



Rapid Access

A Practical Guide to Providing Rapid and Engaging Access to Youth Mental Health Services

SPOR network funded by the Canadian Institutes of Health Research (CIHR)
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About ACCESS Open Minds

ACCESS Open Minds is a pan-Canadian youth mental health research and evaluation project, and is a Strategy for Patient-Oriented Research (SPOR) initiative of the Canadian Institutes of Health Research (CIHR), jointly funded by the CIHR and the Graham Boeckh Foundation. The ACCESS Open Minds network – composed of more than a dozen diverse communities and hundreds of varied stakeholders, from service providers, to youth and family members, to policy makers – is committed to developing an evidence-informed, sustainable, and scalable framework for mental health service delivery that has a positive impact upon youth mental health outcomes across Canada.

This document was produced by the ACCESS Open Minds network. As a learning network, ACCESS Open Minds welcomes feedback on this guide at access@douglas.mcgill.ca or 6625 boulevard LaSalle, Montreal, QC, H4H 1R3.

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TABLE OF CONTENTS

PURPOSE.....	4
GOALS OF THIS GUIDE.....	5
WHY IS RAPID ACCESS IMPORTANT?.....	6
SUMMARY: BARRIERS AND FACILITATORS TO ACCESSING SERVICES.....	9
THREE PRINCIPAL COMPONENTS OF RAPID ACCESS.....	11
1) AN OPEN SYSTEM WITH MULTIPLE PORTALS OF ENTRY.....	11
2) A TRAINED CLINICIAN WHO RESPONDS TO HELP-SEEKING REQUESTS.....	12
3) NON-STIGMATIZING YOUTH SPACE DESIGNED TO PROMOTE HELP-SEEKING.....	14
RAPID ACCESS AT ACCESS OM SITES.....	16
CREE NATION OF MISTISSINI.....	16
CHATHAM-KENT, ONTARIO.....	17
RIPAJ-MONTRÉAL (HOMELESS YOUTH NETWORK).....	18
ESKASONI FIRST NATION.....	20
EDMONTON, ALBERTA.....	21
RAPID ACCESS: PART OF A LARGER FRAMEWORK.....	22
INTEGRATING RESEARCH AND EVALUATION TO SERVICES.....	24
REFERENCES.....	25
APPENDIX A: ROLE OF ACCESS CLINICIAN.....	26
APPENDIX A (CONTINUED): ACCESS CLINICIAN JOB DESCRIPTION.....	27
APPENDIX B: CONSENT FORM FOR COMMUNITY PARTNERS.....	31

PURPOSE

Over 75% of mental health problems emerge before the age of 24,¹ and in Canada, about 20% of youth are affected by mental health and substance use problems.² However, significant numbers of youth who need mental health support are unable to access appropriate care.³ Moreover, the young people who do receive mental health help often face lengthy delays in receiving treatment, lasting from several weeks to several years.⁴ Youth mental health care systems across Canada need to change.

One response to the inadequacy of current youth mental health systems is ACCESS Open Minds (OM), a pan-Canadian research project transforming youth mental health services at various sites across the country. This transformation is being achieved through the provision of high quality, timely, and easily accessible youth mental health services. ACCESS OM is concurrently evaluating the outcomes of this transformation around six core objectives: Early Identification, Rapid Access, Appropriate Care, Continuity of Care, Youth and Family/Carer Engagement and Continued Evaluation.

The aim of this guide is to explain the rationale behind the Rapid Access objective, and the processes that a service can undertake to successfully incorporate the framework into youth mental health services. This guide is directed at service providers and policy makers who want to learn about the Rapid Access objective, and establish how it might be incorporated into their own service or community.

Implementation of the Rapid Access objective involves ensuring that mental health services are quickly and easily accessible to all youth seeking mental health help, and to those acting on their behalf (for instance, family members and other carers). Rapid access to care is integral to the ACCESS OM framework of youth mental health service and care delivery.

GOALS OF THIS GUIDE



Outline the rationale for why Rapid Access should be a principal objective for all youth mental health services



Describe the key components of facilitating Rapid Access at the front-end of youth mental health services



Provide actionable ideas and suggestions for youth mental health service providers and managers who wish to transform their own services

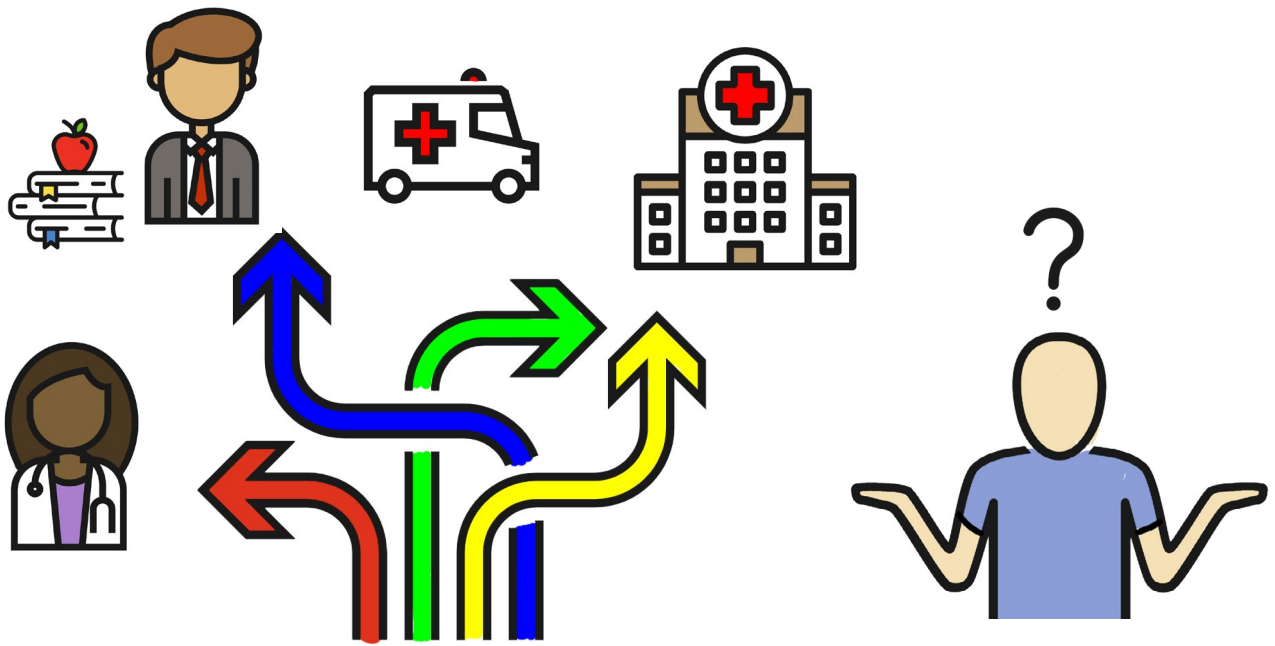
The other ACCESS OM objectives – Early Identification, Appropriate Care, Continuity of Care, and Youth and Family/Carer Engagement – all intersect to shape the framework by which appropriate youth mental health services can be provided. To better understand the links between these other objectives, the reader is invited to consult the other ACCESS OM guides (Community Mapping, Early Intervention, eMental Health, Peer Support), all of which are available for download, free of charge, on the [ACCESS Open Minds website](#).

