



Ontario Centre of Excellence  
for Child and Youth  
Mental Health

*Bringing People and Knowledge Together to Strengthen Care.*

# Final report: Children's Mental Health of Leeds and Grenville

Community consultations: Youth

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Ontario Centre of Excellence for Child and Youth Mental Health



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## Overview

Children's Mental Health of Leeds and Grenville (CMHLG) is currently working on the development of the Community Mental Health Plan and the Core Services Delivery Plan for the Lanark, Leeds and Grenville service area. These plans will be submitted to the Ministry of Children and Youth Services (MCYS) by March 31<sup>st</sup>, 2016. Recognizing that youth and families need to be engaged in the development of both plans, CMHLG partnered with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) to consult with youth regarding their perceptions of access to mental health services, their experience accessing services and their input on youth engagement activities.

## Consultations

CMHLG engaged with staff from the Centre as well as staff from Open Doors for Children and Youth and Connect Youth to plan, define and scope youth consultations that would inform the Community Mental Health Plan and Core Services Delivery Plan. CMHLG enlisted the help of two local youth to be part of the planning team and co-facilitate the consultations. Centre staff met with the youth co-facilitators prior to the consultations to determine the goals, questions, activities and structure.

On March 8<sup>th</sup> and 9<sup>th</sup>, 2016, a total of 28 youth were consulted between two consultation sessions held in Prescott and Carleton Place (each lasting 4 hours). Each session was led by a local youth co-facilitator and a youth advisor from the Centre. Throughout the consultation, youth were asked a series of questions relating to their knowledge of mental health services and the challenges that may prevent youth from accessing services in the community. The consultation ended with a discussion around how best to engage youth in mental health agencies in this region.

## Surveys

CMHLG also engaged with staff from the Centre to develop and distribute surveys in order to engage even more youth to inform the Community Mental Health Plan and Core Services Delivery Plan. Surveys were completed on paper and electronically between February 17<sup>th</sup> and March 11<sup>th</sup>, 2016. A total of 55 youth completed and submitted the survey. Another five youth started the survey but did not submit it, so their answers (if any) were not captured.

High level themes drawn from survey responses are captured in this report. For more details or to view full responses to each survey question, please see the raw survey data report.



## Summary of themes

### Core Services Delivery Plan

#### A. Engagement activities

- One youth in Carleton Place expressed a strong sense of leadership in his engagement with the local **New Mentality** group. Youth in Prescott spoke positively about their experiences being engaged with **Connect Youth**. Youth would like to see **more young people engaged** across the service area.
- Youth expressed interest in being engaged in **peer support programming** in order to provide support to and receive support from youth their own age. Youth also expressed interest in **opportunities to mentor younger youth** such as those in elementary school.
- Youth in Prescott would like to see **more youth centres and spaces for youth only**. Youth expressed that they need more opportunities to gather, seek support from one another and connect in a safe and productive environment. In order to do so, youth felt they need more places to go.
- Youth expressed interest in participating in **surveys, online forums** and **more consultations** in order to provide more input to Children's Mental Health of Leeds and Grenville (CMHLG), Open Doors and other local agencies. Youth want to be a meaningful part of system change.
- Youth in Prescott also expressed interest in being engaged in a **youth advisory committee** of sorts which could advise on mental health services in Lanark, Leeds and Grenville.

#### B. Core services summary

- Of the youth consulted, participants were **most likely to seek help from friends and family, school personnel, CMHLG, Connect Youth, crisis lines or family doctors**.
- Many youth are satisfied with the services they have received in the past, particularly with **24/7 crisis services, the mental health walk-in clinic, the short-term care program and Kids Help Phone**.
- Youth face challenges in accessing services, including **personal barriers** (e.g. accepting that they need help), **lack of trust in the system due to negative past experiences** and **perceived stigma**.
- Many youth identified **lack of fit with service providers** as a significant barrier to care. Youth identified the ability to develop a relationship with a service provider as an important predictor of success in mental health care.
- Consultation participants also identified a number of other barriers including **lack of awareness of available services** (i.e. not knowing what services are available, and in many cases, not having the means to find out), **hours of available services** and the **location of services** (and **lack of transportation** with which to access services).
- Many youth surveyed and consulted also identified **long wait lists** as a barrier to accessing help. Many youth felt that when they *do* get help, they often don't need it anymore, or it's too late. 64 percent of survey respondents reported waiting between one week and six months to get help.
- Survey respondents also identified a number of other challenges to receiving quality mental health support including: **service interruptions** (e.g. delays, cancellations or transitions such as shifts between service providers), **scheduling, lack of individualized care, service restrictions** and the **length of time between appointments**.



