

ACCESS Open Minds: Project Overview

Introduction

ACCESS Open Minds is a research and evaluation project that aims to implement and assess a transformation in the way that youth access and use mental health services in Canada in real-world settings. This framework leverages the existing strengths of communities and systems, and is structured to be adaptable to the diverse geographic, cultural, and sociodemographic contexts in which Canadian youth live, as well as the diversity of Canadian youth and their presentation of mental health needs.

The project's main objectives are:

- To provide timely access to evidence-informed, youth-friendly, and situation-appropriate mental health care across the entire spectrum of mental health concerns; and
- To improve youth and family/carer engagement with and awareness of mental health issues, leading to early identification of those in need.

Ultimately, ACCESS Open Minds hopes to mobilize existing structures, resources, and communities to help improve youth mental health care in Canada – both for today's youth, and for the generations to come.

History and funding

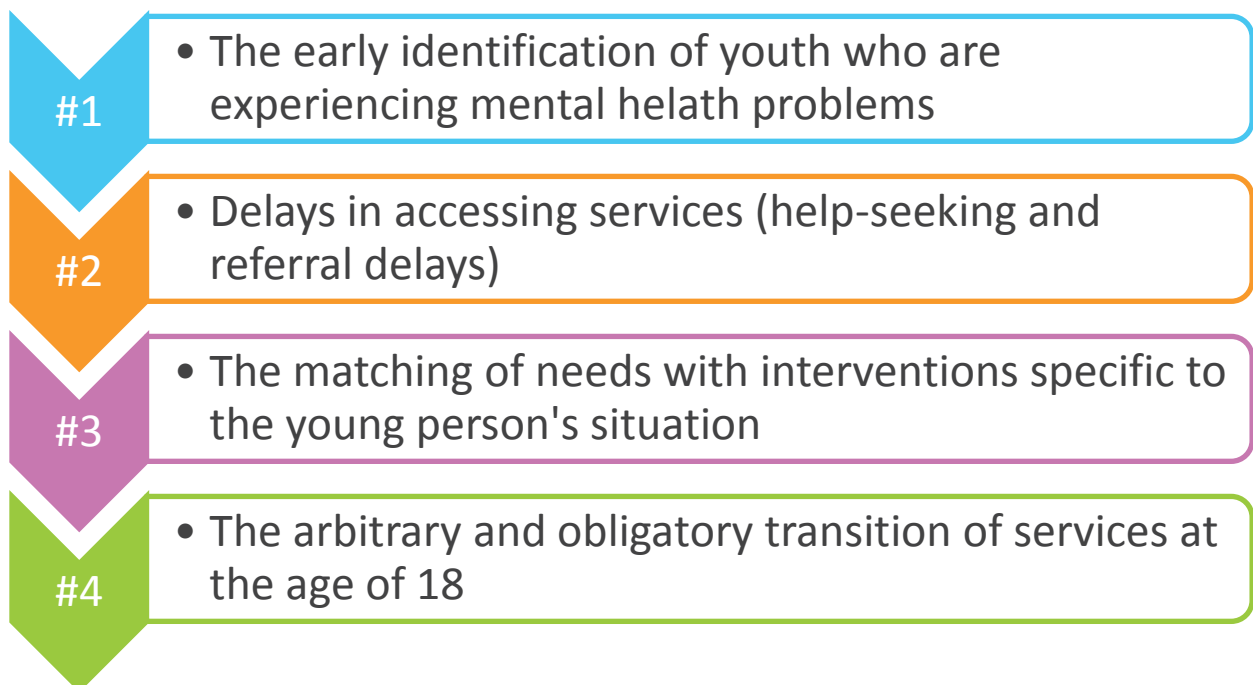
ACCESS Open Minds was originally a product of *Transformational Research in Adolescent Mental Health (TRAM)*, an initiative of the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation (GBF), the goal of which was to use research evidence to bring about positive change, within five years, in the way young people with mental illness are cared for in Canada. Initially launched in June 2014 as the first ever network launched under Canada's Strategy for Patient-Oriented Research (SPOR), the ACCESS Open Minds project was envisioned as a coalition of partners who would work together to integrate research into care. The project received equal funding through the CIHR and the GBF for a total investment of \$25 million, ending in 2020.

Why is youth mental health important?

