

Innovations in Collaboration

Findings from the GAIN Collaborating Network Project

A Screening Initiative Examining Youth Substance Use and Mental Health Concerns

A collaborative cross-sectoral 10 agency initiative examining youth (12-24 years) substance use and mental health concerns and the impact of project participation on related service provider capacity

Partners

Breakaway

Canadian Mental Health Association
Centre for Addiction and Mental Health - Child Youth & Family Program
East Metro Youth Services
Griffin Centre - Day Treatment
Hospital for Sick Children - Substance Abuse Program
LOFT Community Services
North York General Hospital: Branson Site - Addictions Program,
Transitional Age Youth Substance Use Program
Turning Point Youth Services
YMCA of Greater Toronto - Youth Outreach and Intervention

Funding Support:

Addictions Service Providers Working Group, Toronto Central LHIN

Objectives

- To screen youth for substance use (SU) and mental health (MH) concerns across agencies, using a standardized measure, the GAIN SS
- To determine if the GAIN SS is feasible and useful for youth screening across sectors
- To inform planning processes related to identified youth needs and service gaps
- To build capacity for consistent needs identification and treatment planning for youth

Method

Project Development

MAYN - Mental Health & Addictions Youth Network

- Project initiation and on-going consultation
- Collaborating network development

Service Provider Involvement

Pre-post survey – youth SU & MH related attitudes, knowledge, practices
Training

- Youth SU & MH
- Project protocol

Administered measures to youth
Feedback on feasibility and utility of measure

Youth Involvement

Completed measures

- GAIN SS
- Background Information

Stakeholder Involvement

Advisory Committee (MAYN)

- Provided consultation:
- Network development
 - Objectives
 - Study package
 - Protocols
 - Youth engagement strategies

Youth Focus Groups

Feedback regarding findings and recommendations

Findings

SU & MH concerns are high amongst youth presenting for service across sectors
Co-occurring MH & SU are also common, especially amongst youth aged 17-21 years
Clinical needs differ by youth demographics, such as age and sex
Use of a common screening instrument across sectors is feasible and useful
Service provider attitudes, knowledge and practices changed positively over the project

Implications

Collaborative, cross-sectoral projects are feasible and valuable
Processes, services, and systems need to consider co-occurring MH & SU concerns in planning youth services, especially services for transitionally-aged youth
Innovative practice-based knowledge translation strategies are feasible and appear effective
Targeted efforts to raise awareness, reduce stigma and improve access are necessary