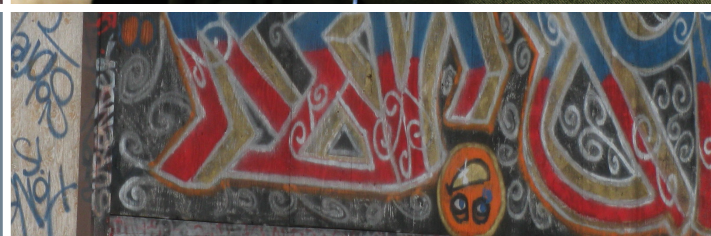
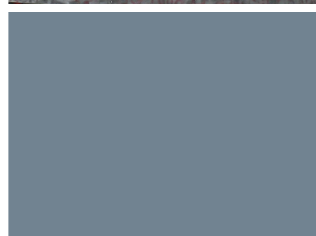
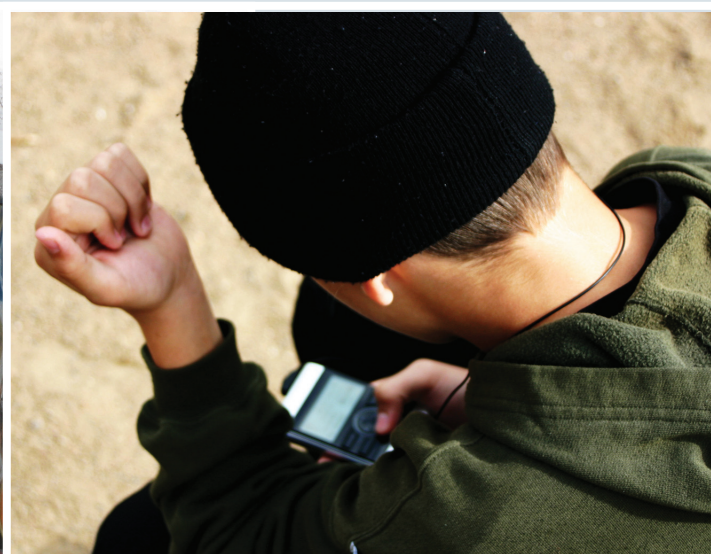


McCreary
Centre Society

BECOMING WHOLE

YOUTH VOICES INFORMING
SUBSTANCE USE SYSTEM PLANNING



The title for this report comes from a spoken word piece created by youth at a residential treatment program as part of this project. 'Becoming whole' was used as a chorus to describe how it felt to be receiving support and treatment from substance use services. For more details, see Taking Back the Findings starting on page 46.

BECOMING WHOLE

YOUTH VOICES INFORMING SUBSTANCE USE SYSTEM PLANNING

McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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We would also like to thank the following organizations for the support they offered these youth and this project.

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Interior Health Authority

Kelty Mental Health Resource Centre, Vancouver

Nanaimo Youth Services Association, Nanaimo

Northern Health Authority

Pacific Community Resources, Vancouver

Pandora Youth Apartments, YMCA-YWCA, Victoria

Portage, Keremeos

Vancouver Coastal Health Authority

Vancouver Island Health Authority

Victoria Youth Clinic, Victoria

Victoria Youth Empowerment Society, Victoria

Youth Around Prince George, Prince George

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Youth Injection Prevention Project, Vancouver

Sincere thanks are also due to Joanne MacMillan at the Ministry of Health.

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The following facilitators partnered with us to take the results of the research back to youth and worked with the young people to get their key messages across using various arts-based mediums. We are indebted to them for the creativity, enthusiasm, and skills they brought to this project:

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AT A GLANCE

This report profiles the experiences of young people who have struggled with substance use and mental health challenges, and shares their suggestions for creating and supporting youth engaged services.

Seventy-four youth took part in this project by completing a survey and participating in a discussion. The majority were dealing with complex challenges in their lives and many reported multiple diagnoses.

Young people who participated in the project talked about the stigma of having problematic substance use, particularly when this was compounded by other issues such as a mental illness and homelessness. They believed that reducing this stigma and creating non-judgemental and inclusive services is vital if youth are to access help.

Youth participants identified gaps in current service provision which included a lack of access to services for youth who were struggling with concurrent disorders but were not in acute crisis, too few school and community counsellors, not enough services located in safe neighbourhoods, a lack of services in rural areas, and a lack of alternatives to substance use such as accessible employment services and affordable engaging activities.

Youth with concurrent disorders were more likely than their peers to approach specific services such as a doctor, nurse, or mental health counsellor for support in the past year. They were also more likely to approach multiple services.

Youth generally felt that the services they accessed were useful. For example, 91% of those

who accessed a drug or alcohol counsellor found it helpful. For the most part, youth with concurrent disorders were equally likely as their peers to rate the services they accessed as helpful. However, they were more likely than their peers who did not have concurrent disorders to find some specific services helpful, such as recovery houses/rehab (100% vs. 63%), youth drop-in centres (100% vs. 73%), and youth clinics (100% vs. 63%).

The focus group discussions revealed that males found the most helpful programs to be those that included active recreational components and job training or work experience, whereas females believed that the relationships that they built with the staff were the most helpful component.

Young people had many ideas for improving services to youth with substance use and mental health challenges, including ensuring services are accessible, non-judgemental, friendly, and welcoming. They also highlighted the importance of ensuring these supports remain available to youth as they transition either from one service to another or into adulthood.

Based on their own experiences, youth who participated in focus groups and interviews generated a number of practical and concrete ideas which could offer meaningful alternatives to substance use; create services that they would be likely to access; and ensure they felt supported whether they were accessing the police, the ER, a detox or other residential facility within their community.

Finally, youth who attended workshops which discussed these findings used various arts based mediums to share their key messages to inform substance use service planning.

INTRODUCTION

The Mental Health and Substance Use Branch of the BC Ministry of Health commissioned McCreary Centre Society to talk with young people identified as having complex needs. Specific information about mental health and substance use challenges and supports was sought, as were the youth's ideas for meaningful engagement in services for youth with concurrent disorders.

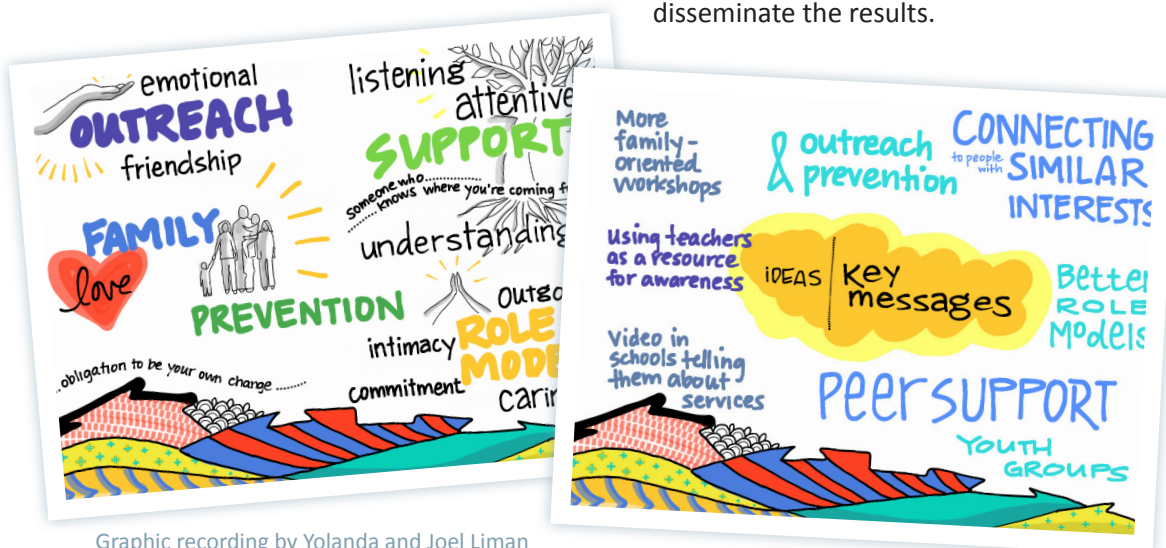
Seventy-four young people from communities across BC took part in the project. Participants were located in various regions across BC including Vancouver Island (42%), the Interior (24%), Lower Mainland (19%), and the North (15%).

All of the youth identified as having struggled with substance use challenges and had either accessed services to address their substance use, had been denied services that they felt they needed, or had made a conscious decision to not access services.

Using a mixed methods approach of surveys and focus groups or individual interviews, youth were asked about what supports had been helpful and unhelpful to them. They were also asked for their input into how substance use services might be improved. The views of young people who were experiencing mental health challenges as well as substance use issues were specifically sought out.

Based on their own experiences, young people were asked about how they could be more engaged in their own care, as well as more globally engaged in policy and program development, and about how they envisioned youth-engaged services to be.

Prior to the finalization of this report, the findings were shared with 46 youth across the province through interactive arts-based workshops. Youth confirmed the key findings, offered suggestions which they felt would improve some of the findings, and created a number of art pieces to help disseminate the results.



Graphic recording by Yolanda and Joel Liman
Next Steps workshop, Nanaimo

PARTICIPANT RECRUITMENT

McCreary worked in partnership with community organizations and substance use support services across the province to recruit youth to participate in the project. Local organizations agreed to host focus groups and individual interviews at their sites and recruited youth for the project via flyers and in-person conversations with youth. Youth who took part in the project also recruited their eligible peers.

To be eligible to participate in the project, participants had to be between the ages of 14 and 25 years and identify as having experienced challenges with substance use. All participants had some connection to a community service including school-based services, youth drop-in programs, or supportive housing.

The majority of participants had complex needs (such as homelessness, current mental health and substance use challenges).

DATA COLLECTION

All participants completed a confidential and anonymous eight page survey which asked about substance use, mental health, and educational experiences, as well as about their experience of a range of services and supports. The survey took young people 15-25 minutes to complete.

Participants who completed a survey then had the option to participate in either a focus group or an individual interview. Sixteen chose to speak individually to a McCreary researcher while the remainder preferred to take part in a focus group. The number of participants in each focus group varied from 2 to 10.

Interviews generally took approximately one hour to complete and focus groups ranged in length from two to two and a half hours (with a scheduled break for refreshments).

Participants provided written consent to participate and were compensated with a \$30 gift card for their involvement.

Youth provided contact details if they wished to remain involved for the second phase of the project when the results of the data collection would be shared. All identifying information was stored separately from the surveys and interview notes to ensure confidentiality.

FOCUS GROUP FORMAT

To create a safe and open environment, each focus group began with an explanation of the project, the consent procedures, and the format of the group.

Each group then generated an agreement which was unique to their group. This ensured that participants could have any potential concerns addressed, could co-create a safe space for everyone, and could mutually agree on a set of expectations.

All groups set guidelines which reinforced confidentiality, safety, respect, and inclusion. Specific guidelines ranged from scheduling smoke breaks, to agreeing to turn off cell phones, to keeping the content of the focus group confidential.

Following an ice breaker, participants discussed the supports and services available to youth with substance use challenges in BC, and the additional challenges faced by youth with concurrent disorders and other support needs. They discussed the barriers to accessing services and how these may be overcome. Each group talked about how services could be improved and how youth could be more engaged in their planning and delivery. Finally, they designed and discussed their ideal services and supports for youth with substance use and mental health concerns. Individual interviews followed a similar format. (See Appendix for more details.)

Although all youth actively participated in the dialogue in each focus group, the most engaged and animated discussions occurred when there were four to six participants present.

LIMITATIONS

The perspectives of participants in this project are not necessarily representative of all youth with substance use and/or mental health issues.

Some youth who did participate in the project noted that they were still actively using alcohol and other drugs, and this may have affected their ability to accurately reflect back on their experiences.

Finally, many young people had experienced a number of different services and personnel within the substance use and mental health systems. As a result they were sometimes unable to name the specific services or professionals who had been helpful. They were, however, able to articulate what had been helpful about the support they had received.

CONCURRENT DISORDERS

This term is used in the report to describe youth who indicated on the survey that they had both a substance use and mental health diagnosis (51% of those who completed a survey). However, this indicator may not accurately reflect rates of concurrent disorders if, for example, youth have undiagnosed substance use and mental health disorders or if a diagnosis is no longer accurate. Despite this limitation, youth in the focus groups spoke of current substance use and mental health challenges in a way that supported the use of this operational definition from the survey.

Group agreement

FROM A FOCUS GROUP IN THE INTERIOR

- ✓ *mutual respect – listening*
- ✓ *judgement-free zone*
- ✓ *communicate effectively*
- ✓ *think about your language*
- ✓ *eyes on speaker*
- ✓ *stay in the group*

A PROFILE OF PARTICIPANTS

BACKGROUND

Seventy-four youth completed a survey (49% male, 47% female, 4% transgender). Participants ranged in age from 14 to 25 or older, and their average age was around 19 years.

When asked about their cultural background (they could select more than one), participants most commonly identified as European (65%) and/or Aboriginal (32%). Seven percent were unsure of their background.

The majority of youth (91%) had lived in Canada their entire life, whereas 7% had lived here more than 10 years, and the remaining youth had lived in Canada between 2 to 5 years.

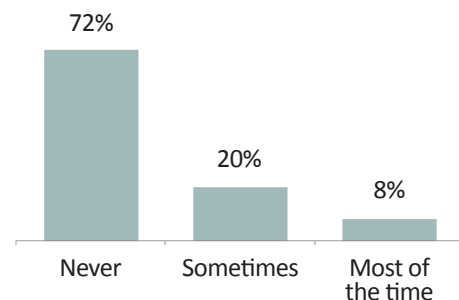
Twenty-eight percent of youth spoke a language other than English at home at least some of the time.

