

## PROJECT SUMMARIES

### DESIGNING CULTURALLY RELEVANT TREATMENT FOR EAST ASIAN CANADIAN YOUTH (TORONTO)

PROJECT LEAD: EAST METRO YOUTH SERVICES, CENTRE FOR ADDICTION AND MENTAL HEALTH, HONG FOOK MENTAL HEALTH ASSOCIATION

Evidence shows a higher prevalence of mental health conditions among racialized populations in Ontario. In Toronto, there is a growing and increasingly vulnerable population of East Asian youth with high rates of depression and anxiety. While the needs are high, staff at East Metro Youth Services are concerned because very few of these young people are actually walking through their doors for help. Research shows that cognitive behavioural therapy (CBT) is a highly effective treatment for depression and anxiety, but since it's underpinned by Western cultural values, it often doesn't meet the needs of racialized populations. The team recognizes that it's not enough to engage these youth in their first language. There is a need to provide culturally-relevant, appropriate care as well. The community is getting ready to chart a new course to close this gap by developing a culturally-adapted version of CBT designed specifically for East Asian Canadian youth. Using a mixed methods approach, partners will engage a diverse team including youth, families, service providers, researchers and agency leadership through focus groups and semi-structured interviews. To make sure they get it right, the team will also tap into community opinion leaders such as elders, faith healers and respected community members, recognizing their opinions may influence *how* and *whether* youth seek help. This will be the first cultural adaptation of its kind with the potential to be scaled up provincially and nationally. The team expects that lessons learned can be used to tailor care for other ethnocultural communities, making it possible for more young people to get the help they need.



### CROSS-SECTOR COORDINATION OF COMMUNITY SERVICES FOR INFANT MENTAL HEALTH (STORMONT, DUNDAS, GLENGARRY)

PROJECT LEAD: CORNWALL COMMUNITY HOSPITAL

Research shows that infants experience a critical window of brain development in their early years. It's also clear that supportive and caring relationships foster resilient, confident and healthy babies, children, youth and adults. In Stormont, Dundas and Glengarry (SDG), evidence suggests that while waitlists for older children continue to grow, infants are increasingly at risk but aren't getting help early enough. There's a window of opportunity to help these kids sooner, but not everyone is aware of how to do so. Local statistics show no referrals for infants under two and a half and not all community partners are aware that interventions exist for kids that young. The community is poised and committed to enact change. SDG partners are working to create a coordinated system of infant mental health services and promote the importance of early intervention. Professionals across sectors will receive formal training to ensure more staff are better equipped to help by using standardized screening tools and protocols. By increasing awareness of existing services and developing clearer pathways between those services, service providers will be able to identify families at risk and refer them to the right kind of help at the right time.



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### TESTING FREE MINDFULNESS INTERVENTION FOR YOUTH WAIT-LISTED FOR MENTAL HEALTH SERVICES (CHATHAM-KENT)

PROJECT LEAD: CHATHAM-KENT CHILDREN'S SERVICES, SHAKTI YOGA STUDIO, ACCESS OPEN MINDS

Research shows that when young people are forced to wait for mental health services, they're less likely to follow through when it's finally their turn, and often rely on unhealthy coping strategies in the meantime. As demand for mental health services grows, youth in Chatham-Kent face a four- to six-month wait with limited help available during that time. Enter *Mindfulness Moments*, a free weekly drop-in program kicking off this Fall. The program teaches mindfulness, a form of meditation that cultivates present moment awareness and has been shown to improve coping. *Mindfulness Moments* is designed to help equip youth with the tools they need to work through life's challenges in the moment, whether they're dealing with anxiety, depression, low self-esteem or bullying. Open to all youth in the community (ages 12 to 17), the program features something for everyone, including meditation, yoga, breathing, art and music exercises. For some youth, it might be just the help they need while they wait for services, or it may serve as a helpful adjunct once they start receiving services. For others, the preventative nature of *Mindfulness Moments* may provide an *alternative* to receiving formal services, diverting youth away from wait lists. By helping youth harness the abilities and resources they have, *Mindfulness Moments* will provide youth with the practical, effective coping skills they need to manage a variety of life's challenges – without waiting.



