Coalition on Community Safety, Health and Well-being
Coalition pour la sécurité, la santé et le bien-être des communautés

Youth Mental Health and Justice: Strengthening Integration and Coordination

Conference Report

BACKGROUND

The Canadian Association of Chiefs of Police (CACP), in association with the Coalition on Community Safety, Health and Well-being, and in particular the Canadian Nurses Association (CNA), Child Welfare League of Canada (CWLC), Canadian Teachers' Federation (CTF) and YOUCAN, entered into a contribution agreement with Justice Canada on 23 September 2009 for a national, multi-disciplinary conference entitled *Youth Mental Health and Justice: Strengthening Integration and Coordination*.

The Coalition on Community Safety, Health and Well-being was formed in 2005 when the CACP invited dozens of national non-governmental organizations to join in a collective effort to promote to policy makers, practitioners and the public the importance of social development as the basis of safe, healthy and inclusive communities. Coalition members for 2009-2010 are listed in the conference program.

The Coalition has organized two earlier events on youth justice: the *National Invitational Symposium on Youth Justice Renewal*, held in March 2008 and the *National Invitational Symposium on Youth Illicit Substance Abuse and the Justice System* in February 2009. Participants at both events drew attention to the situation of young people whose mental health issues were a factor in their involvement in the criminal justice system and urged the Coalition to focus on this topic. Accordingly, the CACP on behalf of the Coalition embarked on organizing a conference that would bring together key players and stakeholders from the variety of sectors active in work with youth.

The objective of the Conference was to demonstrate how a coordinated, integrated multi-agency response more effectively meets the needs of youth with mental health issues who are or may be in the justice system and identify the supports required for that approach to be successful. Specifically, the Conference was designed to:

- increase awareness of the relationship between mental health problems and youth who become involved in the youth criminal justice system;
- assist participants to modify their approach to responding to youth with mental health issues; and
- address a holistic, multi-sectoral, long-term approach to dealing with the issues affecting youth involved with the youth criminal justice system.

The Conference, funded mainly by Justice Canada ($84,991) through the Youth Justice Fund (Cities and Community Partnerships), with additional financial support from Correctional Services Canada ($5,000), the City of Winnipeg ($2,700) and Health Canada (up to $26,390 to assist 15 First Nations representatives to participate), was held on 25-27 October 2009 at the Fairmont Winnipeg.

PARTICIPANTS

The 141 delegates, drawn from across the country and from many disciplines, included 17 young people who have had direct experience with mental health issues and contact with the criminal justice system. Delegates represented addictions and substance abuse practitioners, child welfare, corrections/victims, education, justice system, police, public health officials and practitioners with a focus on children and adolescents, recreation, youth services and youth workers. One disappointment was the fact that only six of the fifteen First Nations delegates invited with the assistance of Health Canada funding were able to attend.

Delegate View

Great knowledgeable speakers, passionate commentary, now what?? Are the change leaders prepared to take down the walls of their own silos first?

The detailed conference program is included at TAB 1. Speakers' presentations are available on the CACP website at www.cacp.ca under the Coalition icon.

Delegates were assigned to tables, organized to ensure broad representation of professions and geographic regions. Wherever possible, each table included police and youth delegates. Members of the Coalition Planning Committee served as hosts and facilitators. A detailed "Participants List" can be found at TAB 2.

The young people had the opportunity to meet as a group in advance and at various times during the conference to focus on developing the messages they wished to convey to the conference as a whole. The youth also took advantage of the opportunity to network with other delegates with regard to employment and training opportunities.

Delegates were provided with a list of reference readings, included at TAB 3, and were able to access publications and other resource materials from organizations that participated in the daily poster sessions, including Correctional Service Canada, the Canadian Institute for Health Information and the Canadian Centre on Substance Abuse.

Delegates' evaluations of the conference program are summarized in this report with a detailed compilation of responses included at TAB 4.

SUNDAY 25 OCTOBER 2009

CONFERENCE OPENING CEREMONY

Chief Robert Keith McCaskill of the Winnipeg Police Service welcomed delegates on behalf of his police service. He noted that a social development approach to preventing crime is needed to find solutions so that youth do not turn to gangs. It is important for police and other sectors to work together so that the response to youth with mental health and addictions problems can be improved.

The Honourable Dave Chomiak, Minister of Justice and Attorney General of Manitoba, commended the Coalition on drawing attention to the subject of youth mental health by holding this conference and noted that while we are good at creating institutions, we have trouble making them pull together. The Minister, emphasizing that there should be fewer young people in jails and that youth in the mental health system can and should be reached before they get involved in the justice system, referred to recent actions taken in Manitoba to address these issues.

Acting Deputy Mayor **Gord Steeves** of the City of Winnipeg, after congratulating the CACP on its leadership, spoke briefly about recent developments at the municipal level (e.g., Project Breakaway and Live SAFE) that address the mental health needs of youth and young adults. He stressed the importance of developing programs that can be transferred successfully to other jurisdictions.

Dorothy Ahlgren, Chair of the Coalition Steering Committee and Co-Chair of the CACP Crime Prevention Committee with Chief Gary Crowell of the Halton Regional Police Service (who was unable to attend), began with thanks to those government departments whose officials had provided the funding and other support that made the conference possible. She introduced members of the conference planning team, comprised of representatives of the Canadian Nurses Association (Louise Hanvey), the Child Welfare League of Canada (Peter Dudding and Mai Ngo), the Canadian Teachers' Federation (Myles Ellis and Bernie Froese-Germain), YOUCAN (Dave Farthing and Cathy Ann Kelly), the Mental Health Commission of Canada (Janice Popp) and the Canadian Association of Chiefs of Police (Coalition Manager Sandra Wright and Sara Sowieta and Veronica Lahti from the National Office).

Chief Paul Smith of the Charlottetown Police Service, former CACP Director for Prince Edward Island and member of the Crime Prevention Committee, explained the genesis of the Coalition, the CACP's support and the policy position of the CACP that led the Association to join with other national non-governmental organizations. Coalition members share a commitment to crime prevention through social development and a conviction that many voices in unison can have more impact on public policy deliberations than single, isolated voices. He pointed out that while the Coalition's non-police members are not traditionally recognized as partners with the police, their work contributes to preventing crime and victimization by developing the sound individuals and families that are the foundation of safe, healthy and inclusive communities.

Mary-Lou Donnelly, President of the Canadian Teachers' Federation, offered her organization's perspective as a Coalition partner and representative of a profession that is strategically placed to have a direct and positive impact on the lives of youth who may have mental health issues. The Canadian Teachers' Federation promotes a greater awareness of mental health needs of children among teachers, school administrators and others who are in positions of trust in the education setting. The Federation also encourages cross-sectoral coordination and a focus on the needs of the child.

KEYNOTE ADDRESS

Dave Farthing, Executive Director and founder of YOUCAN, introduced the keynote speaker, Louise Bradley, Chief Operating Officer of the Mental Health Commission of Canada (MHCC). In his remarks, he informed delegates of the long-standing activity on the mental health-police relationship through the CACP's eight *Psychiatrists in Blue* conferences of past years, an initiative of Dr. Dorothy Cotton and Chief Terry Coleman (retired). Dr. Cotton and Chief Coleman are continuing their work in the context of the MHCC.

The Mental Health Commission grew out of the most extensive consultation on mental health ever conducted in this country. That consultation formed the basis of a report published in May 2006 by a Senate Committee chaired by Senator Michael Kirby. The Committee's report, *Out of the Shadows At Last*, looked at mental illness from the perspective of both the mental health system and the total health care system in Canada.

