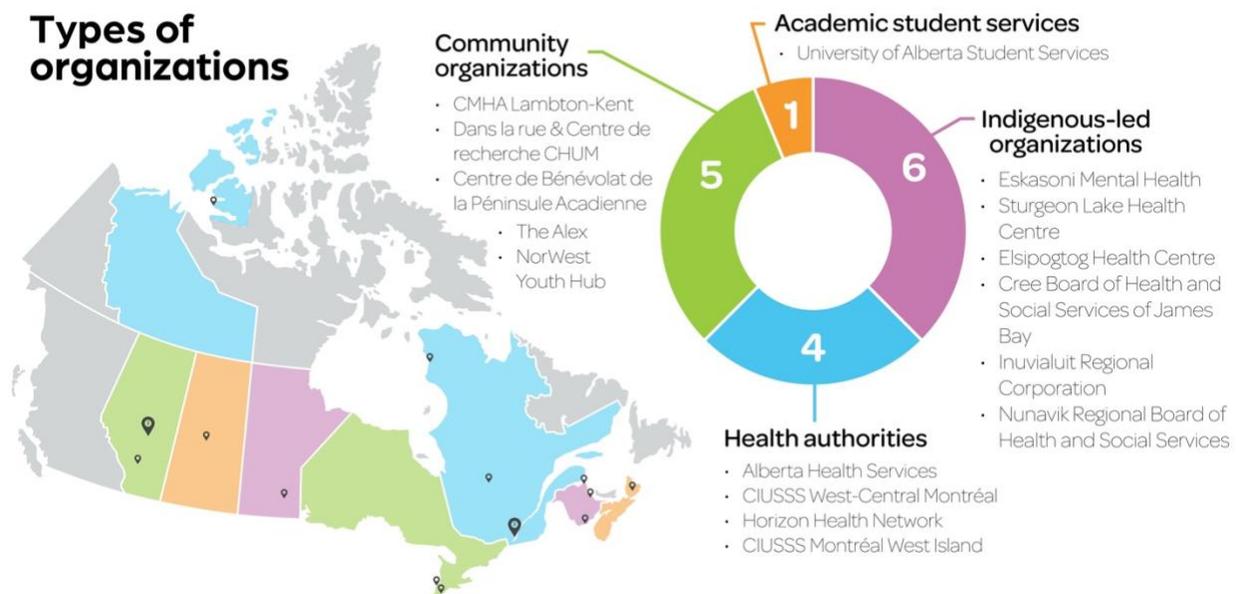


# Impact of ACCESS Open Minds: Early Results

ACCESS Open Minds is transforming mental health care for urban, rural, remote, Indigenous, non-Indigenous, post-secondary and homeless youth in 16 diverse communities in seven provinces and one territory. Our pan-Canadian network includes youth, families, service providers, researchers, community organizations and decision-makers.

Learn more about [ACCESS Open Minds](#).

ACCESS Open Minds services operate in varied structures and organizations.



