



YWWHO

Youth Wellness Hubs Ontario – Shauna MacEachern

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CMHO

1. POOR ACCESS TO APPROPRIATE SERVICES

33,400

OF ONTARIO HIGH SCHOOL STUDENTS HAVE ATTEMPTED SUICIDE IN THE PAST YEAR

13.6%

HAVE HAD THOUGHTS OF SUICIDE

299,800

REPORT UNMET MENTAL HEALTH NEEDS

2. FRAGMENTATION

POOR INTER-ACENGY **COMMUNICATION**

POOR **COORDINATION & TRANSITIONS**

SEPARATE **SERVICE LOCATIONS AND ENTRY SYSTEMS** FOR EACH SERVICE/SECTOR

FAILURE TO ATTEND TO **HOLISTIC NEEDS** OF YOUNG PEOPLE

3. COSTLY SPECIALIST MODEL



INEFFICIENT USE OF
COSTLY HEALTH CARE
RESOURCES

COSTLY
APPOINTMENT
NO-SHOWS

**LACK OF
ALIGNMENT**

HIGH TREATMENT
NON-COMPLETION
OR SERVICE
DROPOUT

4. NO SYSTEM OF CARE



LACK OF IDENTIFIABLE
"FRONT DOOR" TO SYSTEM



WHAT SERVICE COMPONENTS ARE ESSENTIAL TO ADDRESS SYSTEM GAPS?

1

EARLY INTERVENTION SERVICES

4

WALK-IN SERVICE MODELS

2

TAY AND DEVELOPMENTALLY APPROPRIATE SERVICES

5


RESOURCES UTILIZATION MATCHED TO NEED

3

EFFECTIVE ONE-STOP-SHOP MODEL

6

STANDARDIZATION & OUTCOME-BASED CARE



**Is there anything
that's youth-
specific and
youth friendly?**

MENTAL HEALTH

SUBSTANCE USE

HEALTH

EDUCATION

EMPLOYMENT

**HOUSING
SUPPORT**

Standardization of Core Components

The YWHO model has 13 core components that each YWHO site implements

Integrated Governance

Partner Collaboration

Integrated Location

Evidence-Based or Evidence-Generating Services

Youth Engagement

Youth Centered and Developmentally Appropriate Services

Family Engagement

Brand Adoption

Use of standardized measures and outcome evaluations

Equity Data Use

Organizational capacity, approach and culture operating within equity-based principles

Equitable and inclusive access and physical space

Clinical and culture specific services that reflect the population groups



Co-developing a local approach and service provision plan with youth and families

Operate and implement within equity based frameworks and principles

Convene site-specific local implementation teams and advisory groups.

Collect and track data and quality improvement cycles at agency and community levels.

Develop site-specific implementation and coaching plans.

Deliver services and achieve additional training for service providers.

It is critical to engage youth with lived experience of mental health and addictions issues, as well as youth from historically **under-represented** or **disadvantaged groups**.

While the severity of need and prevalence of these youth populations will vary from one hub site to another, groups needing particular consideration include:



- **First Nations, Inuit, Métis youth**
- **LGBTQ youth**
- **Francophone youth**
- **Immigrant youth**

- **Refugee youth**
- **Ethno-cultural or racialized youth**
- **Youth living with disabilities**

Youth engagement in the mental health sector has **multiple benefits**, including:



Promoting positive health, behavioural, and developmental outcomes through opportunities



Better promotion of a culture of inclusion and diversity



Increased visibility of mental health services in the community



Improving program effectiveness and the ability of an agency to provide tailored services for youth



Contributing to the development of a positive self-identity, improved self-esteem, and enhanced critical thinking abilities



Enhanced academic outcomes, improved physical health, and reduction of anti-social behaviours, alcohol, drug consumption

Questions?

www.youthhubs.ca

[www.eenetconnect.ca/
g/youth-wellness-hubs-
ontario](http://www.eenetconnect.ca/g/youth-wellness-hubs-ontario)

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