### C. Service priority identification (youth perspective)

- **Build mental health awareness in the community** to continue the conversation about mental health with youth and those who support them (e.g. parents, teachers) in order to address stigma.
- Incorporate mandatory **mental health education in formal school curriculum**. Youth acknowledged all students need basic knowledge to help them deal with their own issues and guide others.
- **Offer youth more choice** in their care, particularly when it comes to their service provider (including being able to choose between a male and female counsellor). Ensure mechanisms are in place for youth to change counsellors (without penalty) if they don't feel it's a good fit.
- **Provide ongoing service provider training**. Youth identified that they notice a difference in the support they receive from a service provider, which depends on the level of mental health knowledge the service provider has.
- **Minimize the impact felt by youth during service provider transitions**. If transitions from one service provider to another are unavoidable, ensure service providers review a youth's file.
- Address existing barriers to access. Consider **extended hours of service, increased services in schools and alternate modalities of service** (e.g. online, text, phone support). Explore **low-cost or free transportation services** (particularly between towns) as well as **mobile services**.
- **Provide more follow-up care after a crisis** as youth feel they are often left to fend for themselves, particularly after hospital visits.
- **Offer more group-based supports**. Youth want to seek help alongside others they can relate to, but the closest free group therapy (that youth were aware of) is in Ottawa.
- **Clearly advertise and explain available services**. Help youth learn about what's out there (and how to access help). Youth want more information about what to expect when they reach out for help.
- **Modify emergency services to be more youth-friendly**. Youth in Prescott expressed that they are afraid to reach out for help in an emergency and felt emergency services need to be more personal.
- **Invest in more youth-friendly service settings**. Youth would like to receive help in settings that are more inviting and comfortable.
- Youth in Prescott identified that their community needs **more psychiatrists and more specialized services**, as well as **more supports for the LGBTQ+ community**.

### Community Mental Health Plan

- Awareness of access points for mental health services varied between youth consulted in Carleton Place and those consulted in Prescott. Consultation participants in Carleton Place were less aware of services in their community that they could send a friend to for help.
- Youth consulted in **Carleton Place** identified seven access points for help with their mental health, many of which were quite broad. Youth were most likely to turn to **friends, family and school personnel** for help, citing that they already have a relationship with these supports and know them well.
- Youth consulted in **Prescott** were well-versed in the mental health access points in their community, identifying 20 unique access points from which they could seek help. Youth were most likely to access



support from **friends and family, school personnel, CMHLG, Connect Youth, crisis lines or family doctors.**

- Other access points identified by youth in Prescott included **Lanark, Leeds and Grenville Addictions and Mental Health, the Brockville Mental Health Centre,** and broader access points such as the **hospital, child and youth workers, religious personnel and web-based supports.**
- Consultation participants acknowledged that they would also access services from a number of access points located **outside of the service area,** including the Royal and CHEO in Ottawa and Providence Care and Hotel Dieu Hospital in Kingston.
- Survey respondents indicated that they **most often learn about mental health services from school, family, friends and doctors.**
- Close to 70 percent of youth surveyed rated the community's awareness of mental health and mental health services as a five, six or seven out of ten. Suggestions to improve this awareness included advertising services, increasing the visibility of local counsellors, reaching out in schools and exploring more accessible locations and local supports.



## Findings

### 1. WHY DO YOUTH USE MENTAL HEALTH SERVICES?

In order to frame discussions about mental health services in the Lanark, Leeds and Grenville service area, consultation participants were asked to think about **reasons why young people might use mental health services**. When asked about challenges faced by youth (i.e. what stresses youth out), consultation participants identified a number of stressors, including:

- School (e.g. tests, exams, teachers, homework, presentations, expectations/pressure, etc.)
- Depression, anxiety
- Bullying, peer pressure
- Isolation, feeling alone
- Identity, body image, fitting in, self-esteem
- Gender identity
- Sex
- Realities of living in a small town (limited choices for activities and friends, gossip, no diversity)
- Past trauma or abuse
- Family issues (e.g. sibling rivalry, parents separating/divorcing, conflict, abuse, drug/alcohol abuse, etc.)
- Drugs and alcohol<sup>1</sup>
- Loss/death of loved ones
- Relationships with family, friends and partners
- Work, trying to find a job
- Balancing a full schedule
- Societal expectations about how youth should look, feel and act
- Bullying
- Friends (e.g. drama, cliques, etc.)
- Responsibilities at home (e.g. chores)
- Thinking about the future (e.g. college, university)

#### *Surveys*

Survey respondents were asked: What kinds of things (i.e. your main concerns) would you like support with? A number of themes similar to those raised during in-person consultations were also identified in survey responses. Additional concerns identified in survey responses included: eating disorders, suicidal ideation, self-injurious behaviours and coping strategies.

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<sup>1</sup> Youth in Carleton Place identified that the communities of Carleton Place, Perth and Smiths Falls have “tremendous” drug issues among youth.



## 2. PATHWAYS TO CARE: ACCESS POINTS AND KNOWLEDGE OF SERVICES

In order to explore *where* youth access mental health services in the Lanark, Leeds and Grenville service area, youth were asked: Where would you send a friend for help? Who would you suggest they turn to? Where have you received services in this region, and which services were they?

Awareness of access points and mental health services varied between the two consultation groups. Consultation participants in Carleton Place were not as aware of services in their community that they could send a friend to for help, naming only seven access points (many of which were quite broad, such as friends and family). In contrast, consultation participants in Prescott were well-versed in the mental health access points in their community, identifying a total of twenty unique access points from which they could seek help.

### *Carleton Place*

Youth in Carleton Place identified the following as places they could send a friend for help:

- **Friends and family**
- **School personnel** (e.g. teachers, guidance counsellors, etc.)
- **Open Doors** (for youth up to the age of 18)
- **Lanark County Mental Health** (for youth age 19 and up)
- **Children’s Mental Health of Leeds and Grenville**
- **Children’s Aid Society**

After this list of access points was compiled, youth completed a prioritization activity where they identified access points they would *most likely* send a friend to for help with their mental health. Consultation participants in Carleton Place were most likely to turn to friends, family and school personnel for help. Participants identified that these supports are easily accessible and meet youth where they’re most likely to be (e.g. at school, home, etc.). In addition, youth already have a relationship with these supports and know them well.

### *Prescott*

After identifying a number of access points in the community, youth in Prescott also completed a prioritization activity in which they identified the following access points as those which they would *most likely* send a friend to for help:

- **Friends and family**
- **School personnel** (e.g. teachers, guidance counsellors, mental health nurses)<sup>2</sup>
- **Children’s Mental Health of Leeds and Grenville**
- **Connect Youth** (Prescott)
- **Crisis lines** (such as Kids Help Phone, the suicide crisis line and the sexual assault support line)
- **Family doctors**

<sup>2</sup> Youth acknowledged that not all of these professionals are available in all schools.



Other *specific* access points identified by youth in Prescott included: Lanark, Leeds and Grenville Addictions and Mental Health (Brockville) and the Brockville Mental Health Centre. *Broader* access points identified by youth in Prescott included: the hospital, child and youth workers, religious personnel (depending on the role of religion in one’s life) and web-based supports. Youth in Prescott also acknowledged that if they needed help, they would access services from a number of access points located outside of the Lanark, Leeds and Grenville service area, including the Royal (Ottawa), Providence Care (Kingston), the Children’s Hospital of Eastern Ontario (Ottawa), Hotel Dieu Hospital (Kingston) and addictions support groups in Kingston (though youth were unsure which organization facilitates them).

### Surveys

Survey respondents were also asked about their awareness of mental health services in Lanark, Leeds and Grenville. The majority of survey respondents identified that they were aware of mental health walk-in clinics, 24/7 crisis services and after-hours crisis lines in Lanark, Leeds and Grenville, but most youth were unaware of residential treatment and respite services.

Are you aware of the following services?

	Yes	No	Total Responses
Mental health walk-in clinic	26 (63.4%)	15 (36.6%)	41
24/7 crisis services	27 (65.9%)	14 (34.1%)	41
After-hours crisis line	27 (65.9%)	14 (34.1%)	41
Residential treatment	11 (26.8%)	30 (73.2%)	41
Short-term care / family aid (respite services)	18 (47.4%)	20 (52.6%)	38

Survey respondents were also asked *how* they learned about child and youth mental health services and resources in Lanark, Leeds and Grenville. Survey respondents indicated that they most often learn about mental health services from school (75%), family (42%), friends (35%) and doctors (33%).

