Laurentian University

Advanced Practicum Project Report

presented at

Laurentian University

as a partial requirement

of the Master of Social Work Program

by

Vanessa Roberts

Exploring the Gateway to Addiction Services for Northeastern Ontario Youth with Concurrent Disorders.

April 25, 2024

Culminating Activity / Activité culminante

Laurentian University / Université Laurentienne

Office of Graduate Studies / Bureau des études supérieures

Title of project:	Exploring the Gateway to Addiction Services for Northeastern Ontario Youth with Concurrent Disorders.
Name of candidate:	Vanessa Roberts
Degree:	Master of Social Work
School/Program	Social Work
Date of defence	April 25, 2024

APPROVED/APPROUVÉ

«Supervisor_or_cosupervisor_1» (Supervisor/Directeur(trice) de thèse) Genevieve Rivard MSW RSW	Approved for the Office of Graduate Studies Dr. Tammy Eger Vice President Research Approuvé pour la Bureau des études supérieures Dr. Tammy Eger Vice-rectrice à la recherche
«Supervisor_or_cosupervisor_2» (Co-supervisor/Co-directeur(trice) de thèse)	
«Committee_member_1» (Committee member/Membre du comité) Lea Tufford, PhD	
«Committee_member_2» (Committee member/Membre du comité) Courtney Evans, MSW, RSW	

ACCESSIBILITY CLAUSE AND PERMISSION TO USE

I, Vanessa Roberts, hereby grant to Laurentian University and/or its agents the non-exclusive license to archive and make accessible my culminating activity (including but not limited to major paper, practicum review, and project report) in whole or in part in all forms of media, now or for the duration of my copyright ownership. I retain all other ownership rights to the copyright of the work. I also reserve the right to use in future works (such as articles or books) all or part of this work. I further agree that permission for copying of this culminating activity in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my work or, in their absence, by the Head of the School in which my work was done. It is understood that any copying or publication or use of this work or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that this copy is being made available in this form by the authority of the copyright owner solely for the purpose of private study and research and may not be copied or reproduced except as permitted by the copyright laws without written authority from the copyright owner.

CLAUSE D'ACCESSIBILITÉ ET PERMISSION D'UTILISER DES DOCUMENTS

Je, Vanessa Roberts, accorde à l'Université Laurentienne et à ses agents l'autorisation non exclusive d'archiver mon activité culminante (y compris, mais sans s'y limiter, le mémoire principal, l'examen du stage et le rapport de projet) et d'en permettre l'accès, en tout ou en partie et dans toute forme de média, maintenant ou pour la durée de mon droit de propriété du droit d'auteur. Je conserve tous les autres droits de propriété du droit d'auteur du travail. Je me réserve également le droit d'utiliser dans de futurs travaux (comme des articles ou des livres) l'ensemble ou des parties de mon travail. J'accepte en outre que la permission de reproduire ce travail de quelque manière que ce soit, en tout ou en partie à des fins savantes, soit accordée par le ou les membres du corps professoral qui ont supervisé mes travaux de thèse ou, en leur absence, par le directeur ou la directrice de l'unité dans lequel mes travaux de thèse ont été effectués. Il est entendu que toute reproduction ou publication ou utilisation de ce travail ou de parties de

Abstract

This report will provide an overview of the learning processes and outcomes associated with the completion of my advanced practicum at Compass. The advanced practicum examined the need for resources and advocacy for youth between the ages of 12 -18 with addictions and/or concurrent disorders. My advanced practicum was completed in the stabilization service at Compass, with referrals from Health Sciences North (HSN) crisis intervention services and the Child and Adolescent Mental Health Program (CAMHP). The stabilization service receives referrals for youth that present with an increase in mental health needs and risk taking behaviours including substance use and addictions.

The advanced practicum allowed me to network and collaborate with colleagues and community agencies to ensure that youth presenting with addictions and/or concurrent disorders are provided with appropriate services. I utilized multiple theoretical frameworks including anti-oppressive and strengths-based approaches in the direct practice with youth presenting with an increase in risk taking behaviours including substance use, victimization in regard to human trafficking, and elopements. The advanced practicum allowed me to not only achieve my learning goals but also increase my awareness of the need for a harm reduction approach, recognize the service user as the expert, and the importance of advocacy.

Abstrait

Ce rapport fournira un aperçu des processus d'apprentissage et des résultats associés à la réalisation de mon stage avancé chez Compass. Le stage avancé a examiné le besoin de ressources et de défense des intérêts des jeunes âgés de 12 à 18 ans souffrant de dépendances et/ou de troubles concomitants. Mon stage avancé a été effectué au service de stabilisation de Compass, avec des références des services d'intervention en cas de crise d'Horizon Santé-Nord (HSN) ou du Programme de santé mentale des enfants et des adolescents (CAMHP). Le service de stabilisation reçoit des références pour des jeunes qui présentent une augmentation des besoins en matière de santé mentale et des comportements à risque, notamment la consommation de substances et de dépendances.

Le stage avancé m'a permis de réseauter et de collaborer avec des collègues et des organismes communautaires pour m'assurer que les jeunes présentant des dépendances et/ou des troubles concomitants bénéficient des services appropriés. J'ai utilisé plusieurs cadres théoriques, notamment des approches anti-oppressives et basées sur les forces, dans la pratique directe auprès de jeunes présentant une augmentation des comportements à risque, notamment la consommation de substances, la victimisation en matière de traite des êtres humains et les fugues. Le stage avancé m'a permis non seulement d'atteindre mes objectifs d'apprentissage, mais également de me sensibiliser à la nécessité d'une approche de réduction des méfaits, de reconnaître le client comme l'expert et de l'importance du plaidoyer.

Acknowledgements

First and foremost, I would like to extend my sincere gratitude to the youth and their families which I worked with throughout my advanced practicum and continue to work with at Compass. Without their willingness to share their vulnerabilities, knowledge and lived experiences with me, I would not be where I am at in my learning. I appreciate the time spent with each of the youth and the families I have worked with and recognize the courage they have to share their insights with me.

I would additionally like to extend my gratitude to the leadership at Compass for allowing me to continue my professional development and allowing me to complete my advanced practicum with the agency. I would like to express many appreciations to Gen Rivard, for taking the time to be my advanced practicum supervisor and going above and beyond to assist in my professional development. I would additionally like to express gratitude to Heather Haynes, who had planned to be my advanced practicum supervisor, thank you for assisting me with the start of this process. Thank you to my colleagues and the community agencies who provided me with their insights, resources and knowledge to assist in not only my continued learning but also assisting in the development of a resource for my colleagues at Compass.

I would like to express my appreciation to my first reader, Lea Tufford and second reader, Courtney Evans. Both of your insights and passion for trauma-informed practice have assisted me with my continued personal and professional learning and have assisted me in working with youth with addictions and concurrent disorders.

Lastly, thank you to my family and friends for supporting me throughout my education journey. My deepest thanks to my dad for continuing to support me throughout my master's and providing me with the encouragement I needed.

Table of Contents

Chapter One: Introduction

In Ontario, Canada the rise of youth using substances including cannabis, nicotine, and alcohol is alarming (Aderibigbe et al., 2022). Moreover, youth are increasingly engaging with substance use at an earlier age than seen in the past decade; 60% of youth are between the ages of 12 - 13 when they use their first substance (Aderibigbe et al., 2022). Research has indicated a strong correlation between mental health challenges such as, anxiety, depression, concentration, and emotion dysregulation as well as substance misuse in youth (Richert et al., 2020). Aderibigbe et al. (2022) note that 60% of youth from grades seven to nine report frequent use of various substances including, alcohol, cannabis, illicit drugs, along with prescription and over the counter medication misuse.

Related to the overall increase in substance misuse among youth, are those youth with Adverse Childhood Experiences (ACEs), who present with a lack of protective factors such as supportive families (Afifi et al., 2022). Khoury et al. (2010) noted a strong correlation between ACEs and the levels of exposure to ACEs influencing the use of substances throughout an individual's lifetime. Ullman et al. (2013) further emphasized that some traumatized youth utilize substance use as a form of self-medication and identified this as a coping mechanism for their mental health challenges. Co-occurring substance use and mental health challenges are large scale systemic issues, impacting communities as a whole and the individuals who reside in them (Keane, 2018).

In light of the preceding, I have completed a Master of Social Work (MSW) advanced practicum at Compass, located in Sudbury, Ontario, that focused on the correlation between substance use and mental health challenges for youth between the ages of 12 - 18. This advanced practicum report will provide an overview of the research literature associated with youth who

have accessed mental health services and disclosed substance misuse challenges or concurrent disorders. Additionally, this report will provide insight into the learning process, application of the theoretical frameworks, and experiences associated with the completion of my 450-hour advanced practicum in the stabilization service at Compass. The advanced practicum began in October 2023 was completed in February 2024.

As a mental health clinician working in Northeastern Ontario, emphasis throughout the advanced practicum was placed on the mental health and substance use challenges of youth in the area of Sudbury, Ontario to assist in the advancement and integration of service provision in our community. For the advanced practicum, it was imperative to address substance use, mental health challenges and ACEs for youth, rather than a generalized approach. The approach assisted in understanding the identified barriers for youth in service delivery. A preventative approach was emphasized to both mental health and substance use challenges in youth due to the heightened risks that are associated with long-term health outcomes in the absence of timely clinical interventions (Griffin & Botvin, 2010).

Goals of the Advanced Practicum

Prior to commencing the advanced practicum, I developed several learning outcomes and goals that I hoped to achieve. As an existing clinician at Compass, working in the counselling and therapy service division, I recognized multiple barriers in service delivery for vulnerable youth in our community presenting with mental health challenges and substance use. These barriers informed my research questions, approach, and goals for the advanced practicum. I had several questions on the correlation between substance use and ACEs in youth as well as how Compass, as a mental health services organization, without funding for addiction services, can best support youth presenting with substance use difficulties. When reflecting on direct service

provision and my role as a clinician in the stabilization service for the advanced practicum, I sought a thorough understanding of the theoretical frameworks that inform evidence-based practices that are proven to be most effective in supporting and reducing substance use in youth. Working with and supporting youth in our community has highlighted the need for collaboration and resource sharing between services in Northern Ontario specifically in the Sudbury area to improve service delivery for youth with concurrent disorders. The learning goals that were associated with my advanced practicum are as follows:

1. Identify the barriers in service between Compass and the Child and Adolescent Mental Health Program (CAMHP) at Health Sciences North (HSN) hospital.
2. Determine ways in which identified barriers can be managed or overcome.
3. Identify existing treatment programs in Sudbury for youth presenting with concurrent disorders.
4. Determine what additional services for youth presenting with concurrent disorders are needed in Sudbury.
5. Incorporate trauma-informed approaches and harm reduction strategies at Compass for youth who present with concurrent disorders.

