

Summary of 'Improving mental health services for homeless youth in downtown Montreal, Canada: Partnership between a local network and ACCESS Esprits ouverts (Open Minds), a National Services Transformation Research Initiative' in the ACCESS Open Minds Early Intervention in Psychiatry Supplement

# Improving mental health services for homeless youth in downtown Montreal

# Introduction

ACCESS Open Minds (ACCESS OM) is a pan-Canadian evaluation project transforming youth mental health services across the country. The project was initiated through the Strategy for Patient-Oriented Research (SPOR) under the Canadian Institutes of Health Research (CIHR), and is co-funded by the CIHR and the Graham Boeckh Foundation.

The ACCESS OM network is made up of 14 communities located in 6 provinces and 1 territory. The service transformation framework consists of 5 objectives: early identification, rapid access, appropriate care, continuity of care, and youth and family engagement. Due to the diversity of geographic, political, and cultural realities at each of these 14 sites, the ACCESS OM framework and objectives were designed to be adapted to each site in order to meet the specific needs of youth in those communities.

The ACCESS OM supplement describes how service transformation was achieved in seven of these sites. This document summarizes summarizes the article describing the service transformation that took place within the Réseau d'intervention de proximité auprès des jeunes de la rue (RIPAJ), a Montreal network of over 20 community stakeholders providing services aimed at increasing homeless youth's access to mental health and psychosocial services.



ACCESS Open Minds is a SPOR network funded by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation.



## ACCESS OM Objectives



Early Identification



Rapid Access



Appropriate Care



Continuity of Care



Youth and Family Engagement

# Context

Montreal is Canada's second largest urban centre. Since 1980, there has been an increase in homelessness across Canada. In Montreal specifically, it has been estimated that about 19% of the homeless population is under the age of 30. This statistic, however, does not include youth living in unstable, precarious, or unsafe housing. Homelessness is both a consequence of and a contributing factor to mental health problems experienced by youth.

Most mental health disorders have their onset in youth, and factors such as homelessness significantly increase this risk. Over 85% of homeless youth report high levels of psychological distress, as well as higher incidences of substance misuse, psychosis, self-harm, and suicidal ideation.



A Canadian survey found that 84% of homeless youth reported needing services to which they did not have access. There is an urgent need for integrated service models that address mental health, social support, and that aim to prevent future homelessness. To meet this need, a group of community and health care organizations that serve homeless youth in downtown Montreal came together in the 2000s. They formed RIPAJ (an acronym for the French name, "Réseau d'intervention de proximité auprès des jeunes de la rue").

In 2013, RIPAJ joined ACCESS Open Minds/Esprits ouverts. The philosophy behind RIPAJ is that there is no "wrong door" or "bad timing" for seeking help. Youth can access the services of the network through any RIPAJ partner.

# Community Mapping

Community mapping was undertaken as an initial step upon joining the ACCESS Open Minds/Esprits ouverts network. The goal was to understand where and how homeless youth access mental health care as well as other global services for their mental health, the barriers and facilitators to accessing services, and youths' experiences and perceptions of accessing and receiving mental health care.

ACCESS EO RIPAJ had meetings with all partner organizations in order to have them complete questionnaires about their target clientele, the services they offered, and their opinion on accessibility of their services and those of others in the network.



Youth participated in the community mapping through different activities. They were invited to pinpoint organizations that helped them on a big map of the downtown Montreal area using Post-It sticky notes. They were also invited to comment on services received within the network. Additional mapping activities have occurred with youth, including an arts-based qualitative project that used Photovoice.

# DANS LA RUE

Among the organizations most used by Montreal's homeless youth, Dans la rue's day centre was the first within the RIPAJ network to offer integrated services:



Meals



Music therapy



Clothing



Employment support



Psychological and psychosocial services



Alternative integrated schooling

20+

community organizations and institutional stakeholders make up the RIPAJ network, including:

Clinique des Jeunes de la Rue (CIUSSS Centre Sud), Refuge des jeunes, Passages, many "Auberges du coeur" as well as many others!

Day centres

Shelters

Housing resources

Medical and psychiatric institutions

Specialized services (e.g. supervised injection site)

# Early Identification



A variety of entry points available across the ACCESS EO RIPAJ network means that access to services is easier for youth in need. Whether through a shelter, supervised housing, or a general practitioner, the vast nature of the network and its broad service scope increases the chances of serving youth with different backgrounds and needs at different times, day or night.

For many homeless youth, regular pathways to care are inaccessible, because they might need a formal referral, or they might not have the necessary ID cards, a phone number to be reached at, or an address.

