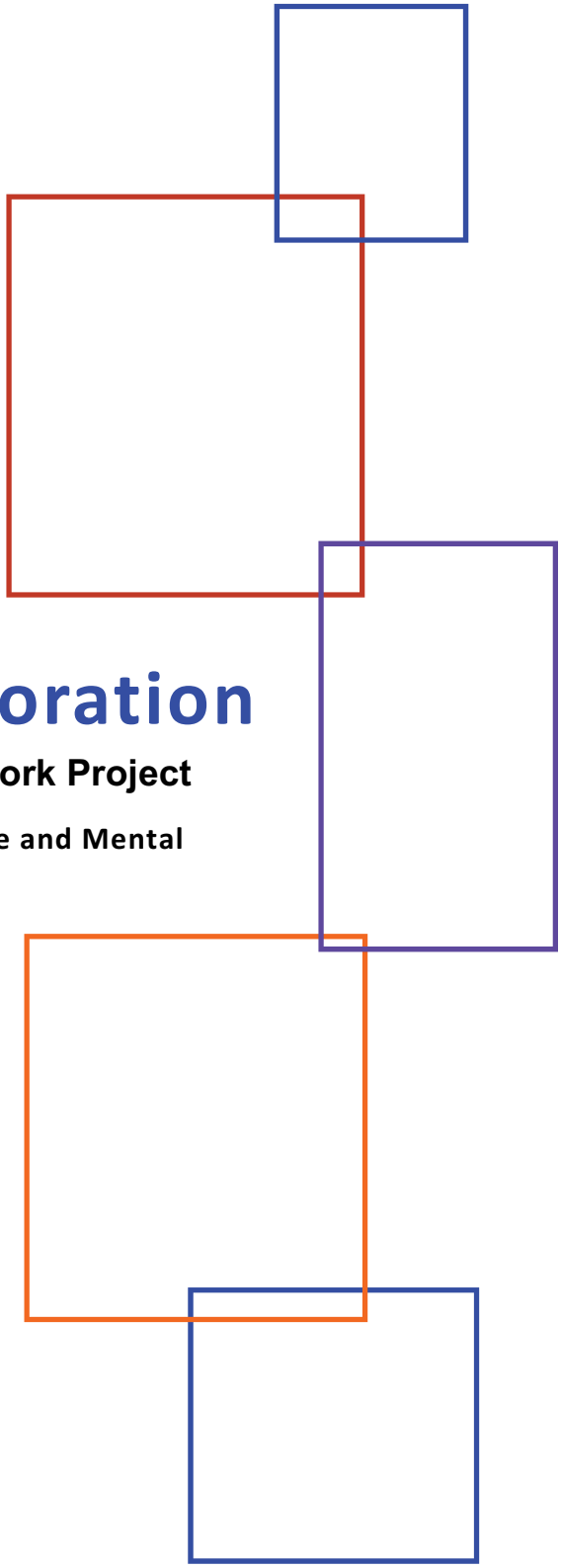
Innovations in Collaboration

Findings from the GAIN Collaborating Network Project

A Screening Initiative Examining Youth Substance Use and Mental Health Concerns



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A Screening Initiative Examining Youth Substance Use and Mental Health Concerns

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ACKNOWLEDGEMENTS

The GAIN Collaborating Network Project was made possible by the commitment, dedication and labour of many people, representing agencies across the multiple sectors where youth seek service. Sincere thanks are due to agency leaders who were prepared to commit to participation in a cross-sectoral collaboration, adapt agency protocols to integrate consistent administration of a screening tool and dedicate staff time to participate in the project; to agency and research leaders who gave of their time to provide on-going consultation and advice to the project partners; to front-line service providers who were prepared to complete surveys looking at their own knowledge and practice, to integrate a standardized screening tool into their routine practice and to engage youth in a screening process for research and clinical purposes; and, most of all, to the youth who participated in completing the tools and consented to having them used for research purposes as well as to the youth who participated in focus groups to share their perspectives and recommendations with respect to the project findings. We would also like to thank the Addictions Service Providers Working Group, Toronto Central LHIN for demonstrating their commitment to research and knowledge exchange by providing funding support to ensure that the findings from this project could be broadly disseminated.

GAIN Collaborating Network Partner Agencies:

- Breakaway
- Canadian Mental Health Association
- Centre for Addiction and Mental Health – Child, Youth and Family Program
- East Metro Youth Services
- Griffin Centre - Day Treatment
- Hospital for Sick Children – Substance Abuse Program
- LOFT Community Services
- North York General Hospital: Branson Site - Addictions Program, Transitional Age Youth Substance Use Program
- Turning Point Youth Services
- YMCA of Greater Toronto - Youth Outreach and Intervention

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Advisory Committee:

Mental Health and Addiction Youth Network (MAYN):

The MAYN members include representatives of agencies across a number of sectors including hospital, community-based child and youth mental health, community-based youth substance use treatment, outreach, housing and support services and community health centres.

Youth Focus Groups:

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GAIN SS (CAMH Version) License:

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Funding Support:

Addictions Service Providers Working Group, Toronto Central LHIN

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PROJECT OVERVIEW

A cross-sectoral group of 10 Toronto-based youth serving agencies undertook a collaborative pilot research project to screen youth seeking service at their agencies for substance use and mental health concerns. For a six month period, commencing in January, 2009, GAIN Collaborating Network member agency staff administered the GAIN Short Screener (CAMH Version), a brief substance use and mental health screening tool, along with a standardized form to gather demographic information to youth seeking service who were aged 12 to 24 years. Service providers received education, participated in developing and adapting protocols for their settings, administered the tools and completed pre/post surveys of their own knowledge, attitudes and practices related to youth substance use and mental health concerns. They also provided feedback about their perceptions of the feasibility of implementing the screening tool in their agencies and the utility of identifying youth mental health and substance use concerns. In addition, youth focus groups were held to gather feedback from youth about the project. The youth and their service needs, the impact of project participation on service provider mental health and substance use-related attitudes, knowledge and practices, as well as youth focus group feedback are presented in this report.

CONTEXT

Background

Co-occurring mental health and substance use disorders in youth are associated with poor outcomes in adulthood; yet, effective and efficient screening, assessment and treatment approaches, especially for youth, are only beginning to emerge. At the same time, concerns about co-occurring mental health and substance issues in youth have been identified in services across sectors including child welfare, youth justice, mental health, addictions, education, health care, housing and other social service agencies. Many sectors report that the youth they serve have similar, complex needs and that many youth with concurrent concerns are involved in multiple service sectors. (Reid, Evans, Brown, Cunningham, Lent, Neufeld et al., 2006; Henderson & Chaim, 2009)

Over the course of the past several years, there have been processes to consider substance use and mental health "system" challenges including stigma, fragmentation, lack of resources, knowledge and focus on the unique needs of specific populations groups, including youth, young men and young women. In many instances, although individuals have multiple concurrent needs, the fragmented system(s) is not set up to address them. There is often a lack of collaboration and limited integration. In 2006, the Canadian Mental Health Commission highlighted some of these challenges in its document, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* and in 2008, the National Treatment Strategy Working Group highlighted these issues among others in its document, *Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy.* These documents have provided some fundamental principles to be considered and adhered to in projects such as these, including: "every door is the right door", respect diversity i.e. apply a sex, gender and diversity based analysis to projects and services, collaborate within and across sectors, generate solid data to inform investments and make knowledge exchange a priority. (e.g., National Treatment Strategy Working Group, 2008; Mental Health Commission of Canada, 2009).

Research and knowledge exchange processes to identify useful tools to screen youth

In 2002, Health Canada released the *Best Practices in Concurrent Mental Health and Substance Use Disorders* document. One of its recommendations was for screening for mental health disorders to take place in substance abuse programs and vice versa. Following a survey of Ontario mental health and substance use treatment agencies in 2003, the Concurrent Disorders Screening Tools Project was formed to develop a menu of tools that might be used in varied treatment settings for adults, recognizing that different settings will have different needs. In September 2006, *Navigating Screening Options in CD (for adults)* was launched across the province (Centre for Addiction and Mental Health, 2006).

In 2006, a research team led by Dr. Brian Rush began a comprehensive literature review and research synthesis of screening tools for mental and substance use disorders among children and adolescents. By 2009, the review was completed; recommended tools had been identified, a technical report was prepared and disseminated, and a plain language summary was released (Rush, Castel, Somers, Duncan, & Brown, 2009; Centre for Addiction and Mental Health, 2009).

GAIN SS: An integrated screening tool

Through these projects, the Global Assessment of Individual Needs Short Screener (GAIN SS) was identified as a recommended screening tool for youth and adults in order to screen for mental health and substance use concerns. This recommendation was based on the availability of data regarding validity and reliability. Centre for Addiction and Mental Health, Child, Youth and Family Program was granted permission by Chestnut Health Systems, the GAIN licensing body, to modify the tool by adding 7 additional items and a license to administer the GAIN SS (CAMH Version) was granted in 2006.

The GAIN SS was considered ideal for a cross-sectoral project involving agencies with different mandates (i.e. age, substance use/mental health) because it:

- Screens for both substance use and mental health issues
- Is brief (five to seven minutes to complete)
- Can be self-administered; paper and pencil or computer
- Has been validated for 10+ years (including adult)
- Is low cost: $100 for a 5 year license that can include multiple agencies

CAMH Child Youth and Family Program integrated screening initiative

In 2003, CAMH's children's mental health and youth substance use treatment services merged under the umbrella of the Child Youth and Family Program (CYFP). From 2005 to 2007, a cross-service initiative was implemented within CYFP to identify and implement a common screening tool for substance use and mental health concerns across its children's mental health and youth substance use treatment services. Based on the work of Dr. Rush, the GAIN SS was used. Findings demonstrated that many youth endorsed a co-occurring mental health and substance use concerns, regardless of "presenting problem" and initial service requested. In addition, substance use and mental health related staff attitudes, knowledge and practices were measured and staff feedback was gathered. This data suggested that staff generally found that implementing a consistent substance use and mental health screening tool was feasible across diverse services and provided clinically useful information (Henderson, Chaim & Rush, 2007; Skilling, Henderson, Root, Chaim, Bassarath & Ballon, 2007).

Development of the GAIN Collaborating Network

In 2007, the Youth Cluster, a long-standing network of youth substance use treatment agencies in Toronto, initiated discussions focused on the need for system integration. These discussions led to the development of a network of cross-sectoral youth agencies with the goals of collaborating to identify and meet the complex needs of the many youth with multiple co-occurring concerns that were seeking service at their agencies. As the Youth Cluster expanded to include agencies from other sectors including youth mental health agencies the name was changed to the Mental Health and Addiction Youth Network (MAYN). The agencies shared concerns that the youth seen in their settings have similar, complex needs and that many of them are seen in multiple sectors. They, however, did not have data to support this. During this period, CAMH regularly shared progress and findings related to its work in the area of youth screening, with a final presentation in May 2008 of the findings of the pilot implementation of the GAIN Short Screener (CAMH Version), subsequently referred to as the GAIN SS.

At its May 2008 meeting, the MAYN expressed interest in developing a multi-agency collaboration to implement the GAIN SS with youth seeking service at its agencies and to survey their staff attitudes, knowledge and practices related to youth substance use and mental health concerns. In July 2008, CAMH was granted permission from Chestnut Health Systems to include identified agencies collaborating with CAMH in implementing the GAIN SS in its licensing agreement. By September 2008, 10 cross-sectoral MAYN member agencies had committed to form the GAIN Collaborating Network (GAIN CN) and to undertake a six month pilot research project to implement the GAIN SS in each of the agencies. The broader MAYN committed to participate in the project in an advisory capacity. A Memorandum of Understanding, dated October 1, 2008 was developed and project plans, including roles, responsibilities and process were confirmed.

The common interests and concerns of the agencies presented an opportunity to work together in a research-community collaboration to foster knowledge translation and exchange in this network and beyond; and to lay the groundwork for on-going partnerships and collaboration. The network was interested and committed to ensuring that knowledge gained through this collaborative effort be shared locally, provincially and nationally, in a variety of forums including academic, service provision, and government.

Plans for the project were shared with other networks including the Addictions Service Providers Working Group, Toronto Central LHIN. As a result they provided $3500 to support the project, in particular, to produce and share a report with community stakeholders.

The Partners (See Appendix A for information about agency services)

- Breakaway
- Canadian Mental Health Association
- Centre for Addiction and Mental Health – Child, Youth and Family Program
- East Metro Youth Services
- Griffin Centre - Day Treatment
- Hospital for Sick Children – Substance Abuse Program
- LOFT Community Services
- North York General Hospital: Branson Site - Addictions Program, Transitional Age Youth Substance Use Program
- Turning Point Youth Services
- YMCA of Greater Toronto - Youth Outreach and Intervention

GAIN CN agency partners represent hospital and community-based treatment, youth addictions and children's mental health, and outreach, housing and support sectors.

80% of the agencies fully participated in the project; Addictions Program, Transitional Age Youth Substance Use Program, North York General Hospital: Branson Site and Hospital for Sick Children

– Substance Abuse Program did not receive ethics approval in time to participate in the data collection. They did remain actively involved in an advisory capacity to the project along with the rest of the MAYN members.

The GAIN CN partners agreed to:

- Work together to build service provider awareness and facilitate the identification of the concurrent substance use and mental health needs of service seeking youth. Their expectation was that through improved identification, youth access to appropriate services would be enhanced.
- Collaborate to collect demographic and GAIN SS information from youth presenting for services.
- Collect feedback from involved service providers as well as pre-post service provider survey data examining their attitudes, knowledge and practices related to screening and working with youth with concurrent substance use and mental health concerns in order to assist in determining whether implementation of the GAIN SS and participation in this collaborative project would have an impact on the service providers involved.
- Provide the data to CAMH for data analyses so that aggregated and non-identifying information from the project could be analyzed and shared among the agencies to inform system and treatment planning in their catchment areas. Each agency would also have access to the analyses with respect to its own agency-specific data.

Roles of GAIN CN members:

Lead Agency: CAMH, in its capacity as the lead agency for the project was responsible for:

- Obtaining CAMH Research Ethics Board approval for the project. Participating agencies other than the 2 hospitals, operated under the auspices of CAMH Ethics Board approval; the hospitals applied for ethics approval individually as per their usual processes;
- Provision of training in youth concurrent concerns and the project protocols to the GAIN CN agency leads as a group as well as to the service providers in the individual agencies prior to project initiation as well as provision of consultation as needed throughout the project;
- Conducting pre and post service provider surveys of staff attitudes, knowledge and practices to all agency staff involved in the project;
- Data collection from the participating agencies;
- Data analysis;
- Preparation of a report of consolidated GAIN CN data for community stakeholders as well as consolidated agency-specific data for each agency.

Member Agencies: Each agency was responsible for:

- Compliance with the agreed upon protocol;
- Implementing the pre/post survey provided by CAMH to measure staff attitudes, knowledge and practices regarding youth with concurrent substance use and mental health concerns prior to initiation of the project and at the end of the project;
- Obtaining consents, administering tools and submitting the data to CAMH for analyses;

- Maintaining and storing original data from participants as per each agency's policies and in accordance with legal requirements, but at minimum for two years;
- Ensuring that as many eligible youth as possible were included in the project (if appropriate).

Objectives

The objectives of the project were to:

- screen for concurrent substance use and mental health concerns in youth seeking services at the participating agencies
- determine if the GAIN SS (CAMH Version) is a feasible and useful screening tool for service providers in agencies in various sectors to use
- inform planning processes within the GAIN CN that relate to:
  - ◊ identifying commonalities and differences among youth seen in the agencies
  - ◊ identifying gaps in the continuum of services for youth with concurrent substance use and mental health concerns seeking services
- build capacity among service providers for consistent identification and treatment planning for youth with concurrent substance use and mental health concerns.

Method

10 cross-sectoral youth serving agencies committed to participate in a joint clinical-research, knowledge translation and exchange six month pilot project. A memorandum of understanding describing the project, roles, responsibilities, activities and commitments was developed and signed by 8 of the agencies. Two of the agencies, North York General Hospital: Branson Site and Hospital for Sick Children, did not sign as they did not receive ethics approval in time and did not participate in the data collection process.

A collaborative process was used to develop joint goals, materials and processes. The advisory committee was involved with the GAIN CN in every step of the development process. Once the specific agency level training and data collection was underway, the advisory committee, along with the GAIN CN, was involved in discussion, problem-solving of issues arising as well as contributing to the development of questions to be answered through analyses of the data. The GAIN CN agencies were involved in the service provider training, consultation and data collection at the agency level.

Key Project Components:

1. Administration and analyses of surveys of service provider attitudes, knowledge and practices related to mental health and substance use concerns respectively, prior to commencing participation in the project and upon project completion.

2. Administration and analyses of the GAIN SS and a Background Information (demographic) form to youth seeking service at the participating agencies.

Measures & Study Package:
(See Appendix B)

Service Provider Concurrent Disorders Survey (SPCDS)

The SPCDS is a self-report questionnaire to examine the substance use, mental health, and concurrent disorders-related knowledge, attitudes and practices of service providers that was developed in part based on Bush and Grove's Role Perception Questionnaire (1998) (J. Henderson; Service Provider Concurrent Disorders Survey: SPCDS). In its current form, the SPCDS is a 42-item questionnaire with 7 subscales measuring substance-use related attitudes (4 items), knowledge (5 items) and practices (3 items), mental health-related attitudes (4 items), knowledge (5 items) and practices (3 items), and concurrent disorders-related attitudes (12 items). Preliminary analyses have shown the SPCDS to be reliable (Cronbach's alphas =.93-96).