Most youth identified as heterosexual (64% identified as completely heterosexual and 11% as mostly heterosexual). Twenty percent identified as lesbian, gay, or bisexual (including Two-Spirit).

A minority of youth (5%) were questioning their sexuality or indicated not having attractions.

Twelve percent of youth (21% of females and 6% of males) reported being a parent. More than half of these youth (56%) indicated that their children currently lived with them. Fifty-six percent of youth who identified as parents were aged 21 or younger.

Youth who spoke a language other than English at home



“In 5 months of couch surfing you can get yourself into a lot of trouble.” ”

LIVING SITUATION

Youth reported living in a wide range of accommodations in their lifetime. The majority had lived in their parent’s or other relative’s home, in a safe house or shelter, their own place, or had couch surfed at some point in their lives. Around half had lived on the street or in a hotel or Single Room Occupancy building (SRO).

Forty-seven percent of youth had been in government care (group home or foster home), and 24% had been on a Youth Agreement at some point (14% were currently on a Youth Agreement).

Currently, youth most commonly reported living in their own place (e.g., renting with roommates or on their own) or in their parent’s home. Twenty-seven percent were currently in a residential or hospital treatment program, and 14% were currently in a community out-patient program. There were no significant differences between males and females.

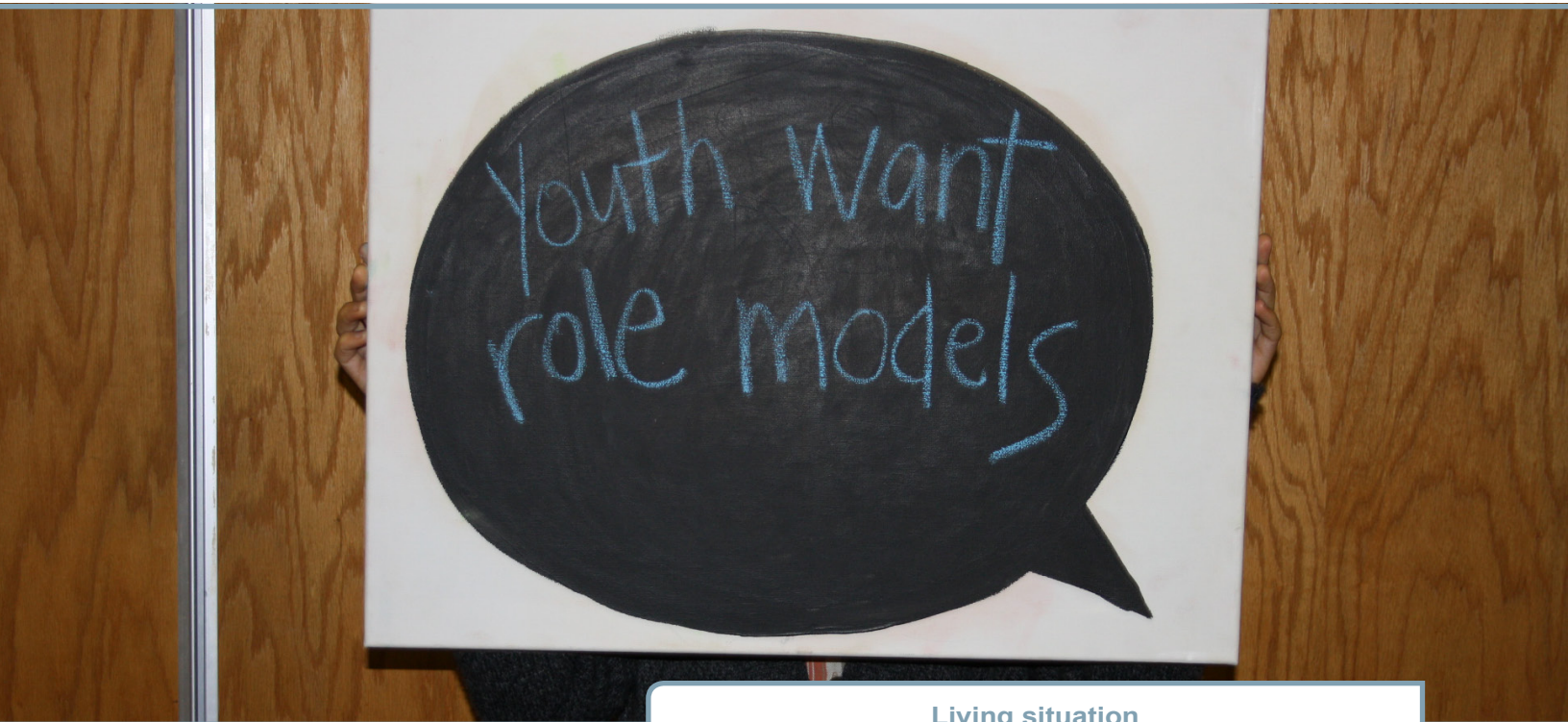
When asked on the survey where they would want to live if they could live anywhere, the vast majority listed another country (e.g., Australia, Jamaica, Spain) or city within Canada (e.g., Edmonton, Penticton, Chilliwack). Many indicated wanting to live in their own place, and some wanted to be on a Youth Agreement. None of the youth expressed a desire to live in precarious housing or on the street.

The majority of youth who participated in this project were currently or had previously experienced homelessness. During discussions they identified that homelessness was both a cause and an effect of their substance use or concurrent disorder. For example, one participant spoke of being on a waiting list for supported housing for five months and how this situation led to using substances to cope with the pressure of not having anywhere to live.

WHAT IS WORKING WELL

Youth who were successfully managing their substance use explained that having their basic needs met had a positive impact on their drug use and mental health.

Young people reported that they had received help with housing, furniture, clothing, and food through Vancouver-based youth housing programs. Once their basic needs were met, some felt stable enough to reconnect with family. This further supported them to reduce their substance use and improve their mental health.



SUGGESTIONS FROM YOUTH

LOCATE youth housing in safe neighbourhoods away from drug dealing.

"We need help with moving out of facilities that are SROs to places that are cleaner and where there are no cockroaches. Stable housing outside of the Downtown Eastside is important [for youth in Vancouver]."

PROVIDE quality kitchens in youth centres, and access to food for youth who are homeless.

"Why is it so hard to have a stocked kitchen? It is so un-empowering to be hungry."

Living situation

	Live here now	Lived here in past year	Lived here in lifetime
Parent's home	18%	32%	99%
Other relative's home	7%	16%	77%
Foster home	4%	11%	40%
Group home	4%	11%	31%
Safe house/shelter	2%	14%	59%
Own place (alone or with roommates)	32%	44%	75%
Transition house	5%	7%	24%
Street	2%	8%	53%
Custody centre	0%	5%	18%
Abandoned house or building	0%	3%	19%
Living nowhere/all over (couch surfing)	2%	15%	76%
Hotel/SRO	3%	9%	49%

NOTE: Column totals do not equal 100% due to missing data or to youth marking more than one response.

“My school had a better understanding of where I was, they were patient with me. That’s where having a voice is important, asking for help, being able to go to a safe place and know somebody is there.”



JUSTICE INVOLVEMENT

Forty percent of youth who completed the survey reported that they had been arrested in the past year. Among these youth, 41% had been arrested three or more times in the past 12 months.

In the past year, 23% had been charged with or found guilty of a crime, and among these youth more than a third had been charged or convicted twice or more in the past year.

Eighteen percent of youth had been held in a custody centre in the past year, and among these youth 39% had been detained three or more times.

Rates of arrests, convictions, and detainments were similar among males and females, and among youth with and without a concurrent disorder.

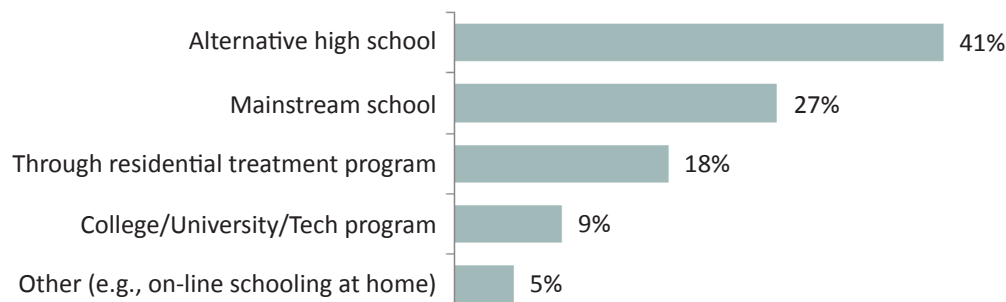
EDUCATION

The majority of youth (59%) were currently enrolled in school. Those enrolled were most commonly in an alternative high school program, while 18% were enrolled through their inpatient treatment program (e.g., enrolled in an on-line school program while in residential care).

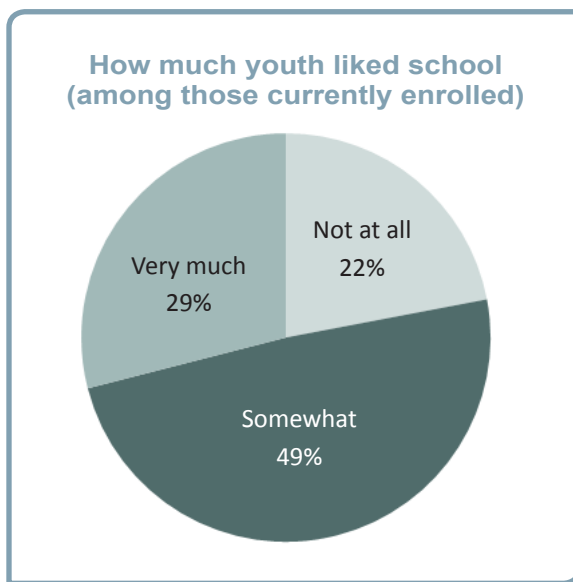
Youth currently enrolled at school most commonly reported liking school somewhat. Males and females liked school to an equal degree, and there were no differences in school satisfaction based on the type of school that youth attended (i.e., mainstream compared to alternative programs).

Youth reported a number of reasons for having left school at some point (they could report more than one). The majority (57%) listed difficulties with substance use as a reason, and 31% listed mental health challenges. Eighteen percent indicated that

**Type of school youth were enrolled in
(among youth currently enrolled in school)**



“Schools are willing to help you. School can be a great place to connect with resources.” ”



both substance use and mental health problems led them to leave school at some point, with equal rates for males and females.

Almost half of youth (48%) attributed leaving school to other reasons such as being bullied, expelled, moving a lot, having learning challenges, or needing to support their parent or to parent their own child.

“A lot of people don’t go to school— especially youth who are heavily using and are street involved.” ”

In the focus groups youth noted that schools could be a solid source of support for youth who were experiencing substance use and other challenges.

However, participants noted that although schools can be helpful for some people and as part of an early intervention, schools do not have the resources or skills to cope with youth who are having severe mental health and substance use challenges, particularly if these challenges lead them to disengage from school or to become suspicious of seeking help from anyone in authority.

Youth who had struggled with substance use issues while attending school spoke of the need for more counsellors, and specifically drug and alcohol counsellors, to be available, as well as counsellors trained to identify and support youth with mental health challenges or concurrent disorders.

SUBSTANCE USE

TOBACCO PRODUCTS

Eighty-five percent of youth (97% of females vs. 79% of males) had smoked cigarettes at some point in their lives. However, when asked about smoking cigarettes, cigars, or cigarillos (e.g., Primetimes), the lifetime rate rose to 92%, with similar rates for males and females. Half of youth who had ever smoked had done so on all 30 days in the past month, with comparable rates for males and females.

More than one in three youth (36%) had ever used chewing tobacco (e.g., 'snuff'), and 21% of these youth had done so in the past month, with similar rates for males and females.

ALCOHOL

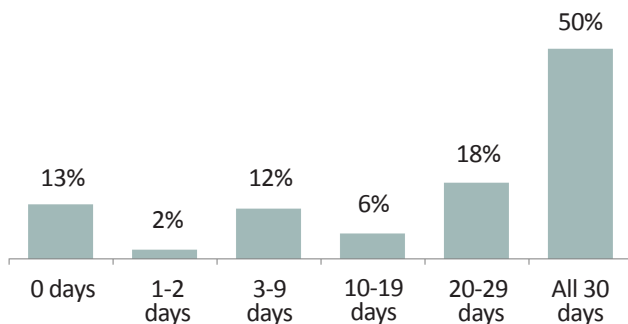
Almost all youth (96%) reported having used alcohol at some point. Among those who ever drank, 61% reported drinking in the past month.

Forty-six percent of youth who ever drank reported binge drinking in the past month, defined in this survey as consuming five or more drinks of alcohol within a couple of hours. There were no gender differences in rates of alcohol use or binge drinking.

MARIJUANA

Most youth (93%) had used marijuana at some point, and 67% of these youth has used in the past month. Sixteen percent of those who had ever used marijuana reported using on all 30 days in the past month. As was the case with alcohol use, males and females reported comparable rates of using marijuana.

