YOUTH SERVICES SYSTEM REVIEW

A review of the continuum of Ontario services addressing substance use available to youth age 12-24

Youth Services System Review

For more information, please contact:

Gloria Chaim, MSW
Deputy Clinical Director
gloria.chaim@camh.ca

Joanna Henderson, Ph.D.
Clinician Scientist
joanna.henderson@camh.ca

E.B. Brownlie, Ph.D.
Project Scientist
e.b.brownlie@camh.ca

Child, Youth and Family Services
Centre for Addiction and Mental Health 80 Workman Way, Toronto, ON M6J1H4

This project and production of this report have been made possible through a generous financial contribution from Health Canada and have been generously supported by a grant from the Ontario Ministry of Health and Long-Term Care. The views expressed in the report are the views of the recipient and do not necessarily reflect the views of Health Canada or the Ministry.

Acknowledgments

The Youth Services System Review project team would like to acknowledge the collaboration and assistance of many community agencies across Ontario who helped spread the word about our project and who facilitated information gathering from youth, families, service providers and other stakeholders. We would like to extend special thanks to the 17 agencies who partnered with us to host focus groups for youth, and to their staff who made the groups possible. We would like to express our sincere appreciation to the youth who participated in focus groups and shared their valuable perspectives and insights. We would also like to thank the youth, family members, service providers and other interested stakeholders who took the time to complete our surveys and to the front-line service providers who participated in longer interviews. We would also like to thank the groups that formed our advisory networks for sharing their perspectives throughout the project. In addition, we would like to thank staff at ConnexOntario, CAMH Provincial System Support Program and numerous other agencies who assisted us in compiling a youth-serving agency database and connecting us to youth-serving agencies across the province. We would also like to thank Health Canada and the Ontario Ministry of Health and Long Term Care for providing the funding support that made this project and dissemination of the findings possible.

Youth Services System Review Advisory Networks

Addictions and Mental Health Ontario Youth Community of Practice

Centre for Addiction and Mental Health Child and Youth Mental Health and Addiction Initiatives and Priorities Committee

Cross Local Health Integration Network Working Group on Issues Related to Mental Health and Addiction

Drug Treatment Funding Program - Ontario Systems Projects Persons with Lived Experience and Family Member Advisory Panel

Mental Health and Addiction Youth Network

Ontario Centre of Excellence for Child and Youth Mental Health Advisory Committee

Ministry of Children and Youth Services, Partnerships and Working Together for Policy Framework Implementation Group

Ontario Network of Child and Adolescent Inpatient Psychiatry Services

Research and Action for Teens (RAFT project; CIHR Team in Innovations in Child and Youth Concurrent Disorders) National Advisory Committee

Toronto Drug Strategy Implementation Panel

Project Team: Centre for Addiction and Mental Health

Project Leads

Gloria Chaim
Joanna Henderson

Project Scientist/Coordinator

E.B. Brownlie

Research Analysts

Erica Suh
Dave Summers
Tera Beaulieu
Stephanie Luca
Maria Restivo
Shalini Sivathasan
Alisa Das
Carly Clifton
Jennifer Na
Michael Covato

Knowledge Broker

Andrea Perry

Research Students

Marcia Gordeyko
Reem Eissa
Domenika Bhatia
Marzia Niamah
Zahra Vahedi

Table of Contents

List of Figures

Executive Summary

The Youth Services System Review (YSSR) is a review of the current continuum of Ontario services addressing substance use that are available to youth (age 12-24). The YSSR project was funded under Health Canada's Drug Treatment Funding Program (DTFP). The project aims to describe the landscape of service available to youth and identify gaps and opportunities for collaboration to enhance services and build a system to better meet the needs of youth. Given the current interest by government and other system stakeholders in responding to unmet youth needs, the information gathered from multiple perspectives, and the resulting recommendations, have the potential to inform long term system change to better meet the needs of youth.

Background

Substance use is very common among Ontario youth, with rates increasing through secondary school and into emerging adulthood. Although experimenting with substances is common for youth, problematic substance use is associated with difficulties in a number of domains. Youth substance use concerns are often complicated by co-occurring mental health concerns; concurrent mental health and substance use concerns are associated with increased risk for particularly severe outcomes.

A range of Ontario services address youths' substance use concerns including services funded by the Ontario Ministry of Health and Long Term Care, Ontario Ministry of Children and Youth Services, and other funding sources. Historically, youth substance use treatment services were modeled on adult services and offered to youth within adult settings. However, the needs of youth are different from the needs of adults, underscoring the need for developmentally-informed, youth-oriented services. Developmentally, adolescence (age 12-18) and emerging adulthood (age 18-25) are challenging periods of transition and change. Youths' socio-emotional needs and vulnerability to abuse and other traumas are typically greater than those of adults. Youth with complex needs or situations are often involved in multiple sectors including mental health, child welfare, youth justice, and other sectors in addition to education and health.

Information about youth service needs and evidence about what can be helpful is growing, yet youth and families continue to experience challenges in access to a cohesive system of evidence-informed services responsive to the diverse needs of youth across the province. This review is intended to inform continuing efforts to move toward this goal. The framework of the this review prioritized 1) youth focus, as youth input is crucial to inform system change, 2) hearing many voices, including family members/supporters of youth, service providers, and other stakeholders, 3) health equity approach, attending to population-specific needs and social contexts, and 4) a multi-sectoral perspective, including education, child welfare, youth justice, mental health, and other sectors in addition to substance use/addictions.

What we did

An advisory body, consisting of multiple networks that meet around issues related to substance use and/or mental health services, provided consultation and feedback throughout the project. Based on feedback during the consultation phase, questions were developed for focus groups, surveys and interviews. We asked all stakeholders to identify strengths and weaknesses of the youth services system and make suggestions for system improvement.

Information was gathered from more than 300 youth and 300 service providers, family members, and other stakeholders. This included 17 focus groups with 186 youth, 10 interviews with service providers, and 447 stakeholder

surveys, both online and paper. Qualitative analysis approaches including grounded theory and content analysis were used to analyze the data.

What we learned

Youth, family members/supporters of youth, service providers and other stakeholders identified several strengths and weaknesses in the youth services system and made suggestions for system enhancement. When asked what is working well, many stakeholders identified specific services and service providers doing excellent work in meeting youth needs. Recent improvements in the system were also noted including identifying promising models of service delivery that could be more widely implemented. In addition to these strengths, concerns were raised in a number of areas.

1. Access: All stakeholders identified insufficient access to service as a significant concern and area for improvement. Stakeholders reported:

- Shortages of available services; current levels are not sufficient to meet the needs of youth.
- Regional gaps in Northern communities - particularly remote and fly-in communities, in rural areas, and in Eastern Ontario.
- Limited awareness of available services and difficulties locating services contribute to problems with access. In addition, concerns with confidentiality discourage youth from asking for help in locating services. Youth and others advocated direct advertising of services.
- Wait times are a significant barrier and risk missing opportunities for intervention. Wait times are problematic before youth engage with services and between service components.
- Transportation, location, cost (for private services), and hours of operation (i.e., lack of evening and late night services) are additional barriers to access.
- Opportunities to improve the service system by enhancing coordination and collaboration between and within service sectors.
- Schools are an important point of access for many youth that should be more broadly utilized with external service providers (i.e., not school personnel). Additional services need to reach youth who are not in school.

2. Service Components: The need for specific types of services was also an important point highlighted by service providers, families, youth and other stakeholders, who reported:

- A range of services to meet the needs of youth with varying levels of intensity (i.e., continuum of care) to address differences in severity of substance use problems and concerns needs to be provided.
- Early identification and early intervention before concerns become severe are crucial and should be strengthened.
- Gaps in withdrawal management and residential treatment are a problem. Age exclusions and service outside of youths' communities, which remove youth from their support systems, are barriers.
- Education and awareness related to substance use, which is important to reduce stigma, has improved, but continued work is needed.
- Long term prevention strategies that support families and communities before substance use issues develop are crucial and need to be more broadly implemented.
- Enhanced cross-sectoral collaboration involving schools, primary care and other sectors has the potential to reach youth more readily and increase capacity for coordinated responses to youth needs.
- Services addressing both mental health and substance use, including services for concurrent disorders, and services targeting more serious mental health concerns in conjunction with substance use problems need to be more widely available.

- Peer support and mentorship in youth substance use services play a key role in youth recovery and could be used more.

- Services for family members and others supporting youth with substance use issues are important and could be enhanced.

3. **Service Delivery Models and Service Attributes:** How services are designed and delivered was another important area of emphasis. Stakeholders told us:

- Developmentally-informed approaches are needed in youth-specific and adult services.

- Transitions from youth to adult services need to be easier and more coordinated.

- Age restrictions reduce access and may not correspond to the developmental needs of youth.

- Service fragmentation including problems with coordination and wait times between service components magnify risk of loss of treatment gains and can demoralize youth.

- Services need to be evidence-informed and delivered by service providers with sufficient expertise.

- Other aspects of services that stakeholders felt were important and could be more widely implemented included
    - harm reduction approaches
    - respect for confidentiality
    - efficient intake procedures
    - services that are effective in meeting youths' needs.

4. **Service Provider Attributes:** Several stakeholders underscored the crucial role that service providers play.

- Service provider/agency staff qualities and are important in supporting youths' initial involvement with services. Specific individuals can play key roles in youths' willingness to engage with services as well as in their recovery.

- Because of the vulnerable position of youth seeking services, interactions with staff that are less than positive can become barriers, discouraging youth from further engagement.

- Service providers characteristics most frequently identified as important were:
    - perceived as caring; system limitations can give youth the impression of lack of caring
    - inspiring trust by expressing nonjudgmental attitudes and maintaining confidentiality
    - relatable, possibly with experience of substance use concerns, but generally able to understand youths' social contexts and expression.

5. **Health Equity and Social Determinants of Health:** Stakeholders also emphasized the need for services to meet the needs of diverse youth, attending to health equity and the impact of social determinants of health. Concerns included:

- Insufficient access to Aboriginal-led and Aboriginal-focused services, services addressing the needs of newcomer youth and their families, LGBTQ*-competent services, and gender-specific services, particularly in Northern, remote and rural regions. [Note: LGBTQ* = lesbian, gay, bisexual, transgender, queer and other sexual or gender minorities]

- Gaps in services for youth with learning disabilities and other neurodevelopmental disabilities.

- Gaps in services for Francophone, deaf or hearing impaired youth, and youth speaking languages other than English and French, particularly outside of urban centres.

- Youth involved with the child welfare system, the justice system, and street-involved or homeless youth are often more in need of services but have greater barriers to accessing them.

- Gaps are often more severe outside of larger urban centres.

- Services that address social determinants of health, such as housing, education and employment, support youth in making changes in their lives and increase youths' ability to engage in services.

6. Youth Factors: Youth provided important information on the priorities and concerns they bring to the service system:

- Relationships are crucial to youth and impact youths' willingness to engage with services.
- Fear is a barrier to accessing services. Stigma related to substance use and to seeking services contributes to youths' fear that they will be treated judgmentally.
- Services that acknowledge youths' life circumstances and underlying factors related to their substance use are important for some youth to feel supported and understood and to address underlying issues.
- Flexible programs that allow youth to make decisions about their lives, including harm reduction approaches allowing youth to choose their treatment goals, and programs that leave room for youth to make mistakes are preferred.
- Incentives are important to encourage youth to engage with services and to reduce their substance use by supporting their connection with activities that are alternatives to using substances.

Summary of Recommendations:

The report includes 32 specific recommendations informed by the issues identified and suggestions made by youth, service providers, family/supporters and other stakeholders.

Overall, stakeholders identified an urgent need for collaborative approaches to provide an accessible, developmentally-informed continuum of care, staffed by a competent, well-trained, engaging, caring workforce, implementing evidence-informed practices, to meet the diverse needs of youth from a range of backgrounds and experiences.

Barriers to accessing services need to be addressed, including regional gaps in services, limited awareness of available services and how to access them, age limits restricting eligibility, practical barriers including lack of transportation and hours of operation, and long wait times that discourage access and disrupt treatment.

Service delivery models for transition-aged youth need particular attention. A multifaceted approach is needed including collaboration with the adult service system to build capacity to offer developmentally informed services, increased flexibility related to age limits and increased availability of services specifically targeted to transition-aged youth.

Youth need to have as much choice as possible, considering their needs, and be actively engaged in determining their treatment involvement and goals.

The needs of families (and others in a support role) must also be considered and addressed with responsive services available individually and in conjunction with their youth.

Attention to diversity and the social determinants of health are integral; enhanced support for culturally informed population-specific approaches, including Aboriginal-led, culturally appropriate services, and services meeting the particular needs of specific populations of youth and youth with diverse experiences such as involvement with the youth justice system or child welfare system and/or homeless youth.

Résumé analytique

L'Examen du réseau des services à la jeunesse (ERSJ) est une étude du continuum des services actuellement offerts en Ontario aux jeunes âgés de 12 à 24 ans qui consomment de l'alcool et des drogues. Subventionné par le Programme de soutien au financement du traitement de la toxicomanie (PSFTT) de Santé Canada, le projet ERSJ avait pour mission de décrire l'état des services à la jeunesse en révélant les lacunes au niveau des services et les possibilités de collaboration et d'amélioration, dans l'optique de l'édification d'un réseau mieux adapté aux besoins des jeunes. Compte tenu de la volonté affichée par le gouvernement actuel et les parties prenantes de répondre aux besoins non satisfaits des jeunes, nous avons bon espoir que les renseignements recueillis – qui reflètent des points de vue très divers – et les recommandations qui en résultent impulseront des changements à long terme au sein du réseau, de manière à mieux répondre aux besoins des jeunes.

Contexte

La consommation de drogues et d'alcool est très répandue chez les jeunes de l'Ontario et elle s'accroît progressivement durant les années d'école secondaire jusqu'au seuil de l'âge adulte. Or, si les expériences avec l'alcool et les drogues sont communes chez les jeunes, l'usage problématique de substances intoxicantes est associé à des difficultés dans plusieurs domaines. En outre, chez les jeunes, la consommation problématique d'alcool et de drogues s'accompagne souvent de troubles mentaux, ce qui peut avoir des conséquences très graves.

En Ontario, il existe toute une gamme de services destinés aux jeunes qui consomment de l'alcool et des drogues, dont un certain nombre sont subventionnés par deux ministères provinciaux : le ministère de la Santé et des Soins de longue durée et le ministère des Services à l'enfance et à la jeunesse. Par le passé, les services de traitement pour les jeunes étaient calqués sur ceux destinés aux adultes et ils étaient offerts sur les mêmes lieux, alors que les besoins des jeunes diffèrent grandement de ceux des adultes. On a réalisé depuis que les jeunes avaient besoin de services spécialisés, axés sur leur phase de développement. L'adolescence (de 12 à 18 ans) et le début de l'âge adulte (de 18 à 25 ans) sont des périodes de transition et de changement particulièrement délicates. Les besoins socio-affectifs et la vulnérabilité aux mauvais traitements et à d'autres expériences traumatisantes sont généralement bien plus importants chez les jeunes que chez les adultes. Les jeunes ont des besoins variés et ils se trouvent souvent dans des situations complexes faisant intervenir divers secteurs : soins de santé mentale, protection de l'enfance, système judiciaire pour mineurs, etc., en plus des secteurs de l'éducation et de la santé.

On connaît de mieux en mieux les besoins des jeunes en matière de services en lien avec la consommation de substances intoxicantes et il existe de plus en plus de données sur les moyens de les satisfaire. Pourtant, il n'existe toujours pas d'accès à un réseau structuré de services fondés sur des données probantes et adaptés aux besoins variés des jeunes de la province et de leurs familles. Le présent examen a été entrepris afin de guider les efforts continus déployés en ce sens. Dans le cadre de cet examen, les priorités suivantes ont été établies : 1) placer les jeunes au cœur des consultations, puisque l'avis des jeunes est essentiel pour orienter le changement; 2) recueillir le point de vue des divers intéressés : familles, familles de substitution, prestataires de services et autres parties prenantes; 3) favoriser

l'équité en matière d'accès à la santé et prendre en compte les besoins spécifiques aux diverses sous-populations de jeunes ainsi que les besoins des jeunes faisant face à diverses situations; 4) adopter une perspective multisectorielle incluant les secteurs de l'éducation et de la protection de l'enfance, le système judiciaire pour mineurs, le secteur de la santé mentale et d'autres secteurs encore, en sus des services ciblant la consommation d'alcool et de drogues, l'alcoolisme et la toxicomanie.

Comment nous avons procédé

Un organe consultatif, composé de divers réseaux tenant des réunions sur des questions relatives aux services axés sur la consommation d'alcool et de drogues et les soins en santé mentale nous a fourni son avis et ses commentaires pendant toute la durée du projet. Sur la base des commentaires recueillis lors de la phase de consultation, des questions ont été élaborées à l'intention des groupes de discussion thématiques, ainsi que pour les sondages et les entretiens. Nous avons demandé à toutes les parties prenantes de cerner les forces et les faiblesses du réseau des services à la jeunesse et de faire des suggestions d'améliorations.

Nous avons recueilli des renseignements auprès de plus de 300 jeunes et 300 prestataires de services, membres de familles touchées et autres intéressés. Dix-sept groupes de discussion thématiques ont été constitués, auxquels ont participé 186 jeunes, et 10 entretiens ont été tenus avec des prestataires de services; par ailleurs, 447 représentants de parties prenantes ont répondu à nos questionnaires de sondage (questionnaires en ligne et questionnaires papier). Pour l'analyse des données qualitatives, nous avons adopté une approche faisant appel à la théorie à base empirique et à l'analyse de contenu.

Ce que nous avons appris

Les jeunes, les familles et familles de substitution, les prestataires de services et les autres parties prenantes ont cerné plusieurs forces et faiblesses du réseau des services à la jeunesse et ils ont suggéré des améliorations. Côté forces, de nombreuses parties prenantes ont cité certains services et prestataires de services qui font un excellent travail et répondent bien aux besoins des jeunes. De récentes améliorations du réseau ne sont pas passées inaperçues, notamment des modèles prometteurs de prestation de services qui pourraient être appliqués à plus grande échelle. Néanmoins, des insuffisances ont été relevées à plusieurs égards :

1. Accès : Toutes les parties prenantes se sont dites préoccupées par le manque d'accès aux services et elles ont indiqué qu'il s'agissait d'un aspect à améliorer en priorité. Les problèmes et remèdes suivants ont été cités :

- Le manque de services, qui ne couvrent pas les besoins des jeunes.
- Les disparités régionales : les collectivités isolées du Nord, qui ne sont accessibles que par avion, les zones rurales et l'Est de l'Ontario sont particulièrement mal servis.
- La méconnaissance des services existants et la difficulté à localiser ces services contribuent au manque d'accès. À cela s'ajoute la réticence des jeunes à demander de l'aide pour trouver des services, car ils craignent que la confidentialité de leur démarche ne soit pas respectée. C'est pourquoi jeunes et autres parties prenantes ont prôné de faire la publicité directe de ces services.
- Les temps d'attente constituent un obstacle majeur et risquent de se traduire par des occasions d'intervention manquées. Les délais pour accéder aux services et pour passer d'un service à un autre sont trop longs.
- L'emplacement des établissements de services, le besoin de transports pour s'y rendre, les sommes à débourser (pour les services privés) et les horaires existants des services (c.-à-d., le manque de services offerts le soir et la nuit) constituent des obstacles supplémentaires.
- Le réseau de services pourrait être amélioré au moyen d'une coordination et d'une collaboration intra et intersectorielles.

• Comme les écoles constituent une porte d'entrée aux services pour de nombreux jeunes, elles devraient être davantage utilisées par les prestataires de services externes (ne faisant pas partie du personnel scolaire) et il faudrait mettre en place des services capables de toucher les jeunes qui ne vont pas à l'école.

2. Services : Une autre préoccupation importante exprimée par les prestataires de services, les familles, les jeunes et autres parties prenantes est le besoin de services ciblés. Ils ont mentionné ce qui suit :

• Il faudrait offrir toute une gamme de services répondant aux divers besoins des jeunes en termes d'intensité (à savoir, un continuum de soins). Ces services devraient prendre en compte les différences au niveau de la gravité des problèmes de dépendance.

• Le dépistage et l'intervention précoces, avant que les problèmes ne s'aggravent, sont essentiels, et il faudrait les renforcer.

• Il y a une pénurie de services de gestion du sevrage et de traitements en établissement. Par ailleurs, les exclusions pour raison d'âge et les services qui sont fournis hors des collectivités où habitent les jeunes constituent des obstacles, car ils coupent les jeunes de leurs réseaux de soutien.

• Le public est à présent mieux sensibilisé à l'égard de la consommation de drogues et d'alcool, ce qui est important pour réduire la stigmatisation, mais il reste encore beaucoup à faire dans ce domaine.

• Les stratégies de prévention à long terme, qui consistent à apporter du soutien aux familles et aux collectivités pour empêcher l'apparition de problèmes liés à la consommation d'alcool et de drogues sont essentielles et il faudrait les déployer à plus grande échelle.

• En renforçant la collaboration entre les écoles, le secteur des soins primaires et d'autres secteurs, on pourrait plus facilement toucher les jeunes et coordonner les services pour mieux répondre à leurs besoins.

• Les services visant les jeunes qui consomment de l'alcool et des drogues et qui présentent en même temps des troubles de santé mentale – notamment les services ciblant les troubles concomitants et les services ciblant les troubles de santé mentale graves doublés de problèmes liés à l'alcool et aux drogues – devraient être étendus.

• Les services à la jeunesse axés sur la consommation d'alcool et de drogues devraient davantage faire appel au soutien des pairs-aidants et au mentorat, qui jouent un rôle essentiel dans le rétablissement pour cette population.

• Les services aux familles et familles de substitution des jeunes qui consomment de l'alcool et des drogues sont essentiels et ils pourraient être améliorés.

3. Modèles de prestation des services et caractéristiques des services : Un autre point qui a été souligné concerne la manière dont les services sont conçus et offerts. Voici ce que nous ont dit les parties prenantes :

• Il existe un besoin de stratégies axées sur le développement des jeunes, et ce, tant dans les services spécifiquement destinés aux jeunes que dans les services qui, tout en étant destinés aux adultes, servent aussi les jeunes.

• Il faudrait faciliter la transition entre les services destinés aux jeunes et ceux destinés aux adultes et mieux les coordonner.

• Les restrictions liées à l'âge entravent l'accès aux services, alors qu'ils ne correspondent peut-être pas aux besoins réels des jeunes en matière de développement.

• La fragmentation des services (manque de coordination s'accompagnant de délais importants lorsque les jeunes doivent passer d'un service à un autre) risque d'annuler les bénéfices des traitements et de décourager les jeunes.

• Les services offerts devraient être fondés sur des données probantes et dispensés par des prestataires possédant les compétences voulues.

• Autres aspects des services que les parties prenantes ont jugés importants et qu'ils souhaiteraient voir plus largement appliqués :
  - stratégie de réduction des effets nocifs
  - respect de la confidentialité

- efficience des protocoles d'admission
- services répondant efficacement aux besoins des jeunes.

4. Prestataires de services : Plusieurs parties prenantes ont souligné le rôle essentiel joué par les prestataires de services.

- Les qualités humaines des prestataires de services sont très importantes, car elles sont de nature à encourager les jeunes lors de leur premier contact avec le réseau. L'attitude d'un prestataire de services peut être un facteur décisif dans la volonté d'un jeune à profiter de ces services ainsi que dans sa capacité à vaincre sa dépendance à l'égard de l'alcool ou des drogues.

- En raison de la vulnérabilité des jeunes en quête de services, les échanges peu cordiaux avec les prestataires de services peuvent constituer un obstacle, en décourageant les jeunes de s'engager plus avant.

- Les qualités les plus importantes des prestataires de services, de l'avis de la majorité des parties prenantes, ont été les suivantes :
  - l'empathie (les contraintes du système peuvent donner aux jeunes l'impression d'un manque d'intérêt à leur égard)
  - l'absence de jugement et le respect de la confidentialité, qui inspirent confiance aux jeunes
  - la capacité à nouer des liens, peut-être grâce à une expérience personnelle de l'alcoolisme ou de la toxicomanie, mais surtout grâce à une bonne compréhension des jeunes, du milieu dans lequel ils évoluent et de la manière dont ils s'expriment.

5. Équité en matière de santé et déterminants sociaux de la santé : Les parties prenantes ont également mis l'accent sur le besoin de services répondant aux besoins des divers groupes de jeunes, et de services promouvant l'équité en matière de santé, en prenant en compte l'impact des déterminants sociaux de la santé. Elles se sont dites préoccupées par :

- Le manque d'accès à des services visant les Autochtones et dispensés par des Autochtones; le manque d'accès à des services prenant en compte les besoins des jeunes récemment arrivés au Canada et les besoins de leurs familles; le manque d'accès à des services visant les jeunes de la communauté LGBTA[*] et le manque d'accès à des services sexospécifiques, en particulier dans les régions éloignées et rurales du nord de la province.

- La pénurie de services destinés aux jeunes atteints de déficience intellectuelle et d'autres déficiences neurodéveloppementales.

- La pénurie de services destinés aux jeunes francophones, aux jeunes sourds et malentendants et aux jeunes parlant des langues autres que l'anglais et le français, en particulier à l'extérieur des centres urbains.