WHY IS RAPID ACCESS IMPORTANT?

In order to achieve early intervention for mental health problems, services must be easily accessible. Early and rapid access to appropriate care can minimize negative outcomes that are often associated with untreated mental health problems, or treatment only after a considerable delay. These negative outcomes can include a decrease or loss of productivity (e.g. decreased wages or educational opportunities), worsening of mental health conditions and exacerbation of symptoms, self-medication through substance use, and even suicide. Moreover, longer durations of untreated mental health problems can be associated with worse longer-term outcomes and greater personal and familial suffering. This link between delay and negative consequences has been particularly well established for young people with psychosis.⁵ A reasonable assumption, then, is that the longer one waits to address a young person's mental health problems, the more severe the issue might become, and the more the concern can contribute to a young person's functioning.

The ACCESS Open Minds Early Identification Guide describes how, even before accessing services, youth must often overcome a number of delays to accessing care that can have a significant impact upon a young person's access to services and appropriate care. That guide provides suggestions on how we can work towards having more youth seek mental health help early on. This ACCESS Open Minds Rapid Access Guide follows by arguing that the best way to provide youth mental health care is to provide access with few barriers.

Easy access to care is not always a reality for youth seeking services. The literature highlights that many youth experience "circuitous, difficult, disengaging, and traumatic pathways"⁶ in accessing or attempting to access early intervention services. Such challenging pathways to care can affect a young person's ability and willingness to find the needed services, gain entry to and engage with them, and ultimately receive the needed help to improve their mental health.



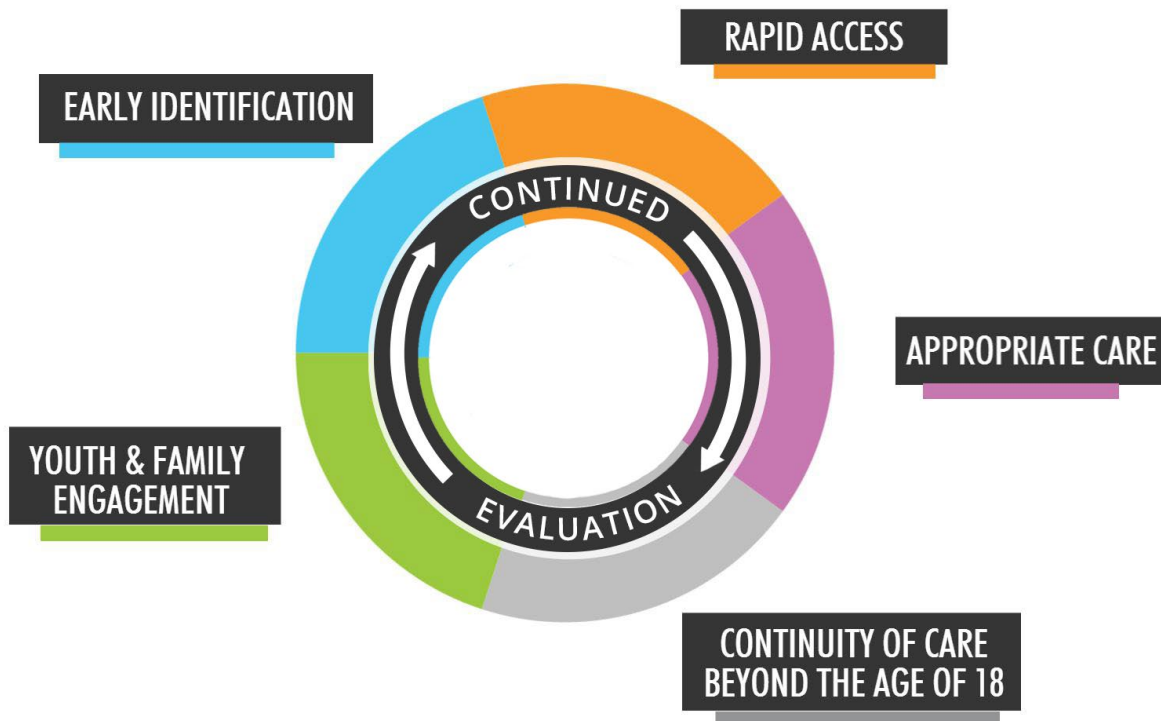
Youth across Canada often experience long waitlists and delays when seeking access to mental health services.^{7,8} For instance, a young person who expresses suicidal thoughts to their school counsellor might be directed to the local emergency department, where they are seen by a psychiatrist who assesses the youth as not being at imminent risk, and is then referred to a community health clinic, where they are put on a waiting list for 4 months before receiving a call for a first meeting.

Not only is this circuitous pathway ineffective at meeting the needs of youth in terms of appropriate care and responding to acute distress, it can also be:

- a disengaging and potentially traumatic experience for the youth^{9,10,11}
- stressful for their family members and carers
- unnecessarily costly to the health care system^{12,13,14}
- likely to increase the chances of refusing treatment, leading to serious negative consequences

Youth and families may also be reluctant to even seek services in the first place if they know or believe that it will be a long time before anything will happen.¹⁵

The Rapid Access objective within the ACCESS OM framework seeks to ensure that young people seeking mental health help have access to an engaging initial evaluation in a timely fashion (within 72 hours), which takes place in a community-based, youth-friendly environment.



Ultimately, when a young person finally knocks on a door to ask for help, that door should open, and behind it should be a person who can meet the youth's needs, or who can help them navigate the system to find appropriate care. Fundamentally, this is the basis of Rapid Access within the ACCESS OM framework. This solution might seemingly be simple and obvious, but its implementation is not always easy because of the way that mainstream mental health services are set up. The following three basic components of providing Rapid Access to youth in need of mental health care are rooted in research and experiential knowledge, and are currently being evaluated at over a dozen diverse sites across Canada.^{16,17,18}

SUMMARY: BARRIERS AND FACILITATORS TO ACCESSING SERVICES

Type of Barrier	Causes	Solution	ACCESS OM Service Model
<i>Lack of financial resources</i> <i>Services do not have enough service providers to meet demand</i>	Inadequate funding or funding that is not structured appropriately (e.g. short-term, project-based funding)	<ul style="list-style-type: none"> • Increased funding • Funding that is stable and long-term to facilitate recruitment 	Services are free and covered by public health care
<i>Lack of appropriate personnel</i> <i>Services do not have relevant service providers for community needs</i>	<ul style="list-style-type: none"> • Lack of qualified service providers in the region • Psychiatrist or physician as being the first person to evaluate 	Consider alternative care providers based on what is available in the community	<ul style="list-style-type: none"> • ACCESS Clinicians are non-physician mental health professionals from different fields • ACCESS OM lay health worker model (Ulukhaktok, NWT) • Peer Support/Youth Workers (Eskasoni First Nation, Sturgeon Lake First Nation)
<i>Inappropriate services are offered</i> <i>Overdemand for specific services</i>	<ul style="list-style-type: none"> • Lack of consistent program evaluation to monitor clients' needs (services can't respond to what they don't know) • Lack of timely program evaluation (delay between data collection and synthesis) • Additional staffing doesn't match needs • Types of services/training offered do not meet needs of population 	<ul style="list-style-type: none"> • Consistent and continuous evaluation of clients' needs is incorporated into practice and actively used by decision makers for evaluation • Re-train staff on appropriate interventions 	ACCESS OM Service Benchmarks and Evaluation Framework; all ACCESS OM sites monitor client needs and wait times in real time using online platform