Service Provider Consent Form

The consent form described the project, confidentiality and plans for data management. Service provider initials only were required to ensure anonymity of the surveys.

GAIN SS (CAMH Version)

The GAIN SS is a one page, brief screening tool validated for use with individuals aged 10 years and over to quickly identify those who may be experiencing difficulties in one or more of four dimensions: internal mental distress (i.e. depression, anxiety), behaviour complexity (externalizing behaviours i.e. ADHD), substance use problems and crime and violence (Dennis, Chan & Funk, 2006). The tool was developed by Chestnut Health Systems and copyrighted in 2005. Chestnut Health Systems permitted CAMH (CYFP) to modify the GAIN SS in 2006, by adding seven items (not part of original validation) at the end to screen for: eating, post-traumatic stress, psychosis and gambling, gaming and internet concerns.

Background Information

This form was developed collaboratively with the GAIN CN to ensure that information was gathered that would describe youth seen at the agencies and provide information about determinants of health frequently cited in the literature as associated with youth substance use and mental health concerns including age, sex, education, employment, income support, housing, legal involvement, ethno-racial identification, and language diversity.

Youth Consent Form

The consent form described the project, confidentiality and plans for data management. Youth initials only were required to ensure anonymity of the surveys.

Instructions for GAIN SS Use

A step-by-step one page protocol was developed for use by all service providers to facilitate consistency across providers.

Consultation and Referral Resources (Response Guide)

Templates to be customized by each agency for clinical follow-up to positive screens (endorsement

of symptoms/concern) on the GAIN SS outlining potential resources for consultation referrals and potential further assessment instruments.

GAIN SS Tracking Sheet

Template for tracking completion and non-completion of the GAIN SS and the reason for non-completion, where applicable, for youth seeking service in each agency.

Feedback Survey

Questionnaire regarding participating service provider perceptions of the feasibility and utility of administering the GAIN SS to youth in their setting.

Process: (See Appendix C for Project Timeline)

1. *September 25, 2008 –MAYN meeting:*
   a. GAIN CN agencies identified and committed; remaining MAYN members agreed to act in advisory capacity to the project
   b. Leads for the project were identified
   c. Leads for each GAIN CN agency were identified
   d. Memorandum of Understanding drafted and reviewed

2. *October 23, 2008—GAIN CN agency meeting:*
   a. Measures and study package reviewed and revised
   b. Protocol reviewed and revised. Protocol for the administration of the GAIN SS and Background Information form was adapted to fit within the protocols and practices of specific agencies, services and providers. These included plans to administer the tools to youth:
      i. at initial agency contact in the waiting room by receptionist
      Ii. at initial session with service provider
      Iii. within a certain number of sessions from initial contact (determined by provider) to allow time for youth engagement and trust development
      Iv. within "a window of time" to facilitate administration of the tools to "capture" existing clients in the agency at project initiation. Agency leads had the ability to discuss and sanction local adaptation of tool administration protocols in consultation with the project leads and advisory committee. Data was gathered about the length of involvement with the participating agency to document these variations
   c. Process explained and consents and service provider surveys were administered
   d. Training protocol administered to GAIN CN agency leads by project leads. Training included a focus on:
      i. Prevalence of youth concurrent concerns in the literature and anecdotally in the GAIN CN agencies
      ii. Benefits of youth screening
      iii. Information on the GAIN SS, its scoring/interpretation and guidelines for how to respond if

concerns are endorsed by youth

iv. Orientation to study package and project protocol

e. Discussion of challenges and opportunities afforded by participation in the project and problem - solving any potential barriers to adhering to the project protocol

f. Feedback about the training package i.e. format, PowerPoint presentation and content was discussed so that the package could be amended and standardized for use with each agency

g. Plan for delivering training to agency staff developed

3. November-December, 2008—training was delivered to staff at GAIN CN member agencies, not including CAMH. Training across sites was delivered using the package developed by the project leads and amended by integrating feedback gathered at the agency lead training. CAMH staff had already participated in a similar survey and training process, using the same measures at the initiation of the previous CAMH screening initiative.

a. Project leads administered service provider consents and the Service Provider Concurrent Disorders Survey (SPCDS) at 5 of the member agencies, followed by delivery of the training

b. Two of the agency leads collaborated to administer the initial consents and service provider surveys and deliver the training jointly to their respective agencies

c. Training protocol (as described above) delivered to all staff in agency programs to be involved in the study

4. *January 8, 2009*—GAIN CN project launch meeting:

a. Review of protocols and processes; note and sanction any individual agency adaptations to process requested/required

b. Distribution of study packages i.e. GAIN CN Instruction Sheets, Consent forms , GAIN SS, Background Information forms, Tracking Sheets

5. January 19, 2009 – July 19, 2009—Project actively underway

a. Service providers obtained consent from youth seeking service at their agencies and administered the GAIN SS and Background Information form

b. The completed measures and tracking sheets were submitted to CAMH on a monthly to bi-monthly basis, variable by agency. Some were picked up in person, collected at MAYN meetings or delivered to CAMH by courier

c. Consultation was provided as needed by project leads and/or a CAMH research assistant assigned to the project

d. Staff feedback forms were collected on completion of the data collection phase at each agency and submitted to CAMH

6. *February-June, 2009*—bimonthly MAYN meetings functioned as advisory committee meeting for the GAIN CN:

a. Reviewed progress and provided consultation

b. Youth engagement became a focus of discussion

7. *September and October, 2009*—preliminary findings presented at MAYN advisory meetings. Consultation focused on:
    a. Data analyses questions
    b. Potential recommendations based on findings
    c. Lessons learned, including staff feedback provided on utility and feasibility of administering the GAIN SS to youth in their agencies
    d. Youth Focus Group process including location, questions and incentives to participate
    e. Feedback from project leads
    f. Report dissemination plan

Stakeholder Involvement:

Advisory Committee (MAYN network)

Structure

- MAYN members, excluding those that are members of the GAIN CN

Role

- Endorsement of the project
- Partner identification
- Objective setting
- Review of measures and study package
- Protocol development and review
- Youth engagement strategies
- Consultation on plan for youth focus groups to comment on project findings including:
    - Focus group location, composition
    - Facilitation guide
- Regular review of progress
- Adherence to timeline and protocol
- Review of analyses, findings and recommendations

Youth Focus Groups

- Focus groups were held at 3 of the GAIN CN agencies:
- CAMH, representing hospital based treatment
- East Metro Youth Services, representing community based treatment
- YMCA, representing outreach, housing and support services
- The focus groups aimed to provide youth the opportunity to review the project findings and provide feedback as to whether they perceived the data to be reflective of their experiences and to offer recommendations as to how they would like to see the information used
- 20 youth participated in total; 15 males and 5 females
- Sessions ranged from 30-60 minutes
- Food was provided as a token of appreciation (e.g., pizza, wings)

- A facilitation guide was used to ensure consistency across the focus groups
- The facilitation guide consisted of nine questions and included verbal and visual representation of key project findings (See Appendix D)
- Groups were co-facilitated by a youth outreach worker and a university student, not connected to the MAYN or the GAIN CN; one acting in the capacity of facilitator, one as recorder

FINDINGS

Background Information about Youth

Who participated?

In total, 422 youth participated

182 (43%) youth from hospital-based treatment (HBT) agencies

120 (28%) youth from community-based treatment (CBT) agencies

120 (28%) youth from outreach, housing and support (OHS) agencies

How representative is the sample of youth who participated in the project?

Using staff completed tracking sheets, staff from participating agencies were asked to record the sex, age, consent response, and reason (if non-consenting or not approached) for each youth asked to participate. CBT and OHS agencies used this approach to track participation rates.

Based on the tracking sheets, out of all youth presenting to these agencies, 83% of youth were approached, of these 19% refused to participate, 80% participated, and 1% did not have sufficient information to determine participation status. Most youth who were not approached were reported to be existing (i.e., not new) clients and they could not be contacted for completion of the questionnaire (69%).

Table 1: Participation rates by agency type

	CBT	OHS
Approached	79%	97%
Refused	21%	14%
Participated	77%	86%
No info	2%	--

The HBT protocol did not include completion of tracking sheets by staff. Instead, data collected via institutional data systems has been used to establish the participation rate. Using this method, the participation rate at HBT was 69%.

What are the demographics of the youth who participated?

Age

The participating youth ranged in age from 11 to 26 years with an average age of 18.73 years and a median age of 18 years. OHS agencies saw significantly older youth than the other agency types. When youth were grouped by age categories commonly used in service provision (up to and including 16 years; 17 to 21 years, and over 21 years), it was revealed that the largest age group for youth presenting to HBT and OHS agencies was the 17 to 21 year age range. In contrast, the most common age group for CBT agencies was the 16 years and younger age group.

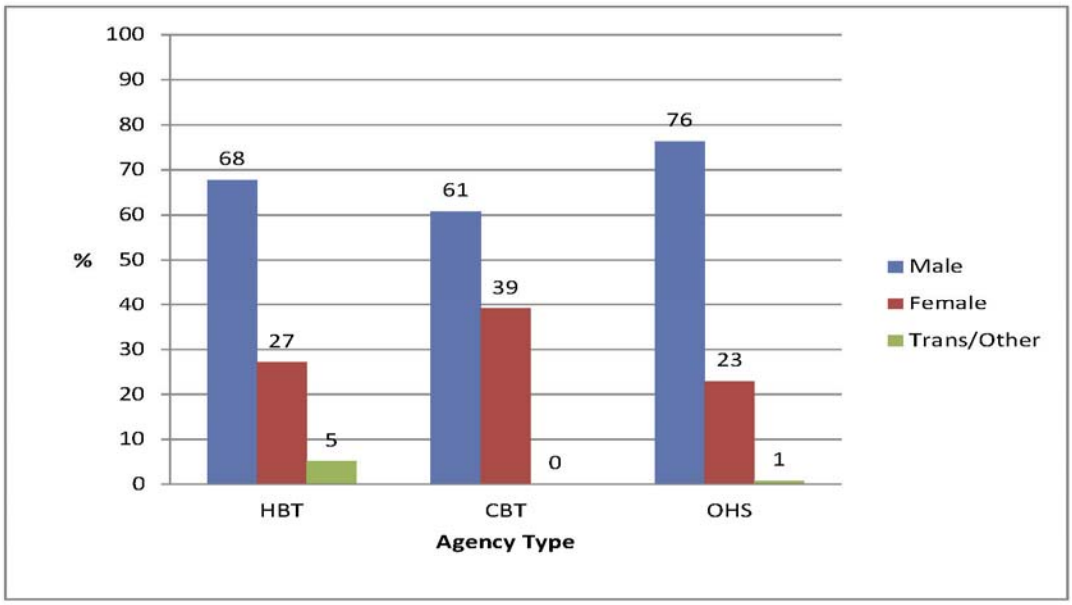
Table 2: Mean age by agency type

	N	Mean	Std. Deviation	Minimum	Maximum
CBT	119	17.50	3.419	12	26
OHS	117	20.67	2.467	14	25
Total	412	18.73	3.255	11	26

Sex

Approximately 2/3 of participating youth were male (N=283, 67%), while 29% were female (N=122), and 2% identified as transsexual/transgendered or other (N=10).

Figure 1: Sex distribution by agency type

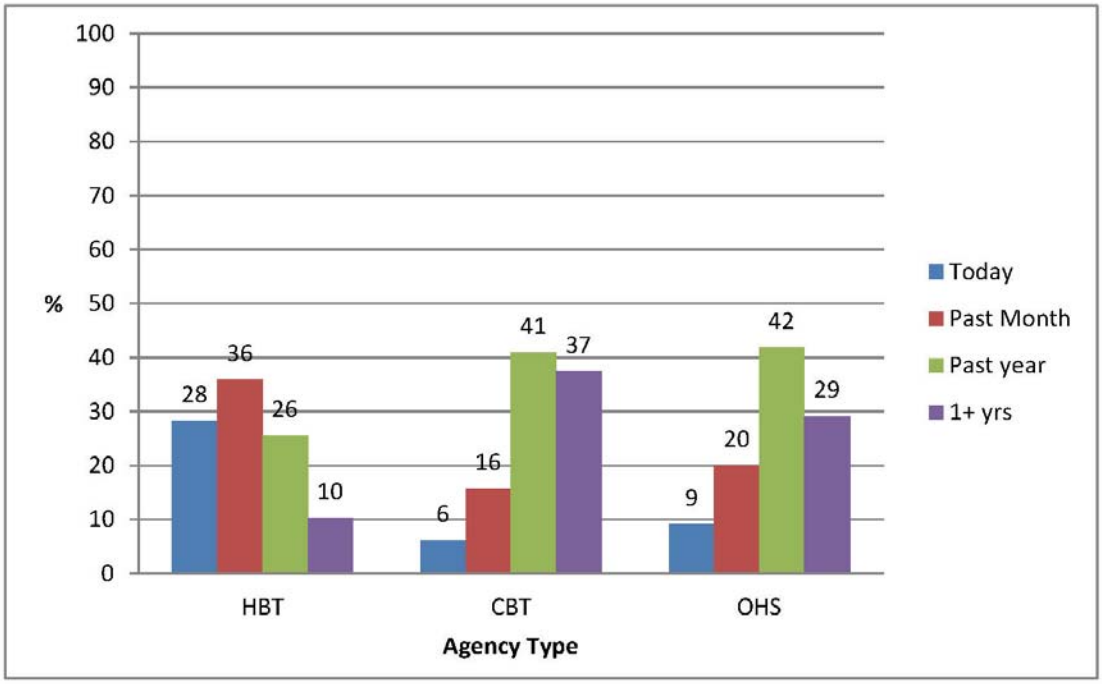


Comparing the 3 agency types reveals that the CBT agencies had a significantly greater proportion of females than the other agency types. Notably, almost all youth (90%) who identified as transsexual/ transgendered or other were seen through HBT, which has a specialized gender identity related service.

Service History

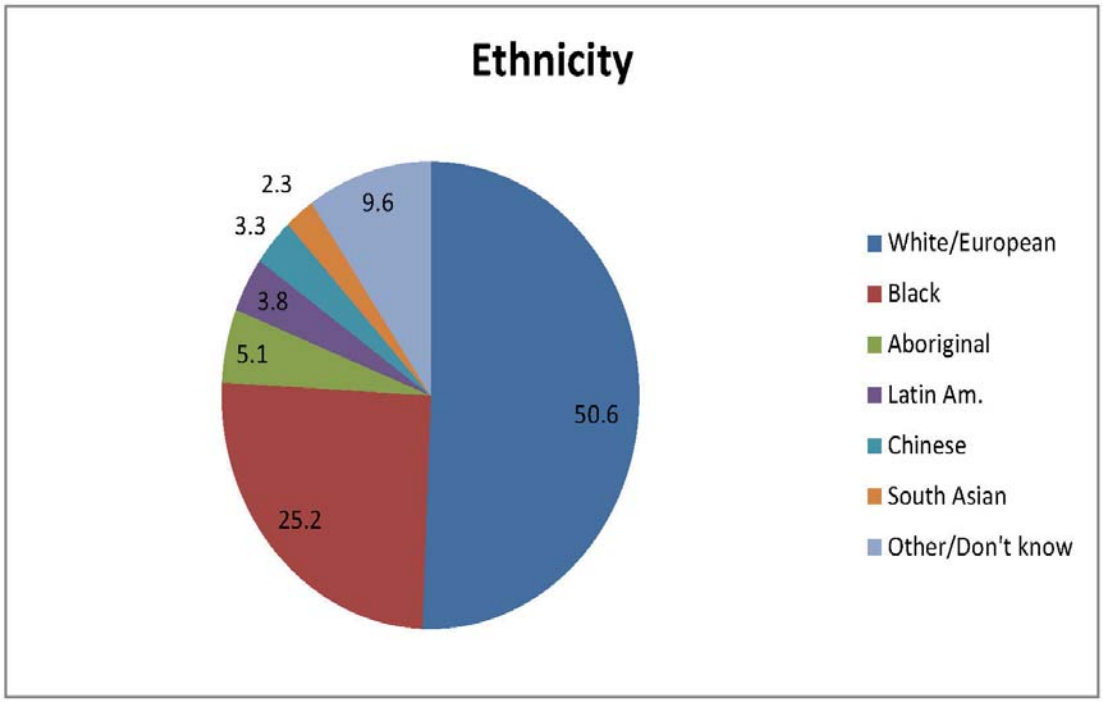
Most youth participating in the project had been involved with the participating agency for 2 – 12 months. There was a significant difference between agencies, however, with HBT youth being involved for less time than youth from the other agency types. This is likely accounted for by differences in administration protocols across agencies, as were agreed upon at the outset of the study. In the HBT context, the GAIN SS was administered to new clients only, primarily on their first agency visit. For other agencies, the agreed upon protocol was to administer the tools to all existing and new clients. This was primarily due to low rates of client turnover in some settings (e.g., day and housing programs).