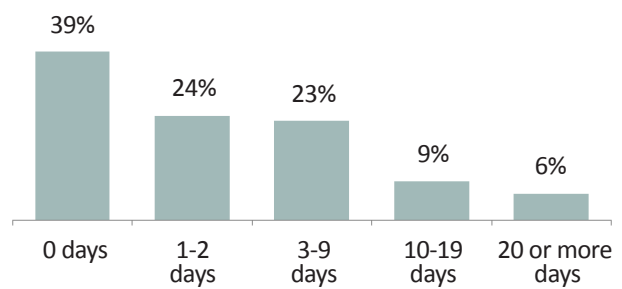
Use of cigarettes, cigars, or cigarillos in the past month
(among youth who ever smoked)



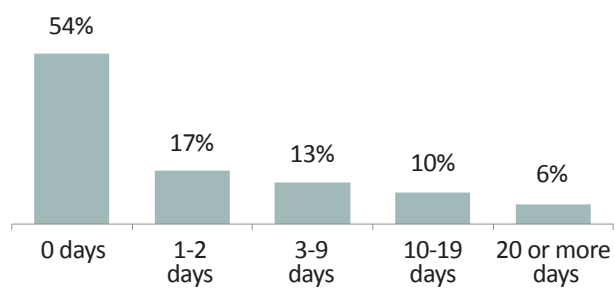
NOTE: Percents exceed 100% due to rounding.



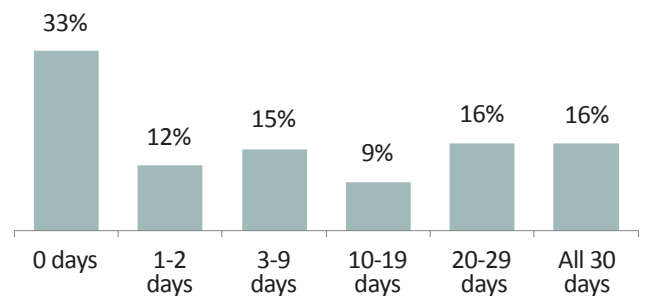
**Alcohol use in the past month
(among youth who ever drank)**



**Binge drinking in the past month
(among youth who ever drank)**



**Marijuana use in the past month
(among youth who ever used)**



NOTE: Percents exceed 100% due to rounding.

OTHER SUBSTANCES

Most youth (90%) reported using at least one substance other than alcohol and marijuana at some point. The most common were ecstasy, cocaine, mushrooms, and prescription pills without a doctor's consent. There were no gender differences, with the exception that females were more likely than males to have ever used ecstasy (87% vs. 66%). One in four youth who had ever used cocaine had done so in the past month.

Seventeen percent of youth reported ever injecting an illegal drug. Among these, 27% had done so in the past month.

NO RECENT USE

Nineteen percent of youth who were surveyed reported using no substances in the past month (i.e., did not use alcohol, marijuana, or the other substances listed in the table below). Rates were similar for males and females. Furthermore, 28% of males and females used neither alcohol nor marijuana in the past month.

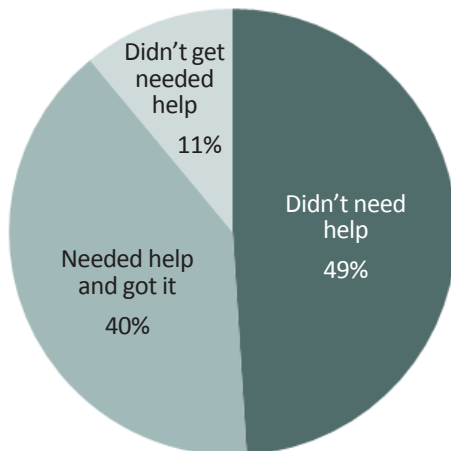
MIXING DRUGS

Among youth who indicated using substances in the past month, 46% reported mixing two or more substances in this time period, with 12% mixing drugs on 10 or more days in the past month.

Other substances		
Substance	Ever used	Past month use*
Ecstasy	75%	8%
Cocaine	71%	25%
Mushrooms	64%	7%
Prescription pills without Dr.'s consent	64%	12%
Hallucinogens (LSD, acid, PCP, mescaline)	59%	0%
Crystal meth	46%	16%
Speed	44%	17%
Heroin	32%	14%
Inhalants	32%	0%
Steroids without Dr.'s prescription	8%	0%

*Among youth who ever used.

Youth who reported needing help for their substance use in the past year (among those who used)



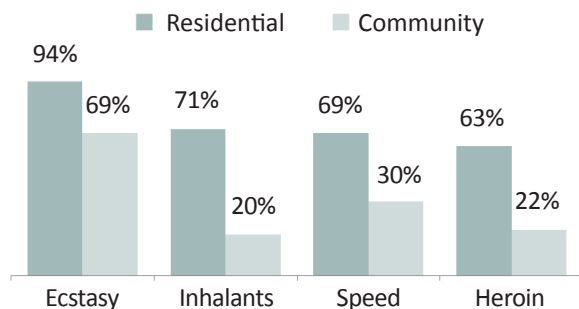
NEEDING HELP FOR SUBSTANCE USE

Among youth who used substances, around half felt that they needed help for their alcohol or other drug use in the past year, and 11% felt that they did not receive the help they needed. Rates were similar for males and females.

SUBSTANCE USE AMONG YOUTH IN RESIDENTIAL TREATMENT

Among youth who had ever used substances, rates of lifetime substance use were higher for youth currently living in a residential program than for those living in the community. However, as might be expected, in the past month those in residential programs were less likely to have used alcohol (29% vs. 70% currently living in the community), marijuana (35% vs. 77%), cigarettes (50% vs. 78%), and other substances.

Lifetime rates of substance use among youth currently in a residential program or living in the community



MENTAL HEALTH

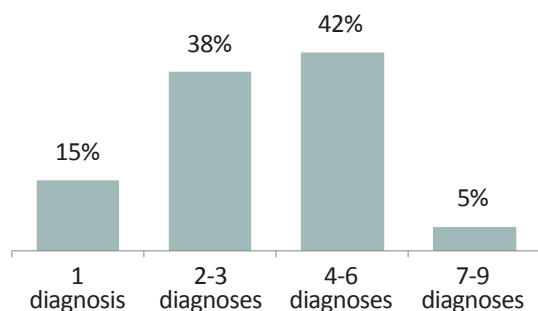
Fifty percent of youth described their mental health as excellent or good, whereas the other half described it as fair or poor. Rates were similar for males and females.

Most youth (89%) reported experiencing at least some anxiety in the past month, and 14% experienced extreme levels that made it difficult to function. Similarly, the majority of youth (82%) reported feeling at least some despair in the past month, and 11% experienced despair at an extreme level. There were no gender differences in levels of anxiety or despair.

Twenty-four percent of youth had attempted suicide in the past year, with most of these having attempted once or twice (21%), and the remaining 3% having attempted three to five times. Rates for males and females were not significantly different.

Thirty-four percent of youth had self-harmed without trying to kill themselves in the past year, with 17% having done so six or more times. Rates of self-harm were similar for males and females.

**Number of DSM-IV diagnoses
(among youth diagnosed)**



SENSE OF HAPPINESS

Most youth (96%) who completed the survey responded to a question about what makes them happy. Ten percent of these youth indicated that using substances makes them happy (similar rates for males vs. females, and for youth with concurrent disorders vs. their peers). In contrast, the majority indicated that healthy behaviours and relationships make them happy. For example, many listed relationships with family and friends, music (e.g., playing guitar, listening to music), being out in nature (e.g., appreciating the ocean, river, sunshine), and outdoor activities (e.g., skateboarding, biking).

Eighty-five percent of youth reported having at least one DSM-IV diagnosis, and the most common were depression, anxiety disorder/panic attacks, and substance misuse (i.e., abuse or dependence). Furthermore, males and females with DSM-IV diagnoses were commonly diagnosed with multiple conditions rather than one condition.

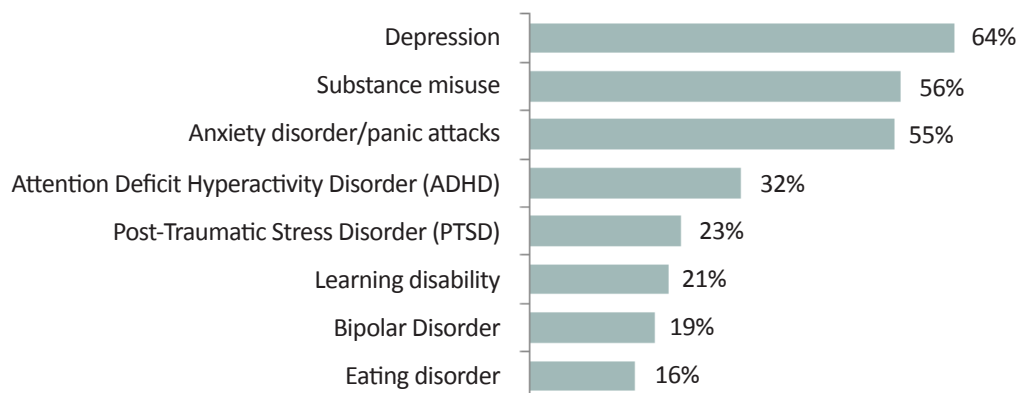
Females were more likely to have been diagnosed with Post-Traumatic Stress Disorder (PTSD; 34% of females vs. 9% of males) or an eating disorder (29% of females vs. 3% of males), whereas males were more likely to have been diagnosed with Tourettes or Tics (14% of males vs. 0% of females).

SENSE OF COMPETENCE

Most youth (87%) indicated feeling competent in at least one area. Males and females were equally likely to report being good at something, as were youth with and without concurrent disorders.

Virtually all youth who reported being good at something listed a healthy activity or pastime, as opposed to a risky activity (e.g., substance use). Many youth identified being good at organized sports (e.g., basketball, soccer, rugby); the arts (e.g., photography, composing music, poetry, drawing, dancing); or outdoor activities (e.g., canoeing, hiking). Other common responses included feeling competent in languages, math, working with their hands (e.g., building, carpentry, working on cars), helping others, or in their role as a parent.

Most commonly diagnosed conditions



THE LINK BETWEEN SUBSTANCE USE & MENTAL HEALTH CHALLENGES

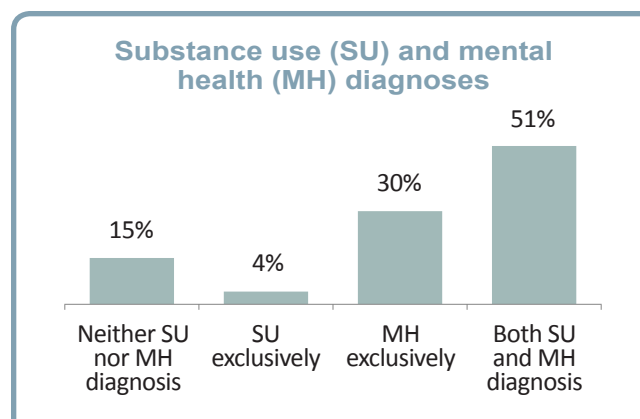
“[Substance use] definitely made my anxiety worse.”



Just over half of the youth indicated on the survey that they had a concurrent disorder (both a mental health and a substance use diagnosis), with similar findings for males and females. In the focus groups, however, youth who indicated that they did not officially have a diagnosed mental health and/or substance use problem noted that the primary reason for this was that they had been unable to or had chosen not to access the psychiatric or substance use services that would have given them such a diagnosis. From their own personal experience, they therefore believed that the survey numbers may be an underestimate of the actual numbers of project participants who were experiencing one or both conditions.

Across all the focus groups and interviews, youth identified that substance use and mental health challenges were interconnected. The precipitators to substance use and mental health challenges were similar and were hard to separate. They gave examples such as divorce or a death in the family, and physical or sexual abuse.

Often young people started using substances to deal with the symptoms of a mental illness (such as anxiety or depression) but then found



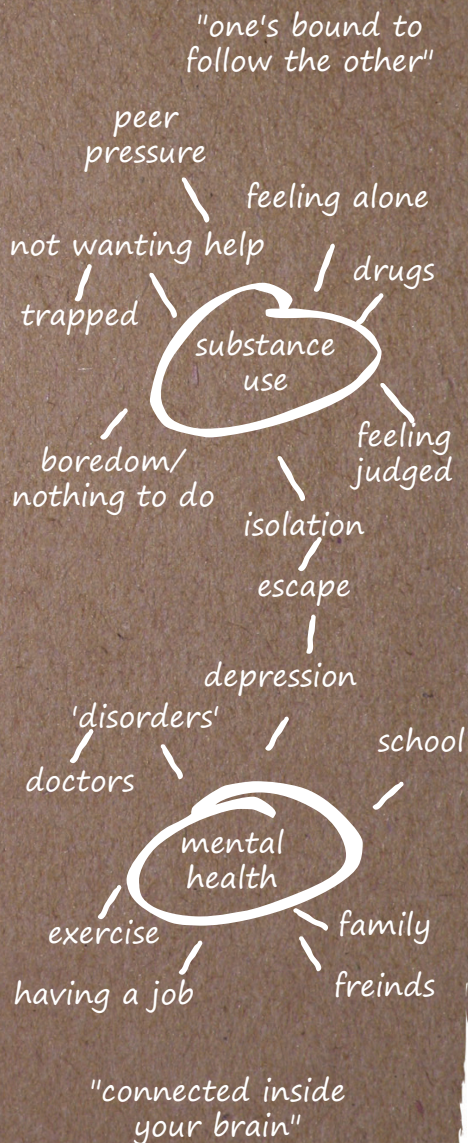
themselves with substance misuse problems which led to additional mental health problems.

