GII Booklet Series: Part I

Session II: "Mental Health, Youth Homelessness and Expanding our Conception of the Hard-to-Reach"

November 26, 2019
4:00–6:00pm

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GII Roadmap 2019-2020

DATE	LECTURE	WORKSHOP	SESSION OUTPUT
Nov 5 4- 6 PM	PROGRAM LAUNCH "Mental Health & Well-Being: Suicide Prevention for the Hard-to-Reach"	What specific challenges within this topic resonate with you?	Meet your Mentor
Interim Work		Challenge Background Readings	
Nov 26 4- 6 PM	SESSION I Challenge Overview	Causal Modelling	Secondary Research Plan
		Secondary Research leveraging UofT Resources	
Dec 17 4- 6 PM	SESSION II "Lessons Learned: Interventions for Suicide Prevention"	Interviews/Inquiry	Interview Tools
		Inquiry: Students research Mental Health & Well-Being issues and interview solution-providers in their communities	
Jan 14 4- 6 PM	SESSION III Existing Interventions	Pro-Pro Charts	Pro-Pro Charts
		Prototyping a Solution – Students Prepare a 1 min. In-Person Pitch of their Core Idea	
Feb 18 4- 6 PM	SESSION IV Existing Interventions	Pitches / Business Model Canvas (BMC)	Expert Feedback
		Idea Iteration – Consider Panel Feedback, Revise & Flesh Out Solution using the BMC	
Mar 24 4- 6 PM	SESSION V Scaling Solutions: "REACH"	Idea Development (BMC)	Revised Idea
		Idea Development using the Business Model Canvas	
Apr 14 4- 6 PM	SESSION VI Adoption of Solutions: "Behavioural Economics"	User/Customer Journey	Revised Idea
		Idea Development using the Business Model Canvas	
Apr 14-24 4- 6 PM	SESSION VII "Polishing your Pitch"	Pitch Prep	Final Pitch
		Final Pitch/Final Symposium Deliverables	
Apr 24 8:30- 4:30		FINAL SYMPOSIUM	

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GII Challenge Statement

Mental Health & Well-Being: Youth Suicide Prevention for the Hard-to-Reach in Canada.

"How might we eliminate barriers to mental health and well-being support for hard-to-reach youth (15-24) in Canada, with the goal of addressing the acute challenge of suicide prevention?"

GII Speaker: Dr. Sean A. Kidd

Sean Kidd is a Clinical Psychologist, Senior Scientist, and Division Chief-Psychology at the Centre for Addiction and Mental Health in Toronto, Canada and Associate Professor of Psychiatry at the University of Toronto. The focus of his career has been upon developing and trialing interventions for individuals with severe mental illnesses and homeless youth. He has also worked extensively in the areas of mental health reform and the study of marginalization and community participation amongst diverse individuals experiencing poverty and mental health challenges. Kidd's intervention research has included the study of models of peer support, cognitive interventions for schizophrenia, complex interventions for homeless youth, and mobile health strategies for psychosis. He has also engaged in multiple, participatory, arts-based projects with marginalized people including homeless youth.

Examining "Hard-to-Reach"

Understanding the "Hard-to-Reach"

An important aspect of this year's challenge is related to ensuring that your solutions target and successfully reach youth that are "hard-to-reach". In healthcare, the concept of "hard-to-reach" is an extremely important consideration for policy makers, health care providers, and community leaders (Wong, 2015). Why it so vital that these groups deserve particular attention when it comes to policy and program design? In order to provide adequate and equitable care to all in society, everyone, including the hard-to-reach, must be included. This seems obvious. However, finding a way to do this is not so obvious for two major reasons.

