Clandinin, 2006, p. 375). Clandinin and Caine (2008) elucidate that, "prior to engaging with research participants, narrative inquirers need to undertake a reflective inquiry process into their narrative understandings in relation to the particular research phenomenon with its attendant research puzzle" (p. 543). These insights, in turn, helped us to compose our research puzzle. Shaping a research puzzle, instead of a research question, offers opportunities to explore ambiguity and complexity. It allows us to

attend to the perplexities surrounding the research phenomenon through a process of wondering. Wondering is a means of exploring the phenomenon from diverse vantage points (Clandinin, 2023). Our research puzzle of what can we learn from narratively inquiring into the experiences of waiting for MHS was shaped around several wonders:

- How were participants negotiating their MH experiences?
- What challenges were they experiencing in their MH journeys?
- What MH resources and supports did they use to cope as they waited for care?
- How did they feel supported (or not) in their mental wellbeing as they waited?
- How do these experiences converge/diverge for marginalized children and youth?
- What resources and strategies can be used to strengthen the current child and youth MH care system?

Framing our narrative inquiry in these ways invited us to shift away from certainties and move towards exploring possibilities.

Methodology and Methods

Narrative inquiry is a relational ontology, grounded in both epistemology and ethics which honors people's lived experiences as important sources of knowledge (Clandinin, 2023). These experiences are embedded in and contextualized by "larger cultural, social, familial, institutional and linguistic narratives" (Caine et al., 2021, p. 23). Within narrative inquiry, knowledge is co-created in relation to the people we come alongside within research, and "woven into experiences are, always, the complexities of life and living" (Caine et al., 2021, pp. 12–13). In this manner, narrative inquiry does not position the researcher in aloof distance from the participant, but always in relation. Narrative inquiry's three commonplaces of inquiry—temporality, sociality, and place—enable a comprehensive understanding of experience. More explicitly, temporality is understood through:

multiple interactions with participants ... through participants' reflections on and of earlier life experiences. Sociality directs attention inward toward the participants' thoughts, emotions, and moral responses and outward to events and actions. Place directs attention to places where lives were lived as well as to the places where inquiry events occur. (Clandinin & Caine, 2008, p. 544)

In using narrative inquiry, we show the interconnectedness of participants' storied experiences over time, across diverse contexts and social interactions. We share excerpts of narrative accounts, including researcher reflections to make visible our inquiry into these three commonplaces.

Participants

Research participants included children and youth between the ages of 12 to 17 years of age and their families who reside in Western Canada. They were recruited from formalized MHS waitlists from within the provincial child and youth MH care system, as well as through community agencies, public libraries, and social media. A total of 20 participants took part in this study. Children, youth, and family members from various backgrounds (including racialized and 2SLGTBQ+), residing in urban and rural communities,

were invited to take part in this narrative inquiry. Within our study, almost half self-identified as 2SLGBTQ+ and half self-identified as racialized, with one youth identifying as both racialized and gender diverse. Researchers met with participants over 18 months in a variety of home and community spaces. They had three to eight open-ended conversations ranging from one to three hours to discuss their MH experiences. Participants were invited to reflect upon their understandings of their mental wellbeing through their interactions with both informal and formal support in varied contexts, with different people and across time while they waited for formal care.

Narrative Accounts and Analysis

Transcribed research conversations and detailed field notes were used to compose narrative accounts for each participant. This was an iterative process where participants helped to shape their accounts, from deciding which aspects would be discussed to how their experiences could be represented. The narrative accounts detailed participants' MH experiences, underscoring their respective challenges and supports. Various coping strategies were also named in the accounts. To deepen our analysis, we used different kinds of poetry (Butler-Kisber, 2021; Lavoie, 2021a; Menon, 2020, 2021, 2024), creative nonfiction (Griffin, 2015; Lavoie, 2021a; Richardson, 1994; Sinner, 2013), and art-making by participants and researchers (Caine & Lavoie, 2015; Lavoie, 2021a, 2021b, 2022; Lavoie & Caine, 2022; Menon, 2019, 2020, 2021, 2024) to make participants' stories visible. Researcher reflections are often added to narrative inquiry texts to highlight ethical and relational commitments to participants and make transparent narrative thinking alongside participants' stories (Lavoie, 2021b, 2022). These methods help to amplify the voices of participants in ways which honor their experiences (Menon, 2020, 2021).

