



**Presentation to the Select Committee on Mental Health and Addictions,
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I'd like to thank Select committee members for the opportunity to speak here today. I'm Paul Bessin, the Manager of Counselling and Family Support at YouthLink in Scarborough and this is Sabina Chatterjee the Manager of Youth Skills Zone and Inner City Youth Programs located on Vanauley Street in downtown Toronto. I'm going to give you a very brief overview of our agency and for further information and reference I am providing you with an information package.

Through our presentation, we would like to give emphasis to the importance of prevention and which serves to improve mental health in youth. Prevention that gives emphasis to the importance of housing, meaningful activity, and social relationships and inclusion - all of which are necessary for good mental health. Our particular niche is to provide services that are responsive, flexible, client and community driven to bridge that gap that exists because so many mental health and addiction service are dependent on medical and psychiatric diagnoses. So there are three main points we are making today:

1. That YouthLink provides intervention that is not medical model, diagnoses driven
2. YouthLink's community based forms of intervention produce positive outcomes and are crucial to addressing the needs of youth who have mental health concerns
3. Services and programs lack adequate ongoing core funding and are at significant risk of further erosion

Sabina is going to speak about the Inner City Youth Programs with regard to youth who access support from her programs to elucidate upon these points

YouthLink, has a long history in the city of Toronto beginning in 1914 as the Big Sisters Association evolving to Huntley Youth Services in the 1980s to the present day YouthLink. Our agency currently provides a continuum of services for young people aged 12-21 or to 24 (depending on the program). This continuum of service consists of prevention efforts such as public education, employment and housing supports at one end, to a more intensive residential treatment program on the other end. Our prevention efforts are aimed at connecting with youth and their caregivers to promote emotional and physical well being.

We are funded by the Ministry of Children and Youth services, Ministry of Health and Long Term Care, United Way, City of Toronto, corporations such as RBC and the Counselling Foundations as well as through private donations.

Who we serve:

Many of the youth we provide service to have had past involvement with other children's mental health organizations, they have had stays in child or adolescent units at hospitals across the provinces, residential programs and shelters. Some youth have long histories of being in and out of care of child protection agencies. They are typically identified as hard to serve or unmotivated.

We also provide service to youth with developmental issues living with caregivers who are struggling to plan for the longer term care of their teen or young adolescents with special needs.

There is also a substantial newcomer youth population we provide service to across the city.

Young people we provide service to can be suspicious of the system of help available, discouraged with their past experience with and hostile toward people who want to provide assistance. Still some are rather skillful and adept in managing to get what they need for the immediate from the system. We are dependent on our staff to engage with these youth, to develop trusting relationships that endeavor to give youth a voice in the help that might be offered. Our assistance always centres on the youths and caregivers views and opinions of what might create change in their lives.

In terms of the complex system of help for children and youth community based prevention and intervention methods are as valuable and deserving of financial and policy supports as are medically driven forms of intervention.

We really want to push the point forward today that there are many options of assistance that our agency provides independent of diagnoses and prescription of treatment. Diagnoses must not be a determinant for help and assistance for young people with mental health concerns. We urgently need equitable funding across the spectrum of hospital inpatient, outpatient and community-based service. We urgently need more work to remove silos between the Ministries of Health and Long Term Care, Child and Youth Services and the Ministry of Community and Social Services. Efforts must focus on eliminating restrictions in legislation, regulations and program criteria. The social determinants of health are all interrelated and converge in experiences of social exclusion and poverty

Prevention efforts aimed at reducing family conflict, supporting youth in housing, pre employment training, providing a harm reduction approach to substance use can all alleviate symptoms typically attributed to mental health and prevent further

risk in youth We believe that there is a broad understanding in, and the acceptance of, the value of community programs and supports to promote positive mental health; however these programs are under considerable financial strain and lack solid public policy to ensure their sustenance.

It is a huge challenge for YouthLink and other like-minded organization to try to provide supports across a broad range of needs for youth living at home and for the street-involved youth population. Our reliance on project-based, limited year patch-work funding makes it difficult for our programs to fulfill their full potential. As the mental health needs of youth accessing our programs increase with every year, so too do the needs for training, additional staffing and increased service partnerships...

I am now going to turn to Sabina to talk more specifically about the street youth population supported through Youth Skills Zone and the Inner City Youth Programs located at Queen and Spadina.

Hello - I am really thankful for the opportunity to address this committee, and provide some focus on a growing multiply marginalized youth population that is faced with profound mental health and addiction issues -- the street involved and/or homeless youth population.