Youth who felt that having a mental illness had led to their substance use spoke about using drugs as a way to self medicate. For example, they used substances to counteract the side effects of prescribed medications or as an alternative to prescription medication, as well as a way to manage symptoms of the illness. They most commonly reported using non-prescription medication to calm themselves down or to give themselves energy.

Brainstorm

FROM A WORKSHOP ON VANCOUVER ISLAND

How do mental health & substance use connect?



"Anxiety can lead to substance use and substance use can lead to anxiety. [It's a] back and forth relationship."

Youth who identified that part of their mental health problems included impulse regulation difficulties felt they were particularly vulnerable to substance misuse. For example, several youth spoke of using illegal substances specifically to control symptoms of Attention Deficit Hyperactivity Disorder (ADHD).

One group of female participants spoke of having begun using amphetamines and other substances as a means to lose and control their weight, while both males and females talked about using substances as a way to deal with grief or trauma. However, they were all aware that although the use of illicit substances had initially felt like an effective coping strategy, their substance use had quickly compounded their problems, such as, by "turning grief into something much worse like disrupted sleeping patterns and psychosis."

One youth felt that mental health issues were a huge barrier to effective drug treatment, stating "If you have a mental health issue, even if you get treatment, the symptoms make you want to use."

SUPPORT NETWORKS

“I got clean by myself at home. [Name of worker] helped. She is good at finding your point of view and listens, then will give her point of view which really helps. She directs it to me; makes me relate to it and mixes up approaches— not always exercises.”

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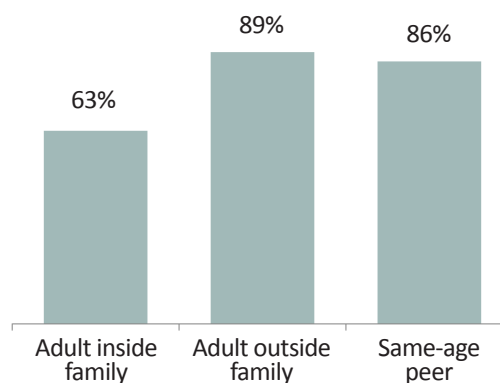
On the survey, most youth indicated having at least one person that they could turn to for support. If faced with a serious problem, the majority reported that they would feel comfortable talking to an adult family member, an adult outside their family, or a same-age peer. The only gender difference was that females were more likely than males to feel comfortable turning to an adult outside their family for help (97% vs. 82%).

Twenty-two percent of youth felt that people in their family did not understand them at all, whereas 54% felt that their family members understood them somewhat, and 25% felt that their family understood them a lot (similar rates for males and females).

Youth were also asked on the survey about people they approached for help in the past 12 months. They most commonly approached a friend or romantic partner and/or a family member (e.g., parent, step-parent, sibling, grandparent). The majority also approached a youth worker/out-reach worker, alcohol and drug counsellor, and/or mental health counsellor. Males and females were equally likely to turn to these people for help.

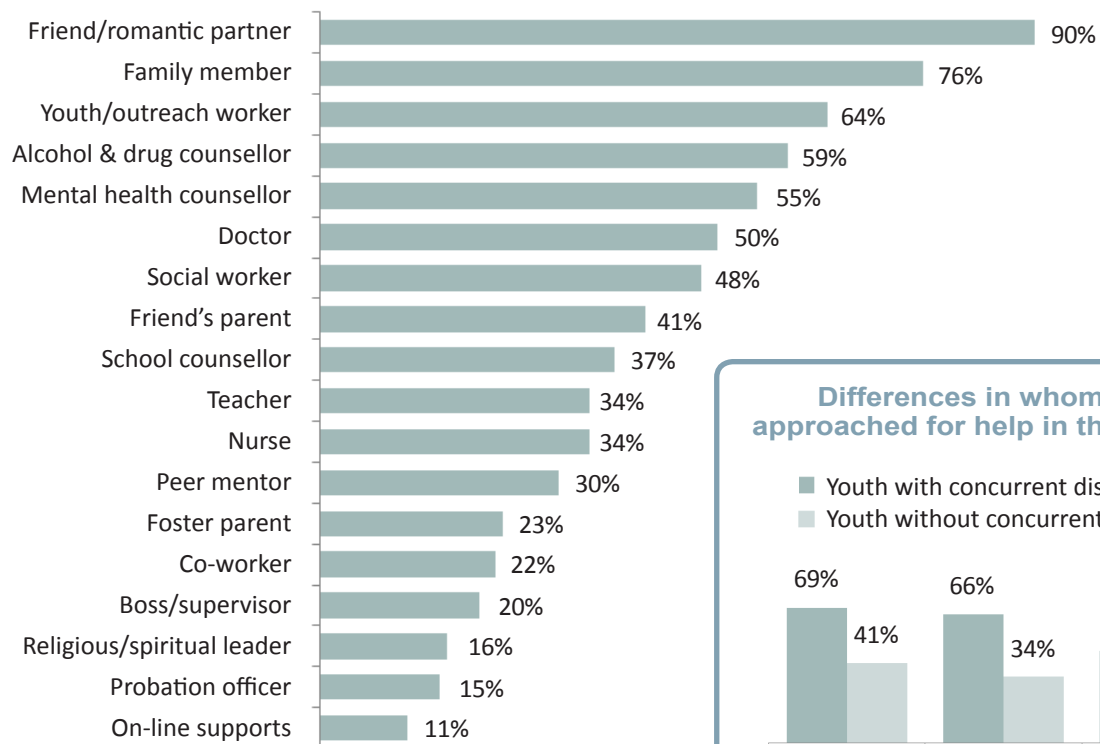
In the discussions, youth reported that it was harder for them to seek professional help if they lacked supportive family members or friends. For example, they noted that family or friends who were also struggling with addiction issues had difficulty knowing how to support the youth and would often discourage them from seeking out services or addressing their substance use problems.

People youth would feel comfortable talking to if faced with a problem

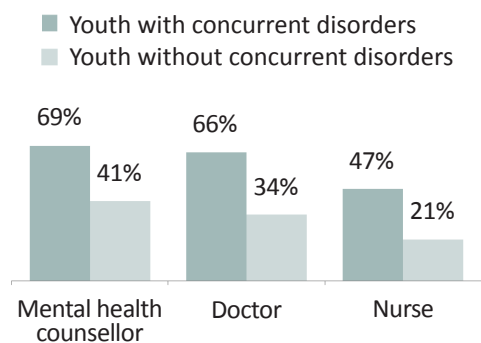




People youth approached for help in the past 12 months



Differences in whom youth approached for help in the past year



Youth with concurrent disorders were more likely than their peers to approach a doctor, nurse, or mental health counsellor for support in the past year.

Among youth with concurrent disorders, males were more likely than females to approach a social worker (77% vs. 32%) or youth worker/outreach worker (92% vs. 53%).

The majority of youth who completed a survey indicated that the people they approached were helpful, with similar rates for males and females. Youth with concurrent disorders were equally likely as their peers without concurrent disorders to report that the people they approached were helpful. Also, among youth with concurrent disorders, there were no differences between males and females in helpfulness ratings.

When talking about who was helpful in the focus groups and interviews, participants reported that it was sometimes difficult to open up to substance use service providers. Many youth feared that staff would judge their substance use, and found peers less judgemental.

Youth also felt that they “didn’t know where to begin” with staff, because telling their story was daunting and painful, yet they felt they were always having to repeat it to new staff and new service providers.

People youth found helpful (among those who asked for help in the past year)

Alcohol & drug counsellor	93%
Youth/outreach worker	93%
Friend/romantic partner	92%
Nurse	91%
Probation officer	90%
Friend’s parent	90%
Mental health counsellor	87%
Doctor	86%
Peer mentor	86%
Teacher	83%
Family member	82%
School counsellor	81%
Co-worker	80%
Foster parent	73%
Boss/supervisor	71%
Social worker	68%
Religious/spiritual leader	64%
On-line supports*	--

*Sample size too small to report.

The majority of participants found a peer mentor to be helpful, because the mentor typically had similar experiences to them and had come out the other side.

This was inspiring to youth and made it seem feasible that they could overcome their substance use and/or mental health issues. However, some warned that they had encountered peer workers who sold drugs during their shifts or were still using drugs, and sometimes using with the youth they were supposed to be supporting.

Several youth identified specific friends, family members, and other adults in their lives who had been able to recognize the early symptoms of their mental health challenges and this had provided an impetus for them to seek early intervention.

Young people who had returned to their community after discharge from a detox or in-patient stay also reiterated the important role that family and friends could play when they understood the challenges and struggles that the youth were facing. However, they also noted that returning to an unsupportive environment after treatment was very challenging, especially if family members or friends were still using substances.

SUGGESTIONS FROM YOUTH

HAVE a designated support person who knows the mental health and substance use systems to help youth access supportive individuals and services. Have that same person support them through any admission to residential treatment and back into the community.

ALLOW workers to develop long-term supportive relationships with youth so that they do not have to keep telling their story to new people.

ENSURE adults who are in positions to offer support (such as counsellors, social workers, and youth workers) are trained to accept that they should provide support to youth, even if that youth is not yet ready to open up and talk with them straight away.

OFFER detox in a young person's home or community.

PROVIDE peer support workers. Ensure these staff are trained, supported, and supervised.

ENSURE youth have a supportive adult in their lives (e.g., psychiatrist, school counsellor) who can help them to understand and manage their mental health symptoms without turning to drugs or alcohol.

ANYONE who is approached for help should be non-judgemental and welcoming and understand the barriers that youth with multiple challenges face.

"Have people who are willing to help and accept young people for who they are and where they're at."

“A lot has happened and it’s too much to fill people in. What are you supposed to say, ‘Well it all started in 1994 when I was born!’ You need to carry a file on you or something.”

”

Participants could also name many individual workers who had supported them. They consistently described that what made them so helpful was their non-judgemental and honest approach. For example, one young man who generally found that the supports he had accessed were unhelpful reported that after discharging himself from detox, he had been able to get clean with the help of a community drug and alcohol worker.

Young people talked about the length of time it took to develop a trusting professional relationship with a worker (such as youth workers, group home staff, or psychiatric care providers), and how important it is that youth also have other more informal sources of support during this time.

“There was a lack of opportunities for one-to-one time; always other youth around. I was shy and kind of embarrassed. I had to get comfortable first.”



YOUTH WHO DID NOT ACCESS SERVICES

“If I didn’t have someone helping me, I wouldn’t know what was out there.”



Eleven percent of youth indicated on the survey that they did not access any specific mental health, substance use, or other related services.

“There’s a stigma attached to drug use, especially use of hard drugs. Stigma can bring the user down and discourage them from getting help.”

A minority of youth wanted to access certain services in the past year but reported being unable to do so. The most common of these were crisis services and services for lesbian, gay, transgender, bisexual, questioning, or Two-spirit youth.

Fourteen percent of youth reported that they had needed substance use services in the past year but did not get them. Rates were similar for males and females, as well as for youth with a concurrent disorder and their peers without.

Among youth who did not access substance use services when they needed them in the past year, the most common reasons for not doing so were not thinking that the services would be helpful and having nobody available whom they felt comfortable talking to. Youth also provided other reasons, including not knowing where to go, thinking they could not afford it, thinking or hoping the problem would go away, being too busy to go, and having no transportation to get there.

Participants in the discussions expanded on their reasons for not accessing services. In addition to external factors, they reported knowing deep down that they needed help for their substance use, but not wanting to accept this. Some youth were clear that whatever services were offered, they would not access them until they felt personally ready to accept they had a problem with their substance use.

“You gotta step out of denial.”

Not knowing how to seek help when they initially began to have problems with their substance use was a clear barrier to accessing services. Many had been confused by how to navigate access into services themselves and had only been put in contact with services when they reached a crisis point.

“If a youth could get access to counselling they could get some help before it starts spiraling downhill.”

Participants explained that without support, it could often be intimidating and confusing to navigate the services available and understand if they were eligible, particularly if they were not in acute crisis but wanted to access help before their problems escalated.

Youth discussed a number of challenges to accessing information about their diagnoses, welfare

“[The local hospital] bounces a lot of people; they think [youth] are just looking for a bed.”



benefit entitlements, and services for substance use and concurrent disorders. Young people appeared to be confused about what services existed in their community. Some reported that even when they knew a service existed, they did not know where the service was physically located, how to refer themselves, or whom to go to for a referral.

The potential for funding cuts to youth services was seen as a significant barrier to seeking help. Youth reported needing services that had sufficient secure funding to provide stability and be consistently available. If they knew that a service was vulnerable to being closed down, they did not want to invest their time and energy in developing relationships with staff there or becoming reliant on a service that was not going to be around.

Their own financial situation also prevented youth from accessing services they felt they needed. For example, if they were working, many could not afford the time off to attend appointments or treatment.

Many talked about being put off from a service if their initial attempt at contact was a negative one. For example, one youth said if he called a service for help and got an answering machine, he did not call again because *“it’s just another door closing in your face.”*

When youth experienced judgemental healthcare providers in one setting, this acted as a deterrent for them to access other services. Seeking help from emergency room staff and the police had been a particularly stigmatizing experience for

some young people, especially those who were homeless and had both mental health and substance use challenges.

Hospital staff were reported to ignore all but the youth’s presenting medical problem. By not acknowledging their concurrent problems, the youth felt hospital staff sometimes reinforced youth’s denial of their mental health or substance use problems.

Many youth expressed having had negative experience with the police, and felt that law enforcement was generally unsupportive of youth with mental health and/or substance use challenges. The police were also noted to be quick to accuse homeless youth and youth with mental health issues of starting the problems they were seeking help for, leading youth to feel they could not access services for fear they would be blamed.