As we looked within and across accounts, we engaged in an intensive and recursive process of locating and identifying narrative threads (patterns that resonated across accounts). These included (a) waiting and witnessing; (b) system responsiveness; (c) mis/matches; and (d) resistance, agency, and silenced stories.

The use of different artful methods for each of their narrative accounts pays homage to their personal perspectives, attends to narrative threads in un/alike ways, and importantly, permits us to think *with* participants' stories (Morris, 2001). Jinny introduces Malek's stories of (un)wellness that emerged in their research conversations together through found poetry of Malek's words. The dynamic interplay of font, images, placement of words, and emphasis purposely shifts away from traditional or positivist understandings to create opportunities for insights that otherwise might be silenced and/or hidden. For Gillian's narrative account, based on conversations held with Margot, Michelle uses "the liminality at the core of creative nonfiction writing . . . to speak about liminality, refuse binary definitions, and creatively and relationally attend to . . . complex stories with care-filled attention" (Lavoie, 2021a, p. 95). Moreover, Michelle created artworks in response to Gillian's stories to think and imagine alongside her.

Coming Alongside Malek and Gillian

Introducing Malek

During the height of the pandemic, Malek, a South Asian youth of Muslim faith who uses the pronouns she/her, was a Grade 11 student attending high school. During this time, Malek was experiencing a great deal of stress which influenced her sense of wellbeing in complicated ways. Malek's words, through found poetry, helped us to metaphorically travel to her worlds (Lugones, 1987) of home, school, and community. Malek's stories of (un)wellness make visible some of the challenges and creative ways she dealt with these considerations in her ongoing MH journey. Striving to compose wellness amidst waiting, Malek frequently drew on her personal, familial, and cultural stories that shaped her identity as a Muslim young person.

*Yeah, normally I'm stressed, but it was just like **really** bad. I was just **FREAKING** out every day. I was crying and I didn't know what I was gonna do and I was just **FREAKING** out, having outbursts.*

I JUST THOUGHT MY LIFE WAS OVER...



*Yeah.
Something small
Would be something **BIG**,
But it really would only be something small...
I would **FREAK** out at my parents,
And they were so confused on what was going on.*

Fig. 1: Freaking Out

Family photographs graced the walls of the home of Malek and her mother, Anna. Nestled among the photos of Malek smiling at different ages were pictures of the family engaged in various activities together. Though the summer sun was shining brightly and filling the house with light, Malek's words brought a sense of gravity to our conversation, which up until this point had gently meandered. Jinny, who was the researcher, wondered at the type of stressors that Malek might have been facing that had brought about the change in her behavior, the "outbursts" that worried her parents. Malek and her mom were seated across from her on a comfy couch, and so Jinny was able to see Anna lightly touch Malek's hand as if to reassure her. This would become a familiar scene in their conversations.

In Malek's World of School

*I think it was because I was home **SO MUCH!**
And, I wasn't going anywhere so...
You're **JUST ALONE** with your thoughts
And, then you just think about things...
It was hard because like you know,
You were just in class and then you gotta like go to the next one*



*Like the middle year was kind of like,
Sometimes you were in person,
Sometimes you were online,
Like it was very back and forth.*

Fig. 2: School

Akin to other youth, Malek found that the pandemic aggravated certain feelings, including a profound feeling of isolation. This sense of isolation was compounded by Malek's worries about doing well in school. Always a high achiever, Malek constantly felt the pressure to maintain good marks at school. However, one day the pressures became too much for Malek and she had a "meltdown." These outward manifestations of her anxiety caused bodily harm to Malek. She ended up having to go to Emergency to deal with problems with her stomach. Malek was given medication but continued to grapple with pain. She was no longer able to eat what she wanted and had to be careful not to let stress build lest she experience intense stomach pain. She would later share that her physical problems also intensified her sense of unwellness. In her research notes, Jinny had written:

*Malek, I hear the notes of pain in your voice.
I see the way your eyes blink away tears.
Your hands twist nervously in your lap.
Your mouth turns upward, but the smile is missing.*

As Jinny listened to Malek speak, she wondered how being caught within this vicious cycle of poor physical health and impoverished mental health was shaping Malek's stories of identity. She further wondered how Malek's stories of wellbeing had shifted over time.