One of its key recommendations was the creation of a national organization to address mental health issues. Less than a year later, the federal government provided funding for the Mental Health Commission of Canada which held its first board meeting in September 2007.

Louise Bradley, Chief Operating Officer of the Mental Health Commission of Canada, outlined the priorities of the MHCC and the many initiatives it is undertaking with experts from across the country. In her speech entitled "Hope and Recovery: A Vision for Youth Mental Health in Canada", she painted the backdrop of the current economic recession and its impact on young people, particularly on their employment prospects. She identified many of the psychological impacts brought on by economic crises, including anxiety, depression, family violence and a spike in suicides. These factors, when present in a family, have a serious effect on children and youth. More than seven million Canadians will experience a mental illness this year (one in five people) and the challenge for the Commission is to take mental illness "out of the shadows – forever".

She provided background on the MHCC, which is a non-profit organization created by the federal government and operating at arm's length. The Commission is not a service provider, but rather a catalyst with a mandate to focus national attention on mental health. It has four key initiatives:

- a mental health strategy for Canada which is alone among the G8 countries in not having such a strategy;
- *Opening Minds*, the largest anti-stigma/anti-discrimination public awareness campaign in Canadian history;
- studying mental health and homelessness, involving over 2,200 homeless mentally ill people, through the *At Home/Chez Soi* project; and
- a Knowledge Exchange Centre, a web-based resource that will have a dual role of providing the public with approved, reliable information and facilitating information exchange among researchers, academics and scientists.

The Commission has launched a social movement called *Partners for Mental Health,* modeled on the movements for AIDS and breast cancer. It will work on education campaigns, advocacy, fund-raising events, volunteering in health organizations and public discussion about mental health experiences. In addition, the Commission has established advisory committees in eight key areas: children and youth; mental health and the law; First Nations, Inuit and Métis; seniors; workforce; family caregivers; service systems; and science. The committees guide research in their areas of expertise, provide advice to the Commission's Board and support the Commission's key initiatives.

Ms. Bradley defined the scope of the child and youth mental health challenge and described how the national mental health strategy and framework will work to provide a genuine mental health care system for Canadians. The future vision for child and youth mental health will be outlined in the Commission's *Evergreen* document, based on research into strategies from around the world and consultations on the values and principles that need to go into the document and the ensuing framework. She elaborated on *Opening Minds*, an anti-stigma/anti-discrimination initiative initially targeting youth aged 12 to 18 and health care professionals. An example of a public service video being shown on MuchMusic was played for the delegates.

She reiterated the need for a national mental health strategy that includes a vision for child and youth mental health, more education to end stigma and discrimination, and the creation of a real mental health system that addresses the full continuum of care, including mental health promotion and prevention, early identification and intervention, recovery, rehabilitation and continued care. In closing, she invited delegates to join the national mental health movement so that we can build a truly civil society.

MONDAY 26 OCTOBER 2009

OPENING REMARKS

Louise Hanvey, Canadian Nurses Association, introduced Dr. Keith Hildahl, Medical Director, Child and Adolescent Mental Health Program, Winnipeg Regional Health Authority. In her introduction, Ms. Hanvey built upon the previous evening's Keynote Address and on the messages received from participants in the Coalition's two national invitational symposia: the need to explore how a coordinated, multi-agency response more effectively meets the needs of youth with mental health issues who are, or may become, involved in the justice system. She acknowledged that the concept of "upstream" investment is easier than the practice and turned to Dr. Hildahl to outline how Winnipeg is moving the concept of integration from the abstract to the concrete.

Delegate View

The big thing that stood out for me was how across the country the issue of organizational silos is a problem that is seriously harming youth at risk … youth get bounced and until they are charged, on probation or are incarcerated, they often do not get mental health services.

Dr. Keith Hildahl, who began his medical training following a career in corrections, brought these two perspectives together in his sobering presentation. In addition to his role in Winnipeg, Dr. Hildahl works four times a year in Nunavut. He noted the World Health Organization's estimate that 15-20% of youth have a mental health problem at some time and added that 3% need urgent treatment and 1% require emergency help on any given day. He observed that the youth justice and mental health worlds still operate very separately and cited three main concerns: the use of correctional facilities for repeat offenders who are unable to follow bail conditions for essentially minor offences; the need for an integrated system that focuses on the needs of youth and not on the departments concerned; and the over-representation of First Nations youth whose multigenerational history of abuse, sexual abuse and neglect have produced trauma that is challenging to treat effectively. Dr. Hildahl stressed the importance of using the period in custody as constructive time for youth. In closing, he challenged Canadians to become more informed about mental health issues affecting youth, especially Aboriginals, and called for both public debate and investment now so that our jails are not filled with those whose needs we have failed to meet.

Delegate View

Why Aboriginal kids are such a high number in the system. Research ways others have successfully reached Aboriginal youth and share information nationally. We need to break the blame/shame cycle.

SESSION: YOUTH MENTAL HEALTH AND THE LAW

Peter Dudding introduced and moderated this session which brought together a senior federal policy official, a senior police official, a Crown Attorney and an advocate for young people to explore how the youth justice system works for youth with mental health issues. He summarized the Coalition's two previous events on youth justice, noting that delegates at both symposia had strongly endorsed the intent of the *Youth Criminal Justice Act (YCJA)* as being sound and consistent with Canadian values. He cited the legislation's provision for mental health assessments and the sentencing options (Intensive Support and Supervision Program and Intensive Rehabilitative Custody and Supervision) intended as treatment sentences for those most serious cases.

The first speaker, **Catherine Latimer**, Director General, Youth Justice, Strategic Initiatives and Law Reform, Justice Canada, examined the challenges and opportunities within the *YCJA* for dealing with the cognitive deficits resulting from mental health issues of young people in conflict with the law. The legislative framework is based on the criminal law and the interventions are designed to ensure that offenders are accountable for their criminal acts. She stressed the concept of proportionality and the recognition that young people are still developing cognitively and morally. Within the legislative framework, there is considerable flexibility to promote fairness for those who have mental health issues and she outlined some of the options and approaches for police and judges that are provided for in the law.

Delegate View

Less talk, more action. Consultation with a goal/purpose and a tangible outcome. Consultation looks good on paper, but how does it improve the life of the people we serve in a way that is sustainable – meaningful – measurable and NOW.

Ms. Latimer was followed by Deputy Chief **Christopher McNeil** of the Halifax Regional Police Service. Deputy Chief McNeil, reflecting upon a long career in policing and his experience as a parent and a volunteer with a youth-serving agency, stated that the *YCJA* over-promises and fails to deliver what young people in conflict with the law actually need. He characterized the *Act*'s pursuit of lower incarceration as manic, observing that the result has been over-burdened child- and youth-serving agencies, lack of secure treatment facilities, a disconnect between well-meaning programs and the children who most need them and a practical inability for police to make referrals because adequate services are simply not available. He stressed the need to focus on the person and called for changes in the structure of government agencies so that a holistic approach can be employed.

Winnipeg Crown Attorney **Brian Sharpe** reflected on how the Crown approaches the issue of criminal responsibility as set out in the *Criminal Code of Canada.* He noted the *YCJA*'s recognition of diminished capacity and explained how the overlay of Fetal Alcohol Spectrum Disorder and other alcohol-related developmental deficits limit the extent to which an offender can be considered blameworthy. He emphasized the requirement under the law for an appropriate sentence and the delicate balance to be achieved between public safety and the offender's needs.

