CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Guide for Working Together to Respond to Children and Youth Struggling with Substance Use, Addictions and Mental Health Concerns

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Acknowledgements

The development of this resource is the result of the hard work and participation of the School Boards, Community Mental Health Agencies, and Community Addiction Services. Its creation was coordinated by the Catholic District School Board of Eastern Ontario.
In designing this resource, the document *Youth & Drugs and Mental Health: A Resource for Professionals* developed by the Centre for Addiction and Mental Health (CAMH) was consulted extensively and referenced throughout.

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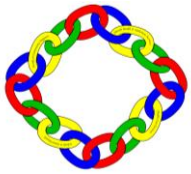


SECTION 1 - RATIONALE FOR DEVELOPING AND IMPLEMENTING A SUBSTANCE USE, ADDICTIONS AND MENTAL HEALTH RESOURCE

The goal of this Substance Use, Addictions and Mental Health resource is to support and respond to children and youth in distress, or whom are unable to cope or function due to their mental health, substance use or addiction concerns. The resource is designed to facilitate a coordinated response by school board staff and community agencies to assist youth and families to access appropriate services. The resource facilitates children and youth to become involved in their own goal setting and recovery.

Children and youth with complex needs, for example anxiety, trauma and attachment needs, can suffer due to anger, emotional dysregulation, anxiety, depression and/or substance use. Substance use is a concern and an indicator of mental health issues. Unfortunately, severe distress and an inability to positively cope or function, can occur. The impact of their difficulties may influence:

- positive family relationships
- respect for self and others
- success in school
- positive peer relationships
- resiliency and self-efficacy

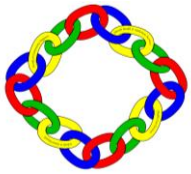
All partners are invited to utilize the Substance Use, Addiction and Mental Health resource to assist in supporting children and youth experiencing mental health and substance use concerns which require prompt and collaborative intervention. Partners can work together to establish relationships of mutual respect and trust in a coordinated effort to identify, intervene and support children and youth experiencing mental health, substance use and addiction needs. Partners strive to share information as much as possible for the benefit of the youth and family they are serving [please refer to the Suicide Prevention, Intervention, and Risk Review (SPIRR) Protocol for legalities regarding information sharing].

Importance of a Caring Community Culture

- Children and youth who are healthy and resilient, feel accepted by peers and respected for differences. Such differences may include race, religion, gender, and sexual identity. This is important for a sense of belonging and acceptance.
- Communities need to place a strong emphasis on safety, respecting differences, inclusivity, communication and programming designed to facilitate social responsibility and healthy relationships.
- Systems ought to allow for early identification of potential problems that children/youth and families may experience.
- Non-judgmental and supportive responses to mental health and substance use should be transformative and not reactionary.

As partners, we work together for the benefit of children, youth, and their parents/guardians by:

- Involving children, youth and their families in identifying and planning for outreach referral services and supports.
- Recognizing that each child and youth has unique strengths and needs that should be considered when developing an appropriate Coping Strategies Plan and Plan of Care.



- Helping children and youth become happy, healthy, active, involved and caring members of the community.
- Building working relationships based on mutual respect and trust between youth, families, schools and communities.
- Working together in ways that promote safe, caring and restorative school environments and practices.
- Coordinating service and using a Plan of Care (a single plan of care is preferred).

Extended and Intensive Supports in an Educational Setting

Referring and Transitioning a Youth to a Specialized Classroom Environment

- A youth may be referred to such an educational setting when the young person continues to struggle with their mental health and/or substance use despite the Coping Strategies Plan being in place.
- In such cases, contact the Board Designate to discuss a referral and the referral process.
- If the transfer is approved, information about current concerns and functioning, and the GAINSS, if available, are to be transferred with the youth, along with the academic records and the referral/intake package.
- An intake Case Conference ought to be arranged between the youth, their parents/guardians, home-school team (classroom teacher, resource teacher and administrators as needed) and receiving school/staff from the specialized classroom prior to the youth's transfer to this program to clearly communicate the needs of the youth and the reason for the referral.
- The youth's Care Team, home school team and intensive classroom team are to meet regularly to update the youth's program, achievements and timeline to transition back to the home school.

Transitioning Back to a Regular Classroom Environment:

- Where possible, the youth would transition back to their home school. In some instances, this is not possible, as the youth may be in a transition year (GR 6,8,12), may be graduating, may have moved, or may feel that they are unable to maintain the progress they have made in the referring home school due to peer and/or situational influences.
- If the transfer is approved, update the Coping Strategies Plan, along with additional information, if available (CEEE, discharge summary, GAINSS, Plan of Care, etc.). This documentation should be transferred with the youth back to their home school.
- A Discharge/Transition Case Conference meeting should be arranged between the youth, their parents/guardians, the receiving school team (which may include the classroom teacher, LRT/SERT and Admin.) and the staff team from the specialized classroom prior to the youth's transfer back to their home school to clearly communicate the needs of the youth and their gains while in the program.

The Mental Health Agencies, Addiction Services, and District School Boards are the lead partners in the **Substance Use, Addictions and Mental Health resource** community team for: **Lanark, Leeds and Grenville, Stormont, Dundas and Glengarry, and Prescott-Russell Counties**. Partners to this resource may also include other health care services, Children's Aid Societies, Developmental Services, Police and other community agencies from across these four regions.

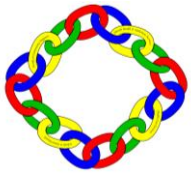
The Substance Use, Addiction and Mental Health resource is designed to support students identified as having a substance use and/or addiction concern negatively impacting their functioning and mental health.

This resource is intended to help school staff and community partners make the determination of when to activate the 4 steps of the Substance Use, Addictions and Mental Health response plan. It is important to carefully consider each individual's presenting behaviours to ensure the most appropriate response. If the risk of suicide is raised, school staff and community partners will follow the *Suicide Prevention, Intervention and Risk Review Protocol (SPIRR)* and guidelines of their respective agencies. If the risk of violence towards others is raised, school staff and community partners will follow the *Community Violent Threat Risk Assessment Protocol (VTRA)* and guidelines in their respective agencies.

Situations when this Resource is Ideal for Supporting a Youth and Developing a Pathway to Care:

- A young person has a history of unsuccessful access to services in the community.
- A child/youth requires access to multiple services (i.e., Children's Aid Society, community mental health, youth probation, etc.).
- There is an upcoming transition from child/youth services to adult services, and a seamless transition to this new sector is not foreseeable.
- Challenges to open communication between community partners and schools exists.
- The child/youth's family is struggling and having a difficult time coping. Family breakdown appears likely.
- Multiple barriers to accessing services are present: (i.e., transportation, cost, single-parent household, etc.).
- The youth's relationships and education are negatively impacted by substance use.

If this resource is unsuccessful at supporting the child/youth, he or she should be referred to the local Situation Table to obtain the support that they need.



Section 2 - Mental Health, Substance Use, and Addictions

Resiliency and Protective Factors

Most commonly, the term resilience has come to mean an individual's ability to overcome adversity and continue his or her normal development. However, the RRC (Resilience Research Centre) uses a more ecological and culturally sensitive definition. Dr. Michael Ungar, Principal Investigator with the RRC, has suggested that resilience is better understood as follows:

"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways."