### USING INTERACTIVE TECHNOLOGY TO IMPROVE SYSTEM NAVIGATION, WAITLIST MANAGEMENT FOR YOUTH MENTAL HEALTH SERVICES (HAMILTON)

PROJECT LEAD: LYNWOOD CHARLTON CENTRE

It's no surprise that early identification and intervention for mental health challenges leads to better outcomes for children and youth, but families in Hamilton face a significant wait for specialized child and youth mental health services. To address those waitlists, Lynwood Charlton Centre engaged families to develop a series of in-person psychoeducation sessions for families waiting for service. Sessions were offered four times a year on topics important to families. Those who attended saw positive outcomes, but the sessions didn't reach as many families as the team would have liked. In consultation with youth and families, they discovered they had the right idea, but the wrong format. Youth and families indicated they want online webinars featuring information about mental health and system navigation, coupled with opportunities to interact. Not only does technology provide an opportunity for greater reach, but many feel it allows for more comfortable participation, with the opportunity to ask questions without embarrassment and seek support from peers. It also reduces the barriers that many families face, such as transportation and scheduling conflicts. The series will feature clinician-approved content on a variety of topics and will include practical strategies that families can use while they wait for services. In addition to improving the well-being of those on waitlists (and preventing kids' mental health from deteriorating while they wait), the team expects that the program will increase community understanding of mental health and awareness of local resources, making it easier for families to identify when they need help and how they can get it.



## PROJECT SUMMARIES

### CO-DESIGNING APPROACHES TO EARLY INTERVENTION FOR KIDS OF PARENTS WITH MENTAL ILLNESS (ESSEX)

PROJECT LEAD: HOTEL DIEU GRACE HOSPITAL, REGIONAL CHILDREN'S CENTRE, WINDSOR ESSEX COUNTY HEALTH UNIT, CHILDREN'S AID SOCIETY-WINDSOR ESSEX

More than 12 percent of children under the age of 12 in Canada live with a parent who has one or more mental health disorders. These children are often referred to as 'hidden' and 'hard to reach' simply because mental health professionals may not even be aware that their client is a parent. As a result, there's a growing population of children falling directly into a gap where few formal mental health services exist. Research shows that these children are at significant risk of adverse social, emotional and behavioural outcomes, yet very little evidence exists for interventions that help. The Windsor community believes this problem needs creative solutions grounded in evidence and the lived experience of local families. Using a community-based participatory research approach, a team of youth, parents with a mental illness, service providers, and other community stakeholders will co-design an evidence-informed intervention, and a plan to implement and evaluate it. This will not only involve synthesizing existing knowledge about the needs of this vulnerable group, but co-developing new resources for parents, partners, caregivers, families and professionals in order to help *everyone* better identify and respond to the needs of these families.



### TESTING A CULTURALLY APPROPRIATE, YOUTH-DESIGNED RESILIENCE PROGRAM FOR INDIGENOUS YOUTH (MIDDLESEX)

PROJECT LEAD: LONDON FAMILY COURT CLINIC, LOTIYANESHU/ONEIDA LOG SCHOOL

Research shows that Indigenous youth are over-represented in child protection services and are at increased risk of becoming involved in the youth criminal justice system. These realities are further complicated in the London-Middlesex region due to challenging relationships between local First Nations communities and the local child protection agency, as well as the recent loss of funding for critical programming. At a time when needs are high and resources are scarce, there's a problematic service gap for Indigenous youth. Community partners want *all* youth to grow up to be happy, fulfilled adults who achieve their full potential in life, and they feel it's time to shift the community's focus away from crime prevention toward child well-being and community safety. Using an upstream approach, the team will integrate the *iPortage* program (which was developed with the support of local First Nations youth) with best practices in proactively addressing mental health needs to create *Coming of Age*. The program will be offered to 20 Indigenous youth (ages 12 to 16) over a period of eight months. It will be delivered directly within their Oneida community by an Indigenous leader, ensuring a level of trust and familiarity within the group. With a special focus on environmental stewardship, lifelong learning, heritage and culture, the program explores how youth can connect to the natural environment in meaningful ways. In addition to increasing community safety, civic engagement and respect for the land, the team expects *Coming of Age* will decrease reliance on social services and increase more appropriate use of services.



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### IMPROVING ACCESS TO CULTURALLY APPROPRIATE HOLISTIC ARTS BASED PROGRAMMING FOR INDIGENOUS CHILDREN AND YOUTH (GREY BRUCE)

PROJECT LEAD: KEYSTONE CHILD, YOUTH AND FAMILY SERVICES, SOUTHWEST ONTARIO ABORIGINAL HEALTH ACCESS CENTRE, BLUEWATER DISTRICT SCHOOL BOARD