First, reaching "the hardest-to-reach" involves a significantly higher marginal cost than reaching the average member of the community (Wong, 2015). This means that the financial cost of reaching each "hard-to-reach" person gets exponentially higher and higher. Think about a simple example involving physical healthcare, such as vaccines. Assuming you already had researched and produced the vaccines, how much money would you need to spend to ensure that 10 people received them? 100? 1 million? All 37 million people in Canada, down to the very last person? The cost to vaccinate each person would grow higher and higher, as it would become harder and harder to locate and reach those people. These challenges are exacerbated with mental health, as resources in Canada are already extremely limited, meaning the marginal cost to expand them to the hardest to reach (with current resources) is extremely high.

Second, the way that programs and policies have often measured success, using aggregated and national data, can mask the isolation of hard-to-reach groups, widening inequality and masking big problems right under our noses. This is known as the "Tyranny of the Averages"(Custer et al., 2017). From 2005-2010, the percentage of Canadians who were "low Income" fell from about 12% in 2005 to about 10% in 2010 (Government of Canada, 2019). If we were to look only at the national statistics, we might say that a 20% reduction in the number of low-income Canadians over 5 years is a pretty good success story. However, when we look at similar statistics for Nunavut, from 2006 to 2011 we see that the percentage of people in Nunavut who were low income actually increased, from an already high 24% to 25% (Statistics Canada, 2019; Canada Without Poverty, 2016). By analyzing only national statistics, we make the hardest-to-reach even harder to see, leaving them out of the equation when we design programs that help generate social good.

This is why it is so important to focus on the hard-to-reach. It is costly and challenging to make sure that the hardest-to-reach can receive the same benefit and care as everyone else in society – but to achieve an equitable society, it must be done. Therefore, we have to be extremely creative, and develop new ways of developing goods and services that will meet the needs of the hardest-to-reach and bring down the cost of doing so.

PESTEL
ANALYSIS

Legal · Political · Economic · Social · Technology · Environment

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Expanding the Scope

Off the top of your head, what comes to mind when you think of people who are "hard-to-reach" when it comes to providing mental health services and support? Intuitively, you may think of people who live in isolated communities in Canada, such as rural or northern communities. This answer is certainly correct – as you will recall from the challenge briefing, Canadians who live in rural communities are more likely to experience challenges with mental illness, leading to an increased chance of suicide. A smaller number of psychiatrists per capita makes receiving treatment harder, which can lead to negative health outcomes.