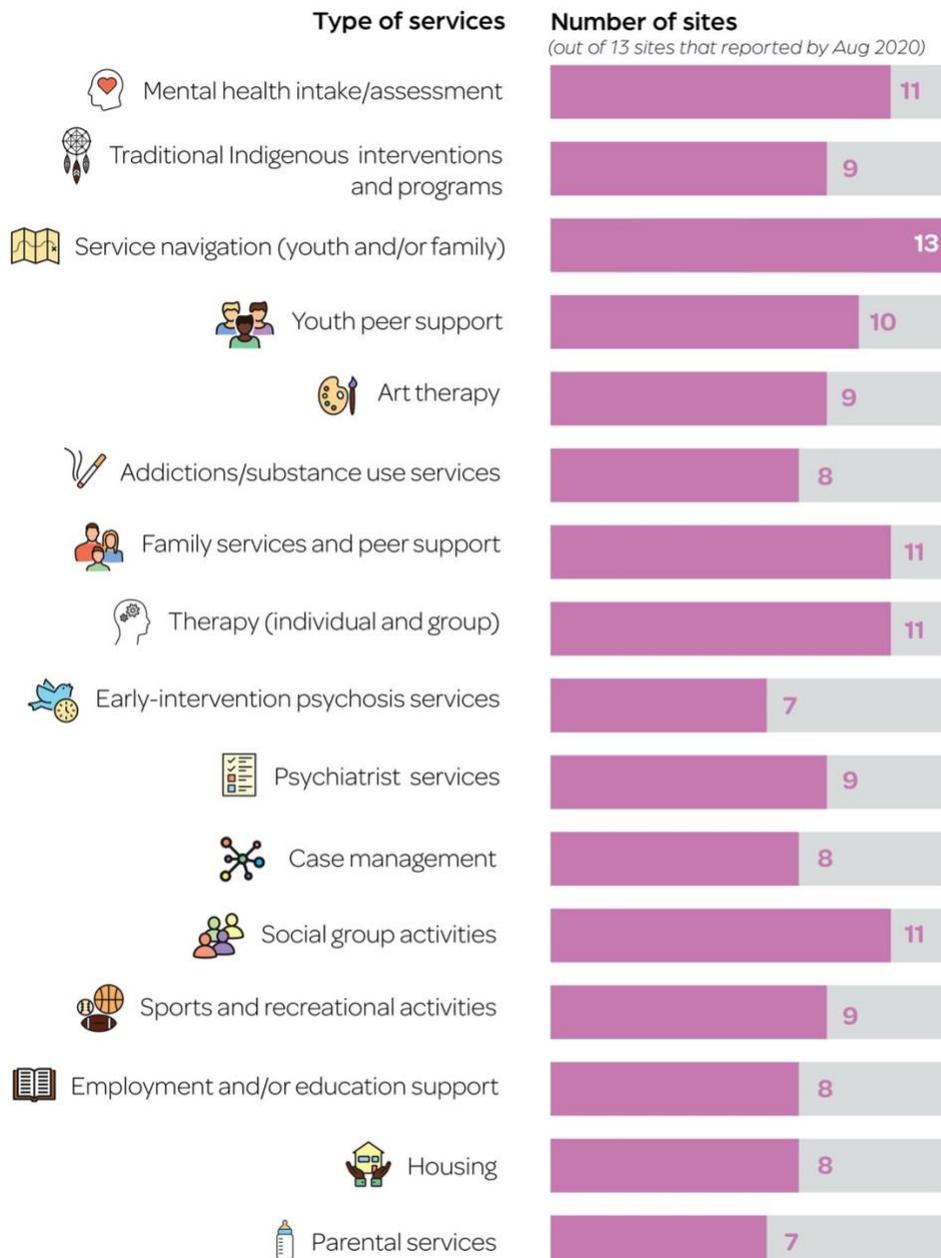
ACCESS Open Minds collected and analyzed preliminary data<sup>1</sup> from 14 of our sites across the country. These insights highlight the mental health needs of Canadian youth seeking services, and the impact of integrated youth mental health services. These insights are a first-ever example of the potential of a pan-Canadian network to transform mental health care – a step towards ensuring that all youth living in Canada can access the help they need on their terms, no matter where they live.

The research from ACCESS Open Minds provides critical new knowledge, including an overview of wait times for access to youth mental health services across the country, that can serve as a backbone for making evidence-based services and policy decisions for this evolving sector.

<sup>1</sup>As of August 31, 2020. Data analysis is ongoing, numbers and figures subject to change.