I was getting stressed out over silly things.

I remember I wouldn't go to the bathroom.

I'd be so scared to go to the bathroom at school.

I didn't want to get up and walk in front of people to go to the bathroom.

I would hold my pee and Mom would get so mad at me.



Or I'd bite my nails off...

Like, I remember I would be holding on by a thread.

I was in this really hard

math class...

And I was going every day,

It was early morning ...

I didn't really need it! It was really advanced, and I was flunking.

Every SINGLE test I had I was flunking.

I got a tutor. It didn't help.

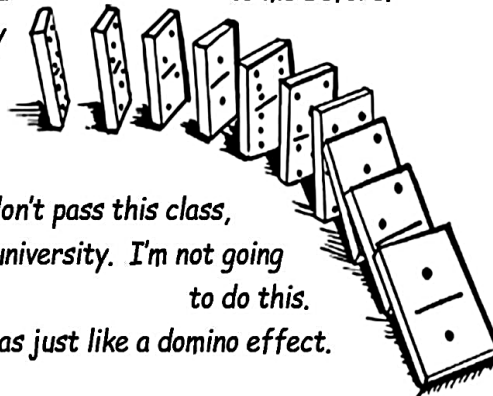
to me before.

I was just flunking and that never happened

Academically I think I was just, I really

wanted to be smart.

I didn't know how to ask for help. I didn't.



And I was like, if I don't pass this class,

If I don't do good, I'm not going to get into university. I'm not going

to do this.

It was just like a domino effect.

I just thought my life was over!

Fig. 3: Stress

In Malek's World of Home

Jinny was distressed to learn that while school was working on Malek in challenging ways, she was also contending with difficult circumstances at home. Malek's uncle (her mother's brother) had moved into their household of three. This abrupt transition was marked by tragedy. Unbeknownst to Malek at that time, her uncle had almost succeeded in committing suicide. After being discharged from the hospital, he could no longer live on his own. Since he had no other close relatives to care for him, Malek's parents had agreed for him to stay with them. Accustomed to a certain amount of privacy, Malek was uncomfortable with the situation at home and could not understand why her uncle was now living with them. Malek sensed that her parents were keeping things from her and that the uncle she knew and loved was not behaving in the ways she was used to. At the same time, Malek was feeling neglected by her parents. Living in a household where certain stories were being silenced and even actively kept from

her was taking an emotional toll on her. Though she had not been explicitly told by her parents that her uncle had attempted suicide, Malek became aware of the situation. Despite this knowledge, Malek adhered to the unvoiced hope of her parents to not talk overtly about her uncle's MH.

I didn't know what was going on.

Mom wouldn't tell me...

But I kind of knew,

I was putting it together,

But she didn't want to come out and say...

I think it took her like a week or 2,

And I was like,

"Yeah, I know."



Fig. 4: Puzzling It Out...

Jinny already knew from their previous conversations that MH was not easily spoken about within Malek's cultural and faith-based community. While Malek's mom, Anna, was more open about talking about Malek's own mental wellbeing, she did not feel the same way about her brother, Malek's uncle. Malek shared that stigma around MH still prevailed. Referring to her particular Muslim community, Malek disclosed: "They're very judgy. Like it's a secret but it's not really a secret." (In)directly Malek understood that stories of mental unwellness could not be shared within the family and larger community without fear of reprisal. Later that day, Jinny, reflecting on her wellness stories as a person of color (POC) alongside Malek's stories, wrote in her research notes:

Why do our communities, continue to punish us for having such challenges? Why must everything be swept under the proverbial rug? Why does our hurt, our pain need to be hidden? This pretense only serves to harm us. So many people in pain... Malek, her uncle, her parents... How can I not remember how my own uncle's suicide was not talked about? The loud silence continues to reverberate...

It was during this time of disruption that Malek's life once more was shaped by trauma.

Malek's physical health and mental wellbeing were profoundly impacted by Malek's father's health. He was not in good health. When Malek was around two years of age, Malek's dad had a heart attack. In March of 2020, when COVID-19 was making itself more widely known, Malek's father had another heart attack. Malek had no memory of his first attack, only having been told stories about it. This time, however, Malek was present when he collapsed. While her mother and her uncle helped her dad downstairs for the waiting ambulance and emergency responders dressed in overalls and masks, Malek was on the phone with 911. Her father had turned to her and said, "Goodbye." Malek felt these heartfelt words uttered by her father meant that he was going to die.