However, distance and geography are not the only considerations for whether or not someone is "hard-to-reach". Many factors, other than distance to resources, impact the ability of certain communities or individuals to access public services, including mental health resources. Consider using a "PESTEL" analysis to think of the various dimensions of "hard-to-reach".
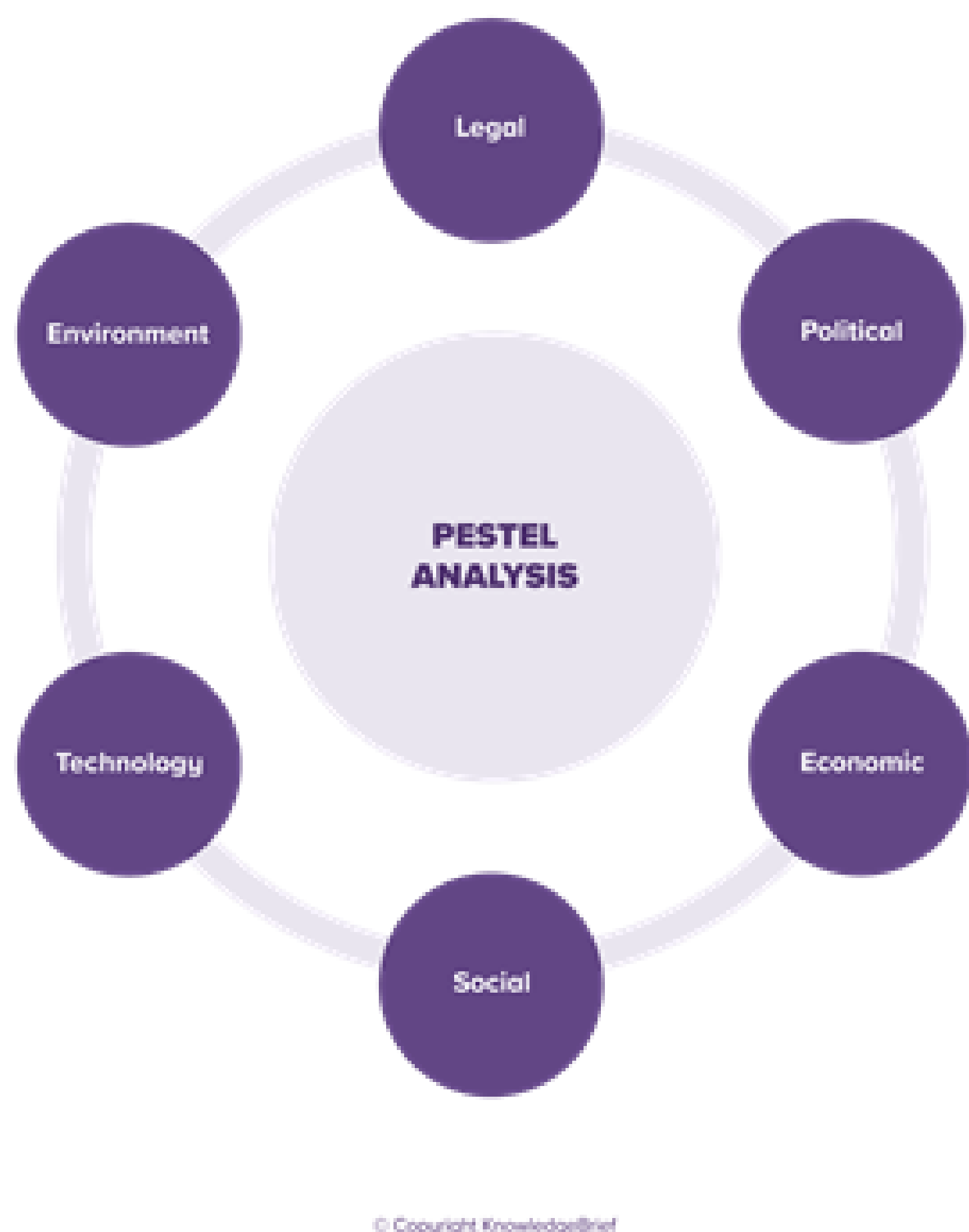
Category	Description	Examples
Political	What political institutions or decisions may inhibit access?	Lack of political will to help certain communities leads to poor development of resources
Economic	Is there a financial barrier to access? Do people lack the capital to access resources?	Lacking money or physical resources to attain resources
Social	Are there social barriers, stigma, or discrimination that leads to exclusion or isolation?	Discrimination against patients by gender, sexual orientation or ethnicity
Technological	Does the presence of technology in the system make it hard or impossible for people to access services?	Online resources inaccessible if you do not have a phone or computer
Environmental	Is there something about the environment that leads to barriers to access?	Live far away from resources
Legal	Are there laws or regulations that inhibit access?	Must have ID or physical address to get resource

Mental Health and Youth Homelessness in Canada

The Challenges of Mental Health and Suicide for Homeless Youth in Canada

Youth homelessness is a daunting challenge. Estimates for the number of homeless youths in Canada range from 25 000 to almost 50 000 on an annual basis, with around 6500 youth on the streets at any one given time; this also makes up around 20% of the entire homeless population in Canada (Kidd et al. 2017; Schwan et al. 2017). This is due to the fact that homeless youth are a largely hidden group, making it hard to accurately monitor the population at any one given time.