How did you learn about child and youth mental health services/resources in Lanark, Leeds and Grenville?

Response	Percentage	Count
Family	42%	23
Friends	35%	19
Doctors	33%	18
School	75%	41
Lawyer/courts	2%	1
Family and Children's Services	15%	8
Internet, phone book	13%	7
Word of mouth	11%	6
Other, please specify...	7%	4
<b>Total Responses</b>		55*

\*Respondents were able to select more than one response

Survey respondents also indicated that they learn about mental health services for youth from other sources (not listed above) including teachers and presentations. One respondent shared that they had barely heard about mental health services, while another respondent expressed some confusion surrounding what is considered a mental health service, stating "This is the first time I've heard of it. Wait, does Open Doors count? I've been in Open Doors."

Survey respondents were asked to rate the awareness of mental health and mental health services in their community on a scale of one to ten. Almost 70 percent of survey respondents rated the community's awareness of mental health and mental health services as a five, six or seven out of ten. 16 percent of survey respondents rated the community's awareness as a four or lower, while another 16 percent rated the community's awareness as an eight or higher.

How would you rate the awareness of mental health and mental health services in your community?

Rating	1	2	3	4	5	6	7	8	9	10
	<b>Not great</b>			<b>Okay</b>				<b>Awesome</b>		
<b>Count</b>	1	0	2	3	8	6	11	3	1	2
<b>Percentage</b>	3%	0%	5%	8%	22%	16%	30%	8%	3%	5%



When asked what can be done to *improve* the community's awareness of mental health and mental health services, suggestions from survey respondents included:

- **Offer group sessions featuring presentations** from youth guest speakers.
- **Advertise services** (using posters, social media, etc.), specifically outlining which communities have which services.
- **Increase visibility of local counsellors.** Survey respondents acknowledged that this would help decrease the discomfort many youth feel about accessing help.
- **Reach out in schools.** Survey respondents suggested connecting with students in classes, delivering assemblies, creating a mandatory course on mental health (e.g. similar to the DARE program, but for mental health) and offering more services in schools to improve accessibility.
- **Explore more accessible locations and local supports** (e.g. local help lines, crisis centres closer than Ottawa).

*"I think that there are people who are trying to raise awareness but I also think that we should hold more events to get people involved and aware."*

- Survey respondent



### 3. PATHWAYS TO CARE: BARRIERS AND OVERALL SATISFACTION

Participants were asked to identify **barriers to care** (i.e. what gets in the way of accessing services). Youth named a number of factors that might stop a young person from being able to use a service. The most significant barriers discussed at length in both consultations were:

- **Self-acceptance or personal barriers:** Participants discussed a number of circumstances in which youth's own thoughts and feelings might prevent them from reaching out for help (e.g. not realizing help is needed, feeling the issue isn't serious enough or should be handled alone, shyness or embarrassment, fearing no one will understand, feeling as though it's too late to ask for help, feeling anxious about asking for help, fearing consequences, rejection or labelling, etc.). Youth acknowledged that sometimes, youth just want to move on and get past an issue, and reaching out for help can 'drag it out.'
- **Lack of trust in the system due to negative past experiences:** Youth acknowledged that past experiences can also contribute to feelings of mistrust in the system or fear that no one will believe you. For instance, a number of youth recalled a lack of privacy and confidentiality in past experiences accessing services. One youth in Carleton Place described an incident following an assault in which a service provider spoke with the youth about the assault at school in front of her peers. This particular youth expressed feeling disrespected by the incident and acknowledged that they no longer trust the system.
- **Stigma/judgment from others or lack of support from key individuals:** Participants discussed many instances in which they felt their friends and/or family didn't support their need for help with their mental health or referred to their mental health issue as "just a phase." Youth identified that parents often believe they know best and don't support youth's decisions to seek help. Youth identified that in many cases, it seems that others don't understand the signs and symptoms of mental illness or even mental health in general, which leads to stigma. Participants identified that this stigma is often exacerbated by the lack of privacy in small communities, in that youth fear that others will see them seeking help in the community (and tell others) and pass judgment.