Those who were currently or had previously lived in small towns or more rural communities spoke of concerns about confidentiality and a lack of resources being their primary reasons for not accessing services. They were also worried that they would be referred out of their home community and would have to go elsewhere to get the help they needed. As a result they preferred to try and manage their symptoms themselves.

Youth were asked on the survey specifically about being denied services in the past year. Eight percent reported that they were denied substance use services, and 11% were denied mental health services.

“I had to wait 3 months, everything was far away.”

EXPERIENCES ACCESSING SERVICES

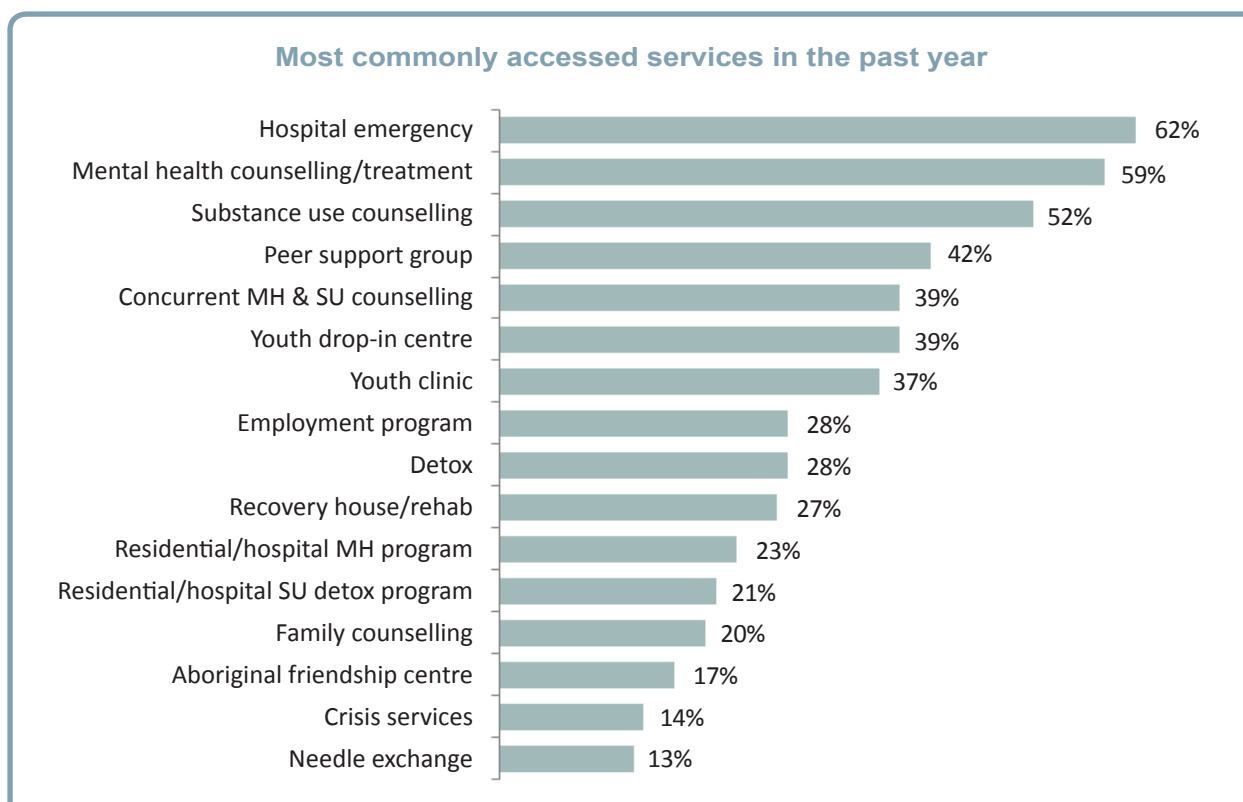
Youth accessed a range of services in the past 12 months, and the most common were a hospital emergency room, mental health counselling or treatment, and alcohol and drug counselling. Rates were similar for males and females.

Youth with concurrent disorders were more likely than their peers to access mental health counselling/treatment, substance use counselling, concurrent mental health and substance use counselling, detox, and youth clinics. Among youth with concurrent disorders, there were no gender differences in rates of accessing the various services.

In addition to answering survey questions, each focus group and interview discussed youth's

experiences of accessing services. Youth spoke about the stigma that exists in having to seek help for their substance use and how this is compounded if they have other issues in their lives such as homelessness, mental health challenges, or criminal justice involvement.

Youth who reported they had a concurrent disorder said that they would access substance use services before they would access mental health services. This was because substance use services would treat people with mental health problems whereas many mental health services would often not accept young people who were actively using substances into their programs.



“[Detox services in Vancouver] are pretty good. Access is fairly easy although sometimes there are waitlists.”



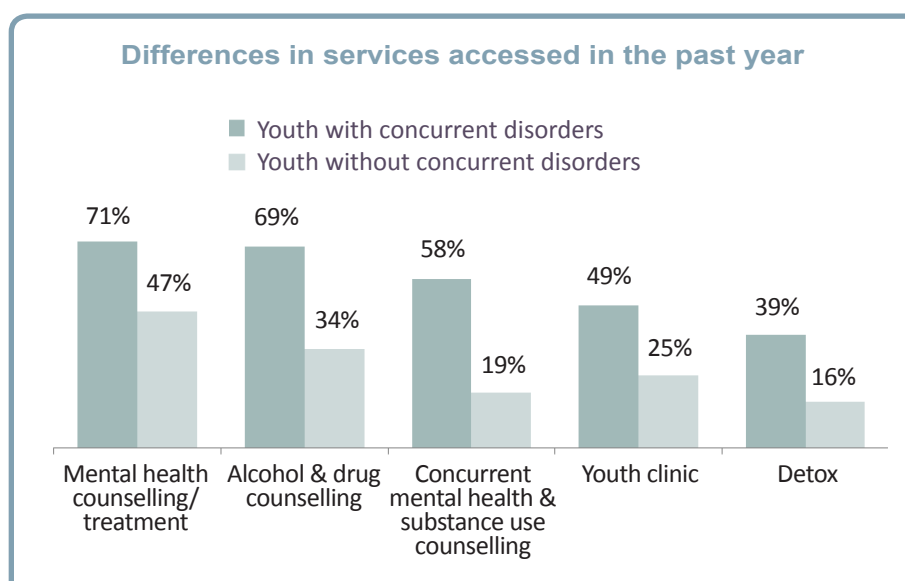
ACCESS TO DETOX

Although the survey showed that 28% of youth had accessed detox, and virtually none reported that they had been denied the service, the discussions revealed differing experiences. Some had been able to access detox readily, while others had been placed on a waiting list or had been unable to access the service in their community so had to travel elsewhere for treatment.

One youth spoke of being admitted to detox for the first time within two hours of initially seeking help. He felt that this was a fantastic service and felt that he likely would not have returned to seek help had he been placed on a waiting list.

Some youth felt that there were more services available for adults needing detox than for youth, and several could identify programs which provided services before or after treatment, but struggled to come up with services specifically for youth wanting to detox.

Participants who had experience of the criminal justice system spoke of not being able to access detox because of restrictions to their movements, for example, as a result of a curfew or house arrest order.



“There was no one to talk to [in detox]—sometimes there was no one there at all, or just a random person.”



Young people who had been through a detox program reported that they had often been admitted into the program without anyone explaining the reason they were there or the treatment plan and goals.

“[Detox] was just a random family’s house with a lady taking my temperature every hour, and I just watched TV; it was bogus. Apparently I was just supposed to relax and get myself off drugs.”

As with other services, youth spoke of the need for staff to be non-judgemental and welcoming. For example, when asked what had led one young man to enter detox he replied, “*The people who set up the placement were nice.*” He had felt supported and heard when he had sought help, and as a result had trusted the service provider of the detox placement.

WHAT IS WORKING WELL IN BC

Portage was named as a positive residential detox treatment service for youth. Although it could be challenging for youth to be removed from their support network, it also allowed youth a breathing space away from the environment of their problems.

SUGGESTIONS FROM YOUTH

ENSURE detox places are available immediately when youth seek help. There are key moments when youth are prepared to accept they need help or when they overcome their fears and are ready to enter treatment. If these opportunities are missed, this can result in young people disengaging from services.

COMBINE detox with counselling services to help youth to deal with the issues that led to them needing detox in the first place. Also offer the opportunities to participate in healthy activities during detox if a young person feels well enough.

ENSURE a support person is available 24/7 when a youth is in the acute stages of detox.

OFFER detox in a young person’s home or community.

ENSURE the staff are friendly and welcoming.

SUPPORT youth who are leaving detox, especially when they are returning to a home community where they have previously been using substances.

LINK youth leaving detox to employment centres. Even if they cannot get a job straight away, regular meetings with an employment counsellor would help youth to maintain their motivation and help them stay sober.

ENSURE youth who enter detox do not lose their accommodation because the threat of homelessness can deter young people from accessing detox and other residential services.

ACCESSING MULTIPLE SERVICES

Although youth accessed as many as 22 services in the past year, they most commonly accessed three to five services. Fifteen percent accessed 10 or more services. There were no gender differences in the number of services accessed.

Youth with concurrent disorders were more likely than their peers to have accessed six or more services in the past year.

Young people talked about the problems they encountered when they wanted to access more than one service. For example, welfare benefits, housing, mental health, and substance use services might be in different locations. Invariably their files would not be shared between services, and they would have to repeat their story each time they accessed a different service.

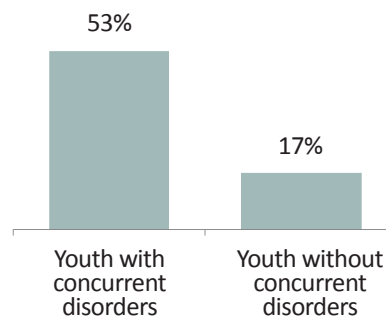
There may also be conflicts, for example, if they were involved with the justice system or medical system and had appointments which clashed with the only times a substance use service was available.

SUGGESTIONS FROM YOUTH

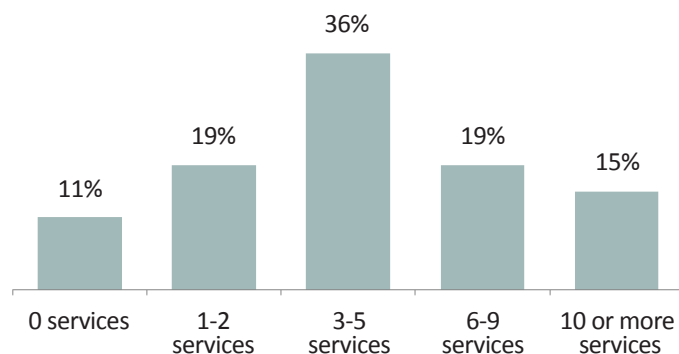
HOUSING all youth services in the same place would make it less intimidating and less expensive for young people to seek help.

THERE should be one centralized referral service that could help young people access all the substance use and mental health resources they need. Staff at this service would be knowledgeable about all the other services available to young people in BC, and would be able to refer young people to the service(s) that could best meet their needs.

Youth who accessed 6 or more services in the past year



Number of services that youth accessed in the past year



LOCATION OF SERVICES

"I think it's mainly the location problem—the services are in the Downtown Eastside and neighbourhoods that are not as nice."

Discussion participants noted that the location of services can be a major barrier to accessing support for substance use or concurrent disorders. Youth from the North in particular felt that there should be more services locally. Several Northern-based youth who identified as having a concurrent disorder spoke of accessing employment programs as their only available source of support, but knowing that this was not a service specifically designed for concurrent disorders.

Youth from outside Vancouver were concerned that a lack of services in smaller communities could lead youth to move to Vancouver to seek help. Youth in one rural community suggested that urban centres could in themselves be a risk factor or trigger for substance use for youth from rural areas.

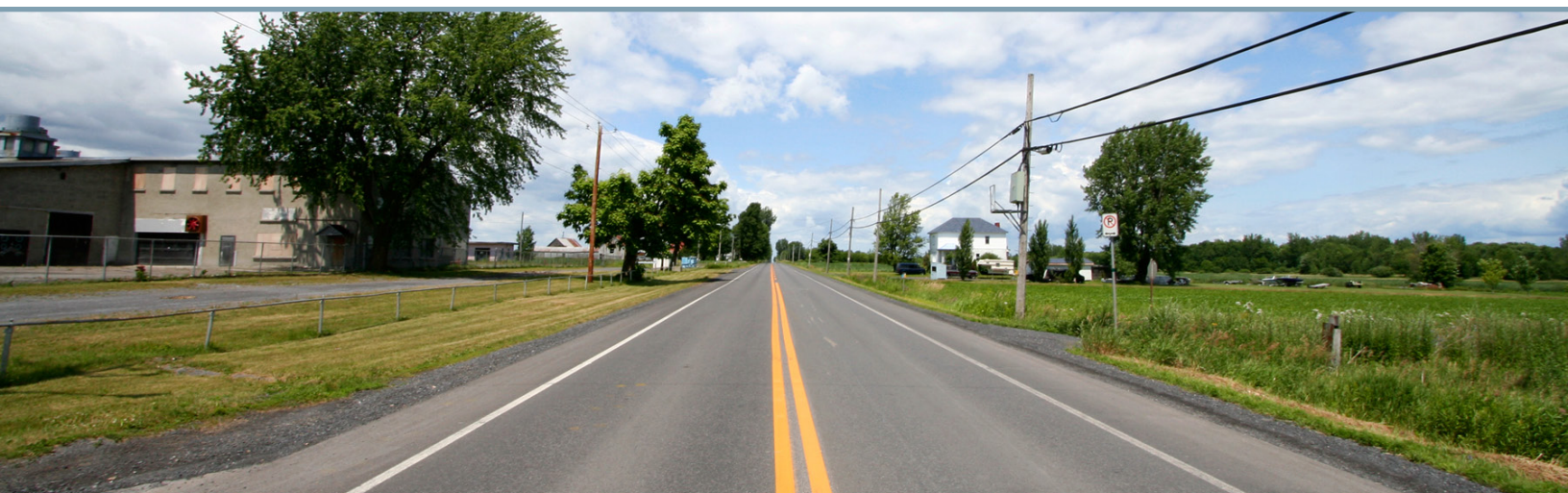
SUGGESTIONS FROM YOUTH

OFFER services in every community, but ensure youth also have the option to seek help outside their home community if this is a more appropriate option for them.

