

# YOUTH MENTAL HEALTH & ADDICTION TREATMENT PRACTICES

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- ① Landscape of youth mental health and substance use
- ② Diversity, Equity and Inclusion within programming
- ③ Components and strategies to achieve holistic healing for youth

## LEARNING OBJECTIVES



## OVERVIEW

### MENTAL HEALTH & SUBSTANCE USE

- >28,000 children and youth on waitlists<sup>1</sup>
- 27–50% of deaths from suicide meet the criteria for a SUD<sup>2</sup>

### SOCIAL MEDIA & TECHNOLOGY

- One-in-six report a problem with technology use<sup>3</sup>

### GAMING

- One-in-five students meet the criteria for a gaming problem<sup>3</sup>

### IMPACTS OF COVID

- Youth experiencing greatest mental health declines since COVID<sup>4</sup>
- Equity deserving/seeking groups



## ONTARIO STUDENT DRUG USE AND HEALTH SURVEY (OSDUHS)

- An Ontario-based survey of students grades 7 through 12, conducted every two years since 1977
- Tracks trends on mental health, drug use, bullying, physical health, gambling and other risk behaviours
- 2021 report includes disordered eating, cannabis advertising, and COVID impacts

## STUDENT MENTAL HEALTH IN ONTARIO (GRADES 7-12)<sup>3</sup>

- One-third of students reported their mental health as “fair” or “poor”
- Half of students report feeling moderate-to-serious levels of anxiety or depression within the last month
- Within the last year, one-in-five engaged in self-harm, and one-in-six report having serious suicidal ideation
- Just under half of students did not know where to seek support