Type of Barrier	Causes	Solution	ACCESS OM Service Model
Inefficient administration <i>Long intake process</i>	<ul style="list-style-type: none"> • Service does not track or set a benchmark for wait times • No streamlined intake processes; youth must be re-evaluated by each new service provider • No target for intake staff in terms of clients to be seen or timeline of service after first contact 	<ul style="list-style-type: none"> • Establish benchmarks and measure wait times • Streamline intake processes and forms to collect appropriate information • Establish clear (but flexible) targets for service providers in terms of new clients to be seen and follow up 	<p>Streamlined intake process to ensure that youth are offered an appointment with a service provider within 72 hours</p>
Large demand <i>Too many clients</i>	<p>Too many clients for number of service providers available</p>	<ul style="list-style-type: none"> • Offer single-session/drop in therapy • Provide group interventions 	<p>Sites provide drop-in sessions if needed</p>
Inaccessibility <i>Limited ways to get help (e.g. only walk-in)</i>	<p>Lack of resources or personnel to provide help and other means of support</p>	<ul style="list-style-type: none"> • Partner with local community service providers • eMental Health options 	<ul style="list-style-type: none"> • Multiple ways of getting help (e.g. phone, email, text, or in person) • Working with local community service providers/organizations • Easily adaptable services (online if needed)

THREE PRINCIPAL COMPONENTS OF RAPID ACCESS

Transforming a service to allow for Rapid Access will look different depending on what services are already available in a particular community, the organizational capacity of local service providers and their supporting regional/provincial/territorial bodies, preferences of youth and families, and the geographic and cultural reality of a community, among many other factors. While these factors should be taken into account in contextualizing the implementation of practices to achieve Rapid Access, the core components outlined below are essential in providing Rapid Access to youth in need of mental health services:

1) AN OPEN SYSTEM WITH MULTIPLE PORTALS OF ENTRY

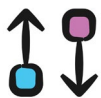
A key component to providing Rapid Access is breaking down the barriers that are often in the way of young people seeking services by creating an open, directly accessible system. The following are essential elements of such a system:



Anyone can refer or ask for services. Whether it is a social worker from school, a family doctor, or a police officer, anyone can make the referral or contact the service about a youth they know who may need mental health supports.



No referral is required. A young person and family member/carer can directly access the service by walking in, calling, etc. Importantly, there are no forms or administrative requirements to access services.



The service can be accessed via multiple methods. First contact can be established through multiple means, including (but not limited to) walk-ins, phone calls, emails, fax, text message, Facebook message, online chat, etc.



Online self-referral tool. Several ACCESS OM sites are piloting an online self-referral tool, wherein youth (and/or their families/carers or anyone acting on their behalf) are able to fill out a referral form online. If you can order a pizza or earn a college certificate online, why not be able to ask for a mental health services?



Referrals accepted across the spectrum of mental health problems. Youth do not have to meet certain criteria, fall within cut-off points, present certain symptoms, or have a diagnosis to receive services at an ACCESS OM site. All youth, regardless of what they require, are met, provided with a thorough assessment, and supported along their journey towards appropriate care, if needed.

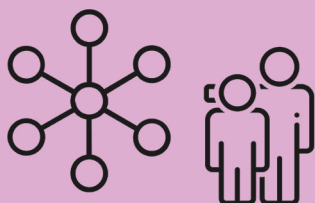
Once the ACCESS OM service has been made aware of a young person's needs, it is the goal that an initial assessment will commence within 72 hours. If this is not possible, "rapid access" might be providing psychoeducation to a family member, loved one, or teacher who is seeking help in supporting a young person, or letting a young person know that their request for support has been received. One important principle is that young people and their families and carers are not left wondering whether their request for support was ever heard. It is important to note that an ideal feature of an open referral system is that it is free of charge, which is the case at all ACCESS OM sites.

2) A TRAINED CLINICIAN WHO RESPONDS TO HELP-SEEKING REQUESTS



The ACCESS OM Clinician is a trained professional in meeting youth mental health needs from a variety of backgrounds (e.g. social work, nursing, occupational therapy, psychology). In the interest of expediency, it is ideal that the ACCESS OM Clinician is not a psychiatrist, since often the psychiatrist's role is to provide consultation on youth who, following an assessment by the ACCESS OM Clinician, have been identified as in need of a psychiatric assessment, which is often a less readily accessible professional resource.

At some sites where hiring and maintaining a professional clinician might not be possible (as can be the case in remote/northern communities), the implementation of lay health workers (described further below) has been effective in meeting young people in their communities in an engaging manner, involving them in the help-seeking process, and connecting those youth in need with the necessary mental health supports and services.



Provides a service, but is also connected to further specialized care, and if necessary, can provide referrals, personal introductions to specialists, and can accompany youth and family members/carers to initial appointments, if helpful.



In addition to being accessible at the youth space, the ACCESS OM Clinician is mobile to meet youth at a location of their choosing, wherever the young person is most comfortable. This might be at home, a café in the community, at a school, or on a walk.

The ACCESS OM Clinician acts as both an intervener as well as a navigator. While they provide initial assessments within 72 hours, and often provide ongoing follow-up for youth in need of support, much of the work that they do is in collaboration with a larger team. The ACCESS OM Clinician and their supporting team members are well connected to other resources and services in the community and region. In some cases, a young person might not need additional follow-up beyond the initial assessment, in which cases the ACCESS OM team might provide single-session support, or simple reassurance. This clinician, and the function of their job, will vary greatly depending on context. For instance, in an urban clinic setting, the ACCESS OM Clinician might spend more time meeting with youth at the office, and might work on a team of peer support workers or outreach workers who do community-based support. In contrast, a rural or remote clinician might spend time travelling to meet with youth who are spread out geographically. Providing a rapid response to help-seeking can be difficult given the many demands that are placed on front-line service providers. As such, providing Rapid Access is greatly facilitated by a team that is committed to embodying a philosophical motivation towards improving youth mental health care in how they provide services. At ACCESS OM sites across Canada, these teams include other staff who support the goal of providing youth in need with an open mind, and importantly, an open door.