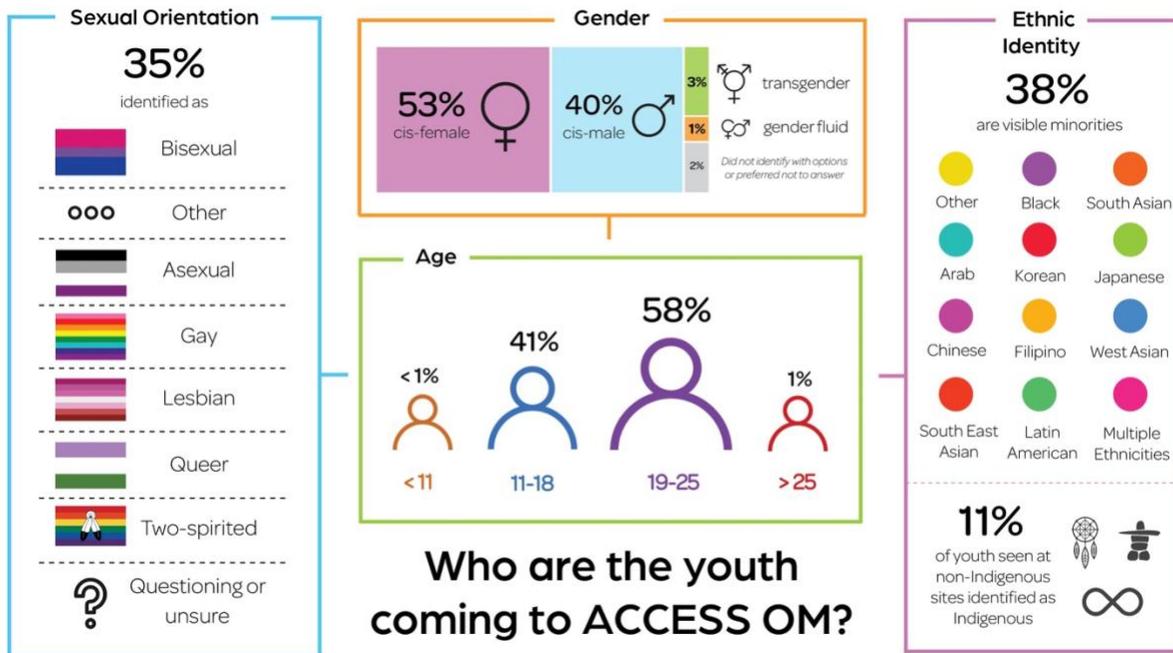
## What services are provided?

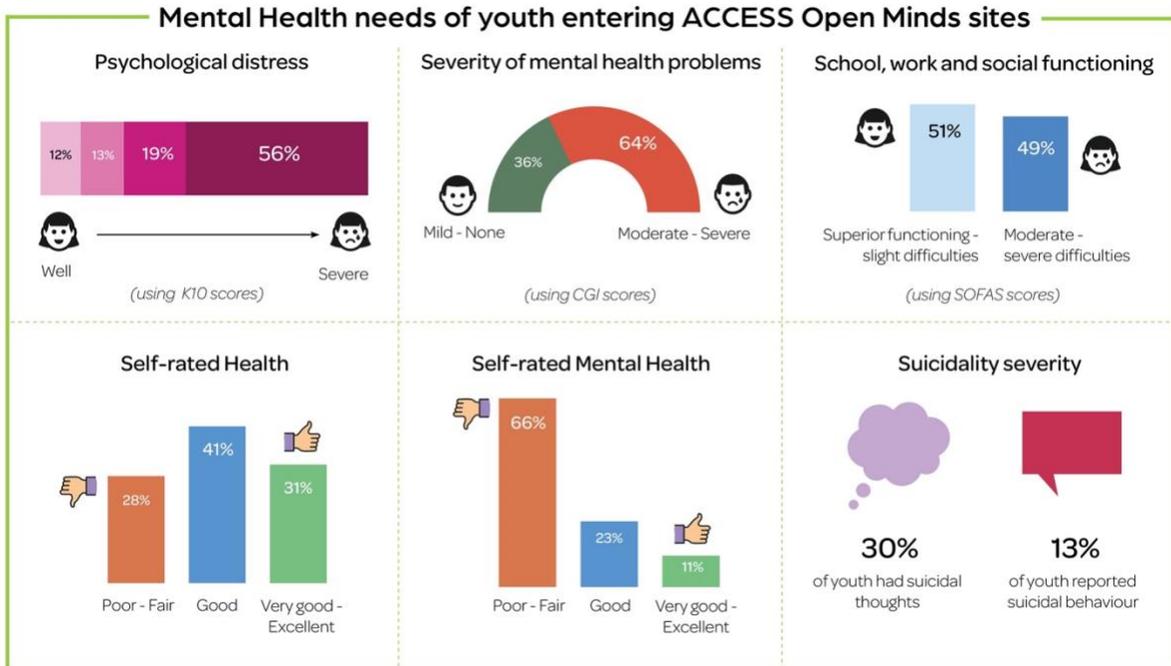
ACCESS Open Minds offer a range of mental health and support services, based on needs defined in consultation with youth and families, at its various sites, and through connections to other health and social services organizations.



