



Ontario Centre of Excellence
for Child and Youth
Mental Health
Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents



Community Addiction and
Mental Health Services
Services communautaires de santé
mentale et de dépendances

THE STORY OF YOUTH ENGAGEMENT IN SDG

Final Project Report

Prepared by: Moving on Mental Health Youth Engagement Work Group for
Cornwall, Stormont, Dundas & Glengarry

July 31, 2018

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The Cornwall Community Hospital's Child & Youth Mental Health Services is committed to improving the experience of children, youth and families with the mental health system in Cornwall and Stormont, Dundas & Glengarry (SDG). The Youth Engagement innovation initiative was made possible by funding and support from the Ontario Centre of Excellence for Child and Youth Mental Health.

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- The Youth Engagement Work Group, especially:
 - Youth Advisors: Warren Corbiere and Micaela Harley
 - Student Placement: Sophie Sarault
- Youth, parents, family members, mental health professionals, educators, organizations and individuals who shared their ideas, experiences and encouragement throughout the project.



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Youth Engagement Work Group Membership List

NAME & TITLE	ORGANIZATION
<p>YOUTH ADVISORS: (November 2017 to June 2018) Warren Corbiere and Micaela Harley Student Placement: Sophie Sarault (January to April 2018)</p> <p>Christine Penney, Vice-President Community Programs Deena Shorkey, Director Pauline Larivière, Children’s Mental Health Counsellor Chantal Woolsey, Children’s Mental Health Counsellor</p>	<p>Child and Youth Mental Health Services, Cornwall Community Hospital</p>
<p>Ron Graham, Coordinateur en chef des articles 23 (August to December 2017) Daniel Gauthier, Intervenant Clinique (January to June 2018)</p>	<p>Équipe-psychosociale</p>
<p>Jenna Chisholm, Youth Engagement Coordinator (November 2017 to May 2018) Roxanne Ferguson, Health Promoter (June 2018)</p>	<p>Eastern Ontario Health Unit</p>
<p>Dan O’Rourke, Executive Director Melanie Somerville, Community Outreach Worker</p>	<p>Laurencrest Youth Services Inc.</p>
<p>Chris Clapp, Manager, Community Wellbeing & Partnerships - Mental Health & Addictions, LGBTQ+ Liaison (August 2017 to January 2018)</p>	<p>Seaway Valley Community Health Centre</p>
<p>Lisa van Riel, Youth Leadership Lead / Youth Connect</p>	<p>Children’s Aid Society of S.D.&G.</p>
<p>Rita Busat</p>	<p>Project Planning Support</p>
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Preamble and Background

This report constitutes the final report for the Youth Engagement Initiative undertaken in Cornwall, Stormont, Dundas and Glengarry over the period from August 2017 to June 2018. We took our inspiration for the format of the report from discussions in the later phase of the project where youth advisors and members of the youth engagement work group mapped out the story of our journey. Like all good stories, there is a beginning, followed by a thickening of the plot, looking for the moral of the story or the lessons learned and finally the next chapter for the future. We hope that this format gives a clear and engaging sense for how the project unfolded, that it is easy to read and that collectively we may start using similar language.

While youth engagement is still a relatively new area, it has been building momentum over the past thirty years. In Ontario, we are fortunate that the Province and the Ontario Centre of Excellence for Child and Youth Mental Health have supported this movement and commitment to working with youth as valued partners in improving the system. Obtaining input and feedback from youth was identified as a gap and a priority at the onset of the Moving on Mental Health (MOMH) initiative in 2015 for the Stormont, Dundas and Glengarry (SDG) service area. As Lead Agency for the MOMH initiative, the Cornwall Community Hospital Child and Youth Mental Health Services and community partners recognized that in order to truly transform the experience of children and youth with mental health problems, family and youth engagement needed to be at the forefront. Given that a process for engaging youth in the system did not exist, the community mental health work plan included specific activities to be undertaken with the support of the Centre of Excellence for Child and Youth Mental Health to develop mechanisms for youth engagement.

While every community will have its own journey with some bumps along the way and its own story to tell, we think that our experience may be of interest and helpful for others who are embarking on the journey of youth engagement. In a companion complementary document we have assembled the products or tools that we developed that other communities may want to consider and possibly adapt for their purposes. Many of these tools are available in both English and French.

We used a co-design approach for our project, with the youth advisors playing a lead role every step of the way in reaching out to youth in a broad based consultation exercise that something of a first of its kind in SDG. In accordance with privacy conditions outlined in all our consultations, confidentiality and anonymity have been maintained and there is no identifying information in any the information presented.