Offering a perspective from outside the legal system, the Child Advocate of Manitoba **Billie Schibler** offered her comments from the perspective of an Aboriginal woman whose career has spanned child protection and social work. The starting point for her current work is Manitoba's *Child and Family Services Act*, as well as the twenty-year-old United Nations Convention on the Rights of the Child which has been ratified by Canada. Her office examines child deaths in the province, including homicides and suicides, and the

system responses and failures that may have played a part in these deaths. She provided her assessment of the state of Manitoba's children as "sad", with over 8,600 in care, many others being treated in their homes and many not receiving care or treatment for the trauma, pain and fear of their current living situations that translate into anger and frustration. She noted the unrealistic expectation of the state that children in care ought to be able to stand on their own feet at the age of 18. She recommended that this age be raised to 25 and furthermore, suggested that no child be discharged from any part of the system without a subsequent support system in place. Her poignant conclusion was that our systems, rather than taking a punitive approach, need to heal the spirits of our young people.

Delegate View

Increase in knowledge comes from different aspects: mental health may promote repeat offences and cannot address the behaviour/crime without looking at other difficulties. There is just not enough being done to service this clientele.

SESSION: YOUTH ENGAGEMENT: THE NEW MENTALITY

Cathy Ann Kelly of YOUCAN moderated this session, emphasizing the importance of hearing from youth directly on issues that concern them and the direction of their lives.

The New Mentality is a Toronto-based group that uses the tagline "disable the label". Its mandate is to promote youth and young adults as assets who ought to be involved in decision-making that affects them. Four young women from this group shared candidly their experiences as mental health consumers and offered advice for the professionals (e.g., police, health workers, educators) on how to interact more appropriately, respectfully and helpfully with youth who find themselves in the mental health and justice systems. Several spoke about negative stereotyping they had encountered from adult professionals, including police and health service providers. On the subject of custody for young people, one speaker pointed to the importance of retaining judicial discretion as an important element, particularly for cases involving youth offenders, because that discretion may be tied to access to treatment and rehabilitation that are not adequately available within the corrections system.

Youth Delegate View

I think there has to be more programming to involve youth in the community. I would like to see a lot of corporate partnerships with something like Big Brothers, Big Sisters … which would allow for free mentoring in exchange for neat activities. There should also be plenty of part-time employment opportunities for youth to work with youth. Mental health services also have to be addressed. You have to get the medical profession involved and the federal and provincial governments to look at the current shortfall. You cannot refer to psychiatrists that have eight-month wait lists … and delay until a youth is released only to then have them never be assessed and treated.

Following their presentation, the young women and other delegates offered concrete suggestions for improving relationships between service providers and service recipients. Foremost are taking the time to understand youth, remaining non-judgmental, avoiding stereotyping, intervening early with those in need or at risk, being present in schools and other places where youth spend their time and treating young people with respect. Discussions led to general support for enhanced youth engagement opportunities and training for both youth and adults in how to achieve fruitful dialogue, including www.deal.org, the RCMP's by youth-for youth website, Project Peace in Toronto and various other programs that stimulate dialogue between youth and police.

SESSION: FRONT-LINE INTERVENTIONS

The purpose of this session was to allow delegates to hear from those who are on the front lines in responding to youth with mental health issues. In introducing the session, **Chief Paul Smith** commented that the police describe themselves as front-line mental health responders. This is because police are the only service available around the clock all year long and they respond to those in vulnerable situations. It is estimated that the police have some three million interactions each year with people living with mental illness and most of these interactions are not the crisis situations that hit the news.

Collaboration among police and mental health service providers in recent years has increased police awareness of mental health issues and served to promote system improvements. But while police and social workers are often credited by family members with taking supportive and humane approaches, this is not the experience of all youth with mental health issues who have contact with these service providers. Panelists explained their respective intervention models, each of which is characterized by integration and coordination among service agencies.

Kelly-Ann Stevenson, Registered Psychiatric Nurse with the Manitoba Adolescent Treatment Centre/Youth Forensic Services (YFS) in Winnipeg, was the first speaker. The YFS is a community-based service located at the Manitoba Youth Centre. Its staff consists of psychiatrists, a psychologist and a psychiatric nurse who provide seamless services to youth in custody. Half of the YFS cases stem from court-ordered assessments. She noted that access to services for young people with mental health issues is very restricted, because of factors including the geography of the province, funding and staffing shortages, lack of gender-specific programming and the regular, 9 to 5 hours that do not meet the needs of young people. Access occurs most frequently through the custody route, rather than as a service available at the community level to youth in need of intervention before conflict with the law.

Delegate View

Communication between health, education, justice and child welfare are challenges everywhere … not just for us. This conference has encouraged me to keep pushing forward and not give up on integrated service.

Michèle Goyette, Director of Special Services and Services to Young Offenders, Centre jeunesse de Montréal, explained the organizational structure of services for young offenders in Québec and their distribution across the sixteen districts in the province that have a centre jeunesse. She posed the big question "Is the objective to answer the young person's needs or punish the crime?" before proceeding to summarize the Québec response to young people which is to use the right measure for the right person at the right time. This approach is consistent, she stated, with the *YCJA* and reflects long-time Québec practice. Rehabilitation, rather than reduced incarceration, is the desired result, and sometimes this result can be realized only through incarceration. To further explain how to identify the problem that needs to be addressed first – that is, the mental health problem or the delinquent behaviour – she used four case studies to demonstrate the approaches taken for individual youth.

Constable Andria Cowan of the Toronto Police Service presented a front-line police officer's perspective on responding to youth in crisis, where a mental health issue may be a factor. She cited a critical incident that stemmed from an individual with schizophrenia attacking other passengers on a bus and described how police responded. Police do not receive a great deal of training in navigating situations such as this and must know how to determine whether there is criminal intent or an underlying mental health issue. She had

three concrete suggestions: first, she invited input to police on what they can do better in such situations; second, she suggested that mental health service providers do a police ride-along in order to gain insights into how joint work can be more effective; and third, she challenged police to establish partnerships with people who are at risk but not yet in crisis, such as youth in residential care, on a person-to-person basis.

Liz Wolff, Program Manager of New Directions for Children, Youth, Adults and Families in Winnipeg, began her presentation with the assessment that mental health problems in adolescents are more serious than they were thirty years ago. Intellectual and developmental challenges and substance abuse increase the risk for serious and harmful consequences for youth in conflict with the law. She cited statistics showing that over 18% of young people aged 15-25 meet the criteria for at least one measured disorder or substance dependence. Some 40% of her client population meet those criteria. She outlined four programs, including one aimed at refugee youth who have experienced complex trauma and one at level 4 auto theft offenders, boys who in 40% of cases have FASD or some other cognitive impairment. Her practical suggestion for police was to engage with these youth in recreational settings where positive and creative relationships can be established, thereby leading to the mentoring that appears to work for these young people.

This panel stimulated considerable discussion about the impact that cuts to services have on youth whose behaviour becomes criminalized virtually by default. Services for these youth are not always available at the times when offending takes place, such as during the middle of the night when police are the front-line intervention. Crisis stabilization teams, in place in Winnipeg and some other communities, offer a model of system integration that is part of the solution.

Delegate View

It was very helpful for me to see people who still care and are still passionate as many of the people I work with are bored and burned-out.

BREAKOUT SESSIONS: PROMISING PRACTICES AND RESEARCH

Six breakout sessions were offered twice, allowing delegates to attend two sessions each. Each was designed to permit communities and organizations to present the innovative practices and programs they have put in place and that reflect the intent of the *YCJA.* Brief descriptions of the breakout sessions follow.