- Le fait que les jeunes qui sont sous la tutelle d'organismes de protection de la jeunesse, les jeunes qui ont des démêlés avec la justice, et les jeunes de la rue ou les jeunes sans abri, qui ont souvent un besoin beaucoup plus grand de services, se heurtent à des obstacles plus importants que les autres lorsqu'ils tentent d'accéder à ces services.

- La pénurie de services est généralement plus flagrante en dehors des grands centres urbains.

- Les parties prenantes ont par ailleurs indiqué que les organismes qui intègrent les services liés aux déterminants sociaux de la santé (logement, éducation et emploi) aident les jeunes à effectuer des changements dans leur vie et à mieux profiter des services de traitement de l'alcoolisme et de la toxicomanie.

6. Besoins exprimés par les jeunes : Les jeunes ont donné de précieux renseignements sur leurs priorités et sur leurs préoccupations lorsqu'ils s'adressent au réseau de services :

- La nature des relations qu'ils entretiennent avec les prestataires de services est capitale et elle a une influence décisive sur leur volonté de profiter des services qui leur sont offerts.

[*] LGBTA = lesbiennes, gais, bisexuels, transgenres, allosexuels et autres minorités sexuelles et sexospécifiques

- La peur constitue un obstacle pour l'accès aux services. La stigmatisation qui s'attache à la consommation d'alcool et de drogues ainsi qu'à la recherche de services de traitement fait craindre aux jeunes que les prestataires de services ne les jugent.

- Les prestataires de services qui s'intéressent aux circonstances de vie des jeunes et aux causes sous-jacentes de leur usage de substances intoxicantes leur communiquent le sentiment d'être soutenus et compris, ce qui les incite à s'attaquer aux problèmes sous-jacents.

- Les jeunes préfèrent les programmes exempts de rigidités, qui leur laissent le loisir de prendre des décisions concernant leur vie : stratégies de réduction des effets nocifs leur permettant de choisir leurs objectifs de traitement et programmes leur laissant la possibilité de commettre des erreurs.

- Pour inciter les jeunes à profiter des services et à réduire leur consommation de drogues ou d'alcool, il est important de les motiver en les encourageant à s'adonner à des activités qui remplacent l'usage des substances intoxicantes.

Résumé des recommandations :

Le rapport contient 32 recommandations en lien avec les problèmes qui ont été mis en lumière et avec les suggestions qui ont été faites par les jeunes, les prestataires de services, les familles, les familles de substitution et les autres parties prenantes.

La majorité des parties prenantes ont indiqué qu'il existait un besoin urgent de collaboration afin d'établir un continuum de soins qui appliquerait les pratiques fondées sur des données probantes, qui serait accessible, qui tiendrait compte du développement des jeunes et qui emploierait des personnes compétentes, bien formées, affables et aimant les jeunes; ce continuum de soins serait ainsi à même de répondre aux besoins variés des jeunes issus de différents milieux et des jeunes se trouvant dans des situations diverses.

Il est nécessaire d'abattre les obstacles qui entravent l'accès aux services : disparités régionales, méconnaissance des services existants et de la façon d'y accéder, limites d'âge restreignant l'accès et obstacles matériels (manque de transports en commun, heures de service inadéquates et longs délais d'attente) qui ont un effet dissuasif et qui perturbent les traitements.

Il importe d'accorder une attention toute particulière aux modèles de prestation de services pour les jeunes en transition vers l'âge adulte. Pour cela il faut adopter une stratégie à plusieurs volets : collaboration avec le réseau des services aux adultes pour pouvoir ouvrir à tous les jeunes des services axés sur leur phase de développement; élimination des rigidités associées aux limites d'âge et augmentation des services visant les jeunes de ce groupe d'âge.

Il faut donner aux jeunes le plus grand choix possible, en ciblant leurs besoins et en leur permettant de prendre une part active à leur traitement – notamment en les laissant décider de l'intensité de leur traitement et des objectifs à atteindre.

Les besoins des familles (et des familles de substitution) doivent également être pris en compte. Deux types de services doivent leur être fournis : services ciblant uniquement les familles seules et services visant en même temps les familles et les jeunes en difficulté.

La prise en compte de la diversité et des déterminants sociaux de la santé doit faire partie intégrante des services offerts. Il faut étendre les services culturellement adaptés, les services répondant aux besoins particuliers de populations spécifiques (notamment les services fournis aux Autochtones par des Autochtones) et les services aux jeunes se trouvant dans des situations particulières : jeunes ayant des démêlés avec la justice, jeunes placés sous la tutelle d'organismes de protection de la jeunesse et jeunes sans abri.

Youth Services System Review

Overview

The Youth Services System Review (YSSR) is a review of the current continuum of Ontario services addressing substance use that are available to youth (age 12-24). The YSSR project was funded under Health Canada's Drug Treatment Funding Program (DTFP) in collaboration with the Ontario Ministry of Health and Long Term Care. The project aims to describe the landscape of service available to youth and to identify gaps and potential to enhance services to better meet the needs of youth.

Background

About Ontario's Drug Treatment Funding Program (DTFP-ON) Projects

Health Canada developed the Drug Treatment Funding Program (DTFP) in 2008 as part of the Treatment Action Plan under the National Anti-Drug Strategy, through consultations with provincial and territorial governments and non-governmental organizations.

The DTFP is a federal contribution program designed to support provinces and territories in their efforts to strengthen evidence-informed substance abuse treatment systems and address critical gaps in substance abuse treatment services, particularly for at-risk youth. The Youth Services System Review (YSSR) is one of eleven Systems Projects that have been funded in Ontario through the DTFP (DTFP-ON). Seven Ontario service-level projects have also been funded.

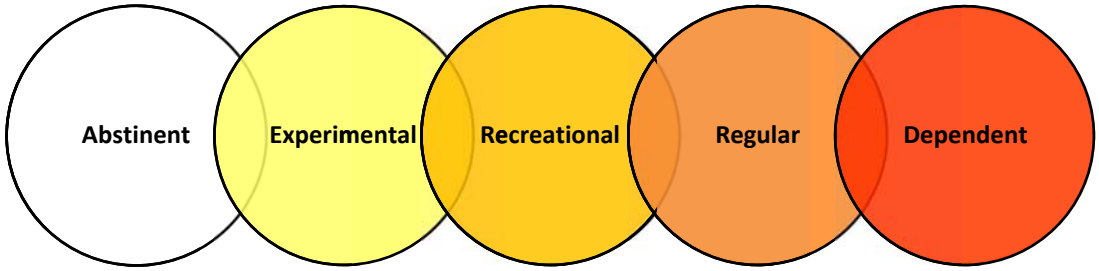
The DTFP supports sustainable improvement in the quality and organization of substance abuse treatment systems through investments in three areas. The YSSR project is part of the Strengthening Evaluation and Performance Measurement investment areas; the other two investment areas are Implementation of Evidence-based Practice and Linkage and Exchange.

Youth Substance Use

Substance use is very common among Ontario youth. In the 2011 Ontario Drug Use and Health Survey (OSDUHS), over half (55%) of Ontario students (grade 7 to 12) reported using alcohol in the past year and over a third (37%) reported using any drug (outside of medical use), other than alcohol or tobacco, in the past year (Paglia-Boak, Adlaf, & Mann, 2011). Rates of substance use increase with age. For instance, while fewer than a quarter (17%) of students

in grade 7 reported alcohol use within the past year, this number increases dramatically to more than three quarters (78%) of students in grade 12. Similarly, rates of drug use in the past year, including non-medical prescription drug use, increases substantially from 21% in grade 7 to 51% in grade 11, and 46% in grade 12 (Paglia-Boak et al., 2011). Substance use continues to increase after high school, with highest levels in the early 20s (Chen & Jacobson, 2012). The OSDUHS data include youth in school; rates of use for youth not in school, including street-involved, justice-involved and other vulnerable youth, are likely higher.

Level of substance use ranges from non-use, through experimentation and recreational use, to regular use and dependence (see Figure 1). For the same person, the level of substance use can vary for different substances (e.g., alcohol vs. cannabis). Experimentation with substances is common among youth, and can be understood as part of the developmental processes of exploration and identity development that characterize adolescence and emerging adulthood.



Problematic substance use: Consistent with the high rates of substance use among youth, problems associated with substance use are common. For example, the OSDUHS 2011 survey reported that 30% of grade 11 and 12 students engaged in hazardous or harmful drinking. Further, of those students with current (i.e., within the past year) cannabis use, 1 in 10 reported symptoms of substance dependence (Paglia-Boak et al., 2011).

Although experimenting with substances is common, problematic substance use is associated with difficulties in a number of domains. For youth, related problems can include higher risk-taking, negative educational outcomes (i.e., poorer attendance, academic motivation and performance; lower probability of completing high school), lower self-esteem, increased suicidal thoughts, increased likelihood of participation in antisocial, delinquent, or criminal behavior, and involvement with the justice system (Brook, Finch, Whiteman, & Brook, 2002; D'Amico, Edelen, Miles, & Morral, 2008; Dunlop & Romer, 2010; Pathammavong et al., 2011). Intoxication, which can occur with lower levels of use, also increases risk for negative outcomes such as accidents/injuries, poisoning, motor vehicle accidents and unintended pregnancy.

Developmentally, chronic or heavy substance use during this period can be particularly problematic. Adolescence represents a critical period of neurobiological and social development, and emerging adulthood (age 18-25) is a crucial transitional time of exploration and development related to adult roles (Arnett, 2000; Patton & Winer, 2007). Adolescents with significant problems related to substance use are also more likely to have continuing problems into adulthood (Flanzer, 2005).

Concurrent mental health and substance use concerns: Substance use issues are often complicated by co-occurring mental health concerns, particularly among youth (Bilj & Ravelli, 2000; Roberts, Roberts, & Xing, 2007). Within community samples, adolescents diagnosed with a substance use disorder have a substantially increased risk of also meeting criteria for a mental health disorder, including depression or other mood disorders (six times more

likely); anxiety disorders (twice as likely); and conduct or oppositional disorder (14 times more likely). Similarly, children with mental health problems tend to initiate substance use at earlier ages and are more likely to develop problematic substance use than children without these disorders (Armstrong & Costello, 2002). Co-occurring substance use and mental health problems are common among youth involved in services in various sectors, including substance use, mental health, housing/shelter, child welfare, and youth justice (Aarons, Brown, Hough, Garland, & Wood, 2001; Chaim & Henderson, 2009; Henderson & Chaim, 2013).

The combination of mental health and substance use concerns is associated with significant problems in physical health, and in social, emotional and academic domains, with increased risk for particularly severe outcomes including HIV infection, suicide, homelessness, incarceration, and violence (Lewinsohn, Rhode, & Seeley, 1995; Rush, Castel, & Desmond, 2009). Although not all youth with substance use concerns have mental health disorders, mental health and concurrent disorders are important considerations in youth services.

Youth Services Addressing Substance Use

The importance of addressing youth substance use concerns has been highlighted in a number of national and provincial initiatives. Common themes were identified through the work of the Canadian Mental Health Commission (2006) and the National Treatment Strategy Working Group (2008) and more recently, through Ontario's Comprehensive Mental Health and Addiction Strategy (2011). The themes include the importance of accessible services, early identification and intervention, service matching considering population-specific needs, as well as acuity, complexity and chronicity, and addressing service gaps, particularly at transition points related both to services and to age.

In Ontario there are a range of services addressing substance use concerns available to youth. These include youth substance use services funded by the Ontario Ministry of Health and Long Term Care (MOHLTC), services within Children's Mental Health agencies funded by the Ontario Ministry of Children and Youth Services, and several other services with various funding sources. Information on adult and youth programs provided by ConnexOntario, a health services information service funded by the MOHLTC, can be found in Appendix B.

Historically, youth substance use treatment services were modeled on adult services and offered to youth, sometimes within adult settings; more recently in specialized youth treatment service settings. Information about youth service needs and evidence about what can be helpful is growing, yet youth and families continue to report experiencing challenges in access to a cohesive system of evidence-informed services responsive to the diverse needs of youth across the province. This underscores the importance of the decision that the first three years of the Ontario Strategy are to focus on children and youth. The CAMH Provincial System Support Program has been given the opportunity to support the Strategy through working with local community providers to establish local Service Collaboratives across the province to address system issues particularly related to access and transitions.

Given the current attention to youth substance use and mental health issues, we believe that the YSSR project provides an opportunity to bring important information to agency leaders and decision makers, policy makers and funders, about youth, family/supporter, and service provider perceptions of the youth service system and how it is meeting the needs of youth with substance use concerns and recommendations on how to address gaps and enhance services.

Developmental Factors

This project, the only youth-specific project within DTFP-ON, was initiated acknowledging that youth have different situations, needs and contexts than adults (Substance Use and Mental Health Services Administration, 1999). Each of these factors can impact how youth are able to access services, their experiences engaging with services, and transitions between and out of services, and need to be taken into account by service systems working to address youth substance use concerns.

Development

1. Youth differ from adults developmentally. Both adolescence and emerging adulthood are periods of intense transition in physical, emotional, cognitive, social, and vocational domains. Youth continue to develop organization, communication, planning, decision-making and other life skills as their brains mature; in addition to brain differences, youth often have less experience than adults in these life skills.

Socio-emotional

2. Youth have socio-emotional needs that differ from adults. The support and involvement of parents, family members and/or other supporters, and peers is especially important for many youth, and may be important for engagement with services.

Vulnerability

3. Youth are often more vulnerable than adults in a number of life domains. Youth often depend on family support for housing, food, transportation and other financial needs. Education and age-related factors may limit their participation in employment. Youth may be subject to legal penalties for status offenses on the basis of their age. Youth are also vulnerable to abuse, assault or other trauma.

Service use

4. Youth are often involved in a number of service sectors simultaneously, notably education and primary healthcare. Youth with complex needs or situations may be involved with additional sectors including child welfare or youth justice, mental health and/or substance use sectors.

In addition to these general considerations that differentiate youth from adults, it is important to note that the developmental context for youth varies enormously between age 12 and 24; youth develop a great deal during this period. Adolescents grapple with identity and with physiological and other changes while their executive functions and skills in regulating their emotions and behaviour are maturing. Emerging adults continue to develop skills in these areas and are also involved in identity exploration related to adult roles. Independence and autonomy are important issues during both adolescence and emerging adulthood. However, the level of autonomy and independence that is expected and supportive of positive development and wellbeing is much more limited in early to mid-adolescence than in late adolescence/emerging adulthood. Thus, greater levels of involvement of parents or other supports is typically more developmentally appropriate for adolescents, particularly younger youth. For older youth, understanding the focus on exploration and multiple transitions that are hallmarks of the "emerging adult" developmental period mean an increased understanding of multiple changes in goals and directions. It is also important to note that the developmental capacities of youth do not necessarily correspond to chronological age. Developmentally-informed services need to "meet youth where they are", developmentally.

Health Equity and Social Determinants of Health

In addition to youth-specific and developmental considerations, the differences among youth are important. In asking how well the service system is meeting the needs of youth, it is important to acknowledge that the answer varies for youth across Ontario. Regional and population-specific differences can increase vulnerability of specific youth, who may experience: **1) more difficulty accessing and engaging with services**, **2) increased risk for problematic substance use**, and **3) associated challenges in social determinants of health** that exacerbate these difficulties. The Canadian Mental Health Commission (2006) and the National Treatment Strategy Working Group (2008) noted the importance of attending to population-specific needs in models of service delivery. This includes attention to the role of sex and gender, in combination with other, at times intersecting, population-specific considerations.

Social determinants of health are closely linked to both health equity and youth development. Education, employment, housing, social support and other environmental factors are related to the developmental needs and concerns of youth, are key determinants of youth health and wellbeing, and have a profound impact that extends into adulthood (Allensworth, 2011).

Project Aims

Given the current interest by government and other system stakeholders in enhancing youth services and responding to unmet needs, the YSSR project aimed to provide a snapshot of the services available to Ontario youth across sectors, and to gather information on the strengths and weaknesses of the current service system. The information gathered from multiple perspectives, and the resulting recommendations, have the potential to inform long term system change to better meet the needs of youth.

In order to maximize the breadth of perspectives informing the review, we consulted multiple stakeholders, including youth, service providers and family members/supporters of youth. The findings reflect the perspectives of those who participated in project activities. The factors that allowed or encouraged particular individuals (but not others) to participate in a focus group or complete a survey may have impacted the findings in unknown ways. As a result, caution should be used in generalizing the findings to stakeholders who did not participate.

YSSR Objectives
1) To describe the landscape of services addressing substance use available to Ontario youth
2) To identify gaps and opportunities for collaboration and enhancement to better meet the needs of Ontario youth

Project Framework

The YSSR project has four key priorities:

Youth-focused

1. Youth engagement has been identified as a necessity for youth substance use services. The input of youth is crucial to inform discussions of system change that will be appropriate and effective in meeting the needs of youth. After a series of consultations with stakeholder groups serving in an advisory capacity, the importance of hearing directly from youth emerged as a guiding principle of the project.

Many voices

2. Service providers and family members have unique vantage points on how the youth services system works, based on their experiences of working with and within the system and in trying to meet the needs of youth. Their perspectives were sought, as were those of people with lived experience of substance use/mental health concerns, policy-makers and other interested community members.

Health equity

3. Social, political, and economic determinants play a paramount role in shaping the lived experiences of youth. We used a health equity framework to attempt to address the unique needs of youth, especially those most likely to be marginalized and/or likely to be least supported. We conducted a Health Equity Impact Assessment to identify unintended negative health impacts on specific populations that could arise from our project and took steps to try to prevent or minimize them.

Multi-sectoral

4. Youth with substance use concerns access services from different service sectors, specifically to address substance use concerns and/or for related concerns. Given the recommendation that youth needs be addressed regardless of the service sector accessed ("any door") with effective cross-sectoral collaboration, multiple youth sectors were included in the review. The following were the primary youth service sectors:

Primary Youth Service Sectors

Substance use/addictions	Mental health	Education
Child welfare	Youth justice	Housing support/shelters
Primary health care/health promotion	Youth advocacy/engagement	

Advisory Structure

We assembled an advisory body consisting of multiple networks that meet around issues related to youth substance use and/or mental health services in order to receive broad input into the project and to benefit from their related work, networks and expertise. Most of the advisory networks were connected to substance use and/or mental health sectors, however, they were working on services at different levels and with different areas of focus. Many had a specific focus on youth; others were focused on substance use/mental health or on services and systems of care. We consulted the advisory networks during the initial consultation phase, and then periodically during the project. The feedback from members of these networks was crucial in shaping the project. The advisory networks also played a key role in sharing information about the YSSR project with a broad range of stakeholders.

YSSR Advisory Networks

Addictions and Mental Health Ontario Youth Community of Practice

CAMH Child and Youth Mental Health and Addiction Initiatives and Priorities Committee

Cross LHIN Working Group on Issues Related to Mental Health and Addiction

DTFP Ontario Systems Projects Persons with Lived Experience and Family Member Advisory Panel

Mental Health and Addiction Youth Network (MAYN)

Ontario Centre of Excellence for Child and Youth Mental Health

Ministry of Children and Youth Services, Partnerships and Working Together for Policy Framework Implementation Group

Ontario Network of Child and Adolescent Inpatient Psychiatry Services

Research and Action for Teens (RAFT project; CIHR Team in Innovations in Child and Youth Concurrent Disorders) National Advisory Committee

Toronto Drug Strategy Implementation Panel

Project Methods: What We Did

Consultation Phase

Advisory Network Consultations

During the initial consultation phase, YSSR's 10 advisory networks were consulted on project methods, including which questions to ask and who to consult. The advisory networks were also consulted periodically during the project. Their feedback was crucial in shaping the project questions, methods, and website; the advisory networks also assisted in sharing information about the project more broadly. A list of consultations is shown in Appendix A.

Of special importance was the Ontario DTFP (DTFP-ON) Panel for Persons with Lived Experience and Family Members. Three consultations with the panel were conducted. Feedback from each consultation was summarized and sent to the Panel for verification and further comment. The consultations with this group informed the project methods, the design of the website and provided detailed information on key themes. In addition, many of the advisory networks also had broad representation from multiple stakeholders including people with lived experience and family members, as well as service providers and other stakeholders.

Health Equity Impact Assessment

In order to prevent or decrease unintended health inequities associated with the project, a Health Equity Impact Assessment was conducted. In response to this assessment and related literature, six priority groups were identified, defined by increased difficulty accessing services and/or increased vulnerability related to substance use concerns. Additional measures addressing health equity included: **1) focus groups and survey promotion** across various regions of Ontario, **2) selection of focus groups** to include youth from the populations identified by the health equity assessment, **3) consultations with advisory networks** including DTFP-ON Panel for Persons with Lived Experience, **4) use of incentives to compensate youth participants** for their time and to engage youth who might not otherwise volunteer their perspectives.

Health Equity: Identified Populations

Street-involved (homeless/marginalized/street-involved youth)

Child welfare-involved (youth who have been involved in child welfare)

Justice-involved (youth who have been involved in the justice system)

Aboriginal (First Nations/Inuit/Métis youth)

LGBTQ* (Lesbian, gay, bisexual, transgender, two-spirited, queer, questioning youth)

Newcomer and ethnic minority youth

Creation of Survey Website and Social Media Presence

The project had an online presence with a youth-focused website: YSSR.org. The website was designed to be engaging to youth, and to offer them options to give input. Although the site was designed for youth, all stakeholders were encouraged to visit the site and either use the site's youth-oriented data collection tool/survey or complete a service-provider-oriented survey linked to the site. Both the youth-oriented and service provider-oriented versions could be accessed from the website in English or French. The website is also used to share the project's findings. YSSR's social media presence (Facebook and Twitter accounts) was also used to promote the project and the data collection tools.

Data Collection

Focus Ǝroups

Focus groups were conducted with youth in order to hear directly from youth about their perceptions, knowledge and experience of the service system related to substance use concerns.

1. Literature review of best practices for focus groups

A literature review was conducted to identify best practices for conducting focus groups. Selection of focus group participants, number of participants, structure and length of focus groups were based on this review.

2. Partnering with agencies to host focus groups

YSSR partnered with 17 agencies to conduct focus groups with youth. Agencies were selected to reach a wide range of youth. Youth substance use agencies were selected to engage youth receiving substance use services, including both outpatient and residential. Drop-in centres were included to attempt to reach youth who may be in need of, but not necessarily receiving, services addressing substance use. Other community agencies were selected to reach youth based on health equity considerations, with the goal of reaching youth with involvement in youth justice and child welfare sectors, street-involved youth (drop-in centres), Aboriginal, and LGBTQ* youth.

3. Focus group sessions

Youth were eligible to participate whether or not they were receiving services addressing substance use or had substance use concerns. We made an effort to recruit groups with 10-15 participants who were likely to have commonalities in experiences to try to create a safe space for youth to share their perspectives. We conducted warm-up activities to engage participants in the session and introduce the topic. Groups constructed guidelines for participation, which facilitators returned to as needed. Issues of confidentiality and safe levels of disclosure were discussed. Youth were encouraged to contribute based on their own experiences, experiences of their peers, or general knowledge and perceptions of youth services. Although all focus groups addressed the same general questions, issues that were especially salient to particular groups were explored in more detail.

Surveys

1. Youth-serving agencies database

A database of youth-serving agencies was constructed using four steps: 1) ConnexOntario provided information on all youth-serving substance use treatment agencies funded by the Ontario Ministry of Health and Long-term Care as well as agencies with different funding sources; 2) Staff from CAMH's Provincial System Support Program in four regions augmented this list with additional youth-serving agencies; 3) Internet searches were used to locate services not captured by the above sources. This included substance use treatment agencies and agencies in related sectors such as children's mental health and other sectors such as shelters/housing support and child welfare. 4) Services identified in consultations with advisory networks were added to the database if not already included. Also included were other more informal services and programs that youth with substance use concerns may access; these represent services that are addressing youth substance use to varying degrees, and that may be "under the radar" to the substance use treatment system.

2. Youth-focused web-based data collection tool

A youth-focused data collection tool was embedded in the YSSR.org website. The tool was designed to give youth a choice on question formats and survey length. Respondents could choose one or more of the following options:

Core Issues: A set of general questions on what services youth accessed to address substance use concerns, what was working well and not working well in the service system, and suggestions for improvement. This set of questions corresponds to the project's Key Questions.

More Issues: A set of more specific questions asked respondents to comment on issues identified during the consultation phase:

- *access to services*
- *barriers to service utilization*
- *experiences while involved with services*
- *transitioning between services (including youth to adult services)*
- *response to diverse youth identities and experiences*

Just Speak: A "just speak" box offered youth and others the option of providing feedback on any aspect of youth services addressing substance use.

3. Online and paper surveys

The questions above were adapted into online and paper surveys. There were two versions of the survey in each language, one designed primarily for youth and one designed primarily for service providers, with each available in English and French. In the surveys designed for youth, an additional question was added about past or current participation with services; in the surveys designed for service providers, two additional questions were added on their service sector, and the sector's response to youth substance use concerns. However, either survey could be completed by youth, family members/supporters, or service providers as most of the questions were the same.

4. Survey promotion

The following steps were taken to promote the surveys to all stakeholders:

Contacting agencies: CAMH Provincial System Support Program (PSSP) staff sent out email invitations to complete the surveys to agencies that they were in touch with in their regions. YSSR staff sent out email invitations to additional agencies and conducted follow-up telephone calls to a subset of agencies, particularly youth-led organizations, to provide more information and offer additional promotional materials.