This definition shifts our understanding of resilience from an individual concept, popular with Western-trained researchers and human services providers, to a more culturally embedded understanding of well-being. Understood this way, resilience is a social construct that identifies both processes and outcomes associated with what people themselves term well-being. It makes explicit that resilience is more likely to occur when we provide the services, supports and health resources that make it more likely for every child to do well in ways that are meaningful to his or her family and community.

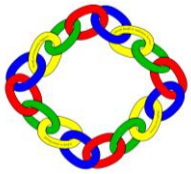
A Multidimensional Model of Resilience

There are many factors associated with resilience. Some of the more common aspects of successful navigation and negotiation for well-being under stress include the following:

- assertiveness
- ability to solve problems
- self-efficacy
- ability to live with uncertainty
- self-awareness
- a positive outlook
- empathy for others
- having goals and aspirations
- ability to maintain a balance between independence and dependence on others
- appropriate use of or abstinence from substances like alcohol and drugs
- a sense of humour
- a sense of duty (to others or self, depending on the culture)

Relationships Factors

- parenting that meets the child's needs
- appropriate emotional expression and parental monitoring within the family
- social competence
- the presence of a positive mentor and role models
- meaningful relationships with others at school, home, and perceived social support
- peer group acceptance



Community Factors

- opportunities for age-appropriate work
- avoidance of exposure to violence in one's family, community, and with peers
- government provision for children's safety, recreation, housing, and jobs when they are at the appropriate age to work
- meaningful rites of passage with an appropriate amount of risk
- tolerance of high-risk and problem behaviour
- safety and security
- perceived social equity
- access to school and education, information, and learning resources

Cultural Factors

- affiliation with a religious organization
- tolerance for different ideologies and beliefs
- adequate management of cultural dislocation and a change or shift in values
- self-betterment
- having a life philosophy
- cultural and/or spiritual identification
- being culturally grounded by knowing where you come from and being part of a cultural tradition that is expressed through daily activities

Physical Ecology Factors

- access to a healthy environment
- security in one's community
- access to recreational spaces and leisure opportunities
- sustainable resources
- ecological diversity (http://www.resilliance.org publications)

Source: Resilience Research Centre, School of Social Work, Dalhousie University
www.resilienceproject.org/

Written by Lyanna Parent, a youth involved in the creation of the Joint Protocol for Student Achievement (JPSA).

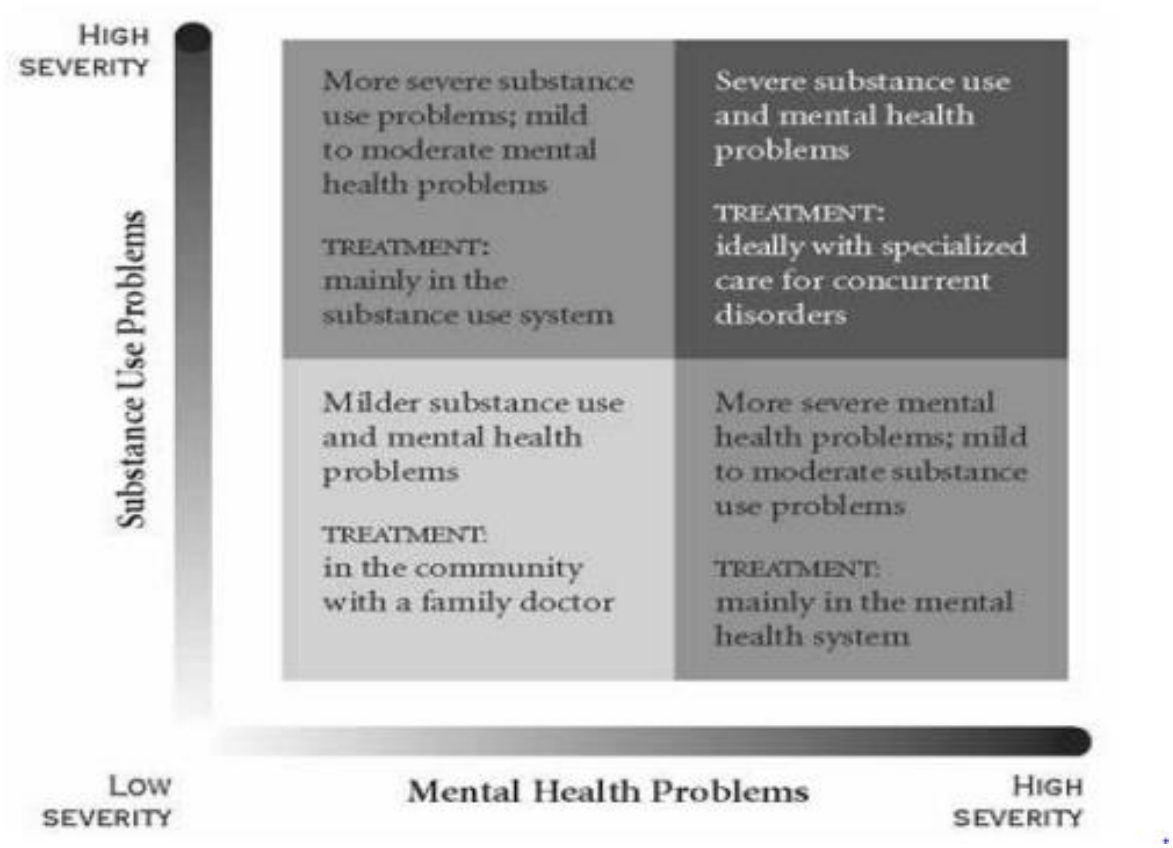
There are a number of mental health problems that have been shown to correlate with substance use problems. These include, and are not limited to:

- attention deficit/hyperactivity disorder (ADD/ADHD)
- depression
- anxiety
- conduct disorder
- learning disorders

Concurrent Disorders

According to the Canadian Centre on Substance Use and Addiction (2009), when mental health and substance use/addiction coexist, this is what is meant by concurrent disorders. "Concurrent disorders are a major health issue in Canada. Research shows that more than half of those seeking help for an addiction also have a mental illness, and 15 to 20% of those seeking help from mental health services are also living with an addiction."

To assist in recognizing the complexities of concurrent disorders, the Four Quadrant Matrix model is often used. This model helps to identify the nature and severity of client symptoms, rather than diagnosis. The severity of symptoms helps guide the intensity of the service system's response.



Substance Use and Mental Health Problems Affect Each Other

According to Trupin & Boesky (2001), there are several ways in which substance use and mental health problems affect each other:

CREATE – Substance use can create mental illness symptoms. Example: Alcohol is a depressant – if any youth uses alcohol long enough, the youth could develop depressive symptoms and eventually meet criteria for major depression.

TRIGGER – Substance use can trigger the emergence of some mental health disorders if a youth is predisposed to mental illness. Example: A youth whose mother has bipolar disorder may have never experienced symptoms of mania until the youth uses substances.

EXACERBATE – Symptoms of mental illness may get worse when a youth uses alcohol and drugs. Example: A youth with suicidal ideation may make an actual suicide attempt after drinking alcohol because the youth becomes more depressed and less inhibited.

MIMIC – Substance use can look like symptoms of a mental illness. Example: A youth with no history of psychiatric symptoms can develop paranoid delusions after heavy drug use.

MASK – Symptoms of mental illness may be hidden by drug and alcohol use. Example: A youth with attention-deficit/hyperactivity disorder may be less distractible when using cocaine. Mental illness symptoms may not emerge until the youth stops using substances for a significant period of time.