Both evidence and experience show that it is critical – developmentally and socially – to address the mental health of adolescents and young adults; over 75% of mental health problems first appear in adolescence and young adulthood, but only 20-25% of youth in Canada with these challenges receive appropriate help. Left untreated, these problems can cause significant and negative consequences, such as the lack of ability to participate in schooling and/or the workforce, hospitalization, homelessness, encounters with the criminal justice or child welfare systems, violence, or suicide.

Youths' access to mental health services can be limited by the disjointed way in which key services operate across sectors; often, there is limited system-wide communication and connections between systems.

An assessment of current youth mental health services shows **shortfalls** in 4 major areas:



Other limiting factors in conventional mental health care systems

1. A major target for transformation is the **pathways to care** experienced by youth seeking help for their mental health. These pathways can be experienced as traumatic and circuitous, and can cause major delays in receiving appropriate interventions. Even when youth are identified as needing help (either by themselves or by another), they often experience lengthy wait times for mental health care. These wait times can be associated with clinical deterioration, increased hospitalization, increased suicide risk, lower likelihood to engage in services, and prolonged issues with social and occupational functioning.

2. Stakeholder groups and service sectors often operate in separately, **in silos**. Importantly, the places where youth initially present their need for care – at schools, in primary care clinics, emergency rooms, and through the criminal justice and youth protection systems – are not always places that have easy access to or communication with mental health care settings. This disconnect can impede early identification of a young person’s need, as well as their rapid access to care.
3. A significant proportion of Canadian youth access care through overcrowded hospital emergency services, which are generally not youth-friendly. Services that are located in disconnected health care institutions experience difficulty in engaging youth in care (with drop-out rates as high as 30%), and might experience difficulty in offering best practices, and yield reduced functional impacts and recovery perceptions among service recipients.
4. Most severe mental health concerns first appear in the form of general distress, with a young person exhibiting sub-threshold symptoms, which may progress to full syndrome-level disorders, often with overlapping symptoms. Alternately, some younger (i.e. prepubescent to early adolescence) youth might present with seemingly serious complaints, such as hearing voices, but might not necessarily progress to a serious mental health concern (e.g. psychosis); the mental health of this youth, however, remains vulnerable. Because of these existing limitations, youth do not always have access to an assessment that responds to their presenting concerns, and that might direct them towards the appropriate service and/or provide interim support to them and their families/carers.

The ACCESS Open Minds framework as an alternative

ACCESS Open Minds is founded on the understanding that mental health reform must be founded on service and sector integration, and a youth-friendly, empowering culture that transforms the conventional perceptions and discourse around mental health. The ACCESS OM framework includes strategies that reinforce community strengths, and guide local teams to make appropriate and evidence-based interventions accessible to youth, their family members/carers, and community members, grounded in their contexts and needs.

Key aspects of the ACCESS Open Minds framework include:

1) Youth engagement

One issue with conventional mental health care services in Canada, as highlighted during the conceptualization of the ACCESS Open Minds project, is that these services often fail to meaningfully engage youth, which can result in reduced participation, increased drop-out rates, and minimized benefits – even if appropriate care is available and provided. It was found that despite the fact that research has provided strong indicators for appropriate and effective social, psychological, and biological interventions for many mental health concerns, these interventions are rarely offered.

Youth voices are at the core of the ACCESS Open Minds project. Not only do youth have important insight into their own care, they are valuable partners in creating a vision of how mental health care can be in the future. Based on this value, ACCESS Open Minds is guided by input from *all* stakeholders – most notably youth – from the conceptualization of the vision of the project and its core values, to the implementation and evaluation of ACCESS OM at each site.

2) ACCESS Open Minds youth spaces

In most settings, a key enhancement to existing services is a community space that can act as a portal for help-seeking youth. Staff members at these spaces include clinicians (such as social workers, occupational therapists, among others) trained by ACCESS Open Minds, research and evaluation support positions, and (where possible) peer support workers.

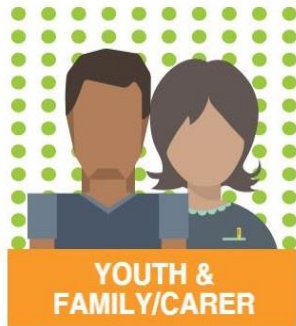
The ACCESS OM youth space can offer various benefits:



At each ACCESS OM site, frontline mental health services are supported by and connected to specialized services. Where specialized services are unavailable, local ACCESS OM teams make use of alternative strategies such as video-/tele-conferencing, online and offline consultation with specialists, lay health support worker model implementation, and the introduction of eMental health strategies. Local ACCESS OM teams, with support from the network, also work with regional and provincial/territorial bodies to encourage the transformation of services under the ACCESS OM framework, so as to promote better integration within different levels of care.

