



Pathways to Mental Health Services for Youth in Care: An Opportunity for Enhanced Collaborative Practices

Kathleen MacDonald*, Lise Laporte+, Lyne Desrosiers+, Srividya N. Iyer*

* Department of Psychiatry, McGill University
+ Centre de Jeunesse de Montréal



19th Canadian Collaborative
Mental Health Care Conference

PRESENTER DISCLOSURE

- **Presenter:** Kathleen MacDonald
- **Relationships with commercial interests:**
 - **Grants/Research Support:** NA
 - **Speakers Bureau/Honoraria:** NA
 - **Consulting Fees:** NA
 - **Other:** NA

LEARNING OBJECTIVES

- 1) Understand the mental health service needs of youth in care
- 2) Describe a trajectory through mental health services of a young person in care
- 3) Explore opportunities for collaborative practices between mental health and youth protection services

Background – ACCESS Open Minds

- Pan-Canadian project that aims to implement and evaluate a transformation in the way that youth access and use mental health services in Canada
- Diverse geographic, cultural, and socio-demographic contexts that make up the Canadian landscape of youth and their families and carers.



Background – Youth in Care

- Youth Protection Services in Canada mandated by provincial laws
- Across provinces, the main aim of these services is to safeguard children from abuse and neglect.
- Most common reasons for youth protection involvement include : physical, sexual, or psychological abuse; neglect (physical, medical, emotional); exposure to domestic violence; youth with a serious behavioural disturbance.
- Two primary youth protection service agencies in Montreal
- Approximately 5500 children and adolescents receive services from youth protection service agencies



Pathways to Mental Health Services for Youth in Care

- Response to mental health treatment needs in youth varies widely according to symptom presentation, available services, and the mental health system itself
- Measuring pathways to mental health services allows us to gather information on access to services, and specific barriers to care which may exist.

Methods

- Charts reviewed at the Centre de Jeunesse de Montreal Youth Protection Services over the period of 2016-2018.
- Youth aged 12-18
- Information gathered about: demographics, contacts with mental health service providers, mental health diagnoses, treatments offered, treatments received, recommendations, medication, referrals, etc.
- Group consensus on chart reviews were conducted on a subsample of all charts
- N = 250

Results

- Large need for mental health services among youth in care.
- Literature shows 50-60% of youth in care have mental health problems (Gaumont, 2010)
- 65% of our sample had indication of mental health diagnosis or contact with mental health services. Yet, many youth within the system still struggle to obtain appropriate services and treatment when needed
- Overall, young people under Youth Protection were more likely to obtain evaluation or crisis management interventions rather than treatment.
- Results also show that delays between onset of mental health problems and obtaining care are common, and often exacerbated by systemic factors such as multiple evaluations and unanswered referral requests in primary care settings.

Age 12

- **Hospital** (Evaluation, Child Psychiatry)
- **Initiator** : Mother
- **Reason** : Attentional, oppositional, aggressivity problems
- **Recommendation** : Psychosocial intervention, Medication
- **Follow-up** : None, by mother

Age 12

Hospital
(Evaluation)

Age 12

- **Community health clinic:**
(Evaluation, Psycho-social team)
- **Initiator** : School
- **Reason** : Behavioural problems
- **Recommendation** : Therapy
- **Follow-up** : None

Age 12

Hospital
(Evaluation)

Age 12

Community health
clinic
(Evaluation)

Age 13

- **Hospital, Adolescent Psychiatry (evaluation)**
- **Initiator** : Youth Protection
- **Reason** : Attentional, oppositional,
- **Diagnosis** : Attachment Dx + ADHD
- **Recommendation** : Psychosocial interventions, medication
- **Follow-up** : None

Age 12

Hospital
(Evaluation)

Age 12

**Community health
clinic**
(Evaluation)

Age 13

Hospital
(Evaluation)

Age 13

- **Emergency room (crisis intervention)**
- **Initiator** : Youth Protection
- **Reason** : Self-harm
- **Recommendation** : Follow-up in adolescent psychiatry
- **Follow-up** : Referral

Age 12

Hospital
(Evaluation)

Age 12

**Community health
clinic**
(Evaluation)

Age 13

Ste Justine Hospital
(Evaluation)

Age 13

Emergency room
(Crisis intervention)