In addition to this final report, the youth advisors have created and produced a video to accompany the report. The video uses an interview format where youth advisors and adult allies from the youth engagement work group share how they got involved with youth engagement, the roles they played in the project, any surprises or unexpected results and what their hopes for the future of youth engagement are: https://youtu.be/4Yodm_YFR-4

SUMMARY

The Cornwall Community Hospital Child and Youth Mental Health Services has committed to ensuring that youth engagement is an integral part of the work on improving the mental health system. Support from the Ontario Centre of Excellence for Child and Youth Mental Health's Innovations Grant made it possible to take this commitment to the next level by engaging youth advisors in this work. Using a co-design process, youth advisors took on leadership roles to bring forward the youth perspective and voice thereby strengthening youth engagement across the child and youth mental health sector and within the Cornwall Community Hospital Child and Youth Mental Health Services.

A youth engagement work group established in August 2017 provided advice and monitored progress throughout the project. From November 2017 to May 2018, the youth advisors reached out to 135 youth in Cornwall and Stormont, Dundas and Glengarry. Twelve focus groups with a total of 115 participants were held in different venues across the community ranging from drop-in centres, high schools in Cornwall and in rural areas, and various youth group meetings (e.g., CAS youth network and LGBTQ+ group). One francophone focus group was conducted. Eight one-on-one interviews were completed with six youth in a rural high school, and two youth (one in service and one on the wait list) with Child and Youth Mental Health Services. In addition, a survey handed out in the Child and Youth Mental Health Services waiting room was completed by 12 youth. Youth ranged in age from 12 to 25 years of age with the majority age 13-15 (47%) and 16-18 (34%). There was an even breakdown of males to females with a small number unknown or unspecified. There were four self-identified Indigenous youth. Feedback from youth who participated in the consultation was overwhelmingly positive and many youth expressed interest in being part of next steps around youth engagement.

While much activity and effort revolved around the consultations with youth, other opportunities for youth engagement began to emerge. Staff from Child and Youth Mental Health Services and the broader Community Addiction and Mental Health Centre started to approach the youth advisors for advice and input. The youth advisors began to feel comfortable sharing ideas and undertaking activities that were not necessarily part of the work plan, such as promoting "Bell Let's Talk Day", reviewing online resources such as the Big White Wall (BWW) and various apps, developing a guide for reviewing apps and exploring the synergy that was developing in their discussions with youth around youth friendly safe spaces and the proposal for a Youth Wellness Hub.

Some common themes emerged from the analysis of youth focus groups, waiting room survey, and face-to-face-interviews with youth, such as:

- The concept of inclusivity, with youth wanting to have their voices heard and to see concrete outcomes.
- Ideas on what youth friendly services and environments look and feel like.
- Identification of barriers and suggestions on how to address them for example, wait times for service, fear and stigma.
- The need to learn more about what services are available and how to access them.

- Areas of concern such as need for local respite services, and specific needs for LGBTQ+ community.
- An interest in workshops on various topics.

The youth engagement work group developed a logic model framework for the project with the following components:

- Overarching goal of: “Youth are engaged in improving the mental health system through co-creating plans, and direct involvement in activities to create change at organizational and system levels.”
- Identification of four key outcome areas and activities associated with each:
 - Youth are empowered as leaders – Youth experience a sense of ownership in the project.
 - Services work for youth – Improve services.
 - Integrate youth voice in plans and actions
 - Community collaboration – youth engagement integration across the system.
- Identification of next steps for the future.

One of the key project deliverables was the development of useable and practical tools that can be shared with others around youth advisor recruitment, orientation and consultation materials, which are available in the companion report to the final report.

The many valuable lessons learned through this project are shared in the full report. These are important for us as the work continues in our community beyond the project timelines and will also be of interest to other communities embarking on similar work. The most important key to success in this project was “youth talking to youth”. Many of the youth commented during the interviews that they felt comfortable sharing their story and insights with a youth with lived experience. The youth advisors brought a youthful enthusiasm, creativity and a genuine desire to effect system change. Their knowledge of technology and awareness of what is popular with youth was key to engaging youth. Members of the youth engagement work group had a strong interest as adult allies in supporting the youth advisors in their role, which facilitated linkages in the community and provided assistance with consultations.

We will continue to build on the momentum from this project through working on the next steps that were agreed upon by the youth engagement work group. One of our goals is to connect with the youth who were interested in participating in future work such as a youth council and peer support groups. We have also committed to maintaining a youth advisor as a member of the child and youth mental health services team to continue the synergy that grew during this project.

The considerable body of information gathered and the relationships built throughout this project, along with ideas and plans for future activities related to youth engagement may be channeled through the youth wellness hub currently under development.

