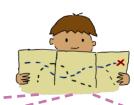
ACCESS Open Minds

Road Map



Different sources of referrals



Including school counsellors, community workers, parent/carers or social media

Walk-ins are welcome



Clinic hours and location of meetings are flexible (including evening and weekend hours)

Drop-in Activities



Sites host activities (e.g., arts/music, on-the-land activities) which can act as a referal source

Ongoing Support

Continued support to youth, and their families or carers, is provided as long as needed.



Meeting ACCESS OM Team

Team members include clinicians, research evaluators, youth and family peer support workers who assess the youth's needs.



Research & Evaluation

ACCESS OM team member discusses both the research and evaluation component of the project.



Completing Questionnaires

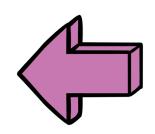
Questionnaires are completed either on their own or with the support of an ACCESS OM team member at different time points if desired.



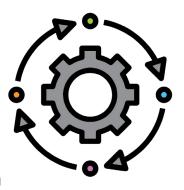
CHANGING THE YOUTH MENTAL HEALTH SYSTEM

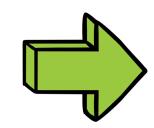


ACCESS Open Minds is all about improving the access and quality of youth mental health care. Services provided at ACCESS OM sites are specifically designed to address the main challenges of usual services: barriers, wait lists, engagement, and quality of care.



What happens when youth visit an ACCESS OM site?





How is ACCESS OM different from the current system?



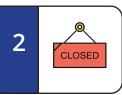


Current Experience



Many Doors

Knocking on countless doors for help, and constantly being told that you aren't in the right place.



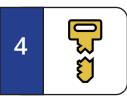
Set Clinic Hours

Often limited hours from 9 to 5, in a setting that is clinical and sterile-feeling.



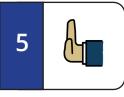
Long Wait Times

Once you get in touch, it can take months before your first appointment.



Poor Services

Overworked systems designed to "churn" people out with minimal advertising or youth-oriented activities.



Age Limit

Services end at age 18, or youth are required to change service providers when they turn 18.



Uninformed Design

Services are designed by health professionals and policy makers.



Following what has been done

Services are not always evidenceinformed, and evaluation is not integrated into planning or care.



5) Including Youth over 18

Youth aged 11-25 access the same services,

without having to make a transition at age 18.

7) Evaluation

evidence-informed.

and continuously

evaluated to make

meeting the needs of youth, families

Services are

sure they are

and carers.

4) Building Community

Active outreach activities help

connect people with services

and build community.