

ACCESS Open Minds- Information

ABOUT ACCESS Open Minds

ACCESS Open Minds (ACCESS OM) is a one of a kind, pan-Canadian research initiative that seeks to improve access to appropriate mental health & addiction services for youth aged 11-25 years, with the participation of youth and their carers. This initiative focuses on service and sector integration to build youth-friendly, empowering and innovative strategies that increase the accessibility of appropriate, evidence-based interventions for youth; while eliminating age-based transitions at the age of 18.

WHY THIS RESEARCH IS IMPORTANT

Adolescence and young adulthood is a time of significant transition and development. Youth and young adults face decisions about new social situations and responsibilities, future career and educational goals, self-management of behavior and substance use, as well as development and maintenance of supportive and intimate relationships.

It is during this life stage, of early adolescence and young adulthood that over 75% of mental health disorders first appear¹. Where left untreated, treated late, or treated poorly, serious short- and long-term negative consequences result. These can include low educational achievement, unemployment, substance use, risk-taking behaviors, crime, poor sexual and reproductive health, lower rates of independent living, self-harm, and inadequate self-care. The greater the duration of untreated symptoms, the more severe the outcomes and the poorer the symptom resolution.

Currently, there are many mental health services available for youth and young adults. But less than 25% of Canadian youth in need of mental health & addiction services, receive the care they require in a timely manner². This is often due to a lack of information or connections between the places where youth typically present their initial mental health distress and the service organizations that could provide the help they need. This disconnect hampers access to mental health services, resulting in most individuals experiencing significant delays in seeking help, excessive wait times, and long, often traumatic pathways to care. It also contributes to disengagement of help-seeking youth, resulting in reduced youth participation, increased drop-outs, and minimal health benefits. Thus the need for improved access to mental health services, particularly for youth, is urgent.

OBJECTIVES

ACCESS Open Minds will use a strengths-based approach, building on existing mental health resources to address these issues. This section outlines the 5 key objectives that ACCESS OM hopes to accomplish in the span of this 5 year project.

1. EARLY IDENTIFICATION

Mental health service sectors and settings where youth initially present their need for care (e.g. schools, emergency rooms, and the justice system) conventionally operate independently. Poor connections and information flow between these points of entry into the system hampers access to mental health services where such needs are identified. ACCESS OM aims to strengthen links between institutions, service providers and other actors to consolidate partnerships with organizations that

promote mental health awareness. This will help to increase the capacity of pertinent systems (including youth and their families/carers) to identify the need for help and access.

2. RAPID ACCESS

Canadian youth in need of mental healthcare often experience severe delays in seeking and/or accessing help. The resultant treatment delays are associated with negative functional and social impacts. ACCESS OM ensures youth will have direct, rapid access to screening by an ACCESS OM clinician (within 72 hours of seeking help), regardless of the youth's presenting symptoms or stage of illness.

3. CONTINUITY OF CARE

Rigid age cut-offs and administrative boundaries between pediatric and adult mental health services often result in abrupt, inappropriate transitions of care. ACCESS OM aims to eliminate age-based transitions between the ages of 11 and 25, particularly at the age of 18. Instead, transitions will be needs-based and emphasis will be placed on rapid, fluid, continuous access to care.

4. YOUTH & CARER PARTICIPATION

Involvement of family members or other significant caregiver supports in decision making around care, is a key factor in promoting positive youth mental health outcomes. ACCESS OM will engage youth and their families/caregivers in planning pathways to care, and in selecting appropriate services. Furthermore, youth and family advisors will also be recruited and included in the implementation of the initiative as well as the evaluation process.

5. APPROPRIATE CARE

Traditionally, mental health services have targeted only full-blown illnesses in diagnostic silos. This ignores the possibility of fluctuating and potentially overlapping signs and symptoms across clinically high-risk states, particularly among youth. ACCESS OM has, therefore, adopted an early intervention approach to providing appropriate care options. Evidence-based Interventions will be available for a wide spectrum of disorders, will be tailored to the young person's phase of illness and will address multiple problems that challenge the same individual (e.g. depression, substance abuse). These interventions will also be tailored so they are appropriate to the individual's culture and social environment.