Figure 2: Service history by agency type



Ethnicity

Figure 3: Ethnicity distribution of participating youth

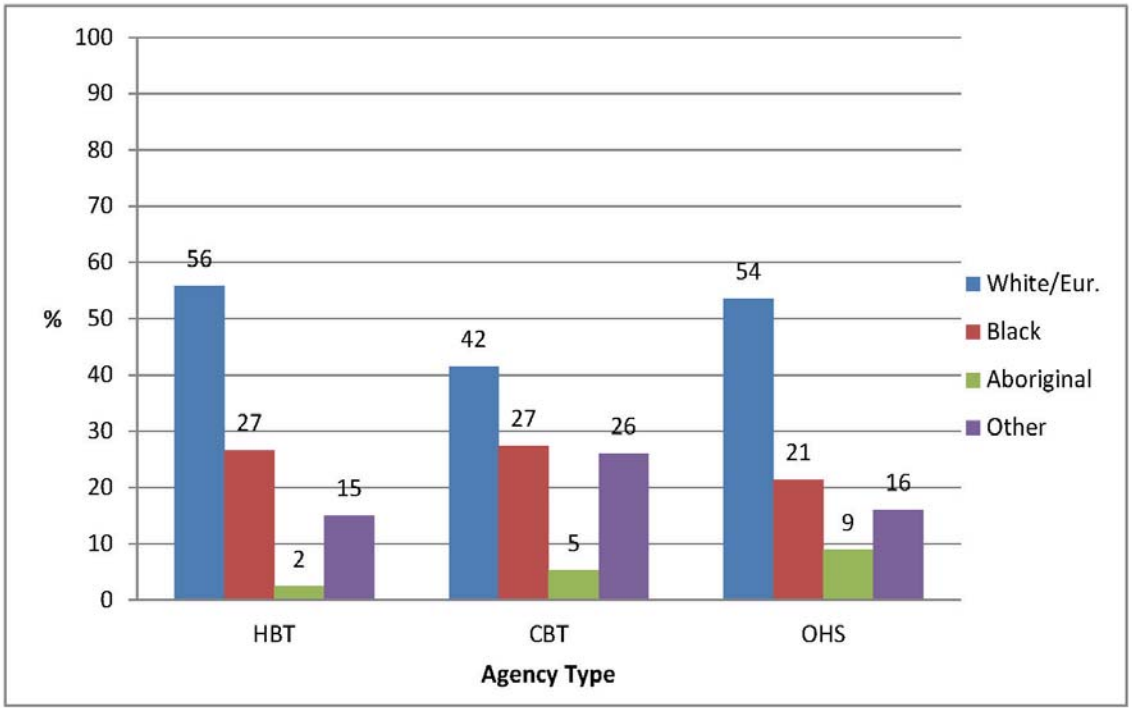


Approximately half of youth identified as White/European, with the next largest group being Black (25%). Approximately 5% of youth identified as Aboriginal. The Other group includes youth identifying as Filipino, Japanese, Korean, Latin American, South Asian, Southeast Asian, West Asian and those who

indicated “Other” or “Don’t know”.

CBT agencies were more likely than the other agency types to see youth who identified as belonging to an ethnic group other than Aboriginal, Black, and White/European, while the OHS were more likely to serve Aboriginal youth than the other agency types.

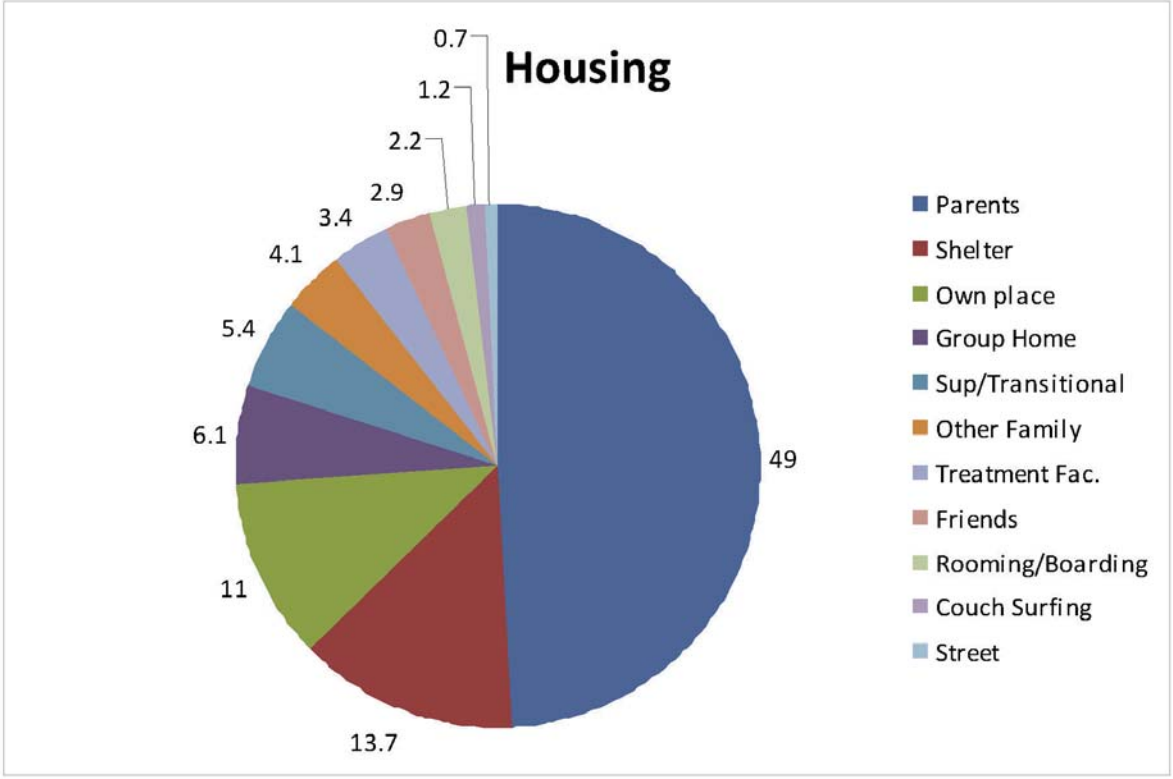
Figure 4: Ethnicity distribution by agency type



Birth Country and First Language

The majority of participating youth were born in Canada (84%) and spoke English as their first language (88%). There were no significant differences in these rates across agencies.

Figure 5: Distribution of housing arrangements



Youth living in shelters, couch surfing or on the street were more likely to be male and older than other youth participating in the project and Aboriginal youth were more likely to be in this under-housed category than youth in all other ethnicity groups. Youth who were under-housed were significantly more likely to present for service at OHS agencies than other agency types. Males and females were equally likely to be residing in the parental home at the time of participation.

Legal Involvement

Approximately half (52%) of participating youth reported never having any legal involvement, while the remaining youth reported legal involvement in the past 12 months (31%) or more than a year ago (17%).

How do the demographics of males and females compare?

Table 3: Demographic comparison of male and female participants

	Male	Female
Average Age	19.06	18.08 *
White/European	53.4%	44.7%
Black	23.3%	30.7%
Aboriginal	6.1%	2.6%
Other	17.2%	21.9%
Born in Canada	82.4%	85.6%
English First Lang.	87.1%	90.7%
Shelter/Couch/Street	21.8%	2.5%*
No Legal Involvement	47.2%	63.4%*

***p<.05**

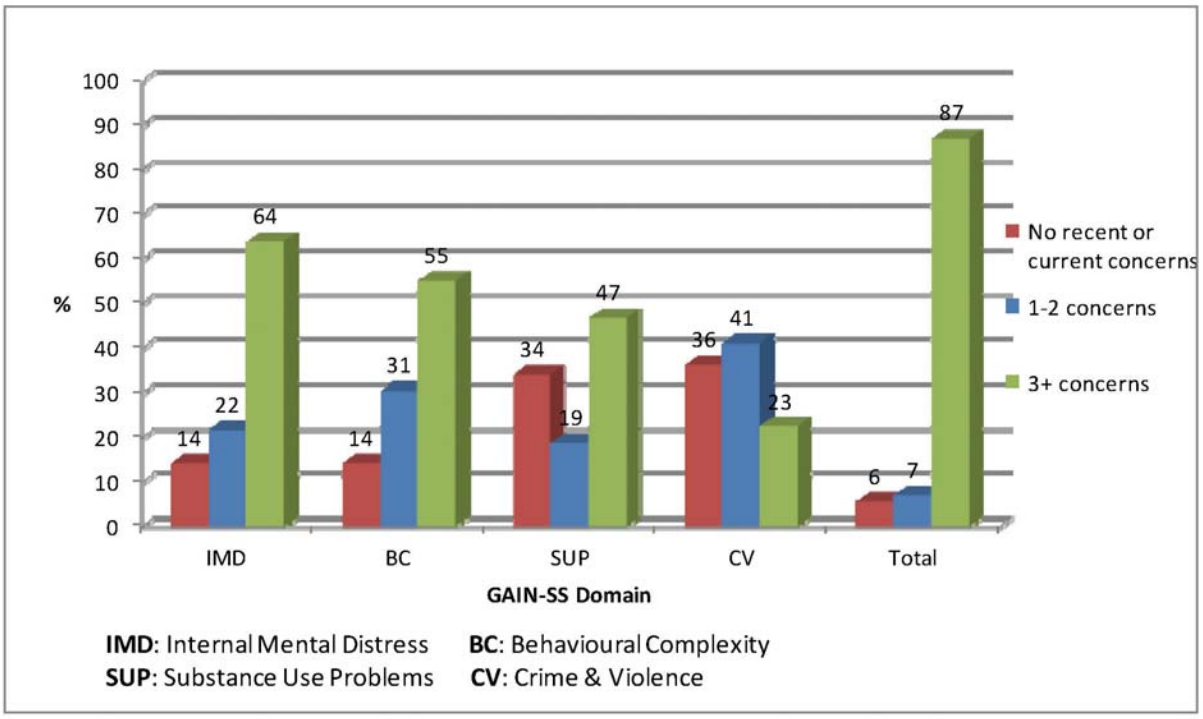
Females are younger, less likely to report shelter/couch surfing/street living arrangements and more likely to report never having had legal involvement. Males and females do not differ in terms of ethnicity, first language or being born in Canada.

Clinical Needs of Youth Based on GAIN SS

In order to fully understand the findings presented in this report, it is important to understand the scoring decisions that informed the analyses.

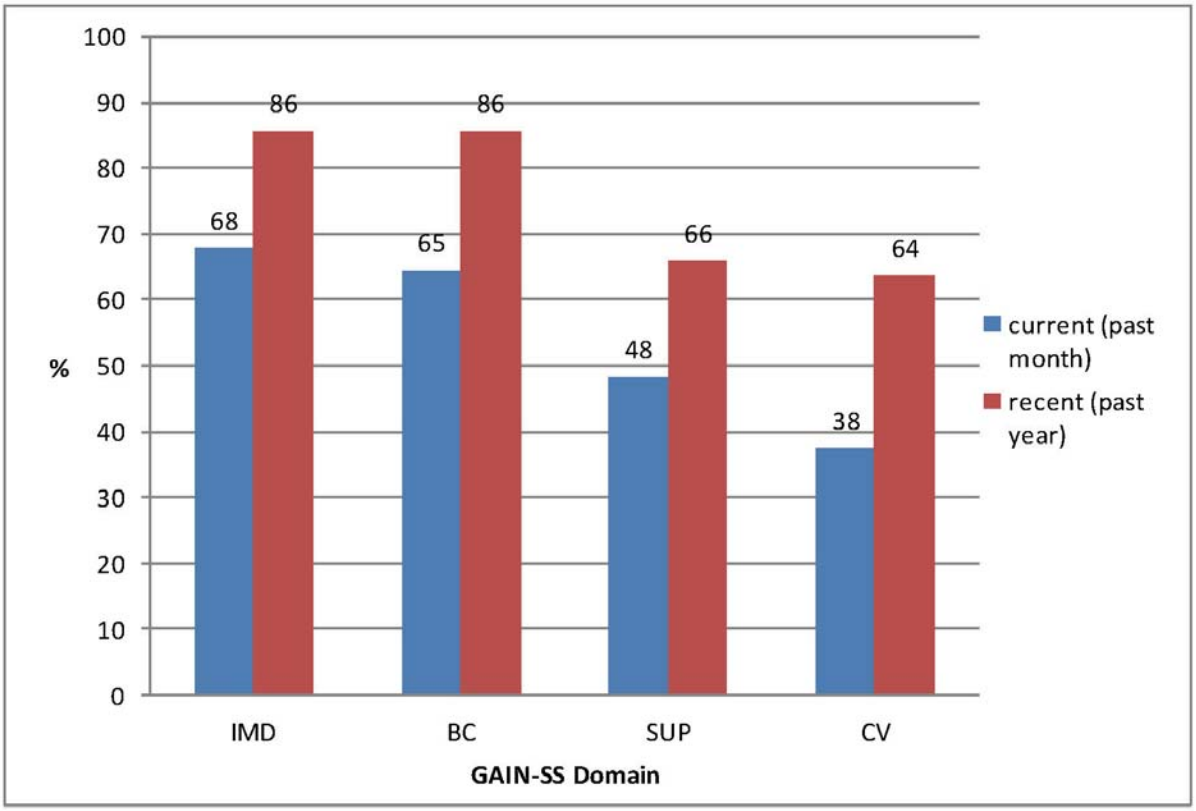
The GAIN SS has been shown to have excellent sensitivity and specificity. These rates change, however, depending on how the GAIN SS is scored and analyzed. Using a threshold of 3 or more current or recent concerns endorsed across all domains (total) will identify 91% of youth who will meet diagnostic criteria for a disorder and will rule out 90% of youth who will not have a disorder. As can be seen in the following chart, the majority of participating youth endorsed 3 or more recent or current concerns.

Figure 6: Number of concerns endorsed by GAIN SS domain and total



Within each domain using a threshold of 1-2 recent or current concerns has excellent sensitivity (94-98%) for identifying youth who will meet diagnostic criteria for disorder, but lower (71-76%) specificity, i.e., lower accuracy in ruling out youth who will not meet diagnostic criteria for disorder. Using a threshold of 3 or more recent or current concerns within one domain improves the specificity to 96-100%, but results in decreases in sensitivity (49-68%) (Dennis, Chan & Funk, 2006). Given the screening focus of this project and the overarching goal of identifying areas of possible concern for further exploration, higher sensitivity is particularly important. Accordingly, the remainder of the analyses report on findings using a threshold of endorsement of 1-2 recent or current concern within a domain.

Figure 7: Rates of endorsement by GAIN SS domains

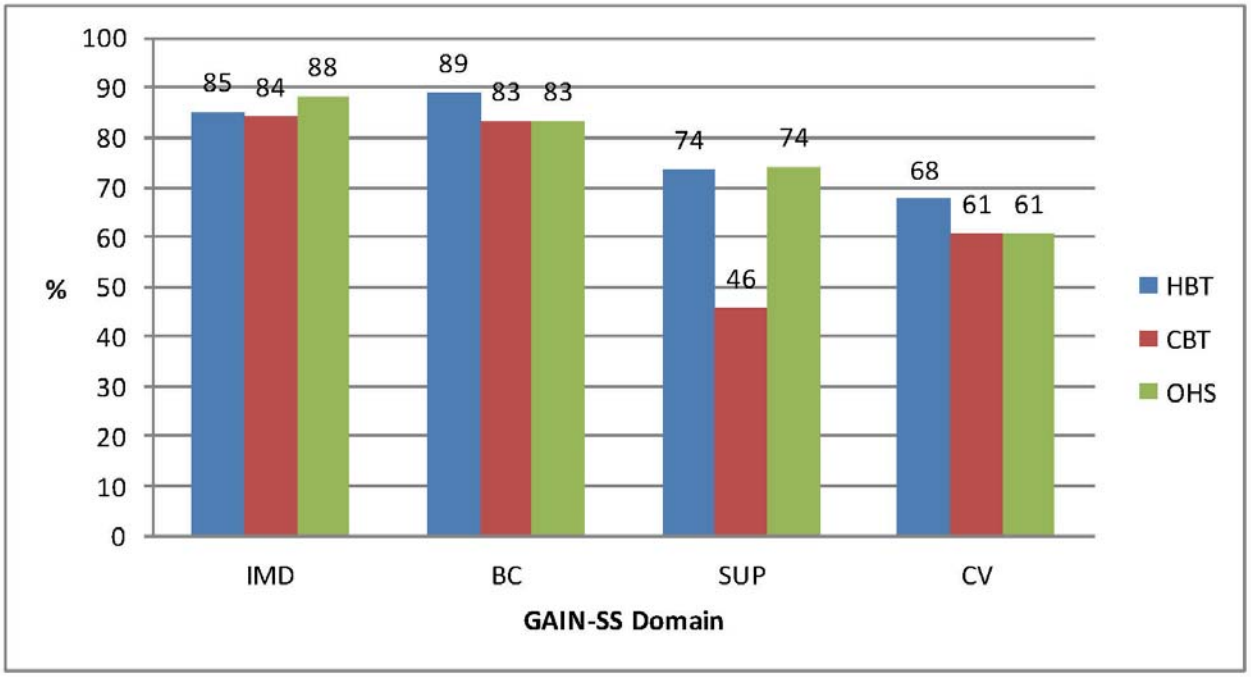


As can be seen here, approximately 2/3 of all youth who participated report current (past month) internal mental distress, with a past year rate of endorsement of 86% of youth. Similarly approximately 2/3 of youth report current (past month) behavioural complexity concerns, with a past year rate of endorsement of 86%. Smaller, but still clinically significant numbers of youth endorsed current (48%) and recent (64%) substance use problems and reported incidents of crime and violence (current: 38%; recent: 64%). Rates of endorsement were not related to length of time receiving agency service.