Team Members at ACCESS OM Sites

In remote locations where the hiring of an ACCESS OM Clinician is not possible, the **lay health worker model** is implemented (reconfigured at some sites under the title "ACCESS Youth Worker"). These workers might not have college or university accreditation in a helping profession, however they are members of the community, share the culture and language of the help-seeking youth, and show a capacity to connect with youth. They receive specialized mental health training, make connections with the service providers in the region, and are able to help youth from their community navigate health care systems, should they require specialized services.

Reception/administrative staff who are fully part of the team (e.g. attend training sessions, are coached to provide an appropriate and gentle greeting, and a welcoming environment to youth and their families/carers seeking services).

Youth peer supporters,
mentors, outreach
workers

Family peer supporters (to involve family members and/or carers in initial assessment as much as possible)

Crisis workers or
a link with crisis
services

Various other associated workers (e.g. addictions workers, collaborating psychologists and psychiatrists, youth and family services workers, educators, nurses, GPs, etc.)

3) NON-STIGMATIZING YOUTH SPACE DESIGNED TO PROMOTE HELP-SEEKING

The third component of Rapid Access relates to the physical space where front-line services are housed and provided. In many of the communities where ACCESS OM sites have opened, this space is the “hub” in a community where youth feel comfortable, and where they know they can go to receive support for their mental health and wellness, among other activities. Some characteristics of a successful youth space include:



Accessibility: The space is open when youth are in need of support, and when they are available. Many mainstream mental health services operate during “office hours” (from 9am-5pm), making it difficult for youth who go to school or work to attend appointments, as well as complicating the task of engaging families and carers, who also have work obligations. Having opening hours into the evenings, as well as some weekend hours, makes accessing services easier for those seeking them because it presents fewer barriers to individuals for whom taking time off work or school is not an option. In some circumstances, youth spaces with a separate entrance and where there is no need to check in with a receptionist have proven to be more engaging and less of a deterrent to youth.



Centrally located: In urban areas, this space should be accessible by public transportation and be in a neighbourhood where youth live or spend time. In rural areas, it is beneficial to house the space in the centre the community, where youth can access it from school.



Co-located with other services/activities: As noted in the ACCESS OM Early Identification Guide, the youth space can host other activities that might not necessarily relate to youth mental health and wellness, but can act as a bridge to those in need and make the space familiar and used by youth in the community. Activities include cooking programs, gaming nights, music- and arts-based activities, a starting location for on-the-land programming, etc. Co-locating other services and supports that youth may need (e.g. employment supports, physical or sexual health clinics, etc.) is ideal to provide youth with holistic, appropriate care. Such a space may also be more engaging for youth.



A space by and for youth and families/carers: Since engagement of youth and family members in all aspects of youth mental health service delivery is crucial, the development of this space should involve youth and families/carers in its conception, design, maintenance, and programming, so that the specific interests of these essential partners are woven into the fabric of the space.



Well-promoted: This space needs to be known by young people in the community, and should also be known by community members, other service providers, educators, etc.

Importantly, the youth space also acts as the “home base” for the ACCESS OM Clinician and the extended support team. Since every community is different, this space might look very different from one place to the next (see examples below).

Existing Youth Spaces in Canadian Communities

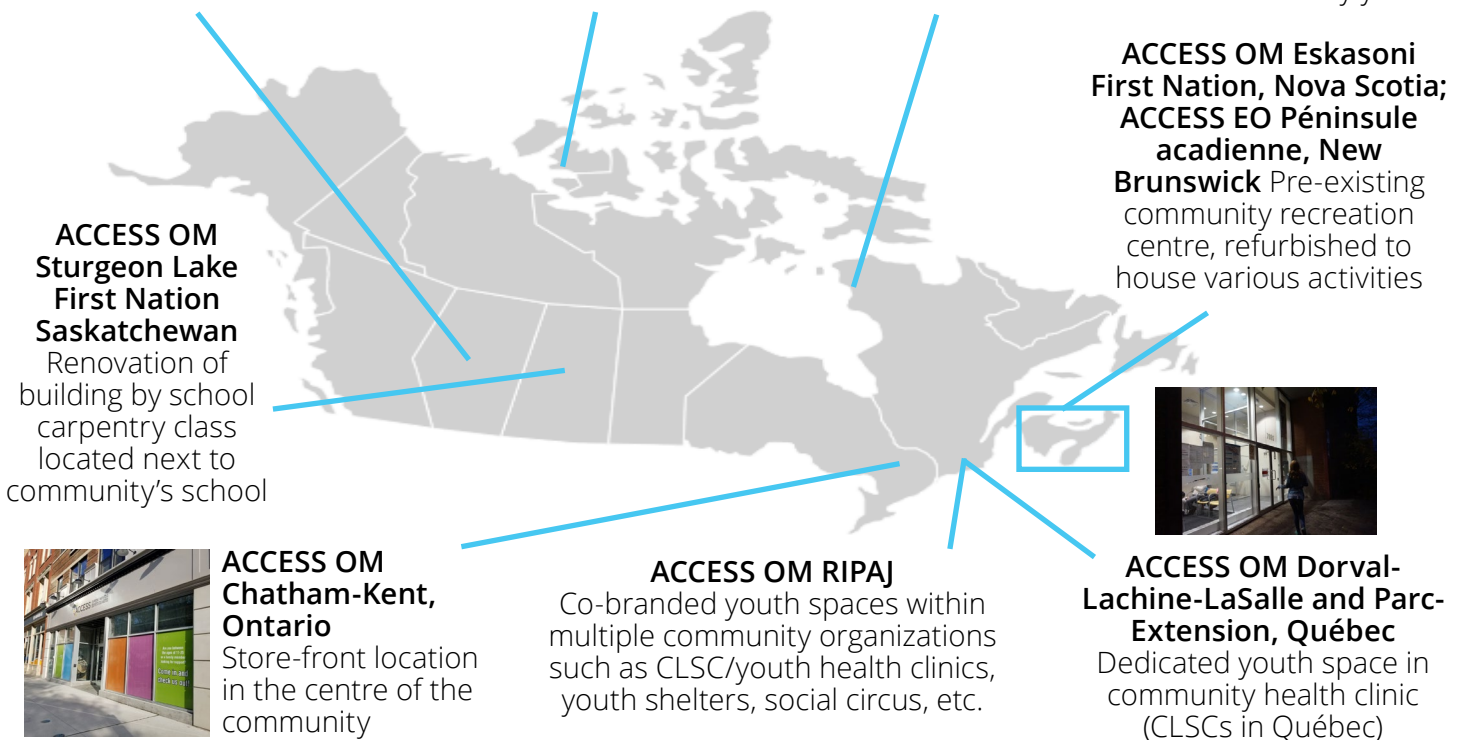


ACCESS OM Edmonton, Alberta
Community-based youth mental health centre located in a YMCA

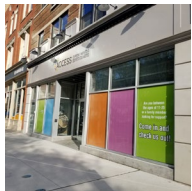
ACCESS OM Ulukhaktok, Northwest Territories
Transformation of a re-purposed curling rink into a community youth space



Saqijuq-ACCESS OM Puvirnituk, Nunavik
Garage updated to house equipped for vehicle maintenance, hunting and other on-the-land activities, co-built and developed with local mentors and community youth



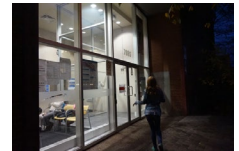
ACCESS OM Sturgeon Lake First Nation, Saskatchewan
Renovation of building by school carpentry class located next to community's school



ACCESS OM Chatham-Kent, Ontario
Store-front location in the centre of the community

ACCESS OM RIPAJ
Co-branded youth spaces within multiple community organizations such as CLSC/youth health clinics, youth shelters, social circus, etc.