SESSION A: BC YOUTH HUB STRATEGY, VANCOUVER BC

SPEAKERS: **Ian Mass**, Executive Director, Pacific Community Resources Centre
Christine DeVries, Broadway Youth Resource Centre
Robert Wilmot, Manager, Broadway Youth Resource Centre

What makes the BC Youth Hub Strategy stand out is that its program design is based on youth input rather than solely on the views of service providers. In Vancouver, over the past ten years, the Pacific Community Resources Society has established three centres in which youth lead the programming. The youth centres serve as a one-stop service provider, addressing youth needs in: housing; alternate education programs; addictions counseling and prevention; family mediation and grief counseling; parent support; outreach services related to rapid transit workers; sexual exploitation services; youth

justice; mental health; mentorship programs; arts, cultural and recreational programming; health; employment; and life-skills.

Delegate View

Integration of services is the key to increasing service efficiency.

The centres' multi-agency model is governed by the fifteen different agencies that work out of them. Funding comes from the three orders of government, foundations and fundraising. The centres are able to provide a seamless continuum of integrated, community-based social and health services to over 5,000 youth at risk each year, thereby improving their health and well-being. The active engagement and involvement of youth in the operations of the centres is positive on many fronts: the youth-friendly environment encourages youth to become involved, use their voices, make decisions on matters that affect them, gain leadership skills and implement their ideas.

SESSION B: YOUTH MENTAL HEALTH DIVERSION PROGRAM, LONDON YOUTH THERAPEUTIC COURT, LONDON ON

SPEAKERS: **Mary Potter**, Acting Crown Attorney
Mary Kay Arundel, Clinician, Centre for Children and Families in the Justice System, London Family Court Clinic

The session began with Mary Potter's brief history of the origins of the London Youth Therapeutic Court which was established in 2007 as a mental health court for adults and youth. It became a therapeutic court for youth in 2009, with a changed name in response to concerns about stigma. In this court, the role of the prosecution takes a back seat to that of the other players. The court teams consist of dedicated judges, dedicated Crowns, probation officers, the St. Leonard's Society that takes on diversion cases, the school board, a court reporter and clerk and security. The court makes extensive use of the *YCJA*'s section 19 provision on conferencing. Charges are stayed while the young person's diversion plan is in place, but can be re-activated if the diversion is not effective.

The process begins each Monday with a meeting of the youth and family and application of an assessment tool to measure emotional risk. The young person and family, who are not always supportive of the youth, are linked with other treatment specialists. If the young person meets the established criteria for diversion (based on a mental health problem or injury resulting in cognitive impairment, not on the young person's behaviour), then a plan is developed and compliance enforced through monitoring and community input. Education or employment training is always part of the young person's plan. By identifying the services needed for each young person, gaps are filled and all parties work towards the solution. The court is in session each Thursday to review cases and the progress of the young people. Section 19 conferences are held frequently, to address issues that may arise during the process for any individual youth.

Delegate View

More funding for more services (and reduce wait lists). De-stigmatization starting in health profession and other businesses. Mental health court diversion for under 16 years.

The speakers noted that specialized courts like this one require more time than traditional courts because of the processes they carry out. This can skew statistics, in that results are evident within different timeframes. While the process is not easy or quick and requires a strong team and good communications strategy, results are promising.

SESSION C: MENTAL HEALTH MOBILE CRISIS TEAM, HALIFAX NS

SPEAKERS: **Constable Angela Balcom**, Halifax Regional Police Service
Mary Pyche, Health Services Manager

In 2003, the Halifax Regional Police Service spent the equivalent of two full-time officers responding to 1,081 mental health or suicide calls. Paramedics were dealing with clients who refused their help unless police intervened. Both police and paramedics were spending increasing hours in emergency rooms waiting to transfer their patients. Many at-risk youth who would not go to a hospital would clearly have benefited from community-based crisis response. The solution was to move to a police-mental health collaborative model.

Delegate View

Some issues around politics and funding will always be a reality … we need to look at those and try to find solutions within those realities and not just identify/accept those barriers.

The result was the Mental Health Mobile Crisis Team, a co-response model that brings police together with mental health practitioners. Dedicated police officers work with mental health clinicians, all of whom are posted to a specially-trained crisis team which facilitates referrals "to the right service at the right time in the right place", a recurring theme in effective response.

The Mobile Mental Health Crisis Team (MMHCT), a partnership of Capital Health, the IWK Health Centre, Halifax Regional Police Service and Emergency Health Services, provides intervention and short-term crisis management for children, youth and adults. It carries out over 700 interventions each month, of which about 20-25% are for youth. Team clinicians, rather than Emergency Room doctors, do psychiatric assessments with only the most serious cases taken to hospital. The Team's response is facilitated by the fact that it has ministerial permission to share information and access medical records. Since the MMHCT was activated, the number of mental health calls handled has gone up, but the time required per call has dropped and paramedics and police patrol officers are no longer spending lots of time in emergency rooms.

Unlike teams in some other cities, the Halifax Regional Police Service has assigned two unmarked cars and plain clothes officers to the MMHCT. Officers must participate in the program for a minimum of two years. Team members engage in cross-training. The service operates on a 24/7 basis, but one police officer and one mental health clinician attend all mental health calls in person between 1:00 PM and 1:00 AM. Most youth-related calls come from parents and relate to conflicts with their adolescents.

SESSION D: FROM RISK IDENTIFICATION TO CLINICAL RISK MANAGEMENT: A COMPREHENSIVE COLLABORATIVE CRIME PREVENTION MODEL FOR YOUTH CHILDREN IN CONFLICT WITH THE LAW (THE SNAP APPROACH)

SPEAKER: **Leena Augimeri**, Director, Centre for Children Committing Offences and Program Development, Child Development Institute, Toronto ON

Children under 12 years of age who are in conflict with the law present a unique challenge. This session presented a comprehensive, collaborative, evidence-based model developed by the Centre for Children Committing Offences at the Child Development Institute in Toronto. The model focuses on three key areas: reliable

mechanisms for police to make referrals to community agencies; structured professional judgment including a gender-sensitive risk assessment of the child; and clinical risk management strategies.

Delegate View

[We need] connections of all services at early intervention level. If we can use the education system and other early services, we hopefully would need less services later. More experts working on early indicators in school systems will help.

The session highlighted the SNAP® (Stop Now And Plan) program, which is receiving international recognition as an exemplary model and is being replicated world-wide. It was selected in 2008 by the National Crime Prevention Centre as an evidence-based model. The session also included a presentation on the EARL-20B and EARL-21G risk assessment tools used to assess potential antisocial behaviour in young boys and girls respectively. The Child Development Institute has generously offered to provide access to their SNAP® instrumentation to practitioners working in this area.

SESSION E: INTERRELATIONSHIPS AMONG MENTAL HEALTH, SUBSTANCE ABUSE AND COGNITION IN YOUTH WITH FETAL ALCOHOL SPECTRUM DISORDER IN THE JUSTICE SYSTEM

SPEAKER: **Dr. Julianne Conry**, Asante Centre for Fetal Alcohol Syndrome, Maple Ridge BC

There is increasing awareness that a large number of youth in the criminal justice system or in conflict with the law have FASD. Cognitive deficits, impulsivity, inability to appreciate the consequences of their actions and being easily led by others are some of the characteristics of those with FASD that may increase their susceptibility to trouble with the law. Mental health and substance abuse issues are common in this group of young offenders.