How do the needs of youth differ across agency types?

When the information is broken down by agency type, the similarities between agencies are revealed. The rates of endorsement by youth of recent internalizing, externalizing and crime and violence concerns do not differ across agency types. One exception, however, is the rate of endorsement of substance use concerns by youth presenting to CBT agencies. At these agencies youth were significantly less likely to endorse substance use concerns than youth presenting to the other agency types.

Figure 8: Recent clinical needs by agency type

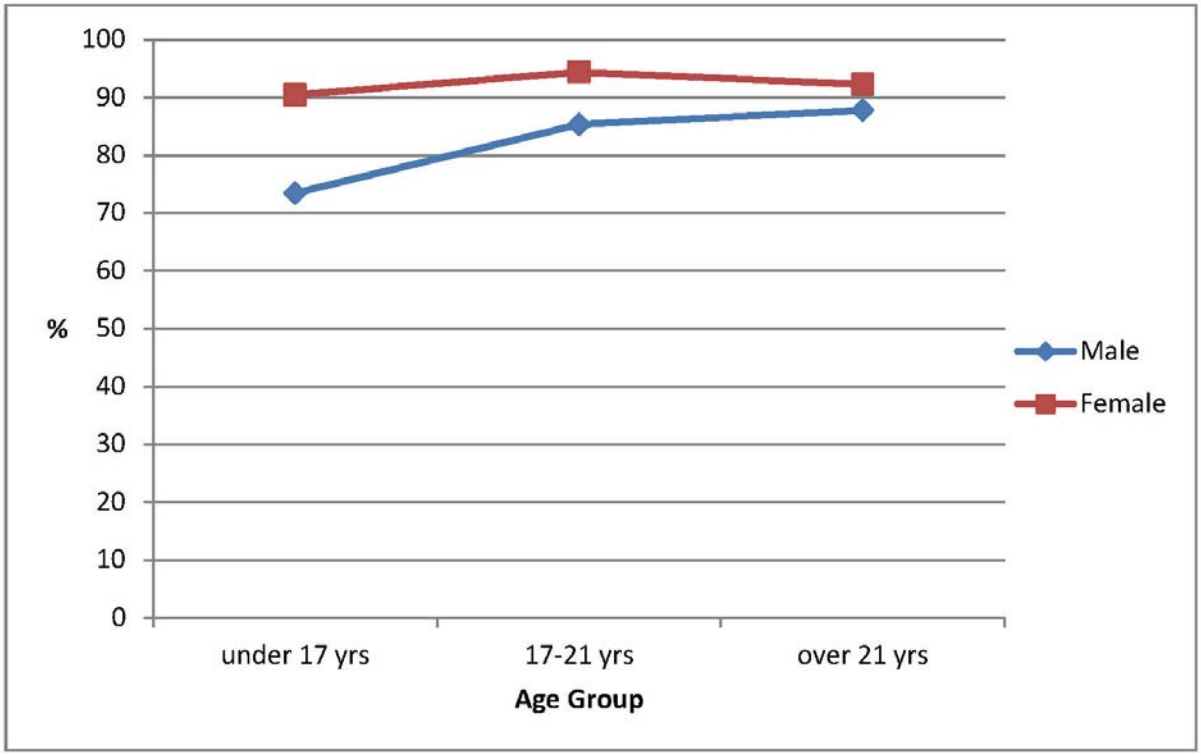


When age, sex, Canadian birth, living arrangements (parent home vs. other) and agency type are considered together to understand what factors are related to endorsing recent concerns (i.e., screening positive) in each area, regression analyses reveal that the presence of recent internal mental distress is related to being female and older age for males; the presence of recent behavioural complexity concerns is related to younger age and living in the parental home; and the presence of recent substance use problems is related to older age, being born in Canada and presenting to HBT or OHS services; and the endorsement of crime and violence is related to being born in Canada, although the amount of variance accounted for by the current crime and violence model overall is low (5%).

Following are graphs illustrating the rates of endorsement in each area of concern separated by sex and by age. The age distribution is grouped into 3 categories for presentation purposes. These categories are based on common service delivery cut points – 16 years and under, 17 to 21 years and over 21 years.

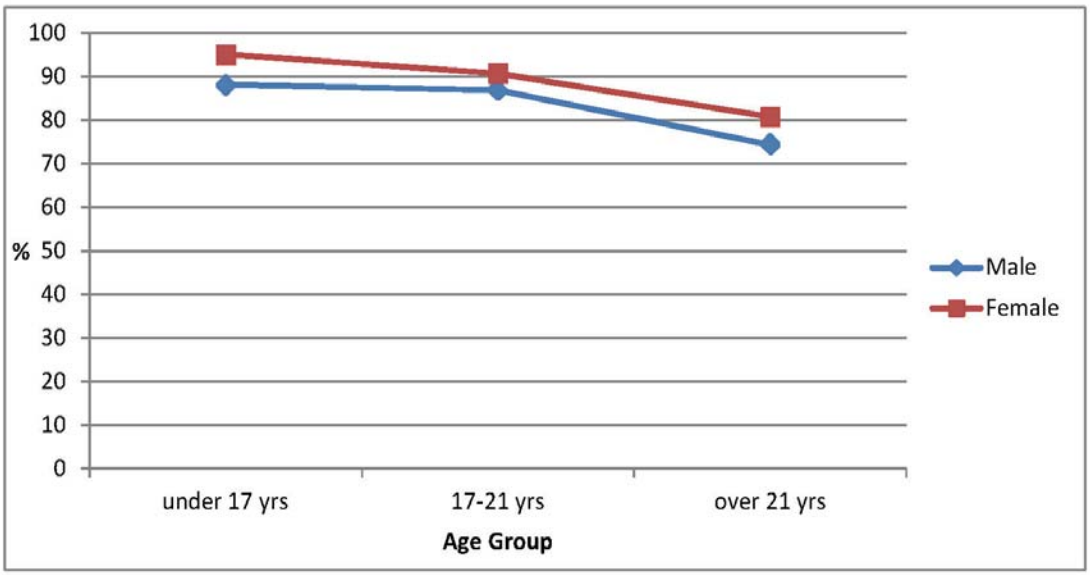
How do the clinical needs of youth differ by sex and across age groups?

Figure 9: Rates of male and female endorsement for recent Internal Mental Distress in each age group



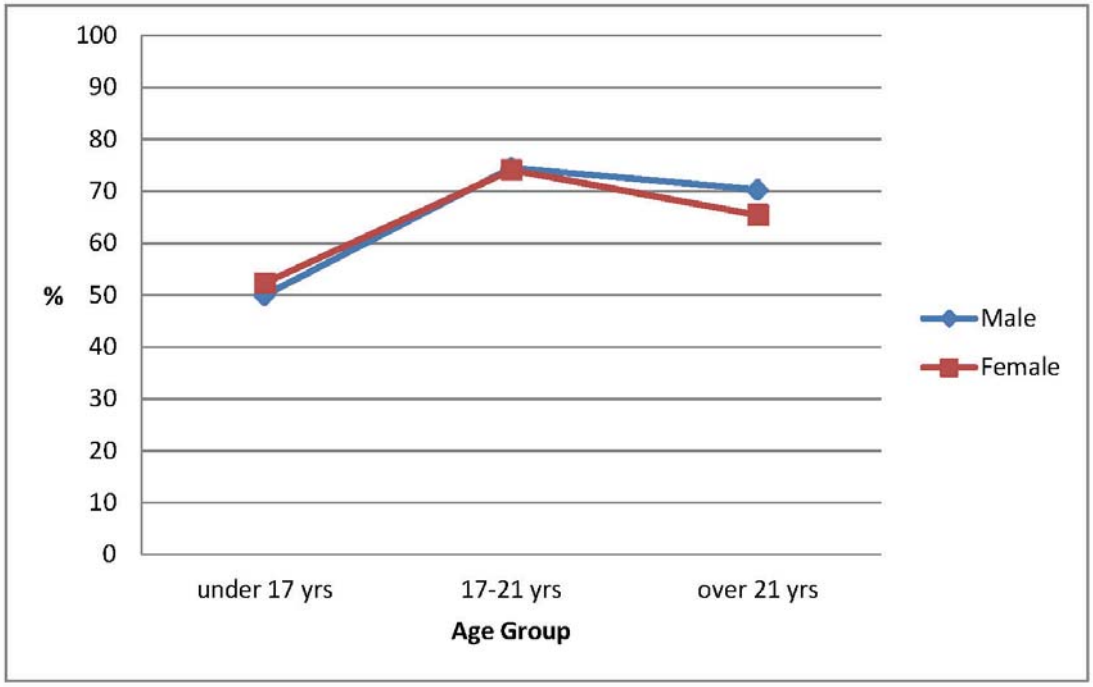
*sig. age, sex and interaction effects

Figure 10: Rates of male and female endorsement of recent Behavioural Complexity in each age group



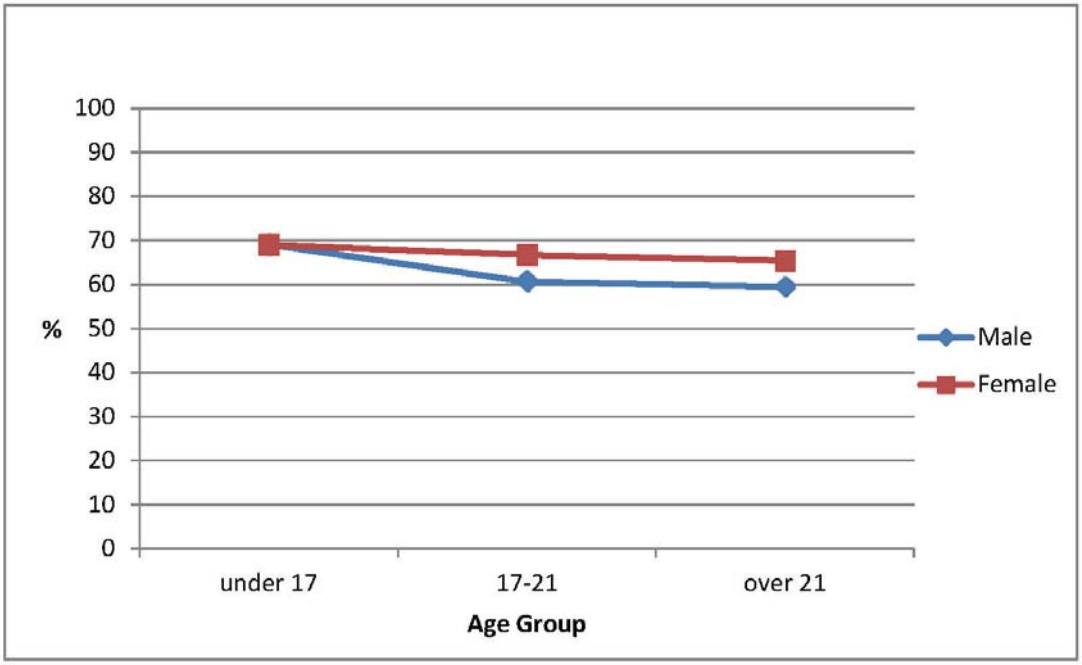
*sig. age effects

Figure 11: Rates of male and female endorsement of recent Substance Use Problems in each age group



*sig. age effects

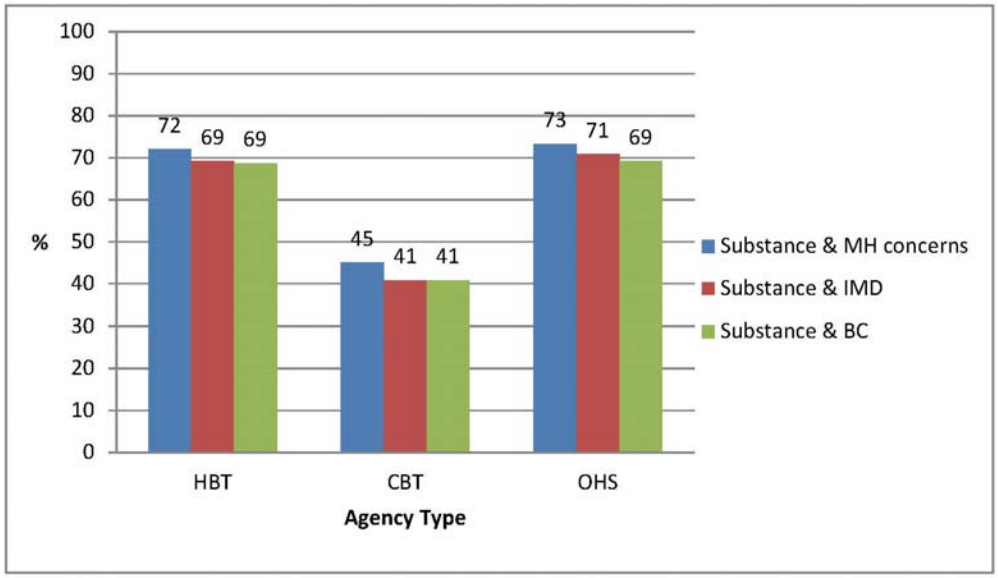
Figure 12: Rates of male and female endorsement of recent Crime & Violence in each age group



Co-Occurring Mental Health and Substance Use Concerns

How many youth endorsed both mental health and substance use concerns? How similar or dissimilar were youth across agency types?

Figure 13: Rates of endorsement of both mental health and substance use concerns (past 12 months) by agency type

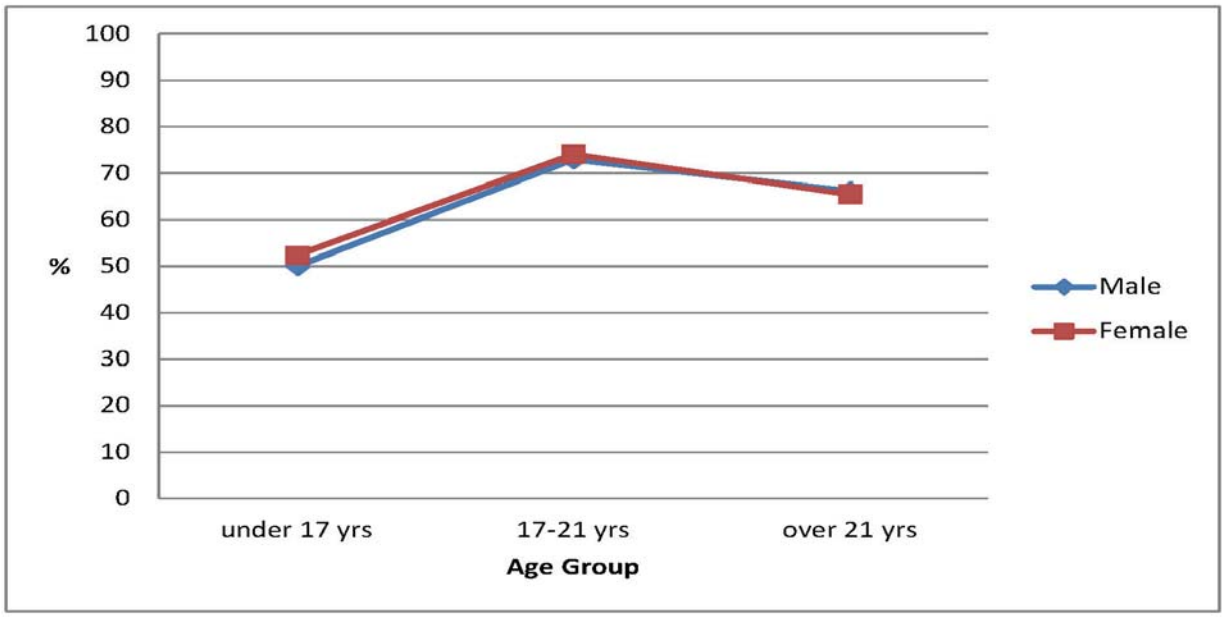


*sig. agency type effects

What factors are related to endorsing both Mental Health & Substance Use concerns?

Age, Canadian birth and agency type are related to endorsing both substance use and mental health concerns including both Internal Mental Distress and Behavioural Complexity. More specifically, youth who presented to CBT agencies were significantly less likely to endorse mental health and substance use concerns. In addition, youth born in Canada and older youth, particularly youth aged 17 to 21 years were more likely to endorse both substance use and mental health concerns.

Figure 14: Rates of male and female endorsement of co-occurring concerns by age group



*** sig. age effect**

When specific-types of co-occurring concerns were examined (SUP/IMD and SUP/BC), the pattern of findings was the same, with the exception of the role of age in the presence of SUP/BC. For the combination of behavioural complexity concerns and substance use problems, age was not a significant factor.