# Who uses the services?

As of August 31, 2020, **7,539** youth had sought help from, or been connected with ACCESS Open Minds services. Detailed data were available for **4,191** of these young people. ACCESS Open Minds provides a safe and welcoming space to youth aged 11 to 25, including those from groups whose needs are often not understood or met, such as those who are Indigenous, economically underprivileged, LGBTQIA2S+ and visible minorities.

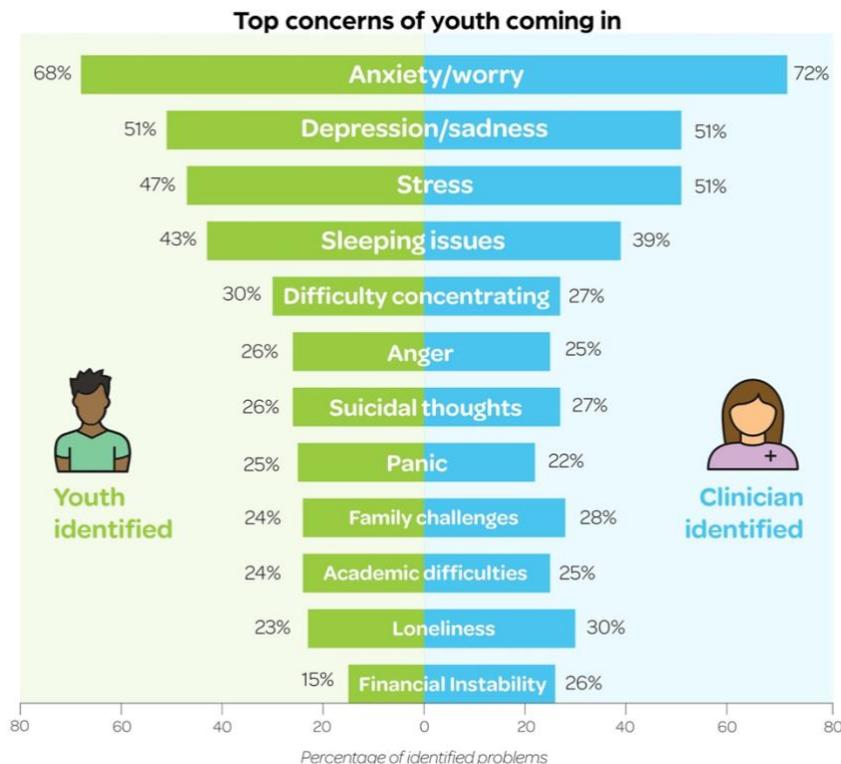




[Learn more](#) about our measures and tools.

Youth with various needs come to ACCESS Open Minds to get the help they want. Many young people seeking help at ACCESS Open Minds were experiencing moderate to severe mental health problems.

Suicide is the leading cause of death for young people in Canada, and **30% of young people reported having suicidal thoughts in the month before coming to ACCESS Open Minds.**