The Asante Centre conducts diagnoses and assessments for children, youth and adults affected by FASD, based on a family-centred, multidisciplinary team approach. The Asante Centre team includes a physician/pediatrician, a registered psychologist, a speech and language pathologist, a family nurse clinician and a centre coordinator. It provides family support throughout the assessment and diagnosis. Dr. Julianne Conry, the Registered Psychologist who provides the psychological assessments for FAS diagnosis, is a recognized expert who has published extensively on this topic.

Delegate View

I was aware of the effect FASD had on youth involvement in crime, but was unaware of the extent of other mental illnesses.

Funding from Justice Canada and the British Columbia Ministry for Children and Families has allowed the Asante Centre for FAS to develop, in collaboration with Pacific Legal Education Association, a probation officer's screening tool and provide assessments for FASD and follow-up services to these young people. This presentation discussed findings using the screening tool and the cognitive profiles of diagnosed youth, with emphasis on the complex interrelationships among mental health problems, substance abuse and cognitive deficits that need to be addressed in order to ensure that these young people receive fair treatment and effective services.

SESSION F: INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION SENTENCE (IRCSS) PROGRAM

SPEAKERS: **Talia Zink**, Social Worker, Forensic Adolescent Program, Alberta Health Services, Calgary AB
Karen Cotton, Manager, Mental Health Initiative, Young Offender Branch, Alberta Correctional Services, Edmonton AB

The Intensive Rehabilitative Custody and Supervision (IRCS) sentence is a sentencing option for young persons convicted of a specified serious violent offence under the *Youth Criminal Justice Act (YCJA).* An IRCS sentence provides intensive treatment and rehabilitation for a young person throughout the course of his/her sentence, with the goal of reducing recidivism and promoting the young person's successful rehabilitation and reintegration back into the community.

Justice Canada and Alberta Solicitor General and Public Security (ASG&PS) are providing case-specific funding for rehabilitative and treatment services when an IRCS sentence is imposed. ASG&PS, in collaboration with the Provincial Forensic Psychiatry Program, has developed an overall program strategy for young persons who receive an IRCS sentence. The Young Offender Branch and the Alberta Health Services/Provincial Forensic Psychiatry Program are jointly developing for submission individualized IRCS plans related to sentencing, when deemed appropriate.

Eligibility requirements are the following:

1. The young person must be convicted of one of the following offences: 1st degree murder, 2nd degree murder, attempted murder, manslaughter, aggravated sexual assault or a third serious violent offence (SVO) as designated by the court.
2. The young person must be suffering from a mental illness or disorder, a psychological disorder or an emotional disturbance.
3. A treatment plan must be established and available that will reasonably be expected to reduce the risk of the young person repeating the offence or committing another serious violent offence and will assist them with their reintegration into the community.
4. The young person must be committed to and in agreement with the IRCS Plan.
5. The ASG&PS Executive Director of the Young Offender Branch, in consultation with the Provincial Forensic Psychiatry Program, has determined that an IRCS program is available and that the young person's participation in the program is appropriate.
6. The court approves of the plan and ultimately determines whether a young person will receive an IRCS sentence.

Delegate View

We need more information on programs and what we can offer and what works. Program delivery officers, corrections officers, counsellors, front-line and policy staff should be invited.

Sentences will include the following phases: Phase 1, the Stabilization Phase, occurs in custody; Phase 2 is the Intensive Treatment Phase and takes place in an inpatient Provincial Forensic Psychiatry Facility; Phase 3, the Reintegration Phase, is at a designated community placement, normally in a group home-like setting (open custody); Phase 4 is the Community Phase, and is when the young person makes the transition to the home community or community where that youth will be residing (conditional supervision).

This program faces a number of challenges: accommodating older youth; young people who present needs that cannot be met within existing services; maintaining continuity of treatment during longer sentences with multiple service providers; creating plans for longer sentences; and enacting IRCS plans when the youth in question are uncooperative.

SESSION: DELEGATE INPUT: CURRENT RESPONSE TO YOUTH WITH MENTAL HEALTH PROBLEMS

Q: How do the systems relevant to youth with mental health issues work well?

Q: What systemic issues related to youth mental health and justice require attention?

Delegates discussed these two questions at their assigned tables, then debriefed in plenary.

On the first question, **"How do the systems relevant to youth with mental health issues work well?"** delegates offered the following views:

- The strength is in the people in the systems who work well and their often unique programs, rather than the systems themselves.

- Systems that are flexible are effective, in that once a child or youth is in the justice system, access to other systems can be facilitated. There are good models that demonstrate this, but the challenge is to disseminate this knowledge. Where specialized courts for youth with mental health problems do not exist, there is a role for a child advocate to promote such promising practices.

Delegate View

Government must be at the table (corrections, public safety, education, child services, policing). Focus on early intervention – need to show government cost-effectiveness of this.

- Movement to multi-sectoral approaches is working and as relationships among professions and sectors improve, the systems become stronger. Small communities sometimes take a more holistic approach than do larger centres because of the model of informal collaboration and the need to use fully the assets they have.

- What works is a continuum of mental health care with services integrated into youth centres. Youth often know what they need. When the whole person is considered, rather than simply the behavioural manifestation, and when peer support is strong and collaborative community-based systems are accessed, then this works well for youth and can avert crisis situations.

- Liaison and a solid and genuine relationship between youth and police, including school resource officer programs, are effective in removing barriers and providing a gateway for youth who need specialized services such as addiction and mental health services. Police must be aware of and understand the determinants of health in order to be helpful.

Youth Delegate View

Police understanding every youth, not just good kids; youth understanding police.

On the second question, **"What systemic issues related to youth mental health and justice systems require attention?"** delegates suggested the following:

- Systems need to be more collaborative and include, as a principle, some mechanism for input from youth users of the systems.

Delegate View

Reminded me of the need young people have to be welcomed, included, involved, have a say and that their outcomes can be so much better if we listen to and engage them.

- Police require effective models for dealing with children under 12 and over 12 and need to be trained to know which approach to use in which case. Children are not usually asked whether things are working for them. There is no quality assurance process to monitor interventions and their effectiveness. As a result, children who do not get the help they need in one system find themselves in the criminal justice system by default.

- Police need improved relationships with youth. This can be achieved through school liaison activities, recreation, mentoring and a variety of proven approaches.

- Child advocates are needed as champions for children and youth.

- There is too much reliance on the courts as the gateway to treatment, because of deficiencies in social and medical systems. Disjointed systems are confusing to youth and their families, and young people bounced from one system to another do not form attachments.

Delegate View

More resources. Don't rely on justice institutions as a fall-back resource.

- There needs to be more focus on competencies, rather than professional designations, when services are provided to youth with mental health problems.

- Privacy legislation is often cited as a barrier to information sharing, which is an essential element of a comprehensive and coordinated response to a child or youth in need of mental health services. There is a general lack of knowledge among professionals on how privacy legislation affects their work. There is an opportunity to learn from those jurisdictions that have addressed the privacy issue so that young people can be guided to the services they require.

- There are untapped opportunities to use technology to provide information to the youth population about mental health issues and access to services.

- Centralized information databases, at the local or regional level, of people using the systems with appropriate privacy protections would facilitate coordination of services.

- Families, including foster families, need to be better informed about mental health issues and the specific challenges facing the young persons in their care. Better-informed families become empowered when they understand the problem and can learn about promising approaches and services available to address it.

- It is very challenging to obtain mental health assessments for young people in conflict with the law and often youth are misdiagnosed or over-diagnosed.