INDEPENDENCE – A mental health disorder and substance use disorder may not be related to each other, but a common factor may underlie them both. Example: A youth's genetic makeup may make the youth vulnerable and more likely to develop mental illness and/or substance use.

From Youth & Drugs and Mental Health: A Resource for Professionals by CAMH, 2004, p. 11

Key Concepts for Understanding the Effects of Alcohol and Other Drugs

Tolerance Dependence Withdrawal

Signs and Symptoms of Mental Health and/or Substance Use Concerns

Appearance *(alertness, affect, anxiety)*	**Behaviour** *(movement, organization, speech)*	**Cognition** *(orientation, reasoning, coherence)*
• Displaying anxiety and/or paranoia • Significant changes in self-care or appearance • Inappropriate affect and/or lack of affect • Changes in pupil size • Emotional distress • Unsteady gait • Sudden weight loss • Smell of alcohol, drugs, or inhalants	• Behaviour changes • Decreased grades and/or attendance • Increased physical agitation and conflicts • Change in mood or rapid mood swings • Extreme apathy • Using substances socially or in private • Social disengagement and withdrawal • Withdrawal from previously enjoyed activities • Change of peer group • Financial distress	• Concentration problems • Rapid-fire speech • Inaccurate verbalizations • Confusion • Disorientation • Memory difficulties • Lack of optimism • Change in processing speed

Adolescence is a time of significant emotional and physical change and upheaval that can lead to difficulties, and in some cases, high-risk, and even life-threatening behaviours. Many young people are exposed to the use of alcohol and other drugs during this critical time period. Some have experiences that negatively affect their sense of well-being and may affect their mental health and ability to cope or function. Determining a youth's risk and protective factors are key to establishing whether the young person is at a greater risk of developing substance use problems. Drug use often becomes a coping mechanism for dealing with social pressures, rejection, failure, and peer or family conflict, dysfunction or abuse. Young people may try to reduce feelings of anger, stress, frustration, fear of failure, or failure itself.

According to the Centre of Addiction and Mental Health, the most common reasons youth report drug use includes:

- as an attempt to self-medicate symptoms of mental health problems such as depression or anxiety (altered feelings)
- to help them feel a sense of belonging and inclusion with their peers by appearing "cool" or engaging in the same risky behaviours that are valued by their peers (altered perception)
- to make themselves feel omnipotent and, therefore, not at risk (altered capabilities)

Mental Health, Substance Use and Addiction Facts and Figures:

The Ontario Student Drug Use and Health Survey (OSDUHS), examines epidemiological trends in youth drug use, mental health, physical health, gambling, and other risk behaviours, as well as identifying risk and protective factors. The OSDUHS, which has been implemented since 1977, surveys a cross-section of youth from grades 7-12 across Ontario. Below, a summary of key findings from this survey completed in 2015 are depicted:

- Just under half (45.8%) of all youth report drinking alcohol during the 12 months before the survey. This percentage represents about 439,200 youth from grades 7-12.
- 17.6% of youth report binge drinking at least once during the four weeks before the survey. This percentage represents about 168,100 youth in grades 7-12 across Ontario.
- An estimated 15.9% of youth report becoming drunk at least once during the four weeks before the survey, representing about 151,900 youth in grades 7-12.
- 21.3% of youth report using cannabis at least once during the 12 months before the survey, representing about 203,900 youth in grades 7-12.
- One-in-ten (10%) youth report using a prescription opioid pain reliever nonmedically (i.e., without their own prescription) at least once in the past year. This estimate represents about 95,000 youth in grades 7-12.
- 16.1% of secondary youth meet the criterion for a potential drug use problem. This percentage represents about 114,600 high school youth in Ontario.
- One-in-five (20.9%) youth report visiting a professional (such as a doctor, a nurse, a counsellor) about a mental health issue at least once in the past year. This estimate represents about 205,300 youth in Ontario.
- Over one-quarter (28.4%) of youth in grades 7-12 report that, in the past year, they wanted to talk to someone about a mental health problem but did not know where to turn. This estimate represents about 280,400 youth.

- The percentage of youth indicating moderate-to-serious psychological distress in 2015 (34.0%) is significantly higher than in 2013 (23.5%).
- Psychological distress significantly increases by grade, peaking in grades 11 and 12.
- Among youth seeking treatment for co-occurring mental health and substance use problems in Ontario, 90% of females and 62% of males expressed concerns related to trauma.

(Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R.E., (2015). Drug use among Ontario youth, 1977-2015: OSDUHS highlights (CAMH Research Document Series No. 42). Toronto, ON: Centre for Addiction and Mental Health)

(Boak, A., Hamilton, H.A., Adlaf, E.M., Henderson, J.L., & Mann, R.E., (2016). The mental health and well-being of Ontario youth, 1991-2015: OSDUHS highlights (CAMH Research Document Series No. 44). Toronto, ON: Centre for Addiction and Mental Health)

Core Addiction Practice, 2017

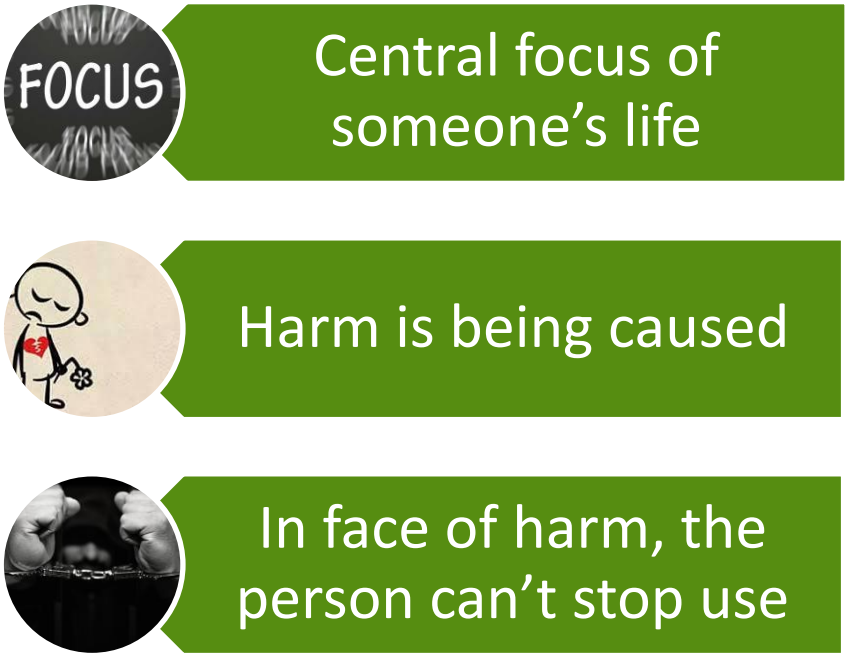
RELATIONSHIPS ARE LIKE A VACCINE AGAINST SUBSTANCE USE

Common Myths Regarding Substance Use and Mental Health:

Myth	Truth
Treatment of substance use is a highly specialized field and a youth who is using drugs should be immediately referred to an addiction specialist.	Although education and training in substance use, identification, assessment and treatment is required, you can deliver effective interventions without being a specialist.
Nothing can be done until a drug user hits "rock bottom".	"Rock bottom" suggests something dramatic must happen before change can occur, which is definitely not true! Negative consequences from substance use, however, often do lead a young person or their parent(s)/guardian(s) to seek help.
Treatment for substance use only works for those who are highly motivated.	Motivation is not an intrinsic characteristic, but rather a fluid process, or a continuum, that can be enhanced. Your style of communication – empathetic, warm, objective and committed – can lower resistance and enhance a young person's level of motivation to change their behaviour. Motivational interviewing is often a successful technique for supporting youth struggling with substance use.
Soft drugs like alcohol, cannabis and tobacco are not addictive. Young people who use only these drugs do not need help.	All drugs have the potential to be addictive and cause significant problems.
Young people who use substances must become abstinent before they receive treatment for mental health disorders.	Making abstinence a prerequisite for treatments is often "pie in the sky". This approach has contributed to the ineffective shuffling of young people from one system to another.
Young people with mental health disorders are all potentially violent and dangerous.	Young people with mental health disorders are not more dangerous than other young people. Depending on their disorder, however, they may be more likely to be violent toward themselves than toward others. Almost half of people with schizophrenia attempt suicide and one tenth succeed.
Young people with mental health problems are somehow responsible for their condition. It reflects some kind of weakness or character flaw. The condition can be "brought on" by their parents/guardians or themselves to get attention.	Someone diagnosed with a mental health disorder has an illness. It is not something that is their "fault" It occurs among all races, cultures, and social classes.
Young people with mental health issues cannot live independently and have nothing positive to contribute to the community.	Many people who have had mental health problems have made significant contributions to our society in politics, culture, academic life, athletics, journalism, business, art and science. Many have been leaders and visionaries.
Young people with mental health problems must receive treatment before their substance use can be addressed.	If someone is experiencing severe or life-threatening symptoms related to their mental health issues, these must be addressed as quickly as possible. Otherwise, it is often best to treat both mental health and substance use issues at the same time.
Harm reduction programs encourage or enable substance use.	Harm reduction provides safety and helps reduce illness and/or injury of people using substances. Harm reduction also includes small actions such as offering basic necessities to help people keep themselves safe.

(Addiction Research Foundation and Health and Welfare Canada, 1991; Centre for Addiction and Mental Health and Canadian Mental Health Association, 2001; Schwartz, 1997)

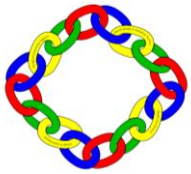
What Is an Addiction?



Legalization of Cannabis

As of October 17, 2018, recreational cannabis is legal across Ontario for adults 19 years of age or older. According to the Government of Canada (2019), the law sets a minimum age of 19 to use, buy, possess and cultivate cannabis in Ontario. This is the same as the minimum age for tobacco and alcohol sales. Even though recreational cannabis is legal for adults 19 years of age or older, it is still not permitted in schools, on school property and at school-related activities. The current rules for Ontario schools related to recreational cannabis in schools generally remain the same. Recreational cannabis is no longer an illegal drug, but as with alcohol, it is not permitted in schools. Depending on the results of the principal's investigation, suspension will be considered for a student under the influence, or in possession, of recreational cannabis. A positive school climate and a safe learning and teaching environment are essential for student success. Everyone has a role to play in promoting a positive school climate.

The federal government legalized recreational cannabis to create strict rules for producing, distributing, selling and possessing cannabis across Canada. The legalization aims to keep cannabis out of the hands of youth and protect public health and safety by allowing adults to access cannabis legally. Most young people do not use cannabis. The majority also report that they do not plan to use cannabis now that it is legal for adults (source: https://www.camh.ca/ 2018). Cannabis is a psychoactive drug, so it can affect memory, concentration, mental health, and physical well-being. Cannabis use can harm young people's health and the development of their brain. This is important for youth, since the human brain is not fully developed until the age of 25. Cannabis smoke contains levels of chemicals that are similar to



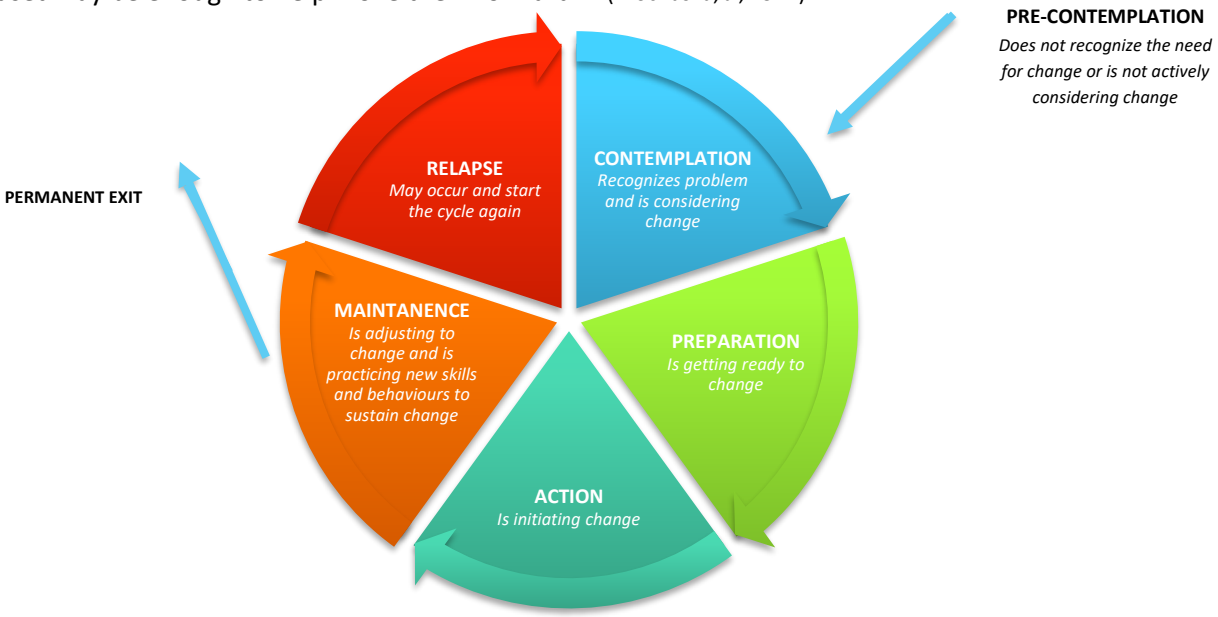
tobacco smoke, which can increase the risk of cancer and lung disease. Cannabis can be addictive. About one in six teens (aged 12-17 years old) who start using cannabis will develop an addiction (source: https://www.camh.ca/ 2018). Those addicted can experience withdrawal symptoms when they stop, which may include difficulty sleeping, depressed mood, and increased anxiety.