*"Sometimes parents are very proud and they don't want to face the reality that their kids need help other than themselves."*

- Youth consultation participant, Prescott

- **Lack of fit with service providers:** Youth discussed experiences in which they felt that service providers talked down to them, weren't relatable, pushed their own agenda, didn't listen or talked over youth, and/or didn't act on youth's concerns. Participants expressed that they often feel as though service providers are simply listening because it's their job and not because they really care. Youth also acknowledged that it can be challenging when service providers are distant in age to youth, as youth identified that they rely on commonalities in order to build a relationship with a service provider. Youth want to feel as though they have a connection with their service provider.
- **Lack of awareness of available services:** Youth identified that they are often unaware of which services are available to them, and in some cases, don't have the means to find out (e.g. no phone or internet service).



- **Hours of available services:** Youth also identified that they find mental health services in Lanark, Leeds and Grenville are only open at times when youth are unavailable (e.g. when youth are in school).
- **Location of services and/or lack of transportation:** Youth acknowledged that, depending on your location in Lanark, Leeds and Grenville, there may not be any mental health services nearby. Many youth don't have the means to get where they need to go for help (i.e. public transportation isn't possible and youth may not have a ride or the funds for a taxi). In addition, it is not uncommon for youth to be referred to services in other cities (particularly in circumstances where the type of support a youth needs does not exist in their community), which presents further barriers. Some youth were aware that Ontario Works can pre-arrange transportation for certain appointments, though this was not common knowledge among all youth consulted, and youth were unsure if this option is available in all communities.
- **Limited services available and long wait lists:** Youth described timeliness as a major barrier when accessing help. Participants felt that when youth *do* get help, they often don't need it anymore, or it's too late. Youth expressed that it often feels as though youth don't get help unless they are in crisis. Consultation participants acknowledged that financial restrictions prevent most youth from seeking private support in an effort to avoid waiting.

*"I had to break down in front of so many people I didn't know, just to show how bad it was."*

- Youth consultation participant, Prescott

## Surveys

Survey respondents were asked how long they waited to receive services. The majority of youth (64%) reported waiting between one week and six months to get help. Another 15 percent of youth reported waiting between six months and a year while nine percent of survey respondents reported waiting less than a week to get help.

How long did you wait to receive help from child and youth mental health services?

Response	Percentage	Count
Less than a week	9%	4
One week to a month	32%	15
Between one month and six months	32%	15
Between six months and a year	15%	7
More than a year	6%	3
More than two years	6%	3
<b>Total Responses</b>		<b>47</b>

When asked about specific barriers that got in the way of accessing mental health services, survey respondents identified stigma (or negative judgments and discrimination) associated with mental health as the most significant barrier (reported by 54% of respondents), followed closely by the location of services (reported by 47% of respondents) and the hours of service (reported by 42% of respondents). Transportation was also identified as a barrier by some youth (33% of respondents). Other barriers identified by survey respondents included a lack of



connection with the service provider, finding services to be too brief, scheduling and service criteria (including age limitations).

If you have found (or continue to find) it difficult to find or use mental health services in the last several years, what are the specific things that have gotten in the way?

Response	Percentage	Count
Hours the services are open	42%	18
Where the services are located	47%	20
No childcare	2%	1
What language services are offered in	0%	0
Stigma (negative judgments and discrimination) associated with mental health	54%	23
Transportation	33%	14
Other, please specify...	26%	11
	<b>Total Responses</b>	<b>43*</b>

\*Respondents were able to select more than one response

Survey respondents were also asked about their current challenges to receiving quality mental health support. Many themes similar to those raised during in-person consultations were identified in survey responses. Additional challenges identified in surveys included:

- **Service delays, cancellations or transitions** (e.g. shifts between service providers – “being passed around from counsellor to counsellor”)
- **Scheduling** (e.g. finding time for appointments, appointments conflicting with school)
- **Lack of individualized care:** A number of survey respondents emphasized the need for more personalized treatment options, techniques, etc. Youth identified that they want to be *asked* about what they want and need from mental health services.
- **Being turned away from services** (e.g. one youth stated “I’m told by doctors that I’m crazy and tell me to have a good life cuz supposedly there’s nothing they can do for me.”)
- **Service restrictions** (e.g. agency policies that restrict support of youth without parental involvement or consent)
- **Length of time between appointments:** One survey respondent indicated that it can be challenging to talk about what’s happened since your last appointment when appointments are more than one week apart.
- **Timeliness of services** (“The current challenge is having it when it’s not needed, but not having it when it is needed. ...the appointments are few and far between, so when I’m in crisis I’m not sure what to do.”)