Social Location and Onset Reflection

When critically reflecting on my social location there are several aspects of my biosocial environment that have influenced and continue to influence the person I am, the ways in which I present myself and how I am perceived by others personally and professionally in my direct practice. I am a 24-year-old White female, able-bodied, cisgender individual, who grew up in Sudbury, Ontario. I am an only child from a large, extended French family, raised in an upper-

middle class home with married parents, a stable environment and a close-knit group of family and friends. I have a Bachelor of Psychology degree as well as a Bachelor of Social Work degree and I am now completing the final requirements for a Master of Social Work degree. I recognize the privilege of attending post-secondary education and continuing my education as a graduate student. Additionally, I have privilege in my community as I hold the title of a registered social worker and recognize the influence that my professional role can have on the youth and families with whom I work.

An important aspect of my life, that has a strong influence on both my personal and professional beliefs, connecting me to the work that I strive to do, is the challenges that I have witnessed from individuals in my extended family who have experiences with substance misuse. The negative experiences I have witnessed a handful of my family members go through strongly influenced the preventative approach that I have as a registered social worker working with youth struggling with concurrent disorders. Acknowledging the impact that witnessing substance misuse has had on my personal life, I remind myself of the need for the service user's voice to be heard and to not make assumptions on what I perceive would be beneficial, instead meeting the service user where they are at. Throughout my education and in my direct practice as a clinician, I reflect on how I personally feel about different situations and ways in which I locate myself in the profession. Throughout my advanced practicum I continuously worked to challenge any predisposed or unconscious biases that I have due to my social location. The advanced practicum allowed me to recognize the need for critical reflection at the micro, mezzo, and macro levels. Prior to my advanced practicum, I would engage in regular critical reflection at the micro level in relation to my direct practice work. The advanced practicum allowed me to critically reflect at mezzo and macro levels when working with community partners and when participating in more

complex meetings associated with processes and service provision at a larger scale. The interaction between service managers and leadership at the macro level was a new experience for me. The experiences led to additional critical reflection as well as self-reflection on the impacts that decisions from the macro level have on service delivery at the micro level.

Chapter Two: Literature Review that Informed the Advanced Practicum

This literature review discussed the experiences of youth between the ages of 12 - 18 who have accessed mental health services and disclosed substance misuse challenges or concurrent disorders. The research presented in this literature review aimed to answer the question, what are the experiences of youth who present with substance misuse and mental health challenges in Ontario, Canada? The focus of this literature review is youth experiences with community-based services, specifically the benefits of these services.

This literature review developed an in-depth understanding of the impacts associated with ACEs and substance misuse for youth in Northeastern Ontario. The current, scholarly literature on this subject revealed a paucity of Ontario-based articles, thus literature from across Canada and the United States was considered. By widening the literature search, the analysis better determined the impacts associated with appropriate therapeutic interventions for youth who have experienced ACEs and concurrent disorders. Developing an understanding of youth's lived experiences prior to using substances as well as their experiences with service delivery is crucial to determine the next steps needed in future service delivery within the Northeastern, Ontario community. This literature review drew attention to substances such as cannabis, alcohol, nicotine, opioids, cocaine, and heroin and mental health challenges including depression and anxiety as well as internalizing and externalizing behaviours.

Methods

The search strategy employed the Laurentian University database, Omni, which examines peer-reviewed scholarly articles to produce high reliability, validity, and trustworthiness within the findings. In total, 20 peer-reviewed articles were found and critically analysed to draw on the experiences of youth who accessed mental health or addiction services

and presented with ACEs and/or concurrent disorders. Attention was drawn to Ontario-based and Canadian articles to provide an accurate understanding of youth perspectives while recognizing that the lack of accessible services in Northern communities poses additional challenges.

The search prompts used were “experiences of youth in Ontario who present with concurrent disorders,” “youth and mental health Ontario,” “youth and substance misuse Ontario,” “ACEs and substance misuse,” “addictions and youth in Canada and harm reduction for youth.” The inclusion and exclusion criteria for this literature review consisted of English, peer-reviewed articles, as well as the inclusion of strictly Ontario, Canada and United States-based articles as well as limiting articles to the last 15 years unless the article was Ontario based. Throughout the screening process several articles were reviewed and critically appraised to determine their relationship to the research question. Each article was screened and reviewed multiple times to develop an in-depth understanding of the themes and findings to assist in interpretation of the findings and how they can be associated with the population of youth, which was further explored in the advanced practicum.

Findings and Themes

Three, significant themes were identified within the research and literature; barriers to service; benefits of harm reduction; and impact of ACEs. This literature review provided an overview of the theoretical frameworks that informed the advanced practicum. Although the literature review focused predominately on Canadian youth, it is imperative to acknowledge the global rise of substance abuse among youth and how this rise is correlated with substance abuse challenges presenting later in life (National Center for Drug Abuse Statistics, 2023). By acknowledging the rise in youth using substances, critical reflection can determine the impacts that the three themes throughout this literature review have on youth and the ways in which

service delivery needs to be shifted to improve services in our community, adapting a client-centered approach.

Prior to discussing the themes derived from the literature review, it is imperative to draw attention towards the global epidemic associated with youth and substance misuse in order to advocate for changes at a macro level. A study by the National Center for Drug Abuse (2023) in the United States found that over two million youth between the ages of 12 -17 reported drug use within the last month. In addition, 46.6% of students in grade 12 reported use of illicit drugs and 4,777 Americans between the ages of 15 - 24 died from illicit drug overdose in one year (National Center for Drug Abuse Statistics, 2023). In Ontario, 60% of youth reported the use of illicit drugs (Carberg, 2023). The numbers associated with addiction treatment for various substances including alcohol, prescription medication and illicit substances in Canada found that only 1 in 205 individuals in Canada between 2016 and 2017 were in treatment for substance abuse (Carberg, 2023). The Canadian findings draw attention to the need for addiction services to be available and accessible to youth in Canada as many youths are not receiving treatment for substance abuse concerns due to the lack of accessibility and availability of service. The lack of appropriate services highlights the first theme derived from the literature, the barriers to service for youth who present with concurrent disorders.

Barriers to Service for Youth

Opioid-related fatalities, in particular, have tripled from 2014 to 2021 while drug treatment rates have significantly decreased (Casey, 2023). Casey (2023) emphasized that the increase in opioid-related fatalities in individuals ranging from 15 - 24 appears to be associated with a variety of barriers in accessing services and treatment such as age requirements for treatment programs including methadone and suboxone treatments and the lack of accessible

harm reduction approaches . The Center for Disease Control and Prevention (CDC) (2022) has highlighted the increased risk that youth are facing due to high-risk substance use such as prescription drugs, illicit drugs including but not limited to cocaine, heroin and inhalants and the use of injection drugs, further impacting the risk of infection and negative long-term health outcomes . The Canadian Centre for Addictions (CCA) has identified that the younger the age in which an individual begins using substances, the greater the likelihood of a lifetime of addictions to the substance of choice if appropriate intervention is not accessible. In 2017, Health Canada further identified that 20% of youth between the ages of 15 - 19 have reported using at least one of the following substances: cannabis, cocaine or crack, ecstasy, speed or methamphetamine, hallucinogens, and heroin (CCA, 2019). It is imperative that service providers identify levels of influence such as the youth's psychosocial environment in order to provide a preventative approach as well as reduce barriers to services for youth experiencing difficulties with substance misuse (Griffin & Botvin, 2010).

The Center for Addictions and Mental Health Canada (CAMH) (2023) has identified that young people between the ages of 15 - 24 are most likely to experience mental illness such as anxiety and depression along with the possibility of an identified substance use disorder. Wiens et al. (2020) undertook a study over the period of eight years to assess the trends associated with mental health among Canadian youth between the ages of 12 - 24 years. The study examined the prevalence of poor/fair mental health challenges and diagnosis of mood and anxiety disorders, suicidality, perceived stress, sleep problems, and substance use. The findings of the study showed that there was an average increase of 0.8% per year of perceived mental health challenges from 4.2% in 2011 to 9.9% in 2018 (Wiens et al., 2020).

Along with the increase in mental health challenges in youth, young people face significant wait times for mental health services. CAMH has identified that roughly 28,000 children and youth were on a wait list for mental health treatment in January 2020 in Ontario, doubling the number of children and youth on waitlists for mental health related services from 2017 (CAMH, 2023). The increase in mental health challenges in youth continues to prevail in Ontario, emphasizing the need to reduce wait times (CAMH, 2023).

Theme: Barriers to Service

The literature review indicates multiple barriers associated with service delivery for Canadian youth ages 14 - 24 who present with concurrent disorders in both rural and urban locations. The research provides evidence of the need for improvements in service delivery to assist in mitigating service barriers for youth in vulnerable positions in our community, particularly at the macro level (Kourgiantakis et al., 2023). Barriers include long wait times for service delivery, fragmented services, affordability in relation to both direct and indirect costs, unclear pathways to services, and difficulty transitioning between service providers (Kourgiantakis et al., 2023).

Kourgiantakis et al. (2013) undertook a qualitative study using semi-structured interviews with youth, parents and service providers (N= 11 parents, N= 4 youth, N= 10 service providers), focusing on youth between the ages of 16 - 24 years old to develop an in-depth understanding of barriers associated with service delivery. Results showed five barriers: lack of services, unclear pathways, long wait times, services that did not meet the client's needs, and affordability. These results highlighted the impacts that structural barriers have directly on youth mental health and addiction services (Kourgiantakis et al., 2023). Kourgiantakis et al. (2023) developed a conceptual framework to determine needed changes in the health care system in Canada to assist

in reducing barriers for youth and their families in relation to service delivery and accessibility. This conceptual framework indicates the need for accessibility of services for youth across six main dimensions: approachability, availability and accommodation, affordability, appropriateness, adequacy, and acceptability (Kourgiantakis et al., 2023). Kourgiantakis et al. (2023) emphasized that the five dimensions can be associated with barriers to service delivery for youth with concurrent disorders in Ontario.