Promotion through our advisory networks and partnering agencies: Data collection tools and surveys were sent broadly through YSSR's advisory networks, reaching numerous youth-serving agencies. In addition, we used a number of strategies to reach our key stakeholders: youth, service providers and family members/supporters of youth.

Promotion targeted to youth:

- *Social media: YSSR.org and associated data collection tools were promoted with social media using YSSR Twitter and Facebook accounts.*
- *Promotion through peers: Youth participating in focus groups were given fliers advertising the YSSR.org website to give to their peers.*
- *Promotion through agencies: Promotional packages including posters and handouts advertising the survey were distributed to participating agencies.*
- *Promotion on campus: Students were approached on-campus within student activity spaces and student health services at three colleges/universities (northern small urban centre, southern large urban centre and suburb).*
- *Promotion at events: YSSR project staff attended the Summit on Children and Youth Mental Health.*

Promotion targeted to service providers: In addition to emails sent to agencies, service providers and other stakeholders (including some youth) were also invited to complete the survey at the following meetings and conferences:

- *Rainbow Health Ontario (Mar. 2012)*
- *Addictions and Mental Health Ontario 2012 Conference (May 2012)*
- *Canadian Psychological Association Convention (Jun. 2012)*
- *Children's Mental Health Ontario Conference, Partnering and Leading in Innovation and Transformation (Nov. 2012)*
- *Summit on Children and Youth Mental Health: Let's Put Our Heads Together (Oct. 2012)*
- *Ontario School Counsellors' Association Annual Conference (Nov. 2012)*
- *Ontario Network of Child and Adolescent Inpatient Psychiatry Services Annual Conference (Dec. 2012)*
- *Council of Agencies Serving South Asians Conference (Nov. 2012)*

Incentives: Gift cards were offered as incentives. Online survey respondents were eligible to win a gift card ($30); youth respondents (and other respondents in venues with both youth and other stakeholders) received a gift card ($5) for completing a survey; focus group participants also received a gift card ($30).

Interviews with ăervice ŁJroviders

In order to contextualize the survey responses and provide additional detail on the youth service system, 10 service providers were interviewed. Service providers were eligible to participate if they were currently or recently involved in youth services. Individuals who joined the project mailing list (through the YSSR website) were invited to participate in an interview. This resulted in service provider responses from a range of service sectors and regions. Additional service providers were recruited from agencies working in sectors and regions that had less representation. Interview questions followed the survey content closely. However, as with the focus groups, issues salient to a given respondent were discussed at greater length.

Data Analysis

In order to ensure that respondents could respond openly based on their priorities, frames of reference and experiences, most data collected were qualitative. A mixed-methods approach was used to analyze the data, with grounded theory (tracing themes as they emerge, as much as possible from respondents' frames of reference) and a content analysis (a more quantitative approach that counts concepts according to the project's conceptual framework). Triangulation (the use of multiple perspectives to contextualize findings), a key source of validation for qualitative analyses, was embedded in all aspects of the project.

Prior to data analysis, audio recordings of focus group sessions were transcribed and surveys completed in French were translated.

Surveys

Survey data were coded using a modified grounded theory approach. Coding was done using the NVivo 9 qualitative research software application. To address the project's key questions, survey responses were coded (segment by segment) as positive (what's working), negative (what's not working), and suggestions to improve the service system (these codes did not necessarily correspond to the question asked, as many responses were complex). Survey responses were then coded (also segment by segment) for their content. This process allowed responses to similar issues to be grouped and analyzed.

The codes were created to reflect the content in the responses as closely as possible; new codes were added as needed; previously coded material was verified in case additional coding with emerging codes was warranted. All coding was done with the lens of addressing the project's key questions, i.e., assessing and improving the services system (rather than, for example, explaining youth substance use). Because of the large number of surveys, saturation was reached (i.e., the same themes emerged repeatedly and new codes were rarely added); the large number of responses helped validate common perspectives.

Focus groups and interviews

The focus group transcripts and service provider interviews were analyzed twice, using a combination of a "bottom-up" approach that traced participants' perspectives and a "top-down" approach that coded responses based on themes emerging in the project. The first coding was designed to document and summarize the general themes and perspectives that emerged in each group or interview, following the priorities and perspectives of each participant. The second coding used the set of codes that emerged in the survey responses to facilitate comparison of responses across the project. Codes for key findings were verified by independent coders; discrepancy rates for verified codes were less than 5%; discrepant codes were finalized by consensus.

Stakeholder Questions

Based on the initial series of consultations with the advisory networks, we brought the following general questions to stakeholders including youth, families, services providers and others concerned about youth services. These questions were addressed using youth focus groups, service provider interviews, and surveys for all stakeholders.

Stakeholder Questions

- ? What Ontario services are youth accessing to address their substance use concerns?
- ? What aspects of the service system are working well in addressing youths' substance use concerns?
- ? What aspects of the service system are not working well in addressing youths' substance use concerns?
- ? How might the system be enhanced to better meet youths' needs?

Findings: Who We Heard From

Background Information about Youth Focus Groups

In total, 186 youth participated in 17 focus groups across the province. The breakdown of focus groups by region, city size and sector of the hosting agencies is shown in Table 1. Each region had between 3 and 5 focus groups. Eight focus groups were conducted in large cities, including 2 groups in Toronto's "inner suburbs", which have been identified as high needs areas (City of Toronto, 2012; Cowen & Parlette, 2011). Five groups were conducted in small northern cities, 2 in larger suburbs, and 2 in rural areas. Nine groups were held in youth substance use/addictions services and mental health agencies. The remaining groups were held in drop-in centres, child welfare and youth justice agencies, youth engagement/advocacy sectors and other community organizations (employment centre, Community Health Centre, Native Friendship Centre).

TABLE 1. FOCUS GROUP CHARACTERISTICS

Hosting Agency Characteristics	Number of groups	Number of youth
Region		
North (Sudbury, Thunder Bay)	5	32
Toronto (Downtown, Scarborough, Northwest Toronto)	4	52
East (Eastern Ontario, Ottawa, Durham regions)	3	33
West (London, Hamilton, Oakville)	5	69
Urban/rural		
Large urban (Toronto, Hamilton, Ottawa, London)	5	68
Inner suburban (Scarborough, Northwest Toronto)	3	41
Small urban (Sudbury, Thunder Bay)	5	32
Suburban (Durham and Halton regions)	2	17
Rural (Eastern and central Ontario communities)	2	28
Sector (Type of youth service)		
Youth addictions/substance use treatment	7	93
Child/youth mental health	2	15
Youth justice	1	11
Services for child welfare-involved youth	1	11
Drop-in centre	2	28
Youth engagement/advocacy	1	7
Other youth group/agency	3	21

Focus Group Participants

Figure 2 shows the age and sex/gender category of focus group participants. Both adolescents and emerging adults were well represented in the sample. A small number (5/186) of youth were slightly older than 24 years of age but involved with the youth-serving agency hosting the group. A higher proportion of participants were male than female. In addition, 8 participants did not report age and gender.

FIGURE 2. FOCUS GROUP PARTICIPANTS: AGE AND SEX/GENDER

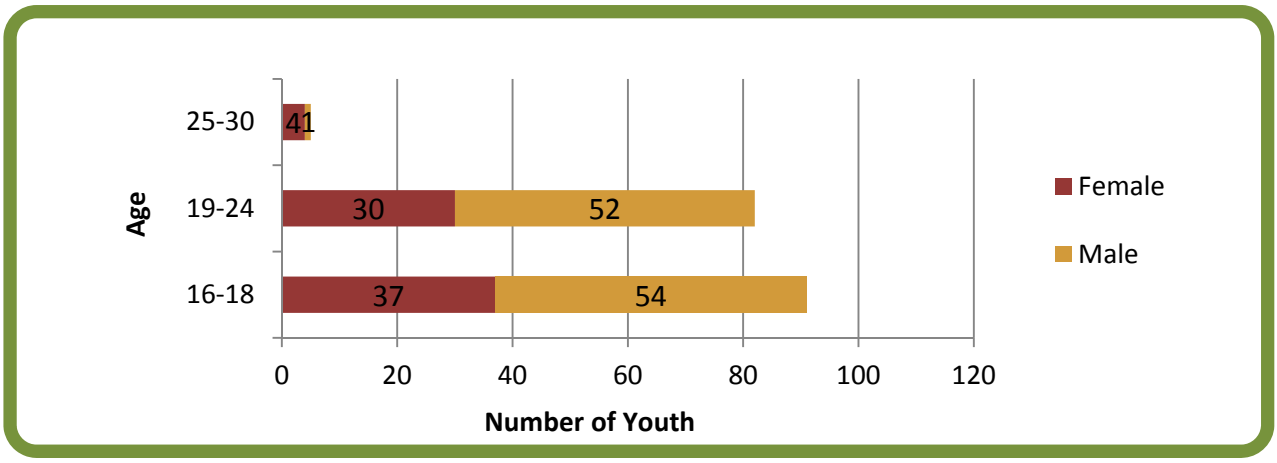
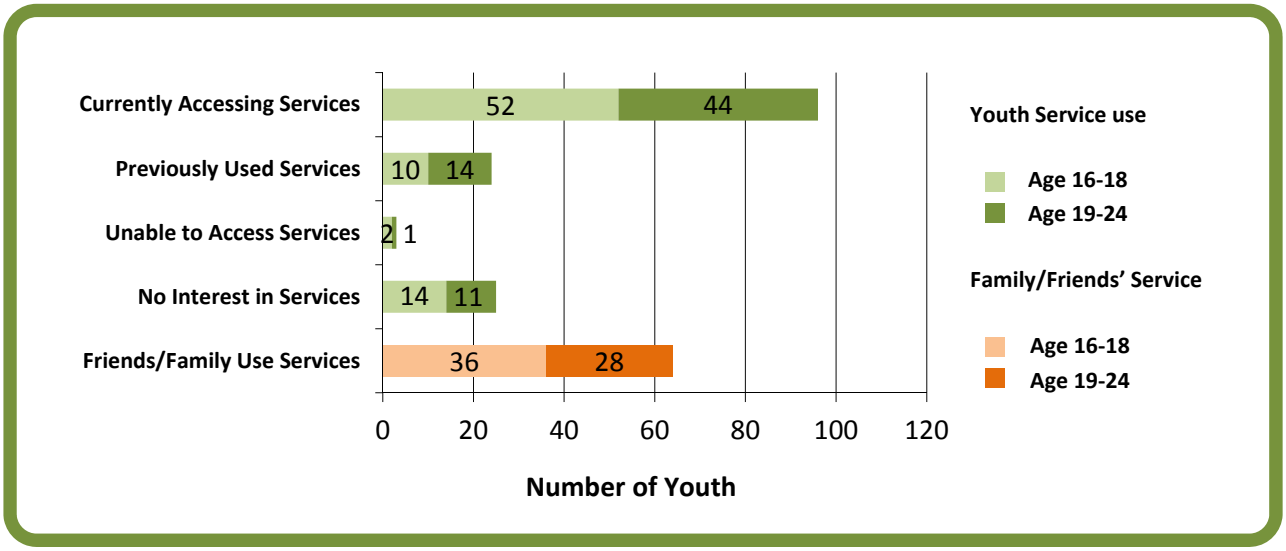


Figure 3 describes levels of service utilization for the 143 participants between age 16 and 24 who reported on their use of services addressing substance use. As shown in the green bars, most youth (n = 120; 84%) were either currently using services (n = 96; 67%) or had used services in the past (n = 24, 17%). Three (2%) reported they wanted to but were unable to access services and 25 (17%) reported they were not interested in using services. As shown in the orange bars, 64 (37%) of 173 respondents reported that friends or family members had used or were using services addressing substance use concerns.

FIGURE 3. FOCUS GROUP PARTICIPANTS: SERVICE UTILIZATION



Service Provider Interviewees

10 service providers participated in telephone interviews. Two or more interviewees were from each of the four regions in Ontario. Sectors including substance use / addictions, mental health, shelters / housing supports, youth justice, primary health care, public health sectors, and other community agencies were represented. Because of the small number of respondents, we report only general descriptive information to preserve confidentiality.

Survey Respondents

Figure 4 shows the proportion of survey respondents by stakeholder groups: youth (under 25), service providers, family members/supporters of youth, and other respondents.

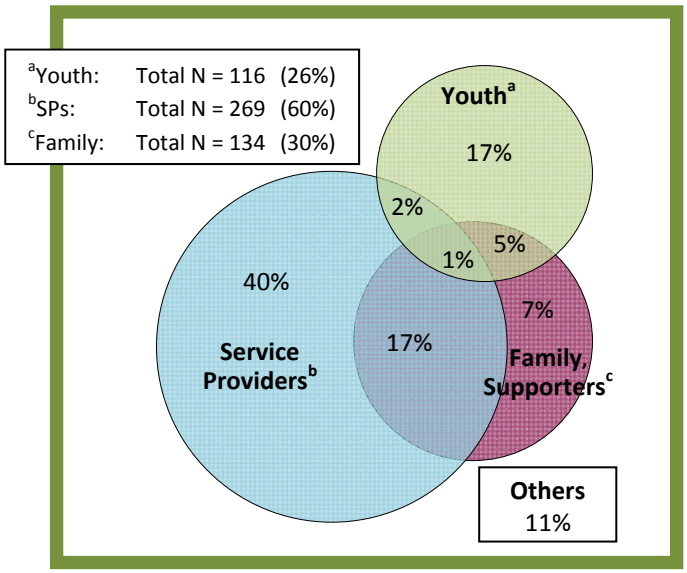


FIGURE 4. SURVEY RESPONDENTS: STAKEHOLDER GROUPS

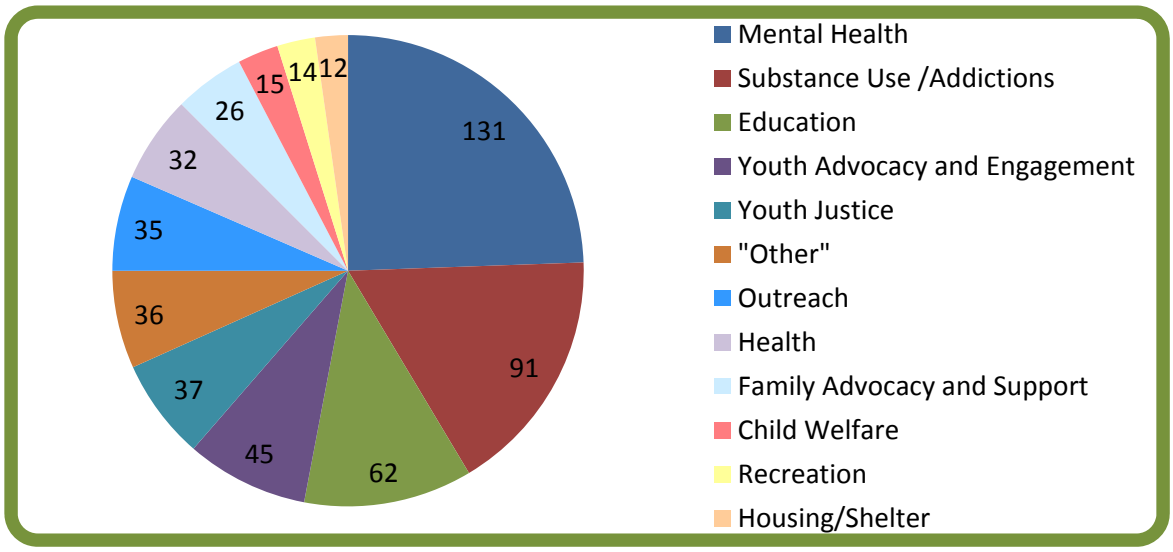
Youth: 104 respondents were under 25; another 12 respondents aged 25-30 who stated that they responded based on their experiences as youth (and were not service providers) were also included in stakeholder comparisons as ***youth*** (***n = 116***).

Service Providers: 269 respondents were working in a youth-serving sector. Figure 5 (next page) shows the sectors that service providers endorsed when asked in which youth-serving sectors they worked. Most commonly endorsed were mental health (49%), substance use/addictions (35%) and education (23%). 127 service providers were involved in more than one sector. In stakeholder comparisons, only those over 25 (i.e., not counted as youth) were included in the ***service provider*** group **(*n = 263*)**.

Family/supporters: In total, 134 respondents were 1) family members or others providing support to one or more youth or 2) family members/supporters of people with lived experience of substance use or mental health concerns. There was significant overlap between family members (or significant others providing support to youth) and service providers. In the descriptions of findings that follow, individuals who endorsed both family/supporter and service provider were included in the service providers group. In order to highlight the perspectives of people involved with the service system primarily as family members or other youth supporters, only those family members/ supporters of youth who were over 25 and were not service providers were included in the ***family/supporter*** group (***n = 23***).

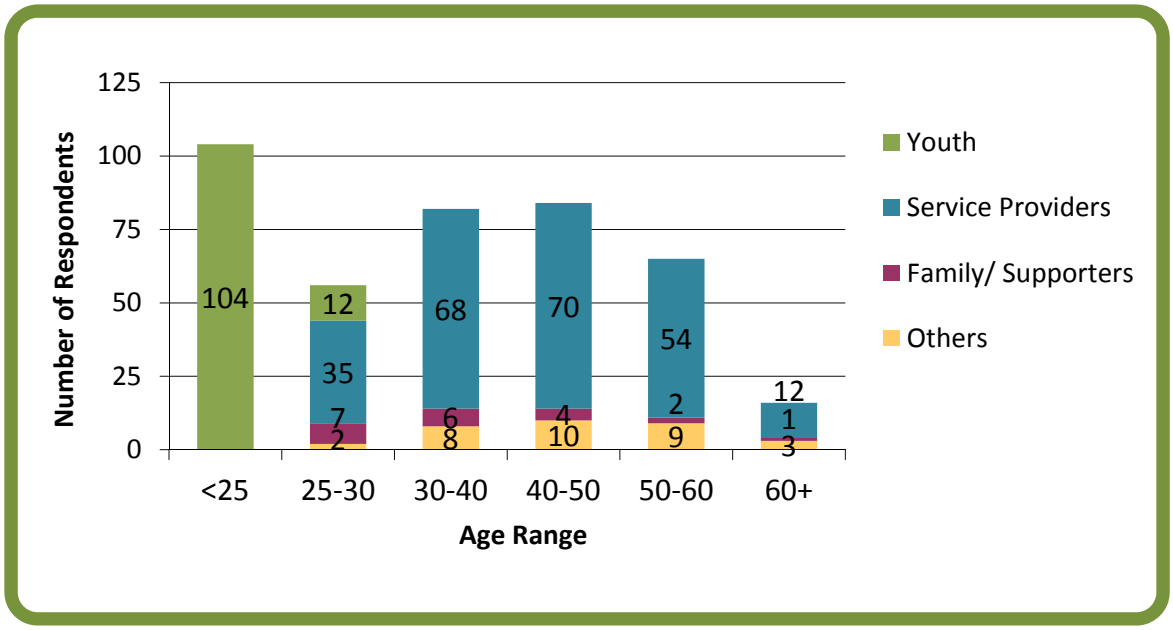
Other stakeholders: Respondents in this category did not identify themselves as youth, service providers or family/supporters. People involved in the youth services system in a policy or administrative role, academics and researchers, and other community members with an interest in youth services, who were not in the other three categories, were included in the ***other stakeholders*** group (***n = 45***).

FIGURE 5. SERVICE PROVIDER RESPONDENTS' SERVICE SECTORS



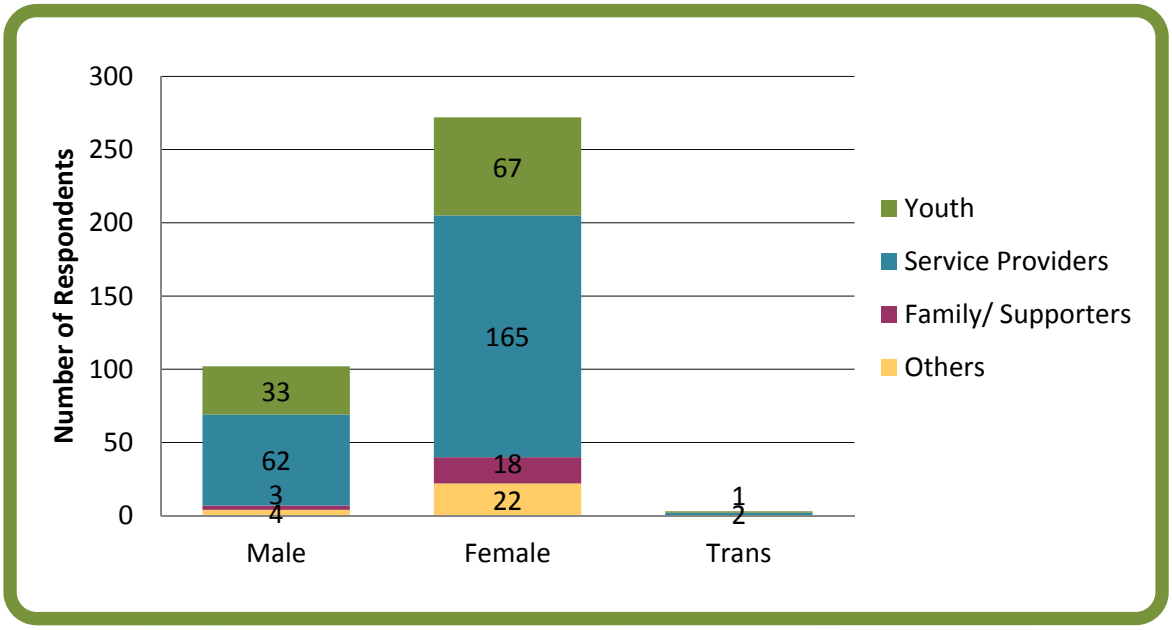
Survey respondents' age by stakeholder groups are presented in Figure 6. A broad range of age groups was represented including 104 (23%) youth who were 24 or under. As stated above, also included in the youth category were the 12 respondents aged 25-30, who were not service providers and who stated that they responded based on their experiences as youth. 9 respondents did not give their age group (11%).

FIGURE 6. SURVEY RESPONDENTS: STAKEHOLDER GROUPS BY AGE



Survey respondent sex/gender category by stakeholder group is shown in Figure 7. A total of 272 respondents identified as female, 102 as male and 3 as trans; 67 (15%) did not respond to this question.

FIGURE 7. SURVEY RESPONDENTS: STAKEHOLDER GROUPS BY SEX/GENDER

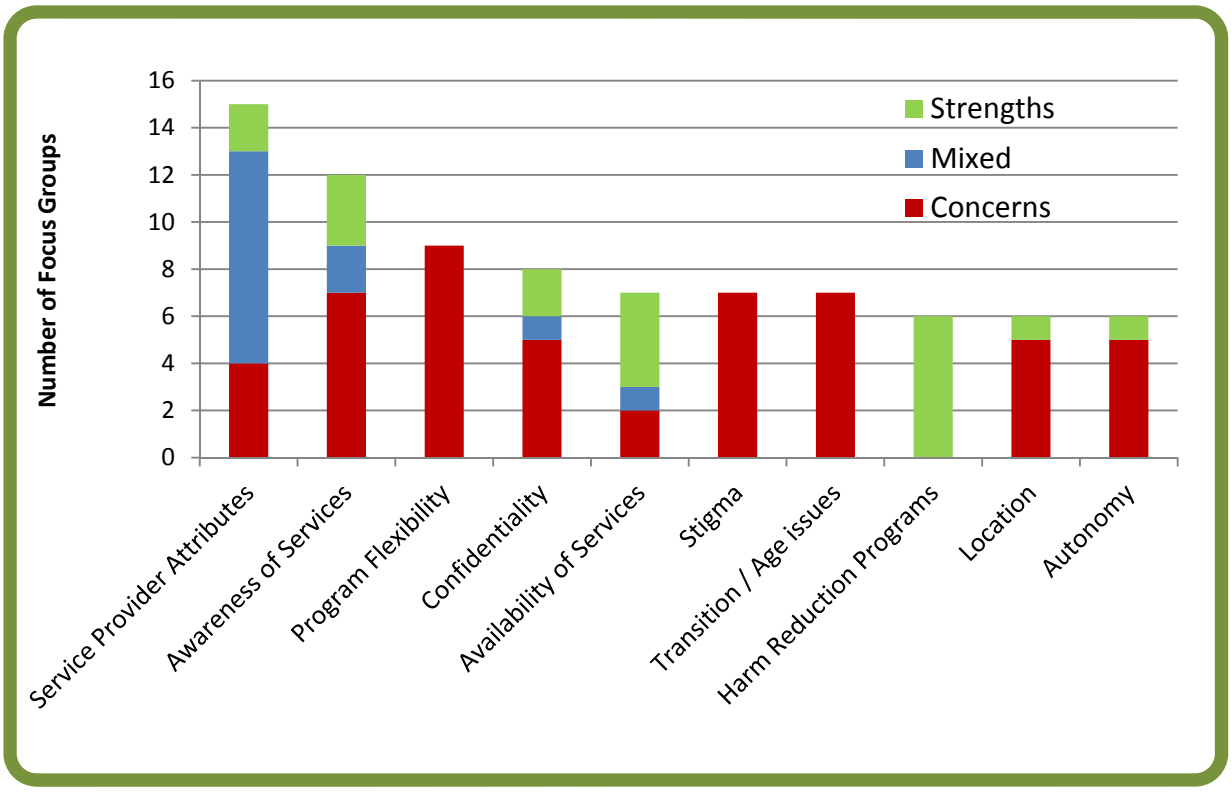


Findings: What We Heard

What was Important to Youth? Focus Group Themes

In the 17 YSSR focus groups, youth discussed many aspects of services addressing substance use. There were several issues that were discussed in multiple groups, although the emphasis varied in each group. Figure 8 shows the issues that were most commonly identified across the focus groups, showing the number of focus groups in which the issue was discussed. The number is broken down by whether, within each group, perspectives expressed on each issue identified strengths (i.e., this is "working well"), concerns (i.e., this is a "not working well") or were mixed.