In addition to being asked about barriers to local mental health care, survey respondents were also asked about successes and what worked well in their experiences. A number of youth identified **24/7 crisis services** as particularly helpful and acknowledged feeling as though they could always get help (particularly in later hours when they may be struggling more). Youth also identified the **mental health walk-in clinic** as something that has worked well, acknowledging the ease of access and how helpful it is to have the option to access services without an



appointment. Youth also spoke highly of the **short-term care (family aid) program** and expressed that they were able to access help fast. One youth also identified the **Kids Help Phone** as particularly helpful. Finally, many survey respondents acknowledged the value of having someone to talk to (aside from family and friends) who is caring, empathetic and understanding.

*“Your help to members in the community is important, thank you.”*

- Survey respondent

Finally, survey respondents were asked to rate the importance of various mental health services in their community. Respondents indicated that the most important services to them were mental health walk-in clinics, 24/7 crisis services and after-hours crisis lines.

How important are these mental health services to you?

Service	Very important	Somewhat important	Not important	Unknown	Total Responses
Mental health walk-in clinic	31 (58.5%)	14 (26.4%)	4 (7.5%)	4 (7.5%)	53
24/7 crisis services	30 (56.6%)	14 (26.4%)	3 (5.7%)	6 (11.3%)	53
After-hours crisis line	29 (54.7%)	12 (22.6%)	6 (11.3%)	6 (11.3%)	53
Residential treatment	12 (23.1%)	20 (38.5%)	8 (15.4%)	12 (23.1%)	52
Short-term care / family aid (respite services)	17 (34.7%)	12 (24.5%)	8 (16.3%)	12 (24.5%)	49



#### 4. PRIORITIES FOR YOUTH

Youth shared a number of ideas and suggestions to improve youth's experiences of using mental health services in their service area. These ideas and suggestions included programs, tools or service changes that youth felt could help enhance their use of mental health supports in Lanark, Leeds and Grenville.

Youth in both consultation sessions identified the following priorities as potential opportunities:

- **Build mental health awareness in the community:** Talk more about mental health and mental health services. Use awareness campaigns and messaging in schools and the broader community to engage youth and those who support them (e.g. parents, teachers, etc.) in conversations about mental health, in order to change people's understanding and address stigma. Youth felt that basic mental health education needs to be a mandatory part of the school curriculum for all youth so all students have basic knowledge to help them deal with their own issues and guide others. One grade ten youth acknowledged that they had only talked about mental health once for about ten minutes at school so far in their academic career. Youth identified that it would be most valuable and relatable for youth to hear from other youth with lived experience. Participants in both locations also identified the importance of training first responders with mental health awareness so they can better understand the issues faced by youth in crisis.
- **Offer youth more choice in their mental health care:** Youth identified that they want to be treated like an equal by service providers. Youth feel that if they are offered more choice in their mental health care, outcomes will be more positive. Ask youth what they feel they need. Youth also acknowledged that this extends to youth having a choice of service provider. One youth in Carleton Place recounted a scenario when their counsellor was a good friend of their father's; the youth felt this was a conflict of interest and yet was not provided the choice to switch service providers. Youth in Prescott also acknowledged that many youth would feel more comfortable if given a choice in their service provider's gender.
- **Provide ongoing service provider training:** Youth identified that they notice a difference in the support they receive from a service provider depending on how much knowledge that service provider has about mental health. Ensure those who work closely with youth (i.e. service providers, teachers and adult allies) receive regular training in patience, empathy, active listening, awareness of youth identities, privacy, confidentiality and approachability. Participants also emphasized the importance of recognizing the impact on youth when their service provider changes. One youth in Carleton Place described being "bounced around" between service providers and needing to re-tell their story with each new counsellor. This youth acknowledged that service providers should take the time to read a youth's file when faced with such transitions.