WHAT WILL YOUR PARTICIPATION IN ACCESS OPEN MINDS, LOOK LIKE

ACCESS Open Minds seeks to build on and expand the resource base and service provision of existing mental health services. In doing so, this initiative aims to increase access to mental health services, particularly for youth and young adults (aged 11-25) with mental health issues who are currently unable, reluctant, or have been unsuccessful in accessing mental health services.

- **Who can receive services from ACCESS OM?**

Any youth between the ages of 11-25 years of age with mental health issue(s) can receive help from the ACCESS OM initiative. Particular attention should be paid to those young persons who are unable, reluctant, or unsuccessful in their pursuit of mental health services.

- **What happens once an ACCESS OM clinician has been contacted?**

Contact an ACCESS Clinician- Once a young person has been identified as needing mental health or addiction services, a service provider, family/carer, or youth can directly contact an ACCESS OM clinician.

Initial Screening- Within the first 72 hours of contacting the ACCESS OM clinician, the clinician will contact the young person and arrange a time and place to meet for an initial screening. This will be arranged within two weeks' of first connecting with the young person if possible. The screening can take place in person, at whatever location the individual prefers and is designed to provide an opportunity for the young person to tell their story and what they

would like to see for their future. Important to note is that if the need for counseling or clinical follow-up is identified in the screening, the ACCESS OM clinician will connect the young person with an appropriate provider.

Referral- Following the initial screening, the ACCESS OM clinician will provide support to the young person until they are engaged with a treatment service or a service provider and satisfied that their needs are being met. The clinician will contact these service providers in collaboration with the young person, set up the first appointment and provide individualized support and assistance until engagement with these providers is considered to be complete by the young adult. By centralizing these tasks to the ACCESS OM clinician, this shortens, simplifies, and eases the individual's pathways to mental health care. It allows ACCESS OM to serve as a single-point of contact for multiple points of entry into the mental healthcare system and allows the young person to determine what their needs are, what they would like assistance with, and what services are acceptable and useful. Increasing early satisfaction and promoting self-efficacy will lead to better engagement and understanding in the chosen treatment options. It will also foster an increased sense of hope and empowerment, and improve relationships within the service system.

Follow up- The ACCESS OM clinician will maintain contact with the young person and their chosen treatment providers until the young person feels that their needs are being met. Specific support such as monitoring, accompanying the young person to their appointment, and problem-solving around engagement barriers (e.g., parent involvement, transportation) will be the focus of the clinician involvement.

ACCESS Research Component- Upon completion of the initial screening, the clinician will explain the research component of ACCESS, and ask the individual and their family/carers if they would like to participate. For anyone who is interested in further information or potentially participating, their contact details will be shared with our research assistant who will connect with them to receive informed consent and explain the research protocol. Participation in the research entails additional survey measures (administered by the clinician or research assistant) to evaluate the patient's satisfaction with services, assess health outcomes, and to understand the impact of the initiative. Important to note is that whether the individuals agree to participate in the research component or not, does not influence the care received. Where individual's refuse to participate, the survey measures related to the research project will be left out.

* A key point here is that clinicians will only ask young persons to participate in the research, if they deem it appropriate. If the individual has expressed severe distress, or the clinicians do not feel it an appropriate time to ask, they will not do so.

WHY IS IT IMPORTANT TO ENCOURAGE PARTICIPATION IN THIS RESEARCH?