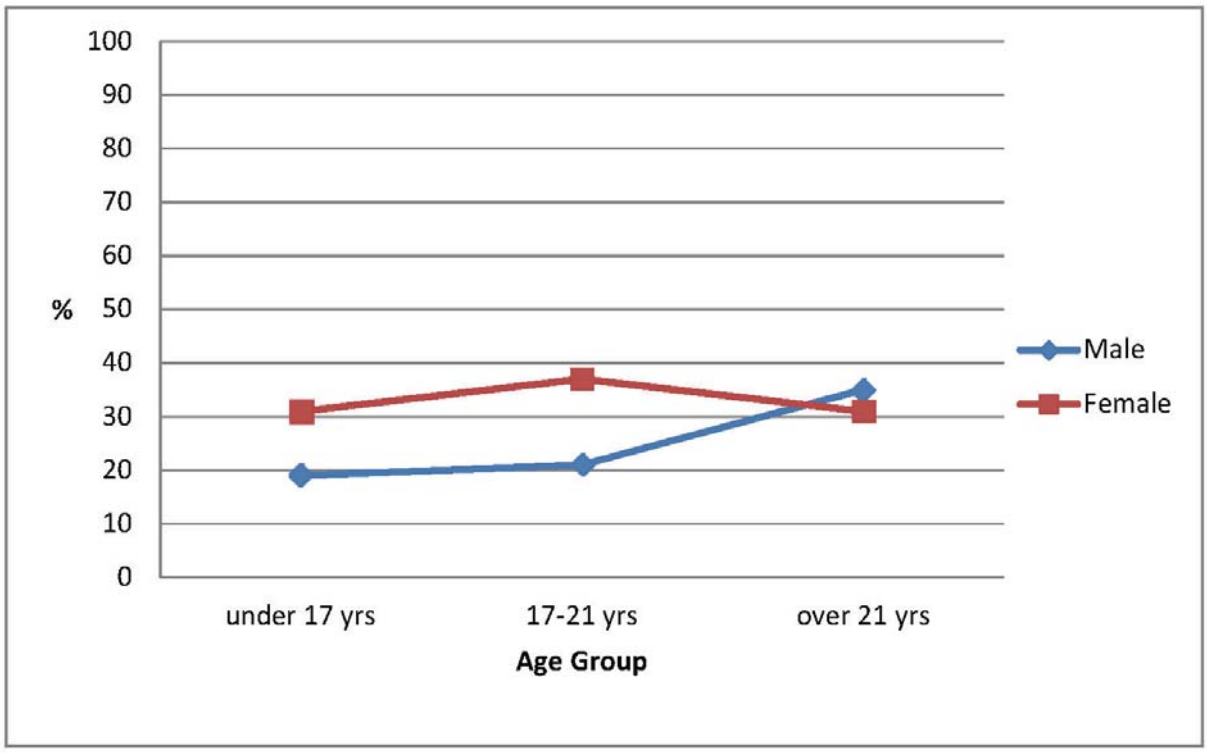
Other Clinical Needs

How many youth endorsed suicide-related concerns? How are age and sex related to suicide-related concerns?

Given the clinical importance of suicide-related concerns, the single item related to suicide-related thinking and behaviour from the Internal Mental Distress subscale was examined in order to describe rates of endorsement by sex and age category. As can be seen, significantly more females than males endorsed suicide-related concerns at younger ages, but as age increases, an increasing number of males

report suicide-related concerns. Endorsement of suicide-related concerns is not related to age in young women.

Figure 15: Rates of male and female endorsement of recent suicide-related concerns by age group

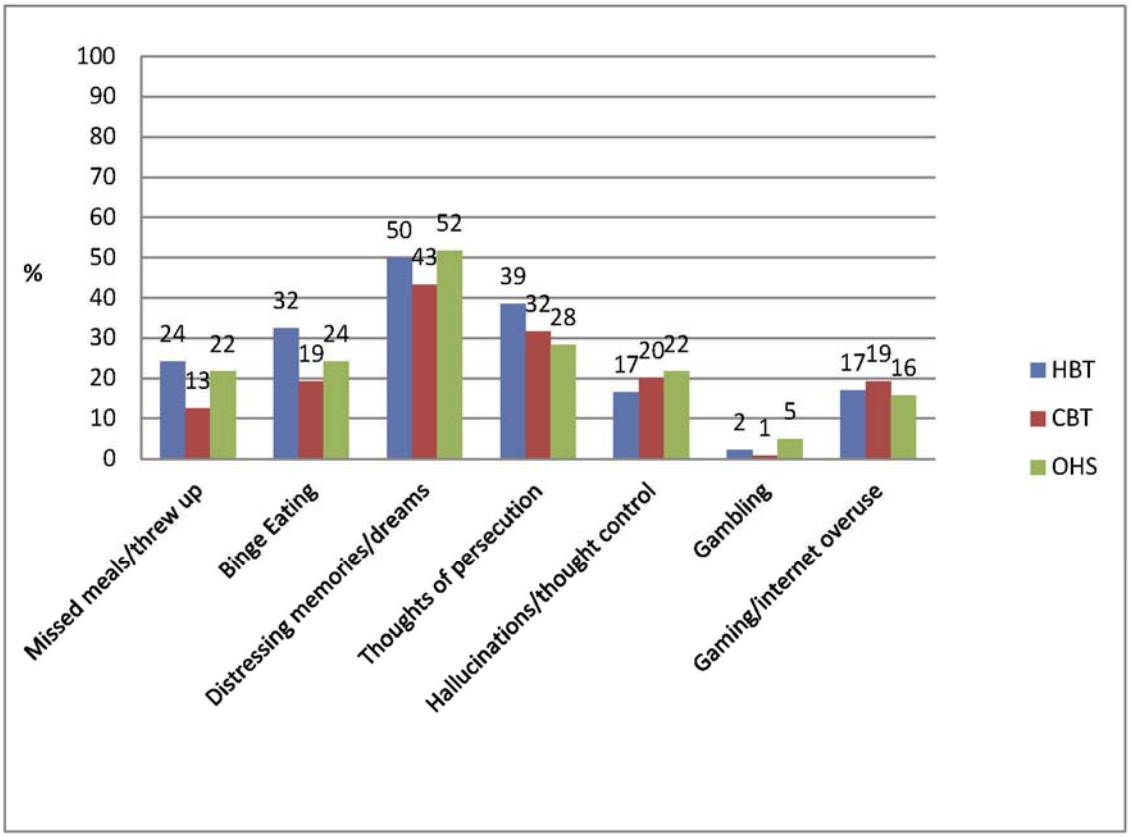


***sig. age, sex, and interaction effects**

How many youth endorsed additional areas of concern?

As part of the process of meeting the needs of agency stakeholders, and with the permission of Chestnut Health Systems, the copyright holders of the GAIN SS, we added 7 items to the end of the GAIN-SS. The items that were added were not part of the original GAIN-SS nor the validation study (Dennis et al., 2006), and as a result their reliability, validity, and utility are unknown. Nevertheless, it was identified by stakeholders that it would be important to ask about other areas of concern expected to be important for the youth participants so that these areas could be explored further if youth indicated any concerns. The items were from the areas of eating concerns (2 items), traumatic stress (1 item), psychotic symptoms (2 items), gambling (1 item) and gaming/internet concerns (1 item).

Figure 16: Rates of recent additional concerns by agency type

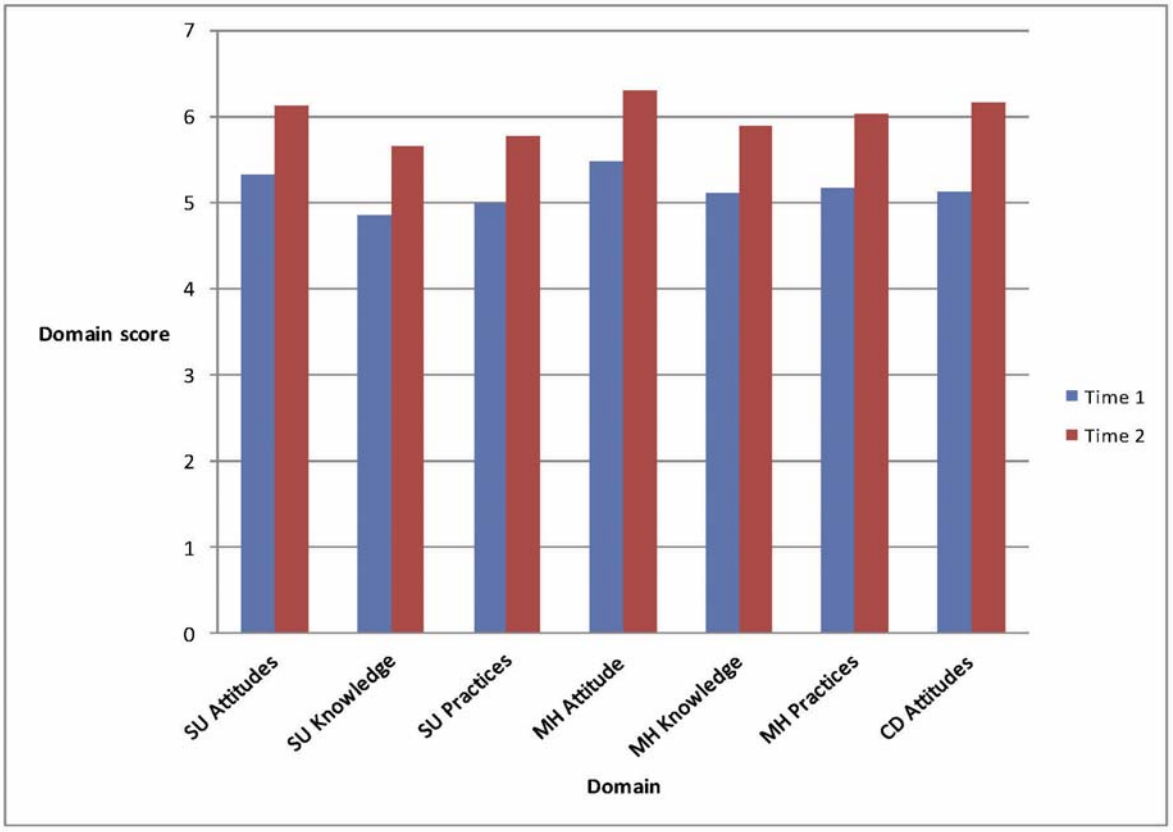


As can be seen, the distressing memories/dreams (traumatic distress) item was endorsed by approximately half of youth and was the most commonly endorsed additional item. Youth were least likely to endorse concerns about their gambling behaviour. Females were more likely to report eating related concerns and the distressing memories/dreams item than males and endorsement of this item was also related to older age. Youth presenting to CBT agencies were significantly less likely to endorse eating concerns, particularly binge eating behaviour.

Service Provider Survey

The Service Provider Concurrent Disorders Survey (SPCDS) is a self-report questionnaire developed to examine the substance use, mental health, and concurrent disorders-related knowledge, attitudes and practices of service providers. It is based in part on Bush and Grove's Role Perception Questionnaire (1998). At Time 1, 103 service providers completed the SPCDS and at Time 2, 57 service providers completed it. Due to changes in staff roles, staff turnover and difficulties with data linking, only 28 matched pairs could be determined for analyses. The results are displayed in the graph below. Scores on each subscale increased significantly from Time 1 to Time 2. Despite the limitations of these data and analyses, the findings suggest positive changes over the course of the project in the relevant attitudes, knowledge and practices of service providers participating in the study.

Figure 17: Pre-post measures of service provider substance use (SU), mental health (MH), and concurrent disorder (CD) related attitudes, knowledge & practices

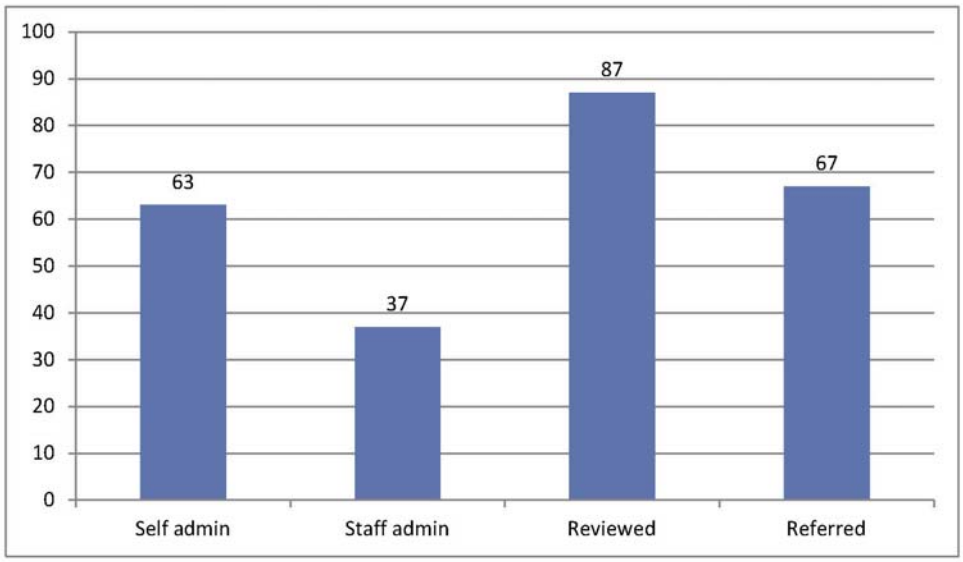


Process, Feasibility and Utility

At each administration of the GAIN SS, service providers at CBT and OHS agencies were asked to record information about administration and clinical use of the GAIN SS directly on the questionnaire. Specifically, service providers were asked to indicate whether the GAIN SS was self or staff administered, whether youth responses were reviewed and addressed as per agency protocol, and whether any referrals were made based on the youth's responses. At the conclusion of data collection, service providers were also asked to complete a brief Feedback Survey about their experiences in the project. In addition Agency Leads were asked to provide feedback about their agencies' experiences. Service providers and leads in the HBT setting did not participate in these processes due to differences in administration and scoring protocols, and participation in similar processes during a previous project.

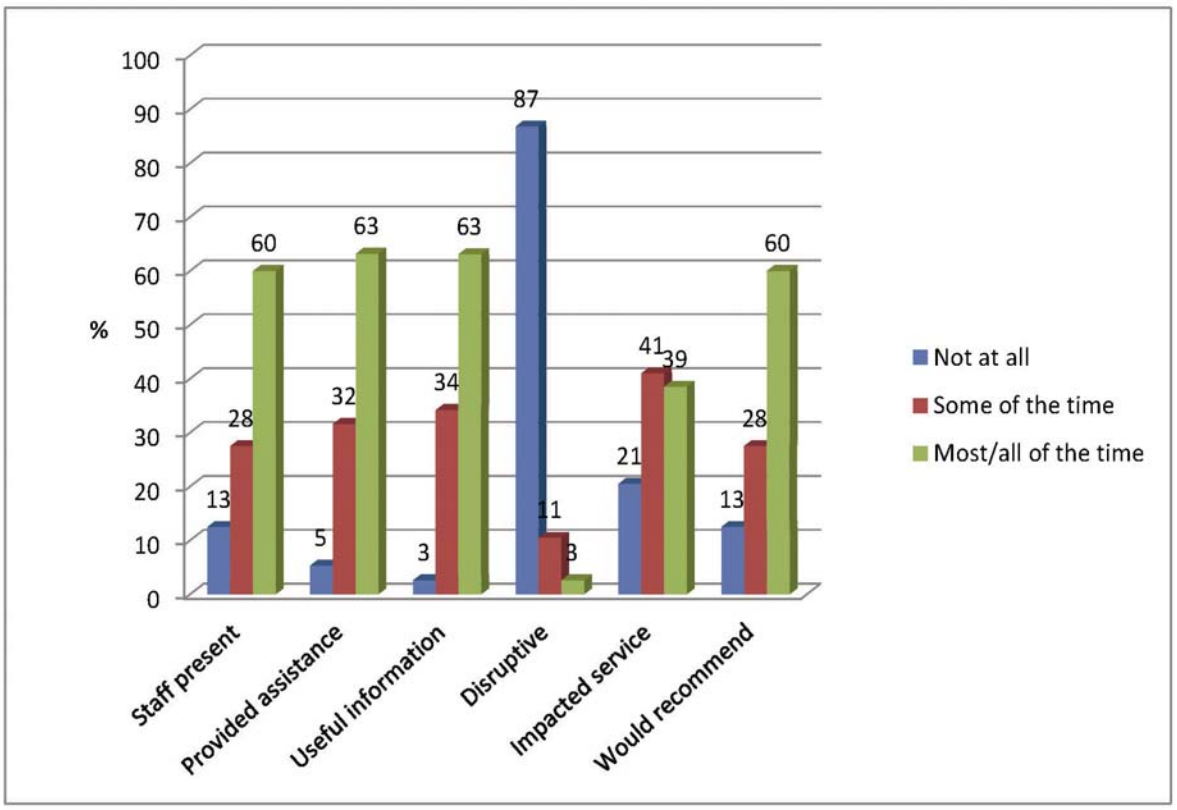
Analyses revealed that CBT and OHS service providers provided administration and clinical utility information on 44% (N=106) of their completed questionnaires, although various pieces of information were provided at differing rates. As can be seen in the chart below, based on the limited information gathered at the time of administration most (63%) of GAIN SS were self-administered. Of the 78 instances where information about reviewing the results was provided, 87% of questionnaire results were reviewed, and of the 30 instances where referral information was provided, 2/3 of youth were referred for additional services following completion of the questionnaire package.