*"I've had five counsellors since the age of 13. Sharing your story over and over gets tiring. I'm done."*

- Youth consultation participant, Prescott

- **Extend hours of service:** Youth in Carleton Place identified that they would like to see a local walk-in clinic with longer hours. Youth in both consultation locations acknowledged that they need to be able to access help 24/7, even if that just means they know which number to call when in need.



- **Provide more follow-up care after a crisis:** A number of youth described instances when they felt they were left to fend for themselves after a crisis. One youth described their experience following a hospital visit after an attempted overdose: “They medically cleared me later that day and moved me to ICU where I had to wait for nine hours for a psychologist, surrounded by screaming kids. I just wanted to leave, so I BS-ed my way through the psych consult. She believed me, so I was sent home. She didn’t look into my case at all – no follow up. I had to find help on my own.” Youth acknowledged that they want to feel as though they are part of a team of people who will take the time to help youth figure things out together.
- **Offer more group-based supports and peer support programming:** Youth expressed an interest in seeking help alongside others they can relate to (which can help youth feel less alone), but acknowledged that the closest (free) group therapy location is at the Children’s Hospital of Eastern Ontario, in Ottawa. Consultation participants in both locations were interested in the idea of a school-based mental health and addictions support group in which they could have the opportunity to learn about different topics and be of support to one another. Youth in both consultation locations acknowledged that when different people come together without judgment, the sense of community can be incredibly powerful. Youth also acknowledged that this sense of community could decrease perceived stigma among peers.
- **Clearly advertise and explain available services:** Youth would like to hear more about the services offered by different agencies in Lanark, Leeds and Grenville. Help youth learn about what’s out there (and how to access help) through school assemblies, posters in schools and social media, using language that youth can relate to and understand easily. Youth expressed that (particularly when accessing emergency supports) it needs to be very clear what will happen next when youth reach out for help.

Youth in Prescott identified the following additional opportunities:

- **Modify emergency services to be more youth-friendly:** Many consultation participants felt strongly that local emergency services need to be more personal and youth-friendly. A number of youth expressed that they are afraid to reach out for help in an emergency. One youth described a scenario in which a friend disclosed suicidal thoughts to this particular youth, and the youth found it to be a frustrating and scary experience to call emergency services for help.
- **Invest in more youth-friendly service settings:** Youth would like to see services offered in more inviting, comfortable physical settings (as opposed to those that feel cramped, clinical and very office-like). Youth expressed that they find many service settings in Kemptville and Brockville in particular to be depressing and/or childish.
- **Address existing service gaps:** Youth acknowledged that a number of specialized services are not offered in their region (to their knowledge). In particular, youth acknowledged the limited number of counsellors, psychologists and psychiatrists in their community. For example, participants identified that there is only one psychiatrist in Prescott.
- **Provide more support to the LGBTQ+ community:** Youth would like to see more support for the LGBTQ+ community, including more support groups and Gay-Straight Alliance (GSA) groups in all schools. Youth expressed interest in seeing more services, programs and clinics for LGBTQ+ youth (such as programs like Project Acorn and the Ten Oaks Project) available locally.



- **Explore service locations and address existing transportation barriers:** Youth identified that they would like to see more mental health services available in schools. Explore low-cost or free transportation services (particularly between towns) and ensure youth know about these options. Explore other modalities of service so that there's always someone that youth can turn to, 24/7. For example, youth would like to see more online and telephone-based supports (including text support). Youth also expressed interest in accessing mobile services, where service providers come to youth (rather than youth travelling to an agency).

### Surveys

Survey respondents were also asked about priorities for changes to the community mental health system in Lanark, Leeds and Grenville. Youth were asked the following questions: If you were managing a mental health service in your community, what would be your top three priorities for community mental health? How would you change the existing mental health system in your area? What would make that experience better for you and other youth? Many themes similar to those raised during the in-person consultations were identified in survey responses. Additional priorities identified throughout survey responses included:

- **Talk about the benefits of seeking help:** Survey respondents acknowledged that youth often need to hear how mental health services could help in order to buy in to the idea of accessing services. One survey respondent suggested connecting youth with others who have benefitted from seeking help.
- **Ensure timeliness of services:** A number of youth emphasized the importance of timely help and shorter wait times. Some survey respondents also prioritized longer services, emphasizing the importance of not removing support too soon. Youth also acknowledged the importance of finding the right pace during counselling, including not rushing youth through sessions and ensuring the availability of regular support (e.g. sessions once a week).
- **Focus on individualized care:** A number of survey respondents emphasized the need to focus on what works best for each individual youth. Suggestions from survey responses included looking for activities that engage youth (e.g. "different techniques for therapy, art, songs, animals"), emphasizing different coping strategies, involving the family (where safe and appropriate) and adjusting services depending on the age of the youth. As one youth stated, "adjust how the illness is dealt with depending on each person."