Age 13-14

- **Hospital Outpatient unit**
(treatment, 9 months)
- **Initiator** : ER
- **Reason** : Self-harm, suicidal ideation
- **Treatment offered** : Child psychiatry follow-up and medication (ADHD)
- **Treatment end** : Refusal of services, patient says they are OK

Age 12
Hospital
(Evaluation)

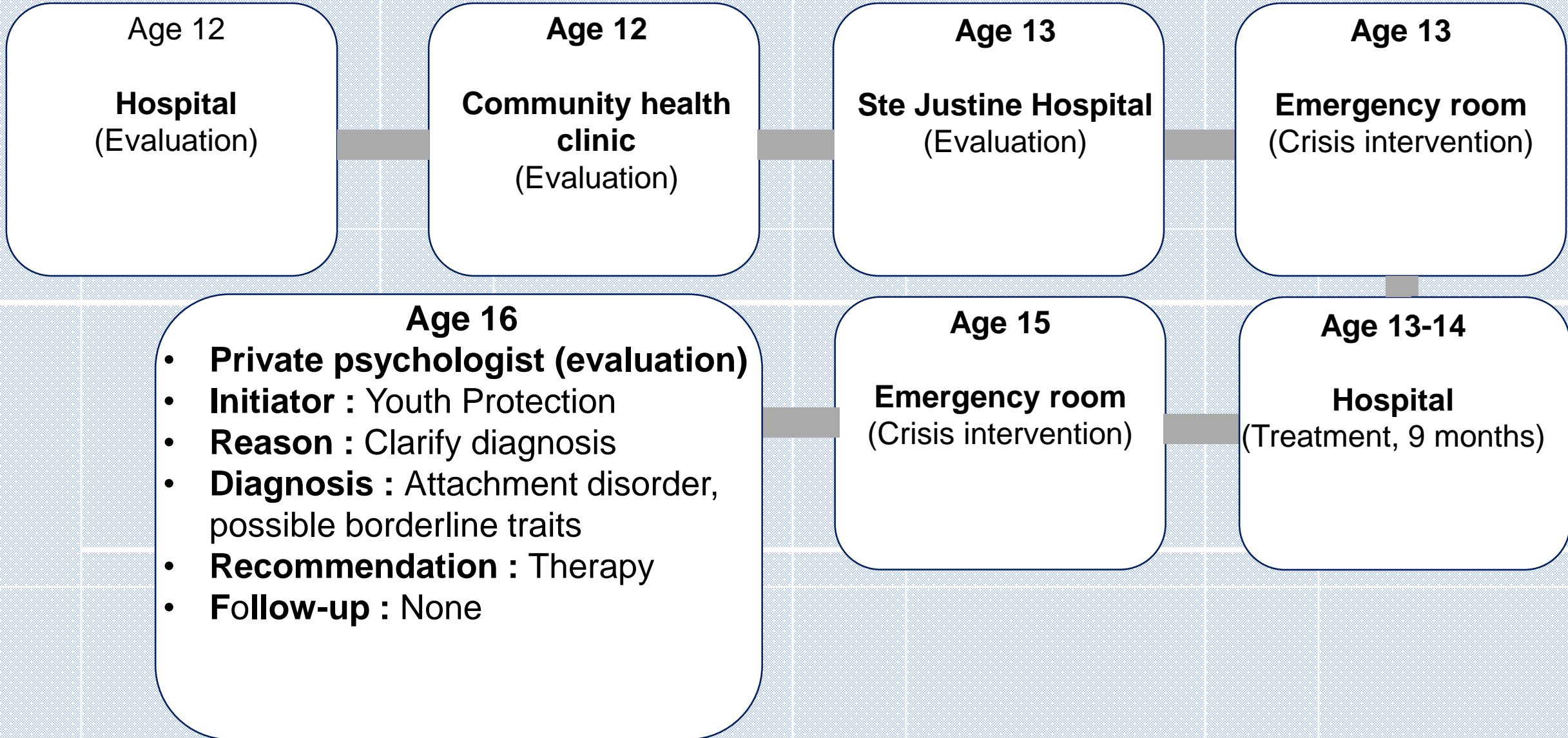
Age 12
Community health clinic
(Evaluation)