IN THE BEGINNING

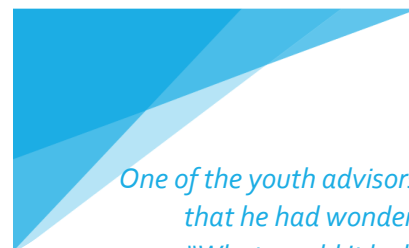
The overall goal of this project is to ensure that youth are engaged in improving the mental health system, through co-creating plans and being directly involved in activities to create change at the organization and system level that addresses the issues that youth face.

Obtaining input and feedback from youth was identified as a gap and a priority at the onset of the Moving on Mental Health (MOMH) initiative for the Stormont, Dundas, and Glengarry (SDG) service area. Some initial work was begun in our community to move youth engagement forward. In 2016, focus groups and online surveys were conducted in English and French. The findings provided insight into why youth access mental health services, their knowledge of pathways to care, priorities for youth and ways to engage youth in system planning. A youth engagement work group was set up to look at follow-ups on the findings from the community consultations. As a first step, the Cornwall Community Hospital Child and Youth Mental Health Services hosted a half-day “Youth Engagement Primer” for staff of child and youth mental health services, youth justice and the Eastern Ontario Health Unit led by the Ontario Centre of Excellence for Child and Youth Mental Health and two of their youth advisors. This session helped to build a common understanding of youth engagement in mental health and explore the benefits of implementing various strategies for youth engagement.

The Centre of Excellence’s Innovation Initiative represented an opportunity to put the learnings from the youth engagement primer into action. A project proposal was submitted based on the concept of “Positive Youth Development” including co-activation, co-creation and co-evaluation. Our successful submission enabled us to bring youth advisors on board to play a key role in bringing forward the youth perspective and voice and strengthening youth engagement across the child and youth mental health sector and within Cornwall Community Hospital Child and Youth Mental Health Services.

One of the first tasks of the work group was to develop a youth advisor job description and recruitment strategy as well as ensure that there were adult allies in place for the youth advisors. A youth advisor from the Centre of Excellence reviewed our job description and interview tools and participated in the interviews along with the adult allies. Two youth advisors bringing complementary skills and interests were hired to share the role so that they could support each other.

It was important to provide an opportunity for the youth advisors to get to know the members of the work group as their adult allies as well as feel a sense of belonging within the Cornwall Community Hospital Child and Youth mental Health Services. The Hospital facilitated this by ensuring that the youth advisors had a dedicated work space; equipment and were included in team meetings, system planning groups and involved in co-developing the youth engagement work plan and materials. The adult allies provided an opportunity to share information about community resources and contacts so that the youth advisors could begin to reach out to people and build a network. A comprehensive work plan served as a working document to keep staff and youth advisors on task and allowed for flexibility in the work as new opportunities arose or a different approach was needed.



One of the youth advisors reflected later that he had wondered at the onset “What would it be like to work with another youth advisor, would we get along?...we were a great team”.

~Warren Corbiere, Youth Advisor

THE PLOT THICKENS

"This is not about getting something done. Not a duty – but enjoyable – even with the twists and turns. This has a real purpose and we will accomplish good things through this."

–Youth Engagement Work Group member

Process and Activities

The adult allies at Child and Youth Mental Health Services were each allocated a half-day a week to work with the youth advisors. One of the adult allies shared an office with the youth advisors. There were weekly meetings with the youth advisors and the project lead at Child and Youth Mental Health Services to review the work plan, the schedule for consultations/focus groups and any issues that developed. As well, there were monthly meetings with the full youth engagement work group to monitor progress and provide advice and support.

From November 2017 to May 2018, the youth advisors reached out to 135 youth. Twelve focus groups with a total of 115 participants were held in different venues across the community ranging from drop-in centres, high schools in Cornwall and in rural areas, and various youth group meetings (e.g., CAS youth network and LGBTQ+ group). One francophone focus group was conducted. Eight one-on-one interviews were completed with six youth in a rural high school, and two youth (one in service and one on the wait list) with Child and Youth Mental Health Services. In addition, a survey handed out in the Child and Youth Mental Health Services waiting room was completed by 12 youth. Youth ranged in age from 12 to 25 years of age with the majority age 13-15 (47%) and 16-18 (34%). There was an even breakdown of males to females with a small number unknown or unspecified. There were four self-identified Indigenous youth.

Consultations were generally one to two hours in length with accommodations to suit best times for meetings with youth, refreshments were provided and in some instances gift cards used as honorariums. Youth advisors followed a fairly structured format for the focus groups but adapted it based on their read of the group and what would work best. A set of standard questions were developed to guide discussions and a Prezi PowerPoint used:

<https://prezi.com/view/luzoUxfPSQbuMoBhslgb/> to gather input from youth on mental health services, what is important to them and how we can make services work for youth. For most of the focus groups two youth advisors facilitated the session. An adult ally and/or staff from the participating organization were present at the focus groups to provide support and help with logistics as needed.