## 5. WAYS TO ENGAGE WITH YOUTH

Participants engaged in a discussion about youth engagement: what meaningful engagement is, what it can look like and the benefits for youth, agencies and communities alike. Youth were asked: How can CMHLG engage youth *more*? What opportunities in the community do you want to be engaged in?

When asked about their experiences being engaged as youth, consultation participants in Carleton Place had limited experience to draw upon. Youth were under the impression that some youth-led activities take place at CORE Youth Services, but no participants had firsthand experience with that centre. The Carleton Place youth co-facilitator spoke positively about his experiences being engaged with the **New Mentality** group and attending Disable the Label.

A number of youth in Prescott spoke positively about their experiences being engaged with **Connect Youth**. Youth excitedly described their planning for an upcoming day of silence to raise awareness for the LGBTQ+ community. While youth acknowledged that most of the decision-making within this program lies with the adult allies, youth felt as though nothing was ever finalized without checking with youth first. Youth involved with Connect Youth expressed feeling a strong sense of leadership in this group.

When asked how youth would like to be engaged in Lanark, Leeds and Grenville, youth in both consultation locations expressed interest in being engaged in **peer support programming**, so that young people could support others of a similar age. Participants agreed that it's easier to build trust with people that you can relate to and feel comfortable with, and who have been through the same issues. Youth seemed to be particularly interested in playing a mentoring role with younger youth in schools (e.g. helping youth in grades seven and eight get ready for high school). Participants acknowledged that some schools seem to already have programming like this, but youth are interested in seeing more schools adopt a peer mentor model.

Youth also expressed interest in being engaged in **efforts to raise community awareness about mental health**. Suggested opportunities for engagement included holding discussion groups and delivering presentations to other youth.

Youth in Prescott also expressed that they would like to see **more youth centres**, as well as **more spaces for youth only** in Lanark, Leeds and Grenville as a whole. Youth expressed an interest in having more opportunities for youth to gather, seek support from one another and connect in a safe and productive environment. In order to do so, youth need more places to go. One youth from Athens described the hockey rink as the only place in town where youth can hang out. Youth would like to see a program similar to Connect Youth that is located outside of a school and is open longer hours. Participants acknowledged that it would be important to give youth a say in what happens there, but initial suggestions included discussion groups, recreational programs (such as drama, poetry, art and music – depending what youth are interested in). Participants also acknowledged that such a youth centre could be another informal access point for mental health services in Lanark, Leeds and Grenville.

Of course, participants expressed that it really depends what the youth who are engaged want to do. This highlighted the importance of *asking* individual youth how they want to be engaged, *listening* to youth's suggestions and *empowering* youth to take initiative.



Finally, youth were asked to think about how CMHLG (and other partner agencies) can get more input from youth. Youth expressed interest in participating in **more consultations** (such as this). Youth in Carleton Place also expressed interest in providing feedback in an **online forum**, which they felt could also be a way for youth to connect with other youth. Youth in Prescott also expressed interest in completing **surveys or questionnaires** in order to provide feedback.

Youth in Prescott also expressed interest in being engaged in a **youth advisory committee** of sorts which could advise on mental health services in Lanark, Leeds and Grenville and more specifically at CMHLG. Consultation participants were not aware of any formal groups at CMHLG (or other partner agencies) designed to offer feedback on services.

Youth in both consultation locations acknowledged that they are interested in being engaged in conversations about how mental health services can be improved in Lanark, Leeds and Grenville. Participants expressed that they feel these conversations don't occur often enough.



## Limitations and next steps

While the information collected from youth is meaningful and important, the group consulted in Carleton Place was limited in size and representation. As such, the information gathered may not be representative of other community youth across the Lanark, Leeds and Grenville service area.

The data collected is a starting point. Moving forward, CMHLG could explore additional mechanisms (such as ongoing youth engagement activities, additional surveys and consultations, etc.) to incorporate youth voice into system planning and decision-making processes.