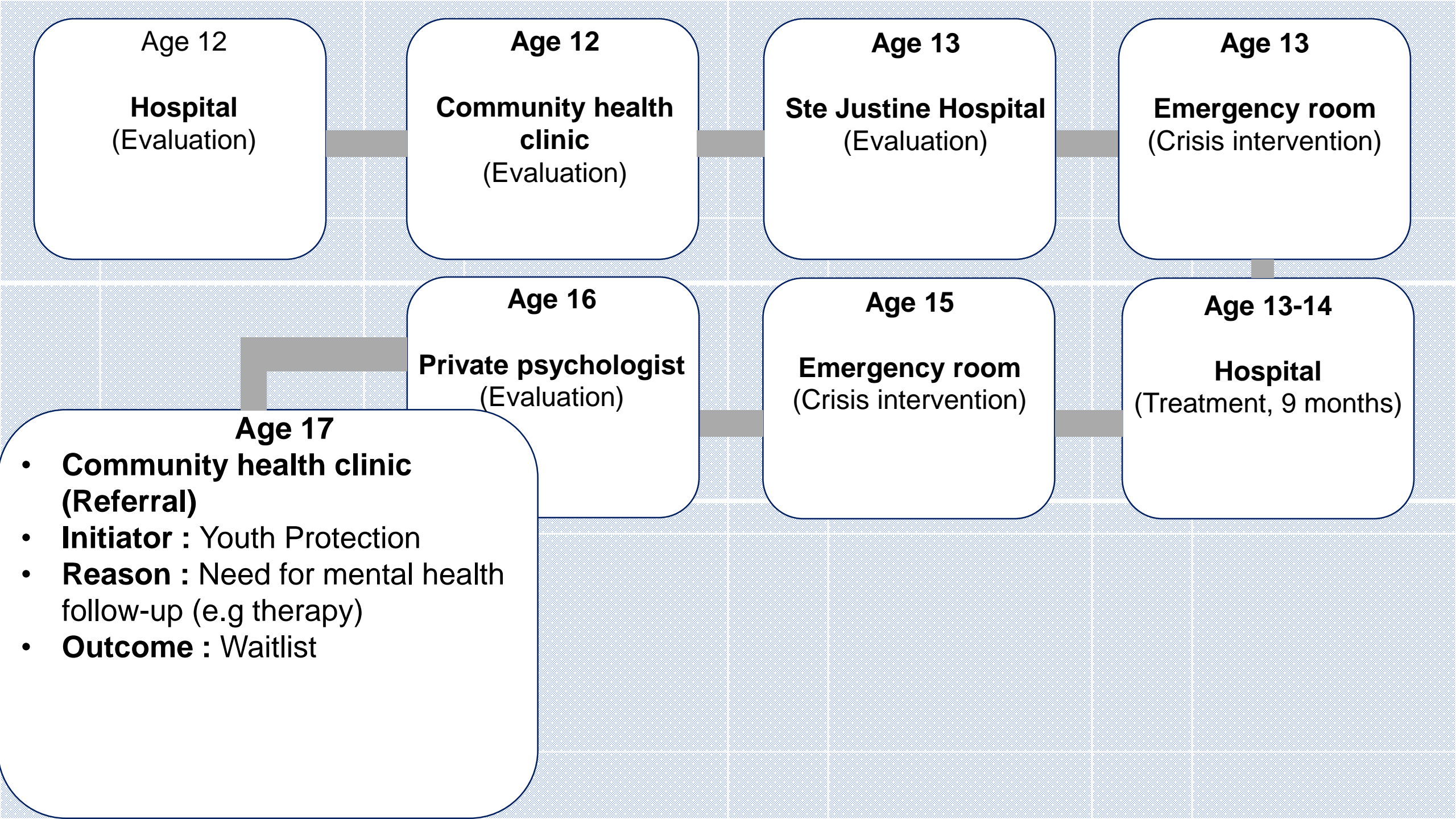
Age 13
Hospital
(Evaluation)

Age 13
Emergency room
(Crisis intervention)

Age 15
• **Emergency room (crisis intervention)**
• **Initiator** : Police
• **Reason** : Aggressive behaviour
Follow-up : None

Age 13-14
Hospital
(Treatment, 9 months)





Age 12

Hospital
(Evaluation)

Age 12

Community health clinic
(Evaluation)

Age 13

Ste Justine Hospital
(Evaluation)

Age 13

Emergency room
(Crisis intervention)

Age 16

Private psychologist
(Evaluation)