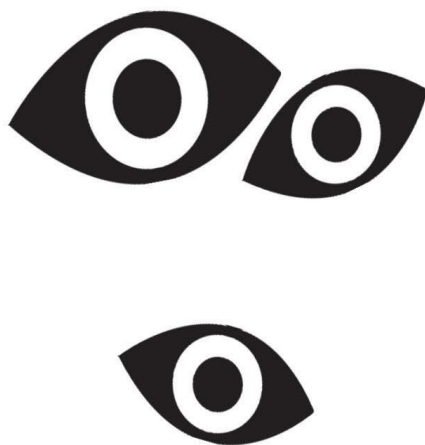


Fig. 5: Bye

Jinny listened with mounting sadness as Malek shared she hadn't been able to see her dad in the hospital due to the restrictions placed on visitors during the pandemic. She witnessed how even retelling this experience brought to the surface Malek's fears for her dad. Updates on his critical condition were difficult to obtain. Many days later, when her father was released from the hospital, Malek became overwhelmed with the feeling that he would leave her at any given moment and would urge him to become healthy. Jinny could hear the anger in Malek's voice as she related that her dad made light of his situation and repeatedly laughed off her concern.

Composing Counterstories of Wellbeing as a Muslim Youth

In their research conversations, Malek also spoke about how her wellbeing was very much intertwined with her experiences as a young person of color. Wanting to learn more about her experiences, Jinny asked her what she meant. Malek divulged that her stories of identity and identity-making were complicatedly connected with how she perceived herself and how she, in turn, was viewed by others. Parts of her childhood and schooling were painful for Malek. Malek had experienced discrimination because of the color of her skin and also, because of her faith.



*In my experience,
Being a person of colour,
Has impacted my life in many ways,
Some negative and some positive.
As a child, growing up as a POC [Person of Colour],
Opened my eyes in many ways,
specifically, how I was
DIFFERENT
from those around me
AND
those who I looked up to.*

Fig. 6: Weight of Eyes

Malek recounted violent and hateful acts of being targeted in school and work. Indicating that intergenerational stories continued to reverberate in harmful ways, she also discussed experiences of her mother, Anna, being repeatedly thrown into a school locker by some older Islamophobic youth. Malek suggested that as a means of protecting herself from racism and other harm, she would try and act as inconspicuous as she could. At times this meant silencing her stories of heritage and faith and even denying them altogether. Jinny recognized that because she shared similar experiences, Malek and her mother felt safe retelling these hard stories.

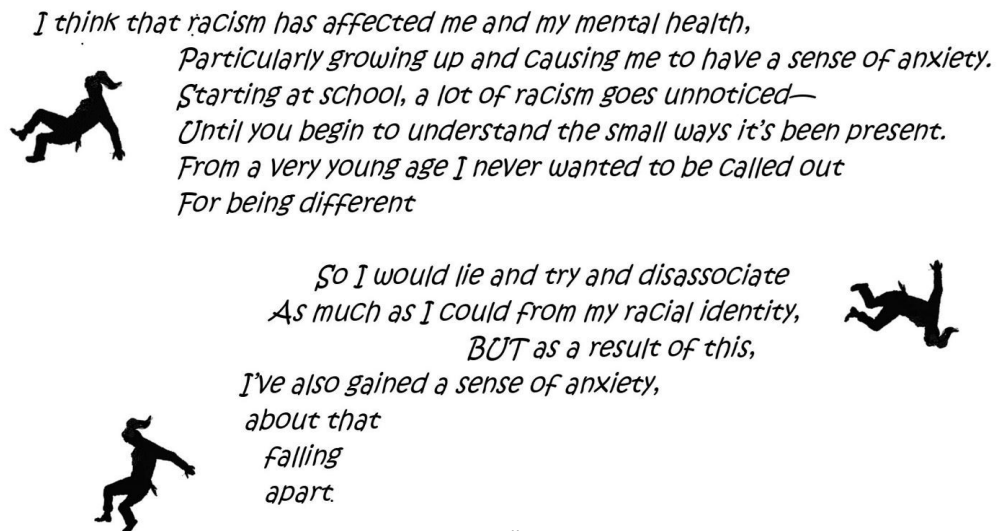


Fig. 7: Falling Apart

Reflecting upon her understandings of her identity as a Muslim youth, Malek expressed distress over her sense of wellbeing. Caught within the borderlands of her various identities—her multiplicities of who she was, and who she was becoming—was causing Malek great conflict. Feeling isolated during the height of the pandemic and in the days after, Malek questioned her stories of self.