3) Family member/carer engagement

Within the ACCESS Open Minds framework, the term “family member/carer” is used to describe anyone who acts as a significant support to a young person in need. This person might be a sibling, parent, partner, roommate, best friend, foster kin – if they care for a young person in need, and are able to bring their insights, histories, and practical understanding of youth experiencing a mental health concern or illness, then they are a part of the ACCESS OM vision.



There is strong evidence that involvement of a family member or other significant support is a key factor promoting positive youth mental health outcomes. Because of this fact, family/carer engagement is an important component of providing clinical care; when possible, and always taking into consideration the particular context, the involvement of a family/carer in a young person’s care is encouraged. In some circumstances when youth themselves are not seeking or receiving appropriate care, providing support and education to a family member/carer can improve outcomes, both for the family and for the young person. Family members and carers are also an integral part of the local site team and pan-Canadian network – they act as the voice of those who support their loved ones through struggles with mental illness, and as those who help their loved ones on the pathway to mental wellness.

4) Research and evaluation

The ongoing research and evaluation of the ACCESS Open Minds framework at the different sites will assess the processes, performance, and effectiveness to answer the questions:



By comparing pre-intervention with post-intervention data, effectiveness of the framework will help evaluate best practices in youth mental health care, cost-effectiveness, rates of early identification, rates of satisfaction with care, among many other matrices.

It is envisioned that insights from the evaluation of this framework will improve youth mental health outcomes, with the ultimate objective of developing an ACCESS Open Minds framework that can be scaled up to remodel youth mental health care across Canada. Assessment will include an economic analysis that evaluates direct benefits (reduced burden of mental ill-health and increased service satisfaction) of youth mental health services pre- and post-ACCESS Open Minds at specific sites. This measure would be critical for policy- and decision-making, as well as long-term program sustainability.

5) Training and knowledge exchange

The ACCESS OM network plans to build capacity at each site through additional training, some of which will be specifically guided by local needs and contexts. Prominent in the training and knowledge translation plan are:

- training for ACCESS OM Clinicians, peer support providers, and youth mental health clinicians and workers;
- school-based educational outreach;
- engagement and education outreach sessions for teachers and service providers;
- mental health first aid and suicide prevention training for site teams;
- Train-the-New-Trainer Program, supported by the CIHR;
- service provider peer networks (Communities of Practice); and
- next generation youth mental health researchers and health service leaders.

ACCESS OM also provides a unique opportunity for academic training for graduate students and post-doctorate fellows in youth mental health at several of sites, through leveraging additional resources from provincial health research funding agencies and local universities.

6) eMental health strategies

In addition to video-/tele-conferencing and on/offline consultation with specialists, other eMental health strategies are also a component of the ACCESS OM framework. These strategies will be explored, both at each site particular to local context and as a pan-Canadian network, to identify ways to access services, and how communications technology can support youth receiving the care they need. Such strategies include the piloting of an online self-referral portal, having site teams increase their accessibility through mobile/communications technologies, and the use of smartphone/tablet apps that promote and education about mental health. While there is growing evidence for web-based training and provision of evidence-based interventions (for example, CBT, psychoeducation, etc.), these e-interventions have not been rigorously tested in the youth context. The ACCESS OM research and evaluation framework plans on address this gap in knowledge gap.

The pan-Canadian network of ACCESS Open Minds sites

ACCESS Open Minds is a multidisciplinary network of stakeholder groups – including youth, family members/carers, community organizations and community members, service providers, researchers, as well as policy and decision makers (local, provincial/territorial, and federal) – in communities across Canada.

ACCESS OM sites are currently operational in mental health service contexts in 6 provinces and 1 territory in Canada. These sites represent great variation in service availability and need, and their participation in the project provides an opportunity to exhibit the adaptability of the ACCESS Open Minds framework to specific contexts, regardless of geographic, linguistic, ethnic, socio-economic, or situational background.