To increase early identification, outreach activities are conducted several times per week at various partner organizations. The ACCESS EO Clinician, as well as clinicians from across the RIPAJ network, are regularly present at different community organizations to meet and identify with staff which youth may need mental health care or support. Other clinicians from different RIPAJ institutions (Clinique des Jeunes de la Rue, Clinique JAP-EQIIP-SOL, etc.) also reach out to youth wherever they are. The clinicians can then touch base immediately with the youth to evaluate their needs or accompany them to appropriate services.



Additionally, different field workers aside from the clinicians can provide referrals in order to promote early identification (e.g. peer support workers, street workers, etc.).

Youth-friendly early identification activities are regularly offered to youth to enhance their mental health literacy, reduce stigma about asking for help, and promote help-seeking and wellness. Activities include health information sessions, yoga and art sessions, DIY mental health workshops, drum circles, film-screening and -making, outdoor activities, adventure therapy, and LGBTQ-themed meetings.

The presence of ACCESS EO RIPAJ staff members in partner hospital sites and emergency services have helped with the early identification of youth with severe mental health and substance use concerns. It has also allowed them to link youth to the appropriate health and social services.



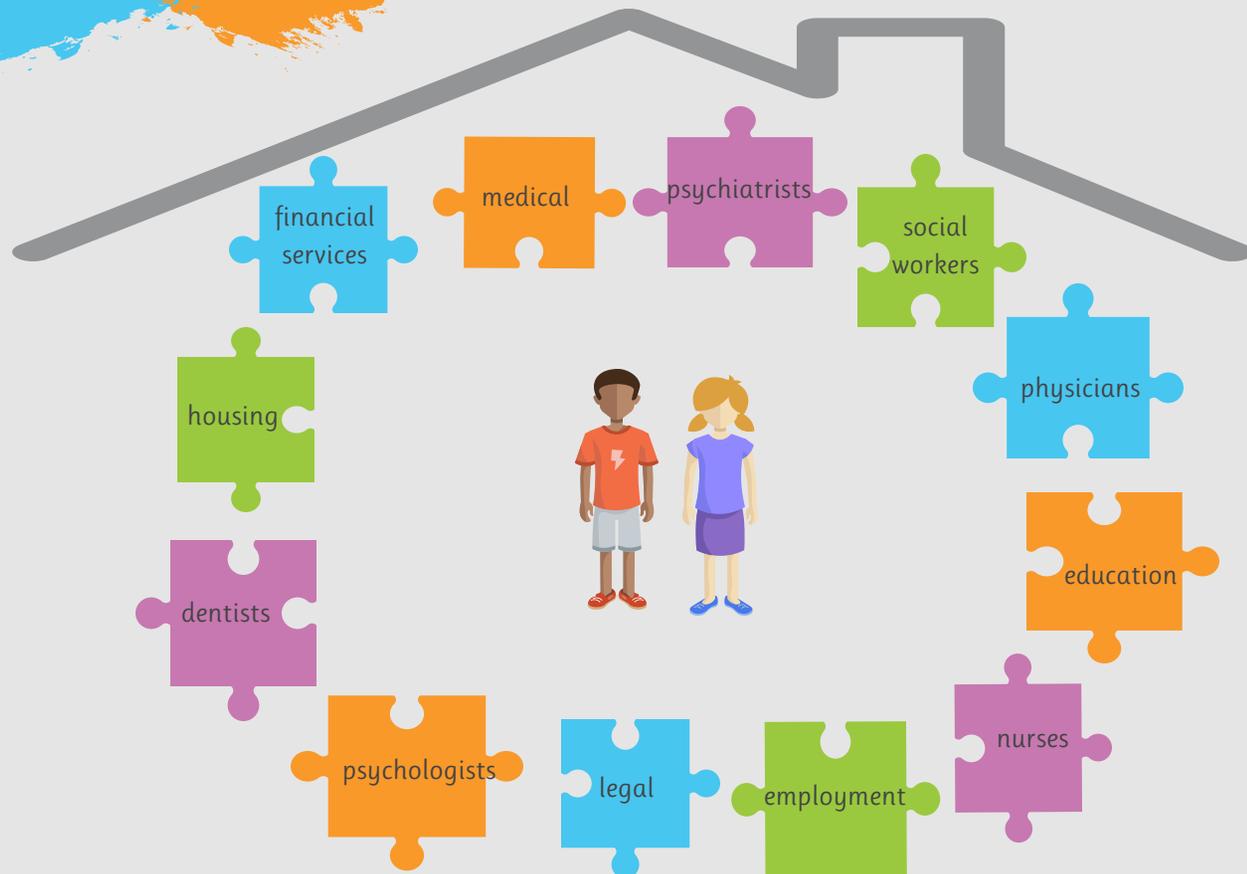
Various intervention options are available to youth, including psychotherapy and psychiatry consultations, substance use treatment, occupational therapy, art and music therapy, and legal counselling. These are typically offered within 30 days and are free of charge. All of these interventions are offered by RIPAJ network professionals.