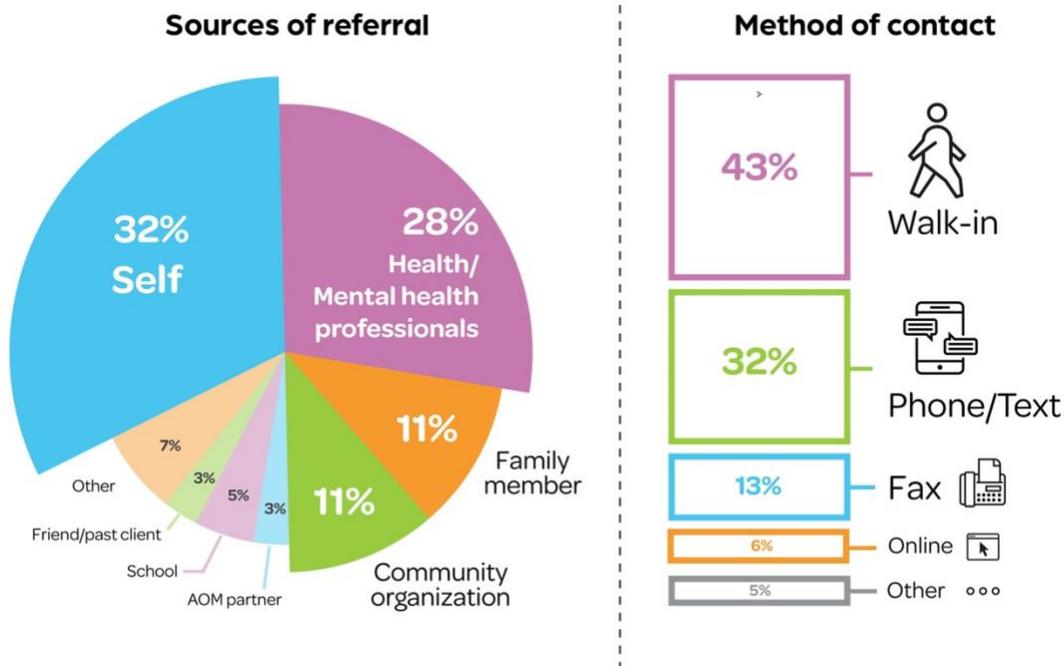


# How does it work?

Young people reach out on their own, but so do others on their behalf.

Around **1 in 3 youth directly accessed and walked into ACCESS Open Minds services themselves** (without being referred or connected by someone else). All doors are the right doors. It's important that youth have multiple ways to connect with help.

ACCESS Open Minds sites also give families and other supporters, such as school officials and doctors, the opportunity to connect young people with services. Many youth were referred to ACCESS Open Minds services by a family member, friend or supportive professional (doctor, social worker etc.).

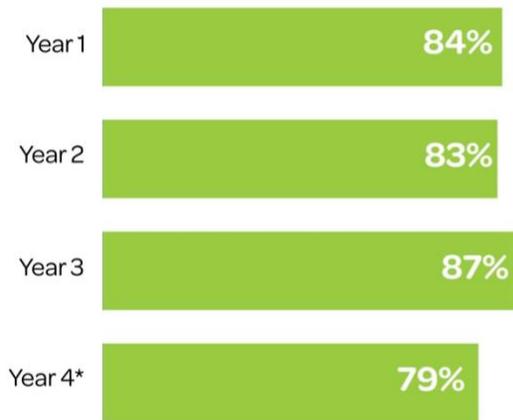


## Making it easy

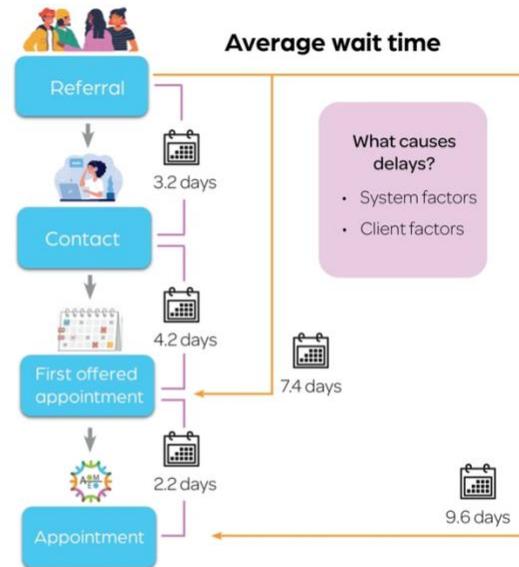
Around 84% of youth contacting ACCESS Open Minds services were offered an appointment within 72 hours, a benchmark set by the network for an initial evaluation of mental health concerns. For young people in distress, quick access to meaningful help is critical.