FIGURE 8. KEY ISSUES IDENTIFIED IN YOUTH FOCUS GROUPS



Access: Many of the issues youth raised were related to access to services. This included availability of services, practical barriers such as **location** (and related **transportation** issues) other barriers such as worries about **confidentiality** from parent(s) and school and **stigma** around substance use, both of which made it more difficult to approach others and ask for help. **Awareness of services** was another commonly discussed concern; most youth

felt that more promotion of available services is needed. In particular, they strongly advocated advertising services in venues that would reach more youth.

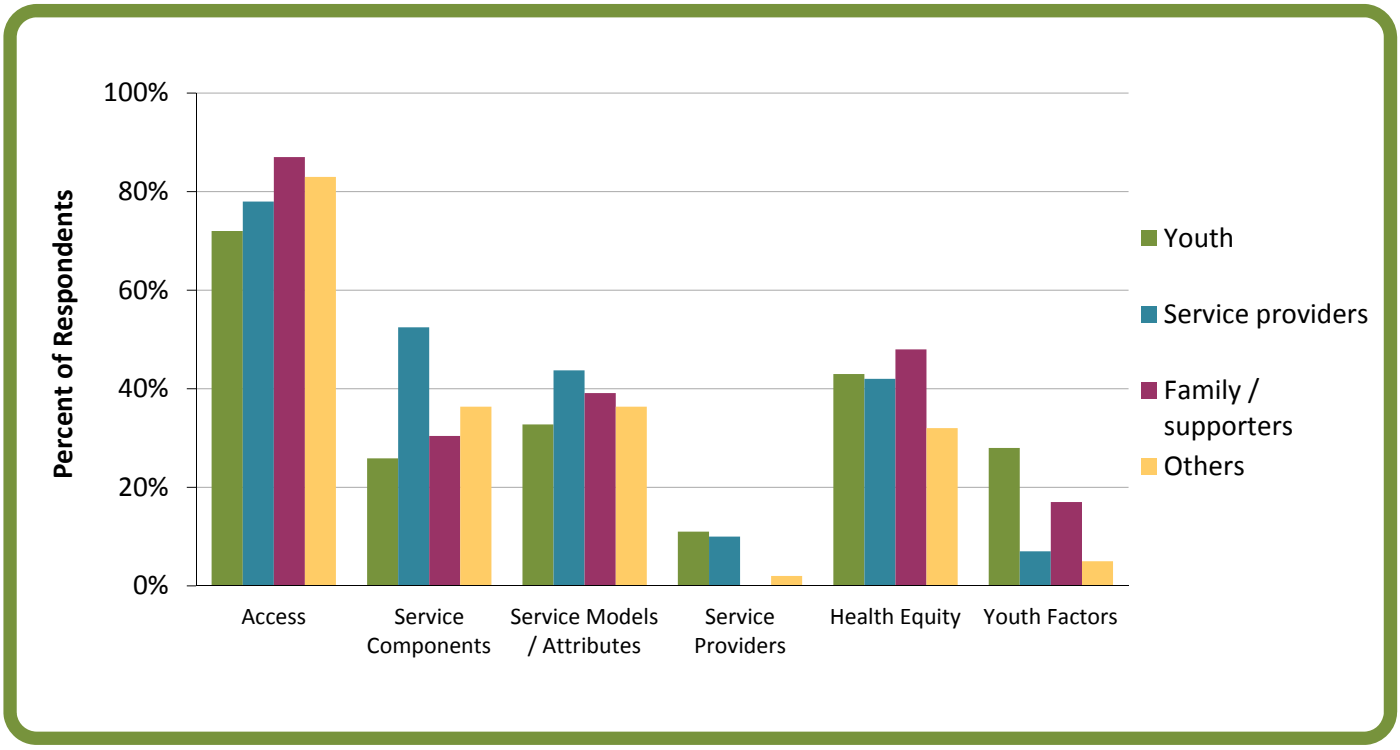
Services: Youth discussed experiences using services and perceptions of service attributes. In terms of the characteristics of services offered, youth supported **harm reduction approaches**, and particularly, the ability to **choose their own goals** for substance use treatment outcomes**. Peer support and/or mentorship, when available,** were also generally viewed as positive approaches. Attributes of services that were problematic to some youth included **limited program flexibility** and **limited autonomy** (opportunities to make choices for themselves). **Transitions to adult services**, **age limits**, and **developmentally appropriate services** were also concerns for youth.

Service provider attributes: Across focus groups, service provider qualities were very important to youth. **Relationships** between youth and service providers was one of the determining factors for whether to engage with services, and whether to continue to engage over time. Focus group participants' insights are discussed further below in conjunction with survey responses and service provider interviews.

What was Important to Survey Respondents?

Based on their content, response codes were divided into six broad categories: **1) Access to services**; **2) Service components** (types of services offered); **3) Service delivery models and attributes** (characteristics of services); **4) Service provider attributes**; **5) Health equity and social determinants of health** (how do services reach diverse youth, and how do services respond to social determinants of health?) and **6) Youth factors** (what are the priorities, contexts and needs of youth?). Figure 9 shows the proportion of survey participants who raised at least one concern in each of these general areas.

FIGURE 9. SURVEY RESPONDENTS' AREAS OF EMPHASIS



A note on interpretation of the survey statistics: It is important to note that these percentages are based on responses to open-ended questions, and as such are very different from those that would be obtained with quantitative surveys. Respondents were not directly queried about any of these issues; the percentages represent the proportion of stakeholders who commented on a specific issue in their open-ended responses. Because the questions were open-ended, these counts are likely under-estimates as respondents may not have listed all of their concerns, suggestions, or perceived strengths and weaknesses of the youth service system. As such these represent lower bound estimates and are reflective of the most salient issues for the stakeholder groups.

What was Important to All Stakeholders?

Focus group participants, interviewees and survey respondents identified strengths in several areas of the service system. When asked what was working, the most common response was a specific service and/or service provider. Stakeholders pointed to excellent work in many different areas of the province, experiences with the system where access is timely and youth needs are addressed, and promising models of service delivery. Improvement was also noted. "We also need to acknowledge the large number of gains we have made - the education around substance use is better, many youth are making healthy choices regarding substance use and partnerships have occurred that are supporting a collaborative approach to service provision." A number of concerns were also addressed about various aspects of the youth service system.

In the next sections, we discuss feedback, both strengths and concerns, from all stakeholders in the six areas identified above: Access, Service Components, Service Attributes, Service Provider Attributes, Health Equity and Youth Factors. We include voices of youth (including youth who participated in one of the 17 focus groups and youth who completed the survey), service providers, (survey respondents and interviewees), family members/supporters of youth and other stakeholders (survey respondents). Quotes are shown to illustrate common responses for each stakeholder group if applicable (not all stakeholder groups discussed each issue).

Area # 1

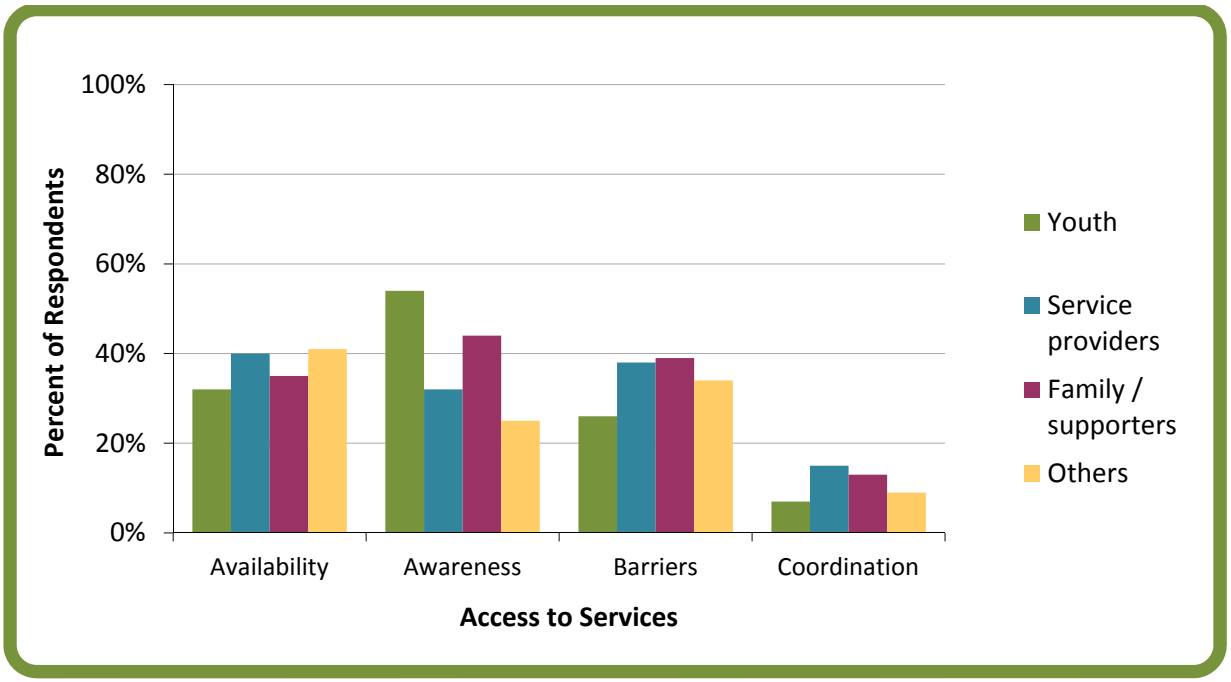
Access

"Make it accessible to us! Show us things and tell us things. Give us more services. Especially in rural areas, like where I am, substance abuse is very, very high, yet there is little being done to combat it. I see more and more of my peers turning to substance abuse, simply because they know of no other alternatives, or know of no services available to help them."

- youth

Several issues related to access were highlighted in youth focus groups, for example, service awareness, availability and location, confidentiality, stigma and transportation. Access to services was also the most frequently endorsed area of focus in the survey. More than 70% of survey respondents (including all respondent categories) listed problems with access. About three quarters (72%) of youth survey respondents mentioned one or more problems with access, and issues with access were discussed across the youth focus groups. When excluding youth who reported no interest in using services, the proportion rose to 83%. Areas of concern related to access included **1) availability of services**, including regional gaps; **2) awareness of available services**, and how to access them; **3) barriers to using services**; and **4) the need for increased coordination and collaboration** between services and service sectors. Because access was such a commonly raised concern, we show proportions of survey respondents who raised various concerns related to access to services in Figure 10.

FIGURE 10. CONCERNS ABOUT ACCESS BY STAKEHOLDER GROUP: SURVEY RESPONDENTS



Access: Availability of Services

General availability of services: Although some respondents stated that the services they needed were available, many respondents across stakeholder groups identified shortages of available services as a concern. Gaps were also identified for specific types of services; this will be discussed in more detail in the section: Area # 2: Service Components. **Regional gaps:** In addition to general problems with availability, problems in specific regions were highlighted.

AVAILABILITY OF SERVICES: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"I said we don't know any [services] because there isn't anything for us. There's no youth-led programs out here really for us. There're very few of them. That's why we don't know." (*youth*) "Accessing the service was easy and the intake process was simple and completed quickly." (*youth*)
"More programs [needed] in school to address these issues as well as mental health… Too many problems within the school system, such as depression, self-harm, suicide, bullying, and of course addictions. These are the most serious issues to be addressed and not given the blind eye to. Too many youth are falling through the cracks." (*service provider*) "Not enough services." (*service provider*) "En général, l'accès immédiat est assez facile et rapide." [In general, immediate access is fairly easy and quick.] (*service provider*)
"More programs geared to teenagers to inform, support, and help heal." (*family/supporter*)

Access: Regional Gaps

A message we heard throughout the project was that service gaps are concentrated in specific parts of the province. Rural areas; northern Ontario, particularly remote communities; and Eastern Ontario (outside of Ottawa) were most frequently cited as having service gaps. In some communities, few youth services for substance use were available. Other respondents noted that some services may be locally available but that there are gaps in the continuum of care (i.e. range of services available to meet youths' levels of need), particularly residential treatment. Regional gaps are exacerbated by poor or absent public transportation outside of urban areas, and other challenges to social determinants of health. Small communities that do not have youth services also tend to have limited or no public transportation. Seasonal gaps in smaller communities were also identified as a concern for youth.

If the type of service needed is unavailable in their communities, youth have to travel long distances in order to receive them. Although leaving a community for treatment is potentially disruptive for anyone, this is particularly challenging for youth seeking longer term treatment as it removes them from family, friends and/or other trusted sources of support at a developmentally vulnerable time.

REGIONAL GAPS IN ACCESS: VOICES OF YOUTH, SERVICE PROVIDERS

"I think the problem… is that a lot of the stuff is centralized around downtown, like the social services, and so the people that are typically on Ontario disability and may not always have access to a bus pass… If maybe these rehabilitation services are located on the other end of the city, these people may not always have the access to get there." (*youth*)

"Some child youth mental services shut down during the summer [in small communities]… So if you're a youth going through mental health issues during August you better hope you get a ride into the city. Their waitlist for counseling is 3-6 months. They'll ship you out to some place for observation overnight then they send you back and you have to deal with it." (*youth*)

"Make it accessible to us! Show us things and tell us things. Give us more services. Especially in rural areas, like where I am, substance abuse is very, very high, yet there is little being done to combat it. I see more and more of my peers turning to substance abuse, simply because they know of no other alternatives, or know of no services available to help them." (*youth*)

"Every community in Ontario should have adolescent/youth outpatient services." (*service provider*)

"We need to provide supports for families, educate [the] criminal justice system, provide safe access to youth, for more serious substance using situations provide residential programing that involves family, not just in Thunder Bay and Ottawa." (*service provider*)

"We need to provide support in each community." (*service provider*)

"Nous avons des manque de services un a un pour les adolescents et il nous manque et nous avons besoins d'un centre résidentiel pour des problème de dépendance de 4-6 mois dans le nord-est de l'Ontario." [We lack one-on-one services for youth. We need a residential centre providing 4-6 month treatment in northeastern Ontario.] (*service provider*)

"In our remote community, counsellors have to travel in and counsellor turn-over is very high…trips are often cancelled. Efforts to set up web conferencing have not been effective and trips to see counsellors in another community mean school is missed and escorts have to miss work. It has been very difficult to set up a trusting, effective counsellor-youth relationship. The time needed is not there." (*service provider*)

Access: Awareness of Services

Awareness of available services: For youth, awareness of available services was a common issue. Several youth also said they do not know where to look for services. Further, because of concerns around confidentiality, some youth were reluctant to ask for help finding services. This concern was not confined to youth; family members/supporters also reported difficulties with awareness of services. **Awareness of process to access services:** Even when youth or supporters had information about services, it was not always clear how to access them. Difficult processes and inclusion/exclusion criteria were also cited as contributing to difficulties knowing how to access services. **Direct advertising to youth:** Both in survey responses and focus groups, youth suggested more direct advertising targeted to youth and informing them of service options. Youth pointed out that advertising not only conveys important information about what is available and how to access services, but also communicates to youth they are not alone in the issues they are facing.

AWARENESS OF SERVICES: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS, OTHERS

"Services are not being advertised/made youth-friendly. I have no idea what's available to me." (*youth*)

"Especially where I am, there is virtually NO information for youth, or the information that is isn't making it to us." (*youth*)

"I do not know of any places to go to - so show more places you can go to." (*youth*)

"Not knowing where to go or who to call; they may feel like they have no one to turn to." (*youth*)

"Spreading awareness makes the individual feel like he/she is not alone in this, and encourages them to seek help." (*youth*)

"I work in settlement sector with newcomer youth in priority neighborhoods… I would like to see more partnership, information sessions for both youth and service providers on substance use, and more literature/printed information (posters, flyers, poster-cards) of information on substance use or service providers' contact information." (*service provider*)

"Not really knowing what's out there, how to go about contacting someone, more awareness that it's not a shameful thing." (*service provider*)

"Inclusion/exclusion criteria are too complicated for family and youth service users." (*service provider*)

"Le processus afin d'accèder des services est long et douloureux. Quand le jeunne décide d' accèder des services pour un grand problème de dépendance il démission et se fait perdu dans le processus." [The process for accessing service is long and painful. When a young person decides to access services for a major addiction problem, he gives up and gets lost in the process.] (*service provider*)

"Not enough advertisement to students to get help that they may need." (*family/supporter*)

"There needs to be more awareness at the high school. Some place where kids can go and speak freely." (*family/supporter*)

"Le marketing du service en français; identification du type de service disponible n'est pas évident." [Marketing French-language services. It's not easy to figure out what type of service is available.] (*other stakeholder*)

"What is working is that we are talking about the issue more than in the past." (*other stakeholder*)

Common access point

Youth, service providers and other stakeholders suggested that central access and/or referral centres would help to connect youth and their supporters with services. Suggestions included telephone or internet information and referral with updated information about youth services for substance use services and for other service sectors.

COMMON ACCESS POINTS: VOICES OF YOUTH, SERVICE PROVIDERS, OTHERS

"Centralized support system, a place where youth can go to address any situation with substance abuse, needs a name everyone knows what it is and who it's for." (*youth*)

"I think there's plenty of places that people can access. I think that all we need really is someone to point them in the right direction." (*youth*)

"…putting together kind of a cohesive, youth-specific – whether it's a package that has information from all of us, or whether it's one thing that we each have that refers to each other. It's kind of in the works but it would be really good to have… somebody to keep tabs on what youth-specific services are… and be in charge of checking in with that once a year and calling all the phone numbers and checking who the staff are." (*youth*)

"I think having like a really extensive online resource for Ontario services for youth, whether it's harm-reduction or treatment or not harm-reduction, or counseling or mental health, housing issues, legal issues, with things that are specific to youth and up to age twenty-nine, including youth in that bracket rather than the twenty-five cutoff is really important and I think would be incredibly useful for service-providers as well as the youth themselves. Even parents or family members or friends who are looking to help somebody out, having resources for them to look up as well." (*youth)*

"Central access so one call will "get you in the door" and you will be easily guided through the system." (*service provider*)

"A central phone number for access to services is good but it should not lead to only one service." (*service provider*)

"Central registry/referral service that can respond with concrete direction/solutions." (*service provider*)

"Need single point of access." (*service provider*)

"Streamlined referral processes for families and service providers. For example, a single intake phone line for multiple services and supports would reduce access barriers in my opinion." (*service provider*)

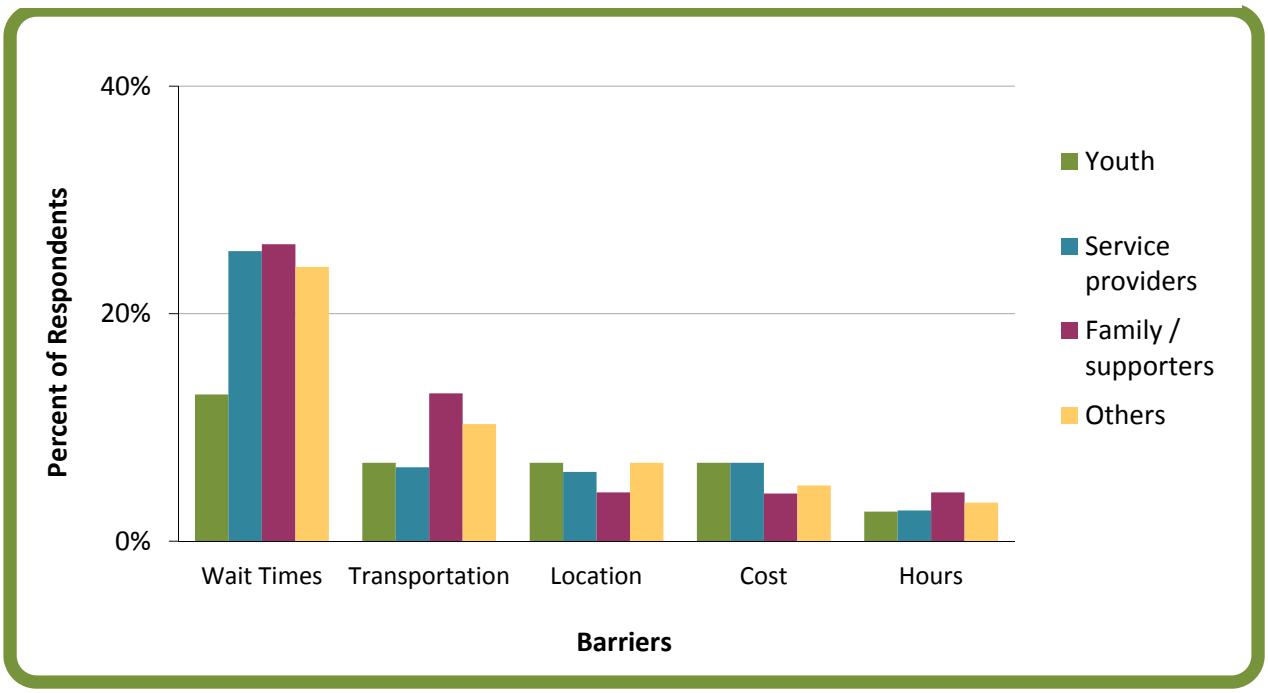
"No central place where youth and families can be informed about the range of services and where to access them in an easy to navigate way." (*service provider*)

"One website (like Toronto's 311) that can provide information on services, treatment options, etc." (*other stakeholder*)

Access: Barriers to Using Services

Stakeholders also identified a number of barriers that limited access to services. In youth focus groups, several barriers were identified by youth as playing a significant role in discouraging engagement with services. Barriers were also identified by survey respondents. Figure 11 shows the proportion of survey respondents who mentioned an external barrier to using youth services addressing substance use. **Wait times:** Wait times were the most frequently mentioned external barrier to service use by each of the stakeholder groups. **Transportation and location:** Other frequently identified barriers were transportation and location of services. **Other barriers:** Cost and the hours of operation of youth programs were additional barriers identified by youth and other stakeholders.

FIGURE 11. BARRIERS TO USING SERVICES BY STAKEHOLDER GROUP



Wait times

A message we heard throughout the project was the challenge wait times pose for youth engagement with services. In focus groups and surveys, youth highlighted the extent to which waiting for services is frustrating and difficult. **Need for immediate access:** Service providers and family members were particularly expressive about the way that, because of wait lists, a "window of opportunity" for youth to engage with services can be lost. **Critical moments:** Wait lists were seen to be particularly problematic at key moments in youth recovery. A first critical moment identified was when youth were motivated and feeling ready to engage with services. A second critical moment was when youth had completed a treatment program, and had to wait without support until service became available and the next phase of treatment could begin. At these points, youth often lack support and are vulnerable and may lose gains made in treatment.

WAIT TIMES: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"Youth can have various experiences trying to access services. They can be easy (i.e. a lot of space in a centre) or difficult (not a lot of space in a centre and a long waiting list)." (*youth*)

"I have found again that it is easy to get in contact with help, but long waitlist." (*youth*)

"I got appointments immediately but when I was finally ready to go to treatment, having to wait like 6 weeks to get in, that was a deterrent in the past. A lot can happen in 6 weeks. They had, [a pre-treatment program] at the place I went to, it was like getting you ready to go to treatment. I understand why there's a wait list but it just sucks." (*youth*)

"I was on a wait list to go to Rehab once but it just took so long for a bed to open up. It took 4-6 months before they had a bed and I ended up going on methadone before they had a bed available so I never went." (*youth*)

"There are easy ways to access help in our community but wait times are long." (*service provider*)

"Youth will often encounter a wait list and/or a lengthy intake process. Some will be frustrated by this and not bother to pursue the referral further." (*service provider*)

"Anyone who needs treatment is asked to wait at home for 3-6 months before getting in." (*service provider*)

"Waiting lists are prohibitive to young people getting connected to services. Very often there is a window of opportunity that can be lost if services are not immediately available." (*service provider*)

"Waitlists are the biggest barrier by far. There is no time when it comes to the need for support with addictions, and the longer a youth has to wait, the longer the substance abuse has to increase in severity." (*service provider*)

"We can't get services quickly or high-quality services when we need them." (*family/supporter*)

"Due to too few resources there are often lengthy wait times and inadequate support for youth and families." (*family/supporter*)

"Very few services offered in French. Even when we settle for English-language services, the waiting lists are very long. It's difficult to find a program that is appropriate for youth." (*family/supporter*)

Transportation and location

Transportation: Other barriers mentioned were location of services and transportation. Transportation issues varied by region and area. **Rural areas:** Public transportation is missing or minimal in rural areas. **Suburban and urban areas:** Although large urban centres in Ontario have public transportation, specific areas within urban centres are more poorly serviced (e.g., inner suburbs). Even when public transportation was available, some locations were difficult to access for some youth.

Location: Additional issues with location of services were raised. **Locations near substance use**: These locations were problematic for some youth, who identified them as "triggers" that made it more difficult to avoid using substances. **Institutions**: Youth can find institutional service settings intimidating, and they may want to avoid them because of stigma associated with accessing these kinds of services. **Locations in public areas:** Again because of stigma, locations where youth may be identified as seeking services for substance use concerns simply by being at that location were also barriers.