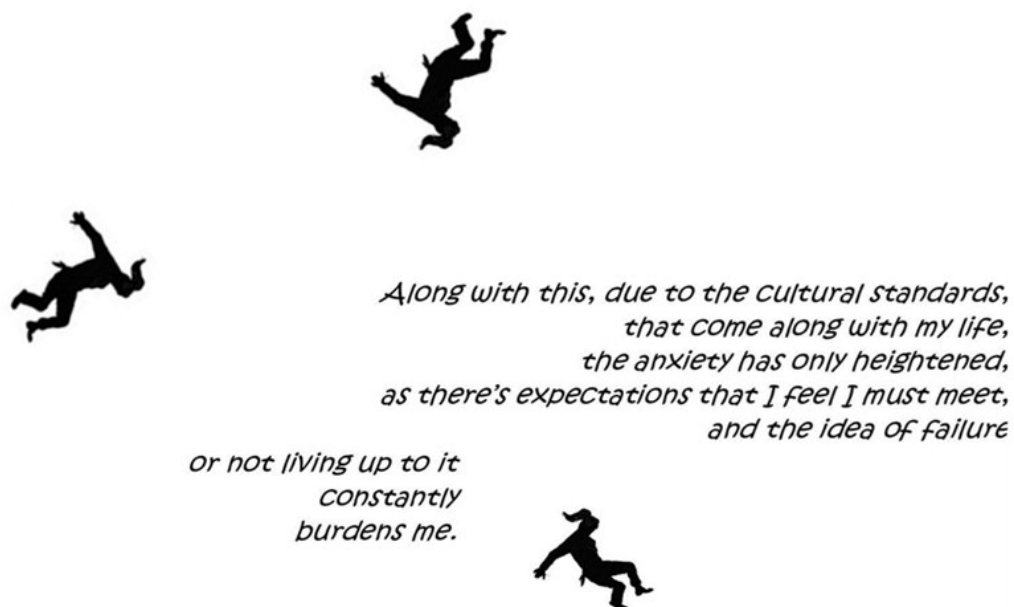


Fig. 8: Burden

Part of Malek's MH journey entailed online therapy with a psychologist. While she and her mother would have preferred in-person visits, the persistent climate of the COVID-19 pandemic did not allow for such engagements. Subsequently, the need to find a therapist who would understand Malek and see her in her wholeness was vital. The stressful situation was exacerbated by the financial costs of finding affordable therapy. Malek's father could no longer work as a result of his heart attack and Malek's mom was struggling to hold down several jobs to make ends meet while caring for her husband, brother, and daughter. Through trial and error and long periods of waiting, Malek found someone whom she felt comfortable speaking with about her sense of wellness. Jinny learned that for Malek, talking to a professional was an important means for her to cope with her MH concerns. After the first session, Malek and the therapist met every two weeks. The time spent with someone that Malek connected with was helpful in rebuilding and recomposing her stories of herself. Malek described strategies she learned to help her cope with her ongoing stressors. For Malek, feeling heard enabled her to imagine and live counterstories of wellbeing. Lindemann (2020) illuminated that it is through our interactions with others that we build our stories of who we are. Our identities are held by others as theirs are held by us. When a holding is done well, it "supports an individual in the creation and maintenance of a personal identity that allows [them] to flourish personally and in [their] interactions with others" (p. 287) The problem arises when the holding is done poorly or in such a way that demoralizes a person and/or group of people. While Malek encountered poor holdings of her lived multiplicities, she also found sustaining stories of mental wellness in positive holdings.

Gillian's Counterstories of Being and Becoming a Trans Woman

Gillian is a 17-year-old transgender female youth. She is currently undergoing hormone therapy and hopes to access gender-affirming surgeries in the future, so her body better aligns with her gender identity. Gillian joined the research study, as she is experiencing anxiety and depression. She shared deep reflections about who she is and is becoming, as well as the impact that waiting for both mental health care and gender affirming care has had on her.