ACCESS OM Eskasoni First Nation, Nova Scotia; ACCESS EO Péninsule acadienne, New Brunswick
Pre-existing community recreation centre, refurbished to house various activities



ACCESS OM Dorval-Lachine-LaSalle and Parc-Extension, Québec
Dedicated youth space in community health clinic (CLSCs in Québec)

It is important to note that while the location of the youth space is important, a central component of Rapid Access is the mobility of the ACCESS OM Clinician and the ACCESS OM team to meet youth in the places where they feel most comfortable. The youth space is an integral component of the ACCESS OM framework, but ultimately it is the people within the space who are most important. One of the hallmarks of the ACCESS OM referral process is that it's easy – because when it's simple, youth will actually ask for help, and when youth and community members learn that it is not a painful and stigmatizing process, it is more likely that they'll ask for help. This positive feedback loop can ultimately support the overall improvement of youth mental health service provision in a community.

RAPID ACCESS AT ACCESS OM SITES

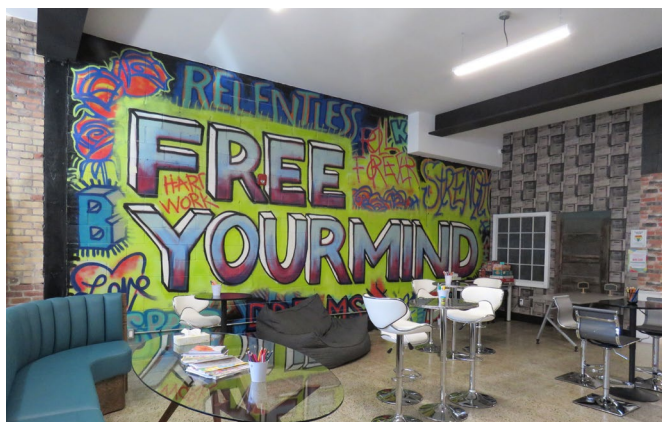
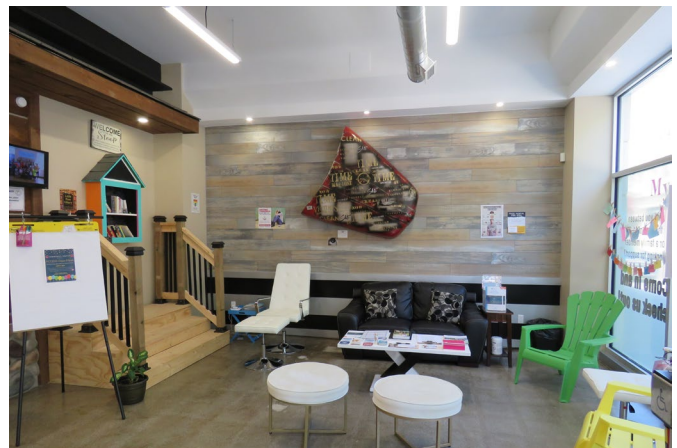
Cree Nation of Mistissini, Québec

ACCESS Open Minds in the Cree Nation of Mistissini (Québec) is called Aaschihkuwaataauch ᐱᓕᓕᓴᓵᑦᐅᓂᓄᓐᓇᓴᓵᑦ, which in Cree means “providing help urgently when people are in need.” Rapid access is already in the very name of the initiative! The ACCESS Clinicians provide services out of the newly renovated Family Resource Centre, which is equipped with various types of clinical and meeting rooms, even a kitchen, and is co-located with other youth- and family-related services. It is also centrally located in the community and is next door to the Mistissini Youth Centre. A variety of clinicians, including art therapists, a family therapist, and psychologist, support rapid access to care in Mistissini through staffing the ACCESS OM space 5 days a week, with availabilities into the evening, if requested. The ongoing development of collaborations with other services in the community – such as youth protection, social services, school counselling services, and the local medical clinic – will further support youth to quickly access mental health support when needed.



Chatham-Kent, Ontario

The ACCESS Open Minds Chatham-Kent team operates primarily out of a dedicated “store-front” location in downtown Chatham, an inviting space in a central location that is easily accessible to the community’s youth. Team members are also mobile, which supports rapid access to care for youth in rural communities, or for those who might have difficulty getting to the ACCESS OM space. The store-front location was co-designed with and by youth from the community, and was conceived to feel more comfortable and less clinical than existing mental health service centres. The space houses both the core ACCESS OM team as well as adjunct services. This co-location has promoted integration between partners, and has everyone in the community working together towards a common goal of better meeting young people’s mental health needs, and more quickly. The team maintains an openly accessible online calendar that community referral sources can log into and book appointments for young people without the need for any additional steps or formalities. The site’s Peer Navigators play an integral role in guiding youth in need towards the clinical services available. They bridge the gap between being a peer and a part of the professional team providing services to youth. As a result, their role helps to enable rapid access by reducing the stigma and potential barriers associated with seeking (and receiving) mental health and addiction support. As well, the team offers Single Session Therapy appointments on a walk-in basis 4 days per week, where youth receive the service on the very same day they seek help.



RIPAJ-Montréal (Homeless Youth Network), Québec

ACCESS Eo RIPAJ is a network of community organizations and public services that serve an urban population of youth who are homeless, under-housed or transient. Many of these youth have had negative experiences with various systems, including health care and youth protection, which can be a source of mistrust that dissuades them from help seeking. In some cases, it can be difficult to reach some youth after their initial request for support if they are inaccessible by phone or email, or are preoccupied with meeting their basic needs, such as food or shelter, or personal goals, such as employment, education or relationships. It is therefore essential that rapid access to care within RIPAJ include as few barriers as possible and is adapted to youth's needs. The site strives to work with complete transparency, which enhances self engagement and better supports youth who might be apprehensive about receiving services.

This site's ACCESS-Eo Clinician is mobile, and can be contacted by text, telephone, Facebook, email, and in person at a variety of sites within the RIPAJ network. The clinician becomes known to youth and youth workers to help foster trust and confidence in help seeking. Initial contact between the ACCESS Eo RIPAJ mobile Clinician and youth in need of support can be facilitated by a worker at one of these partner sites (such as a youth shelter, drop-in space, etc.) where the young person might already receive services, and – most importantly – has developed trust in those staff. Indeed, the transmission of trust is the core of RIPAJ's efficiency. The ACCESS Eo RIPAJ Clinician has established working relationships and trust with this network of service sites, and visits the various locations frequently; as such, referrals to this clinician generally have same-day responses. In order to preserve an objective role and to analyze complex situations, the ACCESS Eo RIPAJ Clinician benefits from clinical advice and supervision from a psychologist and a psychiatrist who can help with psychological/health issues but also navigating the public health system.