Grey Bruce is an expansive county with mental health services located in urban centres, presenting significant service accessibility barriers. Agencies in Grey Bruce County are concerned that priority populations (aboriginal, children and youth and people with mental health issues) are not able to easily access the resources they require for positive “youth development”: to develop a sense of safety and structure, high self-worth and self-esteem, a feeling of mastery and future, a sense of belonging, a sense of responsibility and autonomy, and self-awareness and spirituality (Centre for Youth and Development and Policy Research). This region is also home to Neyaashiinigmiing and Saugeen First Nation which comprise 5.2% of the Indigenous population in Grey Bruce and is predominantly made up of youth. Many young people and specifically Indigenous youth, live in rural areas and mental health services lack the funding and staffing to provide programming and outreach services in each community. Partners are ready to change that – to reduce barriers to access by bringing programming to the places and spaces where kids *are* in communities (including schools and community centres). The Holistic Arts-Based Program (HAP) is a 12-week semi-structured group intervention for vulnerable children and youth. A strengths-based program, HAP incorporates creative arts and mindfulness activities with a focus on improving self-awareness, developing self-compassion and strengthening empathy. HAP incorporates healing, all aspects of the medicine wheel and the seven grandfather teachings, and the team is committed to ensuring the program is meaningful and culturally relevant for Indigenous young people. HAP can be facilitated by anyone with a helping background, which means it can reach more young people and potentially decrease caseloads. HAP won’t *replace* mental health services, but it’s meant as a proactive means of strengthening the resources youth already have within themselves. Most importantly, this initiative will increase the accessibility of mental health services and offer formal support to families who would otherwise struggle to get help



### BUILDING CULTURALLY APPROPRIATE SERVICES FOR AFRICAN CANADIAN YOUTH (TORONTO)

PROJECT LEAD: YOUTHLINK

Many African-Canadian youth in the Greater Toronto Area experience hate crimes, systemic racism and are over-represented in the child protection system. Youth who are affected by mental illness are often stigmatized and further marginalized. YouthLink recently relocated its services to Scarborough and were alarmed by the disproportionately low percentage of clients who are Black compared to the local Black population. They’re committed to understanding why and exploring what they can do about it to expand their reach and impact in the community. Ultimately, the team wants Black youth to feel more comfortable about seeking help at YouthLink but they recognize that first, young people need to know that they’ll be able to access help that’s tailored to their specific needs. The YouthLink team is now taking an in-depth look at their internal and external environments in an effort to build timely and culturally-appropriate services for local African-Canadian youth. In addition to reviewing evidence-informed practices for better serving African-Canadian youth and their families, the YouthLink team is committed to enhancing their internal capacity by developing and implementing an anti-oppressive practice training framework. Perhaps most importantly, they feel they need to build stronger, more meaningful partnerships with the diverse communities they serve, and in order to do so, they’re looking to the local community for help. Through community consultations and rethinking their current youth advisory structure, the YouthLink team is eager to build and nurture new collaborative relationships.



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### INFANT MENTAL HEALTH CLINICS IN MULTI-SERVICE NEIGHBOURHOOD HUBS (MIDDLESEX)

PROJECT LEAD: VANIER CHILDREN'S SERVICES

Infants who have experienced abuse, neglect, exposure to violence or who have a caregiver who is unable to consistently meet their needs are said to have experienced *toxic stress*, which can significantly impact their brain development. The good news is that research shows early identification and intervention can improve outcomes across the lifespan. One Ontario community is ready to act on a troubling trend: they've noticed that few infants and toddlers (0-3) are being referred to mental health services. In contrast, *lots* of kids (3-6) are being referred for help, and for many, it's clear that they could (and should) have been referred *sooner*. Starting this summer, London families will have access to rotating drop-in infant mental health clinics. Families will be able to access a range of supports from a child and family therapist with extensive experience offering mental health treatment to infants and their families. These clinics will take place in 7 existing family centres directly in the neighbourhoods where many families live, breaking down barriers to access. By meeting families where they are, the team also expects that these clinics will help decrease the stigma many people feel about accessing services, which in turn will make it easier for families to get the help they need. The team also expects this initiative will help more infants in need, and help build stronger families and a more connected community.



### VIRTUAL WALK-IN CLINIC FOR YOUTH MENTAL HEALTH (NIPISSING, PARRY SOUND, MUSKOKA)

PROJECT LEAD: HANDS [THEFAMILYHELPNETWORK.CA](http://THEFAMILYHELPNETWORK.CA), SIMCOE MUSKOKA FAMILY CONNEXIONS

Like many communities in Ontario, the demand for child and youth mental health services in Parry Sound, Nipissing and Muskoka is growing with each day, resulting in long waits with few resources immediately available. This reality is even more concerning in this rural, remote region, which presents additional barriers to getting help. Families are often required to travel significant distances and face a lack of anonymity that comes from trying to access help in a small community. Research points to promising uses of technology in service delivery and we know that youth are using technology more and more. The service area would like to shift away from the traditional brick-and-mortar service delivery with set hours and locations and move towards a model that's more flexible and virtual in nature. To leverage the use of technology to increase timely and appropriate access to services for youth, the team at [HANDSthefamilyhelpnetwork.ca](http://HANDSthefamilyhelpnetwork.ca) will pilot a virtual walk-in clinic for youth aged 12 to 18. As key players in this initiative, young people will co-design and co-develop the clinic. The team will also look to the research to build on best practices for the use of technology in mental health service delivery. In addition to increasing the community's awareness of help available for youth, the team believes the virtual clinic will reach youth that might have otherwise fallen through the cracks of mental health services.