TRANSPORTATION AND LOCATION: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"There is no means of getting from one town to another because we are not connected to each other in any way - there's no transit." (*youth*)
"Youth have to take buses to get there. For example if you are a teen mom in Hamilton and have an addiction issue and need supports they expect you to come after school on a bus with your baby from daycare and meet one on one..." (*youth*)
"Do not have a ride or are not in walking distance (no money to get ride)." (*youth*)
"I think the best places to have substance abuse programs are in public areas where anyone could be going to for any reason. I.e., recreation centers, community centers, churches, etc." (*youth*)
"Let's take a youth… who is not attending school, is emotionally dysregulated, uses substances regularly and is at risk for being kicked out of his family. Then offer him a daily 1 hour commute (each way) by 1 bus and 2 subways to downtown so he can get treatment. The lack of transportation funding for these programs is a massive barrier for youth and creates inequalities in service access. [That area] is particularly impacted by this as there are no substance-use focused day treatment programs in that end of the city." (*service provider*)
[*What's not working?*] "Services francophones et la distance pour aller aux services." [French-language services and the distances required to receive services.] (*service provider*)
"It makes it difficult to access services when they are in the city vs. close to the school/residential area." (*service provider*)
"[Need] healing/treatment centres that are Aboriginal specific in or near the communities affected, run by Aboriginal people." (*service provider*)
"Transportation is a huge problem." (*family/supporter*)
"[There is] some embarrassment/stigma, therefore it is hard to ask for (i.e.) parents to give a ride to clinic etc…" (*family/supporter*)
"Youth treatment… was located at the opposite end of the city and not on a bus route." (*family/supporter*)

Additional barriers

Hours: A number of survey respondents noted that the schedule for services offered exclusively during standard business hours is often a barrier for youth. This was confirmed by youth focus group respondents. **School:** Youth attending school have difficulty receiving services during business hours; this barrier can be exacerbated by concerns regarding confidentiality (from school, family, peers or others) if youth miss school to receive services. **Late night:** Youth advocated services available in the evening and late night when youth may not have engaging and free alternatives to using substances or when they may be vulnerable and need support. "*A lot of things are during the day but what if you're out at 2am and something bad happens to you and you want somewhere to go*?" "*A late program is good because most people can't sleep at night and that's when most people get into trouble*." *(youth – focus group).*

Cost: Private services may present an alternative when publically funded services are not available or there are waiting lists or other barriers to access. However, the cost associated with private services was identified as another barrier to accessing services. Costs associated with private Methadone programs were mentioned by youth and service providers. "*We have a couple of doctors - they're pretty good and then there's one who's like, 'Oh you missed one day because you couldn't afford it, now you gotta go back, start the process [again]'. The financial end of it would be a big deterrent for a lot of people."* (*youth – focus group*).

Access – Coordination and Collaboration

Coordination of services across sectors was another issue that was cited as needing improvement to facilitate youths' access to services. **Any door:** Respondents supported the idea of "any door" – youth should receive the services they need no matter what sector they initially approach - highlighting the need for the system to work cross-sectorally. **Role of schools:** For many respondents, schools were considered an important setting to reach most (though not all) youth. Locating services in schools was seen as a readily available, under-utilized way to "*meet youth where they are*" for most youth, although these services may miss high-needs youth who are not in school. Collaborations with mental health agencies, youth justice and child welfare agencies were also endorsed. **Coordination across sectors:** Because youth are involved with other sectors, there is a need to collaborate cross-sectorally, including addressing the stigma associated with substance use that may exist in other sectors and can contribute to unhelpful responses to youth. In addition to the need for greater coordination and cross-sectoral collaboration, some responses included examples of coordination that was working in individual cases (i.e., agency working with a particular service provider), as well as promising initiatives to improve coordination of existing successful collaboration across sectors. Continued efforts at improving coordination and collaboration were encouraged. **Coordination across funding sources:** Differences in funding sources, and corresponding differences in age limits and available resources was another identified issue.

COORDINATION: VOICES OF YOUTH, SERVICE PROVIDERS AND FAMILY/SUPPORTERS

"Lack of coordination between existing services. Lack on integration of mental health/addiction." (*youth*)

"Many young people who reveal their drug use to their family doctors or school counsellors get treated more poorly, making many more young people refuse to admit their use." (*youth*)

"There is little collaboration between services." (*service provider*)

"Taking a multi-sectorial approach. Providing information about addiction to people working with youth in other sectors - teachers, youth probation etc." (*service provider*)

"Everyone at the table – police, CAS, school boards, Public Health, addictions, mental health, physicians, street community services. Neighbourhood hubs." (*service provider*)

"I have had very positive experiences connecting youth with substance use services because of the relationships we have with the service in which a specific clinician is designated to provide service to our clientele. The result is we have a very experienced clinician who is knowledgeable about mental health issues as well as substance use issues. Additionally, the Addiction Clinician is well versed in strategies that work best with young people." (*service provider*)

"Service providers really putting an emphasis on collaboration, for more appropriate referrals into programs, as well as community education regarding programs and services." (*service provider*)

"Every children's mental health agency should have a designated team who are trained to educate and treat youth with substance use problems..." (*service provider*)

"There's a lot of really good communication through local networks, so to continue with that sort of open communication when, I guess, issues pertinent to the community arise for the agencies to work together to address them. …for a recommendation, for there to be a possibility of…something to support the agencies to do that, 'cause right now I think they have to do that on their own." (*service provider*)

[What is working?] "Collaborating with other service providers - parents/teachers/youth probation to get the full picture." (*service provider*)

[What is working?] "Meeting youth where they are at - in schools, shelters etc., collaborating with other service providers." (*service provider*).

"More 'doors', more co-ordination, transition of services from child to youth to adult needs to be supported." (*family/supporter*)

Area # 2

Service Components

"An integrated system of care that offers a continuum of services ranging from a low level of intensity/intrusiveness to a higher level is required. There needs to be reasonable access across the province and it needs to be Concurrent Disorder Capable and LGBTQ positive."

- *service provider*

A second priority in participants' responses was the types of services available to youth. This included a range of services addressing substance use within substance use/addictions and/or mental health settings, and a range of services for youth provided by other service sectors. In this section, we begin with the question of where youth go for services. Youth talked about **formal services across sectors** and **informal sources of support.** We then discuss stakeholders' perspectives on the range of services addressing substance use available to youth and on specific types of youth substance use services available to youth.

Stakeholders communicated the need for a range of services to meet the needs of youth. This included a number of elements: **1) Continuum of care:** Service providers and other stakeholders affirmed the need for available services for youth with varying levels of intensity to address differences in severity of substance use problems and concerns, from identification/early intervention, through outpatient and withdrawal management, to longer term residential treatment, with alternatives available to meet the needs of particular youth. **2) Strengthening prevention and education:** Youth and other stakeholders emphasized the need for broader education related to substance use as well as longer term prevention strategies. **3) Mental health and concurrent disorders:** Respondents also endorsed the need for more services that address substance use and mental health, including services specifically for concurrent disorders, and services targeting more serious mental health concerns in conjunction with substance use problems. **4) Peer support and mentorship:** Youth and other respondents also described the key role of peer support and mentorship in youth substance use services. **5) Services for families/other supporters of youth:** Respondents also discussed the need for enhanced services for family members and others supporting youth with substance use issues.

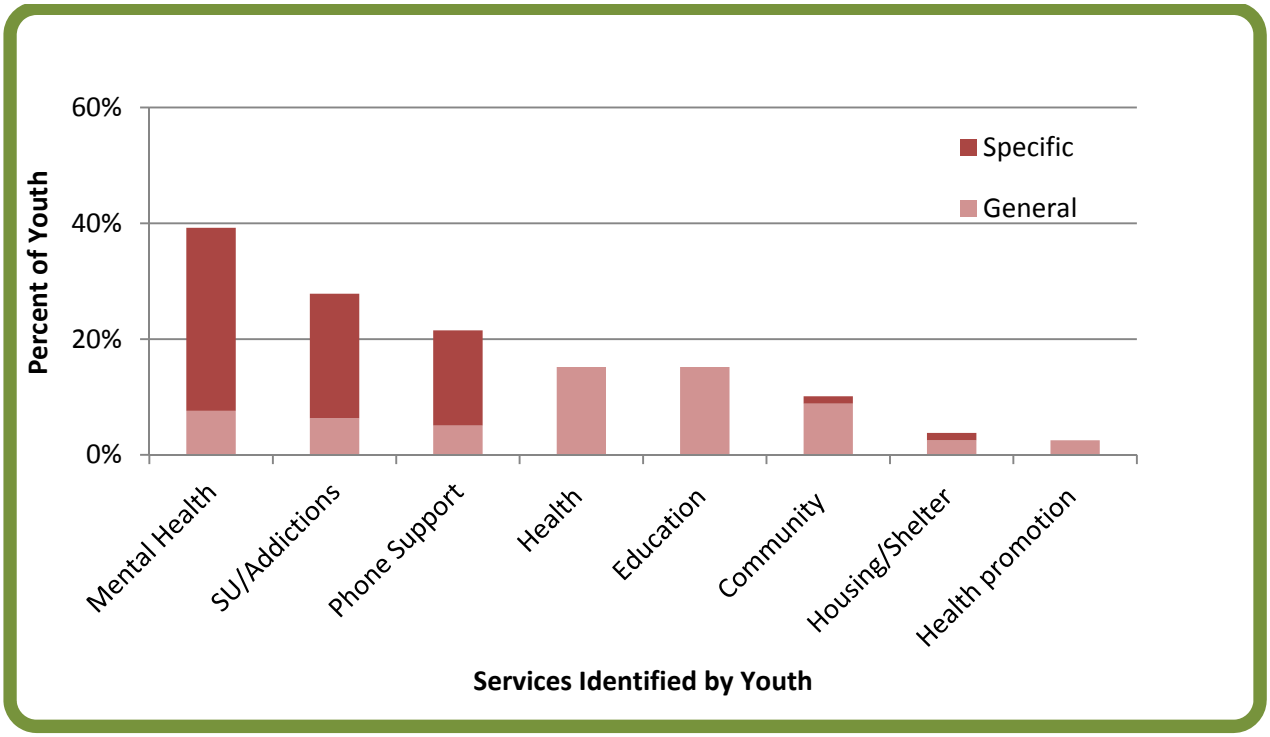
Where Do Youth Go For Services Addressing Substance Use?

Formal services

We asked respondents completing youth-oriented surveys where youth are receiving services addressing substance use. Figure 12 shows the most common responses from youth. The proportion that identified each service sector is shown, including those who named at least one specific agency or organization, and those who named the type of service, but did not name a service.

Of the 79 youth who responded to this question, 68 (87%) identified at least one service or service sector. Ten (13%) stated that they did not know where youth might go to receive services; another 4 left the question blank. The most common types of services identified were mental health and substance use (SU)/addictions agencies. Just under half (43%) of youth who responded to this question mentioned one or more specific SU/addictions or mental health services; 17 (22%) mentioned anonymous phone lines – 13 of these specified Kids Help Phone; and 2 (3%) listed internet resources. 27 (34%) listed another youth sector; the most commonly mentioned sectors were health and education. Similar services and service sectors were identified by youth focus group participants.

FIGURE 12. SERVICES IDENTIFIED BY YOUTH SURVEY RESPONDENTS



Informal Sources of Support

In addition to substance use services, a number of youth mentioned less formal supports and coping strategies. Accessing services was viewed as just one of a set of options youth could choose to deal with problematic substance use. This is consistent with the importance of autonomy and individual choice in many youths' perspectives on their substance use concerns and strategies to address them.

Relationships: A priority for many youth in addressing substance use concerns was connections with significant others in their lives. Youth described these connections as offering both meaningful relationships and personal support. Primary were friends and (for some youth), family. *"There's a lot more feedback because my mom and my friends know me so well, so for them it's a lot easier because they've obviously observed me a lot more than somebody I just came in and met. They can obviously pick out things that I need to work on, or things that are consistent in my personality that I need some help on."* Aboriginal Elders and other youth leaders were also endorsed as important sources of support and guidance.

Personal: Youth also talked about looking to themselves as resources, describing their use of food, music, exercise and self-help books as personal coping strategies. One person talked about how her treatment program supported her in using fitness as part of her recovery. *"One thing I thought was cool was when I was in every Thursday I had a fitness class. And they let me leave to go to my fitness class."*

Work and school: Youth also described engagement with the developmentally salient tasks of education and employment as important for recovery. "*When I was using really bad I wasn't going to school and when I wanted to sober up I started going to school. It got me back on track and getting my credits*." "*I get a job and then I'm working 24/7 and then I'm not necessarily thinking about [substance use]; I'm thinking about my next pay cheque, I'm thinking about promotions and stuff. It makes me feel good about myself.*"

Religion/spirituality: Other sources of informal support discussed by youth were institutional sources of support such as religious organizations/churches.

Service Components - Continuum of Care

Stakeholders had a number of important things to say about the services that are available for youth with substance use concerns. **Range of services:** Service providers, family members/youth supporters and other stakeholders expressed the need for a range of services available to youth to meet varying levels of need. Specific gaps identified included different levels of intervention from early intervention, outpatient services, withdrawal management and residential treatment. **Problems with age limits:** Age limits, particularly in residential and withdrawal management, were identified as barriers, as was the need to move to a different community to access services. **Navigating services:** Closely linked to the components of services is the ability to navigate services across the continuum of care. As one stakeholder stated, there is a need for "*clear and transparent pathways to service; continuum of services to address diverse needs - available to every region*." In addition to addressing gaps in specific service components, case management for youth was suggested as an additional service component to help youth and their families/supporters access and move between services.

RANGE OF SERVICES: VOICES OF SERVICE PROVIDERS, FAMILY/SUPPORTERS, OTHERS

"Continuum of care should be readily available to youth in their community from detox to residential and all points in between." (*service provider*)

"An integrated system of care that offers a continuum of services ranging from a low level of intensity/intrusiveness to a higher level is required. There needs to be reasonable access across the province and it needs to be Concurrent Disorder Capable and LGBTQ positive. Currently, youth and their families can go through several portals prior to having an integrated treatment plan (if this occurs at all)." (*service provider*)

"There is also a lack of coordination between different services. It would be better for youth and families to have an integrated system where there can be a smooth transition from residential, to day program, to outpatient services." (*service provider*)

"We need a broad range of services for youth." (*family/supporter*)

"Lack of treatment options - many of them that do exist are too far from home removing what may be valuable support. Few outreach prevention programs." (*other stakeholder*)

"Should have clinical case managers attached to youth who are committed and ready to make some changes. Clinical case managers, not service coordinators would work collaboratively with the youth and other necessary or already involved services, to create and implement a comprehensive treatment plan." *(other stakeholder*)

Early identification/intervention

Respondents, particularly service providers, underlined the key role of early intervention in preventing more serious substance use problems. Early identification provides an opportunity to intervene constructively with youth. Schools were identified most often as the sector where youth substance use issues may first be observed; respondents suggested policies that would respond with support and facilitation of access to services, rather than exclusion or other, possibly punitive responses. Primary care was another sector where enhanced early identification and intervention was suggested.

EARLY IDENTIFICATION/INTERVENTION: VOICES OF SERVICE PROVIDERS

"Increased identification of at-risk youth and additional treatment availability for identified youth." (*service provider*)

"Shorter wait list for services; more intensive training for physicians and educators to identify issues that usually precede substance use." (*service provider*)

"Better school policies. More supportive intervention when kids are suspended for drug use - catch them early More programs... that look at the influence of marijuana and mental health. More prevention geared at Grade 7, 8, 9. Funding for schools to do programming like What's with Weed." (*service provider*)

"School system should be the portal for detecting mental health and substance use issues. If mental health issues detected, should be questioning substance use as well." (*service provider*)

"Early identification and intervention are essential. Drop in centers, recreational activities, homelessness needs to be addressed as after 16 [youth] do not meet foster home criteria. More programs related to crisis intervention and crisis housing. Improve the school's response to behaviour related to drug use." (*service provider*)

Community/outpatient services

Several stakeholders underlined the importance of locally available non-residential services for youth whose needs are not severe enough to require residential services. Community-based outpatient services allow youth to remain engaged with their support systems and developmental tasks, particularly education and/or employment.

OUTPATIENT SERVICES: VOICES OF YOUTH, SERVICE PROVIDERS

"Make it more accessible to youth and allow them to feel better connected to those that are in the same situation." (*youth*)
"Having the option of community treatment and youth-specific counsellors to support the youth." (*service provider*)
"There still lacks outpatient services in rural areas; many youth do not require residential services but need ongoing support locally which they cannot access at all or are waiting months to access." (*service provider*)

Withdrawal management

Concerns were also raised about availability of withdrawal management services. Respondents described difficulties with access. These included **lack of local facilities** that serve youth, **age limits excluding younger youth** (under 16 or 18). In addition, in the group environments of withdrawal management, the lack of youth-specific and gender-specific settings discourage some youth from accessing services.

WITHDRAWAL MANAGEMENT: VOICES OF YOUTH, SERVICE PROVIDERS

"They need a place where you can go and check in to a bed…Like for teens. If there was a place where you could go into rehab where there weren't a bunch of adults and sketchy people, I'm sure we would do it…. The closest one is coed and has adults in with teenagers." (*youth*)
"I couldn't get into a detox centre because I wasn't 16 so they wouldn't let me into detox. Methadone - you have to be 19 or 18 to get on methadone. They just make it hard." (*youth*)
"When I first moved to Canada, I was 13, I tried to get in and with detox I couldn't go anywhere 'cause I was under 16 or my parents wouldn't sign over a release… a lot of people give up after being told no." (*youth*)
"Having a withdrawal management centre for youth so it is less intimidating for them." (*service provider*)
"Build, create, start treatment and detox programs for youth." (*service provider*)
"Provide withdrawal management services. Treatment is all long-term which is not holistic or consistent with brief strength-based approaches. This can be an overwhelming experience for youth - to be away from home for a long period of time due to substance use. What happened to targeted support and keeping the person around their support systems as much as possible?" (*service provider*)
"No access to detox for children under age 16." (*service provider*)

Residential treatment

Few facilities: Several respondents noted the paucity of residential treatment facilities for youth. Few residential services designed for youth are available (see Appendix B). **Leaving home and community:** In addition, existing residential services are difficult to use because they are far away or have long wait times, leaving a gap for youth with acute needs. The need to move away from home and away from supports is a particular challenge for youth. An age gap for younger youth (i.e., younger than 14) was also noted.

RESIDENTIAL TREATMENT: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS, OTHERS

"I have been in residential treatment for 4 1/2 months and have been sober and learning since I've been here… Residential treatment program works for me." (*youth*)
"Residential services not readily available (waitlists) and also far outside of the community I work in." (*service provider*) "Lack of available inpatient/residential programs that can address concurrent substance disorders and psychiatric disorders requiring substantial stabilization. Most programs are not able to manage more severe psychiatric symptoms - psychosis, mania. The available programs also have wait times (1-3 months) that are too long for acute presentations (who need immediate access)." (*service provider*) "There are also not enough residential services for youth with extreme addiction issues and not enough funding for families to access these services." (*service provider*) "Limited residential supports for youth under age 14." (*service provider*) "Offrir des services résidentiel dans les régions où habitent les jeunes!! 12 ans et plus." [Offer residential services where young people live!! 12 years and over.] (*service provider*)
"There are no residential services designed for youth or maybe just one or two." (*family/supporter*)
"Need an organization who can devote more resources to youth. A residential treatment program should be part of the spectrum of services available for youth." (*other stakeholder*)

Service Components - Prevention/Education

In addition to services meeting the needs of youth with substance use concerns, the need for enhanced prevention of problematic substance use was identified by youth in focus groups and by all stakeholder groups in surveys and interviews. **Education:** Several respondents advocated for increased education to prevent problematic substance use, both within and outside of the school system. The majority of comments on prevention and education recommend harm reduction models that encourage youth to make informed decisions and that engage and inform service providers and caregivers on how to best support youth. **Reducing stigma:** Respondents also emphasized the importance of broadening education to reduce stigma related to substance use, which can discourage youth and families/supporters from seeking services. **Supporting families:** Family members/supporters of youth emphasized the importance of supporting and engaging families early on to prevent problematic substance use. **Recreation and drop-in facilities:** Finally, youth and other stakeholders emphasized the need for increased availability of recreational activities and drop-in facilities that offer youth an accessible alternative to using substances. Facilities or services that are free, with late night hours were particularly endorsed by youth.

PREVENTION/EDUCATION: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"Having events that youth are more likely to attend to raise more awareness about the detrimental effects of substances, this would be more of a 'prevention' strategy." (*youth*)

"More awareness about the negative consequences of substance use and about the services available that can help and how they can help." (*youth*)

"More money spent on prevention and support for parents and teachers. Have counsellors in the community to support the youth who are not in school." (*service provider*)

"Prevention programs in all communities… Young people need jobs, support to stay in school, early childhood interventions to prevent the need to block feelings, trauma etc., by self-medicating. Recreational activities, etc. are needed." (*service provider*)

"Increased leisure and programming for youth to increase competing activities and foster talents and passions; increased youth involvement in community developments, starting from the school systems." (*service provider*)

*"*Very thorough information to be provided consistently to students in senior elementary schools, parent education regarding drugs, more parent education regarding the role of positive self-esteem as the primary preventative [children who know they are loved, who come from emotionally healthy families and who have extracurricular activities that enhance their self-concept are less likely to use drugs." (*service provider*)

"True prevention work that addresses trauma before it happens and reduces substance use demand.*"* (*service provider*)

"Kids turn to drugs because it is easier and readily available to them – why are healthy ways of coping not so readily available?" (*service provider*)

"Investment and supporting early parenting and healthy family dynamics (more upstream) to build developmental assets would be a more proactive approach to potentially reduce addictions and substance use down the road." (*family/supporter*)

Service Components – Mental Health and Concurrent Disorders

Stakeholders identified a number of system gaps in coordinating services to address substance use and mental health concerns, and particularly in meeting the needs of youth with complex issues including concurrent mental health and substance use issues and related concerns. **Overlap:** Addressing concurrent disorders is crucial because of the large degree of overlap between youth substance use and mental health concerns, particularly among youth. **Serious mental health concerns:** A specific gap identified includes services (and qualified service providers) for youth with substance use concurrent with serious mental health disorders. **Other co-occurring disorders:** Another identified gap was in addressing the needs of youth with neurodevelopmental disorders and substance use concerns. **Continuum of care:** Across all concurrent disorders, gaps were identified in the continuum of care including assessment, treatment, housing support and follow-up.

MENTAL HEALTH AND CONCURRENT DISORDERS: VOICES OF SERVICE PROVIDERS

"Mieux intégrer les services en toxicomanie et en santé mentale, afin de tenir compte des besoins des jeunes ayant des troubles concomitants." [Make addiction services and mental health services more integrated, to take into account the needs of youth with concurrent disorders.] (*service provider*)

"In general, we need to have a more complexity capable system for youth (as well as adults) as the likelihood of a 'single problem' is slim." (*service provider*)

"Most programs are not able to manage more severe psychiatric symptoms - psychosis, mania. There are no programs that are well prepared to deal with youth with substance disorders and significant developmental delays (e.g., autistic spectrum disorders, intellectual disabilities). There is also a lack of programs that have expertise in therapeutic modalities that can be relevant for youth struggling with substance abuse and other mental health problems - e.g., dialectical behaviour therapy for youth with recurrent self-harm/suicidality." (*service provider*)

"There continues to be a serious gap in the system in offering a range of treatment and housing options to youth including transitional-aged youth that present with a concurrent disorders [and] other complex service situations including LGBTQ and individuals with a dual diagnosis (developmental disability and mental health needs)… there is a lack of specialized services and professionals that can specifically assess and provide treatment to these individuals…. Once treatment is completed there is a lack of appropriate follow- up services and supports to help these youth maintain their gains in treatment… [and] family supports.." (*service provider*)

Service Components – Peer Support and Mentorship

Peer support: Youth and other respondents described the important role that peer-to-peer support can play. The connection that can be established amongst youth was seen as important and unique, and sometimes more powerful than the relationship between an adult service provider and a youth. **Peer mentorship:** Youth also emphasized that peer mentors – examples of peers who have been in similar situations and recovered, were very important to some youth. **Training:** Sufficient training is crucial for peers working in a supportive or mentorship role. **Challenges with peer work:** In focus groups, youth identified both strengths and challenges with peer work. One difficulty with peer support and/or mentorship that some youth expressed was that peers sometimes were not able to sufficiently address some issues youth were having. Also, some youth found it difficult to refrain from discussing some issues they were struggling with in order to maintain their role as peer supporters or mentors. **Service provider experience with substances:** Some youth suggested that service providers needed to have experiences using substances and/or with addictions in order to be helpful. However, others felt that not all service providers needed to have had experiences using substances or substance use services; understanding of where youth were coming from was important, including understanding youths' communities.