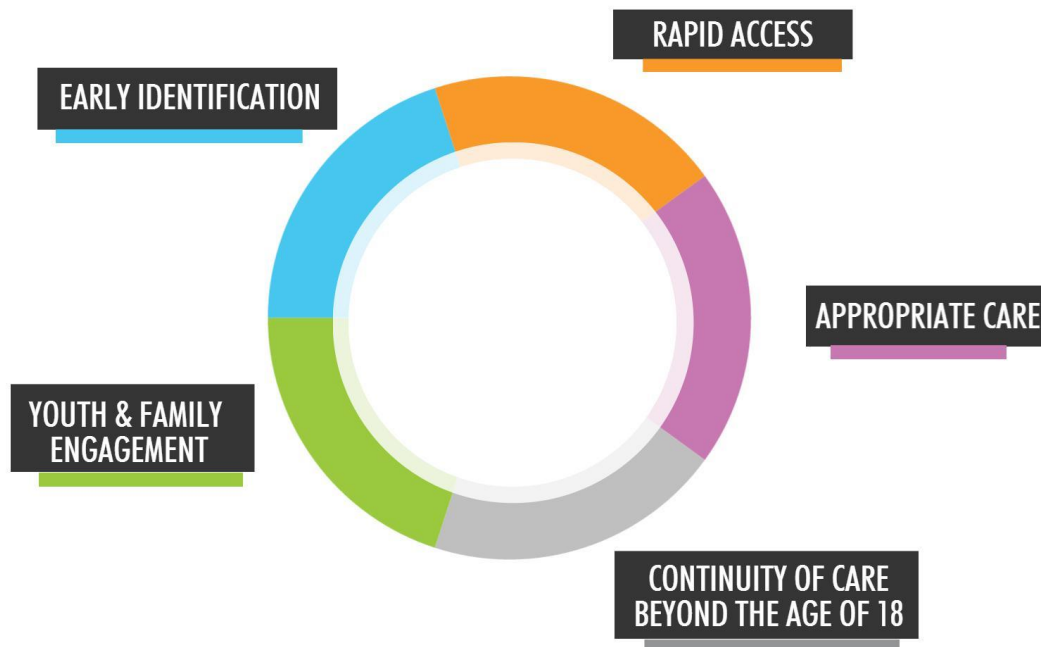
These sites include large urban cities, smaller urban and rural communities, diverse Indigenous communities, as well as vulnerable populations such as homeless youth, and youth in contact with the criminal justice and/or child welfare systems. In participating in the ACCESS OM project, each site team identifies their own community's barriers to youth mental health care, and implements responses appropriate to the identified needs.

Current ACCESS Open Minds sites include:

- **Chatham-Kent**, Ontario
- **Cree Nation of Mistissini**, Eeyou Istchee, Québec
- **Dorval-Lachine-LaSalle**, Montréal, Québec (located within the local community service centre/CLSC)
- **Edmonton**, Alberta (supported by Alberta Health Services and other community organizations)
- **Eskasoni First Nation**, Nova Scotia
- **The Province of New Brunswick**, with 3 Partnering Communities:
 - Elsipogtog First Nation
 - Centre de Bénévolat de la Péninsule Acadienne in Caraquet
 - P.E.E.R. 126 in Saint John
- **Parc-Extension**, Montréal, Québec (located within the local community service centre/CLSC)
- **Puvirnitug, Nunavik**, Québec
- **RIPAJ-Montréal/Homeless Youth Network**, (Réseau d'Intervention de Proximité Auprès des Jeunes de la rue), Montréal, Québec
- **Sturgeon Lake First Nation**, Saskatchewan
- **Ulukhaktok, Inuvialuit Settlement Region**, Northwest Territories
- **University of Alberta**, Edmonton (with a focus on first-year students)
- **Youth Protection Services**, linked with the sites in Montréal, Québec

The 5 ACCESS Open Minds objectives

Central to the ACCESS Open Minds framework are the overarching 5 objectives:



Early identification:

- Strengthen links between the systems that come into contact with youth (e.g. schools, courts, hospitals).
- Consolidate concrete partnerships with organizations that promote awareness.
- Increase the capacity of pertinent systems to identify and access help for youth through early identification techniques. Efforts will target referral sources in the community (such as schools) and services in contact with high-risk populations (child and family services/youth protection, police/RCMP).
- Partner with Kids Help Phone to ensure online access, with an interactive component, to advice on the most appropriate route to obtaining help
- Involve family/carers and youth with lived experience in early identification activities.
- Collaborate with the criminal justice system to screen for youth with mental health concerns and refer them to appropriate mental health system at early stages, using the RCMP Youth Intervention Diversion model.
- Target adolescents and young adults who are not in employment, education or training programs – groups of youth that are not only more vulnerable and marginalized, but also less likely to seek help early.