## Appropriate Care



### Services available to homeless youth through the network:

A major strength of the ACCESS EO RIPAJ site is its ability to provide integrated services that address a range of needs for homeless youth all under one roof. They also maintain a presence in different partner organisations to meet youth where they are most at ease.



# Continuity of Care



11-25

In Québec, youth receiving care through children's mental health services and those in the youth protection system stop receiving services at the age of 18. When these transitions are not well organized, which is often the case for homeless youth, it can result in delays or interruptions in care. The situation is even worse for youth who receive no mental health care at all before adulthood.

To ensure continuity of care, RIPAJ partners have eliminated age-based transitions. They offer services based on need to youth up to 25-30 years of age. When transitions are unavoidable, RIPAJ workers plan well in advance, and accompany youth as they gradually connect to new services.



# Youth and Family Engagement



The biggest change to RIPAJ since joining the ACCESS EO network has been the involvement of youth and families in the planning and administration processes of partner organizations. Previously, youth had a limited role in most partner organizations, with the exception of some that had peer support workers to accompany youth to care. Now, youth and families/carers are invited to join committees, and provide input on planning services and activities. Youth also act as ambassadors and help engage other youth in services, research, and stigma-reduction activities (e.g. artistic performances, testimonials).



Following an ACCESS EO National Youth Council recommendation, youth have helped interview potential ACCESS EO RIPAJ staff to make sure that they were a good fit. A RIPAJ youth also sits on the ACCESS EO National Youth Council, where she represents the perspectives of francophone and homeless youth.

Youth have created change within the RIPAJ partner hospital to make it more youth-friendly (i.e. extending visiting hours, providing access to Wi-Fi, providing art materials, providing direct inpatient admission without need to pass through emergency rooms, and allowing youth to wear their own clothes upon admission). Youth who have been engaged in these aspects of the project have reported feeling empowered and more satisfied with services.

# Challenges

ACCESS EO RIPAJ staff cannot engage with all youth using services within their network, and so there is the potential that youth in need are missed. Some of the most precariously housed youth may not be comfortable engaging with personnel because of psychiatric symptoms and fears of being misunderstood or stigmatized. Several efforts are being made to better communicate the ACCESS EO RIPAJ core values of confidentiality and respect of autonomy to youth and potential service users.

Some situations make meeting youth within 72 hours challenging. It can be difficult to reach some youth who do not have access to phone or email. Often, homeless youth can be preoccupied with taking care of their basic needs (e.g. food or shelter), and may not respond within the 72-hour period. The fact that many homeless youth live a nomadic lifestyle, and that many of them have had previous negative experiences with mental health professionals, also acts as a barrier to a rapid initial evaluation. Many RIPAJ partners try to offer Internet access, take messages, and offer a message board, however communication remains challenging. The ACCESS EO Clinician spends time at partner sites, especially Dans la rue, to maintain consistent contact with youth.



Youth are referred outside of the RIPAJ network for certain specialized services. When this happens, the referral process may not be as seamless as it is within the network. External services also often require written consultations, have waiting lists, are poorly integrated, and may further marginalize or stigmatize homeless youth.

ACCESS EO RIPAJ has no power over the organization of care in external services. As a result, some youth continue to experience abrupt, age-based transitions out of care. By demonstrating the effectiveness of its approach, ACCESS EO RIPAJ hopes to positively influence policy in this regard.

Engaging youth and families can be challenging. Homeless youth might have complicated relationships with their families, and their families may also have their own challenges. Also, not all RIPAJ network members have the capacity to engage family members. Sustainable, creative efforts are still needed to ensure the meaningful involvement of youth and families.

# Vignette

An example of a youth's journey through our services

Youth placed in the care of youth protection after the death of his mother

He had to leave foster care at age 18. He dropped out of school and began visiting shelters regularly. His drug intake increased and he became increasingly disorganized.

He confides in a RIPAJ shelter worker that he has begun experiencing psychotic symptoms. With his permission, the shelter worker contacts the ACCESS EO Clinician, who met with him that same day at the shelter.

The ACCESS EO Clinician arranges an appointment with a psychiatrist a few days later. The shelter worker who the youth originally confided in is present for his appointment with the psychiatrist.

The youth's psychiatric symptoms are stabilized while he lives at a RIPAJ partner group home, where he is working on developing more autonomy.

With his health and housing stabilized, the youth expresses interest in returning to school. He registers at the Dans la rue school.

Within a year, the youth moves into a supervised apartment run by a partner organization and starts working.