Chan et al. (2023) further examined the barriers to accessing appropriate mental health and addiction services for youth and their family members (N=25) in Ontario. Results showed concerns with the availability and appropriateness of treatment options that best fit the youth's needs, which further impacted youth's motivation to access services (Chan et al., 2023). Chan et al. (2023) emphasized youth motivation to access services as a barrier in service delivery that is not often addressed. Youth reported previous negative experiences with mental health and addiction services including the lack of success in accessing service, wait times, and feelings of hopelessness due to the lack of appropriate service provision (Chan et al., 2023).

Recognizing the themes in the literature, it is important to consider vulnerable youth such as those experiencing homelessness or involvement in the youth justice system, with previous difficulty accessing services, and youth who are stigmatized, racialized, and discriminated against (Dir er al., 2020; Hadland et al., 2009). These latter barriers emphasize the need for an anti-oppressive approach to system delivery for youth in our communities (Dir et al., 2020). Moreover, vulnerable youth are likely to present with either internalizing or externalizing behaviours as well as risk-taking behaviours including self-harm, increased participation with crime and violence, school truancy, and impulsivity in daily behaviours (Sverdlichenko et al.,

2022). In order to achieve better outcomes it is crucial to mitigate service barriers for youth in our communities.

Theme: Harm Reduction

Harm reduction seeks to understand each youth's perspective through direct communication and supportive listening on how they would like services to be delivered. This approach individualizes service delivery for each youth and their presenting concerns (Hawke et al., 2021). Harm reduction can take the form of community-based, integrated service hubs for youth experiencing concurrent disorders including mental health, substance use, and social and community services for youth in one setting (Sverdlichenko et al., 2022). In Ontario, these are referred to as Youth Wellness Hubs and have increased in number within the last year (Henderson et al., 2023). Currently in Ontario, there are 22 Youth Wellness Hubs servicing youth between the ages of 12 – 25 (Youth Wellness Hubs Ontario, 2024). Due to their novelty, service user feedback is not yet available; however, the hubs utilize a harm reduction approach and emphasize the importance of services that are youth-centered and holistic (Henderson et al., 2023). In Sudbury, Ontario, Compass has been associated with the development of a Youth Wellness Hub in our community, which formally opened to youth in 2023.

The research literature emphasizes the importance of listening to youth perspectives in relation to service delivery (Nairn et al., 2022). An integrated service model aligned with a harm reduction approach appears beneficial in a setting where several modes of service delivery are available including virtual, in-person, and individual and group services (Hawke et al., 2021). By providing a youth-focused, community oriented setting, the research shows evidence of the reduction and mitigation of several barriers to service (Hawke et al., 2021). Henderson et al. (2019) examined the effectiveness of collaboration from the perspective of stake holders,

decisions makers, youth between the ages of 14 – 17, and their families. Collaboration and the involvement of interdisciplinary teams appear to be key components of providing effective and accessible services to youth. Henderson et al. (2019) emphasized the need for collaboration between community agencies, youth, and their families to assist in mitigating the risk associated with concurrent disorders.

The literature has additionally highlighted the history of services related to treatment for youth and young adults using illicit substances other than or in addition to cannabis. Wong et al. (2009) completed a cohort study on street youth and young adults (N= 478) between the ages of 14 to 26 who had used illicit substances within the past 30 days. Results showed that only 50% of youth and young adults had participated in some form of substance use treatment (Wong et al., 2009). They acknowledged the strong impact that barriers have on youth in relation to the appropriateness of services and the ways in which a harm reduction approach may have improved the effectiveness of service outcomes (Wong et al., 2009). This emphasizes the need for a preventative, educational and harm reduction approach to substance use among the youth population (Wong et al., 2009). The study concluded that more prominent, harm reduction-focused and reliable street-based, outreach programs for vulnerable youth in communities are needed (Wong et al., 2009).

Jenkins et al. (2017) undertook a qualitative study of youth who reside in three locations (urban, suburban, and rural) in British Columbia, Canada. The intent of the study was to inform policies, practices and programs for vulnerable youth who experience difficulties with substance misuse or concurrent disorders. The study emphasized the differences in youth perspectives based on geographical location and the importance of having youth perspectives specific to the service area to assist in applying appropriate harm reduction strategies and approaches (Jenkins

et al., 2017). The urban demographic youth found that substance use is popular among peer groups while suburban youth had similar findings including peer influence and the impacts associated with different individuals among social groups (Jenkins et al., 2017). Rural youth use substances out of boredom and availability (Jenkins et al., 2017). These findings emphasize the impacts associated with youth's geographical locations and the vulnerabilities associated with youth's experiences with substance use due to their environments.

Ali et al. (2022) completed a cross-sectional, mixed-methods study to develop an understanding of publicly funded, Ontario-based service providers' perspectives on the challenges and barriers in which youth face as well as substances that youth frequently use. The study emphasized that by reducing stigmatization in service delivery settings and challenging the negative discourse associated with stigmatization of youth using substances, youth are shown to be more likely to access services for substance use (Ali et al., 2022). Ali et al. (2022) additionally highlighted the impacts and intersections associated with the normalization of substance use by the youth population, specifically around alcohol and cannabis use. The intersection of both normalization and stigmatization for youth using substances appears to lead to an increase in substance use while deterring youth from seeking assistance in reducing their substance use (Ali et al., 2022). Additionally, drawing evidence towards the negative perceptions of youth who have been identified due to their challenges with substance misuse, rather than recognizing the contributing factors influencing the youth's substance use including their biopsychosocial environment (Ali et al., 2022). Harm reduction frameworks and policies such as early intervention, prevention and education appear to be effective when working with youth as they allow youth to obtain the support that they need, with the use of non-judgemental and non-stigmatizing frameworks (Ali et al., 2022). The literature notes that educational and awareness

programs for youth and service providers are seen to be beneficial for youth to reduce additional barriers in service delivery (Ali et al., 2022). Education challenging the negative discourse associated with service providers and the community's perspective on youth using substances is required (Ali et al., 2022). Education to increase public awareness and knowledge on substance use, the potential contributing factors of a youth substance use as well as the adverse health effects that substance use can have on youth, needs to increase in order to assist in the reduction of service barriers for vulnerable youth (Ali et al., 2022).

Theme: Impacts of ACEs

An additional theme in the literature was the correlation associated with ACEs and youth using substances. Several studies research youth with different social locations including social class, race, ethnicity, religion, and gender, all of which provide evidence of a correlation between ACEs, a mental health diagnosis, and substance use challenges (Douglas et al., 2009). Lawrence et al. (2023) conducted a study with youth between 10 - 15 years of age to further identify whether exposure to family violence increases the likelihood of adolescent substance use. The study showed that violence within the home often increases the likelihood of adolescent use of substances as a form of self-medicating due to the exposure to ACEs (Lawrence et al., 2023). The study additionally provided evidence that boys exposed to family violence were more likely to develop depressive symptoms than girls, emphasizing that maladaptive coping may increase the likelihood for boys to use substances (Lawrence et al., 2023).

Additional research completed by Kogan et al. (2017) identified the impacts associated with depression and the causal and consequential effect it has on substance misuse, often resulting in youth suffering from concurrent disorders. Kogan et al. (2017) conducted a study to test their hypothesis that substance use in young black men would increase depressive symptoms and that

exposure to childhood adversity would amplify the effect of substance use on depressive symptoms long-term. A sample of 505 young black men in vulnerable positions in society, such as previous incarceration and financial insecurity, was undertaken and showed vulnerabilities in emotion regulation pathways due to the impact of childhood adversity reinforcing an increase in substance use and depressive symptoms (Kogan et al., 2017).

It is imperative to recognize that ACEs can be associated with self-medication through substance misuse including but not limited to parental separation, household dysfunction, emotional abuse, physical or sexual abuse, early childhood trauma, exposure to domestic violence, and maltreatment (Gomez et al., 2018). Research globally has shown that the impacts associated with ACEs are aligned with illicit drug use patterns in youth, demonstrating that increased ACEs scores are correlated with increased drug use (Gomez et al., 2018). Additional research by Kerr et al. (2009) provided evidence towards the correlation associated with ACEs and emotional and psychological consequences such as but not limited to depression, anxiety, suicidality, and low self-esteem in youth between the ages of 14 - 26. The study provides evidence towards the impacts that physical abuse has on youth presenting with high-risk behaviours and the strong correlation that physical abuse had in the youth's initiation of injection drug use (Kerr et al., 2009). The Kerr et al. (2009) study consisted of 560 participants, identifying as both male and female, who were identified as high-risk youth within the Vancouver area. The study provided further evidence that childhood maltreatment including physical, psychological, and sexual abuse can result in several emotional and psychological consequences including depression, anxiety, suicidality, and concurrent disorder (Kerr et al., 2009). Turner et al. (2018) completed an analysis of 178 peer-reviewed journal articles to develop an in-depth understanding of the impacts associated with ACEs and substance misuse in

relation to self-medication. Turner et al. (2018) emphasized that self-medicating appears to be a consistent theme throughout the review of 18 articles in relation to ACEs and substance misuse to assist in reducing feelings of mood and anxiety-related symptoms and disorders.

The impacts associated with ACEs as well as substance misuse can additionally be correlated with risk taking behaviours that can result in youth detainment in justice facilities, as well as involvement in the legal system into adulthood (Saddichha et al., 2014). Additional studies provided evidence to the strong correlation of substance use, traumatic life experiences, and incarceration (Vingilis et al., 2020). Findings of a pilot study for incarcerated youth highlighted that the majority of the youth presented with traumatic life experiences, difficulties with substance misuse, and interpersonal conflict (Vingilis et al., 2020). The findings derived from the literature provide evidence towards the strong correlation associated with ACEs and concurrent disorders (Vingilis et al., 2020) and evidence of the impacts associated with exposure to repeated stressors for youth during developmental periods, predicting an increase in future susceptibility to mental health disorders and substance abuse (Garland et al., 2013).

Theoretical Frameworks

Harm reduction and trauma-informed approaches are two of the theoretical frameworks that informed this advanced practicum. Specifically, they informed my critical reflection and understanding of how service delivery gaps within our community agencies can be bridged for youth experiencing or at risk of concurrent disorders. These approaches assisted in the development and recommendations for eliminating the barriers at Compass with youth presenting to services at risk of concurrent disorders. Along with both harm reduction and trauma-informed approaches, an anti-oppressive approach was used to guide practice and recommendations provided throughout the advanced practicum.