Over time, the youth advisors evolved their process based in part on feedback from youth and suggestions from the work group. For example, youth suggested that it would be interesting to know more about the youth advisors. So, they added in an icebreaker exercise at the beginning of sessions that could help generate some interest and fun at the beginning of the session plus share some information about themselves; for this they chose the one called "Two Truths and a Lie".

For the icebreaker, we would say three statements and the youth in the group would have to figure out what phrase was a lie. It is a good icebreaker to learn more about each other, and we always opened it up to the group in case any of the youth wanted to do their own 2 truths and a lie!

–Micaela Harley, Youth Advisor

Materials were modified as needed and new material created such as a feedback form for youth consultations. The feedback form was used to try different tools and approaches to make the consultations more interesting and engaging. It was important to adapt the format for the youth consultations based on the feedback to promote more engagement and participation. For example, one of the adult allies suggested a game of jeopardy be used. (This is included in our companion document as one of our project products.) This was a great suggestion as the youth had been commenting that they found the presentation style format boring and the jeopardy game provided a fun way for youth to participate. During the initial focus groups, the youth advisors found that the younger grades in high school settings were not participating so they decided to divide up the youth into smaller groups (3-8 youth) and had some based on age with younger ones having their own group where they felt more comfortable to participate.

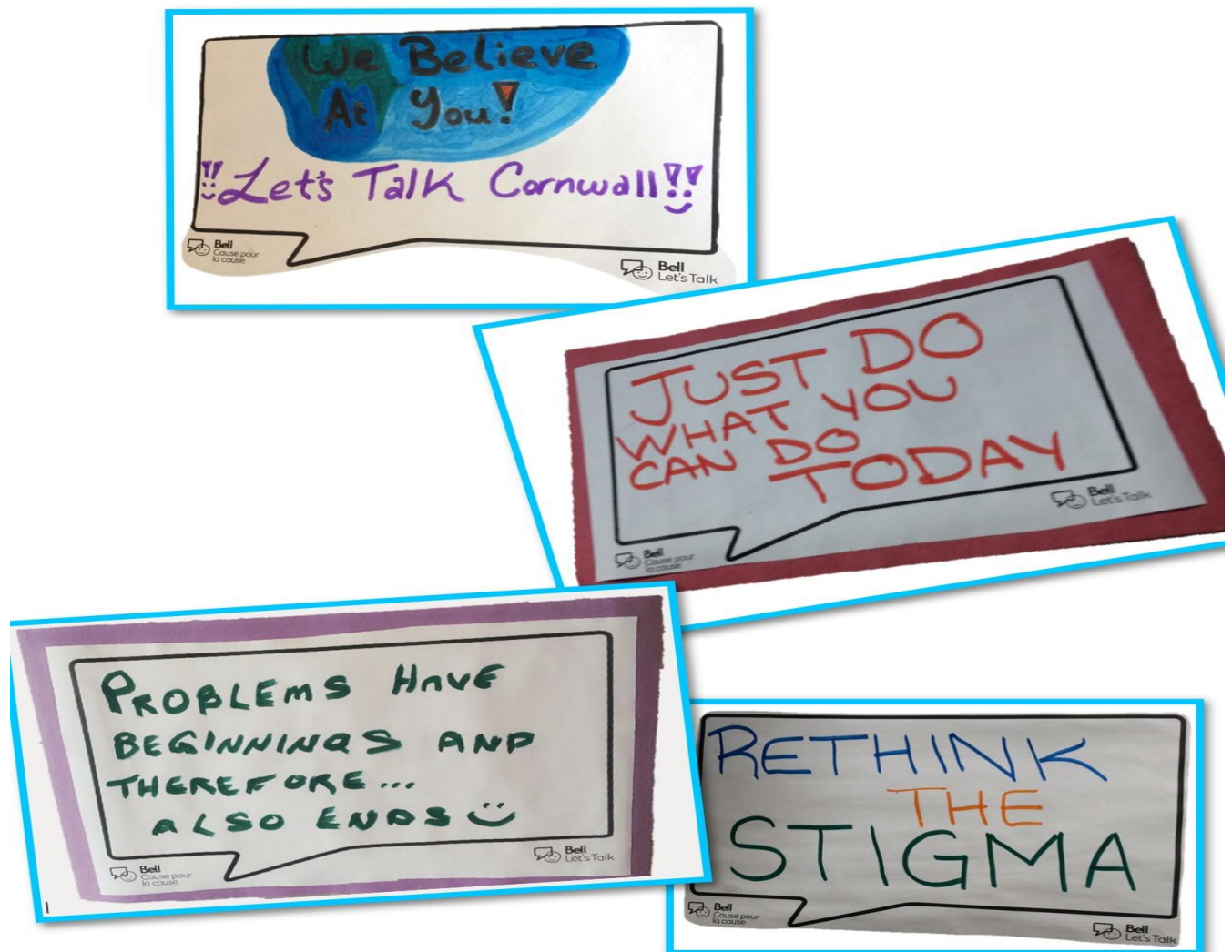
The results of the feedback forms summarized in the following table are overwhelmingly positive and show that the consultations were well received by youth.