Gillian's Experiences at School

Looking back, Gillian's MH journey began when she was a child of eight or nine. Gillian's mom recalls her being a happy and outgoing child. She remembers Gillian unabashedly performing in school assemblies and taking up the microphone. Gillian's anxiety and depression began in Grade 4. Her teacher noticed that she was having trouble writing and reading. Later she was tested and moved to another school.

I was sent to a school that's supposed to help kids with learning disabilities. It was a garbage school. I didn't make friends there. I didn't talk to anyone. I didn't learn how to socialize there. I don't think I learned anything there.

Reflecting on her school experiences Gillian notes what would have helped:

I've heard that school isn't necessarily to teach you information, but to teach you how to socialize. I basically can't do that at all. I'm not getting useful information and I'm not learning how to interact with my peers.

Gillian's counterstories of school demonstrate that she knows what she needs to support her MH and wellbeing. In Junior High, a school counsellor helped her. He introduced Gillian to a couple of outgoing and bubbly girls. They pulled her into their friendship circle, and for a time things seemed better.

Gillian's Experiences with Therapy

In Grades 7 and 8, Gillian also saw a therapist she really liked. She was in therapy for two years. During this time, she was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), anxiety, and autism. She took medication for ADHD, but stopped when the medication made her feel unwell. After a hiatus from therapy, Gillian sought help again when coming out. Without support or counsel, Gillian tried to navigate her gender identity on her own.

Around 15, I began to think I was trans. But I was terrified to tell anyone. Terrified. I told my mom when I was 17 and she was like, "Oh shit, we have to stop puberty, like right away, and we'll figure it out from there." By that time, I was 17. I began going through puberty at 12, so by 17, I was well along.

After waiting months, Gillian accessed YMH services. Her experience was heartbreaking.

I got in to see a therapist. And that was the worst! You can't pick who you see. So, I guess I understand that, but you need to have a choice in case you don't mesh. My therapist could not get over the fact that I am a trans woman. She misgendered me constantly.... He, he, he.... I quit, right. I just couldn't do that.

Being misgendered by her therapist put Gillian in an extremely vulnerable position. After waiting months to see a therapist during COVID-19, Gillian would have to wait for several more months to see a different therapist, who may or may not be able to respond with appropriate and competent gender-affirming health care. Luckily, Gillian accessed gender-affirming care via a university study, through which she was given professional guidance and hormone therapy.

Turning to reflect on her school experiences, Gillian was not out, nor did she feel safe:

My anxiety transformed into panic attacks at school. I hung out in the men's bathroom for hours to have panic attacks. I was beginning to understand I was a trans woman, literally stuck in a man's body and in the men's bathroom. I came out to my parents, who were terrific, but I was not out at school and withdrew more and more.

Gillian's mom confronted the school, once she found out what was going on. Gillian was upset about the whole situation.

Teachers got me a room other than the men's. But, they constantly asked if I was ready to go back to class. I'm not ready. I'm having a panic attack. Nobody addressed anything.

Contemplating these experiences, Gillian suggested that counselors receive some MH training. During the transition from junior high to high school, Gillians found supportive peers. But there too, she found a different challenge. She explained:

But there's this weird thing at school that I don't understand where a lot of people are like, "Oh yeah. I like being trans." And I don't understand it 'cause I hate it. Yeah, I accept it as a reality of my life. But I'm tired, I'm scared, and I have to take drugs to go through puberty ... I'm not the standard for my school 'cause it's almost exclusively trans guys.

Transgender women often have a harder time passing in their chosen gender and taking up public space than trans men or their cisgender peers. What Gillian did not speak about is how transphobia, peppered with misogyny, sits in and increasingly pervades public spaces (Matsuzaka & Koch, 2019). Gillian spoke often of being misgendered and how hard that is. She knew that being constantly misgendered was taking a toll on her MH, and gender-affirming surgeries, along with appropriate therapy, would go a long way to support her identity and her wellbeing.

Gillian's Feelings About Her Gender Identity and Gender Expression

Gillian reflected on her feelings about her gender, body, and her plans for the future.