Delegate View

Have a collaborative approach/ "wraparound" system in place for initial assessment … would separate criminals from youth with mental health issues.

- The determinants of health, including mental health, need to be better understood by all Canadians. This will result in reducing the stigma attached to mental health problems.

Delegate View

I believe that large systemic issues, primarily poverty, need to be addressed as issues such as these cause complex problems within families that strongly impact youth.

TUESDAY 27 OCTOBER 2009

SESSION: YOUTH MENTAL HEALTH AND CORRECTIONS

Dorothy Ahlgren introduced this session, designed to address efforts by correctional institutions to provide mental health services to youth and young adults in custody, and discuss positive and promising outcomes as well as ongoing and emerging challenges. Conference organizers took liberties with the definition of "youth", because children and youth who have mental health problems and are entering the criminal justice system come from the same socio-economic conditions as do adults, and adult corrections facilities recognize that an increasing number of young offenders with mental illnesses will move to adult custody.

Precise data on the prevalence of mental illness among young offenders and young adult offenders are not available, but research indicates that there is a greater prevalence of mental illness among those who are in the corrections system than in the general population. The *YCJA* includes provision for a youth justice court to order an assessment by mental health professionals and to receive recommendations on treatment plans for young persons.

Louis Goulet, Executive Director of Youth Corrections, Manitoba Justice, provided an overview of youth corrections in that province. He signaled the serious capacity issue, noting that 208 young people were in custody in the Winnipeg youth facility designed for 150. His jurisdiction is concerned that, after an initial decline following implementation of the *YCJA*, the number of youth in custody is reaching pre-*YCJA* levels. Manitoba's remand population is one source of this increase, with a rate of 25 per 10,000, much higher than the national average of 8 per 10,000. He pointed out as well that 65-75% of youth are involved in gangs and there is a high prevalence of Fetal Alcohol Spectrum Disorder in this population.

He referred to the changes under way to address the mental health needs of youth, including increased service capacity, staff training on such subjects as the impact of trauma, FASD and self-harm, the increased use of assessment tools and collaborative projects with the education system. Manitoba's objective is to have systems work collaboratively in order to ensure positive outcomes for youth.

Delegate View

[We need a] discussion of how various provinces operationalize the Youth Criminal Justice Act in their respective areas.

Garry Fisher, a psychologist with the Youth Forensic Services at the Manitoba Adolescent Treatment Centre in Winnipeg, raised a number of questions as the basis of his presentation. First, he asked why we are dealing with mental health in the justice system, turning jails into treatment centres, and asserted that our system is criminalizing those with mental health problems. Second, he questioned whether existing treatment has an effect on further offending, particularly among those youth with cognitive deficits.

Third, he observed that the definition of "mental health concern" is not clear or consistent, with thresholds differing among systems. He then reviewed the results from a mental health screening of incarcerated youth in Manitoba and spoke to recent changes in the youth population: more violence, less attachment to caregivers and little expectation of a future. These results present challenges in terms of effective interventions.

He noted that the corrections system can improve its response to youth with mental health problems. Intervention goals should be targeted selectively. Mental health problems should be clearly established (i.e., use of IRCS). Efforts should be made to build bridges to the community and to other institutions. Attempts should be made to consider issues from the perspective of the youth. In the end, society needs to find ways to keep the mental health and justice systems separate.

Kim Pate, Executive Director of the Canadian Association of Elizabeth Fry Societies, stated that it is the most marginalized in society who end up in the corrections system, be they youth, Aboriginal people or women. She pointed out that cuts to social services within the community and to effective programs once available in correctional institutions have taken place at the same time as the state has become more intrusive in the surveillance of citizens and criminalization of behaviours. The result is that the most marginalized can rely less on the state for support, while being affected more by the repressive role of the state. Furthermore, the prison setting is not conducive to healing or treatment.

She acknowledged that the *YCJA* represented an important change, but because resources at the community level are inadequate, the net result is that our jails are filling up, the needs of youth are not being met and public safety is decreasing. This is ineffective and expensive, but the current situation also presents an opportunity to turn things around – to move away from the politically expedient, " tough-on-crime" agenda towards investment in social development. Imagine, she suggested, how differently the world would look if we were to promote every effort to meet the needs of children and youth, rather than institutionalizing them.

SESSION: YOUTH MENTAL HEALTH IN REMOTE OR SMALL COMMUNITIES

Chief Paul Smith moderated this session which addressed the particular challenges faced in responding to youth with mental health issues who reside in remote or small communities. Poor access to services, lack of community supports and the stigmatization that can occur in a small town where everyone knows everyone can all hinder effective responses. Chief Smith dispelled the notion that remote communities exist only in the north of Canada; in every province there are small communities that lack access to services available in larger centres. Whether it is a four-hour flight or a four-hour drive to help and treatment, Canada's geography and sparse population are factors that impact young people with mental health problems.

Mayor John Fenik of the Town of Perth, Ontario is also a social worker with the position of Special Services Counselor with the Upper Canada District School Board which covers a large geographic area. He examined the challenges and successes in responding to youth in this area who have mental health concerns. Traditional barriers to access mental

health services include institutional silos, government detachment, stigmatization, lack of funds and stakeholder disengagement. He examined these factors from the mental health perspective of the child as an individual, as a family member and as a part of the community.

Delegate View

More downloading of ministry funding to community stakeholders who have a better idea of where the needs of their community are.

He outlined a number of successful initiatives. The foundation of his community's response is an enhanced service orientation allied with a community commitment to its young people. With the Lanark Police Emergency Ambulance Division (LEAD), a mental health worker is dispatched to the person in trouble and as a result, the intake process is streamlined and the time spent by first responders in emergency rooms reduced. "Wraparound" is a youth and family-led support program whose partners include Children and Family Services, social, addictions and children's mental health services, community health centres, school boards and a women's shelter. A telepsychiatry initiative provides a fast-tracked video link to the Children's Hospital of Eastern Ontario in Ottawa for consultations and diagnoses. An anti-stigmatization program has been introduced for elementary schoolchildren in Perth.

Superintendent Steve McVarnock, Commanding Officer of RCMP "V" Division (Nunavut), described the situation in that Territory. Multi-generational sexual abuse, the legacy of residential schools, lack of education and employment opportunities and a serious housing shortage are only some of the factors that result in residents having no vision of their future. Add to these factors chronic alcohol abuse and the result is communities that offer little hope for young people and many serious mental health issues. The RCMP, in tandem with the territorial government, has identified healthy communities as a priority and is placing a particular focus on youth and suicide prevention.

Nunavut has developed a comprehensive suicide prevention strategy that includes fourteen specific elements. One of these is the promotion of the ASIST (Applied Suicide Intervention Skills Training) program which is described as suicide first aid. Designed to help caregivers and peers help people, it entails recognizing those who are at risk and knowing how to intervene. Over 200 youth in Nunavut have been trained and all Grade X students will receive this training, so that the community can benefit from peer support and informed referrals to mental health services.

There are some signs of hope. The RCMP is encouraging youth leadership in communities at risk, helping them to set up their own councils and initiate projects since no services exist for them. An increased emphasis on restorative justice linked to greater involvement of elders has recently resulted in fewer youth being sent to correctional facilities.

Superintendent McVarnock concluded with the observation that burn-out has become a serious problem for the police, nurses and probation officers on the front lines. Those who are service providers themselves need to be mindful of their own mental health and that of their colleagues.