Age 15

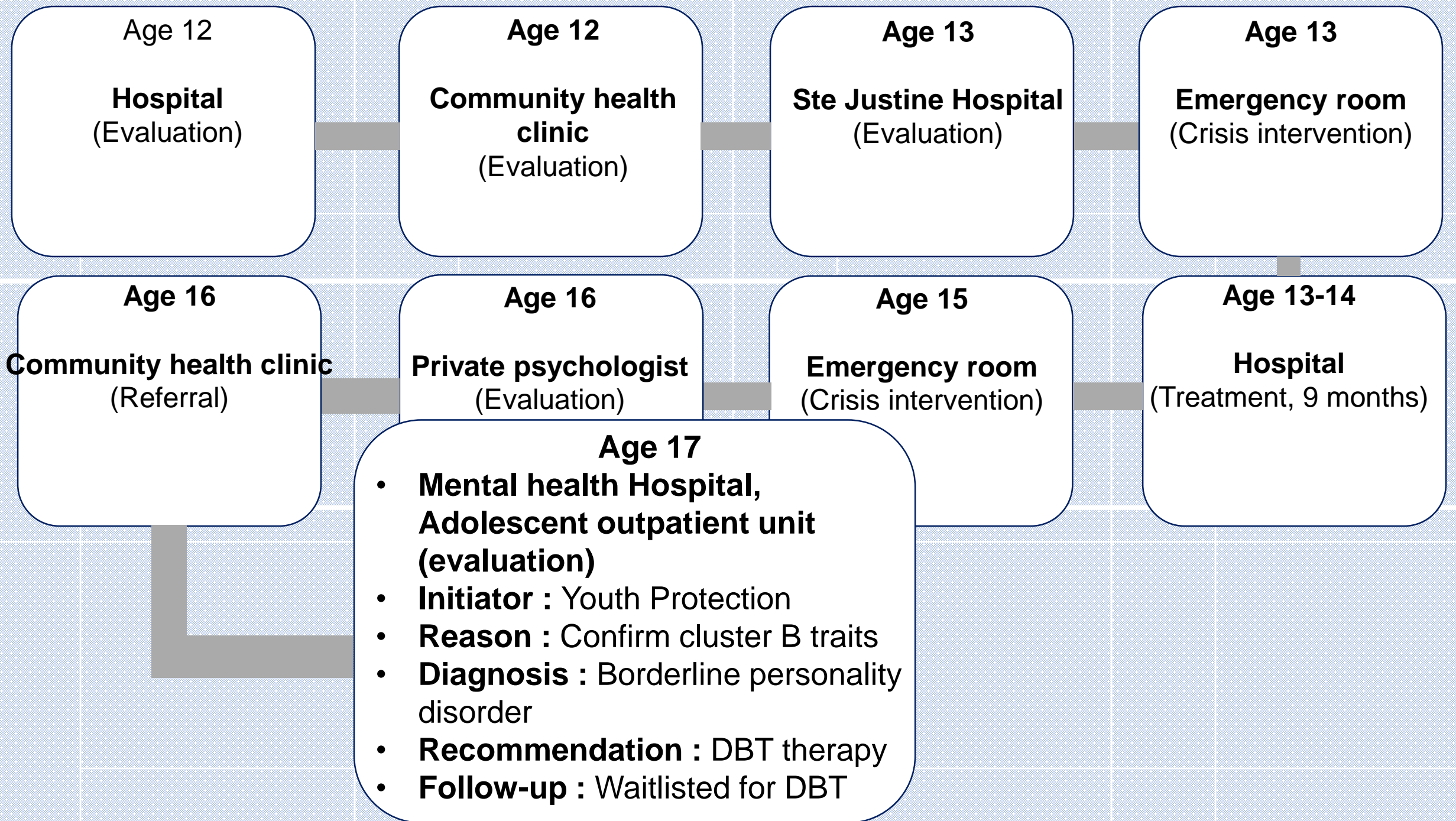
Emergency room
(Crisis intervention)