Harm Reduction as a Theoretical Framework

As highlighted, harm reduction approaches are beneficial for youth who present with harm and risk-taking behaviours such as substance use (Leslie, 2008). A harm reduction approach is holistic as it recognizes the impacts associated with environmental factors in relation to youth using substances as a coping mechanism (Jenkins et al., 2017). A youth can be strongly impacted by their psychosocial environment including aspects associated with the social determinants of health, which can be perceived as a negative, externalizing behaviour in society. Challenges that a youth may face can include but are not limited to residing in a low-income household where the youth does not feel safe and/or a home where the youth witnesses domestic violence or a lack of support from parental figures. There is a strong correlation between youth substance misuse, and youth presenting with mental health challenges, and increased problematic addictions in adulthood (Jenkins et al., 2017). Harm reduction approaches are focused on minimizing the risks and safety concerns for youth while meeting them where they are at in their substance use and stage of change, with a goal to see clinical improvements including a decrease in mental health concerns and a decrease of negative impacts associated with substance use (Jenkins et al., 2017).

The use of a harm reduction approach in direct practice aims to reduce problematic effects often associated with substance use and the reduction of the negative impacts associated with substance use (Logan & Marlatt, 2010). A harm reduction approach provides client-focused interventions that meet the client where they are at in regard to their substance use and the goals that they have for their substance use, rather than abstinence-based programs where the goal is for clients to completely abstain from substance use (Logan & Marlatt, 2010). A harm reduction

approach also identifies the psychological, biological, and social factors that contribute to the substance use (Tatarski & Kellogg, 2010).

Strengths and Limitations of Harm Reduction

Strengths of the harm reduction approach include seeing the individual as a whole and recognizing the psychological, biological and social factors, rather than just the presenting concerns due to their substance use (Logan & Marlatt, 2010). A harm reduction approach attempts to decrease negative stereotypes and predisposed biases associated with an individual's challenges with substance, by focusing on substance use as a coping mechanism (Logan & Marlatt, 2010). The use of a harm reduction approach emphasizes reducing risk for the individual using substances through needle exchange programs, safe injection sites, and opioid substitution programs (Logan & Marlatt, 2010). A harm reduction approach recognizes the importance of building a trusting and safe therapeutic relationship with service users to assist in harm reduction goal setting and positive change for the service user (Tatarski & Kellogg, 2010). As previously mentioned, harm reduction goal setting does not focus on the abstinence of the substance, rather working with the individual to assist in reducing the risks associated with their substance use.

Some limitations have been identified with a harm reduction approach including the lack of scholarly literature on how the approach is used in direct practice. Mancini et al. (2006) noted service users tend to be unable to control their use unless they are in a highly structured environment thus requiring constant supervision. Mancini et al. (2006) noted that a harm reduction approach can lead to substantial legal, social, and health-related problems for service users that are consuming highly lethal and illegal substances. A final limitation provided by the Canadian Centre on Substance Use and Addictions is the heightened potential for staff burnout

and turnover, significantly impacting the rapport and trust established with the service user (Taha et al., 2022).

Trauma-informed Approach as a Theoretical Framework

A trauma-informed approach can assist with understanding the impacts associated with lived experiences in relation to youth presenting to service with mental health and substance use challenges. It aligns well with a strengths-based approach of recognizing, acknowledging, and understanding the impact that trauma can have on an individual's presentation (Hickle, 2020). The approach acknowledges that an individual's presenting concerns, presentation, and behaviour can be associated with their lived experiences and can be recognized as a form of coping from past negative and/or traumatic experiences (Levenson, 2017). A trauma-informed approach recognizes the developmental impacts that can be associated with traumatic experiences and the need for physical and psychological safety, as well as trust and empowerment to be fundamental aspects associated with appropriate interventions in direct practice (Levenson, 2017). Mersky et al. (2018) emphasized the importance of implementing trauma-informed care in direct practice with service users, particularly those who disclose ACEs or have experienced a traumatic event such as an accident, injury or illness, partner violence, or sexual assault. Six key principles associated with a trauma-informed approach include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and attention to the service user's social location including culture, historical impacts, and gender (Mersky et al., 2018).

Strengths and Limitations of a Trauma-informed Approach

A trauma-informed approach presents with several benefits when applied correctly in direct practice including the understanding of and recognition of the impacts that trauma can

have on an individual's physical, psychological, and emotional safety (Kimberg & Wheeler, 2019). The approach emphasizes the importance of creating an environment for the service user that is safe, comfortable, and reliable (Mersky et al., 2018) and can be used to provide psychoeducation in community settings for youth such as their school environments. This assists in providing awareness that some of the youth's behaviours can be a factor of their ACEs, recognizing the opportunity for support rather than behavioural correction (Vericat Rocha et al., 2019).

A limitation of a trauma-informed approach relates to the youth's circle of care, particularly if caregivers and school personnel are not all in agreement with the application of the trauma-informed approach (Vericat Rocha et al., 2019). This can present with additional challenges associated with the consistency and approach used in direct practice and for the youth in different environments including home, school and with a variety of community service providers (Vericat Rocha et al., 2019).

Anti-Oppressive Approach and Systems Theory as a Theoretical Framework

An anti-oppressive approach and systems theory were also used during the advanced practicum. This approach acknowledges challenges that individuals within our society face due to social positions and social constructs (Burke & Harrison, 2002). This approach identifies systems of power and the impacts on individuals within our society that face barriers due to factors including race, class, gender, disability, or age (Burke & Harrison, 2002). Systems theory is an additional theoretical framework that influenced my practicum and is strongly correlated with an anti-oppressive approach, recognizing how social systems and constructs can impact a youth's presentation to service. Systems theory is aligned with a holistic approach to practice. It recognizes the individual and their surrounding environments and acknowledges the impacts on

the whole person, not just the presenting problem (France et al., 2010). Systems theory allows for an analysis of social systems that impact an individual's life such as family, school, work, religion, government, and behaviours, further analysing societal systems and hierarchies (Whitchurch & Constantine, 2009). Systems theory brings acknowledgement to the environmental factors impacting clients to develop a better understanding of the challenges faced by service users and the associated impacts on them as a result of social hierarchies (Whitchurch & Constantine, 2009).

Strengths and Limitations of Anti-Oppressive Approach

Strengths associated with the application of an anti-oppressive approach and systems theory are correlated with recognizing, acknowledging, and addressing the impacts that social structures have on an individual's social position and the constructs within which they live (Burke & Harrison, 2002). Both an anti-oppressive approach and systems theory are aspects of radical social work that identify the need to engage in critical reflection to identify the impacts that power relations in society have on individuals (Sakamoto, 2005). The strengths associated with an anti-oppressive approach and systems theory recognizes the importance of the social worker addressing the need to identify and challenge oppressive social structures and power dynamics in attempts to empower the service user and reduce further harm by societal structures (Sakamoto, 2005). A limitation identified by Sakamoto (2005) is the potential for the lack of timely direct work on a micro level due to the powers associated with social structures in society. Further emphasizing the impacts associated with wait times for youth and their families as well as overwhelmed social services. The limitation emphasizes the importance of the social worker's role as both advocates for the service user and the need to support them with accessible resources to assist in reducing harmful power relations (Sakamoto, 2005).

Discussion

The themes, and the theoretical frameworks are consistent with the need for a preventive approach and advocacy to assist youth in our community who are presenting to services with concurrent disorders and impacts due to ACEs. Changes within services delivery need to be addressed with attention directed towards the accessibility, availability, and appropriateness of service delivery for youth. These three themes provide evidence of the need to mitigate barriers to service for youth who present with concurrent disorders, implementation of harm reduction approaches, as well as recognizing the impacts of ACEs for youth presenting with challenges with substance misuse. The recognition of the impacts associated with ACEs and trauma on youth highlight the need for a preventative approach. The themes derived from the literature allowed for a critical perspective throughout the advanced practicum, influencing ways in which the goals associated with the advanced practicum were completed.

Chapter Three: Advanced Practicum Process

The advanced practicum focused on increasing both my personal and professional development as a social worker as well as advocating for change at Compass. My goals were to not only complete the requirements for the MSW program but also make recommendations for meaningful change at Compass as well as develop a service resource guide in regard to service delivery for youth presenting with substance use and/or concurrent disorders. This advanced practicum allowed me to engage in important discussions surrounding service provision as well as develop a better understanding of the impacts of service delivery from a macro level of system processes and community networking.

Ethical Considerations

As a registered social worker and a member of the Ontario College of Social Workers and Social Service Workers (OCSWSSW), I adhered to and abided by the Code of Ethics and Standards of Practice outlined by the OCSWSSW throughout the advanced practicum. I assured to maintain confidentiality of any service user records or interactions. Moreover, I advocated for change within the organization in relation to service provision for youth presenting with concurrent disorders. I carried out all professional duties with integrity and objectivity (OCSWSSW, 2023).

Practicum Environment

The advanced practicum took place at Compass, which provides services to children and youth 18 years of age and younger who present with mental health challenges. The mandate of the agency is to, “work together to create paths with children, youth and families to reach their full potential” (Compass, 2024). Compass employs registered social workers, registered psychotherapists, child and youth workers, and psychological associates. The clinical programs

consist of brief services, stabilization services, counselling and therapy services, group services for internalizing and externalizing behaviours, and psychoeducational groups (Compass, 2023). Compass utilizes both the interRAI Child Youth Mental Health Assessment (interRAI ChYMH) and the interRAI ChYMH Screener (ChYMH-S) to assist in assessing a service user's eligibility to service, determine the mental health needs as well as informing treatment planning (Aderibigbe et al., 2022). The interRAI ChYMH provides clinicians with a score ranging from 0 - 6 with six being the highest score, which is dependent on the severity and acuteness of the service user's presenting concerns. Clinicians use both the data collected from the interRAI ChYMH and their clinical judgement to assign the service user to the most appropriate service.

The assignment to service is completed by the clinician, then reviewed and supported by a clinical supervisor at Compass. If the individual presents with low acuteness and complexity, they are likely to be referred to the brief service specifically mindSPACE brief walk-in service, the Youth Wellness Hub, or One Stop Talk, all of which are affiliated with Compass. Additionally, Compass has a supervised access program, resource program, and developmental services (Compass, 2023). Locations exist in Sudbury, Manitoulin Island, Espanola, and Chapleau (Compass, 2023). Compass offers several forms of service delivery including in-person, home or school-based, and virtually (Compass, 2023).