PEER SUPPORT/MENTORSHIP: VOICES OF YOUTH, SERVICE PROVIDERS

"There are no youth led initiatives around addressing substance abuse. We should empower youth to advocate for themselves." (*youth*)

"Youth have counsellors that have experience with substance use probably [would be] better since they feel less stigmatized/threatened." (*youth*)

"I think we need more time with counsellors and therapists, anger management, not just counseling each other." (*youth*)

"Bottom line is you can't teach something you don't know, you can't explain to somebody that drugs are bad if you've never done it unless you actually know it and have been through the detoxing and going through the sicknesses and all that kind of stuff. You can't tell them that that's the way it is. You have to know it to teach it, it's what it comes down to." (*youth*)

"It's not saying you guys can't help because you never did drugs, but you can bring in people that will motivate them – oh I like how this guy turned his life around. They'll look at a person and be like what the hell, he got to that point and he used to do this and this." (*youth*)

"Using a peer led approach "for youth by youth" prevention and awareness." (*service provider*)

"Involve the youth. Let the youth create and gather the information to share." (*service provider*)

"Lots more youth drop in programs run by qualified mentors in the community or peer mentors, use of schools for this, community centres." (*service provider*)

"Generation gap between workers and youth - need more peer support..." (*service provider*)

"Have peers speak on their experience with themselves, or a parent or relative..." (*service provider*)

"Avoir des personnes ressources qui ont un bagage personnel relié aux drogues et qui sont si possible assez proche de l'age ce ces jeunes afin qu'il puisse y developper un meilleur rapport." [Having resource people with a personal experience of drugs who are close in age to these young people, if possible, so that they can develop a better rapport.] (*service provider*)

"Many peer education projects work with youth holistically in referring them to appropriate services. In programs that include young people who use drugs - peer support is how they navigate services." (*service provider*)

"Insufficient training for youth mental health peer support workers in regards to addictions." (*service provider*)

Service Components - Programs for Families and Other Youth Supporters

Families can play an important role in youths' recovery and may experience challenges that require consideration and support. For some youth, other individuals provide a support role and need to be considered and supported in a similar way. Survey respondents voiced the need for programming offering support and/or education to family members and others supporting youth with substance use concerns. These needs extend to both families/supporters of youth engaged with services and individuals supporting youth who are not engaged with services. Programs advocated included both education and support for family members and other supporters of youth.

SERVICES FOR FAMILY/SUPPORTERS: VOICES OF SERVICE PROVIDERS, FAMILY/SUPPORTERS

"Programs for parents/caregivers properly resourced and not just an "add on" to existing and limited community services." (*service provider*)
"Supporting families with mental health and substance use is critical. A youth does not exist in isolation and supporting their familial network is one way of setting them up for long term success." (*service provider*)
"Families need to be engaged and supported because if they are provided the knowledge and the tools they can support healthy living in a cost effective way." (*family/supporter*)

Area # 3

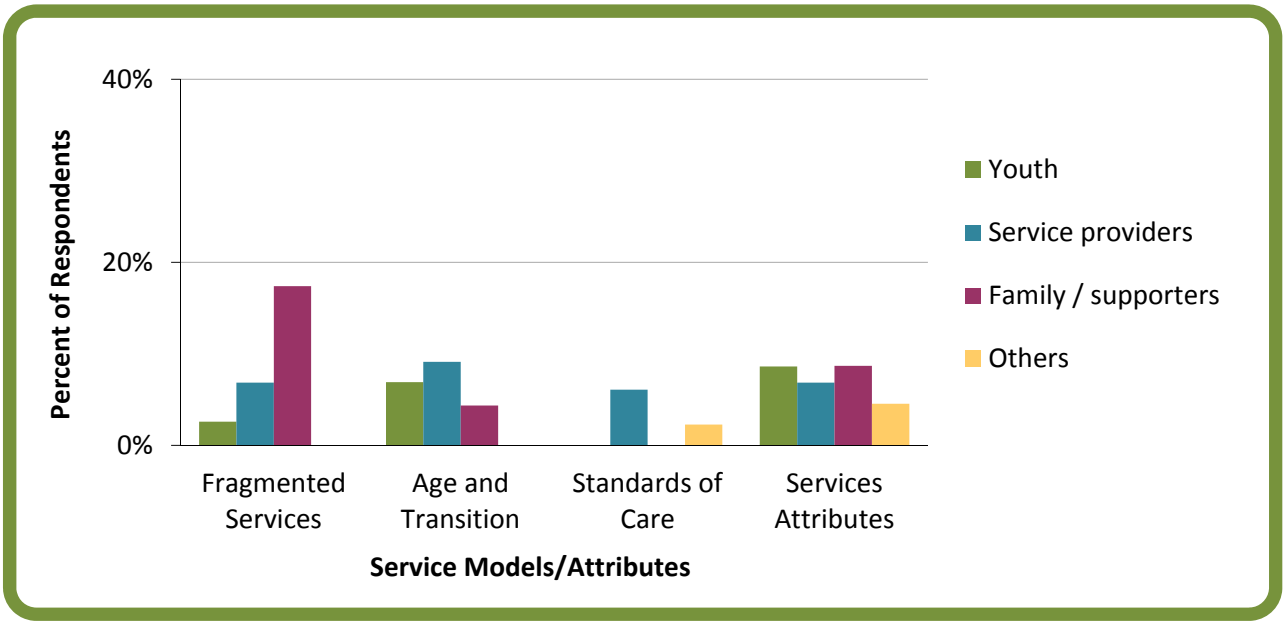
Service Delivery Models/ Service Attributes

"It is easy to get 'lost' in the system or overlooked."

- *youth*

In addition to the types of services available, a number of characteristics of youth services were identified by stakeholders as concerns. In this section, we discuss both models of service delivery, (i.e., how services are organized) and service attributes (i.e., other characteristics of services). Figure 13 shows the most frequently noted issues related to **models of service delivery**: **1) Service fragmentation** was identified by all stakeholder groups as a concern, as was **2) Age and transitions to adult services,** and related issues of developmentally-informed approaches, and **3) Standards of care**. In terms of **service attributes**, issues highlighted included youth-orientation, philosophy, intake processes, confidentiality, and efficacy and impact.

FIGURE 13. SERVICE MODELS AND ATTRIBUTES BY STAKEHOLDER GROUPS



Service Delivery Models: Fragmented Services

Many survey respondents emphasized the need to improve integration of services across sectors and programs. Survey respondents, particularly family members/youth supporters voiced the importance of collaboration across programs in order to provide youth with continuous and streamlined care. Youth participants in focus groups also described difficulties they experience because of fragmented services. Areas of concern include: **Difficulty getting an integrated treatment plan** that can be implemented while youth are engaged with a continuum of services; **Difficulties with transitions between programs**; and **Lack of follow-up support** after receiving services.

Respondents emphasized the negative impact on youth when integration is not successful and services are fragmented. Insufficient or absent follow-up care contributed to the experience of fragmented services, jeopardizing treatment gains and placing youth at risk of relapse.

FRAGMENTED SERVICES: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"…it takes a long time to get into detox but once you're in they'll keep you in there 3 to 4 days, maybe a week and once you're out they're waiting to get you into a program and that's when the chance of relapse can happen." (*youth*)

"If you actually want to go through all of that time and annoyingness I've tried to do it before it's pretty much annoying as hell. You go to a place that refers you to one place that refers you to another place. By that time two weeks have gone by and you're already over it and back into drug use again." (*youth*)

"The system continues to lack resources… access to services for youth and their families is often difficult to get or fragmented at best in terms of providing a comprehensive plan of support that goes beyond the initial assessment and/or treatment planning stage." (*service provider*)

"Develop a way that the services can be more integrated – partnerships between programs for example – so that transitions from one stage of treatment to another are smoother." (*service provider*)

"Follow-up with youth who have been released from residential treatment centres… [It is] easy to relapse as treatment is done a sterile environment which is not similar to the environments that trigger their use. Would like to see more day programs for follow-up or dedicated multi-disciplinary teams." (*service provider*)

"Provide mental health support for youth as soon as they leave a treatment centre. They need continued support. The addiction is so strong that they are not yet ready to maintain effective strategies." (*service provider*)

"Follow-up support, prevention programs, counselling after treatment, etc. is lacking." (*service provider*)

"I really didn't know a whole lot until I scrambled to get help for my nephew... He did his rehab… and then [they] sent him home waiting weeks for a residential place for treatment. Very sad, lots of relapsing and then they expect the client to be 'clean` before coming in. I think it took approximately two months before anything happened. Very frustrating." (*family/supporter*)

"No organized after care follow-up after hospitalization." (*family/supporter*)

Service Delivery Models: Age limits

As discussed in various contexts through this report, stakeholders, particularly service providers, described age limits for services as overly restrictive and counterproductive. Age restrictions were a concern both for youth under 16 and for older youth transitioning to adult services. **Minimum age:** Among younger youth, a main concern was not being able to access services because some treatment centres do not accept youth under 16. This limits treatment options and can block access to early intervention resulting in escalation of difficulties. **Maximum age:** Age limits also affect older youth because they are faced with the possibility of being cut off from youth services and forced into adult services before they are ready. **Coordination:** Lack of coordination of age limits across agencies, sectors and funding sources complicates treatment planning, particularly for transitional-age youth, who are particularly likely to be ineligible for youth-oriented services. A suggested approach is a single age cut-off of 25 for all youth-related services. **Developmental approach:** Service providers also noted that developmental capacities can vary enormously among youth of the same chronological age. Suggestions to address this included access to services based on youths' developmental capacity rather than chronological age and/or flexible application of age limits to better correspond to youths' needs.

AGE LIMITS: VOICES OF YOUTH, SERVICE PROVIDERS

"A lot of people who are in precarious life situations don't age out when they're twenty-four, they still want to be using youth services, or still looked at with the stigma, they still might use drugs and be homeless and might not feel comfortable accessing adult services where they'd be looked at really strangely. I always think of youth in terms of people seeking services up to age twenty-nine, I find it really frustrating when services don't, they stop at twenty-five." (*youth)*

"Age limits are too restricting and working against one another." (*service provider*)

"The age to access services is typically 16 and at this point the addiction has escalated." (*service provider*)

"Most of the funding comes from MOHLTC and the LHIN and whose funding is for adults starting at age 16, therefore those under 16 do not have direct access to programs very easily. MCYS funds mental health services, where substance use issues are often inter-linked, yet children's mental health agencies are not supposed to provide substance use programs." (*service provider*)"The hand-off gap between age cut-offs for youth and adult addiction services." (*service provider*)

"The youth fall into a "grey" area in terms of inpatient treatment as there are minimal centres that will admit teens between the ages of 14-17. Shelters are overburdened, and cannot process the amount of teens that require shelter and support." (*service provider*)

[Suggestion:] "A system of delivery with no age cutoff until 25 years of age." (*service provider*)

"There is lots of free counselling for youth up to 18, but after that it is almost impossible to find services." (*service provider*)

"Extending the age [is needed] to prevent a gap where youth feel lost and even more misunderstood, which only reinforces their feelings of no one cares about them." (*service provider*)

"The trouble with the system is the age system offering services is very disjointed and very disruptive to the youth client [who] has to change counsellors and agencies because of age. This causes a rupture in the therapeutic relationship and clients fall through the cracks." (*service provider*)

Service Delivery Models: Transitions from Youth to Adult Services

Youth/adult transitions and services for transition-age youth were frequently identified as problematic in surveys, focus groups and service provider interviews. (Because transition issues were prominent during consultations, a question about transitions from youth to adult services was included in youth surveys. However, this issue was also often raised as a concern in service provider surveys which did not inquire about transitions.)

Respondents cited several problems with transitions from youth to adult services. **Coordination problems**, in which the youth would end up feeling "*lost in the system or overlooked*" and "*falling through the cracks*", were a common concern. This includes the "*hand-off gap*" when youth transfer between services, where they may have a period of time where they are not connected with either service, where the services may not be communicating, and/or where no one is monitoring or facilitating the transfer. **The need for youth-oriented services** that youth will engage with vs. services with older clientele with whom youth may not be comfortable was also noted. **Developmental appropriateness of adult services** was another concern, including the needs for developmentally-informed services meeting the particular needs of emerging adults (i.e., transition-aged youth), age 18-24, who are "*distinct from both adolescents and adults*". Suggestions to improve transitions from youth to adult services included facilitating transfer of the youth, educating adult service providers and agency personnel on the needs of youth, and structuring services for transition-aged youth that are youth-oriented and developmentally appropriate.

TRANSITIONS: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"It is easy to get "lost" in the system or overlooked." (*youth*)

"Sometimes the youth feel pushed or forced into adult services that may not understand their needs as well." (*youth*)

[Transitions from youth to adult services:] "I feel this needs work. It's [a] confusing time; more info should be available as well as counselling and guidance." (*youth*)

"Transition-aged youth are often falling through cracks as they move to adult system." (*service provider*)

"Lack of true transitional treatment -- more staff have been added to serve youth, especially those nearing transitional-age, but smooth transition to 'adult' treatment is still not strong." (*service provider*)

"You leave the child/youth system and enter the adult system and not all youth/young adults are happy working with other adults (both staff and other consumers) and therefore do not partake." (*service provider*)

"It is absolutely mandatory that we address the needs of this age group which are often distinct from both adolescents and adults." (*service provider*)

"Give more thought to transitional-aged youth and address services to their needs, not the demands of a funding body." (*service provider*)

"Lack of services targeting at the transitional youth group (i.e. those between age 18-24.)" (*service provider*)

"Transition of services from child to youth to adult needs to be supported." (*family/supporter*)

Service Delivery Models: Standards of Care

Other issues related to service delivery models had to do with standards of care. Several themes emerged from service providers. **Evidence-informed and best practices**: Respondents endorsed the need for evidence-informed and/or best practice approaches to various aspects of services including youth engagement, screening and diagnosis, as well as treatment, while at the same time taking into account the developmental needs and capacities of youth. Respondents noted that funded services do not always include standards of care for service providers. **Expertise:** The need for specialized treatment approaches by service providers with sufficient expertise and training in substance use treatment was also endorsed; **Standardization:** The wide variation in the types of services provided was another concern raised by some service providers.

STANDARDS OF CARE: VOICES OF YOUTH, SERVICE PROVIDERS AND FAMILY/SUPPORTERS

"Doing a needs assessment, having young people involved in the research, program design and outreach phases and provide youth that are directly affected avenues to help find the solutions. Use empirical research to narrow and guide approaches to implement programs." (*youth*)
"Multiple ministries and other funders… fund a huge number of providers who have no standards for care for practitioners." (*service provider*)
"There is no standardization on acceptable, evidence-based treatment for providers in Ontario." (*service provider*)
"We need evidence-based drug treatment that meets the diverse needs of young people who use drugs." (*service provider*)
"Need more expertise; research-based best practice interventions and programming." (*service provider*)
"Need more flexible service to meet the needs of youth – 'no punishment' system for engaging, tolerance for dropping in and out of service, but also best practice screening, assessment and engagement standards." (*service provider*)
"There are VERY CLEARLY not enough community services for youth that are run by professionals who practice best practice in substance abuse for this population." (*service provider*)
"Although many believe that a 'one stop shop' approach to providing service is financially effective and more feasible, from a specialized treatment approach it is not always the case. What happens in these one stop shop places is you get mediocre treatment services." (*service provider*)
"Counselling in the youth system is a grab bag of expertise, whereas the adult system provides services that are much more specialized. Money should be offered in training (and research for that matter) to all agencies that are going to offer support for substance use issues. It would be great if agencies like CAMH could either open satellite services, or be funded to provide a rigorous training program to other agencies in other quadrants. I don't just mean a 1-day overview either." (*service provider*)
"There needs to be more research and policy statements made as to what are best practices and how they should be done." (*family/supporter*)

Respondents also commented on other attributes of services addressing substance use. In contrast to access and availability of service components, several respondents had mostly positive perceptions of the services themselves, including youths' experiences with services. **Youth oriented:** Youth and other stakeholders emphasized the importance of services that are developmentally informed and welcoming to youth. **Confidential:** The importance of confidentiality was also emphasized. **Efficacy and impact:** Youth and other stakeholders also valued high quality, effective services that have a positive impact on youth.

Service Attributes: Youth-Oriented Services

Many respondents acknowledged the unique needs of a youth population and suggested approaches to program planning and treatment to address these needs, and had positive feedback about services with these characteristics. **Youth friendly services:** Respondents emphasized the importance of approaches that are "*appealing and less intimidating for youth*." Technology was viewed as a vital component for engaging youth. Social media, for example, has become essential for advertising and maintaining interest in services. **Developmentally-informed approaches:** Age and developmentally appropriate services were also viewed as critically important. This includes reasonable expectations for treatment engagement (for example, drop-in format), flexibility, and respecting the importance of autonomy for youth. Several respondents suggested that it is beneficial for youth to set their own treatment goals, supporting youth autonomy and engagement in recovery. Similarly, empowering youth with a strengths-based approach to care was another common theme. As mentioned above, developmental capacities of youth do not always correspond with chronological age, therefore removing age restrictions would allow youth enhanced opportunities to engage with developmentally appropriate services, rather than be restricted to services based on age expectations. **Youth engagement:** The importance of acknowledging and responding to youth needs and valuing their feedback around the treatment process was continually stressed. Respondents suggested that youth be engaged with program development and outreach activities as well. **Holistic approaches:** An important aspect of developmentally-informed services are approaches that respond to youths' lives holistically. Youth with substance use concerns have developmental needs in multiple domains that need to continue to be addressed. Holistic approaches including multi-disciplinary and community approaches were recommended.

YOUTH-ORIENTED SERVICES: VOICES OF YOUTH, SERVICE PROVIDERS, AND FAMILY/SUPPORTERS

"Do things to make services more appealing and less intimidating for youth – technology or things to appeal to younger generations." (*youth*)

"There wasn't like, 12 year olds but there also wasn't 30 year olds. All the kids were like my age group." (*youth*)

"I think there should be pre-treatment centres just for youth, instead of just putting them together with all the older adults who've had the addiction for longer, it's more intense on them. They should have a place more oriented for younger people." (*youth*)

"They have a place where you can work out and the facilitators are your age, they can like...relate to you and they got pool tables and computers, and they help you do your homework and it's more focused on older age children that are in school and more focused on after school hours…" (*youth*)

"I think one of the best things that [the agency I go to]does is it makes things look really nice and really colorful and appealing and like to someone who's partying and fourteen it kind of looks nice to just pick some of [the information] up and they don't look daunting. It really does go a long way." (*youth*)

"If when you turn twenty-six you're suddenly switched to a group that includes forty-five year-olds then you're going to a have a big group that at point falls through cracks that weren't there previously." (*youth*)

"Even something like having youth-specific programs that operate under a different name, even if they're in the same physical address may have less stigma attached and may be more appealing to the youth." (*youth*)

- "Even at NA, AA CA, it's all older people."
- "[At 12 step programs] there's not much for youth in and around, it's mostly older people or older adults. There's not much for services for youth, where you can walk in to and say oh I need some help." (*youth*)

"Services must be encouraged and supported in adopting youth-friendly policies and practices. We are not likely to be successful with youth if we insist on applying strategies intended for 40-50 year olds." (*service provider*)

"Open dialogue with youth in a strength-based approach (versus 'anti-drug strategy' which often has a negative approach)." (*service provider*)

"More engagement of youth to provide feedback on what they feel will work best for them." (*service provider*)

"Eliminate age restrictions, provide more population-specific services, engage and involve youth in the creation of new programming." (*service provider*)

"More than any other client group, I believe that youth need a 'community approach' – not isolated treatment." (*service provider*)

"Encourage development and implementation of a multi-disciplinary approach." (*service provider*)

"Use a multi-angle approach to best support youth in reaching their goals." (*service provider*)

"Some residential treatment facilities are great with the youth and stick by them, even through difficult times. They do not ask the youth to leave, once they have a bad day and say they don't want to do it anymore. They engage the youth in seeing the program through and explain the benefits." (*service provider*)

"Culture shock for youth and service providers. Language barriers with youth slang." (*service provider*)

"There is nowhere near enough addiction related services that are age appropriate and offer educational or training pieces to their programs." (*family/supporter*)

Service Attributes: Philosophy/Orientation

Survey respondents also expressed the need for services with philosophies that support diverse needs of youth. **Harm reduction:** Many stakeholders supported the use of harm-reduction approaches to services, which base treatment goals on the youth's priorities. Flexibility in treatment goals and taking a client-centred approach fits well with youths' concerns with autonomy as it allows them to exert some control. Several youth reported that gradual or partial reduction in substance use was more attractive and accessible than abstinence-only approaches. Abstinence-based treatments as an option worked well for some youth; however, having a choice was important. Lack of treatment options, or the perception that only abstinence-based programs are available, may act as a barrier for youth. In addition, youth and service providers supported needle disposal and the availability of clean needles but youth noted that additional support (i.e., counselling) also needs to be available. The most common approach endorsed by stakeholders was harm-reduction. Additional approaches endorsed by several survey respondents include stages of change and client-centred.

Cross-sectoral collaboration and compatible approaches: Service providers identified the need to "*adopt a comprehensive strategy around harm reduction*", including services in other sectors such as shelters and education. This is complicated by differences in "value systems" in youth-serving sectors. Both service providers and youth agreed that more training around harm reduction is needed with service providers across sectors.

Religious orientation: In addition, although some youth may find spiritually-based services meet their needs, the lack of alternatives was identified as a problem in some areas, given that faith-based programming is not appropriate for or desired by all youth.

SERVICE PHILOSOPHY/ORIENTATION: VOICES OF YOUTH, SERVICE PROVIDERS

"When youth get into the various rehabilitation systems, many are treated properly, get the help they need, and recover successfully. There are many harm reduction services that give honest education about the harms of drugs and how to reduce them. Many staff provide client-centered support, where clients are allowed to guide their own recovery." (*youth*)

"The only thing that [my community] is doing is they hand out clean needles. It doesn't actually help you to quit, they just hand out clean needles so you don't get diseases. They have no support bases." (*youth*)

"A lot of people I've talked to tend to stick to ideas like… that you can't really get support or treatment without some kind of hardcore abstinence approach first. And then the more I actually talk to people working in the system, the more I realize now they are increasingly harm-reduction friendly, if you want to be abstinence-oriented they can be but they don't have to be. Even formal support networks are willing to say '*Look if you just want to cut your use in half we'll provide you all the same services to do that*'.. but I think they still go with the rumors… I think a lot of youth will stay away from all kinds of things because of that." (*youth*)

"A lot of them are not versed in – especially in non-Toronto areas – harm-reduction practices, so it can be something really detrimental, people can call the police on youth. It all goes back to we need to educate peers and but also public health nurses on the philosophy of harm-reduction, on the ways that we can do this so we can offer people self-determination to choose what they need to do in that moment." (*youth*)

"Clients focused harm reduction programs are working." (*youth*)

"Adopt a comprehensive strategy around harm reduction." (*service provider*)

"We need housing and services that are harm reduction friendly." (*service provider*)

"Harm reduction - including information about harm reduction as opposed to shaming youth or getting them to stop their drug use cold turkey." (*service provider*)

"Needs to be more of a focus on reducing harm (delaying use, cutting down use) rather than just abstinence. Conversation needs to be about specific behaviours, outcomes of use, rather than just condemning certain drugs ie marijuana." (*service provider*)

"The value system around substance use varies greatly between schools, the justice system and the treatment system. The former two often expect an abstinence only approach and the system acknowledges the evidence regarding harm reduction." (*service provider*)

"Inclusion of substance use education and harm reduction into the curriculum for those in the mental health profession." (*service provider*)

"The harm reduction model is very useful and respectful of youth." (*service provider*)

"Youth specific services that emphasize a harm reduction approach and services that utilize a Stages of Change model that gears the intervention to the corresponding stage of change that the young person is at (i.e. education for those who are pre-contemplative)." (*service provider*)

"Treatment is often very Christian focused, with most of the meeting happening in churches and includes praying." (*service provider*)

Service Attributes: Confidentiality

Confidentiality was an important service attribute for youth. **Barrier to access:** For some, concerns related to confidentiality from both school and parents prevented some youth from seeking services. **Negative consequences:** Youth reported that at school, confiding about substance use could result in punishment, which was

a strong deterrent to asking for help. Another anticipated negative consequence was being labelled as an addict in the school context. Negative responses to help seeking not only affect the youth seeking services; stories of youth who have had this experience discourage other youth from speaking up. The perception among youth was that in the school environment, the population of students was the priority rather than the individual, thus their expectation was that confidentiality would not be respected for youth confiding in school staff. **Stigma:** In addition, stigma related to both substance use and seeking services heightened desire for confidentiality from peers and others. **Challenges for family members/supporters:** Some family members pointed to the difficulties they face trying to support their youth while receiving no information from services because of confidentiality requirements. This highlights the need for supports for families and others playing a supportive role with youth. **Family/supporter involvement in adult services:** In addition, services geared to adults, in contrast to youth services, may not be oriented to providing opportunities for family/supporter involvement when it would be welcomed by youth.

CONFIDENTIALITY: VOICES OF YOUTH, SERVICE PROVIDERS AND FAMILY/SUPPORTERS

"You kinda have to be meant to believe that they're not gonna rat you out, repeat what you're saying. I know they have the liability if you're gonna hurt someone or hurt yourself. You have to feel safe that they won't tell anybody." (*youth*)

"People from small towns do not feel like they can go to places because they fear others will notice them going to appointments." (*youth*)

- *Facilitator*: "Would you talk to someone at school?"
- *Youth:* "No. You'd just get expelled."