Section 3 - STAGES OF CHANGE MODEL

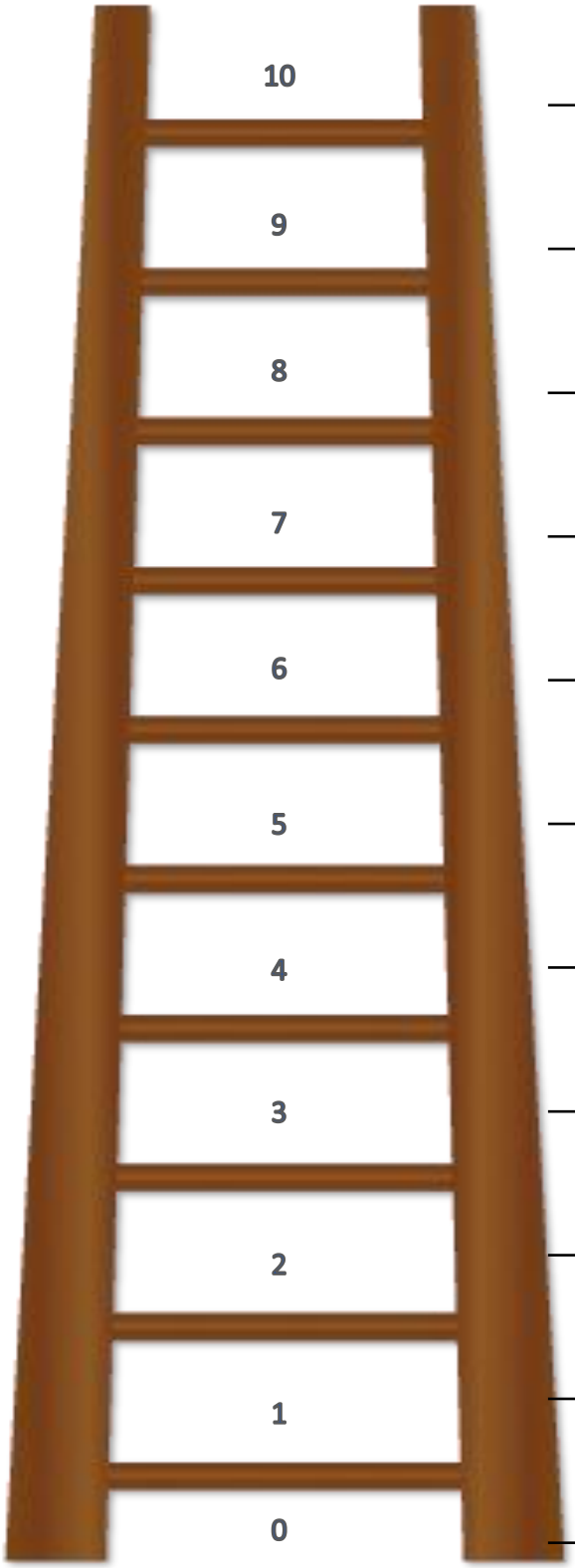
The Stages of Change Model (Prochaska, J., 1977) may be utilized by and for anyone who is trying to help others achieve behavioural change. Each state is associated with a distinct set of cognitive, emotional and behavioural characteristics.

The pre-contemplative stage is a common stage for youth to place themselves and identify with. Often these young people do not recognize that substance use, for example, is a problem. They perceive that the drug helps them to feel calm and focused, and they think the substance is of greater benefit than any risks associated with its use. Unfortunately, we know that substance use may help a person feel better in the short-term, but have lasting, negative effects and can lead to very harmful, and sometimes life-threatening, consequences.

Just as with any other stage of this model, we can work with young people while they are in the pre-contemplative stage to help them along to the next stage. In the pre-contemplative stage, helping the young person to recognize for themselves the risks associated with their behaviour and challenge their mindset may be enough to help move them forward. (Prochaska, J., 1977)



Stages of Change Ladder



10 → I have changed my drug use and will never go back to the way I used drugs before.

9 → I have changed my drug use, but I still worry about slipping back, so I need to keep working on the changes I have made.

8 → I still use drugs, but I will begin to change, like cutting back on the amount of drugs that I use.

7 → I definitely plan to change my drug use, and I am ready to make some plans about how to change.

6 → I definitely plan to change my drug use, but I am not ready to make any plans about how to change.

5 → I often think about changing the way that I use drugs, but I have not planned to change it yet.

4 → I sometimes think about changing the way that I use drugs, but I have not planned to change it yet.

3 → I rarely think about changing the way that I use drugs, and I have no plans to change.

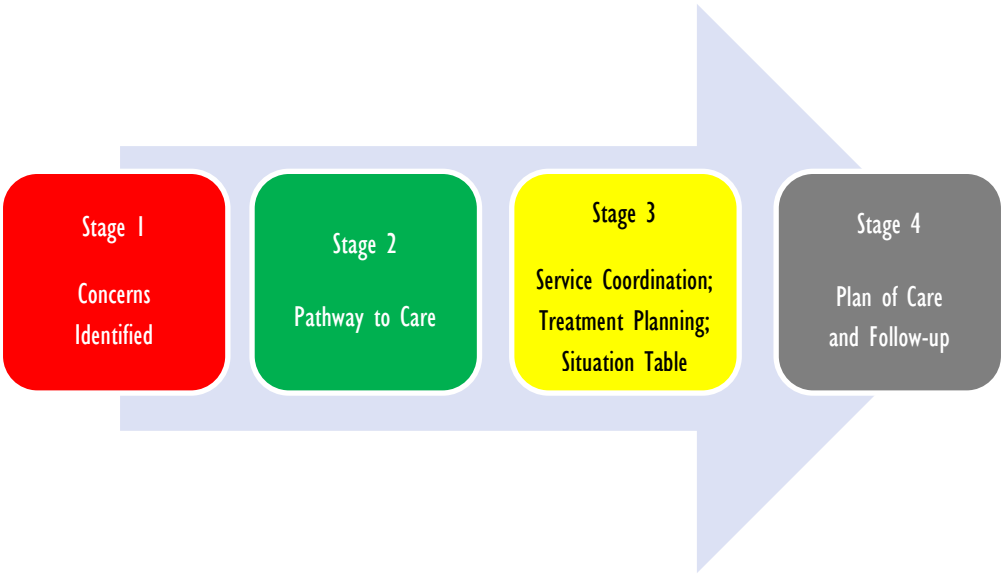
2 → I never think about changing the way that I use drugs, and I have no plans to change.

1 → I enjoy using drugs and have decided never to change it. I have no interest in changing the way that I use drugs.

0 → No thoughts about quitting. I cannot live without drugs.

SECTION 4 - RESPONDING TO STRUGGLING YOUTH

Core Addictions Practice - CAP



4-STEP PROCESS FOR WORKING WITH CHILDREN AND YOUTH STRUGGLING WITH SUBSTANCE USE OR ADDICTIONS AND MENTAL HEALTH CONCERNS

Step 1: Concerns Identified

- **If you suspect that the young person has overdosed on opioids, 911 should be called immediately and Naloxone should be given.**
- Contact Principal and MHA support team in a school setting and youth identified Trusted Adult (if available)
- Trained staff explore the child / youth's signs and symptoms of mental health, substance use and / or addiction concerns that are impacting their function
- Principal to contact Parent / Guardian
- Move to Stage 2, or Board Designate initiates Stage 3 if necessary

Should the child/youth voice suicidal ideation and/or a desire to harm others, refer to SPIRR/VTRA Protocols

Step 2: Pathway to Care

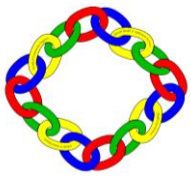
- Assess and review risks and strengths which could include the completion of the HEADS-ED, the Stages of Change Ladder, and the Coping Strategies Plan. If substance use is of concern, a Screener for Substance Use Disorders may also be completed by the youth with a trained staff / counsellor. The youth's "Trusted Adult", within their circle of care, may be present
- Referrals to community partners are completed as necessary
- Obtain parental consent to share information with partners involved, or who may become involved.
- Within 1-2 weeks, a Plan of Care (a single plan of care is preferred) is initiated with the youth and their circle of care. This circle of care could include, but is not limited to, their family, school staff, counsellor, Mental Health and Addiction Nurse, etc.
- The Coping Strategies Plan is shared with those involved in the Plan of Care (a single plan of care is preferred).