Homeless Youth in Canada are extremely at risk for experiencing challenges with mental health and suicide. A national survey of homeless youth in Canada showed that 85.4% were experiencing a mental health crisis, and 42% had reported at least one suicide attempt (Schwan et al, 2017). Furthermore, women, LGBTQ2S youth, and Indigenous youth who were homeless all experienced greater challenges with mental health and suicide due to their experiences with marginalization and discrimination (Schwan et al, 2017). The survey also identified three major factors which can lead to this increased risk of mental health challenges: adversity prior to homelessness, which can also often lead to homelessness; early experiences with homelessness; and prolonged or multiple experiences with homeless (Schwan et al, 2017).

Expanding our Conception of "Hard-to-Reach" Through this Example

Helping homeless youth to improve their mental health and prevent suicide is not an easy task. There are a number of factors that inhibit program and policy effectiveness – however, many of these factors which make homeless youth "hard-to-reach" are not due to geographic circumstances. Many homeless youths live in urban centers where resources can be clustered. Despite this, they struggle to access crucial resources, and policy makers fail to adequately assist them. Why is this the case? Looking at the literature, and reviewing our PESTEL analysis from the previous section, can help us dig down to find the heart of the issue, and in doing so, confront our assumptions about what "hard-to-reach" truly means.

Often, "mainstream" programs specifically designed for addressing youth mental health and suicide prevention do not take the social, personal and economic situation of homeless youth into consideration (Schwan et al, 2017). They generally assume that patients have a stable address and familial support. There may also be age restrictions for certain services. Furthermore, youth may experience homophobia, transphobia or racism when trying to access resources. Because of these barriers, additional services designed specifically for homeless youth are created to run parallel to "mainstream" services, and these services are often "…underfunded, understaffed, and poorly coordinated, making it difficult to provide services that are timely and employ best practices" (Schwan et al, 2017).

While homeless youth may be close in physical proximity to vital resources, they may be unable to access them due to several institutional barriers. This shows the importance of diversified "reach" based thinking in order to ensure that all members of society achieve an equitable level of care.

Articles:

Schwan, Kaitlin et al. "Mental Health Care for Homeless Youth: A Proposal for Federal, Provincial, and Territorial Leadership, Coordination, and Targeted Investment." Canadian Observatory on Homelessness, Toronto. 2017
https://www.homelesshub.ca/sites/default/files/attachments/YouthMentalHealth_Policy_Brief.pdf

Wong, Joseph. "Achieving universal health coverage." Bulleting of the World Health Organization 93, 2015, p. 663-664.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4581642/pdf/BLT.14.149070.pdf

Blatchford, Andy. "Youth not employed or in school more likely to have poorer mental, physical health: study." The Globe and Mail, Nov.5, 2019. https://www.theglobeandmail.com/canada/article-youth-not-employed-or-in-school-more-likely-to-have-poorer-mental/xt

Podcasts:

Metro Morning with Matt Galloway. "Attitudes about mental health are evolving positively: CAMH doctor." CBC Radio, Nov. 18, 2019. https://www.cbc.ca/listen/live-radio/1-39-metro-morning/clip/15747010-attitudes-about-mental-health-are-evolving-positively-camh-doctor

Columnists from CBC Radio. "Oct. 30, 2019: Finding help for mental health online." CBC Radio. Oct 30, 2019. https://www.cbc.ca/listen/live-radio/1-90-columnists-from-cbc-radio/clip/15743840-finding-help-for-mental-health-onlinef body text

Booklet Cited Materials

Articles:

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Custer, Samantha et al. "Beyond the Tyranny of Averages: Development Progress from the Bottom Up." AidData, 2017. http://docs.aiddata.org/ad4/pdfs/beyond_tyranny_of_averages-_development_progress_from_the_bottom_up_-_web_optimized.pdf

Government of Canada. "Towards a Poverty Reduction Strategy - A backgrounder on poverty in Canada." Employment and Social Development Canada. 2019. https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/backgrounder.html

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Images:

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https://www.kbmanage.com/concept/pestel-analysis