And I do plan on getting face surgery when I'm older, like specifically to fix my nose and my forehead. Being an artist and being trans, I've learned how to draw faces and the differences between men and women's faces, all those little things, that everybody seems to be like, "Oh I don't know what you're talking about." I'm just like, trust me, it's a thing.



Fig. 9: Michelle Lavoie, *Gillian Dreaming Her Future Self*, mixed media (graphite drawing and digital media), 2023, collection and copyright of the artist.

Michelle, who worked with the stories Gillian had shared with Margot, a researcher on the project, wrote:

Gillian, I created this image to respond to your stories and to dream alongside you and support your dreaming your future self into being. I, like you, hope there is a day when none of us feel the need to wear a mask to protect ourselves. I hope in future your beauty can just shine through in all the ways you wish.

Margot noted during her time with Gillian that despite a lifting of masking requirements, Gillian kept her mask on. They engaged in a conversation about this:

Margot: You're still wearing a mask all the time. Why is that?

Gillian: 'Cause I hate my face.

Margot: What do you hate about your face?

Gillian: It's distinctly masculine. And this way I can deny it, like hard deny it. 'Cause I can be like, "No, I'm wearing a mask, you can't prove anything." And I usually wear my hair in my face too.

Margot: Do you think you will ever stop wearing a mask?

Gillian: I think I will eventually, but I don't know. I want face surgery pretty bad.

Michelle reflected on Gillian's stories:

Gillian's revelations remind me that counterstories are lived, as well as told (Lavoie, 2022). By donning a mask before going into public, Gillian is creating a safe(r) public space to live her gender identity, by literally denying others the opportunity to see her face and make gendered assumptions and expectations about her. Masking in public allows Gillian to perform gender her way, while disrupting questions about who she is and how she should be. By rebuffing opportunities to be perceived as other, she is protecting herself and her forming trans identity, at a time when public spaces are fraught and becoming more openly hostile to trans and queer people (Hobson, 2023; Skelton, 2023). She is also acting, when other actions are not yet possible.

Gillian wished she received gender-affirming care earlier, noting it would have been easier for herself.

Everybody thought I was a little girl anyway, like whatever, it would've been better to start then 'cause then I started puberty. And I got real tall and my voice started getting deeper and my face changed and all the things. Now there's stuff that literally can't be undone that just happened.

Gillian's counterstories highlight the necessity of gender-affirming health care. She understands these surgeries will support her MH and wellbeing. When asked what would she wish for, if she could take care of anything—would it be depression or social anxiety?—Gillian confided:

It's kinda everything, but I feel like the first thing I'd wanna deal with is the trans stuff 'cause once I got that outta the way, societally actually it might get rougher for a bit, but it would be better... It was horrible before, it's horrible now. It's definitely made the depression a lot worse.

Michelle, speaking from her experience as a longtime 2SLGBTQ+ community member who has been misgendered and pejoratively named by strangers in public places countless times, reflected:

Although I'm not trans, I get it. It's hurtful to have someone say that you can't be who you are. When they tell you who you are and who you can become.

Imagining Alongside Gillian and Malek

In coming closer to the youth, we were better able to attend to their stories of MH and waiting for MHS and how they were resisting monolithic constructions of their identities. Gillian's counterstories were both lived and told. Masking to protect herself from public scrutiny and refusing therapy that did not respect her gender identity are two examples of refusing heteronormative and cisgender assumptions. She also told counterstories about the challenges of becoming a trans woman. These are often still silent stories within 2SLGBTQ+ communities. For Malek, familial and intergenerational stories of impoverished wellbeing were enfolded in cultural and community narratives which relegated such stories as taboo. Malek's stories of MH, rooted in her (violent) experiences of school and faith, were inundated by dominant narratives that constructed her along opprobrious plotlines of racial identity. Being able to see herself as a strong Muslim young woman was integral to shaping her counterstories of wellness and navigating spaces of waiting.