Step 3: Service Coordination, Treatment Planning, Situation Table

- Urgent Care Protocol activated through consultation with board staff if the youth meets the criteria
- HEADS-ED sent by school with the young person if able before he / she is sent to urgent care / CHEO
- Residential Treatment referral facilitated by mental health and addictions partner or board staff if required and if youth willing to attend
- If there is an extended absence from school, a meeting with the youth, his / her family and those involved in the youth's Plan of Care (a single plan is preferred) will meet to ensure that the youth feels supported in their return to school
- If, despite following this resource, the young person continues to struggle and remain at high-risk, the youth may be referred to the Situation Table located within their community, if the criteria are met

Step 4: Plan of Care and Follow-Up

- The Plan of Care (a single plan is preferred) and Coping Strategies Plan are reviewed
- If the child / youth has been hospitalized, or emergency services have been involved due to psychosis or severe mental health / addiction concerns, it is anticipated that the hospital / treatment staff will endeavor to link the youth with the Mental Health and Addiction Nurse (MHAN) or other appropriate community support agency prior to discharge from hospital / treatment
- Discharge summary, Coping Strategies Plan, and Plan of Care (a single plan is preferred) ought to be reviewed by the Mental Health Support team, once successfully implemented, at least twice per term / semester until the Plan of Care goals are achieved.



Step 1: Concerns Identified

Step 1: Concerns Identified

- **If you suspect that the young person has overdosed on opioids, 911 should be called immediately and Naloxone should be given.**
- Contact Principal and MHA support team in a school setting and youth identified trusted adult (if available)
- Trained staff explore the child / youth's signs and symptoms of mental health, substance use and / or addiction concerns that are impacting their function
- Principal to contact Parent / Guardian
- Move to Stage 2, or Board Designate initiates Stage 3 if necessary

- People struggling with serious mental health and substance use concerns often signal to others that they are having troubles, are unhappy or in pain. These signals may be direct or as subtle as behaviour changes.
- All risk alerts and invitations are to be taken seriously and explored with the child/youth. The young person should be asked directly if they are having thoughts of suicide or thoughts of harming others. If they are indeed contemplating suicide or harming others, the *Suicide Prevention, Intervention and Risk Review Protocol* and/or *Violent Threat Risk Assessment Protocol*, respectfully, should be followed.
- If the child/youth is not considering suicide or harming others but is struggling with their mental health or engaging in substance use, the child/youth is supported to determine whom they consider at school, from the community, or at home to be a "Trusted Adult" in their lives. This "Trusted Adult" could be any adult in the young person's life. For example, a coach, counsellor, teacher, administrator, etc.
- If this resource is not applicable, but the child/youth still requires support, a worrisome case conference should be organized.
- Relationships are like a vaccine against substance use.

Notifying Parents:

Parents or guardians should be contacted when staff have significant concerns about a child/youth's mental health or substance use concerns. The person who contacts the family is typically the Administrator, designated regional board staff, or a staff member with a special relationship with the youth or family.. Staff needs to be sensitive toward the family's culture, including attitudes towards substance use, mental health, privacy, and help-seeking.

1. Notify the parents/guardians about the situation and ask the parent/guardian if they would like to discuss in person by coming to the school/community agency. This is not mandatory but may facilitate communication.
2. When the parents/guardians arrive at the school/community agency, or if they do not wish to come to the location but would prefer a conversation over the phone, explain why you think their child/youth is struggling with their mental health, substance use or addiction concern. State what has been noted in their child/youth's behaviour and ask how that fits with what they have observed at home and in the community.
3. Acknowledge the parents/guardians' emotions, including anger.

4. Acknowledge that no one can intervene and support the child/youth alone – appreciate their presence.
5. Discuss available options for individual and/or family therapy. Provide the parents/guardians with the contact information of mental health service providers in the community. If appropriate, support the youth and/or youth with the parent/guardian to call the service provider.
6. Review, either in person, or over the phone, and sign **Appendix 2a) Parent/Guardian Acknowledgement Form**, confirming that they have been notified of their child/youth's mental health and/or substance use struggles and received referrals to treatment. In addition, review and sign **Appendix 2k) Consent to Share Personal Information Form**, confirming that they understand that information may be shared among those involved in the Plan of Care, as well as with them and the child/youth.
7. Confirm with the parents/guardians that you will follow-up with them in a few days. Continue to highlight the importance of following through with obtaining supports for their child/youth. If the parent/guardian is reluctant, discuss openly their concerns and offer to assist them in the process. Explore further supports and referrals with the parents/guardians if they are expressing any reluctance in following through with a mental health referral, referral to a family physician, or therapeutic counsellor. Address any myths or misinformation that may be adding to their reluctance to seek help for the child/youth. **Document all contact with the parent/guardian.**
8. Ensure that parents/guardians are aware of the services offered through the Parents' Lifelines of Eastern Ontario (PLEO) www.pleo.on.ca

Parent/Guardian and Youth Education and Awareness

It is important to note that when schools and communities implement programs to educate parents/guardians and youth about mental health and substance use, they may experience an increase in the number of youth who seek help for mental health and substance use-related problems.

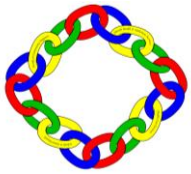
Prior to implementing parent/guardian programs, schools and communities should have in place:

- Protocols to respond to youth at risk and in crisis
- Mental health, substance use and addiction training for selected staff
- Suicide prevention education and training for staff

Providing parents/guardians with specific mental health and addiction education is important for the following reasons:

- The information may help parents/guardians identify and get help for children who may be at risk sooner.
- Mental health, substance use and addiction education for children and youth is more effective when it is reinforced by the same information and messages at home.
- Involving parents/guardians is an important way to ensure that efforts appropriately target the needs of your community.

Including parent groups and representatives of the faiths, cultures, and tribal communities, is important to the success of outreach activities. When designing and implementing parent outreach and education activities the following should be considered:



- **Engage parents/guardians in a variety of ways –** this may include during school orientations (e.g., GR 7 and GR 9), health and safety events at the school, senior transition activities (e.g. GR 12), and other regularly scheduled events for parents/guardians. Efforts should not be limited to a one-time event.
- **Select appropriate formats for outreach -** written materials (e.g. newsletters, cards, emails, posters) or presentations (by school staff, a professional from the community, or a national expert). Outreach should occur in formats that are easily understandable.
- **Partner with other community organizations -** share reliable and valid fact sheets and information regarding mental health, substance use and addictions.

Parent/guardian education can be integrated into existing programs and activities such as Grade 7 and Grade 9 orientation as well as parent/guardian involvement events and community-based education programs.

EXAMPLES OF INCLUDING MENTAL HEALTH, SUBSTANCE USE AND ADDICTION EDUCATION IN OTHER EFFORTS TO REACH PARENTS

- Holding a parents' night about child/youth health and safety that include prevention of substance use and mental health concerns.
- Sponsoring events for the parents/guardians with a focus on transition years to address issues such as anxiety, depression, substance use, and bullying.
- Sending material - sometimes in the form of a card that fits into a wallet or pursue - to the parents/guardians of intermediate and secondary youth with information about how to help a child or youth who is struggling.
- Including mental health, substance use and addiction education as part of orientation, safety days, or other health events at the school that involve parents/guardians.
- Recognizing that stigma related to poor mental health/substance use concerns in children and youth and parenting effectiveness may be very present for the family. Reassure the family, as appropriate, that you are not judging their parenting abilities.