## FINDINGS FROM THE 2021 OSDUHS



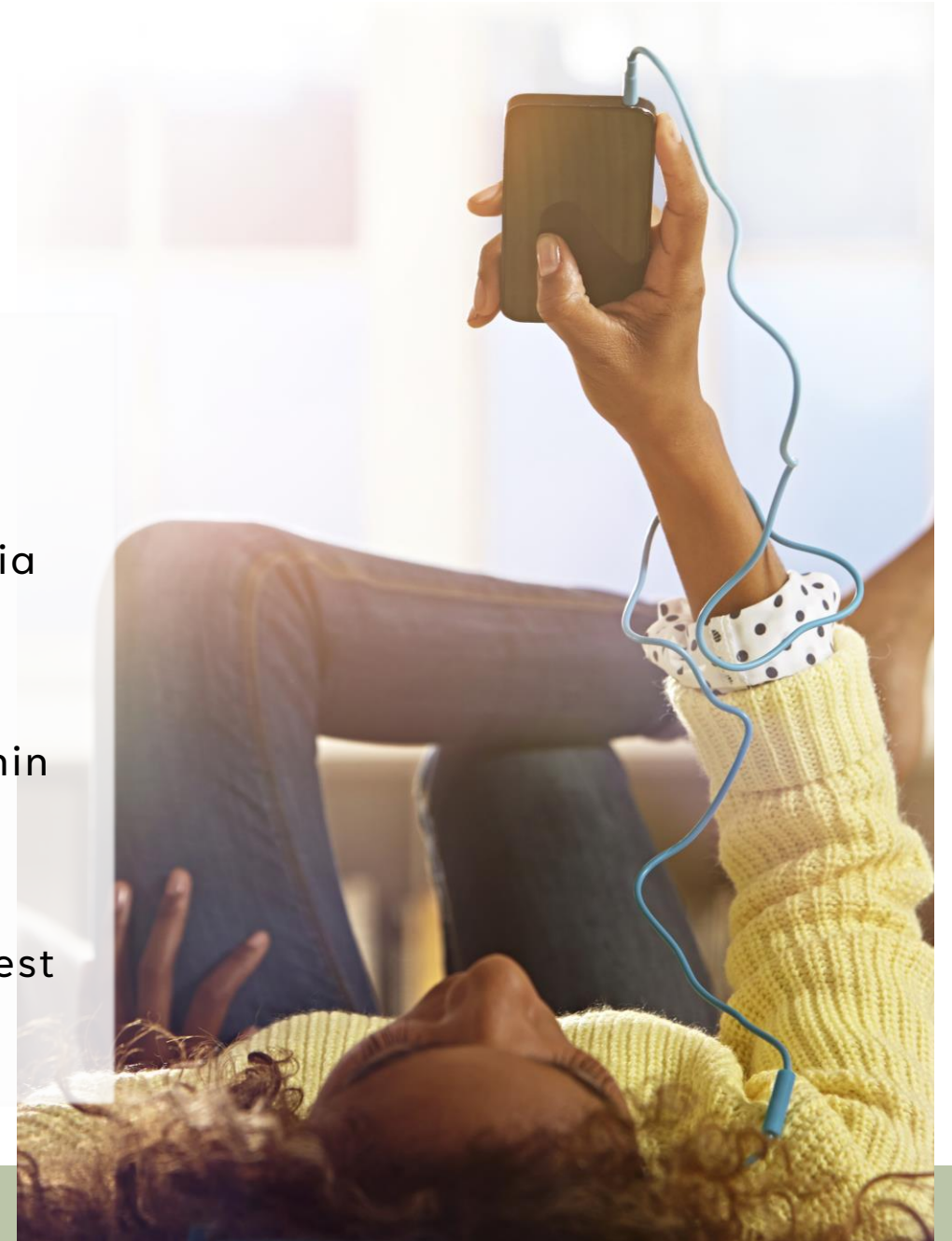


## STUDENT SUBSTANCE USE IN ONTARIO<sup>3</sup>

- One-quarter reported drinking alcohol within the last month; over half tried alcohol in their lifetime
- One-in-six report using cannabis within the last year
- One-in-six report using electronic cigarettes or vapes
- One-in-eight report the nonmedical use of prescription opioid pain relievers

## SOCIAL MEDIA AND TECHNOLOGY USE<sup>3</sup>

- One-third of students spend 5+ hours on social media each day
- One-in-seven report spending 7+ hours on social media per day
- One-third report being cyberbullied at least once within the last year
- Approximately one-in-six report symptoms that suggest a moderate-to-serious problem with technology use



## ONLINE GAMING<sup>3</sup>




- Just under half reported playing video games daily; one-quarter play for 5+ hours a day
- 11.7 % reported hiding video game playing from family and friends within the last year
- 8.4% reported skipping school/work or lying/arguing in order to play
- One-in-five students met the criteria for a gaming problem



A high-angle, top-down photograph of a diverse group of people sitting in a circle on a concrete floor. They are all looking upwards with their hands raised towards the center, creating a sense of unity and shared purpose. The lighting is warm and natural, highlighting the various skin tones and the texture of their clothing. The background shows a concrete floor with some faint lines.

# DIVERSITY, EQUITY & INCLUSION

WITHIN PROGRAMMING



## LACK OF DATA ON EQUITY DESERVING GROUPS

- Minimal research on racial disparities, especially within the mental health system <sup>5</sup>
- Data lacks direct input from communities <sup>5</sup>
- Children and youth from equity deserving communities are **most at risk** and yet are **the least represented** in treatment <sup>5</sup>
- Social exclusion effects mental health and access to related services <sup>5</sup>
- Social class and race are linked to health inequities <sup>6</sup>

## AFRICAN, CARIBBEAN & BLACK COMMUNITIES



- Black Canadian immigrants more likely to develop mental distress <sup>7</sup>
- In Ontario, people of Caribbean, East and West African origin have 60% increased risk of psychosis <sup>8</sup>
- Black Ontarians of Caribbean descent have twice as long delay in getting services compared to their white counterparts <sup>8</sup>
- Black Ontarians experience higher level aversive pathways to care <sup>8</sup>
- Higher rates of restraint and confinement within the mental health and addictions system <sup>8</sup>

## 2SLGBTQQIA+ YOUTH IN CANADA

- One-third of 2SLGBTQQIA2+ Canadians are under 25 years old <sup>9</sup>
- 70% of youth who identified as transgender reported identity-based discrimination <sup>10</sup>
- 2SLGBTQQIA+ Canadians are more likely to report “fair” or “poor” mental health <sup>9</sup>
- Higher rates of suicidality and mood or anxiety disorders <sup>9</sup>
- 3x more likely to have experienced discrimination during the pandemic <sup>9</sup>
- 3x more likely to face inequitable treatment <sup>9</sup>