Findings and Discussion

Participants recounted MH experiences in which their identity-making and how they perceived themselves were shaped by the arrogant perceptions of others (Lugones, 1987). We found that youths' experiences of absence of care or their experiences of inappropriate, culturally and/or gender-insensitive care, often meant youth and families were left to deal with continuous and emergent crises independently. Provided with little or no knowledge of whom they could turn to for support intensified their feelings of fear and distrust of the MH system. This, in turn, led to greater mistrust in MHS providers and the subsequent avoidance in seeking services. MH challenges, which may have been mitigated or prevented, were left to spiral into crises because appropriate care was inaccessible. Importantly, when children and youth did recount experiences of meaningful care (e.g., culturally affirming care, gender-affirming care), they felt that they were being heard and supported. Malek and Gillian's stories highlight the complexity and importance of such relational care.

Participants recounted MH experiences where their identity-making and how they perceived themselves were shaped by the arrogant perceptions of others (Lugones, 1987). Nevertheless, default and/or hegemonic constructions of race and gender were negotiated by participants throughout their MH journeys and their time of waiting for care. Interestingly, we found that youth and families actively fought to disrupt these dismissing, diminishing, and normalizing narratives through the stories they told and lived. One surprising finding in this study, which we have explicated in this paper, is how youth lived out stories and counterstories as a means of coping, self-reflection, and critical dialogue. Participants shared that discussing their MH in safe research spaces enabled them to affirm their sense of personhood and, concomitantly, their agency for their own wellbeing while also shedding light on issues of waiting.

Living Counterstories of MHS Within the Borderlands

In attending to stories of experience with seeking and waiting for care, we came closer to understanding how youth were resisting hegemonic constructions of their identity. These constructions served as oppressions on youth's attempts to overwrite their understandings of who they were in certain moments

and who they wished to become in their different worlds (Lugones, 1987) of school, home, and community. Eschewing deficient representations of their identities, Malek and Gillian enacted their own counterstories to the singular plotlines imposed upon them. Thinking with (Morris, 2001) Gillian and Malek's counterstories of becoming, we turn to Lugones' (1992) understanding of borderlands. For Lugones, borderlands are stuck places, where we are caught in a "state of intimate terror" (p. 32). There, we are stuck between two dualities—the self-oppressed by sociocultural norms and the self-becoming. These places intersect hegemonic narratives (e.g., cisgenderism and racism) with our lived experiences and embodied knowledges (Lugones, 1992). While borderlands can be oppressing and silencing places, they are also potentially generative and can call forth resourceful adaptations, and creative solutions to thrive in relation (Lavoie, 2021a, b). In this manner, borderlands complicatedly serve as liminal spaces in which to dwell (un)easily (Menon, 2020). Transformation here is rooted in resistance, which "depend[s] on this creation of a new identity, a new world of sense, in the borders" (Lugones 1992, p. 33). Telling and living counterstories within familial, cultural, societal, and institutional narratives helped Malek to disrupt deficit and racist constructions of self and helped Gillian to disrupt hetero- and cis-normative assumptions.

Implications: Embodied Dreams and Forward Imaginings

Telling, retelling, and living their stories allowed Gillian and Malek to imagine their future selves by capturing hope in the present. For Malek, seeking and discovering stories of herself, which she could hold onto, that bespoke of love and care, invited her to craft and embody counterstories of wellness about who she is as a Muslim young person. Malek was learning to live in stories that healed her. For Gillian, telling and living counterstories seemed to enable her to create and hold open space for her present experience and future imaginings. Gillian engaged in relational learning alongside her telling and living counterstories both to disrupt hegemonic norms (e.g., cisnormativity) and actively embody her process of transforming her gender identity. Attending to their stories called us to envision meaningful MH interventions (e.g., where identity stories are not silenced, where racism and misgendering do not occur) and how spaces of waiting could be enacted differently.

Malek's and Gillian's counterstories served as touchstones of strength and wellbeing, often in the absence of other supports. Their experiences underscore the need for listening to the voices of youth and co-creating opportunities for developing agency. Heeding young people's stories of wellbeing helps to inform policy makers, YMH advocates, service providers, and program facilitators. Counterstories are not complaints; they are the lived experiences of youth. They might not fit comfortably with/in structures, norms and practices of waiting, but they showcase nuance and complexity, which are far too often missing in conversations on how to address YMH. We need to listen to youth, such as Gillian and Malek, to better shape meaningful MH interventions, including the spaces in which youth wait to access care. While the pandemic abruptly shifted the landscape of YMH supports, creating new problems and solutions, Malek and Gillian's experiences reveal longstanding gaps in services and offer lessons for future MH planning.

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