"I had a really good friend there who got expelled because he went to the counsellor and he told her he was addicted to cocaine and that he needed help…" *(youth*)

"[My parole officer] could tell a whole bunch of other people I may not want to know." (*youth*)

"[What's working is] confidential meetings where youth feel comfortable sharing their concerns." (*youth*)

"Youth require a non-threatening access to services without the knowledge of their parents. This puts a great barrier to youth accessing services." (*service provider*)

"The child cannot access (services) without written permission of parents. Many youth are not going to tell their parents or guardians of their problems with substance abuse, therefore this maintains their silence." (*service provider*)

"These programs need to be made available during times youth can get to them without having to tell mom and dad, friends or teachers. Away from schools and other places kids hang out." (*service provider*)

"Having addiction counsellors provide services in the school. I believe students tend to want to discuss their substance use to an outside professional in the community rather than someone affiliated with the school system. I have been told by students numerous times that they do not feel comfortable talking with their guidance department for fear of being labeled or punished and that the guidance counsellors do not have experience with substance use." (*service provider*)

"Due to confidentiality I wasn't able to get totally involved in helping my nephew despite the fact he wanted to give written consent for me to be involved. Disappointing to say the least." (*family/supporter*)

Service Attributes: Intake Processes

Another aspect of services that was frequently mentioned was the lack of ease of intake and assessment processes. Youth were discouraged by intake processes as some viewed them to be lengthy and intrusive especially without an established relationship between youth and service provider. At the same time, youth did acknowledge the importance of a thorough assessment, as they felt this was one way to improve the quality of care they received. Stakeholders recommended improving the intake and assessment procedure by making the process more efficient without sacrificing the quality of care received.

INTAKE PROCESSES: VOICES OF YOUTH, SERVICE PROVIDERS AND FAMILY/SUPPORTERS

"Long intake processes make it difficult." (*youth*)

"Yeah, for sure. It doesn't matter where you go – you have a stack of paperwork to fill out. And I mean, if you're trying to check in to a rehab centre and you're coming off a drug, stressing about paperwork is not something that you want to do. Because depending on what you're coming off of, your body tends to shake." (*youth*)

"Having to follow through with intake appointment can be a difficult step particularly for more transient youth." (*service provider*)

"Embarrassing, long intake processes." (*service provider*)

"LONG registration forms and intake procedures." (*service provider*)

"Some of the steps have to be removed to make it more accessible without the intrusive questions that need to be answered. I realize that agencies have to be accountable.. but the help is getting lost in the need to collect information." (*service provider*)

"Having an opportunity for some kind of rapid intake and consultation process for those who identify their need to make changes." (*service provider*)

Service Attributes: Efficacy and Impact

Arguably the most important aspect of services is how well they work in meeting youths' needs. Some youth respondents described the positive impact that treatment has had on them. They reported that treatment has allowed them to learn coping strategies, reduce their usage, or stop using in the long-term. However, there were youth and other respondents who viewed the efficacy of treatment as much poorer. Limited efficacy was attributed to poorly trained clinicians, underdeveloped programs, and lack of engagement in the treatment program.

EFFICACY AND IMPACT: VOICES OF YOUTH, SERVICE PROVIDERS

"A friend who sought help through a programme is now sober. She has a wonderful family and a good job." (*youth*)

"I know a lot of youth who after they are 'done' or have done their 'time' they start back up. I only know of one youth who has turned his life around but with help from more than just services." (*youth*)

"The 'Friends and Family' counselling I received was sub-par. I didn't learn anything and I didn't feel that I was assisted." (*youth*)

"… my concurrent disorder counsellor has really helped me, I'm sober now." (*youth*)

"Those who do get help (the few I've met) seem to feel better about who they are." (*youth*)

"I think the majority (not all) of programs available are well run and offer… information that meets youths' needs." (*youth*)

"It is easy to get 'lost' in the system or overlooked." (*youth*)

"Many of the youth I've worked with have made a positive connection with a therapist who is addressing their substance use/abuse." (*service provider*)

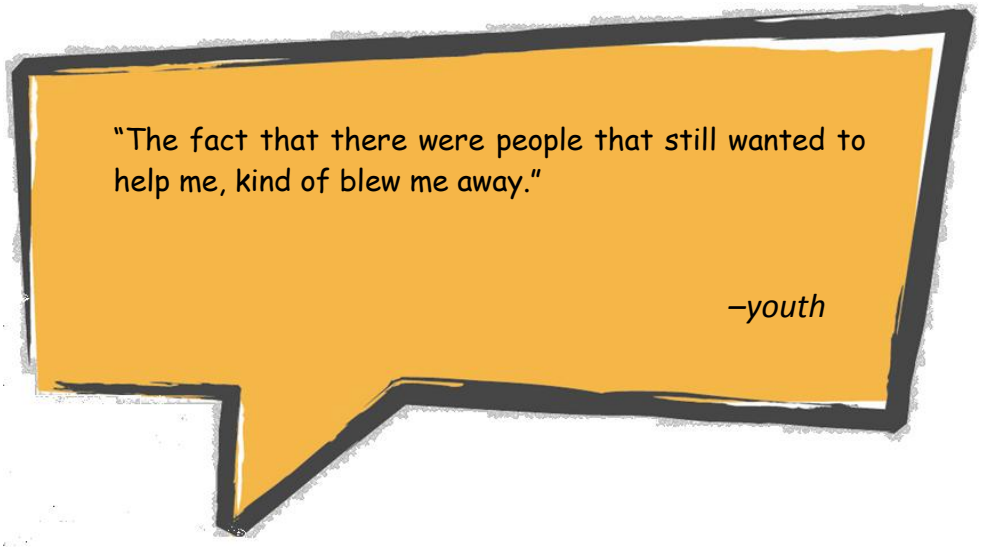
"Realistically very little in our present system seems effective." (*service provider*)

"Once assigned to an addiction counsellor and youth are allowing [them] through, excellent work is being done." (*service provider*)

"Once the youth gets into treatment, I think we do a 'good job' from that point on." (*service provider*)

Area # 4

Service Provider Attributes



Youth as well as other stakeholders expressed the important role that service providers play, and the importance of service provider characteristics. This was the most widely discussed topic in youth focus groups - discussed in virtually all groups. Youth reported that service provider/agency staff qualities are important in facilitating youth in initial involvement with services, and that specific individuals can play a key role in youths' willingness to engage with services as well as in their recovery. Because of the vulnerable position of youth seeking services, interactions with staff that are less than positive can become a barrier, discouraging youth from further engagement.

Youth and other stakeholders agreed that specific qualities were important. Service provider characteristics most frequently identified as important were: **1) Caring:** Youth and other stakeholders emphasized that service providers who are perceived as genuinely caring about youth made an enormous difference. **2) Inspiring Trust:** Youth and other stakeholders emphasized the importance of service providers inspiring trust. For youth, this was related to having nonjudgmental attitudes and maintaining confidentiality. **3) Relatable:** Another issue frequently discussed by youth is personal experience with substance use and/or related problems. A subset of youth felt that personal experience was an important service provider quality; most important was that the service provider was able to understand the youths' social contexts and experiences.

Service Provider Attributes: Perceptions of Care

One of the most important characteristics of service providers, from the perspective of youth, was caring – and showing that they care - about the youth who are their clients. **Impact on youth:** Service providers perceived as caring were described as inspiring and supportive to youth, whereas service providers perceived as less than caring were demoralizing for youth. **Connection to system issues:** The care that service providers are able to provide is inextricably linked to system issues, particularly when service providers are affected by difficult processes or resource gaps. Service providers who "make the extra effort" appear to youth as caring, which is important to youth. However, the limits to the abilities to do this can make service providers appear less than caring.

CARING SERVICE PROVIDERS: VOICES OF YOUTH, SERVICE PROVIDERS

"Make you feel like they genuinely care about your situation and want to help you through it." (*youth*)

"It was obvious the counsellor had a lot on her plate and I felt like I was on the 'bottom of the pile." (*youth*)

"Students need help from people who truly care and make the extra effort." (*youth*)

"The care here is great, I wouldn't put up with me if I was them. I can be so disrespectful but the fact that there were people that still wanted to help me, kind of blew me away. I was surprised that people here were nice and thought there is something wrong with this place, that there must be a catch of some sort. But there is no secret agenda, people want to help." (*youth*)

"I don't know. My counsellor… kind of comes off as really motherly and it makes me feel comfortable there, so it's really easy to talk to her. And um, I don't know, she just gets me. She's just like my mom." (*youth*)

"The workers there, you're just a number to them…. "*there's a protocol, this is your issue, you have to do this this"*, they're just robots. They don't offer any individual or situational support." (*youth*)

"I think there's some counsellors who you go to, and they're like, Well toughen up. They don't actually help you. You go for help and they're like, Oh well, toughen up." (*youth*)

"My case worker is really caring but it's tough love, he doesn't mess around." (*youth*)

"Those who are available aren't judgmental, open-minded." (*youth*)

"The fact that there were people that still wanted to help me, kind of blew me away." (*youth*)

"Some service providers will put the extra effort into the referral. A teacher once brought the youth to my office and sat with us and talked. This helped the youth feel at ease and transition into a service that would be beneficial for her… There is no policy or procedure for the effective referral of youth. It is up to the individual service provider's generosity with their time as to how much effort is put into the transition." (*service provider*)

"Unfortunately when working with youth sometimes the support needs to be daily because you have a short window of opportunity to make change… So someone needs to be dedicated to the job." (*service provider*)

Service Provider Attributes: Inspiring Trust

Trust was another important issue for youth. The ability to trust a service provider was a crucial determinant to youths' willingness to engage with services. Youth needed to trust that service providers would be understanding rather than judgmental, and would honour youths' desire for confidentiality.

INSPIRING TRUST: VOICES OF YOUTH, SERVICE PROVIDERS

"But, if that person's trustworthy and I can actually trust that person than I would come to them and that would just be because of that person, not because they're a teacher or because they're in a position of authority." (*youth*)

"Some are helpful. Some just push you to the max where they don't even gain your trust. They just make accusations about you instead of taking the time to get to know you and make sure you get better." (*youth*)

"When I was in high school, I opened up to my counsellor and at first she was very understanding and respected my privacy. Then something changed and I don't know, and all my teachers knew about it, and I was like I told you so you could help me not get my whole school involved in my addiction." (*youth*)

"I'd say a lot of the workers like they are judgmental to a point, because they don't know what you're going through. So I think everyone sees things differently. Everyone will be judgmental to a point." (*youth*)

"If someone respects you, you're gonna feel more comfortable around them." (*youth*)

"They do not judge and rather they help or attempt to make them feel comfortable." (*youth*)

"It takes a lot for people to gain the courage to go get help. Make sure your staff work on their people skills." (*service provider*)

"The issue of being judged for substance abuse - help givers need to be aware of this." (*service provider*)

Service Provider Attributes: Relatable

Another important quality of service providers for youth was the ability to relate to youth and their situations and youths' ability to relate to their service provider enough to facilitate a working relationship. **Personal Experience:** Many youth endorsed the notion that service providers who had personal experience with substance use concerns were easier to relate to and that they would more readily follow advice from those service providers and be more willing to be held accountable. An additional benefit of having a service provider with personal experience with substances decreased youths' fear of judgemental attitudes. Youth also described hope and inspiration in seeing counsellors who have recovered from substance use problems. **Other differences:** Barriers to relatability with other service providers may have to do with broader differences in social backgrounds and experiences. Discussions about the benefits of having a service provider who has had substance use concerns often shifted in emphasis to the need for service providers to be relatable role models, regardless of personal experience. **Language use:** The ability to discuss their situation freely and in their own terms was important for youth participants. A familiarity with vernacular language or slang used by youth seeking services facilitates communication as youth feel understood. This was discussed in the context of youth having to be able to relate to service providers before being comfortable discussing substance use concerns. Service providers also noted "*generation gaps between workers and youth*" and "*language barriers with youth slang*".

RELATABLE: VOICES OF YOUTH

"I've dealt with some counsellors before and when I hear them talk it's going through one ear and out the other because they don't really understand where I'm coming from or can't really relate to me. They live a completely different lifestyle so they can't really relate to me." (*youth*)

"One thing that I found was when I came to this program here it wasn't mandatory for the counsellors to have past experiences with addiction. When I went to [another program] it was mandatory and that's like, it clicked because you can't battle with them and be like '*oh you don't know what I'm going through blah blah blah*'. I kind of said that to my counsellor and he was - like - told me his story and I was like '*aah alright*'." (*youth*)

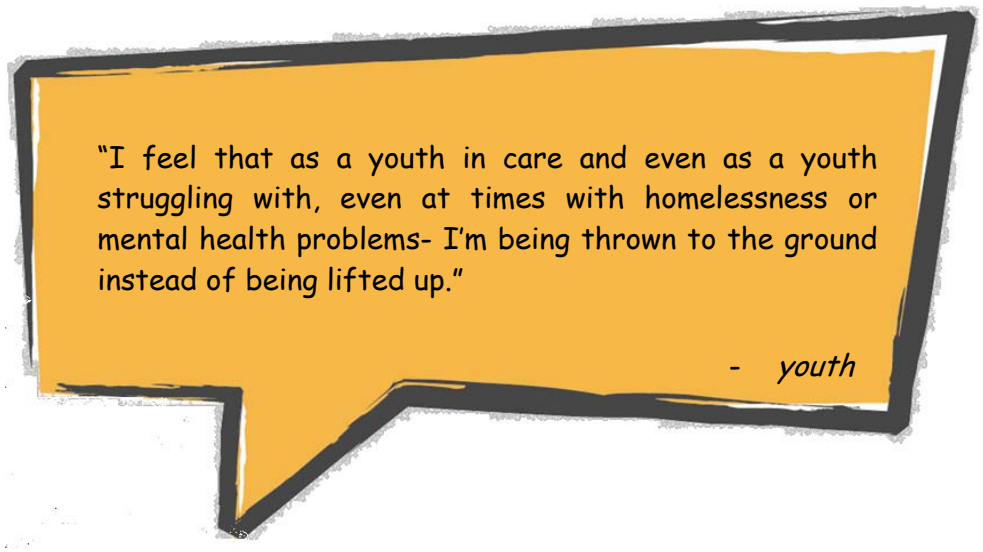
"Yeah because people that have experience like that have lived and gone through what some people have gone through then they can actually connect with you on that level. Other than people who haven't experienced that, they're just reading from a book." (*youth*)

"Seeing someone who's counseling someone else who's been through the same issues, it's proof that you can come out of those issues and talk to someone about how to come out as someone who's had the experience of being in them. So you have someone to relate to." (*youth*)

"I think there's both positive and negative to both of them. I used to be completely set on, "you have to have had an addiction to counsel me" and now I see that, - no, it's not that. As much as someone that has had an issue with addiction can help me, I know at the same time, someone that has understood the theory, who's to say that they can't help explain. I think that in early recovery, someone that has had an addiction as a counsellor is a better idea to feel accepted, and once you get into recovery and the haze starts to clear a little bit, knowing a bit about the addiction and why things happen to you I think is really beneficial. 'Cause after a while, you wanna, I know for myself, I wanted to know, why was it that I had to keep going back to that? The reason why I'm using it or the theory of how certain feelings can add up in someone's mind and become explosive to do that." (*youth*)

Area # 5

Health Equity and Social Determinants of Health



One of the key questions of the review was whether there were subgroups of Ontario youth with particular unmet needs related to substance use services. Responses were mixed on the extent to which services were welcoming to youth across identities and experiences such as child welfare or youth justice involvement, homelessness/street involvement. **1) Population-specific concerns:** Specific gaps identified by respondents corresponded to the populations identified by the Health Equity Impact Assessment tool: Aboriginal youth, newcomer and ethnic minority youth, and LGBTQ youth. The needs of youth with learning and other neurodevelopmental disabilities were also highlighted. **2) Languages:** In addition, the need for services to be available and accessible in the languages youth speak was an identified barrier. The unmet needs of francophone youth, deaf/hearing impaired youth, and youth speaking languages other than English or French, including newcomer youth, were identified as concerns. **3) Diverse experiences impacting health equity:** Other differences among youth that have an impact on their need for and ability to access services include experiences of street-involvement/homelessness, and involvement with the child welfare system and youth justice system. **4) Intersections:** Health equity considerations may intersect, requiring consideration of various differences simultaneously. **5) Social determinants of health:** One of the themes that emerged was the ways that other social determinants of health have a strong impact on youth substance use and use of services.

Health Equity: Population-Specific Concerns

Several stakeholders identified various population-specific concerns that the youth service system needs to address. Issues included **inequities in availability of resources** for specific populations, **stigma and discrimination or disadvantage** that made some services less accessible to youth, **different levels of needs** for specific populations, and services, and the need for **culturally-informed services** were among the issues identified.

POPULATION-SPECIFIC CONCERNS: VOICES OF YOUTH, SERVICE PROVIDERS, FAMILY/SUPPORTERS

"It seems like no one cares about people on the reserves." (*youth*)
"Sexuality and religion are often overlooked or not cared for or [service providers] don't have useful information on them." (*youth*)
"I believe that with Canada's diverse population, programs should be more client focused and anti-oppressive when dealing with youth." (*youth*)
"I think community centres are really good for LGBT youth because the workers are usually young and more open." (*youth*)
"In Northern communities there is a huge need for Aboriginal-led treatment centres for First Nations youth and their families dealing with all forms of substance use. Follow-up counselling and support is also needed in these communities." (*service provider*)
"Hire more people that understand cultural and low-income communities." (*service provider*)
"They… want the personnel to reflect their language and culture." (*service provider*)
"Homophobia from service providers' lack of training." (*service provider*)
"I think services try to be comfortable with client differences, but many staff are still uninformed and uncomfortable with what's 'outside the norm." (*service provider*)
"Teens with disabilities (intellectual) not being supported." (*service provider*)
"Developmentally delayed youth are not well served." (*service provider*)
"This area is improving and gaining more acceptance. Services are beginning to become available to address specific needs of youth, i.e., LGBT, cultural." (*service provider*)
"Depending on sexual identity many youth may be rejected and feel bullied or bothered and not want to attempt accessing services due to society stereotypes." (*family/supporter*)

Health Equity: Languages

Respondents noted that there is a shortage of French language services for francophone youth. In addition to increasing the availability of services, it was also suggested that francophone services be coordinated with each other, rather than embedded within English services. Other linguistic gaps in access were noted. Youth or family members speaking other languages may not be able to find services in their primary language and may require translation. Similarly, deaf and hard of hearing youth are unable to use services unless translation is available. **Issues related to translators/interpreters:** It may be possible to use interpreters and/or translators but, for all language issues, this can create additional barriers in that **cost of interpreters/translators** may not be covered by funders of substance use services and **confidentiality may be limited by the use of translators**, especially if parents or other people

the youth knows are asked to translate or interpret. Translation by telephone was suggested as an option to increase confidentiality. Another gap identified was **telephone support:** Telephone support, information and crisis lines may also be unavailable in youths' language. For deaf youth, telephone support services are not accessible if staff are unaware of TTY, and hang up before the call can proceed.

LANGUAGES: VOICES OF YOUTH, SERVICE PROVIDERS, OTHERS

"Trouver des intervenants francophones, surtout dans les régions désignées selon la Loi 8." [Find Francophone workers, especially for in regions designated under the French Language Services Act.] (*youth*)

"More education to be implemented in primary school. Early intervention prevention information on awareness to parent and/or guardians. Information available in different languages." (*youth*)

"Les services ne sont pas bilingues." [Services are not bilingual.] (*service provider*)

"Offer services to non-English speaking youth coming with very low life skills and general knowledge about substance use." (*service provider*)

"Definitely newcomer youth for sure, we see…especially if English isn't their primary language or if their primary caretakers don't speak English or French 'cause the system's not built to be navigated outside of those two languages. It's difficult to coordinate services and to find somebody to help with interpretation …to find a qualified interpreter for something that requires a case manager - that doesn't exist." (*service provider*)

"Nothing is working unless those services take up training about Deaf culture and how to work with deaf youth during their treatment... Lack of accessibility for deaf, deafened and hard of hearing youth - need American Sign Language (ASL) format so deaf can access resources-need culturally sensitive materials for deaf etc... Also, there are no programs for them especially after care; and follow up, such as continue support and assist with school or employment." (*service provider*)

"[I] have seen some of my clients with hearing loss facing frustration due to lack of communication access and some support services lacking understanding of Deaf Culture and use of sign language, which means that those clients need sign language interpreters...Most times, deaf youth was accepted to the treatment and find out that service is not paying for interpreters. This needs to be recognized and ask for more funds from the Ministry." (*service provider*)

"Les services pour les jeunes francophones sont piètres. Il s'agirait de faire un effort concerté entre les ministères (MSEJ, MSSLD, EDU), CAMH, les conseils scolaires de langue française et les agences communautaires francophones (il y en a très peu dans la province)et anglophones pour offrir des services à nos jeunes francophones de la province." [French-language services for youth are of poor quality. There needs to be a concerted effort on the part of the ministries (MCYS, MOHLTC, EDU), CAMH, the French-language school boards, English-language agencies, and French-language community agencies (of which there are very few in the province) to offer services to Francophone youth in the province.] (*other stakeholder*)

"Faciliter l'intégration des services pour les francophones, plutôt que d'intégrer les services francophones aux services anglophones." [Promote the integration of services for Francophones, instead of integrating French services into English services.] (*other stakeholder*)

Health Equity: Diverse Experiences

A health equitable system also needs to address the particular needs of youth who have had (or continue to have) challenging life experiences that leave them particularly vulnerable and compromise their ability to interact with services. Because these experiences often include involvement with other service sectors, there is a need for strong cross-sectoral collaboration.

YOUTH WITH DIVERSE EXPERIENCES: VOICES OF YOUTH, SERVICE PROVIDERS

"I feel that as a youth in care and even as a youth struggling with even at times with homelessness or mental health problems- I'm being thrown to the ground instead of being lifted up." (*youth*)

"Often homeless or marginalized youth may not be able to access services." (*youth*)

"Homeless youth have a difficult time accessing programs due to not having an address." (*youth*)

"Homeless youth with substance abuse issues are often kicked out of shelters, which disrupts the treatment process." (*service provider*)

"There should be a specialized person in the justice system who assists youth DIRECTLY with these issues, whether they are diverted, in custody, or on probation." (*service provider*)

"Need better links and collaboration with justice involved youth - corrections tends to drive the addiction treatment system for youth (dictates what it will look like and where they go - mostly residential treatment)." (*service provider*)

Health Equity: Intersections

Because people differ on a number of dimensions simultaneously, health equity considerations often intersect. For example, there may be gender-related gaps for youth when services have been geared to the needs of another gender. Similarly, difficulties for identified populations may differ in rural vs. urban areas or in different regions with decreased availability outside of urban centres.

INTERSECTIONS: VOICES OF SERVICE PROVIDERS

"Homeless females have limited options in our community. The women's shelter is mostly full. Homeless males are pretty well assured housing and food at the Salvation Army." (*service provider*)

"Train more professionals in working with Aboriginal youths in the North." (*service provider*)

"Religion isn't bad. Race is getting better but only so for those who seem to work with newcomers. Gender identity and sexual orientation are horrible unless you are a program downtown focused on serving that demographic." (*service provider*)

"In a rural community there are no organizations/groups relating to LGBT* substance abuse (my own experience)." (*service provider*)

[What's not working?] "Gender specific services and LGBQT in remote/rural areas." (*service provider*)

"Jeunes filles francophones et anglophones et l'absence de centre de traitement pour elles dans le nord-est." [Francophone and Anglophone girls in northeastern Ontario do not have a treatment centre.] (*service provider*)

Health Equity: Social Determinants of Health

Youth, service providers and other stakeholders also discussed the role of social determinants of health in impacting youth substance use and their ability to work toward recovery. **Education and training:** Factors such as education, employment and poverty and their impacts were emphasized. For youth, a recovery orientation needs to consider the developmental tasks of educational attainment, development of vocational skills and employment. For instance, an important aspect of youth services might be facilitating opportunities for youth to continue attending school, as this would make them more competitive in the job market. Training youth was also viewed as a pathway to future opportunities for them. **Employment:** Regarding employment, many stakeholders noted that joining the workforce can be an effective strategy for reducing usage; steady employment both keeps youth occupied and provides them with a context to develop self-assurance. **Poverty and family difficulties:** Poverty was a major concern expressed by stakeholders, considering underprivileged youth may not have the financial resources to access non-government funded services and may have more general difficulties in finding the resources to engage in treatment. Poverty also limits access to housing, which "*makes the rest of life basically impossible*". In addition, family difficulties including problematic substance use can contribute to youth substance use problems and can increase challenges for youth who may be dependent on their families.