"Detox in the city doesn't work—being in the mountains for a month works well."

SERVICES for substance use and mental health challenges should be located in neighbourhoods where drug culture is not prominent.

"[Substance use services] need to be in a safe and positive area or neighbourhood, away from easy drug access. In Vancouver many services are in the Downtown Eastside, which makes it challenging for youth to break out [of addictions]. It's hard because the welfare office and all the places you can go to cash cheques are on the Downtown Eastside, so drug dealers are always hounding you on cheque day."



COMPLEMENTARY SUPPORTS & SERVICES

Young people noted that they had received support for their substance use or concurrent disorders from a number of sources outside specialist services.

Each focus group and interview highlighted the need for there to be more places where youth could go and engage in healthy activities and which provided alternatives to substance use. These activities should be affordable and fun in order to present a realistic alternative to substance use.

Young people with concurrent disorders reported that they often felt isolated and separated from the community by their conditions. There should be more programs which offer social opportunities for young people with these specific challenges to get involved and receive positive attention.

WHAT IS WORKING WELL IN BC

Young people gave a number of different examples of programs or services that were not designed to support youth with concurrent disorders but which they had found really helpful, such as Big Brothers, Bladerunners, schools, and specific teachers.

“Services like Big Brothers, and teacher support makes a huge difference. If I had that kind of support when I was younger, I probably would be graduating university by now.”

”

SUGGESTIONS FROM YOUTH

SUBSTANCE use services should incorporate some of the successful elements of other youth services, such as including leisure activities and opportunities to participate in outdoor recreation rather than focusing solely on youth’s substance use issues.

“Provide youth with social activities, things like a mountain biking group.”

SCHEDULE substance-free activities (e.g., paintball, rock climbing, group dinners, laser tag) to take place at times when youth might otherwise be using substances, such as on the weekends or in the evenings.

DEVELOP programs where youth can do volunteer work (at a local soup kitchen, etc.) and get gift cards as an honorarium in exchange for their contribution.

HELPFUL SERVICES

“Services that work well are all-inclusive and supportive, and are there for youth when they need it.”



Services most commonly rated as helpful (among youth who accessed them in the past year)

Alcohol and drug counselling	91%
Youth clinic	88%
Youth drop-in centre	88%
Residential/hospital substance use treatment program	86%
Recovery house/rehab	83%
Peer support group	82%
Concurrent mental health and substance use counselling	80%
Hospital emergency	79%
Mental health counselling treatment	78%
Detox	78%
Employment program	74%
Aboriginal friendship centre	73%
Needle exchange	67%
Family counseling	54%
Residential/hospital mental health program	47%

NOTE: Response rates for other services were too small to report.

Youth were asked on the survey whether the services they accessed were helpful. The services most commonly rated as helpful (among youth who accessed them) were alcohol and drug counselling, youth drop-in centres, youth clinics, and residential substance use treatment programs. Rates were similar for males and females.

When asked about web-based support (e.g., counselling), 8% of youth indicated accessing this type of support for their substance misuse, and 9% accessed it for their mental health problems. However, none of the youth who accessed web-based support found it helpful.

The survey results showed that only a few youth had accessed telephone counselling. Among these youth, more found substance use counselling helpful than mental health counselling.

While several youth in the focus groups reported that telephone counselling may not be helpful, they indicated that phone lines were key sources of information. Even when not in acute crisis, youth reported that they would call help lines to get information about available services or have queries answered.

“It seems like lots of youth use help lines like Access Central.”

“Services that meet you where you are at— they are the helpful services.”

For the most part, youth with concurrent disorders were as likely as their peers to rate the services they accessed as helpful. However, they were more likely than their peers without concurrent disorders to deem helpful the support they received through concurrent mental health and substance use counselling (90% vs. 50% of youth who accessed these services), recovery houses/ rehab (100% vs. 63%), youth drop-in centres (100% vs. 73%), and youth clinics (100% vs. 63%). Males and females with concurrent disorders were equally likely to rate the services they accessed as helpful.

WHEN SERVICES WOULD BE MOST USEFUL

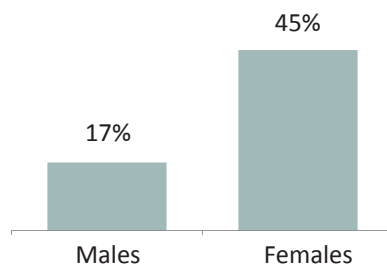
Youth were asked about the time(s) of day when services would be most useful to them. A little over half indicated that services open on weekends (52%) or between 8 A.M. and 6 P.M. (51%) would be most useful. Just under half (46%) indicated that services available between 6 P.M. and midnight would be the most useful. Twenty-nine percent felt that services available between midnight and 8 A.M. would be the most useful, with females more than twice as likely as males to respond in this way.

On the survey, youth with and without concurrent disorders were generally in agreement in terms of when services would be the most useful to them. Among youth with concurrent disorders, there were no differences between males and females.

In discussions, young people noted that services were often not available when they needed them most. For instance, services were often open during regular office hours but youth tended to reach crisis point late at night.

Youth spoke about finding flexible and individualized services the most helpful, as well as those that were accessible by transit and offered a welcoming, safe, and supportive atmosphere.

Youth who indicated that services would be most useful between midnight and 8 A.M.



WHAT IS WORKING WELL IN BC

YOUTH who had experienced homelessness and who had needed both substance use and mental health services praised Covenant House and Directions (both in Vancouver) as two services that were non-judgemental and helpful to young people with concurrent disorders. Youth liked the fact that a broad range of young people accessed these services, yet the services also offered supports geared toward their specific mental health and/or substance use needs, including access to a doctor or nurse, any needed referrals to detox, and access to supportive work programs.

"[Directions is] nice because you can go and get help and hang out with people who don't have mental health problems."

"Covenant House - They relate to you on your level. I would probably still be on the streets without their support."

OTHER youth spoke about the usefulness of being able to return to get group support from Inner City Youth Mental Health Team in downtown Vancouver after they had moved on to more independent living. The Inner City Youth Mental Health Team offers support for youth, such as regular access to medication, psychiatrists, social workers, and group activities.

YOUTH with experience of living in Burnaby praised DEWY (Day Evening Weekend Youth), a drop-in centre based on a harm-reduction model. The centre was described as having an inviting and open atmosphere where the staff did not pressure the youth to seek help, but instead worked with them at the stage they were currently at. Males also particularly liked that DEWY provided engaging activities such as rock climbing.

EASY, an Aboriginal youth service was also highly rated for the support it provided youth with substance use challenges. EASY was noted for its welcoming atmosphere and the fact it provides services until 2 A.M. Other programs that were singled out for praise included Insite in Vancouver; Peak House, YES and Atari in Victoria; and PLEA services across the Lower Mainland.

"[PLEA has] really good services; [they] provide a stepping stone to be able to move onto more long-term support and care."

THERE were some gender differences in the elements of the services youth found most helpful. Females spoke about being particularly responsive to services where they developed strong and positive relationships with the staff. For males, although supportive staff were important, they also preferred to access services that offered fun activities such as laser tag and rock climbing as an alternative to drug and alcohol use.

LONGER-TERM residential substance use treatment programs were praised by many youth who had accessed them. Although some youth were concerned about moving away from their home community and support network to access treatment, others felt it was worth it.

"[Portage] is the place to come if you have addiction problems. It can create lasting change in your life. If you've struggled with addiction for 6 years, 6 months isn't that long a stay."

“On a Saturday night the only place to get mental health services was to go to the hospital.”

”



SUGGESTIONS FROM YOUTH

ACCESS to services for youth with concurrent disorders should be available 7 days a week, 24 hours a day, and located in a safe neighbourhood.

“A place [is needed] where youth could get buzzed in at any time [and] be safe in knowing that the staff member is there for them.”

CRISIS hotlines should also be available 24 hours a day for youth in more remote communities or who could be supported in their own home. This would prevent them from having to seek out more intense services than they need.

SERVICES for youth with concurrent disorders need to be adapted to fit with youth's lives today. For example, provide counseling through chat rooms, Facebook, and text messaging.

SERVICES should be advertised widely throughout every community in places where youth hang out, so that youth know help exists and how they can access it.

“They could get youth into detox through more advertising.”

SERVICES should advertise that they provide food, assistance with transportation, and childcare to encourage youth to attend.

PROVIDE youth with an incentive to stay involved with services once they have gone through treatment and are in recovery. This could include help finding jobs, résumé building, providing classes (e.g., yoga, art, dance, and music), sports programs, skill-building activities, and providing youth with volunteer opportunities.

TRANSITIONING TO DIFFERENT SERVICES

“There are no services to make that jump between being a youth and an adult.”



Youth spoke of the difficulties they experienced when they were transferred to other services or staff and the need for continuity and consistency. Some youth talked about having relapsed into substance use following a change in staff or services.

“It’s important to maintain connections with former doctors. It’s also important to have relatable doctors.”

Older youth spoke about how services dropped off after their 19th birthday. Some spoke about feeling abandoned when they aged out of a service and subsequently had not connected with another service.

“It’s more difficult for 20-year-olds; you aren’t eligible for youth services, but feel out of place with older people.”

“When you start to get older you’re not really eligible for youth services, but you’re intimidated by adults.”

Youth aged 19 and older had a clearer idea of the services available for younger youth than of the services available for their age group. Those who had substance use and mental health issues but had not been accessing services when they turned 19 reported the biggest challenges. This was

because they were disconnected from the youth system at the time they would have transitioned to adult services. As a result they did not know who to approach for assistance when they wanted to re-engage with services.

“When you age out of services, there is nothing to do – the services end and there might not be programs for older youth.”

One youth who had successfully overcome substance use issues with the help of a supportive drug and alcohol counsellor noted that one component that had helped him was knowing that his worker would remain involved in supporting him over the long term, even when he aged out of youth services and into adult ones.

“[She is] the only one helpful to me, otherwise the rest were useless – it is good to know I can continue with her when I’m older.”

WHAT IS WORKING WELL IN BC

“[Wherever I am] I can call Portage whenever and they always talk to me.”

TRANSITIONING OUT OF RESIDENTIAL SUBSTANCE USE SERVICES

"It's just the way it is. In my town [in the Interior] there is nothing, no shelters, no programs."

Some young people reported negative experiences transitioning out of residential services because of a lack of available community resources to support them. This was particularly true for youth who had not wished to return to their home community and former peer network, but did not have the resources to start a new life elsewhere. Communities which lacked affordable substance-free activities and resources were considered particularly challenging to return to.

Youth felt that Vancouver offered some supportive community services for youth leaving substance use or psychiatric residential services, but these were not available in other areas. For example, youth in smaller communities with experience of abuse and homelessness talked about entering a safe house after residential treatment but that the safe house had a two week limit on how long young people could stay.

SUGGESTIONS FROM YOUTH

MAKE the transition out of residential services less abrupt. Have a place where former residents can stay that is less structured than the residential placement but still provides access to trained support staff and a safe space to sleep. Such a place would allow youth to reintegrate back into the community at their own pace and offer them support as they practice the skills they had learned in the residential placement.

PROVIDE more youth drop-in centres in small towns to ease young people's transition back into the community, and which they can access when they are lonely or struggling.

Brainstorm

FROM A FOCUS GROUP IN THE NORTH

What do you need to successfully transition out of residential care?

- ✓ Education
- ✓ Skills training
- ✓ Sober living houses
- ✓ Employment & supported employment where youth can excel
- ✓ Support from friends & family
- ✓ Willpower

"We need a place to practice what you've learned—a safe place, an intermediate place."

Brainstorm

FROM A FOCUS GROUP IN THE INTERIOR

Engaging in service planning & delivery meetings

- ✓ Hold meetings in outdoor or open spaces as these are more relaxing.
- ✓ Be respectful & understanding.
- ✓ Be inclusive, allow everyone to participate.
- ✓ Have clear rules & expectations.
- ✓ Have separate groups when appropriate (for different ages, genders).
- ✓ Provide food & hot beverages for those youth who did not have regular access to food. This also gives youth with concentration issues something to “fiddle” with, without being disruptive.

“[Youth] don’t wanna just sit there and watch people walk by, having a better life than them. We want to do things and get involved.”

“Let us create the programs.”

YOUTH-ENGAGED SERVICES

ENGAGING YOUTH IN SERVICE DESIGN, DEVELOPMENT, & DELIVERY

In the discussions, youth were asked about their experiences of being engaged in planning services. The majority reported that they had never been involved in planning substance use services for youth in general, and most reported little input into their own care planning.