How did we do?						
Forms Handed out = 104 Forms Completed = 101 Response Rate = 97%						
Feedback Questions						
	#	%	#	%	#	%
1. I clearly understood why I was asked to participate.	90	89%	11	11%	0	0%
2. I found the presentation interesting.	85	84%	13	13%	3	3%
3. I felt heard during the session.	89	89%	12	12%	0	0%
4. The session was well organized.	95	95%	5	5%	1	1%
5. The facilitators were responsive to my needs/questions.	96	95%	3	3%	2	2%

While much activity and effort revolved around the consultations with youth, other opportunities for youth engagement began to emerge. Staff from Child and Youth Mental Health Services and the broader Community Addiction and Mental Health Centre started to approach the youth advisors for advice and input. The youth advisors began to feel comfortable sharing ideas and undertaking activities that were not necessarily part of the work plan, such as promoting “Bell Let’s Talk Day”, reviewing online resources such as the Big White Wall (BWW) and various apps, developing a guide for reviewing apps and exploring the synergy that was developing in their discussions with youth around youth friendly safe spaces and the proposal for a Youth Wellness Hub.

Every year I get so excited for Bell Let's Talk day because it's a day where everyone is acknowledging mental health, people are free to express their feelings about mental health and their community, and people are constantly supporting each other. So I thought it would be an amazing idea to spread some of those messages right here in our building! I thought it would bring people hope, and it would make the place more homey, which was something the youth said that they wanted. It was a huge success! Staff was very supportive and on board with this, and so were the clients that come here! To this day we are still getting submissions to post on the wall and I still see people reading the wall."

~ Micaela Harley, Youth Advisor



The culture within Cornwall Community Hospital Child and Youth Mental Health Services began to grow to become inclusive of youth advisors as valuable partners on the team. This spread to all the addiction and mental health services housed in the Community Addiction and Mental Health Centre's building. Everybody knew the youth advisors by name and were excited about the new energy and ideas they were bringing forward.

The youth voice and perspective was included in our plan to create a youth friendly space in our offices, hallways and waiting area. The youth advisors were involved in co-developing and co-designing a new clinical service for youth who have had suicidal thoughts and involvement with crisis support services to promote a message of hope and wellness. One of the youth advisors participated in interviews with the youth and will be co-facilitating the group with the program staff. The youth advisors participated in system planning meetings and work groups to provide the youth perspective and voice. The participants all concurred that the inclusion of the youth advisors brought energy and enthusiasm to the meetings. The youth advisors were involved in reviewing handouts and materials for programs and services and included in the analysis of the results of the interview questions with focus groups, surveys completed and face-to-face interviews. The youth advisors took the lead in compiling all youth engagement tools with input from the adult allies and created practical products that can be shared with others.

There were challenges faced during this work. Engaging Francophone youth and Indigenous youth (living off reserve) was particularly difficult. For the Francophone youth a key adult ally was lost part way through the project. We learned the importance of allies especially around facilitating connections. We had not been successful in hiring a Francophone youth during the recruitment process but we were able to secure a Francophone youth for a 4-month student placement during which we incorporated a youth engagement component. This youth advisor participated on the French Language Services Advisory Committee and the Youth Engagement Work Group. Unfortunately, our efforts were not successful in securing further participation of Francophone youth for our project, except for one focus group with 5 Francophone youth. For Indigenous youth, the suggested contacts did not respond to the invitation from the youth advisors for their assistance in coordinating a focus group.

We also realized that our work plan was too ambitious and we were not able to achieve all of our goals, particularly the establishment of a youth council and a social media page. Our plan is to continue to work on these goals as the youth advisors gathered feedback and interest from youth in regards to the creation of a youth council.

Outcomes and Deliverables Achieved

What we heard from youth

Some common themes emerged from the analysis of youth focus groups, waiting room survey, and face-to face-interviews with youth.