For the advanced practicum I worked in the newly developed stabilization service at Compass, which receives referrals from Health Sciences North hospital (HSN). These referrals are sent by either the crisis intervention service at HSN or the Child and Adolescent Mental Health Program (CAMHP) at HSN if the youth is admitted to hospital due to mental health related concerns. The CAMHP unit at HSN plays an important role in the transition of service users to appropriate community services in Sudbury, Ontario once youth presenting with mental

health challenges and/or difficulties with substance misuse are discharged from their unit (North East Health Line, 2022). CAMHP is the in-patient psychiatric unit for children and youth up to the age of 18 at HSN. When a child or youth presents to HSN due to mental health concerns, they are screened through the crisis intervention program. Depending on the severity and acuteness of the service user's presentation, including risk of suicidality and/or harm to self or others, they can be admitted to the CAMHP unit, upon psychiatrist discretion. Once the service user accesses HSN for crisis intervention services, a Compass clinician is offered to the service user for crisis intervention stabilization sessions. Not all children and youth seen by HSN for mental health concerns accept the referral to Compass services and as Compass services are voluntary, a referral is not required to be sent.

If the service user is admitted to the CAMHP unit, they are then referred to Compass. Compass management will then assign a clinician in the stabilization service to assist in the youth's stabilization. The parallel programs of HSN crisis intervention services and the CAMHP unit with Compass are important components of service delivery for at-risk youth experiencing concurrent disorders. Recognizing the roles that both HSN and Compass have in regard to the service user transitioning from hospital to community services and the continued need for intervention, it is crucial that Compass is provided with appropriate information to best support the service user's transition to community from hospital. Prior to the advanced practicum, the transition phase from hospital to community was challenging, which was impacted by the youth's presenting concerns and level of engagement to service. The challenges appeared to be further associated with the lack of communication between services upon hospital discharge along with difficulties connecting with the service user upon hospital discharge and the lack of communication in regard to the service user's presenting concerns upon referral.

Throughout the advanced practicum emphasis was directed towards re-establishing the communication between Compass and the CAMHP unit to assist in consistent service delivery, increased communication, and support in transition to community from hospital for youth presenting to HSN at risk of addictions and/or concurrent disorders. At Compass, the newly formed stabilization team consists of a team of clinicians that support the CAMHP and crisis referrals for service user assignments from HSN. Throughout my advanced practicum I took part in the stabilization service to assist in providing recommendations from a clinical process lens, including the ways in which the service is delivered for youth presenting with addiction and/or concurrent disorders. I also assisted in providing recommendations from a systems level for youth, which was supported by my practicum supervisor and provided direct service delivery with youth presenting with addictions and/or concurrent disorders who were referred for stabilization service.

When reflecting on the physical environments throughout the advanced practicum, I provided service both in office at the Compass location and at the CAMHP unit at HSN as well as service users' schools, homes, and virtually. Throughout the advanced practicum, I recognized the importance of the physical environments for service users to ensure their psychological and physical safety. For several youth, attending the Compass office, meeting in the hospital or at the school was not always beneficial due to feeling psychologically and physically unsafe in those environments, which can be associated with the youth's past experiences. They preferred to meet at a safe, community location, go for a walk, meet in their home or virtually. Having the flexibility to provide service in different environments was beneficial to assist in the rapport building process. At no time was I in a situation in which I felt uncomfortable or unsafe. Moreover, Compass requires the completion of an environmental

assessment to ensure safety measures prior to entering a service user's home. It is also not a requirement to meet with service users outside of the Compass office, HSN, or schools.

Practicum Timetable

The timetable for the completion of my 450-hour advanced practicum at Compass was approximately four and a half months in duration. My advanced practicum began in October 2023 with the schedule of two half days of 4 hours on Tuesday and Wednesday as well as two full days on Thursday and Friday from, 8:30 am - 4:30 pm. Due to the volume of youth presenting to the stabilization service, I completed practicum hours within and outside the planned schedule to best accommodate the youth. Additional research was completed outside of the noted hours in order to ensure that I met the stated learning objectives and goals .

At the start of the advanced practicum my initial supervisor was Heather Haynes with whom I met on a bi-weekly basis for individual supervision to discuss my learning goals and service user assignments for the advanced practicum. Not long after the commencement of the advanced practicum, Heather retired from Compass. At that time, Gen Rivard became my supervisor. Gen Rivard is an MSW graduate, registered social worker, and a Clinical Manager at Compass. Gen has worked at Compass for several years, has previous experience working at an in-patient psychiatric hospital in Sudbury, and has an in-depth understanding of youth presenting with mental health needs and challenges with substance use. As a manager of the stabilization service and her additional portfolios at Compass, Gen is very knowledgeable in regard to service delivery and networking with community partners. With Gen's in-depth knowledge she provided valuable supervision for my continued growth within my advanced practicum and as I continue my career at Compass.

The bi-weekly supervision arrangement continued with Gen as well as bi-weekly meetings with the stabilization team, which Gen manages. The supervision and my participation in the stabilization meetings allowed me to develop a better understanding of the application of trauma-informed and harm reduction approaches from a system processing perspective, as well as in direct practice and continue my learning on the impacts associated with ACEs and substance misuse. From a system processing perspective, I advocated for on-going services for youth presenting with an increase in risk taking behaviours and harm to self, due to substance misuse, addictions and/or concurrent disorders.

Supervision led to the identification of barriers in service delivery such as file closure policies associated due to client's not showing for their scheduled appointments, thus emphasizing the need for a harm reduction approach . Throughout the practicum, I completed the Addictions Care and Treatment Online Course through the University of British Columbia to assist in my education and develop informed recommendations for evidence based service delivery at Compass.

The intent of the advanced practicum was to assist in reducing barriers for youth experiencing concurrent disorders and receiving mental health services at Compass. Additionally, I researched and produced a comprehensive list of community services and accessible treatment services in Ontario for youth who present with substance use throughout the 450-hour practicum. The hope is that the resource list will assist clinicians at Compass to have an understanding of service options for youth presenting with addictions and/or concurrent disorders.

During the advanced practicum, I additionally allotted time to network with the staff at the CAMHP unit at HSN to bridge service delivery gaps for youth who present with acute, and

crisis-related mental health concerns. This networking assisted in removing barriers throughout system delivery in hopes that vulnerable youth in our community are able to easily access services and completed an analysis of the service gaps. I assisted in building the relationship between Compass, HSN Crisis, and CAMHP to contribute to the improvement in overall service delivery for youth. I participated in meetings with the stabilization team as well as meetings at CAMHP with the intent of making further recommendations for service provision and developing the referral form to assist in identifying service users with high-risk needs including addictions. As a part of the practicum, I was assigned several high-risk service users under the stabilization service. Through this service, I incorporated the perspective of service users to whom I was assigned and networked with clinicians to determine ways in which the process of stabilization can be improved for service users, especially those experiencing addictions and/or concurrent disorders.

Chapter Four: Achievement of the Learning Goals and Critical Reflection of Outcomes

Throughout this chapter, I will provide context of the achievement of the learning goals for the advanced practicum at Compass. A critical reflection will be completed in regard to the outcomes of the learning goals to further identify challenges associated with the advanced practicum and recommendations . By completing the advanced practicum at Compass, I aimed to advocate for youth presenting to service with challenges with substance misuse, addictions, and concurrent disorders. Throughout the advanced practicum, it was encouraging to see some of my colleagues and my practicum supervisor engaged in the outcomes associated with my practicum and themselves advocating for the youth.

Learning Goal One

The first learning goal for the advanced practicum was to identify the gaps in service between Compass and the Child and Adolescent Mental Health Program (CAMHP) at Health Sciences North (HSN) hospital. The service provision gaps between Compass and CAMHP were aligned with the literature. Barker et al. (2015) found that vulnerable youth with difficulty accessing services were unlikely to engage in services and have significant presenting concerns as well as a history of ACEs that were not addressed. Prior to the advanced practicum I was aware of the lack of communication between Compass and the CAMHP unit. During the practicum, this became further evident, including the lack of service user information and their presenting concerns as well as discharge plans for youth from CAMHP. Sheehan et al. (2021) discusses the importance of effective communication between allied health professionals and primary care practitioners in the hospital to assist in improving patient outcomes, emphasizing the importance of a client centered approach. Research shows that the impacts of ineffective communication and information sharing upon service user discharge to community can

significantly impact the service user's safety, continuity of care as well as impact whether or not services in community, post-discharge materialize (Sheehan et al., 2021).

A significant gap in service related to the referral form, which did not indicate if the youth used substances. This gap was discussed with the Manager at CAMHP as well as the need to identify additional vulnerabilities such as substance misuse, addictions, and concurrent disorders. In addition, the Compass referral form needed to include if youth had a formal diagnosis, family placement breakdown or factors impacting basic needs in order to provide clinicians a better understanding of the presenting concerns upon referral from HSN. How these gaps were mitigated and managed will be discussed in the second learning goal.

Throughout the advanced practicum, I met with clinicians in the stabilization service and in the counselling and therapy service to discuss gaps in service delivery from HSN CAMHP unit to Compass. Identified gaps included clinicians at Compass not having an in-depth understanding of the workshops and programming that the youth complete while they are admitted to CAMHP due to a lack of information sharing. Other gaps included how Compass clinicians ensured their safety while on the unit, the lack of access to a confidential area to meet with youth on the unit, and not knowing who the primary contact support contact is for the youth and their families to assist with discharge planning, as well as the processes associated with discharge planning on the unit.

Critical Reflection: Learning Goal One

When critically reflecting on the first learning goal there are several elements that need to be considered at micro, mezzo and macro levels of systems and service delivery. At a macro level, the advanced practicum heightened my awareness of the impacts of system processes and ministry funding and service mandates. Kim et al. (2023) assert how macro level decisions on

systemic problems at mezzo and micro level. I now recognize the different mandates between a community-based organization/agency and in-patient hospital services. CAMHP referrals prioritize connecting the service user to appropriate community resources at the point of hospital discharge, whereas Compass is focused on treatment planning and information gathering to assist in stabilization of the service user in community. Identifying the communication gaps in service delivery between Compass and CAMHP would improve service provision at mezzo and micro levels .

Learning Goal Two

The second learning goal for the advanced practicum was to determine ways in which identified gaps could be managed or overcome. The aforementioned gaps were discussed with the manager of the CAMHP unit. My supervisor and I proposed that I assist with referrals to Compass by participating in physician rounds and meeting with Compass service users on the unit to build rapport and increase service materialization, particularly those at high risk. However, this proposal was declined due to HSN policies and procedures.