The invaluable data and infrastructure created by ACCESS Open Minds allows detailed monitoring of wait times and other data in diverse youth mental health contexts across Canada – promoting accountability, learning from each other and quality improvement!

**Proportion of youth offered appointment within 72 hours of successful contact**



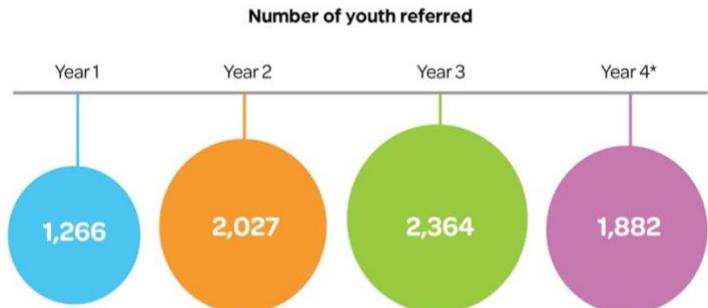
\*partial year/pandemic



\*The pathway can look different too. Often, young people walked in and saw somebody right away.

**More youth are being seen over time**

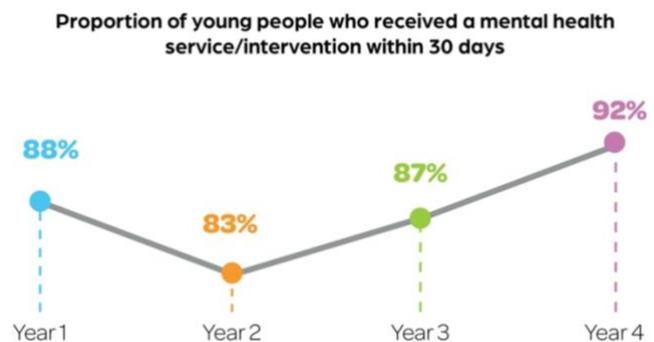
There was a 60% increase in the numbers of young people seeking help or being referred from the first year to the second year of ACCESS Open Minds operations.



\*partial year/pandemic

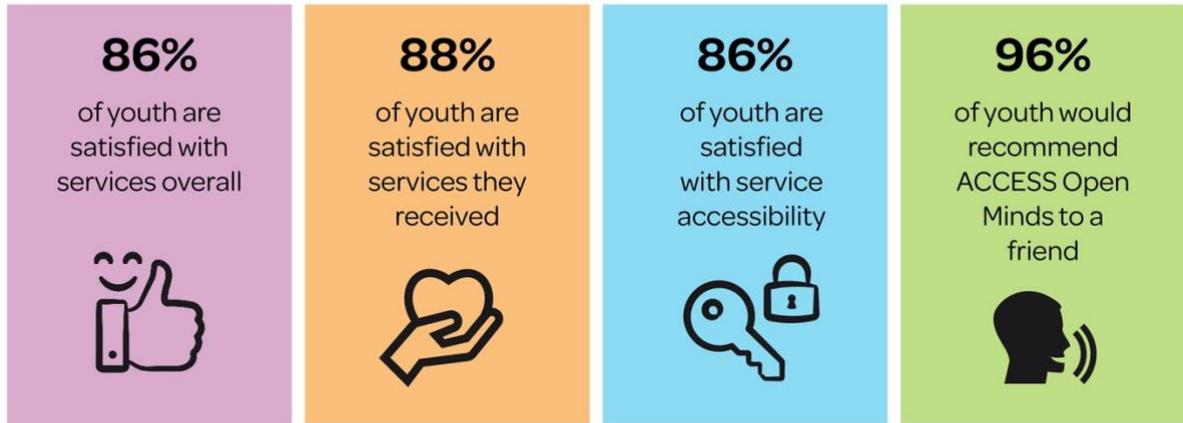
**Timely access to appropriate care**

Across ACCESS Open Minds services, a high proportion of young people (92% in Year 4) received a mental health service/intervention within 30 days, a benchmark set by the Canadian Psychiatric Association for non-urgent care.