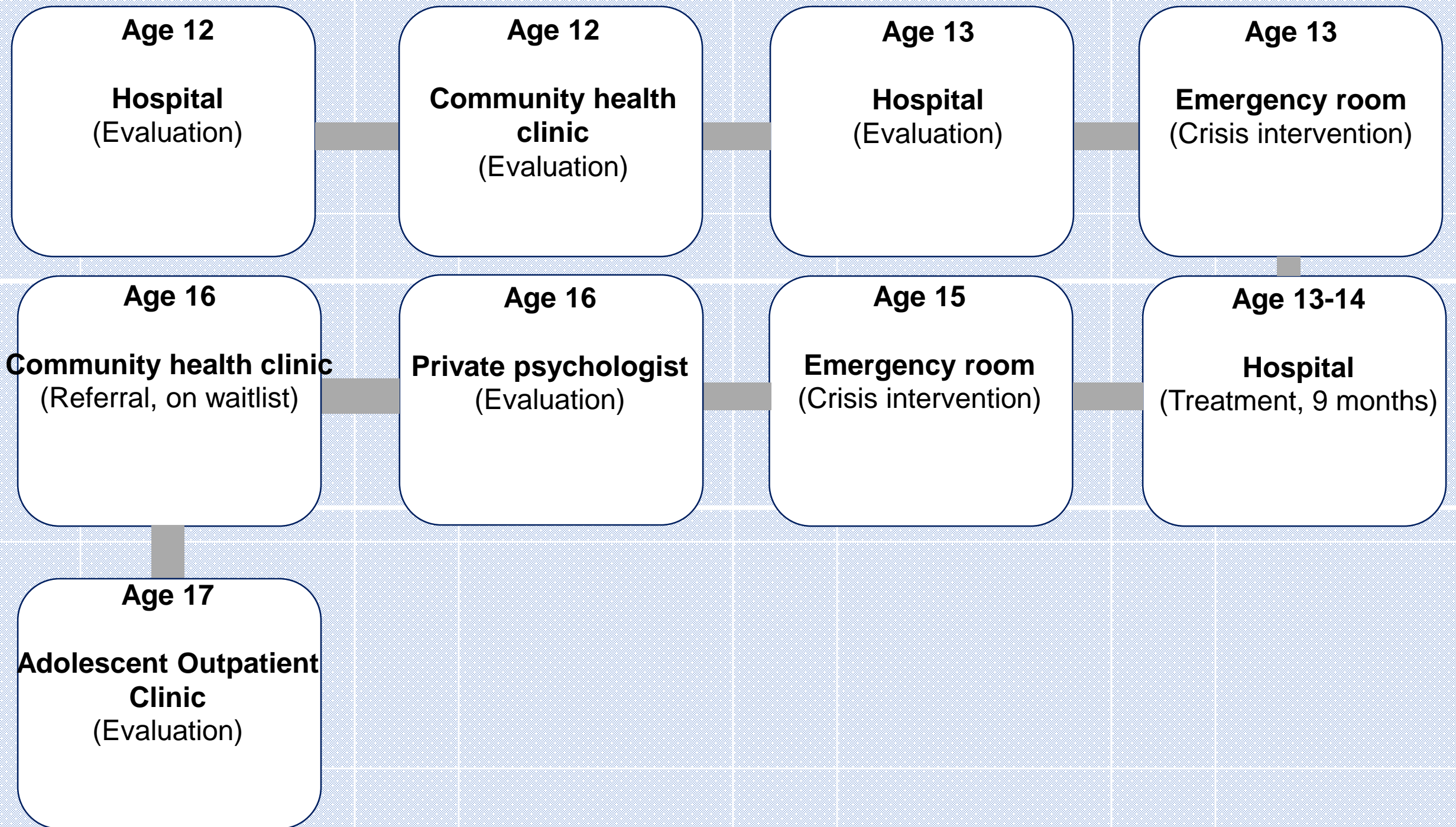
Age 13-14

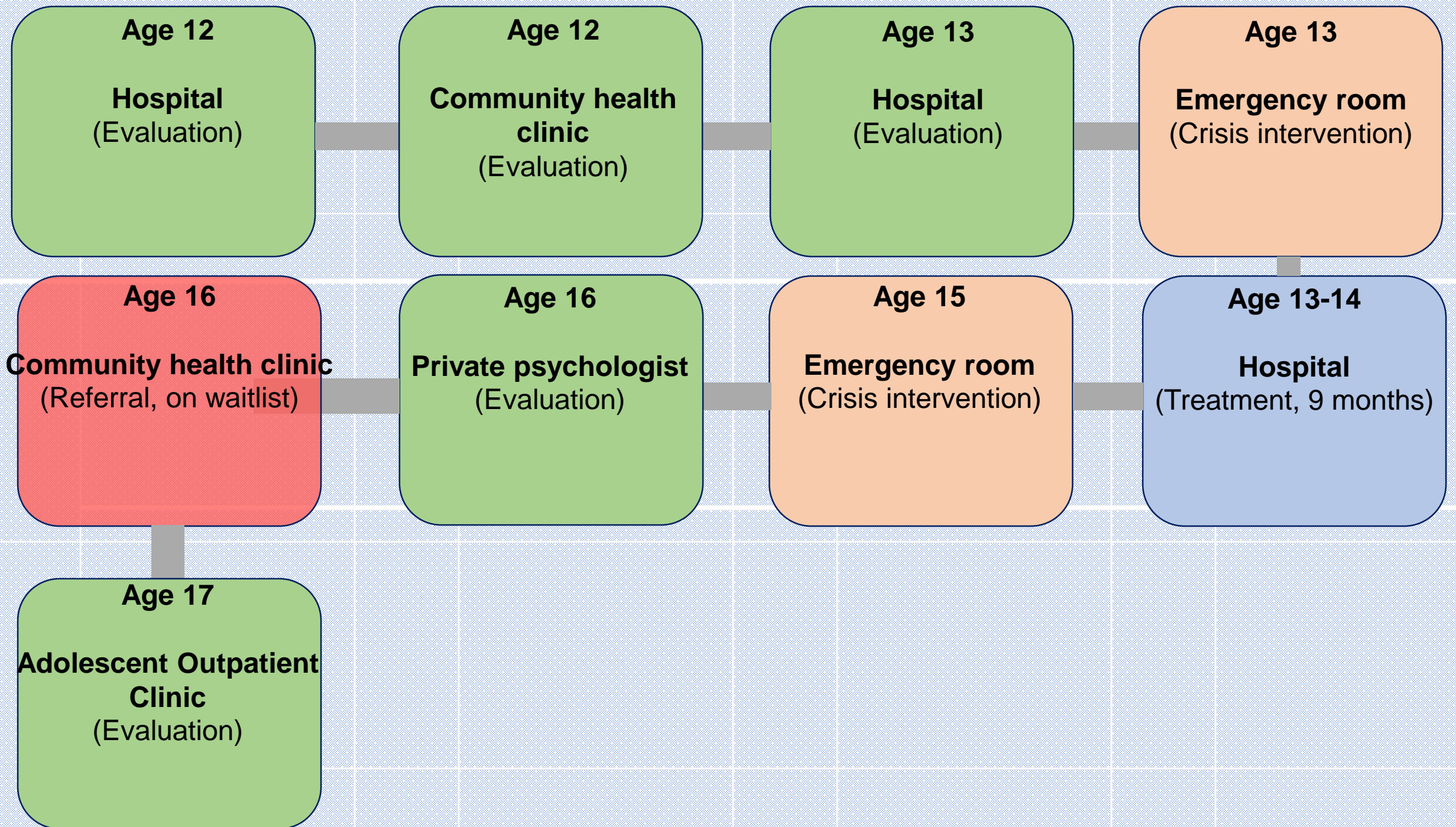
Hospital
(Treatment, 9 months)

Age 17

- **Community health clinic (Referral)**
- **Initiator** : Youth Protection
- **Reason** : Need for mental health follow-up (e.g therapy)
- **Outcome** : Waitlist







Needs identified by Youth Protection Services

- Increased mental health literacy
- User-friendly, quick assessment tools for mental health
- Better tools to handle self-harming or suicidal youth
- Skills to incorporate collaborative approaches with youth
 - (e.g., motivational interviewing.)
- Tools to support parents' mental health concerns
- Tools to better engage youth and family in conversations about mental health and needs for treatment.



Opportunities for enhanced collaboration

- **Stronger links between Youth Protection Services and Mental Health services**
- Facilitating communication between systems
 - How to refer?
 - Primary care training on Youth Protection Services
 - Common language
 - Aims: to reduce misconceptions between systems; to decrease the number of 'crisis interventions' created by youth protection workers not knowing where to turn
- Training between Youth Protection and Mental Health service providers
 - Consensus-building on identified case scenarios
 - Directed group discussions with workers from different systems
 - E-learning



Conclusions

- Young people with mental health problems under Youth Protection services are a particularly vulnerable and underserved population.
- Their access to mental health services is often tainted by complex and circuitous attempts to get appropriate treatment.
- In many of these cases, an increased collaboration between professionals working within distinct organizations could simplify pathways to mental health services for this group.



Thank you!



SPOR network funded by the Canadian Institutes of Health
Research (CIHR) and the Graham Boeckh Foundation



www.accessopenminds.ca | www.accessespritsouverts.ca