What ensued was a discussion with the social worker and case planner at CAMHP to determine how identified gaps could be managed or overcome. Through the ongoing process of connection building between Compass and CAMHP, a working group was initiated to discuss how both agencies could mobilize supports with one another to best support youth and their families presenting to CAMHP and then being referred to Compass. For my advanced practicum, I joined the working group and shared some of the gaps identified by Compass clinicians such as workshops and programming. Questions were directed towards the discharge summaries provided by CAMHP as they have check marks between a variety of topics and programming. Clinicians at Compass, however, do not know the context and information provided in the

programming. This was resolved with increased information sharing and communication between the Compass stabilization team as well as the CAMHP staff.

The need for continuity of care following discharge from hospital was also highlighted. Sheehan et al. (2021) noted that discharge communication continues to be a barrier in service delivery for individuals transitioning from hospital to community-based services due to information sharing. The consent forms at Compass assist in mitigating this barrier allowing for personal health information sharing within the service user's circle of care, which includes HSN CAMHP unit. Now that communication and information sharing has been increased between Compass and CAMHP this will hopefully improve service provision between HSN CAMHP and Compass.

Another concern was the safety of Compass staff while on the unit. A proposed option was the implementation of a panic alarm when meeting alone with high risk service users. Compass staff were provided a panic alarm as well as keys for the unit to assist in ensuring clinicians' safety and wellbeing. Finally, questions were raised in regard to safety planning with youth and their families. At times, youth did not agree with the strategies listed on their safety plan and would not contact the individuals listed if needing support. Additional meetings are anticipated to enhance information sharing to ensure youth and their families are receiving the most appropriate service.

Toward the conclusion of my advanced practicum, the manager of CAMHP contacted my supervisor due to a surge of youth accessing HSN for mental health concerns and admission to the CAMHP unit, which resulted in a crisis for CAMHP staff. At this time, the stabilization service at Compass provided additional support to the CAMHP unit and I was honoured to be the first clinician to do so. I was able to participate in physician rounds due to the surge in youth

accessing CAMHP with high risk presenting concerns, assist in information gathering for the youth to whom I was assigned, and meet with youth that presented with substance use, addiction and concurrent disorders as well as youth presenting with high-risk externalizing behaviours, self-harm and suicidality. By meeting with youth on the unit, I participated in safety planning and in the referral process to Compass and discharge family planning meetings. Moving forward, to assist in the current increase in youth presenting to HSN and being admitted to CAMHP, a clinician from the stabilization service was present on the unit every morning from Monday-Thursday for the month of March. It is currently unknown whether this process will continue long term; however, there have been several benefits for not only the youth on the unit in regard to continuity of service and rapport building with Compass clinicians but additionally with system processing, information sharing, and communication between Compass and CAMHP.

Critical Reflection: Learning Goal Two

When critically reflecting on the second learning goal, emphasis needs to be placed on the benefits of networking and building connections between service providers. Over the last several months, I have witnessed improvement in service delivery for youth presenting to CAMHP and being referred to Compass. This improvement is the result of increased communication between services and collaboration to meet the needs of the youth presenting to service. I believe that further collaboration with additional service providers in the Sudbury area is needed for continued success in service provision to assist in mitigating service gaps and barriers for youth that are most vulnerable in our community.

When critically reflecting on the youth's presentation and engagement in services in regard to the second learning goal, it appears as though the increase in youth presenting to the CAMHP unit is aligned with an influx in substance use, family placement breakdown, and

suicidality. When reflecting on the similarities and differences associated with the youth's presenting concerns, there are different age ranges, geographic location (urban vs. rural), and a diversity of living circumstances. During the surge in service users, several of the youth appeared to know each other and some had a previous admission to the CAMHP unit. Several questions were raised in regard to the significance of the similarities and differences in relation to the needs of the youth in community and what could be done differently during admission to assist in reducing re-admission to the CAMHP unit. The inclusion of Compass staff on the unit appeared to be a different approach for not only the youth and their families but also the service providers, allowing for observation on the unit and additional information to be obtained. The surge occurred during the week prior to March break and several service users on the unit had difficulties at school such as anxiety associated with attending school, peer conflict at school, externalizing behaviours and an increase in truancy. The week of March break, my colleague was on the unit and the volume of presenting youth had significantly decreased. It is unclear the cause of the surge and existing research does not address youth mental health admissions prior to school breaks.

In terms of the impacts on the youth, they appeared to be more engaged in service with Compass by scheduling appointments and attending appointments upon discharge with their Compass Clinician. By having the Compass clinician on the unit, it appeared as though Compass and CAMHP were aligned in service delivery, and continuity of care helped transition them to community services with Compass upon discharge. I was able to build rapport with youth on the unit prior to discharge that I would likely have had difficulties getting a hold of in the community. For the youth on the unit, I was able to see them daily to assist in building rapport, which appeared to increase the youth's engagements in service with Compass, rather than

meeting the youth after discharge. This additionally allowed for myself as the clinician to not have to ask the youth to repeat their story and the experiences that they had prior to admission and during admission as I was already informed of this information by CAMHP staff.

Learning Goal Three

The third learning goal for the advanced practicum was to identify existing treatment programs in Sudbury for youth presenting with concurrent disorders. The research literature notes treatment programs as well as services for youth presenting with substance misuse, addictions, and concurrent disorders are sparse, particularly in Sudbury and Northeastern Ontario due to the minimum age requirement of 16. Thus, it is imperative to emphasize the risk associated for youth between the ages of 12 - 15.

In Sudbury, some of the existing resources are Monarch Recovery Services, which provides services to individuals 16 years of age and older who struggle with addictions (Monarch Recovery Services, 2024). An additional resource is the Youth Community Treatment Program through HSN that provides services to youth between the ages of 14 - 18 years old (ConnexOntario, 2024). Safe Beds Program and Withdrawal Management additionally provide services to youth to assist in withdrawal management of substances and short-term shelter for individuals 16 years and older (Health Sciences North, 2024). Additionally, Réseau Access Network provides harm reduction services to youth in regard to education on safe consumption and education on naloxone administration (Réseau Access Network, 2024). These resources have mandates to provide services to individuals experiencing addictions and substance misuse. There are several services in Sudbury, including Compass, that attempt to reduce barriers for youth and work outside of our set mandate due to the increase in youth presenting to service. This learning

goal emphasized the need for additional services for youth presenting with concurrent disorders in Sudbury.

Critical Reflection: Learning Goal Three

When critically reflecting on the third learning goal, the need for further addiction related services in Sudbury is at the fore front as the impacts associated with the lack of funding are overwhelming in our community. Recently, a local organization for vulnerable youth that struggle with substance misuse, addictions, concurrent disorders, homelessness, and food insecurity was forced to close their doors due to the lack of ministry funding.

Although Compass does not receive funding for addictions services at this time, clinicians have been receiving training on ways to facilitate evidence-based interventions that meet the needs of vulnerable youth. Compass clinicians have been provided motivational interviewing as well as Cognitive Behavioral Therapy for addictions training. The executive director as well as senior leadership at Compass have identified the need for clinicians to receive additional training to assist in meeting the needs of youth in our community that are presenting to service with substance misuse, addictions and concurrent disorders.

During the practicum, I advocated for service provision for youth that presented to the stabilization service with addictions, recognizing the differences that can be associated when working with a youth that is experiencing challenges with substance misuse, addictions and concurrent disorders. Throughout the advanced practicum challenges with service provision for vulnerable youth did arise including but not limited to several no shows to sessions and difficulties with engagement. Advocacy was used to assist in continuing to provide access to services to the youth rather than closing their file when they did not show up for a session, and in doing so, supporting client-centered services using a harm reduction approach. Senior leadership

at Compass, including Gen, recognized the need for adjustments when required to assist in providing the most appropriate service to the youth, which often resulted in an increase in the number is stabilization sessions outside of the current five sessions due to the complexity and risk associated with the youth's presenting concerns.

Learning Goal Four

The fourth learning goal was to determine what additional services for youth are needed in Sudbury or what modifications can be made to existing services.

The age requirement for services is a barrier and leaves some youth without accessible and appropriate services. Prevention is a recurring theme in the literature. Griffin and Botvin (2010) emphasized the need for a preventative approach that is evidence-based to assist in early intervention for youth presenting with substance misuse and addictions to reduce long term impacts. I believe that the minimum age requirement for services in Sudbury needs to be reduced to 12 from the current 16. This would increase the number of services available to the youth population and has the potential to reduce wait times for services that are currently overwhelmed.

Additionally, some youth must travel outside of Sudbury to access treatment due to the lack of services in the community. However, this is often associated with long wait times and the anxiety of attending treatment without their support system in close proximity. The literature has highlighted that community-based addiction programs appear to be a key component in the success of the individual in their recovery journey (Jiwa et al., 2008).

Critical Reflection: Learning Goal Four

The third learning goal, barriers to services, impacts the fourth learning of additional services. When critically reflecting on what additional services are needed in Sudbury, I cannot

help but reflect on the lack of services (and awareness of services) in our community for youth with addictions. In developing the resource sheet for clinicians at Compass, I networked with clinicians and completed several Google searches on existing services; the process took several hours. I was unaware of all of the services in Sudbury as well as the requirements and parameters associated with the services and the referral process. In contacting community agencies, I found that many programs had shut down due to a lack of ongoing funding, resulting in the inability to serve vulnerable youth in our community and offer youth centered programming.

Kourgiantakis et al. (2023) identified that finding and accessing appropriate services was the biggest barrier for youth with addictions and challenges with substance misuse. The lack of advertising of available and accessible services likely poses considerable time and frustration for youth and their families, particularly in the event they were declined for service due to age requirements or wait times. This may also impact youth motivation for service. I additionally reflected on barriers associated with youth in vulnerable positions including homelessness, family breakdown, and food insecurity. It appears as though there are additional barriers associated for street-youth in receiving appropriate services to meet their needs.