Figure: 18: Process information gathered at time of GAIN SS administration



In addition to the information requested at the time of questionnaire administration, service providers were asked to provide information about administration, feasibility and utility at the end of the data collection period using a Feedback Survey. Forty service providers distributed across all participating agencies completed these surveys. As can be seen in the following chart, service providers had generally positive views about their experiences.

Figure 19: Feedback survey results



Agency Lead Feedback

In order to gather information from agency leads an e-mail was sent, after completion of the data collection period, to all the agency leads asking about:

- Clinical use of the GAIN SS information
- Impressions about the project (i.e. capacity built through participating in such a project, impact of the GAIN SS, etc).

All agency leads responded. Overall, their responses indicated enthusiasm for the project and the feasibility and utility of administering the GAIN SS in their settings. Given the context of individual agency structures, mandates and processes, unique adaptations were made to the study protocol in each agency to facilitate adherence. Administration protocols, agency lead and supervisor expectations, and monitoring and supervision appeared to be related to successful administration of the GAIN SS package (i.e. response rate, clinical use of information).

The main challenges leads identified related to agency turnover at the level of leadership and service provision.

Key Themes

- Importance of agency lead's commitment to facilitate change in agency practice i.e. administering new measures, adapting or developing new protocols, participating in research
  Importance of staff training, supervision and experience of clinical utility of the GAIN SS to foster staff commitment and sense of competence
- Importance of providing staff supervision to ensure adherence to the screening protocol
- Importance of developing strategies at the agency and staff level for administering the screener in an engaging manner
- Utility of developing a protocol for GAIN SS administration that fit in with usual agency protocol and process that was flexible enough to allow for staff style differences
- Effectiveness of creating opportunities for review and discussion of individual GAIN SS responses i.e. in case conferences and supervision meetings

Building staff commitment to consistently using a standardized screening tool

"Staff were initially reluctant to use this tool but once they started administering the tool, they found it easy and useful in understanding the youth and underlying issues."

"The GAIN-SS was used to augment the information collected at intake on the youth's emotional state, mental health issues, and substance use, and to develop a service plan. We found that several times youth declared information on the GAIN-SS that hadn't been disclosed through the intake process."

"Most staff said it was helpful and helped them ask difficult questions. For future use, it was thought it was a good tool for newer staff and students whose comfort level may be lower asking screening questions re addictions and mental health"

Clinical use of data gathered on the GAIN SS

"The GAIN screener did prompt discussion amongst staff during case review."

"Findings were discussed at weekly team meetings and in staff supervision."

"The tool was employed at team meetings to generate discussion on suicidality, substance use and mental health circumstances."

"The youth's goals and service plans were reviewed weekly with the team, and the GAIN-SS results were integrated into these discussions."

Youth Focus Groups

Focus groups were held at 3 of the GAIN CN agencies, representing each of the three sectors involved in the study. Twenty youth participated in total; 15 males and 5 females. The focus group participants were generally reflective of the demographics of the study participants, for example, the ratio of male to female was the same and age range was similar.

Focus group participant responses were recorded during the focus group sessions. Key emerging themes of youth feedback were identified through focus group record reviews conducted by the focus group recorder, the project leads and a CAMH research assistant not involved with the project.

Key Themes

About the youth in the study :

Participants indicated that they thought the demographic information such as sex and ethnicity appear to reflect youth seeking services at the agencies involved. They thought that the average age of youth seeking service would be younger than 19 and that their perception is that the majority of youth who have co-occurring mental health and substance use concerns would be between 14/15 and 21; not 17-21. Their perception is that mental health and alcohol and drug concerns start in the early teen years.

"Based on experience living in shelters and on the streets, more males reach out to the shelters more often…"

"The average age should probably be younger because you can't be at agency names if you are 19, more like 14-16."

"I think alcohol and drug use should be the highest"

About screening:

Feedback about screening using standardized questionnaires was generally positive. The comments indicate a desire for one-to-one discussion about youth concerns in addition to the use of questionnaires.

> *"You find out new things that help you to realize new things about why you are using."*
>
> *"It's confidential. Nothing was missed with questions. Fine with all questions asked. Weren't complicated, were straight forward and not too personal. Not uncomfortable."*
>
> *"Best way to get information is to have one on ones… But it's good to fill out forms, but good to do both. Kind of balanced, forms are necessary. Good starting point. Also talking one on one is really crucial."*
>
> *"Screeners are helpful for sure. They are helpful to recognize other concerns….came in for concerns about depression and anxiety but then started substance use treatment."*

Concerns about screening raised by the youth reflect those often reported as concerns by service providers as well.

> *"What if you look at the screener and think that you have a lot of issues and then you don't even want to fix them because you feel discouraged and you think you only have one issue but then you start feeling like you have other issues, then the screener has opposite effect."*

About awareness and stigma:

Participants stated that sharing the study findings widely would be helpful in raising awareness and decreasing stigma related to youth mental health and substance use concerns.

> *"…went to a school where they didn't talk about drugs and alcohol, because it wasn't acceptable and there was a stigma associated with it. They never had an actual seminar that explained the options out there and how to get help."*
>
> *"Findings can help decrease stigma and increase the likelihood that people will find services to get help."*

A number of suggestions were made for effective dissemination of the information both for raising public awareness/decreasing stigma and for increasing youth, family and professional awareness of where and how to access services.

> *"Public services announcements, Facebook is really good, subway ads… I remember being strung out on the subway and seeing an ad…. people ads are good…[should be] on the subway. Let people know where to go … So many more people will see information if advertised in the subway. Radio ads. YouTube or half time at a sporting event, walk around hand out pamphlets on streets. Entertainment, like plays and stuff. Make sure it's free, free is key."*
>
> *"Everyone knows hospital name and hospitals…You don't see agency name being advertised all big."*

About what would help:

The participants shared a number of thoughts about what would be helpful in addressing the needs of youth with substance use and mental health concerns. They focused on the importance of getting information to parents and to school personnel so they can be more helpful and supportive. In addition they talked about the need for more available, accessible and flexible services and alternatives to keep busy at high risk times i.e. evening and weekend drop-ins, money for transportation.

> *"Not enough people know that services exist. A lot of people want help but don't know where to go to get it. They feel hopeless."*
>
> *"Parents are important and key. Parents don't know how to deal well with teenagers… Parents send their kids to the first place they see on a search engine, cheapest place and most convenient place…. Parents usually drive them to services."*
>
> *"Give talks about services in schools. To be at schools physically would be better than just handing out brochures….. Schools that are strictly anti drugs make people feel ashamed to have a problem*
>
> *"Weekend services are needed. That's when everyone is off and it's easy to get together and drink."*
>
> *"Transportation is important and programs need to provide transportation money so that youth can attend programs."*

Summary of Key Findings

This collaborative cross-sectoral screening project with 10 youth serving agencies in Toronto aimed to screen youth for substance use and mental health concerns using a standardized screening tool. The overarching goal was to gain a better understanding of youth needs in order to identity service gaps and inform planning processes. The project also aimed to examine the feasibility and utility of the GAIN SS as a screening instrument across sectors and to build capacity for consistent needs identification and treatment planning for youth.

In total, 422 youth ranging in age from 11 to 26 years (average age = 18.73 years) participated in the study. Outreach, housing and support (OHS) agencies saw significantly older youth than the hospital-based (HBT) and community-based treatment (CBT) agencies. Across all agencies the most common age group was 17-21 years with almost half of participating youth being in this age range. Approximately 2/3 of youth were male. The vast majority of participating youth were born in Canada and spoke English as their first language, and approximately half of participating youth identified as White/European.

When asked about living arrangements, approximately half of youth reported living in the parental home. Of concern, 16% of youth reported living in shelters, on the street or couch surfing, with this housing situation being more common for males than females, and with Aboriginal youth being more likely to report these insecure living arrangements than youth of other ethnicities.

Notably the vast majority of youth who participated in the project screened positive for mental health and/or substance use concerns. The most commonly endorsed concerns were recent Internal Mental Distress and Behavioural Complexity concerns (86% each). Approximately 2/3 of youth endorsed recent Substance Use Problems and similarly, just under 2/3 of youth endorsed Crime & Violence problems. When demographic factors (sex, age, born in Canada, living arrangements) and type of agency to which the youth presented, were examined to determine their relationships with clinical need, analyses revealed that presence of recent internal mental distress is related to being female and older age for males; the presence of recent behavioural complexity concerns is related to younger age and living in the parental home; and the presence of recent substance use problems is related to older age, being born in Canada and presenting to HBT or OHS services.

Of particular interest for this project were co-occurring mental health and substance use concerns, and the factors associated with their co-occurrence. The findings of this project indicate that the majority (over 70%) of youth presenting for services at HBT and OHS endorse both recent mental health and recent substance use concerns, while youth presenting for service at CBT agencies are less likely to endorse substance concerns in general and also co-occurring concerns more specifically. When demographic factors (sex, age, born in Canada, living arrangements) and type of agency to which the youth presented, were examined to explore their relationships with the presence of co-occurring concerns, analyses revealed that endorsing co-occurring concerns is related to being born in Canada and to being in an older age range, particularly the 17- 21 year age range.

Information gathered about the feasibility and utility of the GAIN SS as a screening instrument for use with youth across sectors suggested that its use is feasible and that it is a useful clinical instrument. Pre-

post measures administered to service providers involved with the project suggest positive changes in relevant attitudes, knowledge, and practices. Feedback gathered from youth through focus groups held at participating agencies from each sector also highlighted the potential for findings from this initiative to raise awareness and reduce stigma about mental health and substance use concerns amongst youth.

Implications

This cross-sectoral collaborative clinical-research initiative has demonstrated that such projects are feasible and have the potential to contribute to understanding and addressing the mental health and substance use needs of youth across youth-serving sectors. Moreover it highlights the potential of such collaborative cross-sectoral projects to facilitate relationship-building across agencies and sectors. As well, it suggests a strategy that could ultimately facilitate improved referral processes and collaborative development of innovative services.

The high rates of endorsement of both mental health and substance use concerns highlight the need for processes, services and systems that can identify, evaluate, and address the co-occurring needs of youth, especially transitionally-aged youth (17-21 years). Such processes, services, and systems require stakeholders from across sectors to be aware of the possibility of co-occurring concerns regardless of the point of access, have the training, skills and tools to address such concerns, as appropriate based on the service context, and to collaborate to achieve mutual goals, for example the coordination of service provision.

While the service provider capacity building sample was relatively small, and the pre-post design was rudimentary the results suggest that the strategies used for service provider capacity building and engagement in this project are worthy of further exploration. In particular, the potentially enhanced benefits of emphasizing the direct and active engagement of frontline service providers in new practices over passive knowledge exchange and translation strategies appears worthy of further attention.

Notably, the findings from this project indicate that both frontline service providers and agency administrators found the screening tool - the GAIN SS – and the project protocol, generally feasible and clinically useful. In addition, youth focus group participants identified a number of benefits to using a screening tool. These findings suggest that using a common screening instrument, particularly the GAIN SS, across sectors as a first step in understanding youth needs should be considered.

Attention should be paid to suggestions offered by youth stakeholders regarding raising awareness, reducing stigma and improving access. In particular, suggestions regarding enhancing the amount and type of information about services available through schools, advertisements in prominent public places, and to parents, warrant further attention.

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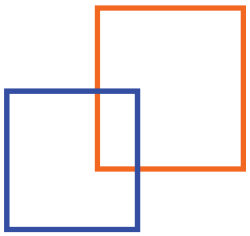


APPENDICES

APPENDIX A

GAIN Partner Agency Descriptions

Breakaway

Breakaway Addictions' Family and Youth Initiative team provides counselling for individuals, families and groups on issues related to drug and alcohol use. They believe that the experiences of youth, ages 13 to 25, are best understood in the context of their relationships with their peers, family and community. As well as providing services at Breakaway, members of the team also meet with clients in West-End High Schools and other places in the community.

Canadian Mental Health Association

CMHA Toronto offers community support services for people living with mental health issues, including youth requiring early intervention treatment as well as adults with serious mental illnesses. CMHA's vision is "Mentally healthy people in a healthy society." It also provides education, mental health promotion and advocacy for a better mental health system.

Centre for Addiction and Mental Health – Child, Youth and Family Program

The Child, Youth and Family Program (CYFP) of the Centre for Addiction and Mental Health has been involved in providing care, treatment, research, health promotion and community engagement related to child and youth mental health and substance use concerns, since its inception in 1998. The CYFP team includes child and youth workers, nurses, psychiatrists, psychologists, social workers, therapists and others. They work with and welcome individuals and families from all backgrounds and cultures. Specialized services are available focusing on mood and anxiety, disruptive behaviours, gender identity, psychotic disorders, antisocial behaviour, arson prevention, and youth addictions and co-occurring mental health concerns.

East Metro Youth Services

East Metro Youth Services is an accredited children's mental health agency, serving youth 12 - 18 in their clinical programs and up to 24 in their Violence intervention and Community programs. The participants in the GAIN project were clinical clients from intensive home based services, treatment residences, and day treatment program as well as those youth in transition from hospital to community.

Griffin Centre – Day Treatment

Griffin Centre is a non-profit, charitable, multi-service mental health agency providing flexible and accessible services to youth, adults, and their families. They serve youth and adults with mental health challenges and/or developmental disabilities who need help dealing with a range of mental health needs and concerns at home, at school and in the community, and who live in the City of Toronto. They offer a range of professional services including assessment, service coordination and planning, individual, family and group counselling, specialized day/residential services and respite services.

Hospital for Sick Children – Substance Abuse Program

The Hospital for Sick Children – Substance Abuse Program implements the harm reduction model of care in order to assist children and youth with substance use concerns. More specifically, the program offers services such as comprehensive medical care, family and individual counselling, day treatment program, and discharge planning.

LOFT Community Services

LOFT Community Services provides supportive housing, case management and outreach to youth, adults and seniors in Toronto and York Region.

North York General Hospital: Branson Site - Addictions Program, Transitional Age Youth Substance Use Program

The Transitional Age Youth Substance Use Program of the Addiction Program located at the Branson Site, of North York General Hospital offers outpatient counselling to youth and young adults (ages 16-24) concerned about the impact of substance use in their life. Assessment, counselling and/or referral to appropriate services are available for individuals and their families. Treatment options are flexible and include goals of both harm reduction and abstinence. Young people can achieve their treatment goals through a variety of treatment modalities including individual counselling, family/parenting support and psycho-educational and therapeutic groups.

Turning Point Youth Services

Turning Point Youth Services is a multi-service accredited children's mental health centre. They are located in Toronto's downtown core and provide a range of mental health, counselling and support services to at-risk and vulnerable youth 12-24 and their families. They provide residential treatment services, outpatient counselling, a homeless shelter for young men 16-24 and provide a number of programs for youth in conflict with the law.

YMCA of Greater Toronto – Youth Outreach and Intervention

YMCA of Greater Toronto – Youth Outreach and Intervention services provide short-term and long-term assistance through outreach to youth and adults who are homeless or at-risk of being homeless, all in an effort to increase their knowledge of available resources (i.e. food, clothing, shelter, education, employment and counselling) and to provide support in accessing them. Shelter and support, as well as supported housing options are also provided.

APPENDIX B

Study Package

- **Service Provider Concurrent Disorders Survey**
- **Service Provider Consent**
- **GAIN Short Screener — Modified (CAMH Version)**
- **Background Information**
- **Youth Consent**
- **Instructions for GAIN SS Use**
- **Consultation and Referral Resources (Response Guide)**
- **GAIN SS Tracking Sheet**
- **Feedback Survey**

Service Provider Concurrent Disorders Survey

We are very interested in measuring the integration of mental health and addiction services in service providers in Toronto over time. In order to do this, we are asking you to provide your honest responses on this **anonymous** questionnaire. We hope to re-administer this questionnaire in the future in order to track service providers' integration experiences. In order to do this, each respondent needs a **unique identifier**, which will **only be known to them**. Accordingly, for each administration of this survey we will be asking you to indicate your mother's and father's middle names (information that is unique, and only known to you). This will make the survey data as useful as possible. Thank you for taking the time to complete this questionnaire.

