

Comparing the Effectiveness of a New Screening and Triage Process vs Standard Practice in Matching Mental Health Services to Needs among Aboriginal Youth Living On-Reserve

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Lay Summary

First Nations youth living on-reserve have significantly worse mental health than their non-Indigenous peers, with suicide rates 5 to 6 times the national average. Many are reluctant to seek support until they reach a crisis and require intensive clinical treatment unavailable locally. First Nations health leaders are eager to improve youth mental health, however a mismatch exists between the needs of youth and the scope and capacity of local services. There is a new screening and triage process that is transforming the way First Nations youth are engaged in mental health assessment. It is embedded within the Aboriginal Children's Health and Well-being Measure (ACHWM). The ACHWM is completed by youth 8 to 18 years of age, using a fun tablet-based format that efficiently engages hard to reach youth, and is feasible for First Nations. It has been implemented with over 400 youth in 5 communities. Youth have shared experiences with the tablets that they have not been able to share face-to-face. The screening process ensures that all youth at-risk are identified, meet with a mental health worker immediately for further assessment, and are triaged to appropriate support. Two questions are central to the screening process's utility in a context with constrained health resources:

- Is the ACHWM able to identify youth's needs earlier in their illness pathway?
- Does earlier recognition lead to better health outcomes one year later?

This team will conduct community health surveys via schools and community events to screen 300 First Nations youth in Wikwemikong. Those identified as at-risk will be connected to mental health services, and their experiences documented. We will also recruit healthy youth and youth referred to the same clinic through the usual processes. All participants will be assessed again one year later to learn how health changes over the year. We will compare the recovery paths of the 3 groups: youth whose needs were identified through the survey; healthy youth; and those referred to the same clinic via standard practice.

In addition, the scope and capacity of mental health services will be documented. Together, this information will enable us to determine whether the ACHWM screening identifies youth with mental health concerns earlier than usual, and if their needs fit better with supports available in their community.

Results from this trial will document the impact of the screening process on youth health and will be rapidly shared with other communities and agencies to benefit at-risk youth.