RIPAJ-Montréal (Homeless Youth Network) - Continued

Moreover, different “on-site” or mobile RIPAJ clinicians (nurses, social workers) from different RIPAJ organizations also offer evaluation and link in with the ACCESS-EO organisation which is better adapted to the youth’s needs. An easy-to-use consent form for community partners was designed by RIPAJ to promote rapid access through information sharing (**see Appendix B**). Consent must be obtained in order to respect confidentiality obligations while honouring trust, transparency and ethical principles. Youth workers and peer support workers also meet monthly to support best practices, including rapid access and continuity of care. On-going communication and partnership prevents silo work and favours rapid, coordinated, quality care. If the first contact is not positive, the experience may further delay access to appropriate services or even sometimes cause further harm.

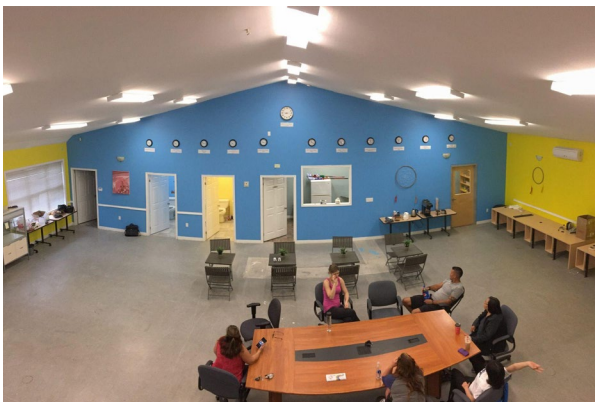
Promoting the core values of ACCESS OM encourages a positive interaction: shared decision-making, compassion, strength and resilience, diversity, personal goals and whole person approach, community engagement. It is crucial to take the time from the first meeting with youth. An in-depth understanding of complex needs of youth is required to conducting a quality assessment. Learn more **here**.

Within the RIPAJ network, youth have an easy and rapid access and accompaniment to psychologists who offer psychotherapeutic support, evaluation, psychotherapy sessions, and clinical support to workers and teams. Youth also have rapid, easy and same-day access to general practitioners as well as “on-site” and mobile nurses, social workers and youth peers within the RIPAJ network. Psychiatrists within the RIPAJ network reserve time for scheduled drop-in evaluations at a community health clinic, a space that is well known to youth. Youth workers from the RIPAJ network are advised of the timeslots and can accompany youth from their services to these evaluations. If preferred by the youth, the psychiatrists can also go where the youth is comfortable to be evaluated in a trustful RIPAJ partner organisation. These strategies promote rapid, engaging access. In addition, training and knowledge transmission are also important parts of RIPAJ’s consolidation of expertise.



Eskasoni First Nation, Nova Scotia

The ACCESS Open Minds team in Eskasoni First Nation engages youth in the community through immediate access to support services, and works to ensure that no barriers are placed in the path of seeking such support. No matter a person's age, anyone can seek the support of the mental health team — whether it is support for mental health concerns or other areas that contribute to well-being, such as cultural care and understanding. Everyone who seeks support will be met and heard with the aim of promoting healing and improved well-being. The site's tight-knit multidisciplinary team can then ensure that the person seeking help is adequately supported, depending on their presenting needs and requests. The Eskasoni First Nation ACCESS Youth Space is one of the many ways that youth can access help; the space is open throughout the week with a well-publicized and varied schedule, and hosts all sorts of programming, from cooking classes to culturally-specific crafting (e.g. beading, drum making) to mental health-specific topics. There are other ways to connect quickly with this ACCESS OM team, too. The Eskasoni Crisis and Referral Line is a phone line open and staffed 24/7 by crisis workers ready to talk to those in need of support, and refer them to local help if needed. The ACCESS team also connects with youth via Facebook, text message, and through close partnerships with other local service providers. It is important to note that all of these ways for Eskasoni youth to access support so quickly is directly linked to non-permanent, grant-based, and precarious funding sources. **The site team's hope for the future is a more permanent funding solution to keep these vital services available to the community.**



Edmonton, Alberta

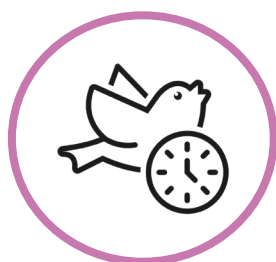
One of the ACCESS Open Minds Edmonton team's main actions towards ensuring rapid access for their youth was to eliminate referrals, as a result also eliminating the added labour of booking appointments, dealing with no-shows, and having youth "slip through the cracks." Instead, youth who would have otherwise been referred are directed to attend the walk-in ACCESS OM youth space, where they are met during the drop-in hours. Whenever possible, the person who might otherwise make a referral accompanies the youth to the ACCESS OM site.

Of course, managing a service based on walk-in clients is a balancing act in and of itself. But the Edmonton site is staffed by a team of skilled clinicians whose primary goal for every initial meeting with youth is to make sure that the experience of seeking help is felt as positive to the young person. Using solution-focused techniques to address what youth are most concerned about, common intake/screening tools, and the involvement of family and natural supports as much as possible, the Edmonton ACCESS Clinicians also skillfully integrate the evaluation component of the ACCESS OM framework into their day-to-day practice. This shift in practice has led the Edmonton team to be able to count their service delay in minutes, not hours or days. Through the central door of the ACCESS OM drop-in in Edmonton, youth can be connected to a wealth of additional services, including social work, addictions counselling, family engagement, education and employment, as well as the full range of Addictions and Mental Health services offered through Alberta Health Services.



RAPID ACCESS: PART OF A LARGER FRAMEWORK

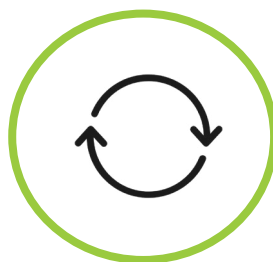
Rapid Access works in conjunction with the other ACCESS OM objectives:



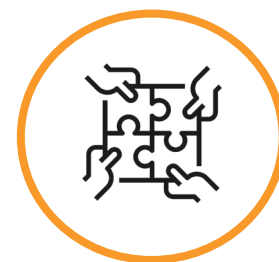
Early
Identification



Appropriate
Care

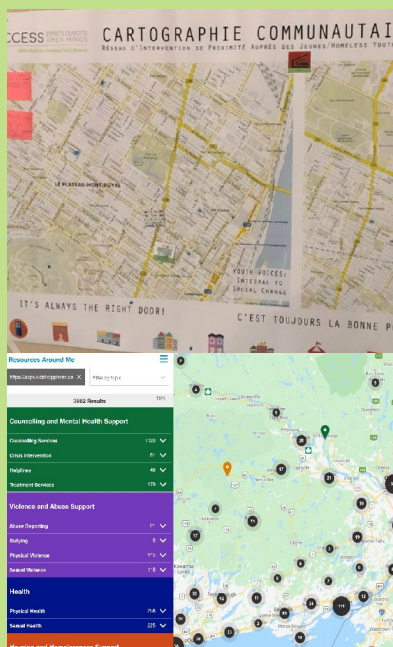


Continuity of Care
Beyond Age 18



Youth and Family/
Carer Engagement

The 3 components of Rapid Access described in this guide will help transform a mental health service towards allowing youth to access services more quickly. That said, this transformation is meant to take place alongside the various other aspects of the ACCESS OM framework, as highlighted above. For instance, Rapid Access is only useful if the community knows when and how to refer youth to the services available. The following are important in the transformation towards Rapid Access:



Community mapping: Through taking part in the exercise of community mapping (as outlined in the ACCESS Open Minds Community Mapping Guide), site teams/local community organizations identify the various players in their community who are in contact with youth and/or contribute to the health and wellness of youth, to forge or strengthen partnerships with these services (e.g. schools, hospital and emergency services, etc.). Doing this helps ensure that youth in the community who are in need of support are immediately referred to the youth space/ACCESS Clinician/ACCESS OM team. Through this mapping activity, site teams might also figure out better ways to bridge the gaps between youth services and adult services, so as to avoid unnecessary, traumatic, and disengaging cut-offs at arbitrary times in a person's care (e.g. at a person's 18th birthday, or when a person moves schools).



Early identification activities: Not all youth and family members/carers will know what sort of services are offered at the ACCESS OM site, nor might they be able to identify that their loved one (or they themselves) are in need of mental health support. By performing a range of early identification activities (e.g. information sessions at high schools, video ad campaigns about mental health symptoms, information about the ACCESS OM site, etc.), youth and their families/carers – as well as educators, clinicians, and other service providers in the community – will gain increased knowledge about what a youth space or youth mental health service has to offer, and whether the young person in front of them (or youth themselves) is in need of mental health support.



Youth and family/carer engagement: An integral aspect of the ACCESS OM framework is the meaningful engagement of youth and families/carers in all aspects of the project. This means that youth and families'/carers' participation is sought beyond a consultative function, and is not a mere token contribution. True engagement means that youth and families/carers are part of the core site team, participating in the design of services, the design of the youth space, and the hiring of employees. Engagement also means active participation and decision-making in their own care and the services that they might be receiving. This level of engagement also ensures that the care being provided is appropriate to their desires and needs, rather than being a plan of care that is developed in a silo, and then imposed upon the youth and family member. Finally, peer support can be an important component of youth engagement (as outlined in the ACCESS Open Minds Peer Support Guide).

INTEGRATING RESEARCH AND EVALUATION TO SERVICES

In order for this framework to be worth sustaining, it needs to be evaluated; the resulting data will help demonstrate to service users, service providers, managers, provincial health funders, and federal policy-makers that providing Rapid Access to youth in need of mental health services is an effective and viable way to provide services. Beyond intuitively knowing that an individual will experience a better pathway to care if the first door they knock on is answered, qualitative and quantitative data can help further improve implementation and make it sustainable. As well, these data can be used to further improve the implementation of the Rapid Access principle.

Within the ACCESS OM framework, continual evaluation of the framework and its impacts on outcome of individuals seeking help, and of the system within which they receive help, is being carried out using feedback from consenting youth and families/carers who have received services or have attended programming at ACCESS OM sites. Anonymized administrative data is also being collected with site teams across the network. Here are some examples of research and evaluation questions related to Rapid Access:

- What is the wait time for a young person to access services?
- What can be done to adjust the service to decrease these wait times?
(e.g. examining referral pathways and adding support to overburdened portals of entry into the system, adjusting hours of operation to best meet needs of youth attending the clinic, etc.)
- What is the experience of youth and family/carers who are receiving services?
- What are their levels of satisfaction with these services?

Evaluation of user satisfaction can be performed at different levels. These different methods can include: asking young people and family members to fill out satisfaction surveys and linking their satisfaction with the delays that they experienced; having youth and families who attend the clinic complete anonymous satisfaction surveys; installing a comments and/or suggestions box, in which youth clinic attendees can anonymously provide their opinions. It is also important to evaluate whether youth and their families/carers experience the initial intake process as engaging, including through qualitative methods such as interviews, arts-based methods, and focus groups.

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APPENDIX A:

ROLE OF ACCESS OM CLINICIAN

Purpose of document: This description is intended to provide sites with the recommended role, responsibilities and competencies of the ACCESS OM Clinician. Additional requirements for this function remain at the discretion of the site and will depend on availability and capacity of local resources. Individuals fulfilling this function will of course receive training to ensure that the activities described here are understood and integrated into practice.

The ACCESS OM Clinician¹ is an essential component of the services and care delivered at the ACCESS OM demonstration site [enter name of ACCESS OM site] and will be reporting to [enter name of site lead or manager and partner organization]*. Funded through a ground-breaking and visionary partnership between the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation, ACCESS Open Minds (OM) is a pan-Canadian, multi-provincial and territorial research project uniting youth, families, service providers, researchers, policymakers, and community organizations to develop, implement, and evaluate a model of transformation to improve youth (11-25 years) mental health services in Canada.

This will be achieved through locally-informed innovation in early identification, rapid and flexible access, and appropriate care that is engaging, compassionate, sensitive and evidence-informed. The work conducted by the ACCESS OM network will serve as a model for youth mental health service transformation across the country.

¹The function of ACCESS OM Clinician may be situated in another role with a different term/job title. If this is the case, it is still intended that the same functions be completed and that ACCESS OM values be adhered to.

**ACCESS OM Clinicians must be affiliated with an ACCESS OM partner organization*

APPENDIX A (CONTINUED):

ACCESS CLINICIAN JOB DESCRIPTION

The ACCESS OM clinician is responsible for key activities involved in youth mental health service delivery and transformation. This includes being directly accessible as the initial contact for youth with a mental health concern or for those acting on behalf of youth. The ACCESS OM clinician is responsible to provide youth with a mental health concern with rapid engaging access to an initial assessment/screening within 72 hours, regardless of the severity. The overriding responsibilities of this position are ensuring timely access to appropriate care as required, and improving the continuity of care received across the local mental health system.