Agency: _____ Program: _____Date: _____

Mother's middle name: _____ Father's middle name: _____

Do you provide front-line services? no ___ yes ___→primarily Addictions ___ Mental Health ___Other:_____

Role: Administration _____Child and Youth Work _____ Psychology _____ Psychiatry _____

Research _____ Social Work _____Other _____

For each statement please indicate the extent to which you agree/disagree. For the purposes of this survey **youth** is defined as **12 years of age and older**.	**strongly disagree**			**neutral**			**strongly agree**	
About alcohol and drug use by youth and their families …								
1. I know enough about alcohol and drug use to identify problematic use.	1	2	3	4	5	6	7	NA
2. As a service provider, it is appropriate for me to ask youth about their alcohol and drug use.	1	2	3	4	5	6	7	NA
3. Knowing about a youth's use of alcohol and drugs will allow me to provide better service.	1	2	3	4	5	6	7	NA
4. I have a clear idea of my role in helping youth with their alcohol and drug-related problems.	1	2	3	4	5	6	7	NA
5. I know how to address alcohol and drug-related problems with youth.	1	2	3	4	5	6	7	NA
6. As a service provider, it is appropriate for me to intervene to address youth's alcohol and drug use.	1	2	3	4	5	6	7	NA
7. Addressing youth's alcohol and drug use will help youth achieve their mental health goals.	1	2	3	4	5	6	7	NA
8. I know where to seek consultation to assist me in working with youth in relation to the use of alcohol and drugs.	1	2	3	4	5	6	7	NA
9. I know where to refer youth in relation to the use of alcohol and drugs.	1	2	3	4	5	6	7	NA
10. I have an adequate knowledge of the problems that occur in families where alcohol and drugs are abused.	1	2	3	4	5	6	7	NA
11. I know how to help youth who may be affected by a family member's use of alcohol and drugs.	1	2	3	4	5	6	7	NA
About mental health concerns experienced by youth and their families…								
12. I know enough about mental health concerns to identify problematic functioning.	1	2	3	4	5	6	7	NA
13. As a service provider, it is appropriate for me to ask youth about their mental health functioning.	1	2	3	4	5	6	7	NA
14. Knowing about a youth's mental health functioning will allow me to provide better service.	1	2	3	4	5	6	7	NA
15. I have a clear idea of my role in helping youth with their mental health concerns.	1	2	3	4	5	6	7	NA
16. I know how to address mental health concerns with youth.	1	2	3	4	5	6	7	NA
17. As a service provider, it is appropriate for me to intervene to address youth's mental health concerns	1	2	3	4	5	6	7	NA
18. Addressing youth's mental health concerns will help youth achieve their alcohol and drug-related goals.	1	2	3	4	5	6	7	NA
19. I know where to seek consultation to assist me in working with youth in relation to mental health concerns.	1	2	3	4	5	6	7	NA
20. I know where to refer youth clients in relation to mental health concerns.	1	2	3	4	5	6	7	NA
21. I have an adequate knowledge of the problems that occur in families where there are mental health concerns.	1	2	3	4	5	6	7	NA
22. I know how to help children and youth who may be affected by a family member's mental health concerns.	1	2	3	4	5	6	7	NA

In my current practice, I routinely (i.e., at least 80% of the time)…								
23. ask youth about their use of alcohol or drugs.	1	2	3	4	5	6	7	NA
24. ask youth about their parents'/caregivers' use of alcohol or drugs.	1	2	3	4	5	6	7	NA
25. intervene to address the use of alcohol and drugs by youth.	1	2	3	4	5	6	7	NA
26. refer youth to services in relation to the use of alcohol or other drugs.	1	2	3	4	5	6	7	NA
27. ask youth about their mental health functioning.	1	2	3	4	5	6	7	NA
28. ask youth about their parents'/caregivers' mental health functioning.	1	2	3	4	5	6	7	NA
29. intervene to address the mental health concerns of youth.	1	2	3	4	5	6	7	NA
30. refer youth to services in relation mental health concerns.	1	2	3	4	5	6	7	NA
Regarding concurrent disorders (CD) , I feel that…								
31. My agency is taking steps to address concurrent mental health and addiction concerns in our service.	1	2	3	4	5	6	7	NA
32. I know why addressing concurrent mental health and addiction concerns is important for my agency.	1	2	3	4	5	6	7	NA
33. Addressing concurrent mental health and addictions concerns improves the quality of my agency's services.	1	2	3	4	5	6	7	NA
34. I am informed about issues related to both addiction and mental health.	1	2	3	4	5	6	7	NA
35. My work has changed as a result of my agency's attention to concurrent mental health and addiction concerns.	1	2	3	4	5	6	7	NA
36. There are enough professional development opportunities at my agency to promote skill development in the area of concurrent mental health and addiction concerns.	1	2	3	4	5	6	7	NA
37. The youth I work with will benefit from the integration of addiction and mental health services.	1	2	3	4	5	6	7	NA
38. There is sufficient need to warrant screening for addiction and mental health concerns.	1	2	3	4	5	6	7	NA
39. There is sufficient support in my agency to promote screening for addiction and mental health concerns.	1	2	3	4	5	6	7	NA
40. Screening for mental health and addition concerns will improve our service.	1	2	3	4	5	6	7	NA
41. I know what services in the city are CD-informed.	1	2	3	4	5	6	7	NA
42. I know how to access CD-informed services for youth in the city.	1	2	3	4	5	6	7	NA

Comments:

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Understanding Service Provider Knowledge, Attitudes And Practices Related To Youth Concurrent Disorders

CONSENT TO PARTICIPATE

It is important that you read and understand this research information sheet. This sheet provides the information you will need to know in order for you to determine whether you wish to participate in this study. Please ask the researcher any questions you may have, in order to ensure complete clarification on what this study entails.

Title of Research Study

Understanding Service Provider Knowledge, Attitudes And Practices Related To Youth Concurrent Disorders

Principal Investigator

Joanna Henderson, Ph.D., C.Psych.
Child, Youth, and Family Program, Centre for Addiction and Mental Health
416-535-8501, x 4959

Purpose of the Study: The goal of this study is to better understand the concurrent disorder-related attitudes, knowledge and practices of service providers who are participating in the youth screening initiative of the Mental Health and Addictions Youth Network (MAYN) in Toronto. It is hoped that the results of this study will help us better understand the attitudes, knowledge and practices of the service providers at youth-serving agencies.

Description of the Study: As part of your participation in the MAYN screening initiative you will be asked to complete a short, anonymous questionnaire about your youth concurrent disorders-related attitudes, knowledge and practices on 3 occasions: Prior to participation; after training, and at the end of the screening initiative. As well, at the end of the MAYN screening initiative you will be asked to provide anonymous feedback about your experiences.

Risks: There are no known risks to participating in this study.

Benefits: Your participation in this study is important in order to increase our understanding of the concurrent disorder-related attitudes, knowledge and practices of service providers in youth serving agencies where youth with concurrent mental health and substance use concerns are likely to present. This research may or may not be of benefit to you directly but may be of benefit to future persons seeking services at youth-serving agencies through ensuring the provision of relevant professional development opportunities.

Voluntary Participation and Withdrawal: Your participation in this study is completely voluntary and you may refuse to join the study or withdraw from it at any time. Your decision to accept or refuse to participate in the study will in no way affect your participation in the current screening initiative or your involvement in future initiatives.

Confidentiality and Privacy: The research team will not have access to your name or identifying information. Questionnaires provided to the research team will be stored in a locked room and only the research staff involved with this research study will have access to them. Confidentiality will be protected to the limits of the law. As part of continuing review of the research, study records may be assessed on behalf of the Research Ethics Board.

Additional Information: If you have any questions about the study that are not answered in this Information Sheet, you may contact the study investigator at the telephone number given on the top of the page. You may also contact Dr. Padraig Darby, Chair, Research Ethics Board, Centre for Addition and Mental Health, at (416) 535-8501 ext. 6876 to discuss your rights as a research participant.

Participant's Initials: _____

GAIN Short Screener – Modified

The following questions are about common psychological, behavioural or personal problems. These problems are considered <u>significant</u> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following statements, please tell us the last time you had this problem, if ever, by responding (circling) in the past month (3), 2 to12 months ago (2), 1 or more years ago (1) or never (0).	**Past month**	**2 to 12 months ago**	**1+ years ago**	**Never**
	3	**2**	**1**	**0**
1. <u>When was the last time</u> you had <u>significant</u> problems…				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. with sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?	3	2	1	0
c. with feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?	3	2	1	0
d. when something reminded you of the past, and you became very distressed and upset?	3	2	1	0
e. with thinking about ending your life or committing suicide?	3	2	1	0
2. <u>When was the last time</u> you did the following things <u>two or more times</u>?				
a. Lied or conned to get things you wanted or to avoid having to do something?	3	2	1	0
b. Had a hard time paying attention at school, work, or home?	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home?	3	2	1	0
d. Were a bully or threatened other people?	3	2	1	0
e. Started fights with other people?	3	2	1	0
3. <u>When was the last time</u>…				
a. you used alcohol or drugs weekly?	3	2	1	0
b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	3	2	1	0
c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or drugs caused you to give up, reduce or have problems with important activities at work, school, home or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
4. <u>When was the last time you</u>…				
a. had a disagreement in which you pushed, grabbed or shoved someone?	3	2	1	0
b. took something from a store without paying for it?	3	2	1	0
c. sold, distributed or helped to make illegal drugs?	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	3	2	1	0
5. <u>When was the last time</u> … **(not related to alcohol or drug use)**				
a. you missed meals or threw up much of what you did eat to control your weight?	3	2	1	0
b. you had eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?	3	2	1	0
c. you were disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	3	2	1	0
d. you had thoughts that people are watching you, following you or out to get you?	3	2	1	0
e. you saw or heard things that no one else could see or hear, or felt that someone else could read or control your thoughts?	3	2	1	0
f. your gambling caused you to give up, reduce or have problems with important activities or people at work, school, home or social events?	3	2	1	0
g. your videogame playing or internet use caused you to give up, reduce or have problems with important activities or people at work, school, home or social events?	3	2	1	0

Background Information

Name OR Initials: _____ **Today's Date*:**_____(month/day/year)

Age*: _____ **Sex*:** Male ___ Female ___ Trans ____ Other _____
(please specify)

Agency: _____Program: _____

When did you 1st connect with this agency? (circle)

today _____ in the past month _____ 2-12 months ago _____ more than a year ago _____

What is the highest level of schooling that you have completed? (If education was acquired In another country, please try to determine Canadian equivalent)**:**

___ Grade 8 or less
___ Grade 9 and 10
___ Grade 11
___ High school complete with no diploma
___ High school with diploma
___ Trade/vocational certificate
___ Apprenticeship certificate
___ College diploma (CEGEP)
___ Non-university certificate from college, school of nursing, technical institute
___ Some college but no college degree
___ University certificate below Bachelor's degree
___ Bachelor's degree
___ Some graduate school but no graduate degree
___ Master's degree
___ Other education. _____

Employment Status (please check all that apply):

___ Full Time
___ Part Time
___ Self-Employed
___ Unemployed
___ Student
___ Unknown
___ Volunteering
___ Job Training/ Apprenticeship
___ Other (write below)
_____

Financial Support (please check all that apply):

___ No income
___ Welfare
___ Family Benefits
___ Spouse/Parent Support
___ Pension
___ Disability
___ Employment Insurance
___ Savings/ Inheritance
___ Employment
___ Other, _____
___ Unknown

Were you born in Canada?

___ Yes
___ No

If you were not born here, how long have you been in the country? _____

Please indicate which group(s) best represent your background

___ Aboriginal (e.g. North American Indian, Metis, Inuit)
___ Black (e.g. origins include Canadian, American, Caribbean, African)
___ Arab
___ Chinese
___ Filipino
___ Japanese
___ Korean
___ Latin American
___ South Asian (e.g. East Indian, Sri Lankan, etc)
___ Southeast Asian (e.g.Vietnamese, Cambodia)
___ West Asian (e.g. Iranian, Afghan, etc)
___ White/ European
___ Other group (please specify): _____
___ Don't Know

Is English your first language?

Yes _____ No _____

If No, What is your first language?_____

Where do you live?

___ Own apartment/home
___ With parent(s)/family home
___ With other family members/relatives
___ Share place with friends/peers
___ Rooming/Boarding house
___ Group home
___ Supportive/Transitional housing
___ Treatment facility
___ Shelter
___ Couch surfing
___ Street

Have you had legal system involvement?

___ No, never
___ Yes, in the past 12 months
___ Yes, more than a year ago

FOR STAFF USE ONLY Mode: Self-administered _____ Administered by staff _____
Number of 2s and 3s: 1) Int: _____ 2) Ext: _____ 3) Sub: _____ 4) C&V: _____ 5) Misc: _____
Reviewed 2s & 3s and addressed them as per agency protocol: Yes _____ No _____ Referral: MH_____ SA _____ Other _____

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

An Evaluation of the Mental Health and Substance Use Needs of Youth at Youth-Serving Agencies in Toronto and Area Using a Common Screening Tool

CONSENT TO PARTICIPATE

It is important that you read and understand this research information sheet. This sheet provides the information you will need to know in order for you to determine whether you wish to participate in this study. Please ask the researcher any questions you may have, in order to ensure complete clarification on what this study entails.

Title of Research Study

An Evaluation of the Mental Health and Substance Use Needs of Youth at Youth-Serving Agencies in Toronto and Area Using a Common Screening Tool

Principal Investigator

Joanna Henderson, Ph.D., C.Psych.
Youth Addiction Service, Child, Youth, and Family Program,
Centre for Addiction and Mental Health
416-535-8501, x 4959

Purpose of the Study: The goal of this study is to better understand the mental health and substance use needs of youth presenting to youth-serving agencies in Toronto and area by using a common mental health and substance use screening tool across agencies. It is hoped that the results of this study will help youth-serving agencies better meet the needs of youth.

Description of the Study: As part of routine service you will be asked to complete a short questionnaire about mental health and substance use concerns that will be used to help plan the services provided or recommended to you. For this study, we are asking for your consent to also use this information for research purposes. If you agree, a copy of your questionnaire with your name and any other identifying information removed will be provided to the research team at CAMH.

Risks: Completing a questionnaire may be stressful to some people. Some people may find it difficult to answer questions about their problems. Others may find this a useful way to express some of their feelings and gain helpful information. If you feel extreme discomfort during completion of the questionnaire, speak to the staff on duty for help.

Benefits: Your participation in this study is important in order to increase our understanding of mental health and substance use concerns in youth populations. This research may or may not be of benefit to you directly but may be of benefit to future persons seeking services at youth-serving agencies in Toronto and area and it will help plan services in the future.

Voluntary Participation and Withdrawal: Your participation in this study is completely voluntary and you may refuse to join the study or withdraw from it at any time. Your decision to accept or refuse to participate in the study will in no way affect your current services or your access to future services.

Confidentiality and Privacy: The research team will not have access to your name or identifying information. Questionnaires provided to the research team will be stored in a locked room and only the research staff involved with this research study will have access to them. As part of continuing review of the research, study records may be assessed on behalf of the Research Ethics Board and, if applicable, by the Health Canada Therapeutic Products Programme.

Additional Information: If you have any questions about the study that are not answered in this Information Sheet, please ask them. In addition, if you have questions in the future you may contact the study investigator at the telephone number given on the first page. You may also contact Dr. Padraig Darby, Chair, Research Ethics Board, Centre for Addition and Mental Health, at (416) 535-8501 ext. 6876 to discuss your rights as a clinical research participant.

Youth's Initials: _____

INSTRUCTIONS FOR GAIN SS USE

All youth aged 12 to 24 yrs (inclusive) should be given a GAIN SS with a Consent Form.

Youth should complete it themselves, or with the help of a staff person. It should take approximately **5 to 7 minutes** to complete. Youth should be instructed to ask staff any questions they have and to bring the completed questionnaire to staff.

Once completed:

1. Provide youth with copy of research consent.
2. Staff should **review the youth's responses and follow-up as necessary (as per agency protocol)** and complete staff section of Background Information Sheet
3. Make a photocopy of completed GAIN-SS and Background Information and black out name on copy.
4. File original in youth's file.
5. Forward copies of GAIN-SS and Background Information with names blacked out AND original Consent Form to CAMH.

IMPORTANT INFORMATION FOR STAFF

The GAIN has 4 standardized subscales (#1 - 4) and 1 set of miscellaneous questions (# 5). For each subscale, any **2- or 3- level** endorsement of **any single item** within the subscale should be considered **clinically significant** and worthy of further attention (as per your agency protocol). The subscales are as follows:

1 - Internal Distress
2 - External Behaviour Problem
3 - Substance Use Problem
4 - Crime and Violence
5 - Miscellaneous (items a, b – problematic eating; c – traumatic distress; d, e – disordered thinking; f, g – gambling, gaming, internet use)

If after follow-up as per your agency's protocol, **further consultation or referral** is necessary, please see the back of this page for possible resources.

Summary of Steps

1. Put **GAIN packages (including consent form)** in prominent, convenient place to remind you to administer the GAIN.
2. **Review consent** form and have youth initial consent. Provide copy of consent to youth.
3. **Give all youth ages 12- 24 years** GAIN package and pen for completion, ideally during first visit.
    - Remind youth to complete both sides of the form.
    - Be available in case youth needs assistance.
    - Provide a private space.
4. **Obtain** completed GAIN package from youth during same visit.
5. **Review** completed GAIN for items that need follow-up (particularly any 2s or 3s) during same visit. Follow-up as per agency protocol. Complete Staff section of Background Info Sheet
6. **Make a copy** of GAIN/Background Information for CAMH and **black out name on copy.**
7. **File** original in youth file.
8. **Submit** copy of GAIN/Background Information and original consent to CAMH.

CONSULTATION AND REFERRAL RESOURCES (Response Guide)

Resources in italics are external to agency name. All others are agency name services.

Sb	Area of Concern	Youth aged 12 - 18 yrs	Youth aged 18 - 24 yrs
1	Internal Distress (e.g., mood, anxiety)	**For imminent suicide risk** - consult clinical supervisor/psychiatrist	**For imminent suicide risk** - consult clinical supervisor/psychiatrist
2	External Behaviour (e.g., ADHD, aggression)		
3	Substance Use		
4	Crime & Violence	a,b,e → see externalizing c,d → consider substance use	a,b,e → see externalizing c,d → consider substance use
5a, b	Eating		
5c	Post Traumatic Stress		
5d, e	Psychosis		
5f	Gambling		
5g	Gaming/Internet Use		

GAIN SS Tracking Sheet

Agency: _____Program: _____Staff: _____

Date	Age	Sex	GAIN SS administered? Yes/No If no, why not?	Consent/Info Sheet initialled? Yes/No If no, why not?	Consent & GAIN SS sent to CAMH? Yes/No

Feedback Survey

We are very interested in your honest (anonymous) feedback about the GAIN-SS initiative. Please take a few moments to answer the following questions.