Learning Goal Five

The fifth learning goal for the advanced practicum was to incorporate trauma-informed approaches and harm reduction strategies at Compass for youth who present with concurrent disorders. This learning goal allowed me to advocate for youth and their families to ensure that Compass assisted in mitigating gaps in our community as the lead mental health agency in the Sudbury and Manitoulin district. During the practicum, I assisted in facilitating a trauma-informed, psychoeducation caregiver group at Compass for caregivers, group home staff, and school staff. This group provided psychoeducation on the impacts associated with ACEs and

brain development and educates about evidence-based ways to support youth that have experienced ACEs. The group was offered bi-annually, was five weeks in duration and met for roughly two hours once a week. The group met virtually to ensure accessibility for those located in rural communities. Recognizing the strong correlation between youth who have experienced trauma and substance misuse, addiction and concurrent disorders, I advocated for this information to be included in the group content to assist in a preventative approach to substance misuse. This would also provide the opportunity to normalize the feelings of shame that the caregiver and the youths support systems who are caring for a youth experiencing challenges with substance misuse.

During the practicum, I met several youth who were using illicit substances and opioids including Fentanyl on a regular basis and who were not carrying a Naloxone kit. This led me to network with a registered nurse and the manager of the mental health and substance use division at Public Health Sudbury and District (PHSD) to reduce the barriers to youth accessing Naloxone in our community. Through discussions with PHSD, it became apparent that obtaining Naloxone kits was a barrier as they must be obtained at a local pharmacy. Subsequently, I contacted PHSD to determine the process whereby Compass could become a distributer of Naloxone. This information was presented to the health and safety committee lead at Compass. While the process is still underway, I was able to advocate for meaningful change.

I also had the opportunity to mentor a Compass clinician that did not have experience working with youth experiencing challenges with substance misuse. I guided them in conducting risk assessments and safety planning for youth that were assigned to me for the stabilization service. This opportunity allowed me to share evidence-based approaches and emphasize the importance of trauma informed and harm reduction approaches . As discussed in this advanced

practicum report, I additionally advocated for the time allotted towards developing a resource list for clinicians at Compass to assist in mitigating barriers in clinicians' understandings and knowledge on appropriate and accessible resources for youth presenting with challenges with substance misuse, addictions, and concurrent disorders.

Critical Reflection: Learning Goal Five

I am proud of the work that I completed that addressed the fifth learning goal. When beginning the advanced practicum process, I hoped to enhance the services for youth in our community. This learning goal allowed me to observe as well as learn some of the processes associated with changes in an organization as well as the challenges, barriers and timelines that arise in regard to policies and procedure implementation.

The recommendation to distribute Naloxone kits to youth was made early in the advanced practicum. I now recognize the barriers and challenges that impact micro level service provision and direct service user time due to the impacts associated with higher organizational level processing, policies, and procedures. This challenge led me to feelings of disappointment, which then led to critical reflection on my feelings of frustration. This was based on the lack of timely movement on the recommendation as the youth were still experiencing this barrier in service. In hindsight, I am proud of the recommendation and advocacy that my supervisor and I provided to Compass. We highlighted a barrier in service and began the conversation for policy and procedural changes .

Overall Critical Reflection of the Advanced Practicum

When reviewing and critically reflecting on the advanced practicum and my learning goals, I now recognize not only my growth as a social worker but also as an advocate for youth. All of the learning goals where achieved; however, not all goals were achieved in the way I had

envisioned going into the advanced practicum. Some of the learning goals were achieved beyond my expectations and some have been achieved in ways in which I would not have considered prior to the advanced practicum due to my lack of knowledge on system processing elements from the macro level.

When critically reflecting on myself as a social worker and the growth and learning that I have achieved throughout the advanced practicum, emphasis needs to be drawn toward the youth that I have had the privilege to work with and learn from. Although in vulnerable positions, all of the youth highlighted the need for advocacy and their voice to be at the forefront of service provision. Moreover, the youth have shown resiliency, strength, and courage, which highlights the need for informed, evidence-based, and accessible services in our community.

Conclusion

To conclude, this advanced practicum final report provided an overview of my experiences completing the 450 hours advanced practicum at Compass. The report provides an in-depth overview of the literature, evidence-based interventions, and theoretical frameworks. The goals of the advanced practicum were discussed along with the associated learning outcomes for the advanced practicum. A critical reflection was completed for each learning outcome throughout the advanced practicum, and I provided context of my social locations to locate myself in the profession. The goals of the advanced practicum were focused on exploring the gateway to addiction services for Northeastern Ontario youth with concurrent disorders and ways in which Compass, as a lead mental health and addictions agency in Northeastern Ontario, can assist in mitigating service gaps and barriers for youth presenting to service with substance misuse, addictions, and concurrent disorders. This advanced practicum has allowed me to continue to develop a broad understanding of the impacts associated with ministry funding and

the barriers in accessible services for youth and their families in Northeastern Ontario. Advocating for youth who present to service with challenges associated with substance misuse, addictions, and concurrent disorders was a leading factor throughout this advanced practicum, emphasizing that the goal was to not only complete the requirements for the MSW program but also assist in making meaningful change to service provision to meet the needs of youth in our community that are often missed due to the barriers and associated gaps.

References

Aderibigbe, O., Stewart, S., Hirdes, J., & Perlman, C. (2022). Substance use among youth in community and residential mental health care facilities in Ontario, Canada. *International Journal of Environmental Research and Public Health, 19*(3), 1731. https://doi.org/10.3390/ijerph19031731

Afifi, T., Taillieu, T., Salmon, S., Stewart-Tudescu, A., Struck, S., Fortier, J., MacMillan, H., Sareen, J., Tonmyr, L., & Katz, L. (2022). Protective factors for decreasing nicotine, alcohol, and cannabis use among adolescents with a history of adverse childhood experiences (ACEs). *International Journal of Mental Health and Addictions, 21*(5), 2255-2273. https://doi.org/10.1007/s11469-021-00720-x

Ali, F., Russell, C., Nafeh, F., Chaufan, C., Imtiaz, S., Rehm, J., Spafford, A., & Elton-Marshall, T. (2022). Youth substance use service provider's perspectives on use and service access in Ontario: Time to reframe the discourse. *Substance Abuse Treatment, Prevention, and Policy*, *17*(1), 9. https://doi.org/10.1186/s13011-022-00435-9.

Barker, B., Kerr, T., Nguyen, P., Wood, E., & DeBeck, K. (2015). Barriers to health and social services for street-involved youth in a Canadian setting. *Journal of Public Health Policy*, *36*(3), 350-363. https://doi.org/10.1057/jphp.2015.8

Burke, B., & Harrison, P. (2002). Anti-oppressive practice. In R. Adams, L. Dominelli, & M. Payne (Eds.), *Anti-oppressive practice* (pp. 132-138). Palgrave MacMillan Ltd.

Canadian Centre for Addictions. (2019). *Addictions among youth: What is happening in Canadian classrooms?* https://canadiancentreforaddictions.org/blog/drug-abuse-drug-addiction-help/addiction-youth-canadian-classrooms/

Center for Addictions and Mental Health Canada. (2023). *Mental illness and addictions: Facts and statistics.* https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

Carberg, C. (2023). *Addiction statistics in Canada.* Addictions Help. https://www.addictionhelp.com/addiction/canadian-statistics/#:~:text=60%25%20of%20illicit%20drug%20users,Alcohol%20(58%255)

Casey, L. (2023, June 27). *Opioid death rates tripled for Ontario teens, young adults since 2014, research shows.* Canadian Broadcasting Corporation. https://www.cbc.ca/news/canada/toronto/opioid-deaths-ontario-tripled-1.6889677

Centers for Disease Control and Prevention. (2022). *High risk substance use among youth.* https://www.cdc.gov/healthyyouth/substance-use/index.htm

Chan, S., Markoulakis, R., & Levitt, A. (2023). Predictor of barriers to accessing youth mental health and/or addiction care. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *32*(1), 27-37. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9879035/

Children's Mental Health Ontario. (2022). *Kids can't wait.* https://cmho.org/

Compass. (2023). *Children and youth mental health services.* https://www.compassne.ca/

Compass. (2024). *About our centre.* https://www.compassne.ca/about/

ConnexOntario. (2024). *Youth community treatment program*. https://www.connexontario.ca/Program-Details?ProgramId=33101

Dir, A., Clifton, R., Magee, L., Johnson-Kwochka, A., Wiehe, S., & Aalsma, M. (2020). Patterns of drug screen results and court-ordered substance use treatment referrals and completion among justice-involved youth. *Journal of Substance Abuse Treatment, 111,* 1-5. https://doi.org/10.1016/j.jsat.2020.108095

Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., Brady, K., Poling, J., Farrer, L., & Kranzler, H. R. (2010). Adverse childhood events as risk factors for substance dependence: Partial mediation by mood and anxiety disorders. *Addictive Behaviors*, *35*(1), 7-13. https://doi.org/10.1016/j.addbeh.2009.07.004

France, A., Freiberg, K., & Homel, R. (2010). Beyond risk factors: Towards a holistic prevention paradigm for children and young people. *British Journal of Social Work*, *40*(4), 1192-1210. https://doi.org/10.1093/bjsw/bcq010.

Garland, E. L., Pettus-Davis, C., & Howard, M. O. (2013). Self-medication among traumatized youth: Structural equation modeling of pathways between trauma history, substance misuse, and psychological distress. *Journal of Behavioral Medicine*, *36*(2), 175-185. https://doi.org/10.1007/s10865-012-9413-5.

Gomez, B., Peh, C. X., Cheok, C., & Guo, S. (2018). Adverse childhood experiences and illicit drug use in adolescents: Findings from a national addictions treatment population in Singapore. *Journal of Substance Use*, *23*(1), 86-91. https://doi.org/10.1080/14659891.2017.1348558.

Griffin, K., & Botvin, G. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America, 19*(2), 505-526. https://doi.org/10.1016/j.chc.2010.03.005

Hadland, S. E., Kerr, T., Li, K., Montaner, J. S., & Wood, E. (2009). Access to drug and alcohol treatment among a cohort of street-involved youth. *Drug and Alcohol Dependence*, *101*(1-2), 1-7. https://doi.org/10.1016/j.drugalcdep.2008.10.012.

