

## What we heard

### Youth Dialogue on Mental Health and Addictions Services

North Vancouver, June 7, 2018

On June 7, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, sat down with 17 young people who with lived experience of mental health and addictions services from across the Lower Mainland.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include engagement with a broad spectrum of individuals, communities, Indigenous people from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the BC Government Engage [website](#). What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions service system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of young people in B.C. so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experience or observations—has worked or is currently working in the mental health and addictions system, what the key challenges are and what changes would make a difference. To end the breakout discussions, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.<sup>1</sup> This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

Upstream education, health promotion and intervention was one of the themes identified as a

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<sup>1</sup> The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

top priority. Early education and mental health promotion to families and schools can make a difference in addressing stigma and a rippling effect to their surrounding communities. Participants attested as to how healthcare professionals and direct service providers can make large and lasting impacts on young people's lives. As such, more and better training for healthcare professionals and service providers was also identified as crucial. Youth engagement and involvement are also identified as key to planning and delivery of services as they have lived experience of accessing these services themselves. In addition, there was also general agreement that the services that youth and peer workers provide should be compensated.

The Foundry model has been cited a number of times as a model for a safe, holistic, well-integrated, and relationship-based service, which is important for collaboration and information-sharing. Direct service providers need to have the flexibility to meet with clients in the community while still meeting a standardized level of care. On the flip side of integrated services, transitions from and between services is another a common theme among youth accessing mental health and addictions services. There was a call for transitions to be more cohesive and supportive, to prevent youth "falling out of services." These transitions include the transition from youth mental health services to adult mental health, transitions out of and between residential treatment programs and foster care. In particular, youth ages 19-25 has been identified as not receiving certain services such as assisted housing owing to unfair age requirements.

The full list of themes for priority changes and improvements includes:

- Upstream education, health promotion and intervention services
- Increased training and awareness for healthcare professionals and other direct services providers
- Continued youth engagement and involvement in service planning and delivery
- Holistic, safe, consistent, integrated and relationship-based services
- Supportive transitions between services
- Support for caregivers
- Equitable access and reduced wait times for intake, assessment and treatment
- More inclusive and specialized services
- Augmented funding and recognition of mental health system of care.