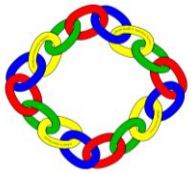
The School Board Mental Health Leads (or designate), under the direction of the Superintendent responsible for Mental Health initiatives, shall participate and review mental health and addiction awareness implementation at district schools prior to education being delivered to staff, parents/guardian or youth regarding mental health and substance use concerns. Discussions of suicide, eating disorders and self-harm, whether part of curriculum or mental health awareness, should focus on warning signs, coping strategies, and seeking help rather than discussions on means/methods or portrayals in the media.

Supporting Parents/Guardians through their Child/Youth's Mental Health and/or Substance Use Struggle:

Family Support

When a child or youth experiences concerns with substance use and/or their mental health, the whole family struggles. It is important to reach out to the family for two very important reasons:

- **First**, the family may be without professional support or guidance in what is often a state of personal confusion or distress. Many people do not seek help because they may not know where to turn.



- **Second**, informed parents/guardians are probably the most valuable prevention resource available to the struggling child or youth.

Education and information are vitally important to family members who find themselves in a position to observe, intervene and support the struggling young person. If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, or otherwise in need of protection, a report should be made to Police and/or Child and Family Services/Children's Aid Society (neglect – failure to seek necessary mental health treatment which may place the child/youth at risk of serious harm). The Department of Child and Family Services will conduct an assessment to determine if abuse or neglect does exist and will endeavour to engage the family voluntarily by offering supportive resources.

The Mental Health and Addiction Support Team should include, but is not limited to:

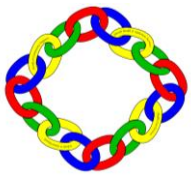
- Child/Youth
- Parents/Guardians
- Trusted Adult
- School-Based Mental Health Supports
- Mental Health and Addiction Nurse (MHAN)
- Community Partners
- Hospital/Residential Facility (if required)

Step 2: Pathway to Care

- Assess and review risks and strengths which could include the completion of the HEADS-ED, the Stages of Change Ladder, and the Coping Strategies Plan. If substance use is of concern, a Screener for Substance Use Disorders may also be completed by the youth with a trained staff / counsellor. The youth's "Trusted Adult", within their circle of care, may be present
- Referrals to community partners are completed as necessary
- Obtain parental consent to share information with partners involved, or who may become involved.
- Within 1-2 weeks, a Plan of Care (a single plan of care is preferred) is initiated with the youth and their circle of care. This circle of care could include, but is not limited to, their family, school staff, counsellor, Mental Health and Addiction Nurse, etc.
- The Coping Strategies Plan is shared with those involved in the Plan of Care (a single plan of care is preferred).

Step 2: Pathway to Care

- The Stages of Change Ladder reviewed by the youth and the "Trusted Adult". Together, the youth determines which Stage of Change they are presently in.
- The young person, with their "Trusted Adult" completes the Coping Strategy Plan. This Plan allows the youth to recognize, and be reminded of their various effective coping strategies. The youth is encouraged to consider which healthy coping strategies have helped him/her in the past, and to use those same strategies now in their current situation.
- Within 1 week of identifying a struggling youth, consent to **share information** between all those involved in supporting the youth is obtained from the family by the school principal or vice-principal **(see Appendix 2k)**, and a Plan of Care (a single plan is preferred) is completed with the youth and his or her support persons. These individuals should include the youth and his/her



parents/guardians along with other individuals in the position to support the youth including school staff, counsellors, Mental Health and Addiction Nurses, CAS staff, etc. **Essentially, the youth is the "Captain" of this plan, and his/her support persons are the team.**

My Coping Strategies Plan (see Appendix 2b)

My Coping Strategies Plan

Student Information	
Name:	**Date:**
Reason for My Coping Strategies Plan:	
When I'm not doing well... These are the things that I notice:	**These are my triggers – things that set me off:**
These are the things other people notice:	
My Coping Strategies: When I'm having difficulty, I will try the following to help myself: (i.e., take a walk, listen to music, write a journal, etc.)	
At school:	**At home:**
Other:	**Other:**
My Support Contacts:	**How they can help:**
1.	
2.	
3.	
4.	
My short-term goals:	
My long-term goals:	
If I'm in crisis, I will either call 911 or reach out to Kids Help Phone at 1-800-668-6868 or Live Chat: www.kidshelpphone.ca. I'll know that I'm in crisis because:	
I AM NOT ALONE!!!	

Sample Plan of Care (see Appendix 2l)

School & Community Resource

Guide for Working Together to Respond to Children and Youth Struggling with Substance Use and Addictions with Mental Health Concerns

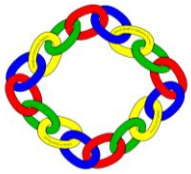
Please consult with your School Board Mental Health Leader, or the Mental Health Lead Agency in your area, for your region-specific Plan of Care

Plan of Care

Goal 1	Resources(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

Goal 2	Resource(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

Goal 3	Resource(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

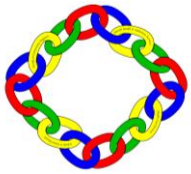


Step 3: Service Coordination, Treatment Planning, Situation Table

Step 3: Service Coordination, Treatment Planning, Situation Table

- Urgent Care Protocol activated through consultation with board staff if the youth meets the criteria
- HEADS-ED sent by school with the young person if able before he / she is sent to urgent care / CHEO
- Residential Treatment referral facilitated by mental health and addictions partner or board staff if required and if youth willing to attend
- If there is an extended absence from school, a meeting with the youth, his / her family and those involved in the youth's Plan of Care (a single plan is preferred) will meet to ensure that the youth feels supported in their return to school
- If, despite following this resource, the young person continues to struggle and remain at high-risk, the youth may be referred to the Situation Table located within their community, if the criteria are met

- If the youth is experiencing psychosis (out of touch with reality), the board designate will refer the young person to CHEO / Hotel Dieu Hospital (HDH) Urgent Care Program by completing the **"CHEO/HDH Emergency Department Mental Health Assessment"** located in the ***Suicide Prevention, Intervention and Risk Review Protocol***. Any other documentation included in this resource, including the HEADS-ED screening tool and the Plan of Care Consent Form, should accompany the youth to CHEO/HDH. Psychologists and psychiatrists at CHEO/HDH are able to provide prompt mental health assessments on an outpatient/voluntary basis for children and youth who are experiencing a severe mental health crisis, but who are not at immediate risk of suicide and are able to engage in safety planning until their scheduled appointment.
  The Board Designate, upon their assessment of the situation and in consultation with the school, may refer the youth to CHEO/HDH Urgent Care team for further assessment and follow-up. The referral package may include additional information such as the youth's IEP, relevant report cards, psychological assessments, Plan of Care and Coping Strategies Plan. The Board Designate may contact the Urgent Care Team at CHEO/HDH to determine eligibility to their Urgent Care program and ensure the **"Consent to Share Personal Health Information" (Appendix 2k)** form has been completed. A youth requiring Urgent Care will be provided with an appointment with a psychologist or psychiatrist at CHEO within 7-10 days as per CHEO's Urgent Care Protocol (this protocol may be updated and amended by CHEO from time to time). For youth accessing the HDH Urgent Care team, the goal is to provide the youth with an appointment with a psychologist or psychiatrist within 24 hrs. Both CHEO and HDH will facilitate follow-up sessions as determined by the care provider. All completed documentation including the referral form, HEADS-ED, CEEE, Plan of Care, Coping Strategies Plan, and consent form, should be faxed to the appropriate hospital intake service once the referral is accepted and booked. The youth should bring any additional relevant documentation to their first appointment. Following CHEO/HDH's involvement, a referral to community-based mental health care will also be facilitated by the Urgent Care Provider and Board Designate. With consent, CHEO/HDH will strive to provide feedback to the referral source (e.g. Board Designate), who may then share this information with the school and community partners as appropriate.
- If the young person requires Residential Care for an addiction concern at the Dave Smith Centre, a mental health professional, or board designate in consultation with the community partners, completes the application process with the youth and his/her "Trusted Adult". The application information can be found here: http://www.davesmithcentre.org/apply-refer/application-process/