Rapid access to care:

- Provide direct, rapid access to an initial appointment/assessment within 72 hours of first seeking help by an ACCESS Clinician. This clinician will serve as a point of contact, available in person or over the phone to anyone seeking mental health help. Youth may seek help themselves for any symptoms or issues, regardless of severity, or by asking someone to act in their interest. No referral will be required.
- The ACCESS clinician will have connections to all suitable resources and services at each site. They will provide the initial assessment, refer the young person to further specialized care if necessary, introduce them to specialists and, if needed, accompany the young person and family/carer to initial appointments. Where possible, sites will also have a peer support worker to assist the clinician. In more remote sites, the clinician might be replaced by a lay health worker, who will perform similar tasks.
- Promote hope and future service engagement by:
 - conducting the initial appointment/assessment in a variety of settings depending on the presenting youth's preferences
 - involving families/carers in assessment, when appropriate
 - working with youth and/or family peers to support those hesitant to seek help
- Forge strong partnerships with emergency/hospital services, so that youth who present there are immediately referred to the ACCESS OM site/services.
- Perform follow-up contacts every 6 months with youth who initially need no intervention, or only brief supportive counselling.

Continuity of care:

From the time of the ACCESS Clinician's assessment, the goal is to offer rapid, fluid, and continuous access to appropriate care. The following evidence-informed strategies will be used to reduce wait times and ensure continuity of care:

- ACCESS OM site teams resolve to offer continuous services as long as needed, up to age 25, and base service transitions on need, not on chronological age. They will work with partners to encourage this continuity as well.
- The ACCESS Open Minds target is 1 month from the initial assessment to appropriate care, which is the maximum wait time recommended by the Canadian Psychiatric Association. At some sites, this target is ambitious given current wait times; at others it is achievable given the current integration of services.
- The ACCESS OM research and evaluation protocol collects site-level data on wait times.
- ACCESS Clinicians will provide case coordination; in other words, they will ensure that youth are engaged in the help-seeking process until adequate services are available, and monitor to respond quickly in case of deterioration.

Appropriate care:

- ACCESS OM site teams will leverage youth peer and family support, online and mobile psychosocial interventions, community resources, and brief, generic interventions to help alleviate distress and provide support.

- The ACCESS OM framework promotes inter-stakeholder and inter-service collaboration, which also allows for the task sharing and shifting necessary to make appropriate care more accessible.
- Youth will receive evidence-informed interventions staged by their presenting needs and associated level of care needed, ranging from minimal support to basic psychological and/or social interventions, to specialized care.
- ACCESS OM promotes clinical and community environments that are youth-friendly, engaging, respectful of rights, non-stigmatizing, and oriented towards recovery. These spaces will be created and sustained through continuous youth participation.
- ACCESS OM encourages youth to draw from their own strengths, their network of attachment (particularly family and carers) and their community (for example, Elders or neighbours) for a sense of support, inclusion, resilience, and value.
- ACCESS works towards personally meaningful goals and recovery in collaboration with family/carers, peer support providers, and other services. Social and educational/work improvements will be focal targets of intervention, in line with youth and family/carer input, as well as guidelines from the recovery literature/best practices.

Conclusion

This executive summary provides an overview of the principles, objectives, and aspects of the ACCESS OM framework. In keeping with the foundational vision of TRAM, this project is “game-changing” and “paradigm-breaking.” An effective transformation of Canadian youth mental health care is possible only through systems of care that depart radically from existing approaches that are known to be inadequate; that are accessible and acceptable to the youth and their families; and that offer high-quality, appropriate and effective care. Central to the ACCESS Open Minds project are these core values:

- The development of a culture of full participation by youth and family members/carers in mental health care services;
- The recognition that a young person in distress is a whole person, not a disorder;
- The emphasis that mental distress is as real as physical pain;
- Sensitivity to sociocultural values, and the provision of related appropriate care;
- The conception of services from a philosophy of resilience, empowerment, and respect.

Staying true to these values, the ACCESS Open Minds framework rests on three pillars:



From this solid base, ACCESS Open Minds will provide timely, effective, humane, and stigma-reducing mental health care to help Canadian youth in need fulfill their aspirations and realize their full potential.