Agency: _____ Program: _____Date: _____

Mother's middle name: _____ Father's middle name:_____

Do you provide front-line services? no __ yes___→primarily Addictions__ Mental Health ___ Other:_____

Role: Administration _____Child and Youth Work _____ Psychology _____ Psychiatry _____

Research _____ Social Work _____Other _____

0=not at all 1=some of the time 2=most of the time 3=all of the time

1. To what extent did youth complete the GAIN-SS with you present? ___ 0 ___ 1 ___ 2 ___ 3
comments:

2. To what extent did you provide assistance to youth in completing the GAIN-SS? ___ 0 ___ 1 ___ 2 ___ 3
comments:

3. To what extent did the GAIN-SS provide useful information? ___ 0 ___ 1 ___ 2 ___ 3
comments:

4. To what extent did you find the GAIN-SS disruptive? ___ 0 ___ 1 ___ 2 ___ 3
comments:

5. To what extent did the information youth provided on the GAIN-SS impact your service and/or recommendations? ___ 0 ___ 1 ___ 2 ___ 3
comments:

6. To what extent would you recommend continued use of the GAIN-SS? ___ 0 ___ 1 ___ 2 ___ 3
comments:

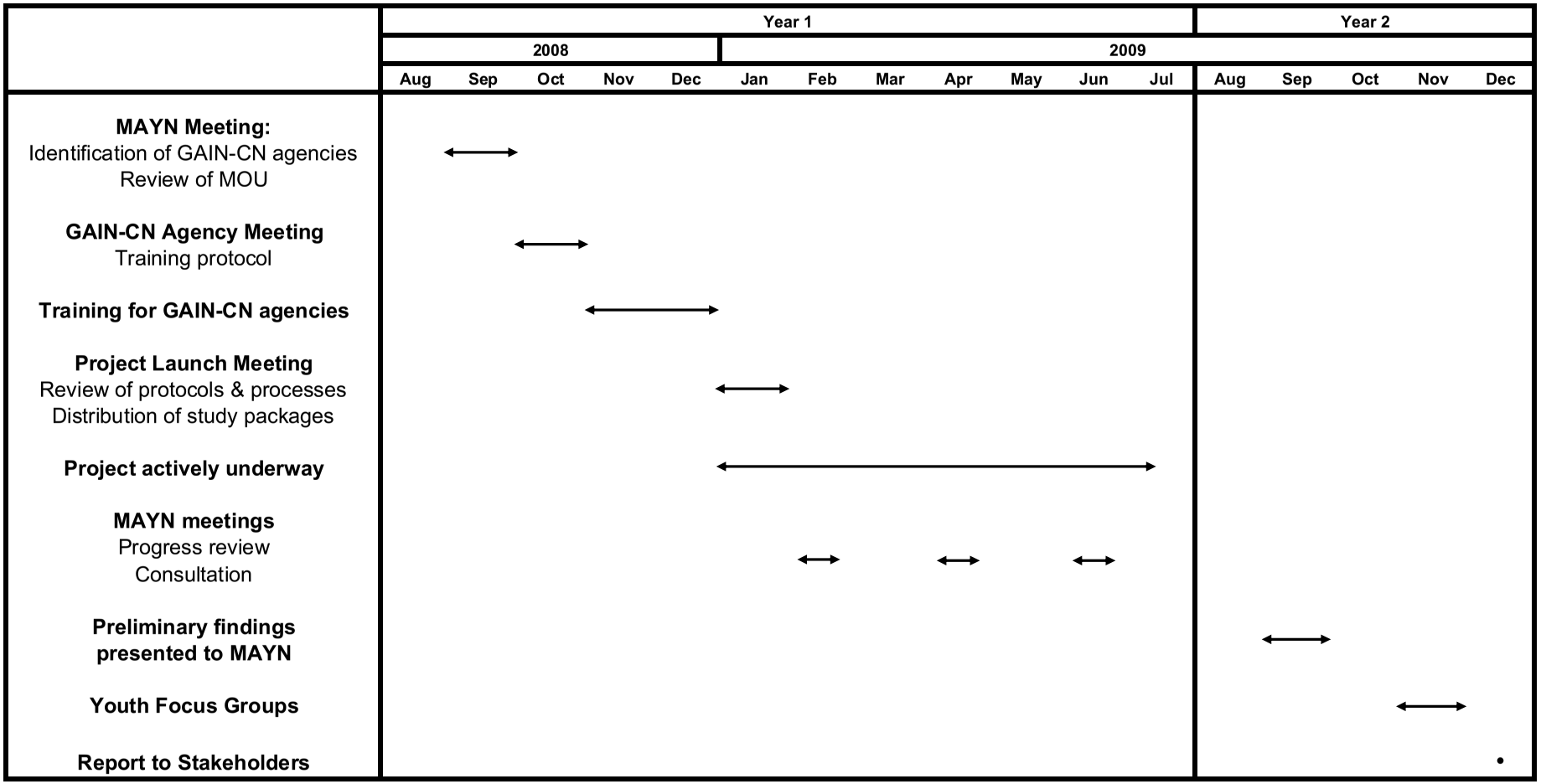
7. To what extent did you find the initial GAIN-SS training helpful? ___ 0 ___ 1 ___ 2 ___ 3
comments:

8. Were there significant issues or concerns missing from this version of the GAIN-SS? Please specify:

9. Please provide any additional positive or negative comments about the GAIN-SS itself and/or the MAYN youth screening initiative in general.

APPENDIX C

Project Timeline



APPENDIX D

Focus Group Discussion Guide

Discussion Guide

Welcome

Introductions

Thank you for coming. This focus group will be about 45 minutes to 1 hour.

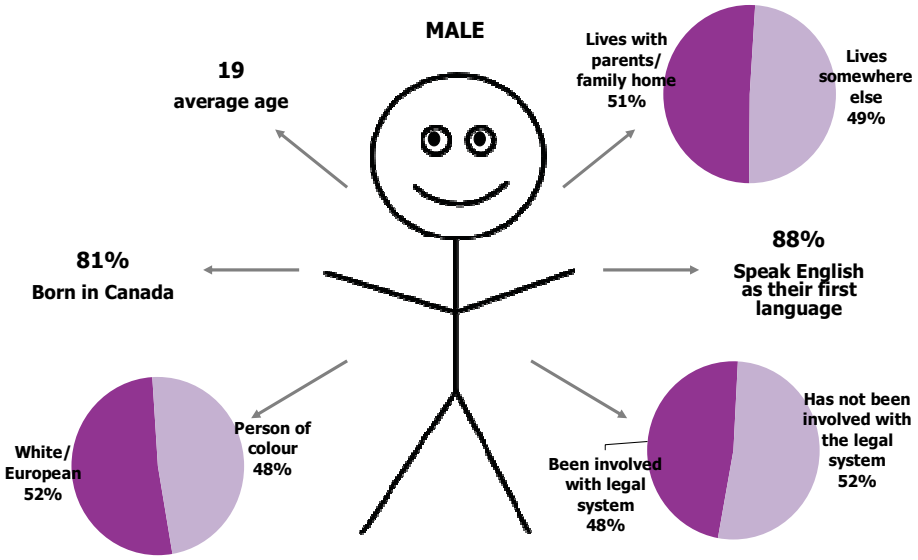
Explain roles of co-facilitators (one discussion leader, one note-taker)

Review consent, have youth initial and facilitator witness

Today I'd like to share some of the findings from youth who participated in a project that took place in 10 agencies. The agencies, including, name of agency focus group, all agreed to ask youth coming to their agencies to complete a form called the GAIN Short Screener. The form asks about concerns youth may have in a number of areas along with some background information. Some of you may have filled out this form. (Have a copy to show the youth if they are interested). The purpose was to help service providers to better understand the needs of youth and to think about the kinds of services they would find most helpful.

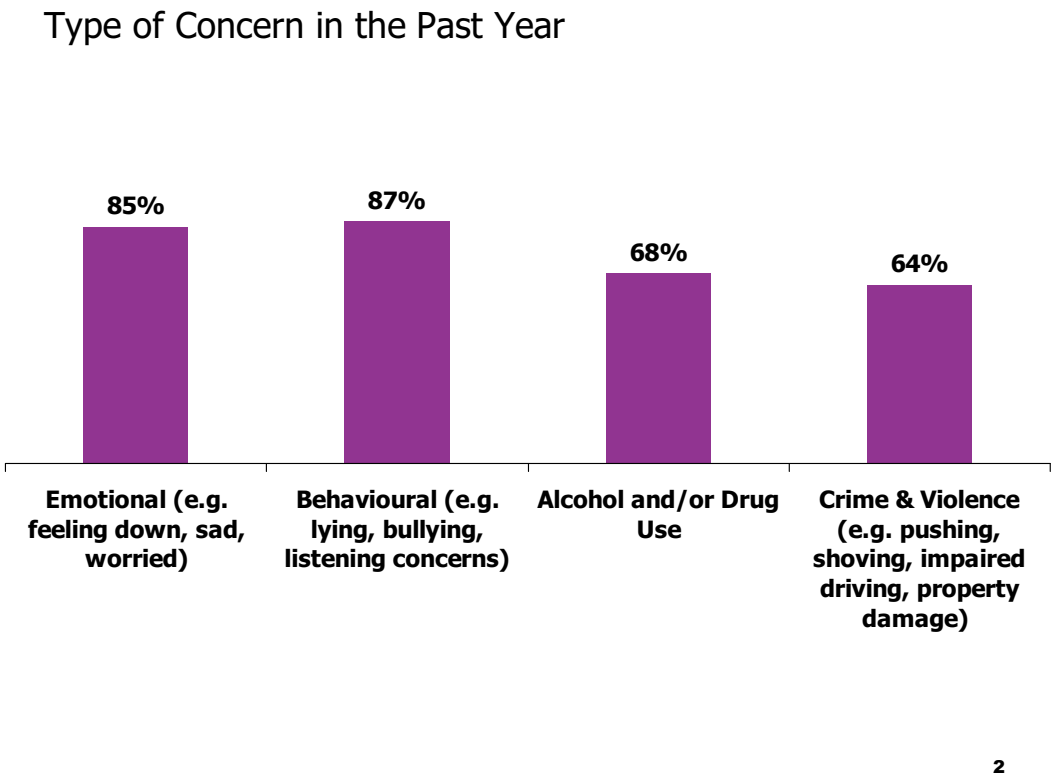
I'm interested to hear your take on the results. This hour is all about your thoughts and opinions, there are no right or wrong answers. Please feel free to be as open and honest as you like. Everything you say will be kept confidential within the limits of the law.

1. **(Use Stick Man visual).** Let's start by talking about the youth who completed the GAIN. The average participant is male, 19 years of age, was born in Canada and speaks English as his first language. He has a fifty-fifty chance of being either white/European or a person of colour, and of having a history with the legal system. He also has a fifty-fifty chance of living at home with his parent(s) or at a group home/shelter, own apartment, with others, treatment/ supportive housing, or on the street.



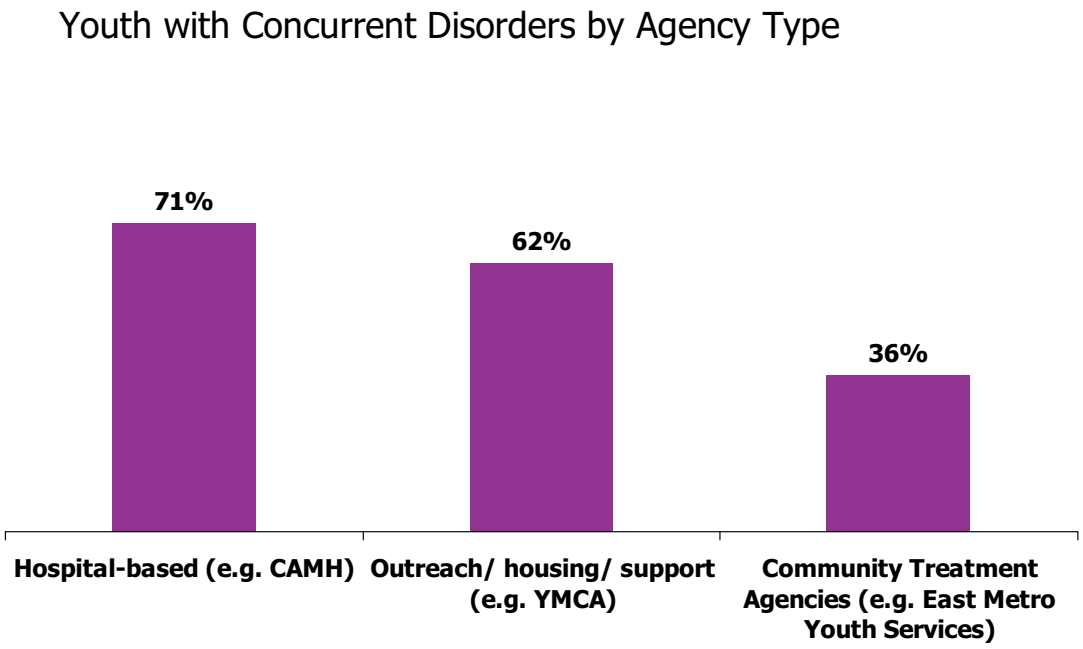
What do you think of these findings? Does this describe youth you know that show up at the services that you use?

2. Chart 1 (Type of Concern). This graph shows us the different kinds of concerns that youth who completed the GAIN have. These youth have a variety of concerns including: emotional, behavioural, alcohol and/or drug use, and crime & violence. The chart shows us youth's concerns within the past year. In addition, 1 in 2 youth have **both** an emotional and behavioural concern and an alcohol and/or drug use concern.



Does this make sense to you? Is there anything that doesn't make sense? Does anything surprise you about these findings?

3. Chart 2. (Youth with Concurrent Disorders by Agency Type). This chart looks at youth who have **both** an emotional and behavioural concern and an alcohol and/or drug use concern. It shows us where youth with both of these concerns go to receive support.

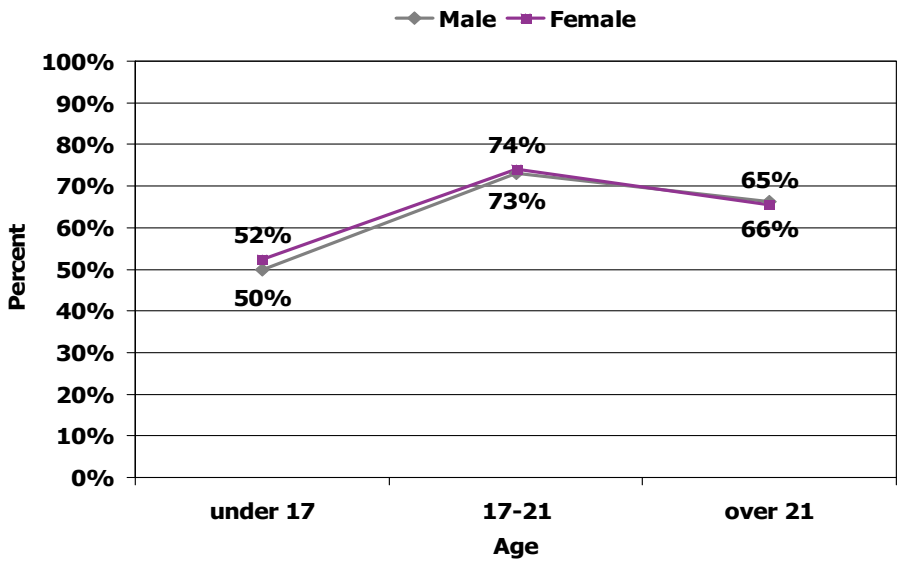


3

How do these findings fit with your experience? How do you think youth end up at the services they end up at?

4. We found that the majority of youth who have **both** an emotional and behavioural concern and an alcohol and/or drug use concern are between the ages of 17 and 21.

Rates of Screening Positive for recent Co-occurring Mental Health & Alcohol and/or Drug Use in Each Age Group



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Does this finding fit with the youth you know?

5. Sometimes people go into an agency seeking a certain type of treatment but end up getting service for different concerns. Do you think screening is helpful for youth to make sure they get the right treatment?

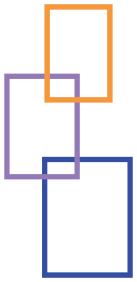
   Prompt: Do you think agencies are asking the right questions? What do you think is the best way for service providers to get information from youth about their concerns?

6. What kinds of services that are already available are most helpful to youth? What kinds of services are missing?

7. After hearing about these findings, do you have any other comments about services for youth?

8. Do you think it is important for other youth to hear about these findings?

9. In your opinions, what would be the best way to share this type of information with youth? For example, online, through posters at participating agencies, one-page summaries available through participating agencies, a Facebook page, a letter, a blog etc.



east metro youth services

LOFT Community Services

breakaway addiction services

YMCA

North York General Hospital
Including the IODE Children's Centre
Embracing Health

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

griffin centre
EVERYBODY COUNTS

TURNING POINT YOUTH SERVICES

SickKids

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Toronto Branch