Participation in the ACCESS OM Research Project will allow us to evaluate the impact of this program. Specifically, it will allow us to:

- Assess whether pathways to care for young adults will be more direct as we work on system transformation
- Examine the impact on levels of satisfaction with services among individuals and families
- Assess whether the service transformation at sites leads to better addiction and mental health outcomes for young adults

Participation in the research component will also allow us to evaluate the economic impact of the project. Currently, mental health illnesses cost the Canadian economy at least \$50 billion per year, representing 2.8% of Canada's 2011 gross domestic product³. As mentioned previously, many mental illnesses are chronic and often begin in adolescence. Thus, intervening early in the course of illness could have substantial benefits for the young person's life trajectory and in reducing the costs associated with mental illness borne to youth, their family and to society.

Most importantly, the research design has been constructed in collaboration with youth and young adults and their families/carers and is intended to give a voice to the service recipients. It is a method for young person's accessing services to improve their experience and outcomes, as well as to improve the experience and outcomes of other young people who may also need help.

WHAT WE ARE DOING WELL

The strength in our addiction and mental health system lies with the people who come to work each day, whether in our formal health system or in our array of community services. These people are the voices and faces that our young adults hear and see. These people do what they do in order to change the experience of a young person, enhance their ability to choose another option, and know that their trajectory through life might look different if they get the help they need..

SUGGESTIONS TO HELP FACILITATE ACCESS OM CHANGES

Offer Appropriate Care

Don't turn people away. Most youth and young adults try to solve their own problems and have come to the end of their own resources before they reach out for help. Their experience at this time can positively shape their view of asking for and receiving assistance, both formally and informally and may have significant long term impact. If you don't feel the services being offered by your organization are suited to the young person's needs, welcome them, thank them for coming, and contact ACCESS. The clinicians will identify what services are best suited to the needs being presented by the young adult.

Focus on Continuity of Care

Eliminate transitions based solely on age, particularly at the age of 18. If any youth have had their services terminated at 18, try to invite them back. If a new youth or young adult comes, 18 or above, welcome them! The goal is to move the system away from age-based transitions, focusing instead on the needs of the young person.

Offer Youth-Friendly Services

To help create friendly and engaging services we encourage service providers to follow up with youth and young adults on missed appointments and take initiative to try to re-book those appointments. Creating a space where young persons feel able to choose what they want to do and who they want to be, may facilitate engagement. Create a physical and emotional environment that is young persons friendly, respectful and non-stigmatizing.

Other Things that Work:

- Inspire hope
- Make the program and service work for the youth (e.g., format, hours) instead of trying to get them to fit an existing model
- Respect personal choice, even if it conflicts with professional choice
- Be creative and innovative with family inclusion
- Value the young persons' strengths and their resilience
- Collaborate with others, and work together to support the best care for the youth.

CONTACT INFORMATION

ACCESS OM Clinic/ Drop in site:

Bill Rees YMCA
10211-105 St NW
Edmonton, AB T5J-1E3

ACCESS OM Clinicians:

Owen: 780-887-9781
Seren: 780-218-6242
Hotline: 780-415-0048
Email: youngadultservices@ahs.ca

Other locations to find the ACCESS OM clinicians

iHUMAN
9635- 102A Ave NW
Edmonton, AB T5H-0G3
780- 421-8811

Armoury Resource Centre (ARC)/ Youth Empowerment & Support Services
10310-85 Avenue
Edmonton, AB
780-468-7186 ext. 304

For more information regarding the research component of the project, contact our Research Assistant

Aly: 780-446-0863

****** If the individual wishes to meet outside these locations, that will be accommodated. The ACCESS OM clinicians can meet the young adult wherever, whenever, as per their preferences. ******

REFERENCES

1. Kessler RC, Berglund P, Demler O et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62: 593-768.
2. Access and Wait Times in Child and Youth Mental Health: A Background Paper. Canadian Association of Paediatric Health Centres, National Infant, Child and Youth Mental Health Consortium Advisory, and Provincial Centre of Excellence for Child and Youth mental Health at CHEO. Canadian Institutes of health Research Institute of Human Development, Child and Youth Health (CIHR- IHDCYH), 2010.
3. Mental Health Commission of Canada. (2013). *Making the Case for Investing in Mental Health in Canada*. Retrieved from: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf