

Clinical Review of the Youth Centres for the Town of Halton Hills

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Clinical Review

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Executive Summary

In 2017, Reach Out Centre for Kids (ROCK), in collaboration with the Town of Halton Hills, conducted a mental health survey, which assessed the current clinical service provision environment for youth in Halton Hills Ontario. The data collected from youth, stakeholders and a service model review were part of an ongoing initiative in identifying current service gaps for youth residing in Halton Hills Ontario. The goal was to identify the current needs of youth and service shortcomings and use this information to make recommendations for future service provision models. The survey deliverables included:

1. A clinical understanding of the youth centre attendees
2. Review of collateral documentation and contacts
3. Assessment of the clinical service provision environment
4. Recommendation of possible future service provision models

The survey was conducted between September and December of 2017 and included information from informal discussions with youth, telephone interviews with community stakeholders, a document and model review and the consultations team's primary observations. A primary component of the review centered on the need to incorporate youth voices in the assessment of the current service landscape. Youth voice information was gathered informally during regular service provision. Telephone interviews were conducted with 17 individuals from a wide range of organizations/sectors in the Halton Hills communities. The purpose of these interviews was to gather information about stakeholder's perceptions of the current service environment for youth and understand their ideas for future service provision models.

The model review consisted of an exploration of current addiction and mental health services provided to youth in the Halton Hills Ontario area as well as an exploration of wellness hub models throughout Canada.

This report provides a summary of the findings obtained from the above data collection efforts as well as recommendations for future service provision models in the Halton Hills area. A clinical review of the participating youth reveals that the primary presenting mental health and other concerns are:

- Undertreated psychiatric issues
- Substance use
- Parent-youth conflict & Unstable family relationships
- Youth justice involvement
- Insecure Living Arrangements & Hunger

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As part of the survey, youth and stakeholders discussed strengths and challenges with the current service model. Youth shared that the youth centres were important to them and that they felt safe in those spaces and were happy to have people to talk to. They indicated the following challenges:

- Access to transportation and difficulty navigating among all of the different services
- Limited operating hours at the youth centres

Stakeholders spoke about strength in community collaboration and indicated that organizations and services in Halton work well together to support youth needs. They also noted that there is a common understanding in the communities that youth issues are important and this is a priority for many service providers. Some challenges noted by stakeholders included:

- Transportation needs make it difficult for youth to attend appointments and services
- Lack of availability of services in Halton Hills (many services require travel to other parts of the Halton Region)
- Not enough outreach support in the community

Based on the information gathered through the survey, this report makes recommendations for consideration when developing a new service provision model. Recommendations include:

- Supporting development of a designated youth friendly space for youth services and recreation programming
- Offering a variety of integrated youth services in one location that is easily accessible to youth
- Increased focus on community wellness and mental health education and awareness
- Partnership between youth services and adult services to ensure parent/caregiver mental health is addressed in new service provision model

A review of current service models in Canada identified the Youth Wellness Hub as a preferred model for increased service integration for youth. In this model, youth are guided to an integrated suite of services that can include mental health, substance use, primary care, vocational, housing, recreation and other support services - all provided in one youth friendly location.

Core elements of the Youth Wellness Hub model align to address the current needs of the youth in the community and the above listed recommendations for stronger service provision. However, the clinical review of the Halton Hills community brought additional elements that went beyond the Hub model, and began to answer the question of: How can we create services for youth while building our families and community?

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Introduction

Purpose

The purpose of this report is to provide a summary of data collected as part of the mental health survey, which assessed the current clinical service provision environment for youth in Halton Hills Ontario. The Town of Halton Hills, located in the North Eastern quadrant of Halton Region, has a population of approximately 65,000 within two urban centres—Georgetown and Acton—and several smaller surrounding rural villages and hamlets. Approximately 6.5% of this population (10,000) are Youth aged 12-25.

The aim of the review was to gain a stronger understanding of the youth who are accessing these services, including their presenting mental health challenges, better understand youth experiences of the current service environment and make recommendations for future youth service models. Data was collected by the Reach Out Centre for Kids (ROCK) consultation team (see Appendix A) through informal discussions with youth, telephone interviews with community stakeholders, and the consultations team's observations.

The Town of Halton Hills, the Halton Hills Youth Network¹ and the Halton Hills Youth Network Steering Committee² also participated in the review and collaborated regularly with the consultation team. All data was collected between September and December of 2017³.

It is anticipated that the discussion and distribution of this report will aid the Town of Halton Hills in developing and implementing an integrated service delivery model to meet the mental health needs of youth residing in the community.

Objective

The data collected from youth, stakeholders and the model review were part of an ongoing initiative in identifying current service gaps for youth residing in the Halton Hills Ontario. The goal was to identify the current needs of youth and service shortcomings and use this information to make recommendations for future service provision models.

¹ The **Halton Hills Youth Network** is a collection of youth serving agencies across the Town of Halton Hills. The purpose of this network is to ensure youth service provision is aligned and most effective in addressing youth needs through identification of service gaps, explore opportunities to address these gaps and enhance services.

² The purpose of the Halton Hills Youth Network **Steering Committee** is to take input provided by the network and act on solutions to address the identified need through service change or enhancement, targeted projects and initiatives as well as overall assessment and measurement.

³ Youth data collection continued after the data collection report deadline of December 2017. As of March 2018, data was collected from 27 youth. Trends reported throughout the report were consistent with data collected from the larger sample. See Appendix F^b for presenting concerns chart for data collected from 27 youth.

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Deliverables

1. A clinical understanding of the youth centre attendees
2. Review of collateral documentation and contacts
3. Assessment of the clinical service provision environment
4. Recommendation of possible future service provision models

Procedure

Youth voice

A primary component of the review centered on the need to incorporate youth voices in the assessment of the current service landscape. Information from youth who accessed one of the two youth centres located in Halton Hills Ontario was gathered. The two centres under review included Open Door located in Georgetown Ontario and Off the Wall located in Acton Ontario. The youth centres provide supervised recreation based supports for youth where they can complete their homework, do an independent activity or participate in scheduled activities and events. Snack food is available to youth as well as access to trained staff who can support youth in the centre or provide referrals to other services in the community. The centres function as a drop-in and youth can access services or the space as needed.

Youth voice information was gathered informally during regular service provision. Specifically, a Child and Youth Counsellor positioned within the centres, who provided counseling and case management services, collected data while meeting with youth⁴. Youth who participated in the data collection process met with the Child and Youth Counsellor an average of five times. Information collected consisted of primary presenting concerns (mental health, interpersonal challenges, substance use etc.) and impressions of the current service landscape. Data was collected from 14 youth ranging in age from 14 to 20 years old. Four female youth and 10 male youth from Georgetown (nine youth) and Acton (five youth) participated.

Stakeholder interviews

The purpose of these interviews was to gather information about stakeholder's perceptions of the current service environment for youth and understand their ideas for future service provision models. Semi-structured telephone interviews were conducted with various stakeholder groups in the Halton Hills communities. Interviews were conducted with 17 individuals from a wide range of organizations/sectors which included: Addictions, Child Welfare, Employment Services, Faith-Based Communities, Housing Services, Mental health, Region of Halton, School Boards, and the Town of Halton Hills (see Appendix B).

⁴ Youth voice data was only collected from youth who participated in service with the on-site Child and Youth Counsellor. Several other youth attended the youth centres during September-December 2017 but did not participate in data collection.

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Stakeholders were asked (1) What do youth living in Halton Hills need with respect to mental health and addictions? (2) Do you think that there is a difference between Georgetown and Acton in terms of service access? Is there a difference between the two communities in terms of service requirements? (3) What are some of the strengths of the services currently being offered in Halton Hills? and (4) Do you think that we could provide youth with the services that they need without a Youth Centre? If so, are you aware of any other models that we could use? (See Appendix C for summary tables of data collected from the stakeholder interviews).

Model review & regional initiatives

In addition to information gathered from youth service participants and stakeholders, a review of current services was also conducted. The model review consisted of an exploration of current addiction and mental health services provided to youth in the Halton Hills Ontario area (see Appendix D) as well as an exploration of wellness hub models throughout Canada (see Recommendations section).

Please refer to “Appendix D: Overview of Current Mental Health and Addiction Services” which provides the following information:

Type of Service	Agency	Age	Description
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Summary of Findings

A Clinical Understanding of Youth Centre Attendees

This section contains a list and discussion of the results of the data collection efforts from youth attending one of the two identified youth centres and the community stakeholder interviews. For the purposes of this report “clinical understanding” refers to an understanding of mental health and addiction concerns and challenges.

Strengths of the Halton Hills community

Data collected from the stakeholder interviews revealed many strengths of the community as well as the services currently being offered to youth in Halton Hills. The majority of interviewees spoke to the community’s strong ability to collaborate. Specifically, stakeholders felt that organizations work well together and described a strong ability to network with service providers throughout the community. Although it was noted that more services are needed, stakeholders felt that those services that are available work toward a common goal of supporting members of the community. Stakeholders also noted that the programs that are available are helpful and provide useful services to the community. Finally, stakeholders shared that the community has prioritized youth concerns and identified this as a positive shift. It was stated that the municipal government has made youth issues a priority and has worked to ensure that the youth voice is valued. See Appendix E for summary of youth centre strengths and initiatives.

...programs that are available are helpful and provide useful services to the community

General demographic assessment

Youth centre attendee’s range in age from 13-24 years old. Most of the youth attending the youth centres are unemployed but a few reported having part-time employment in their home communities. Most also indicated that they do not participate in any organized extra curricular activities outside of the youth centres. School attendance was reported as an ongoing concern for most of the youth and many reported not going to school at all or skipping classes regularly. Substance use is prevalent and experienced by the majority of youth attending the centres; most indicated positive experiences with their substance usage. Many youth who require services must travel to the municipalities in the southern parts of the Region, an option that is simply unavailable to people without access to a vehicle or the resources to hire private transportation services. This is a significant barrier to youth living in low-income families and those who are homeless.

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Finally, most youth live in blended families or single parent homes or have living arrangements outside of their immediate family (living with extended family or in group homes). Some youth reported being homeless (or were homeless in the past) or under-housed.

Presenting mental health and pressing challenges

This list includes information about the primary presenting concerns among youth accessing services. The most commonly identified presenting concern was substance use (93%) followed by attachment disruption with primary caregiver⁵ (64%), parent-youth conflict (57%), conduct/delinquency related problems, police/justice system involvement and psychiatric diagnoses (all 43%) (see Appendix F^a for full list of identified presenting concerns).

Substance use

Most of the youth attending the youth centres (13 of the 14 sampled youth) reported using substances on a regular basis. Marijuana, alcohol and cigarettes were cited among the most frequently used substances. Other reported substances include heroin, acid, Molly (MDMA), and crack cocaine.

Youth described using substances to cope with racing thoughts and anxiety although some youth reported negative experiences when experimenting with new substances such as having a scary trip or doing things they would not have otherwise done. Some youth described feelings of guilt and shame after making certain decisions while under the influence of drugs or alcohol.

However, most reports were favorable as youth described that the substances helped them cope. Youth descriptions of substance usage as a method of coping with challenges can be understood as “self-medicating” as youth expressed that the use of substances helped alleviate mental health symptoms and stress.

Concerns over substance use were further supported by the stakeholder interviews which indicated that stakeholders perceive that substance abuse issues have become more prevalent in both the Georgetown and Acton communities⁶. Although an increase in substance usage is of concern, research supports that the use of substances to cope with mental health challenges is common. Research demonstrates strong rates of comorbidity between substance usage and mental health symptoms and suggests that people experiencing challenges participate in “self-medicating” by using substances to alleviate or cope with symptoms (Bolton, Robinson & Sareen, 2009; Robinson, Sareen, Cox & Bolton, 2009).

⁵ Attachment disruption with a primary caregiver can occur when the security and bond between a parent and child is disrupted by relational or environmental events such as conflict, divorce, separation from parents, removal from the family home etc. (Frederick & Goddard, 2008).

⁶ Please note that this was based on their perception of the community as a whole and not specific to youth centre attendees or programming

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Parent-youth conflict & Unstable family relationships

Several of the youth reported difficulties in their relationships with their parents or caregivers. Much of the homelessness reported by youth was in relation to conflict or interpersonal disruption with their parents or caregivers (21% of youth reported housing/homelessness as a presenting concern and 14% reported that their placement in the family home was at risk). Conflict with parents was most often described as being a result of the youth's behavior or choices that were not supported by their parent. The youth described experiences of being asked to leave their family homes due to self-regulation problems, breaking rules or breaking the law. One youth describes his feelings about his strained relationship with his mother:

Angry that I most likely would destroy the little relationship I have with my mom if the police get involved. Angry that I can't figure things out fast enough. Angry that I'm happy and the people that I cared about aren't. Angry that I feel helpless in all this. Angry that I can't always tell how I feel.⁷

However, there were also parent-driven reasons for conflict or relational difficulties with their youth including:

...family breakdown may be exacerbating youth mental health issues and this needs to be addressed more adequately

parental mental health challenges and substance use, religious differences, and not having a "close relationship or bond".

Stakeholders also spoke about concerns between youth and their relationships with their primary caregivers. Information collected from the stakeholder interviews suggests that stakeholders believe that youth mental health needs can not be adequately addressed unless we better understand the parent-child dynamic. It was noted that family breakdown may be exacerbating youth mental health issues and that this needs to be addressed more adequately.

Stakeholders spoke about concerns regarding parental mental health and its affects on youth in the community and also shared that there may be a lack of understanding from parents about their child's mental health and how to access services. The experience of conflict within the parent youth relationship has been associated with a number of adverse outcomes for youth and their families and has been shown to be a contributing factor of substantial psychological stress in youth and has been is linked to youth risk taking behaviors (Nelson, Bahrassa, Syed & Lee, 2015).

Youth justice involvement

⁷ Permission received from this youth to use this quote in the report

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It was identified that many of the youth had experienced involvement with the justice system. Through discussions with the youth it was identified that much of this involvement is the result of charges related to stealing. The youth described instances stealing from one another and buying and selling items for money. The youth also spoke about the act of “car hopping”. Car hopping is described as the process of checking car doors to see if they are unlocked and taking items from those that are open (as described by the youth). It has been observed that “car hopping” is a prevalent concern particularly in the Acton community.

Undertreated psychiatric issues

Psychiatric diagnoses were reported by 43% of the youth sample. It is expected that the presence of mental health concerns is higher than this reported statistic as 36% of youth questioned unidentified and/or undiagnosed mental health challenges. Reported diagnoses included Attention-deficit hyperactivity disorder, Bipolar disorder and Post-Traumatic Stress Disorder.

Additional reported mental health challenges that were not captured by the “psychiatric diagnoses category” above included: trauma (36%), attention related problems (36%), ADHD (36%), emotional difficulties/dysregulation (36%), self-injury (29%), depression related problems (21%) and anxiety (21%). Please refer to Appendix E for full list of identified presenting concerns.

Youth spoke often about their mental health challenges and the impact this is having on their lives. Youth indicated that mental health symptoms impact their ability to attend school, their core relationships with friends and family), and their ability to attend appointments.

Stakeholders described a spectrum of presenting concerns including anxiety, depression, recreational drug use, bullying, suicidal ideation, self-harm and trauma. Most stakeholders believed that anxiety was the most prevalent presenting concern among youth.

Again, discussions around mental health diagnoses often was linked into discussions of substance use. It has been suggested that many youth use substances to cope with mental health symptoms that are not being adequately treated.

Insecure living arrangements & hunger

In addition to mental health and addiction concerns, many youth indicated challenges with meeting basic needs such as adequate housing and food. Twenty-nine percent (29%) of the youth indicated that their housing placement was at risk (family home and other housing placements) and another 21% indicated housing and homelessness as a primary presenting concern.

For these youth, addressing mental health and substance abuse issues was not a priority - as finding somewhere to stay each night needed to take precedence

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They described housing as a significant concern and something that consumes much of their time. For these youth addressing mental health and substance abuse issues was not a priority - as findings somewhere to stay each night needed to take precedence.

Food was described as one of the primary reasons youth attended the youth centres and 21% of youth indicated hunger as a primary presenting concern. The majority of the youth indicated that having access to healthy food and snacks was important to them.

Stakeholders supported this concern and shared that the social determinants of health are an important consideration when addressing mental health and addiction challenges and that many of the youth in the community are experiencing homelessness and food insecurity.

Assessment of the Clinical Service Provision Environment

Youth impressions

Youth discussed strengths and challenges with the current service model. The majority of the youth indicated that the youth centres were important to them and that they feel “safe there” and that it has a “homelike vibe”. The youth shared that the youth centres give them “something to do” and expressed that there is not a lot for them in the community besides their connection to the centres. Having people to talk to was among one of the most commonly discussed strengths of the youth centre model. Youth spoke about “getting advice” and being able to “talk with workers”. Youth also spoke about practical supports they received from the youth centres such as healthy meals and community service hours.

Youth shared that they would prefer if service providers could come to them at the centre and if there could be more services available in a central location

Commonly cited challenges with the current service environment primarily centered on transportation and service navigation. Many youth are involved with multiple service providers in the community and have expressed that there can be confusion at times with understanding the different roles. It was also noted that making appointments and getting to appointments in different locations throughout the community can be difficult for youth due to challenges with time management, other commitments and transportation needs. Youth shared that they would prefer if service providers could come to them at the centres and if there could be more services available in a central location.

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Finally, youth expressed challenges with the youth centre's limited operating hours and recommended longer and more flexible service access⁸. Given that many of the youth spoke about utilizing the youth centre for food, temporary shelter and support, an extension of the operating hours was expressed as a significant need.

Literature on building resilience in young people speaks to a social ecological approach, which suggests that professionals need to work on building 'the capacity of youth to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being' (Ungar, 2015, pp. 8-10). From this perspective, barriers such as transportation or limited service offerings inhibit young people's ability to navigate to necessary services needed for their mental and physical wellness

Stakeholders and consultation team assessment

Stakeholder interviews and ROCK's consultation team assessments also revealed strengths with the current service provision environment. Stakeholders spoke about community collaboration and indicated that organizations and services in Halton work well together to support youth needs. They also noted that there is a common understanding in the communities that youth issues are important and this is a priority for many service providers.

ROCK'S consultation team identified many services in the communities that provide support for youth mental health and substance use challenges (see Appendix D). Stakeholders and youth have indicated that these services have been "helpful" and provide substantial support to youth in the community (see Table 3 in Appendix C).

Although service collaboration was identified as a strength by stakeholders, some concerns over service integration was identified by ROCK's consultation team. The consultation team noted that there was sometimes role confusion among service providers and that transitions between services were sometimes difficult for the youth. Youth voice information supports the need for better service integration.

Critical questions going forward:

1. How can we best deploy services?
2. How do we build collaboration more effectively?
3. Where could we benefit from integrated services?

The stakeholders also identified areas for service improvement and indicated that transportation was a significant barrier in the community. There is no public transportation in the Halton Hills communities and this creates many challenges for young people in attending appointments in multiple locations.

⁸ Open Door is open Monday-Friday 10:30am-2:30pm and Off the Wall is open Monday-Friday 3:30pm-7:30pm

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Geographical availability of services specifically in Halton Hills was also identified as a challenge. Although the Halton Region offers a substantial amount of mental health and addiction services, these are not always available in the Acton and Georgetown communities.

Some larger organizations provide satellite services in the Halton Hills communities but the timing of these services is often limited and wait times can be significant given the limited availability. Stakeholders spoke about needing more outreach support in the community so that youth services could be available to youth where they are rather than needing to attend appointments and programs in locations throughout the region. In addition to mental health and addiction services stakeholders spoke about the need for providing recreational opportunities for youth (see Table 4 and Table 5 in Appendix C).

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Recommendations

This section discusses four recommendations for consideration when developing a new service provision model. Recommendations were developed from the data collected by the youth and stakeholders as well as the consultation team's assessment of the current service landscape. This section concludes with an overview of a recommended service model and explores how the four service provision recommendations could be accommodated within the new model (see Appendix G and Appendix H for youth voice meeting notes and parent survey responses providing further support for the recommendations described below).

Service Provision Recommendations

Recommendation #1

Designated youth space

It is recommended that a designated physical space for youth services and programming be provided. This recommendation was supported by data collected by the participating youth as well as information gathered from the community stakeholders.

- Youth spoke about having a location where they can spend time and service providers would come to them rather than having to attend appointments in different locations throughout the community. Youth spoke about difficulties with transportation and how having services located in one space would alleviate some of this burden.
- Stakeholder recommended that this space be youth friendly and include access to shower facilities to support homeless or under housed youth as well as having cooking and food storage capabilities. Stakeholders spoke about a space that is “open, inviting, and youth friendly” and suggested amenities such as a gym and kitchen for recreation and socialization activities, beds for emergency shelter, and comfortable lounge space (see Table 5 in appendix C).

Recommendation #2

Co-located, integrated youth services

It is recommended that a variety of integrated youth services be offered in one location that is easily accessible to youth. In addition to mental health and addiction support (including the continuation of services provided by the on-site Intensive Child and Youth Counsellor) it is recommended that other youth services such as primary health, employment, legal, bereavement, and housing services be available in one location. The co-location of key services will help alleviate current transportation challenges and support youth in accessing services more easily.

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- Youth also spoke about other supports that would be helpful beyond service provision including LGBTQ+ groups and resources, free clothing and access to community transportation.
- Stakeholders discussed the need for more outreach services and suggested that outreach support be provided for those services not accessible in a designated youth location. It is recommended that an outreach worker be located within a designated youth space and be accessible to youth via telephone, text or online.

Recommendation #3

Community wellness & mental health awareness

It is recommended that in addition to service provision, there be a focus on community wellness and mental health education and awareness. Community initiatives that provide information and education on mental health and addictions would increase community understanding and promote stronger awareness.

It is recommended that wellness efforts be targeted at parents and other community members as well as service providers and that emphasis be placed on community wellness rather than being deficit based.

- Dissemination of information could be in the form of a community wellness website, newsletter as well as community workshops and trainings. Wellness and education efforts would support parents and other community members in better identifying mental health and addiction concerns and allow for earlier access of appropriate services and the initiation of informal wellness supports (peer support, supports within the school setting, parent support) to avoid the escalation of mental health issues and costs.

Recommendation #4

Partner with adult services

It is recommended that youth services partner with adult services to ensure there is a parent/caregiver mental health component in the new youth service model.

- Stakeholders described an intergenerational component to mental health and suggested that this is a growing concern in the Halton Hills communities.
- Youth, similarly spoke about concerns over their parent's mental health and substance use and the impact this has had on them and their own mental health and substance use. Therefore, it is recommended that mental health support for parents and caregivers of youth be available in the community and that there are specific supports for youth who have experienced difficulties related to parental mental health or addiction.

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Recommendation #5

Align to youth wellness hub model

Youth wellness hubs are a service model that aim to address gaps in Ontario's youth service system by providing a variety of mental health and addiction services in one location that is easily accessible for youth. In this model, there is integration among mental health, substance use, primary care, vocational, housing, recreation and other support services all provided in one youth friendly location. The co-location of multiple services helps alleviate transitions between services and allows for individualized interventions that are matched to each youth's level of need (What are youth wellness hubs?, 2017).

Concluding impressions

The Town of Halton Hill commissioned this review with critical input from the Halton Hills Youth Network, the Halton Hills Youth Network Steering Committee, as well as youth and adult stakeholders. As such, we would like to acknowledge that this is a community invested in building the mental health and resilience of their youth.

The community has been active in participating in the ground-up build of this review by facilitating access to the unique stories of the Halton Hills youth and combining it with the experience of its' service providers. Resilience is created when we successfully **navigate** youth to a range of resources, and then support them in learning how to incorporate these resources into their lives. As such, it is reinforcing that the recommendations from this clinical review are to:

- Co-locate and integrate mental health and substance use services, along with additional supports social supports like housing, vocation, recreation and socialization and primary care
- Designate physical space that welcomes youth to a setting that provides evidence-informed interventions
- Minimize and/or eliminate transitions between services

We should note that some of these recommendations do align and build on the provincial youth hub model. However, the clinical review of the Halton Hills community brought additional elements that went beyond, and began to answer the question of: Can we create services for youth while building our families and community?

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As such, there were specific recommendations to:

- Partner meaningfully with adult mental health services to support parents that are experiencing mental health and/or substance use concerns; and
- Support the community to build mental health awareness and wellness, while providing information on when and how to access supports

In commissioning this report, the Town of Halton Hills has gone beyond a 'boxed solution' and defined it's own unique process. Most importantly, we anticipate that the goodwill from this effort generated with youth, families and community stakeholders, will continue to remain available as the town moves forward with ongoing service design and implementation.

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References

- Bolton, J. M., Robinson, J. & Sareen, J. (2009). Self-medication of mood disorders with alcohol and drugs in the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Affective Disorders, 115*, 367-375.
- Frederick, J. & Goddard, C. (2008). Living on an island: consequences of childhood abuse, attachment disruption and adversity in later life. *Child and Family Social Work, 13*, 300-310.
- Nelson, S. C., Bahrassa, N. F., Syed, M., & Lee, R. M. (2015). Transitions in young adulthood: Exploring trajectories of parent-child conflict during college. *Journal of Counselling Psychology, 62*(3), 545-551.
- Robinson, J. Sareen, J. Cox, B. J. & Bolton, J. M. (2009). Self-medication of anxiety disorders with alcohol and drugs: Results from a nationally representative sample. *Journal of Anxiety Disorders, 23*, 38-45.
- Ungar, M. (2015). *Working with children and youth with complex needs: 20 skills to build resilience*. New York, NY: Routledge.
- What are youth wellness hubs?. (2017). Retrieved from <https://youthhubs.ca>

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APPENDICES

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Appendix A: ROCK Consultation Team

Consultant	Biography
Joanna Matthews , CYW, BPA Vice-President, Strategic Development	Joanna has extensive experience in community development and adult mental health services. Her foundational employment was drawn from direct service with children and youth in education, community, residential, treatment and vocational settings. She has been an E.D. of a Halton-based settlement agency and an adult mental health and addictions organization. As a recognized community leader, Joanna brings to this project leadership in many community engagement and capacity building initiatives to ensure greater access to services for marginalized communities.
Rashaad Vahed , MSW, RSW Vice-President, Clinical Services	Rashaad is a senior leader with 20 years of experience developing and implementing child and family focused clinical programs. As an Assistant Professor (status) with the Faculty of Social Work (Toronto) he maintains ongoing research efforts in the areas of child exploitation and cyber-counselling. As a National Technical Committee Member for Health Standards Organization, he is considered a subject matter expert of the children's mental health system where he develops national standards and reviews lead practices in the areas of mental health and substance use.
Surbhi Mhanot-Malhotra , PhD Program Evaluation Specialist & Researcher	Dr. Bhanot-Malhotra is the Program Evaluation Specialist & Researcher at Reach Out Centre for Kids. She oversees program evaluation and research activities at the organization. She has a PhD in Applied Social Psychology with expertise in program evaluation, mixed methods research and quantitative statistical analyses. She has over 15 years of experience conducting research in both academic and community settings. Surbhi has been the

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	lead investigator on a number of grants awarded through the Ontario Centre of Excellence for Child and Youth Mental Health. She was one of the lead investigators in the Ontario Brief Services Evaluation Project.
Kate Twigger, MA, RP Clinical Lead & Ph.D. Candidate	Kate is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario. She has extensive experience working with children, youth, and families in crisis, those who have experienced trauma, and those with complex mental health concerns. Kate has training and experience utilizing various therapeutic interventions including narrative therapy, solution focused brief therapy, cognitive behavioural therapy, and dialectical behavior therapy. Kate has been part of ROCK's North Halton Walk-in team since its development and is currently in the role of Clinical Lead. In addition to her current role on the walk-in team, Kate is currently working toward her PhD in Family Relations and Human Development at the University of Guelph.
Julia Morokhovets, BA, CYW Intensive Counsellor	Julia Morokhovets is a Child and Youth Worker (CYW) working at Reach Out Centre for Kids (ROCK). Julia's current work at ROCK includes supporting youth with mental health concerns as an intensive outreach worker and Residential Counsellor. Julia's professional career has taught her the importance of building strong relationships with youth and families, and providing a therapeutic environment so that they can receive the best course of treatment and restore their wellbeing. Julia holds a BA (Hons.) in Children Studies and Certificate in Indigenous Studies from York University, Child and Youth Worker Diploma from Humber College, and is currently in the process of completing her Mental Health and Addictions Certificate through Ryerson University.

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Appendix B: List of Participating Stakeholders

ADAPT

Bridging The Gap (Halton Children's Aid Society)

Bethel Christian Reformed Church

Canadian Mental Health Association (Halton Region Branch)

Elizabeth Fry Society Peel Halton

Halton Catholic District School Board

Halton District School Board

Halton Hills Public Library

Halton Region

Halton Regional Police Service

Links 2 Care

Nelson Youth Centres

Town of Halton Hills

VPI Working Solutions

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Appendix C: Summary Tables from Stakeholder Interviews

Table 1: What do youth living in Halton Hills need with respect to mental health and addictions?

Themes
<ul style="list-style-type: none">• Issues faced by youth are the same as in other areas. However, fewer supports are available.
<ul style="list-style-type: none">• The spectrum of presenting issues was described as broad, ranging from ‘low level’ issues (low level anxiety/depression, recreational drug use, bullying, academic pressures) to more severe/complex mental health issues (suicidal ideation, self-harm, trauma, psychiatry).
<ul style="list-style-type: none">• Anxiety is perceived to be the most common presenting mental health issue amongst youth. This anxiety can take various forms (social, academic, generalized, etc.).
<ul style="list-style-type: none">• Perception of youth needs varies as a function of the setting that stakeholders work in. Some stakeholders perceive that the majority of the youth fall at the lower end of the spectrum in terms of needs whereas others perceive that youth in the area are more complex/on the intensive end of spectrum.
<ul style="list-style-type: none">• The social determinants of health are an important consideration when addressing mental health/addictions in the Halton Hills community (youth may be experiencing homelessness, may have food insecurity, etc.).
<ul style="list-style-type: none">• Some stakeholders also mentioned that youths’ mental health issues couldn’t be addressed without looking at the parent/caregiver piece (interconnectedness between parental and youth mental health is strong in some communities).

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Table 2: Do you think that there is a difference between Georgetown and Acton in terms of service access? Is there a difference between the two communities in terms of service requirements?

Themes
<ul style="list-style-type: none"> Availability of services generally perceived to be better in Georgetown - greater quantity of services, greater breadth of services and services may be offered more frequently. This may be a result of difference in population size (more youth = more services).
<ul style="list-style-type: none"> Important to note that although there are more services in Georgetown, stakeholders still perceive that the amount of service is inadequate for the level of need.
<ul style="list-style-type: none"> Some stakeholders perceive that accessibility of services in both communities is comparable - fewer services in Acton but these services seen to be as accessible as those found in Georgetown (may go 'extra mile' for clients).
<ul style="list-style-type: none"> Others perceive that youth living in Acton face additional barriers to access (e.g., more limited transportation, lower SES results in both parents working and no one to drive them to appointments, etc.).
<ul style="list-style-type: none"> Overall perception is that youth living in Acton have greater/more complex mental health needs (struggling with more serious issues, parental mental health issues, low SES, etc.).
<ul style="list-style-type: none"> However, in terms of volume, service requirements are greater in Georgetown since more youth live in that community.
<ul style="list-style-type: none"> Some stakeholders also mentioned that Georgetown is more diverse than Acton and that this may influence future service requirements.

Table 3: What are some of the strengths of the services currently being offered in Halton Hills?

Themes
<ul style="list-style-type: none"> Strengths described by stakeholders fall into two different categories: 1) strengths of the overall community and 2) strengths of the specific services themselves.
<ul style="list-style-type: none"> Strengths related to the community include strong collaboration - organizations work together against common barriers regularly and there is strong networking amongst service providers.
<ul style="list-style-type: none"> Another perceived strength is that youth issues are prioritized in the community. The local government has made youth issues a priority and youth voice is valued.
<ul style="list-style-type: none"> The Youth Services Network is also seen as an asset. Perception that network has increased collaboration amongst service providers, has resulted in more 'quick wins' and appears to be working better than other project/program-based initiatives.
<ul style="list-style-type: none"> Stakeholders also mentioned strengths that relate to specific services/programs.
<ul style="list-style-type: none"> Several programs were perceived to be helpful.
<ul style="list-style-type: none"> Examples of these programs include ROPS, ADAPT services, Walk In Services, Woodview groups, Family Health Team, Acton hub, System Navigator and Youth Drop In Centre.

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Table 4: What are some areas for improvement?

Themes
<ul style="list-style-type: none"> • Transportation identified as a big barrier to accessing service (no public transportation). • A need for stronger outreach in the community (i.e., need to meet youth where they are at). • Amount of service being offered in the area is limited and inadequate for the need. • Organizations cannot offer services in the area due to limitations in the physical space available. • Lack of affordable housing is an issue. • Level of collaboration could still be improved. • Lack of clarity/knowledge about all services offered in Halton Hills community and which youth would be appropriate candidates for certain services (e.g., ROCK's new walk in service).

Table 5: Do you think that we could provide youth with the services that they need without a Youth Centre? If so, are you aware of any other models that we could use?

Themes
<ul style="list-style-type: none"> • Vast majority of stakeholders thought that a dedicated physical space for youth was necessary. • However, consensus that the space needs to be a little different than what is currently being offered. • Youth Centre should have more amenities (e.g., gym space for physical activity, kitchen space, etc.). • Also, ideal to have service providers from a variety of backgrounds in that space. • Structure of space was also seen as important (e.g., need space for private conversations, need public space for socialization). • Stakeholders mentioned a few models that could inform the Youth Hub or a future clinical model. • Some models/programs mentioned included MOBYSS, Eva's Initiative, Art House programs, Incubator Hubs, Ontario Tele-health Network, the RAFT)

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Appendix D: Overview of Current Mental Health and Addiction Services

Type of Service	Agency	Age	Description
Substance Use	ADAPT- Halton Alcohol, Drug and Gambling Assessment Prevention and Treatment Services	24 and under (and those who support them)	A registered, charitable community treatment agency providing assessment, counselling, group and educational services with respect to alcohol, drug and gambling related issues. Includes specialized services for opiate users, community withdrawal management services and behavioural addictions. By appointment- rents space in Georgetown (CMHA) office) and Acton, however, the workers will go where the youth are. 3 days a week the worker is in Georgetown, Acton, and Milton.
	Exchange Works: Needle Exchange Program		All services are free and confidential. Has Mobile Outreach services available. The Needle Exchange Program will exchange used needles for new clean needles, provide information and condoms, and provide referrals to drug and alcohol treatment. Other services include: needle exchange; alcohol swabs and sterile water; cookers, tourniquets, filters; safer crack use kits; steroid injection equipment; condoms and lube; Hepatitis A and B vaccinations; HIV testing; STD testing; information on safer injection; HIV/AIDS and Hepatitis education; counselling and treatment referrals.
	ALANON and ALATEEN	13-18 (teenagers)	For those who have been affected by someone else's drinking. Allows teens to share their experiences, strength, and hope with each other to find effective ways to cope with problems. Discuss difficulties. Alateen Chat Safety- teens must register with an e-mail. Once registered, they would

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			use their password and e-mail to log into the chat rooms. The meetings are supervised and there are two Alateen groups sponsors present during the chats
	DART- Drug and Alcohol Registry of Treatment	Any age group	24 hour help line. Provides information about drug and alcohol services in Ontario
Mental Health	ROCK- Reach Out Centre for Kids	0-17 depending on the program	Child, Youth, and Family Services- Walk-In Therapy Clinic; Family/Brief Therapy; Individual Therapy; Intergenerational Trauma Treatment; Group Therapy/Parenting; Intensive Child and Family Service; Crisis Response Program; Behavioural Consultation and Intervention; Court Assessment; Psychological and Diagnostic Assessment; Residential Services
	CMHA- Canadian Mental Health Association	16 and up	Services include: case management, justice services, court support, free walk-in counselling and crises outreach and support (COAST)
	Nelson Youth Centre	6 to 17	Counselling programs for children and youth. Individual sessions and therapeutic groups are offered. Groups focus on mental health, behaviour challenges and social skills.

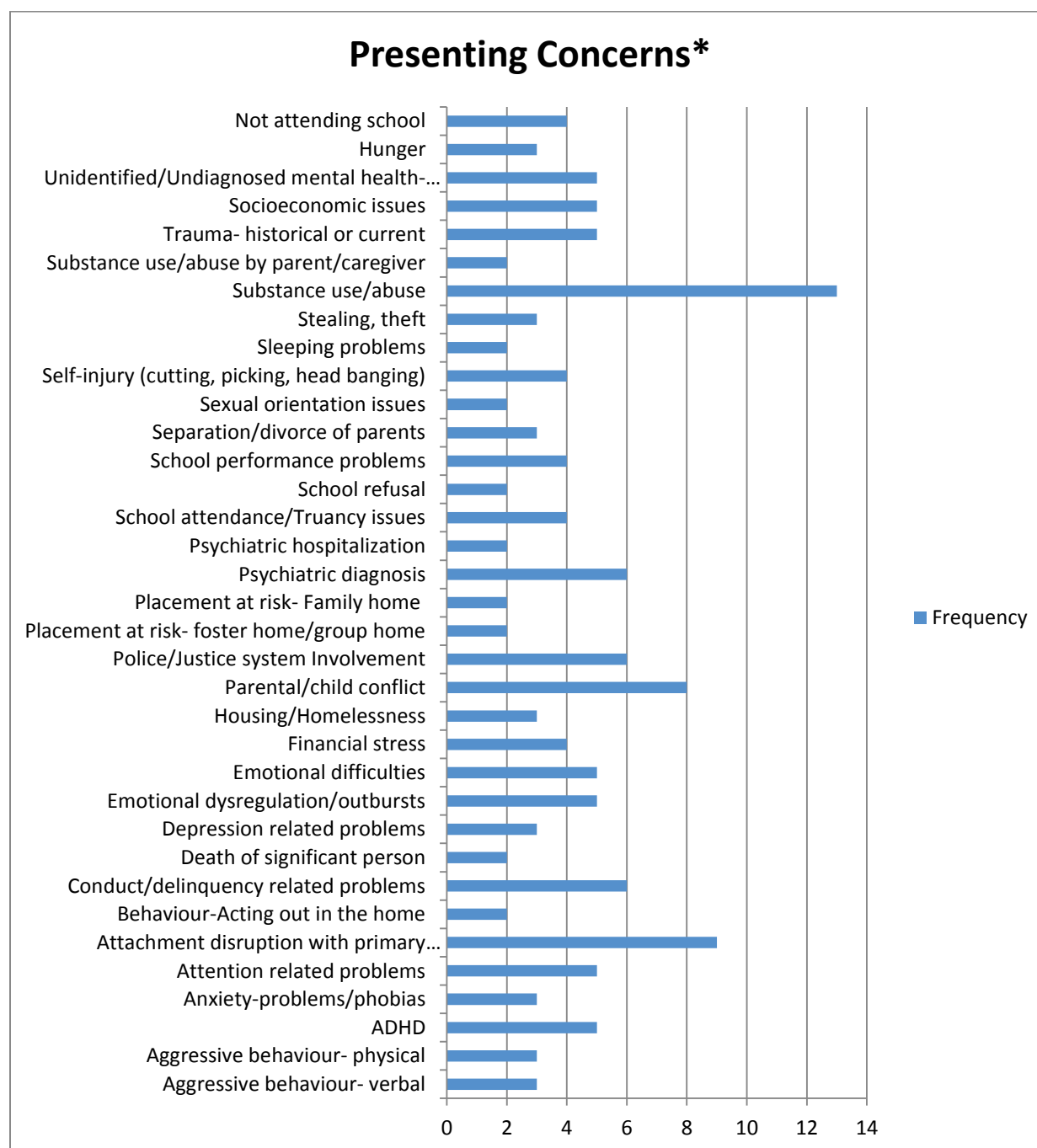
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Appendix E: Youth Centre Strengths and Initiatives

- Collaboration with community agencies; ADAPT, Halton Women's Place, SAVIS, Sexual Health Clinic, and Halton Region Employment. These agencies have attended the Georgetown and Acton youth spaces and facilitated educational programming. Community agencies are scheduled to continue attending the spaces and spend time with the youth.
- Integrated Employment Specialist from Halton Region has come out to work closely with youth on their resumes.
- Structured programming in the spaces; for example, "You're the Chef." A cooking program that teaches youth skills around reading a recipe and preparing the meal.
- Youth Engagement opportunities such as gaining feedback from youth around the design of Youth Skatepark and Transit in Halton Hills.
- Planning around community outreach- reaching out to youth who are not attending the youth spaces and youth who may be experiencing homelessness within the communities. Providing packages with snacks and information around accessing services in Halton Hills. It is hoped that this can happen on a monthly basis.
- Recreational staff planning and coordinating special events for the youth; over march break planning a Movie night at The John Elliott Theater.
- Providing youth with one-to-one counselling support

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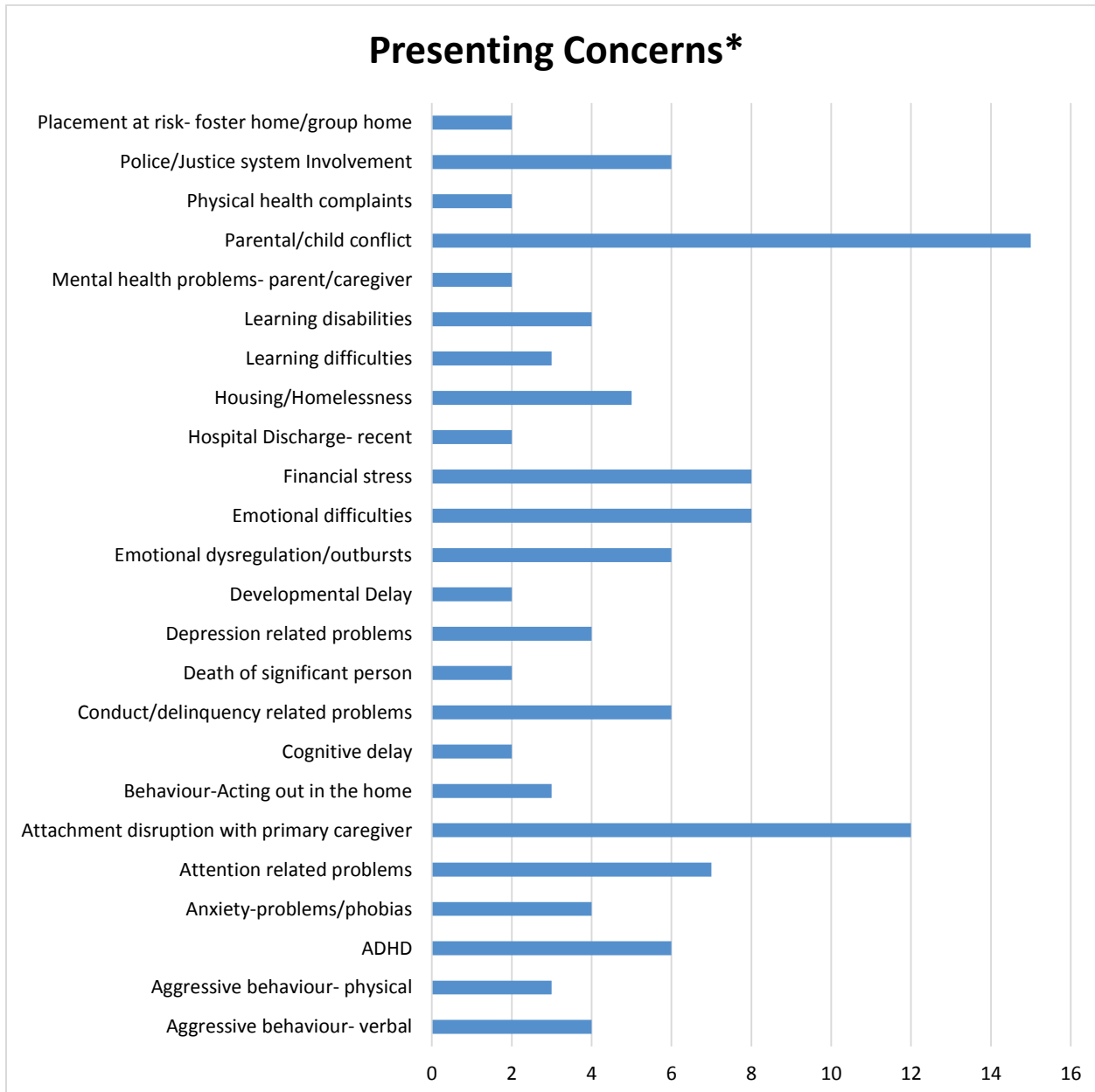
Appendix F^a: Youth Presenting Concerns Chart



*Presenting concerns are included if it was noted by two or more youth

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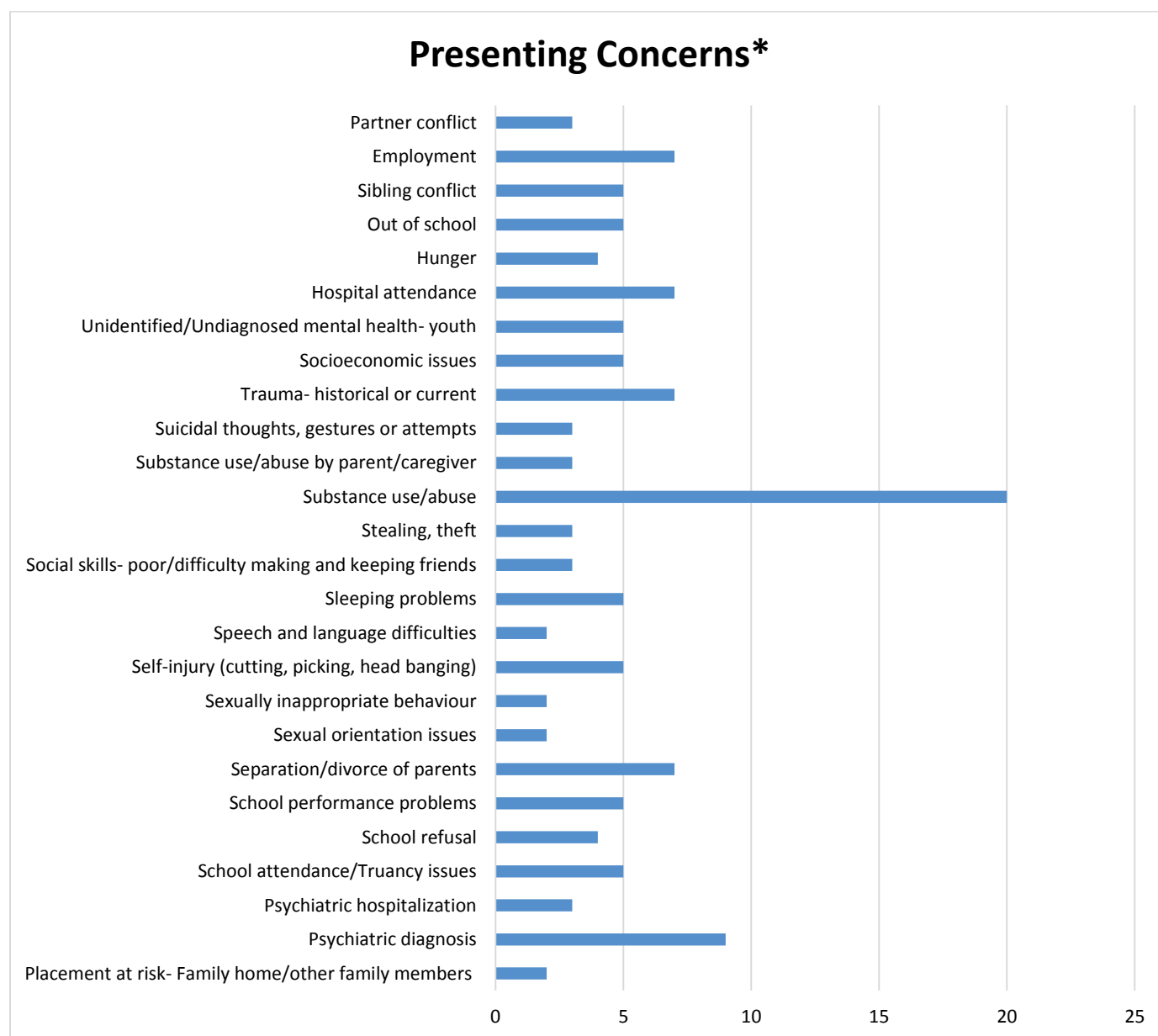
Appendix F^b: Youth Presenting Concerns Chart – Sample of 27 – Pt. 1



*Presenting concerns are included if it was noted by two or more youth

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Appendix F^b: Youth Presenting Concerns Chart – Sample of 27 – Pt. 2



*Presenting concerns are included if it was noted by two or more youth

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Appendix G: Youth Voice Meeting Notes

Halton Hills Youth Voice Visioning Meeting Notes Re: Preparation for a Youth Hub Application (2017-11-01, 2017-11-21, 2017-12-06)

Physical Space & Culture	Amenities	Services
<p>Accessible</p> <p>Parking</p> <p>Confidential in areas/private rooms *Very important</p> <p>Large meeting space</p> <p>Comfortable furniture & additional seating Causal space that looks</p> <p>Causal space that looks like they belong not too staged or old but their stamp of being there</p> <p>Kitchen & Café</p> <p>Close to the Centre of town</p> <p>Chalk – Walls</p> <p>Stigma free</p> <p>Safe</p> <p>Help youth socialize</p>	<p>Shower and laundry on site (Important - Services for Homeless youth)</p> <p>Computers / Printer/Phone</p> <p>Transportation (Maybe a van and dedicated drivers)</p> <p>Inexpensive transportation (\$30 to go from Acton to Georgetown)</p> <p>WIFI</p> <p>More games Budget to fix broken games</p> <p>TV, Video Games, Karaoke Machine</p> <p>No movie theater in town and now the bowling alley has closed down need more things to do</p> <p>Access to trips (Canada's Wonderland, the aquarium Blue Jays)</p>	<p>On site mental health support all kids from relationship to crisis intervention (Very important)</p> <p>Connection to after hours support</p> <p>Sexual Health Services (including same sex education for youth)</p> <p>You're the Chef program</p> <p>More groups! LGBTQ, Job Seeking, Anger Management Housing support</p> <p>Probation support / Justice (Understanding the consequences)</p> <p>If there was a café, youth could have jobs and also open it up to more youth to come in</p> <p>Access to Doctor on site who don't judge</p> <p>Doctors who can work with youth who are part of the LGBTQ community</p>

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<p>Opportunity to meet people they don't know</p> <p>Lots of youth in trouble and they need to know about and use the services</p> <p>Youth who need the services know how to get the support</p>	<p>Community Events to bring people in to the youth Centre and Let them know we are here</p>	<p>Tutoring help</p> <p>Job help on site Employment Ontario</p>
Supplies	Food Security	Staffing
<p>Sexual health supplies (condoms, pregnancy)</p> <p>Gender gear</p> <p>Clothing closet</p> <p>Other health supplies</p>	<p>Health snacks</p> <p>Food cupboard</p> <p>Food preparation</p> <p>Cheap good lunches</p>	<p>Have staff available on evenings and weekend</p> <p>Have staff available in both the Centres at the same time</p> <p>Not just random staff coming and going</p> <p>Support from trusted adults to reduce negative image</p>

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Appendix H: Parent Survey Responses

Parent Survey Responses (Preparation for Youth Hub Application) December 8, 2017

75% (n=15) of parent respondents indicated that expanding the hours of operation to evenings and weekends would be helpful to their child/youth. 65% (n=13) of parent respondents indicated that expanding the hours of operation to evenings and weekends would be helpful in accommodating their schedules.

75% (n=15) of respondents reported that they feel safe having their child attend the Youth Centres in Halton Hills. The majority of parent respondents (60% - n=12) indicated that mental health supports would be beneficial in the Youth Wellness Hub. Parents also reported that they would like to see on-site recreation (15%), education, employment, and life-skills training (15%), substance use supports (5%), and sexual health supports (5%).

95% (n=19) of parent respondents indicated that, if offered at the Youth Wellness Hub, they would access parent supports, including parent workshops (65%) and parenting groups (30%). 90% (n=18) of parent respondents indicated that they would be willing to attend parent programming every 1 – 3 months, with the majority of respondents (55%) indicating that they would want to attend once per month.

45% (n=9) of respondents indicated that they would be interested in supporting the Youth Wellness Hub through involvement in a parent committee.