THEME	WHAT WE HEARD
<i>Inclusivity:</i>	<ul style="list-style-type: none"> • Youth want to have their voices heard. • They expect to see outcomes based on their participation. • It was important to have the interviews led by youth as it helped them feel a connection and comfortable sharing their experiences or thoughts about the service system.
<i>Youth Friendly Environment:</i>	<ul style="list-style-type: none"> • Youth appreciate counselors who are genuine and reach out to them at their level, for example: <ul style="list-style-type: none"> ○ no fancy clothes; ○ relaxing / comfortable environment; ○ not using complicated vocabulary or clinical terms; ○ accepting the differences of others; ○ respecting their confidentiality; ○ activity oriented approaches (consider going for a walk or having fidget items available); ○ face-to-face interactive sessions, not just talking “at” them; and ○ not being afraid to share their own experiences, if they think they may be helpful. • Engagement, having a connection is very important, youth can sense when the counselor is not being genuine.
<i>Wait Times for Services:</i>	<ul style="list-style-type: none"> • Need help sooner; it is scary to take the initial step to ask for help and then having to wait. This can cause you to change your mind. • Walk-in option for crisis services needed.
<i>Stigma:</i>	<ul style="list-style-type: none"> • LGBTQ+ awareness. • Caregivers not recognizing the need for services, minimizing the youth’s issues and concerns. • Educational staff not addressing mental health directly. • Mental health activities do not focus on mental health but other activities such as sports; discouraging students from talking about mental health. • Peer support would be very helpful, opportunity to meet other youth with lived experience. • Sensitivity training for professionals. • Emergency departments are not responsive to the needs of youth - they just want to medicate they do not provide other solutions or suggestions. • Crisis services need to be face to face.

THEME	WHAT WE HEARD
<i>Not knowing how to access services:</i>	<ul style="list-style-type: none"> • Lack of knowledge of services. • Having to travel to Cornwall for services. • How to access crisis services; calling the police or going to emergency department are the only options that youth are aware of. • Need to have services for youth carers - it is very hard to be taking care of an adult with mental health issues; need someone to help guide them to the services.
<i>Respite services:</i>	<ul style="list-style-type: none"> • Having a place to go when you need a break. • Local options needed.
<i>Fear:</i>	<ul style="list-style-type: none"> • In services like the psychiatry floor. • Not knowing what will happen when you get some help. • Others will find out (stigma) - mental health is defined mostly in terms of diagnosis.
<i>LGBTQ+</i>	<ul style="list-style-type: none"> • Need for diversity clinics, trans gender clinics. • Services mainly in Ottawa.
<i>Work shops</i>	<ul style="list-style-type: none"> • Topics: <ul style="list-style-type: none"> ○ self esteem; ○ expressing feelings; ○ coping with stress; ○ getting a job; and ○ mental health awareness.

Logic Model for Youth Engagement

"We can make changes even if small... changes we can make individually and as an agency. ..Win Win."

– Youth Engagement Work Group member

The schematic on the following page provides a visual overview of the work completed and outcomes achieved in this project. In a half-day session facilitated by the Centre of Excellence, this modified version of a logic model was developed towards the end of the project (April 27, 2018) by youth advisors and adult allies. It provided an opportunity to reflect on the project as it was coming to a close, comparing what we had set out to do in the work plan and what we had actually done.

We reconfirmed our initial goal as "Youth are engaged in improving the mental health system through co-creating plans, and being directly involved in activities to create change at organizational and system levels." We collectively listed all the activities undertaken, our successes and challenges and identified the outcomes achieved.

Outcomes are clustered around the following areas:

- Youth are empowered as leaders – Youth experience a sense of ownership in the project.
- Services work for youth – Improve services.
- Integrate youth voice in plans and actions.
- Community collaboration – youth engagement integration across the system.

Groups undertaking similar exercises in the future, may consider developing an outline of a logic model at the onset of their youth engagement project, revisiting it and refining over time.