Established in 1980, YouthLink's Inner City Drop-In and Resource Centre provides a broad range of support services for street-involved and/or homeless youth in Toronto's downtown core. We offer access to basic needs-based services such as: access to showers and laundry facilities; food; and clothing within a welcoming and non-judgmental environment. We also provide street outreach, HIV and HEP C support services, Harm Reduction services and information about Healthy Sexuality and STI prevention. The intentional informality of our service provision within the Drop-In Program has been proven to be a very effective way to provide support for street-involved youth. Our Housing Access & Follow-Up Services Team provides a broad spectrum of support from initial housing to community mapping to support measures to help youth sustain and maintain their housing. One of the Housing Team members works specifically youth with intensive needs, who are often living with mental health concerns as well as substance use concerns.

The youth who use our services are often transient, and/or very 'system shy' – this means that it is essential that supports provided for them need to be easily available, on-site and flexible in meeting the needs of our youth population.

Our Community Partners enhance our services by providing on-site health care, legal support, mental health support, identification acquisition, and employment training and resume building. Having easy access to these services within a space that is comfortable and inviting for street youth is crucial in helping them move from simply surviving to thriving.

In addition to basic support provision, the staffing team at Inner City is committed to providing opportunities for youth engagement that takes into consideration the wide variety of learning needs, mental health issues, cognitive disabilities and life circumstances that may be present in the lives of the youth who access our services. We have a physical recreation program that takes place twice per week, a Thursday Night Drop-In that provides the opportunity for arts-based programming. Informal activities and workshops are also provided on an on-going basis within our Drop-In hours of operation.

Core to our programming is our commitment to recognizing and building on the strength and resilience of youth. Our Peer Education Program integrates youth who have accessed our services into the team to work in the drop-in and conduct street outreach alongside staff. This program provides the opportunity for youth who have accessed our drop-in services to develop specific life skills, enhance their knowledge of resources and services, build workshop development and facilitation skills, enhance their self-esteem all while earning an income.

According to 'Youth Homelessness in Canada: The Road to Solutions', a research paper authored by Raising the Roof, "... roughly 65,000 young people are homeless or living in homeless shelters throughout [Canada] at some time during the year" (p3, brief summary). According to a study done in 2000, over 20% of youth in Canada live in poverty – 91% of single mothers under 25 live in poverty, and over 78% of Aboriginal youth living off reserve live in poverty.

Aboriginal youth are over-represented in the street youth population, as well as being over-represented within the child welfare system. In addition, the number of youth from different ethno-cultural groups and newcomer youth who are homeless and/or street-involved has risen sharply in the past few years. It is essential that mental health and substance use services increase their cultural competency so that they are able to meet the different needs of these populations.

There are many complex issues faced by homeless and street-involved youth: substance use and related issues, homelessness, income inequality, generational abuse, generational poverty, malnutrition, physical, sexual and emotional abuse, youth violence, disengagement from the education system and sexual health issues.

Many youth who are street-involved have experienced some form of mental illness and substance use. In our experience, the youth who are currently accessing our support services seem to be living and coping with mental health issues that profoundly affect their ability to participate in traditional programming for youth. Even the scope of support provision that we can provide can be dramatically affected by the needs of these youth – the goal-oriented support provision for some cannot focus on housing or employment or education, but rather on basic survival such as eating, wearing shoes in the winter, re-learning how to use a washing machine or having showers.

At YouthLink, we assist the youth in accessing the external supports they need. However, this is not without its own challenges. Youth who live with mental health issues and use substances are still told more often than not (by mainstream providers) that they need to deal with the substance use or the mental health issue. There is such a strong need for support within a concurrent disorders framework, as well as advocacy for the mental health system to be more open to working with youth who may be in crisis in addition to (or because of) their possible substance use.

Just yesterday, we had a young man who self-identified as being in a 'manic' state, with seriously diminished impulse control, and near-hysterical laughter, who was expressing his concern over his own safety. He told a staff person that he was worried that if he went home, he would throw himself repeatedly against the wall, because in the moment it would feel like the right thing to do. The staff member spent a great deal of time trying to connect him with a mental health support program, and needed to advocate for the youth to be taken seriously, as the other service provider reacted to the youth's laughter by saying "Are you sure he hasn't just been using?" Eventually the other service provider agreed to meet with the young man.

We believe that it is very important to work within a Harm Reduction framework within both Youth Skills Zone and Inner City. We believe that by providing support within a Harm Reduction framework, youth who are living with both mental health issues and substance use issues are able to feel comfortable within our service provision and are able to begin to get the crucial support they need.

To conclude, we would like to reiterate the importance of recognizing and supporting the real value of community-based support services such as YouthLink, which provide services for the most multiply-marginalized youth in our communities. The pressures of trying to do this very important work within a funding environment of instability and the reliance on project-based, limited time funding make long-term strategic planning and service delivery very challenging. Our dedication to utilizing trauma-informed, intentionally informal support services for street-involved youth needs to be supported – because providing these services for youth saves their lives. □