SOCIAL DETERMINENTS OF HEALTH: VOICES OF YOUTH, SERVICE PROVIDERS

"Pour les jeunes qui viennent de milieu familiale défavoriser ou les parents consomment souvent c'est difficile pour eux de recevoir de l'aide quand il retourne toujours à ce milieu. Souvent ils aimeraient quitter le milieu mais ne peuvent pas avant l'âge adulte." [For youth who come from underprivileged family environments in which the parents are often users, it is difficult for them to receive help when they keep going back into these environments. Often they want to get out, but can't before they reach adulthood.] (*youth*)

"Some areas do not have facilities covered by OHIP. Money can definitely be an issue because many addicted youths come from poor or, not-so-well-off families." (*youth*)

"I feel that as a youth in care and even as a youth struggling with, even at times with homelessness or mental health problems- I'm being thrown to the ground instead of being lifted up." (*youth*)

"I primarily work with homeless/street involved youth. Housing is a very substantial issue. Housing is simply not affordable for low income youth, which makes the rest of life basically impossible. As well, there is a lack of shelter support for youth who actively use substances (e.g., being banned from shelters for use, etc.)." (*service provider*)

"More residential detox centers where they can stay and recover from their addiction and get educated or learn a trade so they can work and feel better about themselves." (*service provider*)

"More pro-social activities - like employment should be offered to youth as an alternative to sitting around and using." (*service provider*)

"The family is not healthy, the lifestyles are unhealthy. Our youth are either caught up in that environment, or are suffering from Mental Health issues which cause them to experiment in order to cope with life. Until the family can get stronger both physically/mentally and economically, we will continue to have serious drug and mental health issues perpetuate from generation to generation." (*service provider*)

"Get more narcs or tougher laws around drugs and drug use - most people get a slap on the wrist and continue to sell." (*family/supporter*)

Area # 6

Youth Factors

A priority of the YSSR project was to hear directly from youth about their perceptions of services addressing substance use. In this section, we discuss youth perspectives on the subjective experience of engaging with services, factors that are important to youth, challenges and ways to overcome them. The perspectives of youth are consistent with some of the feedback discussed above from all stakeholder groups, particularly in terms of barriers to access, and qualities of services and service providers; this section foregrounds the priorities, viewpoints and contexts of youth. **1) Importance of relationships:** Youth discuss the way in which relationships are a determining factor in engaging with services; **2) Stigma and fear:** Youth describe stigma related to substance use and the extent to which it affects them; **3) Flexibility and autonomy:** Youth underline the importance of developmentally-informed services that allow them to make choices, are flexible, and allow them to make mistakes. **4) Reasons for using:** Youth describe the need for services that acknowledge and address multiple aspects of their life situations, which can include factors contributing to their substance use concerns. **5) Need for incentives:** Youth underlined their need for encouragement, including appealing alternatives to using substances.

Youth Factors: Importance of Relationships

Importance of positive relationship with service providers: Many respondents stressed the importance of establishing a positive relationship with service providers. This was crucial both in the process of accessing services as well as while engaged. Relationships were important in supporting youth to engage with treatment and make changes. For some youth, supportive relationships were a relatively new experience. **Trust and confidentiality:** A major component of a quality relationship is trust. In focus groups, youths emphasized that trust was a huge issue for them. Youth stated that they would not disclose their substance use problems until trust was established, and that sometimes they needed to be in a program for some time before bringing up their substance use concerns. Youths' concerns around trust were also related to confidentiality. Because youth can experience negative consequences for disclosing their substance use and related problems, youth were concerned that information about their substance use problems might be shared with parents or school personnel. **Transitions and relationships with service providers:** The importance of relationships for youth should be a consideration in planning services. Transitions between and within programs and services and particularly transitions from youth to adult services can result in youth losing relationships with service providers. Flexibility in age limits can allow transitions to better map onto youths' needs while taking into account their existing relationships with service providers which may be pivotal in their

recovery. **Other supportive relationships:** In addition to relationships with service providers, other supportive relationships are important for youth recovery. Some youth with substance use concerns reported lack of social support, or lack of support for addressing their substance use, especially if peer groups were involved with substance use.

RELATIONSHIPS: VOICES OF YOUTH AND SERVICE PROVIDERS

"It's just the people you connect with, and like if you connect with them then you keep seeing them and if not, then, you move on." (*youth*)

"Even if you have a problem and you don't want to talk about it right away, you know you can wait until you want to talk about it [at the drop in centre]." (*youth*)

"I think that's one of the biggest things about success for teens… a lot of teens when they feel like they have nothing, they don't care anymore. They will go to the streets and make money the illegal way. Because they feel like they have nothing left, like what's the point you know? But if you have someone that cares for you and loves you, it'll change things." (*youth*)

"There is no one I am able to confide in when issues happen." (*youth*)

"[In my community] I know everyone that works anywhere basically and they're all easy to talk to." (*youth*)

"I've always longed for family; I don't even know what family means because I've always been in different foster homes. So I was kind of in a way, this place is special for me because I don't have a family and they have resources." (*youth*)

"I think people in the groups that actually meet you in person will hold you more accountable for what you're…so say if you say '*I wanna quit this*' - the next time you go back, they'll remember who you are and what you initially wanted whereas if you call on the phone, you can every day and they won't know you called before." (*youth*)

"The staff are always there to catch me when I'm falling." (*youth*)

"People here actually care, my case worker would leave her paperwork and bring me in to talk some sense into me, you can tell they care and can help you, it's just trying to find that but you have to take initiative. I think if you're willing to get the help then a lot of the girls and staff are willing to put something together for you." (*youth*)

"Many young people feel socially isolated when they decide to make changes in their substance use. Many young people report not having anyone in their peer group who refrains from using substances." (*service provider*)

"They lose all the people they had a relationship with. They've had a relationship with…a lot of the times, these clients have little, if any, informal support or family involvement, and then the only people helping them with their…whatever issues or struggles they face are some service…local service providers; however, when they turn 18 they can no longer access those people anymore." (*service provider*)

Youth Factors: Stigma and Fear

Youth emphasized the context of stigma that they face when considering engaging with services. **Difficulty seeking help:** In relation to accessing services, youth talked about how difficult it was to "*pick up the phone*" and ask for help. Several youth talked about feeling "embarrassed and shy and scared" or "guilty and ashamed"; these feelings can be a barrier to addressing their substance use concerns. **Stigma and judgement:** This is closely linked to stigma; fear of negative judgement and/or consequences was a common theme; youth gave examples of accessing and using services when they did not feel they were treated judgementally as examples of positive experiences with services.

STIGMA AND FEAR: VOICES OF YOUTH, SERVICE PROVIDERS

"Nothing's easy. Difficult talking about it, knowing who they [can] go to – thoughts in their mind." (*youth*)

"I think embarrassed and shy and scared." (*youth*)

"Fear, stereotyping, unsure of whether they truly need support (until late in addiction phase)." (*youth*)

"Sometimes people don't feel connected with others so they won't come - don't think they are good enough." (*youth*)

"I think the youth are afraid of being judged, having their parents find out or being punished for their honesty." (*youth*)

"[Access is] easy because no one is judgmental." (*youth*)

"These concerns are very difficult for youth to feel comfortable talking about… exposure to these issues will lessen the discomfort these individuals feel." (*youth*)

"Usually youth are not recognized as "people" and are treated very badly about their situation." (*youth*)

"Stigma, society affecting the generic image of a substance addict, directing them as bad youth, making them feel different and hopeless." (*youth*)

"I feel that the community does not make youth substance use something that is real. They tend to hide it and pretend that it isn`t there." (*service provider*)

Youth Factors: Reasons for Using

Once engaged with services, youth expressed difficulty with services that did not fully acknowledge and help them with concerns other than substance use. **Contributing factors:** In particular, youth advocated holistic approaches that acknowledge and help them with associated issues such as trauma or difficult family situations, when applicable. Approaches that address what may have led to their substance use concerns and what else is happening in their lives were suggested both to enhance the relationship between youth and service providers and to offer youth an opportunity to address ongoing issues that may be related to their substance use concerns. **Pleasure:** The need to acknowledge that substance use can be pleasurable for youth was also emphasized. **Social contexts:** In addition, youth need understanding of their environments that complicate their recovery, such as family and/or friends involved with substance use and social environments in which illicit drugs and other substances are widely available. Lack of social support and potential losses related to change also need to be understood.

REASONS FOR USING: VOICES OF YOUTH AND SERVICE PROVIDERS

"See it all depends on the reason why people do drugs. Some people do drugs because they've lost family members, some people do drugs because they're depressed, some people do drugs because there's nothing else." (*youth*)

"Their friends and family also involved in substance use." (*youth*)

"Family/friends' perspective; no encouragement/guidance from role models." (*youth*)

"Being accepted for who you are not what society thinks you are, we might all have similar issues with using but we're not all using for the same reasons, some feel inadequate and want to hide from that or they're bored and addiction caught up on them. Personalizing it is definitely an important thing." (*youth*)

"[Treatment] helped my classmate once to address the deeper underlying issue of the use which was the death of her best friend." (*youth*)

"[In my program]... you can't go in depth about certain things – how are you supposed to help yourself when you can't be open?" (*youth*)

"[Treatment] doesn't solve the problem of access to substances (that's still relatively easy)." (*youth*)

"I think that with some substances, like Cocaine, Ecstasy and other 'designer drugs' there is a coolness attached to using. So even if a youth is struggling with addiction, their peers look up to them as the 'connection'. Getting help isn't 'cool', being high is." (*youth*)

"Don't know where to look, feel ashamed, no support or help with trying to stop, don't' want to stop because their friends may thing they are 'party poopers' and a baby because it's not that bad." (*youth*)

"The factor of not wanting to stop, the difficulty of seeking help, the excessive source of drugs around the city." (*youth*)

"Fund and create programs and services that promote wellbeing, making sure to not separate substance use from other issues that youth are facing. The feedback I get from youth is that they like and respond well to counsellors and workers who "get it" and don't treat the substance use as the issue, but are interested in knowing what's going on in their lives." (*service provider*)

"Many young people feel socially isolated when they decide to make changes in their substance use. Many young people report not having anyone in their peer group who refrains from using substances." (*service provider*)

Youth Factors: Flexibility and Autonomy

Making choices

Throughout the focus groups, youth who had been involved with services highlighted the importance of autonomy and having the ability to make choices in their lives. **Flexibility:** Youth favoured programs that were flexible enough and could offer individualized support to accommodate youths' choices. **Choice of treatment goals:** Some youth described their substance use as solely an individual choice; reduction or cessation of substance use would also be understood as an individual choice. Choices about treatment goals were important to youth. This is consistent with the positive attitude of most youth focus group participants to harm reduction approaches. **Mandatory treatment:** Youth were generally skeptical about the value of mandatory/court-ordered treatment. **Other choices:** Finally, some youth in residential treatment discussed experiencing difficulties with restrictions to their activities.

MAKING CHOICES: VOICES OF YOUTH

"There are different programs and different people and you got to find a program that's more right for you. But say you're a person that likes their freedom and grew up not having many rules and not having a strong parental role in your life, growing up as a youth. If they put you in a structured place that feels like a hospital or a jail you'll lash out and won't receive the help that you need because you're too busy hating the circumstances of treatment that you're in." (*youth*)

"I think we should be allowed to go other places outside the property. Being in one place is kind of depressing; makes you feel like a locked up filthy animal." (*youth*)

"The hard thing is when you get all fumed up you can't get out. You can't go to your room, you can't go to the dorms or walk outside, you can't escape the problem. It's always going to be there especially if others want to fight you or if they give you a 'death stare' or start calling you names and get you all wound up right there and then." (*youth*)

"It's just here's actual information instead of just telling you what to do and trusting that people will make good decisions. When you trust people and give people information to make their own decisions they're much more likely to take ownership of that." (*youth*)

"You gotta decide to go to treatment on your own, you gotta go on methodone on your own, you gotta decide to go to the hospital on your own, you know. NAAA, you gotta go on your own, no one's gonna walk you in." (*youth*)

"Choice often works better or saying encouraging youth to make their own life choices, something like that works a lot better." (*youth*)

"I don't like random people knowing about my personal life and then trying to tell me what I need to do to change it. If I wanted to change I know exactly what to do, just stop doing it. And if I really need the help then I would seek the help. That's my opinion." (*youth*)

"I knew there was no way of me getting out of doing it, and I had no choice in the matter. It was you do it, or we're doing this. So I just sucked it up and waited 'til they signed off. They never really helped us." (*youth*)

"I got ordered by the court to do that. I didn't really want to do it but it was something I had to do." (*youth*)

Giving chances

In focus groups, youth described the importance of "giving chances," allowing youth to make mistakes and not lose the opportunity to engage with services. For instance, one youth described how he is able to come to group and air out the guilt he felt for slipping, and in doing so, he finds the positive and 'understanding' support that allows him to pick himself up and have the confidence to work harder not to 'slip up' again. There were some alternative views however – some youth expressed the view that some limits and accountability were needed. This was echoed by other respondents, who described the need to address and plan for possible relapse in advance.

GIVING CHANCES: VOICES OF YOUTH

"I know people who go to treatment and are denied a second chance because they made a tiny slip, everyone should be allowed to make small mistakes." (*youth*)

"Giving them chances when they screw up once or twice, when they make mistakes and go back to using substances and people always make them feel bad to the point they get depressed and they start using even more." (*youth*)

"Relapse is part of the process so a lot of people are going to relapse a number of times before they get sober." (*youth*)

"There's only so many chances you can give somebody." (*youth*)

"You could give them a second or third chance but keep explaining it to them [why they shouldn't do it]." (*youth*)

Youth Factors: Need for Incentives

Youth and other stakeholders also stressed the importance of providing incentives for youth both to engage with services and to reduce their substance use. **Alternatives:** Importantly, youth emphasized their need for support in connecting to activities that are alternatives to using substances. Favoured among the approaches were fostering youth's talents and interests through their involvement in activities such as sports and community projects. **Developmentally relevant:** Activities that are related to vocational development and/or employment opportunities also address development needs for adolescents and emerging adults. As discussed earlier, fostering youth interests and skills also service a key role in prevention, again, as an alternative to using substances.

NEED FOR INCENTIVES: VOICES OF YOUTH

"I think motivation is the biggest thing… Knowing that there are organizations.. [that] have music and employment programs -- and others that show you the benefit of being sober not just tell you to be sober. At a young stage in sobriety, you see the negative parts of it and for an organization to show you the benefits and the fun part is definitely important." (*youth*)

"The easiest way to improve things is to try and prevent it before it happens. There aren't enough activities to do in small towns like this. You need to get kids active and lure kids into it." (*youth*)

"They have access to so many different resources, they have info. The workers here, they push to help you get to where you need to go and they don't just listen to you, they actually give you ideas of what you can do. Like 'why don't you try this, it'll keep you busy, you might like it'. And all the programs kind of branch off to other things. It keeps you off the streets and out of the whole "I have too much time on my hands and I'm bored - I don't know what to do". -It gives you chance to find something that you like." (*youth*)

"…we used to go Paintballing, we used to go Go-Karting, there was never a worry about food. Now I'm hearing oh yeah we're experiencing budget cuts…" (*youth*)

"…keep them busy with activities and make sure that there's always a [job] promotion around, the more confident about their self-worth they will think less and less about their drugs and their addiction. If you keep them busy, they will have less time to think about it. For me for example, I try to find a job and work 24/7 and am not necessarily thinking about that but rather about my paychecks and promotions. (*youth*)

"Personally, I'd like to see something with civic engagement and get teens volunteering and get them doing something they can see themselves doing, like youth projects that benefit their community and them, getting together working towards a common goal." (*youth*)

Conclusions and Recommendations

What we learned in this project highlights the value of seeking input from multiple stakeholders and hearing from 'many voices', and in particular confirms the importance of seeking input from youth representing diverse groups and opinions. It is clear from the volume and thoughtfulness of the responses to the project's questions, both directly in focus groups and interviews and through surveys, that engagement in such processes is feasible and offers valuable insights and recommendations that should be attended to at multiple levels, including service, system and policy. Considerable agreement was evident amongst stakeholders regarding some of the strengths and challenges in the service system addressing youth substance use. The issues and concerns raised, along with the recommendations made respond to, and are well aligned with, the youth specific development factors described in this report, including developmental and socio-emotional factors, and the particular vulnerability and service use patterns of youth. A number of common themes emerged across all the stakeholder groups, for example, difficulties with access and the importance of program flexibility. In addition, a number of specific themes and related suggestions emerged from youth participants, including the importance to youth of confidentiality, peer support and mentorship, autonomy, choosing their own goals and working within a harm reduction framework. Notably, limited awareness of services and access barriers continue to limit youth engagement in services suggesting that recent efforts to address these issues - such as projects addressing transitions from youth to adult services (Davidson, Freeland, & Tataryn, 2012) and stigma (Canadian Mental Health Commission, 2006) - are warranted.

The following recommendations are summarized from the feedback and suggestions made by the youth, family members/supporters, service providers, and others that participated in this project.

1. It is recommended that the invaluable input of these important stakeholders be sought and considered in an on-going way in local services as well as to inform broader initiatives at the system level.

The remaining recommendations are summarized according to the six main areas identified across respondents: access, service components, service attributes, service providers, health equity, and youth factors.

Area #1: Access

2. Regional gaps in service should be addressed. Awareness and use of existing outreach (e.g., telepsychiatry) should be enhanced and extended. Strategies for leveraging existing services in other sectors should be considered.
3. Innovative approaches, for example, online services, should be considered and evaluated to meet the needs of youth who don't have access, if in-person service cannot be made available.
4. Direct advertising to youth should be enhanced, as well as awareness campaigns that include information not just about the existence of services but HOW to access services.
5. In communities where centralized access does not exist, the potential benefits of this approach should be examined.

6. Services need to be available when youth and families need them. It is especially important to provide services when motivation is high for youth with substance use problems. – Ideally youth should be able to seek services with no or minimal wait-times (e.g., "drop-in" or "walk-in" services). Service transitions need to be smooth and gaps in service must be avoided. Prior to discharge from one service, the next appropriate service must be lined up, such that there will be no wait time. It is not cost effective to have gaps in care at critical times.
7. Location and transportation need to be carefully considered. Co-location with community-based services that may be perceived to have less associated stigma should be explored, as well as innovative transportation options in the absence of adequate public transportation options. Ensuring safe spaces free of exposure to individuals selling substances should be considered important in service planning.
8. Services need to be offered at times when youth and families are able to participate without jeopardizing school progress or work commitments, confidentiality can be maintained, and immediate needs can be met.

Area #2: Service Components

9. Consideration should be given to ensuring that a full continuum of services are available to youth across communities. Some of the recommendations under 'Access' are relevant here and speak to creative ways to achieve access in response to various barriers, particularly location.
10. Some services, such as youth-focused and gender-specific withdrawal management and residential services are particularly limited. Development of a range of developmentally-informed withdrawal management services, including community withdrawal management, need to be considered.
11. The need for residential services in specific communities/regions warrants review.
12. Inclusion of peer support and mentorship opportunities in substance use services should be developed and evaluated. This was supported by all stakeholder groups, but particularly noted by youth.
13. Services for family members (and others playing a support role with youth) that include education, support and therapy options should be developed and evaluated, both for family members who have youth already involved in services and for those who are have concerns about a youth who is not currently participating in treatment.
14. Integration and collaboration with services that address the social determinants of health are important in addressing substance use concerns holistically. This may include ensuring access to service components that address housing, educational, social, and vocational needs. For example, activities and services that provide alternatives to substance use at times and in locations that would be appealing and accessible to youth need to be developed, implemented and evaluated.

Area #3: Service Delivery Models

15. A minimum level of substance use (and mental health) capacity should be established across services provided in all youth-serving sectors. Moreover, cross-sectoral models of collaboration and/or service delivery should be explored/enhanced, especially those that provide opportunities for early identification and intervention, and those that address age-based transitions. Clear pathways to and through care until recovery is achieved should be available.
16. Integration of mental health services as well as attention to other needs related to the social determinants of health should be considered within substance use treatment delivery systems.
17. Standards of care for youth that ensure effective, high quality service need to be identified and implemented consistently across the continuum of care and across the system. This includes implementing evidence-informed processes and protocols for screening, assessment, and treatment interventions, as well as consistently examining client perceptions of care and client outcomes. Demonstration of adherence to

standards should be expected by funders and organizations responsible for accreditation where applicable. Workforce development, support and compensation to ensure competency and motivation to meet standards is essential.

18. Effective developmentally-informed, responsive and specific services need to be developed, evaluated and provided across sectors, in both the youth and adult service systems, to meet the needs of adolescents and transitional-aged youth/emerging adults. Holistic care that provides choices, emphasizes harm reduction, includes abstinence-based approaches within the range of options, and ensures confidentiality to youth should be available. Attention needs to be paid to various ways in which a range of options can be made locally available, particularly considering resource challenges in smaller and remote communities.
19. Recent efforts to address stigma, focused on child and youth mental health, should be continued and expanded, with particular attention paid to stigma related to substance use.

Area #4: Service Provider Attributes

20. Service providers must demonstrate caring, inspire trust and find ways to relate to youth, including demonstrating empathy and understanding of their situation. It is important that service providers develop skills in evidence-based engagement and motivation strategies and relationship abilities so that they can work effectively and differentially with a range of youth. Some youth stated that it is important to them that service providers have similar life experiences to their own, that may include but are not exclusive to substance use. Where possible, working collaboratively with a network of service providers is recommended so that youth can be connected to a provider who could be most helpful, including peer supports and mentors.
21. Service contexts impacts how service providers behave and are perceived so it is important that service providers are supported and given time to be responsive to youth needs.
22. Supervision and access to consultation needs to be available to ensure that service providers are maintaining appropriate and helpful boundaries, and implementing evidence-informed strategies and interventions.

Area #5: Health Equity and Social Determinants of Health

23. Conducting a local health equity impact assessment is recommended to determine which groups of youth are not being adequately or appropriately served locally and to develop strategies to meet their needs.
24. Specific attention should be paid to addressing service gaps experienced by particular subgroups of youth that were highlighted by respondents as well as in the health equity impact assessment conducted by the project team: Aboriginal youth, newcomer and ethnic minority youth, LGBTQ* youth, youth with learning and other neurodevelopmental disabilities, street-involved/homeless youth, youth involved with the child welfare and/or justice systems, Francophone youth, youth who speak neither English, nor French, and youth are deaf/hearing-impaired. This list is not meant to be exhaustive and will differ by community.
25. Enhanced support is needed for communities to increase availability of Aboriginal-led, culturally informed services for Frist Nations, Métis and Inuit youth across the province.
26. Enhanced support is needed for culturally informed services meeting the needs of ethnospecific populations including newcomer youth, of LGBTQ* youth, of youth who are Deaf or hearing impaired, and of Francophone youth across the province. Support needs to be in place to allow full access (e.g., funding sign language or other interpreters) to allow equity in standards of care including respect for confidentiality.
27. Attention must be paid to intersecting identities and social contexts youth experience, as well as to the intersections of each youth's experiences with the social determinants of health including poverty, trauma exposure, housing and food security, and educational and work opportunities.

28. Diversity training and development of cultural competency generally and with respect to specific communities of youth that need service locally are recommended.
29. Building collaboration with a range of providers that may include housing providers, spiritual leaders, and culturally-based community resources is recommended to bring together the resources and expertise to provide relevant, helpful and welcoming services for an individual or a group of youth is recommended.

Area #6: Youth Factors

30. When reviewing services available locally, the following factors should be considered: service providers that are engaging, inspire trust, can be supportive and facilitate change; smooth transitions between programs and services and across age barriers; developmentally –informed services, that include understanding of youth concerns (e.g., history of trauma, challenging family and peer relationships, pleasure of substance use, lack of social support) and youth needs (e.g., autonomy, flexibility, room for making mistakes, and choice).
31. Given the fear and stigma often experienced by youth who are substance-involved, finding ways to reach them where they are and creating safe non-judgmental spaces that they can reach out to for support and help are recommended.
32. Opportunities need to be increased for prevention and intervention efforts that focus on alternatives to using substances, with accessible, free activities, particularly activities that connect youth to vocational or educational goals.

Summary of Recommendations:

Overall, stakeholders recommended that there is an urgent need for collaborative approaches to provide an accessible, developmentally-informed continuum of care, staffed by a competent, well-trained, engaging, caring workforce, implementing evidence-informed practices, to meet the diverse needs of youth from a range of backgrounds and experiences. Youth need to have as much choice as possible, considering their needs, and be actively engaged in determining their treatment involvement. Family needs also must be considered and addressed and appropriate, responsive services need to be available to them as well, individually and in conjunction with their youth. Attention to diversity and the social determinants of health are integral.

Limitations

This project has a number of limitations with respect to the representativeness of the views expressed. Efforts to maximize the extent to which we heard from stakeholders in all regions of the province were only partially successful. Although we heard from stakeholders across the province, full regional representation was not achieved. In particular, although the message was received that there are significant gaps in access in remote regions, particularly northern fly-in communities, direct feedback from those communities was limited. As with any voluntary survey, the views of those who participated in the review may differ from stakeholders who did not participate, which may have impacted the findings in unknown ways. Although caution needs to be used in the extent to which these findings are generalized, both the inclusion of voices of multiple stakeholders and the context included in participants' comments serve to mitigate this problem.

Future Directions

Many of the issues, concerns and recommendations described in this report are not "new". Some are well-documented in the literature, and in previous practice guidelines and reports. For example, several of the themes that emerged in this report are consistent with suggestions in best practices in treating youth with substance use problems (Addictions Ontario Youth Communities of Practice, 2011), which was based on the expertise of Ontario service providers; this cross-informant review provides additional validation to those suggested practices. As can be seen throughout the report, most of the comments and suggestions are supported across youth, family/supporter, service provider and other stakeholder groups. Yet, we continue to be challenged to provide a consistent, coherent, cross-sectoral, system-wide response. It is recommended that services, projects, and processes underway in communities across the province that are exemplars of models that provide an effective response to concerns raised be identified. Sample models that have been evaluated and shown to have good outcomes should be piloted in other settings and further evaluated to identify those that warrant widespread dissemination. Mechanisms such as the Service Collaboratives, currently being established under the auspices of the Ontario Mental Health and Addiction Plan, can be used to identify such initiatives as well as to support pilot projects and uptake using the Implementation Science model (Fixsen, Naoom, Blasé, Friedman & Wallace, 2005) currently being implemented. Consideration should be given to shifting effective "pilot projects" into ongoing supported services that include a plan for on-going evaluation, accountability and the flexibility to adapt to changing local needs.