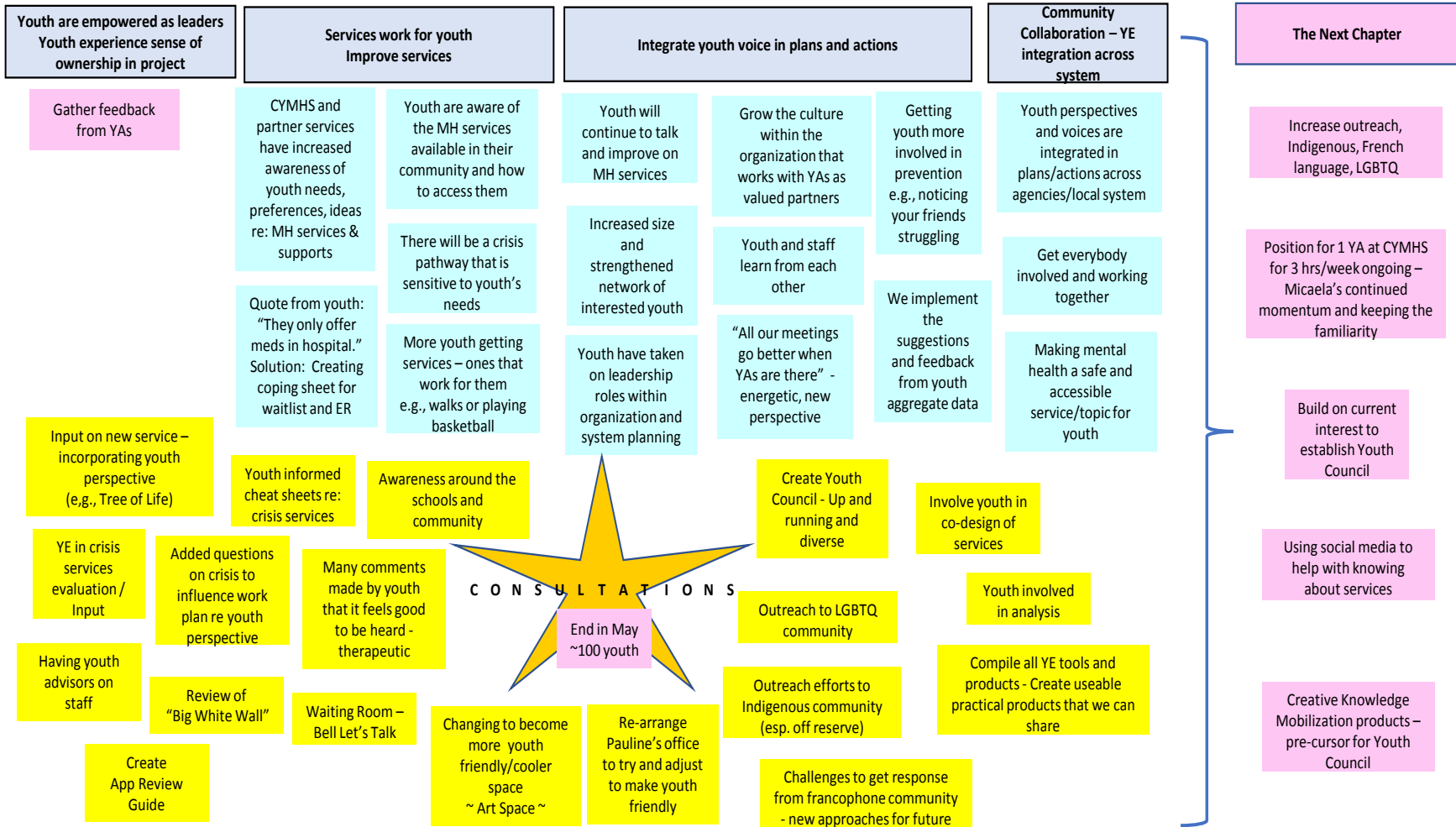
Our logic model also identified next steps for the future and so it becomes a valuable tool to support our work going forward.

"Taking Youth Engagement to the Next Level in SDG"

GOAL: Youth are engaged in improving the mental health system through co-creating plans and direct involvement in activities to create change at organizational and system levels

OUTCOMES

ACTIVITIES



April 27, 2018

Companion Report – Products

The development of useable and practical tools that can be shared with others was a key deliverable; these products are available in the complementary document to this final report. They include the following:

Youth Advisor Recruitment and Orientation Materials:

- Youth Advisor Orientation Manual Suggestions
- Youth Advisor Position Description (English & French)
- Youth Advisor Job Posters and Social Media (English & French)
- Interview Questions for Interview Panel and for Interviewees (English & French)
- **Consultation Materials:**
 - Youth Consultation Questions (English and French)
 - PowerPoint Presentation for Youth Consultations
<https://prezi.com/view/lu2oUxfPSQbuMoBhslgb/>
 - Youth Consultations Jeopardy Game
 - Participant Consent Form (English and French)
 - Consultation Feedback Form (English and French)
 - Waiting Room Survey (English and French)
 - Tracking Sheet Consultation Summaries
 - Youth Council Poster (English and French translation)
- Mental Health Apps Literature Review and App Evaluation Checklist (English and French)

Project Video:

The youth advisors created and produced a video. The video uses an interview format where youth advisors and adult allies from the youth engagement work group share how they got involved with youth engagement, the roles they played in the project, any surprises or unexpected results and what their hopes for the future of youth engagement are. https://youtu.be/4Yodm_YFR-4

Note: All youth participating in the video had signed photo and media release forms.