Those who did have experience being involved in service planning reported feeling that they had been brought into the process once a plan had already been made and felt that their involvement was tokenistic. For example, youth who had been asked to participate in planning noted that it generally consisted of being invited to a meeting where the time, location, and agenda had already been decided. This led youth to either decline the invitation to attend or to feel marginalized and silenced when they did attend.

As with service planning, the majority of youth reported that they had no experience of being engaged in program or policy development or delivery.

Although many expressed interest in being more involved in the programs and services that they accessed, as well as the policies that govern these, none were sure of how they might go about doing so.

Similar to service planning, young people noted they would not get involved even if asked, if they felt that their voice was marginalized or their inclusion was tokenistic.

Participants were clear that to engage youth in a special topic (such as a particular policy or program), they need to be interested in it. Service providers may want youth input but if it is not something that young people feel any connection to or interest in, they will not engage in the process or attend meetings.

SUGGESTIONS FROM YOUTH

PARTICIPANTS wanted to see more opportunities for young people to provide their input into the services they need. They felt that this would help youth with complex needs to feel included and would reduce the stigma of admitting they had substance use and other issues. Their specific suggestions included:

ENSURE youth know when there are opportunities to get involved in service planning and development.

BE HONEST about what level of input and influence youth will have in decision making.

INFORM youth about how they would be involved, what they would be expected to do, and what the time commitment would be.

INCLUDE youth in planning early (e.g., in deciding the logistics and content of meetings).

OFFER an information session to let youth know that their input is wanted into the design and development of services. This would make young people feel more empowered and more likely to want to provide input.

INFORM school counsellors, youth workers, social workers, and street outreach workers about projects wishing to engage youth. These workers can then recruit youth and answer any questions youth have.

USE social media to communicate, and send reminders of meeting times via email, Facebook, and text message (e.g., create a Facebook page with encouraging comments for youth, and information about meeting times and upcoming events).

“Make the project look fun!”

CONTINUE to let youth know that their participation is important, as young people will quickly disengage if they feel they are not being supported or valued.

INCLUDE peer mentors in any meetings to serve as role models for participants.

CREATE a safe space for youth with complex issues to work with youth without these issues.

ENSURE there is a diverse mix of youth involved in the planning of services and policies so that all perspectives are captured.

HAVE supportive adults engaged in the planning of services. Ideally these adults would already have a relationship with the youth, and would attend meetings and events with them. If this is not possible, have support staff available to meet the youth, show them where to go and debrief afterwards.

SCHEDULE meetings away from locations where drugs are available.

“It’s helpful to be able to move somewhere where there aren’t drugs right there.”

ENSURE meetings are held in an accessible youth-friendly location and at times when youth can attend. Most youth get up later than adults and also have to fit meetings around school and other commitments.

TO BE most welcoming, hold meetings in non-clinical settings and have workers dress casually.

SCHEDULE time for frequent breaks during meetings.

PROVIDE opportunities for youth to gain volunteer credits, work toward a bursary, or receive work experience for participating.

OFFER honoraria if youth are required to take time off work or miss out on other income-earning opportunities.

PROVIDE food and beverages at meetings or forums, as many youth are grappling with food insecurity or travelling long distances to attend.

ASSISTING with transportation is important for youth living in poverty or in rural areas, or with other travel challenges.

A YOUTH-DESIGNED COMMUNITY

Youth were asked to design and locate substance use services and other services for youth with complex needs in the community.

SCHOOL would be located in the centre of the community. This was particularly important for youth from rural and remote communities, many of whom had to travel long distances to go to school outside of their home community. For youth in small towns and more remote communities, school was a vital source of support. For females in particular, school was where they felt safest, even if they did not attend classes regularly.

MALLS play a central role in young people's lives and therefore make an ideal location for substance use and other support services. They are accessible by public transit and there is no stigma attached to being seen in a mall.

SUPPORT GROUPS would be located at the mall or school and would include youth-specific Alcoholics Anonymous and Narcotics Anonymous groups, where young people could celebrate their recovery.

A 'ONE-STOP SHOP' would be located close to the school and mall and would house a welfare benefits office as well as mental health, substance use, and housing services. Staff in the different offices would all communicate with each other.

ACCESSIBLE treatment programs would be available within the community. They would be well resourced and well staffed with doctors and nurses trained to work with youth.

OUTREACH services would be offered at night and would support youth who might be on the streets and who might not yet be ready, know about, or feel safe accessing other services.

A CRISIS LINE would be available which youth could access from anywhere at any time.

CULTURAL spaces would be available to specific groups of youth such as LGBTQ young people, Aboriginal youth, and immigrant youth. These spaces would be safe, welcoming, and culturally relevant.

FREE or low cost indoor recreation centres would be in each part of the community. The centres would offer activities which provide an alternative to substance use.

OUTDOOR recreational spaces and public parks would be located throughout the community.

A YOUTH CENTRE would be located within easy access of all these services and amenities.

NOTE: Youth were wary of including police stations within the community and usually chose to place them on the outskirts or away from other services. One group felt it was irrelevant where the police station was located as *"Police don't come anyway. You have to lie to get them to come."*



“[An art space is needed because] street youth are creative, but have no way to express themselves, so it manifests into depression, anxiety and substance use. These youth often don’t even know they are creative.”

”

YOUTH CENTRE

After designing a youth-engaged community, focus group participants created their ideal youth centre.

YOUTH thought every community should have at least one pet-friendly, drop-in facility which welcomed a diverse range of youth including those who were actively using substances and experiencing mental health challenges.

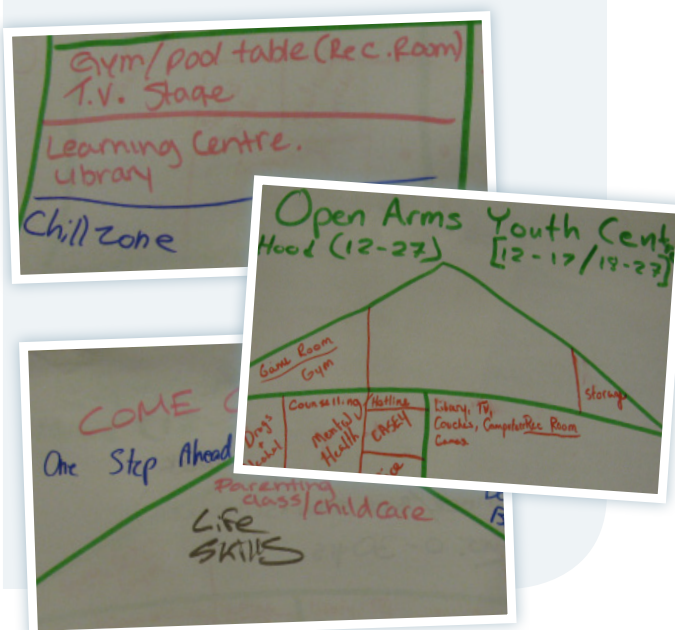
SOME participants were concerned about mixing homeless youth with young people who did not understand the challenges they faced but felt that if this was managed well by the centre, it could be a positive experience for all youth.

THE CENTRE would offer food and the opportunity to learn to cook and prepare nutritious meals. It would also contain a substance use clinic and counselling room. For some, their ideal centre included residential beds, and for others these beds were offered separately but close by.

THEY saw the centre as providing recreation opportunities which offered alternatives to substance use, as well as a safe space to access services. It contained a gym, computer room, TV/movie room, and an art space. The centre also offered entertainment such as live bands, improv, and open mic nights.

THE CENTRE would be run by a diverse staff team which included trained peer support staff. The centre would be open after school until late at night (or 24/7 if needed) and would assist youth to find accommodation if they were homeless, and offer opportunities for education, volunteering, and work experience.

YOUTH placed their centre at the middle of the community close to safe spaces for entertainment (e.g., movie theaters), youth housing, grocery stores, parks and transit, but far from areas where drug dealing occurred.



Brainstorm

FROM A FOCUS GROUP IN THE LOWER MAINLAND

My ideal worker...

- ✓ Is someone you can be open with & talk comfortably with
- ✓ Shows tough love (is blunt and honest when they need to be)
- ✓ Acts like a friend with boundaries
- ✓ Doesn't rush the relationship
- ✓ Doesn't dress too serious (or make you stand out when you are with them in public)
- ✓ Doesn't act like a parent
- ✓ Can relate to you & understands the issues
- ✓ Doesn't treat their work like "just a job"
- ✓ Talks to you eye to eye, not looking down
- ✓ Has skills & training & can offer you resources
- ✓ Lets you make your own decisions, but is there for you if you need help
- ✓ Respects your choices & doesn't judge
- ✓ Genuinely cares & tries their best to help

"You want them to be your friend, but not your best friend."

STAFFING

Participants reflected on the ideal person to work with youth who are experiencing substance use and other challenges.

CONNECTS with youth about more than just substance use challenges.

CREATES a safe space where youth can be honest and not feel judged.

GIVES youth space and waits for them to seek support when they are ready.

CARES about the work they are doing, about the youth as individuals, and is there for youth outside of office hours and over a prolonged period of time.

IS KNOWLEDGEABLE about their work and about other services and supports that are available.

SETS clear boundaries and maintains a balance between being relatable and professional.

IS OPEN-MINDED, accessible, and flexible.

"My case manager [was the most helpful] - she would pick me up and pay for my ferry."

SOME youth felt workers should have personal experience with the challenges youth were going through, while others thought it was more important that they share cultural or spiritual beliefs, or have knowledge about the youth's culture.

"Someone who lived that life will have a better knowledge base."

SUBSTANCE USE service staff team should be diverse and have varied educational backgrounds.

"Workers who had degrees in conflict resolution could be helpful."

YOUTH-ENGAGED SERVICES CHECKLIST

BE ACCESSIBLE by public transit, close to other services, and open after school and on weekends.

ENSURE youth are included in decision-making processes which affect them.

BE IN a youth-friendly building separate from children and adult services.

ADVERTISE where young people hang out (including schools, malls, and youth centres). Advertising should clearly state what service is being provided; whom it is aimed at; and how, where, and when it can be accessed.

ENSURE all staff, from the administrative assistant to the finance officer, are non-judgemental, friendly, and welcoming.

PROVIDE youth-friendly counsellors and outreach workers who are knowledgeable about young people's culture and issues, as well as about mental health, substance use, and services.

OFFER one-to-one support when youth need it.

OFFER peer support from young adults or others who have successfully overcome challenges or are successfully managing a mental illness.

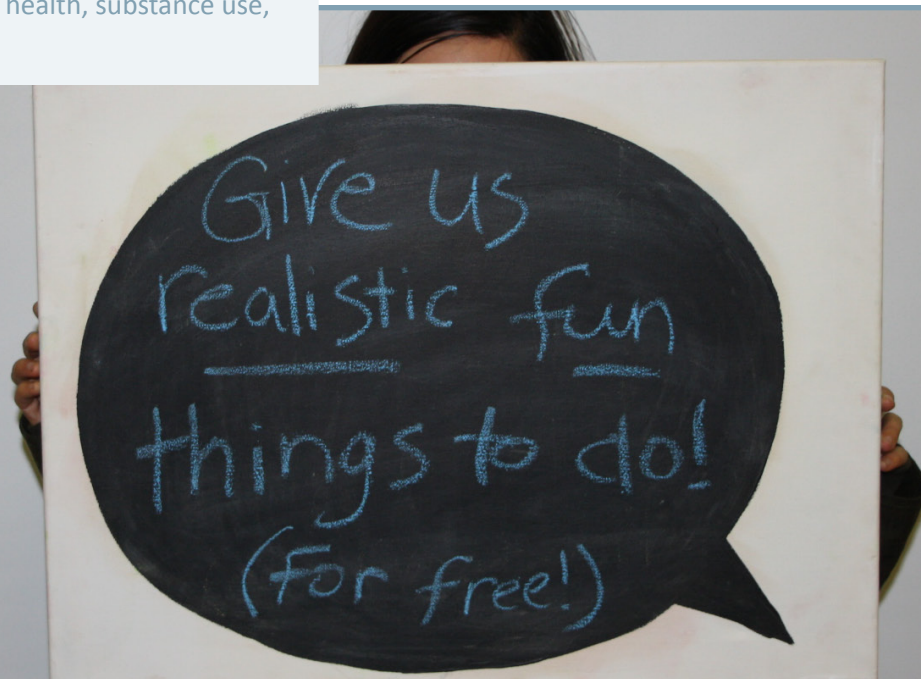
WORK at the youth's pace.

CREATE opportunities for youth with concurrent disorders to mix with youth without such challenges.

OFFER access to activities which provide alternatives to substance use, and offer opportunities to improve physical health.

OFFER access to employment readiness programs to assist youth's move away from substance use.

PROVIDE toiletries, clothing, and food to ensure young people's basic needs are met.



TAKING THE FINDINGS BACK

Follow-up workshops were organized in communities that participated in the initial interviews and focus groups. The purpose of these workshops was to share the findings of the draft report with youth, get their feedback, and engage them in the report preparation and dissemination process.

Workshops were held in December 2012 and January 2013 in Nanaimo, Keremeos, Prince George, and Vancouver. Participants were 46 diverse youth (aged 15 to 25 years) who had experience with substance use challenges. Many had accessed a variety of substance use support services and/or had sought help in both rural and urban communities. Around half of the participants had been involved in the initial research, and expressed enthusiasm about having the opportunity to respond to the findings.