Hawke, L., Sheikhan, N., MacCon, K., & Henderson, J. (2021). Going virtual: Youth attitudes toward and experiences of virtual mental health and substance use services during the COVID-19 pandemic. *BioMed Central Ltd, 21*(1), 1-10. http://dx.doi.org/10.1186/s12913-021-06321-7

Hawke, L., Thabane, L., Iyer, S., Jaouich, A., Reaume-Zimmer, P., & Henderson, J. (2021). Service providers endorse integrated services model for youth mental health and substance use challenges: findings from discrete choice experiment. *BioMed Central Ltd, 21*(1), 1-13. https://dx.doi.org/10.1186/s12913-021-07038-3

Health Sciences North. (2024). *Withdrawal management services (WMS).* https://hsnsudbury.ca/en/Services-and-Specialties/Mental-Health-and-Addictions/Withdrawal-Management-Services-WMS-

Henderson, J. L., Brownlie, E. B., McMain, S., Chaim, G., Wolfe, D. A., Rush, B., Boritz, T., & Beitchman, J. H. (2019). Enhancing prevention and intervention for youth concurrent mental health and substance use disorders: The research and action for teens study. *Early Intervention in Psychiatry*, *13*(1), 110-119. https://doi.org/10.1111/eip.12458

Henderson, J. L., Chiodo, D., Varatharasan, N., Andari, S., Luce, J., & Wolfe, J. (2023). Youth wellness hubs Ontario: Development and initial implementation of integrated youth services in Ontario, Canada. *Early Intervention in Psychiatry*, *17*(1), 107-114. https://doi.org/10.1111/eip.13315

Hickle, K. (2020). Introducing a trauma-informed capability approach in youth services. *Children & Society, 34*(6), 537-551. https://doi.org/10.1111/chso.12388

Jenkins, E. K., Slemon, A., & Haines-Saah, R. J. (2017). Developing harm reduction in the context of youth substance use: Insights from a multi-site qualitative analysis of young people's harm minimization strategies. *Harm Reduction Journal, 14*(1), 1-11. https://doi.org/10.1186/s12954-017-0180-z

Jiwa, A., Kelly, L., & Pierre-Hansen, N. (2008). Healing the community to heal the individual: literature review of aboriginal community-based alcohol and substance abuse programs. *Canadian family physician Medecin de famille canadien*, *54*(7), 1000.e1-7.

Kerr, T., Stoltz, J.-A., Marshall, B. D. L., Lai, C., Strathdee, S. A., & Wood, E. (2009). Childhood trauma and injection drug use among high-risk youth. *Journal of Adolescent Health*, *45*(3), 300-302. https://doi.org/10.1016/j.jadohealth.2009.03.007

Khoury, L., Tang, Y. L., Bradley, B., Cubells, J. F., & Ressler, K. J. (2010). Substance use, childhood traumatic experience and posttraumatic stress disorder in an urban civilian population. *Depression and Anxiety, 27*(12), 1077-1086. https://doi.org/10.1002/da.20751

Kim, H., Sussman, T., Khan, M. N., & Kahn, S. (2023). All social work takes place in a macro context: The gap between international social work training and practice. *International Social Work*, *66*(2), 373-387. https://doi.org/10.1177/0020872821993

Kimberg, L., & Wheeler, M. (2019). Trauma and trauma-informed care. In M. Gerber (Ed.), *Trauma-informed healthcare approaches* (pp. 505-526). Springer.

Kogan, S. M., Cho, J., Oshri, A., & MacKillop, J. (2017). The influence of substance use on depressive symptoms among young adult black men: The sensitizing effect of early adversity. *The American Journal on Addictions*, *26*(4), 400-406. https://doi.org/10.1111/ajad.12555

Kourgiantakis, T., Markoulakis, R., Lee, E., Hussain, A., Lau, C., Ashcroft, R., Goldstien, A., Kodeeswaran, S., Williams, C., & Levitt, A. (2023). Access to mental health and addiction services for youth and their families in Ontario: Perspectives of parents, youth, and service providers. *International Journal of Mental Health Systems*, *17*(1), 4. https://doi.org/10.1186/s13033-023-00572-z

Lawrence, T., Mcfield, A., Byrne. M., Tarver, S., & Stewart, T. (2023). Depression and substance use as consequences of exposure to family violence: A moderation mediation and self-medication hypothesis study. *Journal of Child & Adolescent Trauma, 16*, 69-79. https://doi.org/10.1007/s40653-022-00464-3

Leslie, K. (2008). Harm reduction: An approach to reducing risky health behaviors in adolescents. *Paediatrics & Child Health, 13*(1), 53-56. https://doi.org/10.1093/pch/13.1.53.

Levenson, J. (2017) Trauma-informed social work practice. *Social Work, 62*(2), 105-113. https://doi.org/10.1093/sw/swx001

Logan, D. E., & Marlatt, A. G. (2010). Harm-reduction therapy: A practice-friendly review of research. *Journal of Clinical Psychology, 66*(2), 201-214. https://doi.org/10.1002/jclp.20669.

Mancini, M. A., Linhorst, D. M., Broderick, F., & Bayliff, S (2008) Challenges to implementing the harm reduction approach. *Journal of Social Work Practice in the Addictions, 8*(3), 380-408. https://doi.org/10.1080/15332560802224576

Mersky, P., Topitzes, J., & Britz, L. (2019) Promoting evidence-based, trauma-informed social work practice. *Journal of Social Work Education*, *55*(4), 645-657. https://doi.org/10.1080/10437797.2019.1627261.

Monarch Recovery Services. (2024). *Who we are.* https://monarchrecoveryservices.ca/who-we-are

Nairn, S. A., Audet, M., Stewart, S. H., Hawke, L. D., Isaacs, J. Y., Henderson, J., Saah, R., Knight, R., Fast, D., Khan, F., Lam, A., & Conrod, P. (2022). Interventions to reduce opioid use in youth at-risk and in treatment for substance use disorders: A scoping review. *Canadian Journal of Psychiatry*, *67*(12), 881-898. https://doi.org/10.1177/07067437221089810

National Center for Drug Abuse Statistics. (2023). *Drug use among youth: Facts & statistics.* https://drugabusestatistics.org/teen-drug-use/

North East Health Line. (2022, December). *Child and Adolescent Mental Health Program (CAMHP).* https://www.northeasthealthline.ca/displayservice.aspx?id=172410#:~:text=Health%20Sciences%20North%20%2D%20Mental%20Health,Lake%20Health%20Centre%20%2D%20northeasthealthline.ca&text=Service%20Description%3A,under%20the%20age%20of%2018.

Ontario College of Social Workers and Social Service Workers. (2023). *Code of ethics and standards of practice handbook* (3rd ed.). https://www.ocswssw.org/wp-content/uploads/OCSWSSW_Code_of_Ethics_Standards_of_Practice_edition3.pdf

Réseau Access Network. (2024). *About the agency*. https://reseauaccessnetwork.com/outreach-page/

Richert, T., Anderberg, M., & Dahlberg, M. (2020). Mental health problems among young people in substance abuse treatment in Sweden. *Substance Abuse Treatment, Prevention, and Policy, 15*(43), 1-10. https://doi.org/10.1186/s13011-020-00282-6.

Russell, C., Neufeld, M., Sabioni, P., Varatharajan, T., Ali, F., Miles, S., Henderson, J., Fischer, B., & Rehm, J. (2019). Assessing service and treatment needs and barriers of youth who use illicit and non-medical prescription drugs in Northern Ontario, Canada. *PubMed*, *14*(12), 1-20. https://doi.org/10.1371/journal.pone.0225548

Saddichha, S., Torchalla, I., & Krausz, M. R. (2014). Gender differences in early trauma and high-risk behaviors among street-entrenched youth in British Columbia. *International Journal of Adolescent Medicine and Health*, *26*(4), 489-493. https://doi.org/10.1515/ijamh-2013-0323.

Sakamoto, I. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *The British Journal of Social Work*, *35*(4), 435-452. https://doi.org/10.1093/bjsw/bch190

Sheehan, J., Laver, K., Bhopti, A., Rahja, M., Usherwood, T., Clemson, L., & Lannin, N. A. (2021). Methods and effectiveness of communication between hospital allied health and primary care practitioners: A systematic narrative review. *Journal of Multidisciplinary Healthcare*, *14*, 493-511. https://doi.org/10.2147/JMDH.S295549

Sverdlichenko, I., Hawke, L., & Henderson, J. (2022). Understanding the service needs of youth with opioid use: A descriptive study of demographics and co-occurring substance use and mental health concerns. *Journal of Substance Abuse Treatment, 132,*1-7. https://doi.org/10.1016/j.jsat.2021.108592

Taha, S., King, S., & Atif, S. (2022). *Experiences of harm reduction service providers during dual public health emergencies in Canada: Substance use in Canada 2022.* Canadian Centre on Substance Use and Addictions.

Tatarsky, A., & Kellogg, S. (2010). Integrative harm reduction psychotherapy: A case of substance use, multiple trauma, and suicidality. *Journal of Clinical Psychology*, *66*(2), 123-135. https://doi.org/10.1002/jclp.20666

Turner, S., Mota, N., Bolton, J., & Sareen, J. (2018). Self-medication with alcohol or drugs for mood and anxiety disorders: A narrative review of the epidemiological literature. *Depression and Anxiety*, *35*(9), 851-860. https://doi.org/10.1002/da.22771

Ullman, S. E., Relyea, M., Peter-Hagene, L., & Vasquez, A. L. (2013). Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*, *38*(6), 2219-2223. https://doi.org/10.1016/j.addbeh.2013.01.027.

Vericat Rocha, Á. M., & Ruitenberg, C. W. (2019). Trauma-informed practices in early childhood education: Contributions, limitations and ethical considerations. *Global Studies of Childhood, 9*(2), 132-144. https://doi.org/10.1177/2043610619846319

Vingilis, E., Stewart, S., Hamilton, H. A., Seeley, J., Einarson, K. M., Kolla, N. J., Bondy, S. J., & Erickson, P. G. (2020). Pilot study of mental health and substance use of detained youths in Ontario, Canada. *Children and Youth Services Review*, *116*, 105-156. https://doi.org/10.1016/j.childyouth.2020.105156

Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences, 29*, 1-10. ttps://doi.org/10.1017/S2045796020000281.

Whitchurch, G. G., & Constantine, L. L. (2009). Systems theory. In P. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods* (pp. 1077-1086). Springer. https://doi.org/10.1007/978-0-387-85764-0_14

Wong, J., Marshall, B. D. L., Kerr, T., Lai, C., & Wood, E. (2009). Addiction treatment experience among a cohort of street-involved youths and young adults. *Journal of Child & Adolescent Substance Abuse*, *18*(4), 398-409. https://doi.org/10.1080/10678280903185567

Youth Wellness Hubs Ontario (2024). *About youth wellness hubs*. https://youthhubs.ca/about-youth-wellness-hubs-ontario