## EQUITY DESERVING GROUPS

- South Asian males are more likely to develop mental distress in comparison to other ethnicities <sup>7</sup>
- Visible minority groups report the pandemic having a larger financial impact compared to their white counterparts <sup>4</sup>
- Reports of “moderate” or “major” impact were highest among:
  - South Asian (44%)
  - Black (38%)
  - Filipino (36%) <sup>4</sup>
- More than 1 in 10 youth in Canada have one or more disabilities <sup>12</sup>
- Police-reported anti-Asian hate crimes increased by 301% from 2019 to 2020 in Canada <sup>13</sup>





# OCAP® PRINCIPLES

Ownership, control, access, and possession (OCAP) asserts that First Nations have control over data collection processes, and that they own and control how information can be stored, interpreted, used, or shared <sup>14</sup>



**FIRST NATIONS  
INFORMATION GOVERNANCE  
CENTRE (FNIGC)**

“Data sovereignty is among the most pressing issues facing First Nations from coast-to-coast-to-coast. As Nations we recognize that information, knowledge, and research are critical to accessing resources, influencing government policy, or assessing the effectiveness of policies, services, programs, or public health interventions that affect our people. Access to timely, relevant, and quality data is essential to effectively advocate for change needed to adequately address health disparities Nations have experienced as a result of colonization and systemic racism.”

-Leona Star, FNIGC Chairperson <sup>14</sup>

## KEY RECOMMENDATIONS

1

**Continuous, ongoing and relevant anti-racist and anti-oppressive trainings <sup>5</sup>**

2

**Ongoing commitment to hiring from diverse communities <sup>5</sup>**

3

**Continuous and consistent engagement with community members and equity seeking groups**





**BELLWOOD**  
EHN CANADA

# INTRODUCING BELLWOOD'S YOUTH PROGRAM



The Bellwood Youth Program is a 12-week intensive, outpatient day treatment program designed to increase access to concurrent treatment for mental health and substance use issues

## OUR APPROACH

# PROGRAM INFORMATION



## WHO WE SERVE

Youth between the ages of 13-18 and their families

## WHAT WE OFFER

Intensive outpatient treatment for substance use, behavioural addictions, mood and anxiety disorders, trauma, eating disorders and concurrent disorders

## LENGTH OF STAY

12 weeks of treatment within a day hospital setting

## TREATMENT COMPONENTS

- Individualized treatment plans
- Individual & group therapy
- Family therapy & support
- Nutrition education & support
- Somatic and activity-based interventions
- Relapse prevention

## ACADEMIC

Education supports, including reintegration and enrollment

# SUPPORTS DURING TREATMENT



## CHILD AND YOUTH COUNSELLORS

Play an active role in the treatment team, providing in-the-moment support for clients, co-facilitate group sessions, participate in treatment reviews and provide meal support



## INDIVIDUAL THERAPIST

Sessions will provide a space for youth to deepen their learning and healing and can also be used to support the youth in sharing within the larger group and/or family sessions, as appropriate



## FAMILY THERAPIST

Provides a space to work towards treatment goals, helps improve communication and effective parenting strategies, and prepares the youth and family for recovery post-discharge

# SUPPORTS DURING TREATMENT



## REGISTERED DIETITIAN

Nutrition education and support provided. For clients with an eating disorder, individualized support in challenging and overcoming presenting food concerns provided



## PSYCHIATRY CONSULTS

On-site consultations with a psychiatrist for clients who may benefit from assessment and diagnosis



## FAMILY SUPPORTS

Weekly multi-family and parent/caregiver support groups provided, building connection and community



## MODALITIES USED

- Dialectical Behavioural Therapy (DBT)
- Internal Family Systems (IFS)
- Activity and somatic-based therapies
- Relapse prevention
- Art therapy
- Emotionally Focused Family Therapy (EFFT)

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# THANK YOU

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