SESSION: YOUTH MENTAL HEALTH AND THE EDUCATION SYSTEM

Myles Ellis reminded delegates that the *YCJA* recognizes the extended community and community agencies as playing an important role in the lives of youth in conflict with the law. Schools are one such agency. They are a critical – some would say the most important – piece in an integrated and coordinated response to youth who have mental health issues and who are, or are at risk of becoming, caught up in the criminal justice system. Whether in the traditional classroom or in alternate school settings, teachers have regular contact with young people.

Delegate View

[We need] increased awareness of youth mental health and the education system. Huge connection does not equal huge communication.

Schools play an important role in identifying mental health problems, counseling, collaborating with police through school liaison or resource officer functions, countering stigmatization through education and awareness, encouraging youth to finish their education and helping youth transition to adulthood. Schools are in a position to facilitate access to mental health and other services available to youth and their families. School is where the integration of the youngest new Canadians takes place and where Canadian values are inculcated.

Linda Richards of Nutana Collegiate in Saskatoon SK introduced delegates to her community school that exemplifies Saskatchewan's "School Plus" concept. The Integrated School Linked Services include a community developer, social workers, addictions counselor and criminal justice links. She described the "healthy relationship" pilot project that was first integrated into the psychology curriculum and is now part of other classes such as wellness, parenting and English. This project model brings skilled professionals into the class once a week for six weeks to instruct students on topics selected by them, such as self-esteem, assertiveness rather than aggression, mental health, addictions and so on. These collaborators not only share content with the students, but also listen and provide hope to the young people. These specialists are paid by their home agencies which means not only that this model is very cost-effective for the school, but also that students are then linked to community agency resources. As an educator, she has seen improved school retention, reduced substance abuse and a greater sense of student empowerment.

Lynn Damberger of Alberta Health Services spoke about "Mental Health Capacity Building for Children, Youth and Families", an initiative that focuses on mental health promotion, prevention and early intervention. In this model, integrated, cross-sectoral, interdisciplinary teams are placed in school-based sites, allowing the teams to focus on universal approaches for the entire school population, carry out specific activities for those who are at risk and plan interventions with those who are in need of more intensive support.

Thirty-one communities have projects aimed at meeting the needs of youth. She described an initiative in Brooks, Alberta, where the population has doubled to 15,000 as a result of immigration. Today, 120 languages are heard in the community and gang violence is evident. The community decided to work within three elementary schools and to focus on health, healthy relationships and how to connect with health authorities; this facilitated the transition of immigrants into their new community.

Community partners in the Mental Health Capacity Building Model, besides the schools, are addictions and mental health agencies, health services, children's services, police,

other service providers and families. All work together to identify the needs, target the populations of children, youth and families and plan the programming that will meet their requirements. Information sharing across agencies has been facilitated through development of a protocol called Red Light/Green Light, available on the website of Alberta Health Services. Early evaluation results indicate positive impacts in supporting children and youth to make better choices, resulting in reduced involvement in crime.

Dr. Ian Manion, Executive Director of the Provincial Centre of Excellence for Child and Youth Mental Health, Children's Hospital of Eastern Ontario in Ottawa, began by stating that a combination of factual information and personal stories will encourage change in perceptions around mental health and mental illness. He provided background information on the magnitude and impact of child and youth mental health issues within a school context. By definition, mental health work has to be cross-sectoral, but unfortunately, the fact that professionals are trained in silos results in language differences that make effective responses to children and youth more difficult. He emphasized the need for a population-based approach to mental health promotion, illness prevention, early identification and early intervention.

He outlined the mandate and work of the Provincial Centre of Excellence for Child and Youth Mental Health, before focusing on its work in school-based mental health. Dr. Manion cited several initiatives designed to increase mental health literacy (YooMagazine), youth engagement (Dare to Dream) and knowledge mobilization. He also introduced the National School-based Mental Health and Substance Abuse Consortium and its three-year project work with the Mental Health Commission of Canada. He concluded that investment in child and youth mental health has never been so necessary.

SESSION: DELEGATE INPUT: IMPROVING THE RESPONSE TO YOUTH WITH MENTAL HEALTH PROBLEMS

Q: What systemic changes would you recommend to respond more effectively to youth with mental health problems who are involved in the justice system?

Delegates worked within their designated groups to address this question. Suggestions were both practical and far-reaching:

- Canada needs a national strategy for youth mental health that would in part encourage national standards for intervention and treatment.

- Funding for youth mental health initiatives and programs ought to support collaboration rather than individual professional or departmental silos and must support a wraparound approach based on models proven to be effective. Formal partnerships need to be created and sustained.

- Communities are where youth and their families live and they are the potentially supportive environment that youth need for their healthy development. Adequate housing is a basic need,

Delegate View

When organizations move forward on their initiatives, they need to move out of silos. While everyone speaks of collaboration, one group will chase funding that impacts another organization's ability to respond to their project outcome. To be truly collaborative, a continuum of service and funding proposal should be done to capture the whole spectrum of services.

often unmet, for children, youth and their families and especially for the youth population aged 16-24. Cultural support strengthens families and their ability to address mental health issues of their children.

- Expectations of communities, and their supporting role, can be met only if community members are better informed about mental health, trained to recognize potential mental health issues and knowledgeable about community resources.

- Communities can do more to support positive parenting within birth and foster families by modeling healthy home environments and relationships between adults and children.

- Schools are an appropriate first point to introduce programs aimed at increased mental health awareness. They are a gateway to other access points and other systems. They are a place of safety and security for children and ought to be open during lunch-times and offer recreational and social activities for children and youth.

- Specialized youth courts are promising, especially when they have ties to the community and its institutions such as schools and youth centres.

- The mental health system for children and youth mirrors that in place for adults and in both cases, a 50-minute therapy session is inadequate.

- Youth must be the centre of programs and interventions designed for their care and well-being. Youth are best served in youth-friendly sites such as schools and youth centres; this makes it easier for youth to meet appointment and treatment commitments, especially where mental health issues are at play. Enhanced youth engagement, in the area of youth mental health as in other areas of youth justice, is the key to success. Peer mentoring is a proven successful approach. Youth ought to be involved in the design and delivery of programs intended for them.

Youth Delegate View

More youth should be invited to participate and I myself would love to come back. Foster care system and homeless shelters who are only allowing certain youth in. They should allow youth under 16 in shelters when the foster/group homes are not available so they are not put on remand.

- Youth in custody need a safe place where treatment for suicidal tendencies can take place, where they can be encouraged to pursue their education and training, and envision a fresh start and a future.

- Systems need to embrace a case management approach in which the youth is an active and empowered player and can advocate for his/her own needs. Within such an approach, accountability for results must be fashioned on meaningful measures of success. Timeframes of 7-10 years for follow-up on results, rather than 2-3, must be acknowledged as reasonable. Community-based support for youth once they have completed treatment is essential, not only to age 18 but beyond.

- Cross-training of service providers will yield positive results, from increased awareness to increased collaboration to an integrated approach; the stigma associated with mental health problems will also be reduced through such training.

Delegate View

We have to focus and bring in psychiatry as well as psychology to discuss the limitations for each group. Apparently every province needs more psychiatrists. There needs to be more social worker involvement. Additionally, there should be some focus on adolescent brain development and its role in culpability.

- Canada needs more forensic psychologists; their numbers could be bolstered through scholarships and other incentives to attract people to the profession.

- Staff most frequently in contact with youth who have mental health issues and those who engage most effectively with them, are often the most poorly paid support people in the professional systems. Recognition of the value of the first contact role and of this remuneration imbalance ought to be addressed.