Main Responsibilities

1. Serving as a directly accessible (by phone, by email/online referral or in person) initial contact for youth with a mental health concern or those acting on behalf of youth in need (e.g., family, teacher, etc.)
2. Regardless of severity or type of mental health concern, providing youth in need with rapid, engaging access to an initial assessment/screening (within a maximum of 72 hours) (in a variety of settings informed by the client's preference).
3. Conducting intake assessments (including risk assessments) to develop a thorough understanding of the youth.
4. Completing assessments/questionnaires as indicated by the ACCESS OM evaluation protocol.
5. Engaging youth and empowering youth in decision-making process to identify appropriate care.
6. Engaging families/carers in the clients' assessment and recovery as much as possible (when appropriate).
7. Linking and referring youth and families to appropriate resources and services and/or to further specialized care if necessary; introducing them to specialists; and, if needed, accompanying the young person and his/her family to initial appointments.
8. Develop strong partnerships and positive working relationships with many community services whether they be mental health, recreation, or criminal justice.
9. Liaising with referral sources and acquiring medical and other relevant information for the client's care.
10. In collaboration with the site coordinator, working in close collaboration with care providers within and outside the ACCESS OM team to maintain direct, seamless connections to all suitable resources and services so that youth can access appropriate care in a timely manner.

11. Keeping youth engaged until appropriate services are available. This means staying in contact with youth regularly to provide support and ongoing risk assessment.

12. Utilizing or leveraging youth and family peer support and/or community resources to help alleviate distress and support young persons and their families/carers.

13. Forging strong partnerships with emergency/hospital services as well as resources in the community to help promote referrals to ACCESS OM.

14. Working in close collaboration with the rest of the ACCESS OM team, including evaluation staff.

15. Maintaining up-to-date records and case notes based on the clinical and research protocol of the ACCESS OM site.

16. Participating in ACCESS OM clinician trainings and booster sessions as well as in an online community of practice (formed by ACCESS OM Clinicians who will engage in a process of collective learning and support).

Non-essential responsibilities

Utilizing brief, evidence-informed, generic and psychosocial interventions (on-and off-line) available via ACCESS OM (at the discretion of sites).

Requirements

- Must be willing to work outside of the office and in community and occasionally outside of normal work hours.
- At the discretion of the site, the ACCESS OM Clinician may be based at a youth mental health space.
- Access to a car is an asset.

Qualifications

Education: At least a bachelor's degree in any of the health professional disciplines (nursing, social work, occupational therapy, psychology) or equivalent.

Membership of a professional order remains at the discretion of the sites.

IMPORTANT NOTE: Affiliation to a professional order may be required for liability purposes and quality assurance. In addition, it is also dependent on the specific role of the ACCESS OM Clinician (ex. screening, evaluation, etc.) in addition to provincial/territorial laws.

Experience

- Demonstrated experience working with youth, their relatives in distress or in mental health settings
- Demonstrated experience of navigating the health and social systems in the community
- Demonstrated experience delivering culturally appropriate services

Skills & Competencies

- Strong interpersonal and empathic skills, with ability to establish trusting relationships with young clientele, their family members/carers and any other significant person for youth.
- Excellent communication skills (both verbal and written)
- Excellent organizational, problem-solving and time-management skills
- Ability to take initiative and awareness of when one needs to seek assistance/advice from senior personnel and other team members
- Ability to work autonomously and within a multidisciplinary team.
- Ability to deal with clinical situations related to legal and mental health issues
- Ability to deal with crisis situation.

Knowledge

- Knowledge and experience of community resources
- Knowledge of MS office suite
- Knowledge of youth culture and experience of youth mental health issues including substance related problems and comorbidity

Pay scale, working hours and contract duration

- Pay scale: depending on local context (approx. CDN \$55 000 to \$75 000 per year + benefits (18%))
- Working hours: Full-time position (number of hours dependent on rule and regulations of partner organization)
- Contract duration: 1 year renewable contract for up to 3 years of ACCESS funding

Core values of ACCESS

It is envisioned that the ACCESS OM Clinician embodies in her/his role/function the core values of ACCESS OM listed below:

- Full participation from youth and families who will shape and actively engage in the transformed system of care.
- Recognition that a young person in distress is a whole person, not a disorder
- Services are based on a philosophy of hope, resilience, empowerment, and respect.
- Flexibility, portability, and adaptability of care/services provided, and appreciation of local, personal, and sociocultural circumstances, values, beliefs and strengths.
- Easy, early access to a continuum of assessment and subsequent evidence-informed intervention, where, when and if needed.
- A sustained commitment to the integration of services and stakeholder groups.

APPENDIX B:

CONSENT FORM FOR COMMUNITY

RIPAJ (Réseau d'Intervention de Proximité Auprès des Jeunes)/HOMELESS YOUTH NETWORK AUTHORISATION TO COMMUNICATE INFORMATION

Objective : Communication with the goal of better understanding my challenges, identifying my assets in order to direct care that is offered to me, to determine potential solutions with the various caseworkers involved in my care, working with the organizations named below and/or with the members of my personal network.

I, undersigned: _____

authorise (organisation(s), contact person/people, tel. number)

To disclose:

- ☐ **written information**
- ☐ **communicate verbally with representatives from one or many services/organisations or people who are part of my personal network, chosen from among the following :**

The authorisation to communicate applies to the entirety of the services or programs linked to the choice selected. If needed, please specify in the other category.

- | | |
|--|---|
| <input type="checkbox"/> ACCESS-RIPAJ | <input type="checkbox"/> La Maison St-Dominique |
| <input type="checkbox"/> Clinique des jeunes de la rue, CLSC des Faubourgs | <input type="checkbox"/> La Maison Tangente |
| <input type="checkbox"/> Clinique JAP/ÉQUIIP SOL | <input type="checkbox"/> Le GIAP |
| <input type="checkbox"/> CRDM-IU | <input type="checkbox"/> Le Refuge des jeunes |
| <input type="checkbox"/> Dans la rue | <input type="checkbox"/> Le Tournant |
| <input type="checkbox"/> Diogène | <input type="checkbox"/> Médecins du monde |
| <input type="checkbox"/> FJTTM | <input type="checkbox"/> Peer(s) : _____ |
| <input type="checkbox"/> L'Escalier | <input type="checkbox"/> Passages _____ |
| <input type="checkbox"/> Other : _____ | <input type="checkbox"/> Carer/family: _____ |
| _____ | <input type="checkbox"/> Other : _____ |
| | _____ |

When: During phone meeting(s) and/or in person meeting(s) between the above mentioned services and/or when caseworkers from the above mentioned organizations meet.

Comment(s): _____

About this/these communication(s):

- ☐ **I would like to be informed of the information that was shared and the conclusions/potential solutions that were discussed that concern my situation.**
- ☐ **I would like to be present at this meeting, as much as possible.**
- ☐ I authorise communication between the above mentioned people as of now, for a duration of ____ days (Please mark your initials here : _____)
- ☐ I know that I can cancel this authorization at any time, through verbal or written notice, by communicating my choice to the parties involved. (Please mark your initials here: _____).
- ☐ I revoke this authorisation to communicate information as of: (date) _____ (Please mark your initials here: _____).

First name(s): _____

Last name(s): _____

DOB: _____ # RAMQ : _____

Preferred method to contact me (telephone, email): _____

Can we leave a message on voicemail? ☐ yes ☐ no

SIGNATURE : _____ DATE : _____

SIGNATURE (witness) : _____ DATE : _____