The workshops offered youth the opportunity to discuss the findings, highlight key messages and share their feedback using various art forms. These art forms included claymation films, hip hop and spoken word pieces, drawings, group glass-etching, and an art mural.

WORKSHOP OUTLINE

Length: 3-4 hours

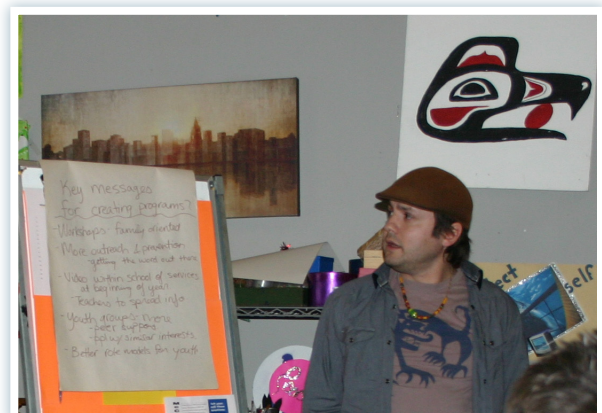
Introduction: Development of community agreement and agenda

Group discussion of report findings

Identify key messages participants would like to send regarding substance use service development

Arts-based project: Transforming key messages into an artistic form

Wrap-up: Discussion of next steps, dissemination strategies, lessons learned, and thank you!



“In Planning [class], we should be learning about the resources in the community.” ”

KEY MESSAGES

Youth reviewed the findings identified in this report, and picked out a number of key messages in the report that they wanted to explore further and share their suggestions about.

ACCESSIBILITY OF SERVICES

Across the workshops, participants agreed with the findings that youth are often unable to get the help they need, with some being surprised that more young people did not report this experience. Participants concurred that youth are often unaware of what services are out there, where they are, and who they are for. Those with experience living in small communities pointed out that not only were services often unavailable in these communities but when non-specialist counsellors were available, they were often ineffective in dealing with complex issues, and their presence acted as a potential barrier to seeking help.

Workshop participants agreed on the importance of reaching youth as they begin to experience substance use challenges. Examples of how this could be done included creating a video detailing youth services available in the community for use in schools. Other ideas included developing specific social networking sites and internet advertisements, and having youth “resource cards” listing services’ contact information that could be handed out by teachers as well as at the ER and police stations.

“They should have a resource book on Facebook with all the hours, locations, and numbers of every service you could want. And for every city too.”

EMERGENCY ROOM EXPERIENCES

“Sometimes, it’s the only place to go.”

Participants were not surprised that the hospital emergency room was the service most commonly accessed by young people with complex needs. Many felt it was often their only option because it was the only place that was open 24 hours a day and would always accept them. However, they expressed concerns about the ER, such as long wait times, discrimination towards youth experiencing mental health and substance use challenges, and lack of knowledge about mental health.

They suggested that hospitals should not only give out information on local services but should have follow-up procedures in place to check in with youth after a hospital visit. A focus on increased outreach and prevention was suggested for reducing use of the ER.

“You go into the ER for some kind of narcotics freak-out or some kind of substance abuse. They just calm you down and send you on your way. A follow-up protocol should be suggested, if not mandatory.”

USE OF MULTIPLE SERVICES

“Once I hit detox, I just kept using services I could use to my own benefit.”

Some youth were surprised by the percentage of young people who accessed six or more services in the past year and did not think this number of programs were available in their community. Others noted that the use of multiple services reflected the need for young people to seek multiple professional opinions; youth being unable to find one or two services which fully met their needs; and youth being introduced to one program through which they realized the variety of services available to them and began accessing a large number.

“You need advocates to go with you so people don’t judge you on how you look and make assumptions.”



ONE-STOP YOUTH CENTRE

“You shouldn’t have to travel all over the place to get the services you want.”

Many youth agreed with the original participants in the project who suggested the need for a one-stop youth centre. To make it successful, it would need to be in a safe neighbourhood, open 24/7, have medical staff and counsellors available at all times, and attract a diverse group of youth to ensure there was no stigma attached to accessing the services.

BARRIERS TO ACCESSING SERVICES

“Usually, there’s a moment when you want to go and when that time passes, you don’t want to go anymore. It’s the waiting period.”

Participants agreed with the report finding that if youth were turned away from a service they were trying to access or were placed on a waiting list, they would not return in the future. They suggested that transportation should be offered from the unavailable program to another comparable program or an overflow location in order to avoid turning young people away.

PEER MENTORS & OTHER SUPPORTS

“I can’t talk to people in my family about half the stuff I talk to [people outside my family] about.”

Participants were not surprised that youth would more readily approach a same-age peer or an adult outside of the family before an adult inside the family when faced with a problem. They suggested that this was due to fears around family judgment and breach of confidentiality. However, participants felt that parental involvement in

service provision to youth with complex needs should always be allowed, but that the youth should have the final say. Involvement should not be forced on unmotivated family members or youth who are disconnected from their families.

WEB-BASED & TELEPHONE SUPPORT

“Stop Tweeting and start hearing.”

Workshop participants suggested that telephone and web-based supports were too impersonal and that the use of videoconferencing systems, such as Skype, should be accessed more. Some felt that phone anxiety, lack of privacy, and the use of automatic recordings were barriers to youth accessing call-in services. These youth suggested having no-charge payphones that connected young people directly with a supportive, trained service provider. No charge calls would allow the service provider to build rapport before delving into the reason for the call.

NAVIGATORS

As with the focus group participants, many in the workshops expressed a desire to have a navigator who could help them access different services in their community. This was felt to be particularly important for youth who experienced complex needs because they were often trying to work with multiple systems on their own. The navigator would be well informed on all youth support services, would advocate on behalf of the youth and would verify who they were to different programs and organizations.

“Someone you can pick up the phone and call, they know all the services, have all the numbers, and can pick you up for coffee and drop you off at the service.”

COMMUNITY WORKSHOPS

While the key messages were similar across all workshops, each group used different arts media to share their responses to the results.

VANCOUVER

This workshop was delivered in partnership with Reel Youth. After youth reviewed the findings in the draft report, they picked out the key messages they wanted to convey and created two claymation films, each highlighting an improvement they would like to see in the delivery of services to youth with substance use challenges and other complex needs.

Watered Down



<http://www.youtube.com/watch?v=WOYNObnrtuQ>

Changing Winds



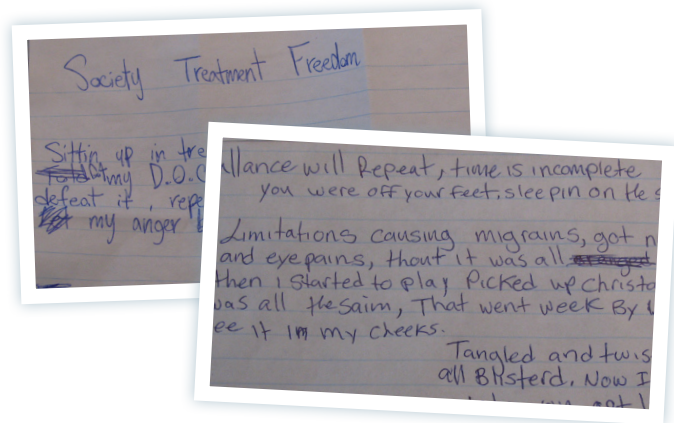
<http://www.youtube.com/watch?v=vkcSmOWYca0>

The first film was titled “Watered Down” and focused on the negative impact of funding cuts to youth services. The key messages the youth chose to convey through their film were that youth need continued access to services and suffer when services disappear or are cut back. The film portrays how, like a flower needs water to live and grow, services need funding to survive and flourish.

The second film highlighted the need for more culturally appropriate substance use services and was titled “Changing Winds”. It describes how youth need access to alternative methods of healing.

KEREMEOS

The workshop took place at Portage, in partnership with Rup Sidhu, a Vancouver-based vocal and visual artist. Youth created individual and group spoken word pieces which can be heard at www.mcs.bc.ca. Youth shared their thoughts on the accessibility of services, accessing multiple services, and the knowledge gained from overcoming challenges.



Spoken word poetry
Next Steps workshop, Keremeos

NANAIMO

This workshop was delivered in partnership with graphic recording facilitators Yolanda and Joel Liman. The youth's discussion was documented by a graphic recorder using words and pictures and the participants then created their own pastel pictures, which were combined into a large mural.

The messages youth chose to depict in their mural included the need for more outreach and prevention, including better advertising of services, family workshops, more school based resources (including teacher education), more peer support groups, and more programs connecting youth with positive role models in their community.

PRINCE GEORGE

This workshop was co-facilitated by the Future Cents program and focused on group glass etching. The piece is currently still being completed but will use symbols such as a butterfly to signify new beginnings, and stars to reflect togetherness. It will reflect challenges and strengths of living in Northern BC and share messages about the need for youth to have spaces where they can express themselves, mobilize, and access activities and services.

When focusing on the key findings of the report, whether in the discussion or in their art pieces, re-emerging themes were youth's need for navigators to help them access services, and better advertising of youth programs, as well as the need for comprehensive, accessible and accepting support for youth.

Important areas that youth identified as currently needing improvement were more consistent funding for youth services, investment in traditional First Nations cultural practices and approaches to healing, a heightened focus on outreach and prevention, and the creation of more programs connecting youth with positive role models and healthy activities.



Art created for glass etching
Next Steps workshop, Prince George

“We all see the same stars.” ”

SUMMARY

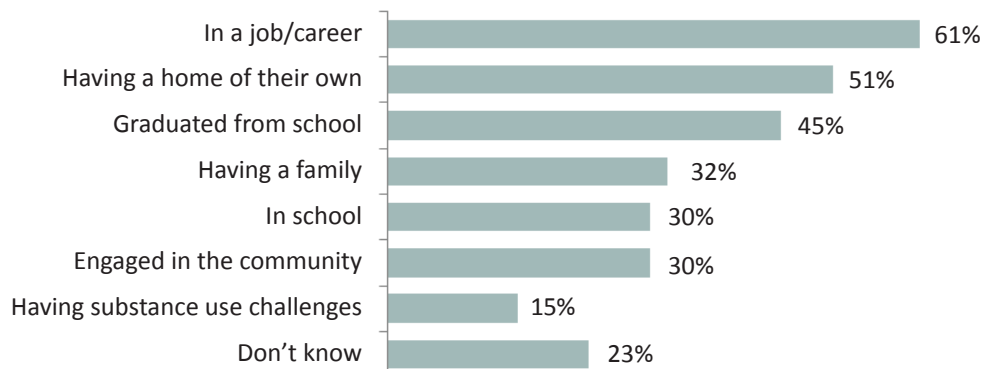
Participants in this project were experiencing a range of sometimes seemingly insurmountable challenges, yet they were keen to share their experiences, perspectives, and ideas for improvements. They were pleased to have their voices heard and to feel that their ideas would be listened to. They offered creative and dynamic suggestions for how to tackle problems and for new ways of developing services. Many expressed interest in being more engaged in service development and delivery, and in hearing about the results of this project.

Based on their personal experiences, youth generated and shared many ideas for how they could be better served in the future. They were also grateful for the support they received and particularly appreciative of the low barrier services available to youth with substance use issues. They also noted that they regularly accessed these substance use services for mental health support because psychiatric services often excluded youth who were active substance users.

The importance of supportive relationships in encouraging youth to access and stay involved in needed services was one of the key messages to come from each of the focus groups, interviews and workshops. The participants' life histories and previous experiences with some services suggest supportive relationships could be further enhanced if the practice was trauma informed.

Finally, as we think about planning and developing services, it is worth noting that when asked where they saw themselves in five years, youth most commonly envisioned having a job or career, a home of their own, and/or having graduated from school. However, 15% anticipated having challenges with alcohol or other drugs, and 23% were unsure what the future held. It is therefore perhaps more important than ever that we include youth voice in substance use system planning.

**Where youth most commonly saw themselves in 5 years
(they could select more than one)**



APPENDIX: FOCUS GROUP FORMAT

Each focus group and interview was unique. However, the groups all followed a similar format which is laid out below.

1. COMMUNITY AGREEMENT

- Introductions
- Explanation of project
- Group agreement and guidelines for discussion

2. SUBSTANCE USE & MENTAL HEALTH

Specific questions included:

- Where do youth get information about mental health and substance use supports and services?
- What are the links between mental health and substance use?
- What promotes positive mental health and reduces substance use?

3. AVAILABLE COMMUNITY SERVICES

Specific questions included:

- What supports are available to youth in BC who need help with their substance use and need supports around their mental health?
- How do youth access these supports?
- How are these supports helpful?
- What are the barriers to accessing support services for substance use/concurrent disorders?
- What are the barriers to accessing support for mental health issues for young people who are getting support for their substance use?
- How can these barriers be overcome?
- What services/support are not available that would be helpful to youth with substance use issues or

substance use and mental health problems?

- How does not having these services impact youth in BC?

— BREAK —

4. YOUTH ENGAGEMENT

Specific questions included:

- If youth attend an appointment, what would make them come back for a second appointment; what would make them not come back?
- When working with treatment providers, what makes youth feel safe; what makes youth feel heard (listened to), and valued?
- If invited to participate in developing programs and policy, what would youth need to allow them to participate (e.g., transportation, honorarium, training)?

5. YOUTH DESIGN

Design services and supports for youth in BC with substance use and mental health concerns.

6. WRAP UP/MOVING FORWARD

- Review of key messages
- Final comments from participants and facilitators
- Next Steps (Return with results, contact details for those interested)
- Evaluation forms
- Honoraria