THE MORAL – LESSONS LEARNED

The recruitment process was a key component of this project as ensuring that youth advisors have lived experience along with the skills required to work with professionals, take ownership of some of the activities and feel comfortable sharing their ideas were all keys to the success of this project. Initially we were considering recruiting youth between the ages of 16 and 25 years, but with further reflection we decided to select youth who had finished high school as the hours of work required availability during the weekdays and access to a vehicle was important in order to ensure that the voice of rural youth was included. Initially our plan was to hire one youth advisor, but we reconsidered this and hired two youth advisors so that they could support each other and work as a team. This was a success as their skills complemented each other and they were able to mutually plan their work and discuss ideas together before sharing with the rest of the team.

Finding the right balance of structure for the youth advisors is important to ensure meaningful youth engagement, but also ensuring that direction and support is offered by the leadership team and the adult allies. As youth engagement was new to this service area, some more time dedicated to building awareness of community services and clarification of roles would have been helpful.

In hindsight we realized that it is important to be aware of other issues that may be going on in the community that could impact the project. There were some situations that arose such as the invitation to apply for the Youth Wellness Hubs Ontario; a tragedy in the French school board that had impacted on our ability to meet with youth in the schools; change in staffing at a core service provider that created some challenges. Expanding the work group to include school boards may have been helpful as many of the youth focus groups and interviews occurred in schools. This would have helped with being more aware of school board policies that impacted on our ability to meet with students. This may have helped to address some of the challenges that arose. The youth advisors reflected that it would have been helpful to meet with the full youth engagement work group more often (meetings were monthly). It was important to have a debrief with the youth advisors and the Cornwall Community Hospital Child and Youth Mental Health Services team at the end of the project to hear about their experience, to celebrate the successes and ensure that there is a continuation to the work beyond the project timelines.

Youth talking to youth was a key to the success of this project. Many of the youth commented during the interviews that they felt comfortable sharing their story and insights with a youth with lived experience. The youth advisors brought a youthful enthusiasm, creativity and a genuine desire to effect system change. Their knowledge of technology and awareness of what is popular with youth was key to engaging youth. Members of the youth engagement work group had a strong interest in supporting the youth advisors in their role, which facilitated some of the linkages in the community. An adult ally was always present and available during the consultations.

Including a wide range of youth from different sectors, with lived experience and without lived experience was key to finding out about gaps and needs in the service system. Having a mix of

approaches, one-on-one interviews, focus groups, and surveys was important. Finding alternate means to have youth in treatment participate in a focus group is an important consideration as reaching out to staff for suggestions did not work. Alternate means such as an abbreviated waiting room survey; and having the youth advisors approach staff directly proved to be somewhat more effective. Given that youth prefer technology (tablets; online surveys) as a means of communicating instead of writing would be important for future consideration.

THE NEXT CHAPTER



SMALL VOICES OFTEN SPARK
BIG CHANGES

~Warren Corbiere, Youth Advisor

We will continue to build on the momentum from this project through working on the next steps that were agreed upon by the youth engagement work group. We have also committed to maintaining a youth advisor as a member of the child and youth mental health services team to continue the synergy that grew during this project.

One of our goals is to connect with the youth who were interested in participating in future work such as a youth council and peer support groups.

The considerable body of information gathered and the relationships built throughout this project, along with ideas and plans for future activities related to youth engagement may be channeled through the youth wellness hub currently under development.

We will be co-developing a newsletter with our youth advisor that will be distributed broadly to share the outcomes of the project. We will also share the video created by our youth advisors with our planning tables, community addiction and mental health staff and other interested parties. We will share the evaluation summary from the youth interviews with our advisory committees and find a means of sharing other feedback with relevant parties that are not members of the advisory tables. We look forward to continuing to work with the Centre of Excellence on strategies for further knowledge mobilisation and sharing our project products and experience with others.

THE LAST WORD.....Quotes from youth consultation participants

Feedback on the consultations.

"They were very open to the thoughts that we were sharing and seemed very interested in what we had to say. I learned more about an issue that people take lightly."

"I'm glad that I was able to be a part of this and I'd like to see the changes and impact that this can make in the community."

Thoughts on what a youth friendly space and service look like.

« Pas : des personnes qui aide pas
Oui : Un service facile à utiliser et gratuit. »

« Pas de graffiti fait bien - upbeat couleur vif - vitres. »

« A l'écoute pour m'aider - Et je veux des entrevues pour personnaliser mon aide. »

Going forward....

"I would love to see more of these youth consults, I love what you guys are doing."

"I feel that by being heard and a part of conversations like these, a change can happen and mental health won't be taken lightly. These presentations can impact many and make those people want to develop social groups to raise awareness and create peer counseling groups for younger generations"