# What are the impacts?

## High Satisfaction



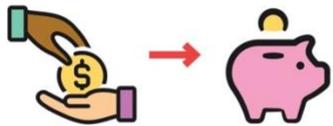
## COVID-19

**66%** of youth received services **virtually or through telephone** since May 2020

**71%** of youth said they prefer **meetings in person**

## A worthy investment

Invest \$1 → Save \$10



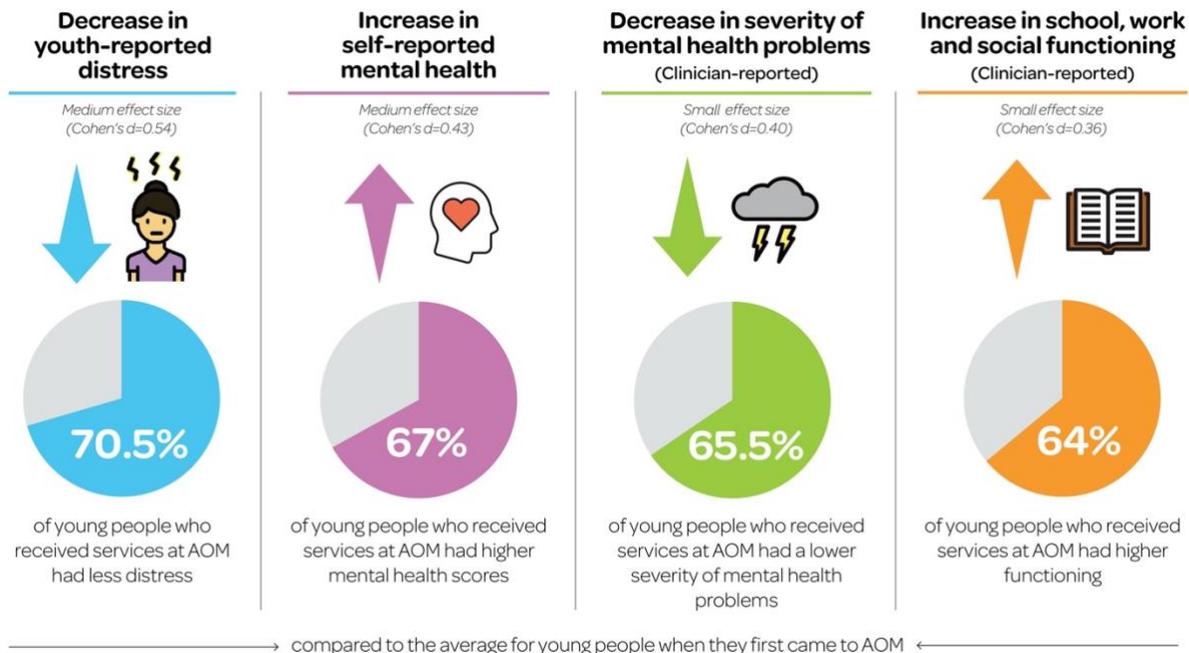
According to **preliminary research results from the Edmonton site**, for every dollar invested in ACCESS Open Minds, there are about \$10 in service costs avoided.

According to these preliminary research results, the ACCESS Open Minds model contributed to a **decrease** in hospitalizations, emergency room visits, outpatient clinic visits, specialist visits, GP visits, public residential admissions, and prescription drug dispenses from community pharmacies.



## Improved youth outcomes

For young people seeking help from ACCESS Open Minds services, there were statistically significant reductions in distress and severity of mental health problems, and improvements in mental health and school, work and social functioning. These outcomes were chosen as meaningful by youth and other network members and include youth-reported indicators (distress and mental health) and clinician-reported indicators (severity of mental health problems and functioning).



## Youth with more difficulties had even greater improvements

These improvements were even greater for youth who started at AOM services with presentations suggestive of serious mental health problems. In other words, at intake, they had moderate to severe levels of distress; significant difficulties in school, work, and social functioning; and/or moderate to high severity of mental health problems.