- A national social marketing campaign to increase public awareness of mental health and mental illness is currently in place through the Mental Health Commission of Canada; this needs to be continued, expanded and buttressed by political will.

Delegate View

How do we change the understanding of the general public who believe in punishment not rehabilitation.

CLOSING REMARKS

The conference was closed by a representative of the organizing team and the youth.

Dorothy Ahlgren concluded with a focus on systems, including the "family" system as well as the education, mental health and justice systems. She cited the elements of effective systems as identified by Justice Michael McKee in his 2009 report on the process he led in New Brunswick, designed to guide the renewal of the mental health system in that province. The presentations during the conference allowed delegates to learn about many systems that are working well and to suggest enhancements that would make many systems more effective. She assured delegates that their suggestions would be taken forward by the Coalition to governments at all levels and shared with all members of the Coalition on Community Safety, Health and Well-being. She turned to the youth for the last word.

The **youth delegates** shared their hopes, appreciation, suggestions, expectations and disappointments with the other delegates. They stated very clearly their desire for immediate action in improving services and treatment for youth with mental health issues, and several shared their own experiences about becoming empowered to address not only their own situations but also those of family members and friends. Their plea for greater understanding of youth by the professional people mandated to help them resounded with delegates. They expressed their hope that the conference and the dialogue stimulated here represented a new start. Delegates seemed to share this view.

EVALUATION

An evaluation form was provided in each delegate package. Of the 131 conference participants who were not involved in the planning or organization of the event, 87 submitted evaluation forms. A detailed Participants' Evaluation Report is at TAB 4. The following is a synthesis of the responses to the questions asked on the evaluation form:

1. Using a scale of 1 (little value) to 4 (high value), how worthwhile did you find this conference?

Participants responded that this was a valuable consultation. Three participants did not provide a numerical score, although their subsequent comments were positive. The other ratings were as follows:

Rating		
	1	0 respondents
	1.5	1 respondent
	2	7 respondents
	2.5	2 respondents
	3	39 respondents
	3.5	4 respondents
	4	31 respondents

What would have made the conference better?

Delegate View

The ability and opportunity to actually develop solutions and not just review problems, we all know them. A consistent and universal approach.

While the overall rating of the conference was excellent, 79 delegates (91% of the evaluations received) shared ideas on how it could have been even better. Responses to this question related to the planning and organization of the conference as well as content. Two general responses stand out: first, the conference organizers tried to do too much and included too many speakers and too much information; and second, certain sectors, though present, were under-represented (e.g. youth, First Nations, police, child welfare services, government officials and community-based agencies).

2. How has participation in this conference increased your understanding of the impact of youth mental illness on youth crime and victimization?

The evaluations confirmed that the conference had met the Coalition's objective of raising awareness; of those who responded to this question, 69 delegates (79%) indicated that their understanding had increased or been confirmed; only 14 (16%) reported no change. Over two dozen participants indicated that the conference had increased considerably their awareness of issues related to youth mental health, crime and victimization and their knowledge of strategies, programs and services; the handful of delegates who reported that their knowledge had not increased were those who work on the front lines responding to youth with mental health issues. Several respondents noted that the conference had validated their approach to youth with mental health problems, revealed new areas to incorporate

Delegate View

I know now that there are more resources, and I have met people that I can call on for guidance. I have more confidence in helping youth with mental illness.

into their practices, and encouraged them to seek more collaboration with other services and sectors. Finally, the conference provided a broader Canadian perspective on youth with mental health issues and the various systems that respond to these young people and their families.

3. Will what you learned at the conference influence your practice?

The conference presentations and networking opportunities made a positive impact on how many delegates view their practices, both from the perspective of individual professional activity and with regard to the need for broader collaboration across sectors. A total of 79 participants (92%) indicated that they either planned or would seriously consider changing how they responded to youth with mental health issues. Some respondents indicated that there had been a positive impact, but did not explain how their practices would change, while a handful (4 or 5%) noted that the conference had made little or not impact on how they do their jobs. Three delegates (3%) were uncertain how the conference would affect their practice. Several respondents indicated their intention to involve youth more in the development of policy and programs and in decision-making.

Delegate View

Yes, I am more confident in promoting a more proactive approach when assisting youth with mental illness. I hope to influence my co-workers and provide them with the same resources and information which will also give them more confidence.

4. Do you think further consultations should be held on the youth criminal justice system?

Delegate View

Yes, these consultations open doors in terms of bringing together different sectors for common cause.

The evaluations revealed overwhelming support for further consultations, with 82 participants (94%) who answered this question responding "yes". Seven of these indicated qualified support, while two recommended ongoing/ annual conferences. Only two participants declared that further consultations were not worthwhile.

Delegate View

Not consultation, but planning and discussion on implementation of changes – how you move them forward, how to gain momentum.

If yes, what specific areas should be focused on in future consultations and who should be invited to participate?

Delegate View

More emphasis on related issues like substance abuse. More emphasis on workforce development issues (training, education, professional development, knowledge/skill building). Keep the youth delegates coming and include their support systems (parents, peers)!

Participants suggested a wide range of topics and invitees for future consultations, with several cautioning that more attention should be paid to concrete plans and action, not awareness and knowledge development. Participants recommended the participation of more youth, policy makers, the general public, governments, parents, clergy, elders, community policy and school resource officers, non-governmental organizations, politicians, funders and academics.

5. What key systemic changes do you think are required in responding to youth with mental health problems?

Eighty-two (94%) of the evaluations included suggestions about systemic changes needed to make the response to youth with mental health problems more equitable and effective. The importance of hearing from youth and involving them in decision-making was underlined. Three common themes appeared: the need to improve funding and ensure a more effective use of resources so that wraparound services and programs are more accessible; the need to emphasize prevention and early intervention with attention paid to the root causes of mental health problems among youth; and the need to increase public awareness of the causes and effects of mental health problems so that stigmatization can be eliminated. As well as these over-arching themes, participants recommended that more information on mental health by provided in schools, more mental health services be community-based, more mental health courts be established and more pre-charge diversion be authorized for youth with mental health problems and accountability be stressed for both youth and the systems mandated to respond to their needs.

Delegate View

Federal and provincial governments need to reprioritize spending into health promotion, early intervention and prevention. Service providers need to integrate services in youth-friendly environments and not remain separate and act in adult-focused offices.

Delegate View

Better/equal access to services for rural/northern youth. Programs tend to be urban-based and difficult to access for those living outside of the city (rural and north). Provincially: school-based mental health workers (nurses) as in Manitoba Youth Centre.

6. Do you have any further comments?

Fifty-seven (66%) of the delegates who completed evaluation forms also responded to this general question. Thirty-three congratulated the organizers and staff at the conference, expressed their appreciation for being invited to speak or attend, lauded the youth participation, emphasized the excellent networking opportunities and/or complimented the Fairmont Winnipeg for its comfortable surroundings and great food. Eight delegates thought that the youth were not used wisely, did not like the hotel food and chairs, wanted better promotion of the poster sessions, questioned the lack of media presence, complained that there were not enough breaks and wanted to know where the First Nations representatives were. [Note: only five of the fourteen First Nations delegates invited specifically were able to attend.] Sixteen participants took the opportunity to request further consultations and offered thoughtful comments on the issues relating to youth with mental health problems and the justice system.

Delegate View

How do we change Canadian society's punitive approach to youth in crisis … lock 'em up and the problem goes away … we know better but does the general public.

Delegate View

I think we are getting closer to our goals, but it is never going to be finished and must always be a work in progress.