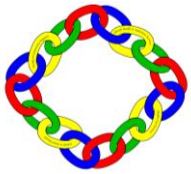
- The youth-identified "Trusted Adult", with the support of the Mental Health and Addiction Nurse/Mental Health Worker, will facilitate a youth's re-entry to school after an absence due to mental health and/or addiction concerns. The school and community-based team should assist the youth in re-engaging in the planning for the re-entry to school.
- Confidentiality is critical to protecting the youth and facilitating a positive re-entry to school. It is recommended that, prior to planning for re-entry, consent be obtained from the youth and/or parent/guardian to communicate with the youth's therapist, counselor, and team at the hospital or treatment facility regarding the needs of the youth as they return to school. Meeting with the parents/guardians, school, community and youth prior to the return to school is integral to making decisions concerning needed supports and any modifications to the youth's routine, Coping Strategies Plan and/or Plan of Care. An individualized re-entry plan should be developed in partnership with the youth, parent/guardian and any community partners involved.

Step 4: Plan of Care and Follow-Up

Step 4: Plan of Care and Follow-Up

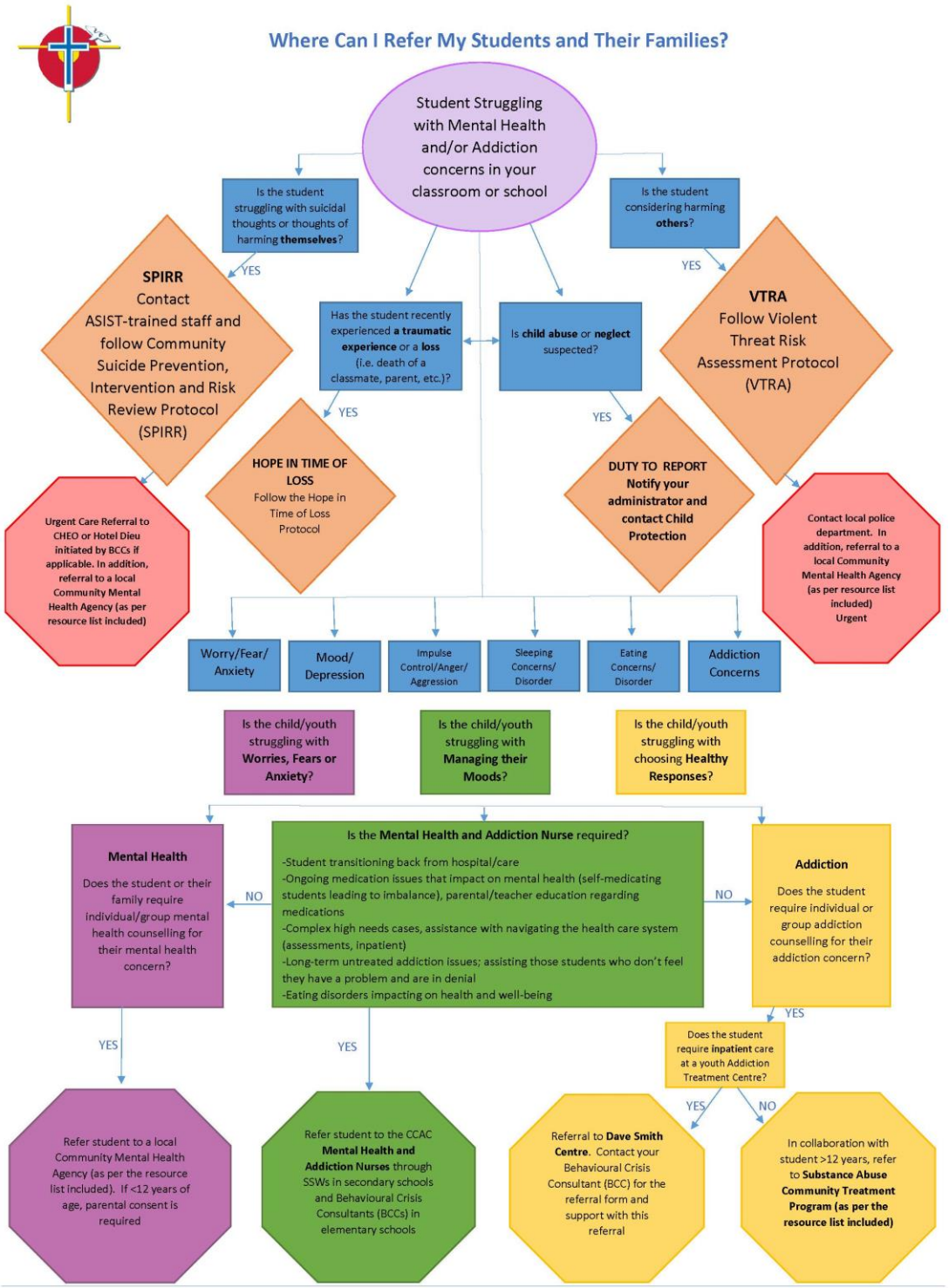
- The Plan of Care (a single plan is preferred) and Coping Strategies Plan are reviewed
- If the child / youth has been hospitalized, or emergency services have been involved due to psychosis or severe mental health / addiction concerns, it is anticipated that the hospital / treatment staff will endeavor to link the youth with the Mental Health and Addiction Nurse (MHAN) or other appropriate community support agency prior to discharge from hospital / treatment
- Discharge summary, Coping Strategies Plan, and Plan of Care (a single plan is preferred) ought to be reviewed by the Mental Health Support team, once successfully implemented, at least twice per term / semester until the Plan of Care goals are achieved.

- If the Coping Strategy Plan and Plan of Care (a single plan is preferred) have been working successfully **after 1 week**, they ought to be reviewed by the youth and their identified "Trusted Adult" to ensure the youth continues to feel that these plans are helpful moving forward and do not require any revisions at this time. The Coping Strategy Plan and Plan of Care should be reviewed by the "Trusted Adult", as identified by the youth, and by the youth every 2 weeks for 2 months. After this time, these should to be reviewed at least twice per term/semester, or until the goals in the Plan of Care have been met.
- If the child/youth continues to struggle and the Coping Strategy Plan and Plan of Care have **not** been helpful to the youth after 1 week (or prior to this if known), the plans are revised and modified as needed by the young person and their "Trusted Adult" to ensure it is realistic and applicable. The functioning, concerns, and strengths are to be reviewed by the "Trusted Adult", as identified by the youth, and by the youth again the following week. Once the Coping Strategy Plan and Plan of Care are effective in aiding the struggling young person, these Plans, along with any assessments, should to be reviewed every 2 weeks for 2 months by the youth and the "Trusted Adult". After this time, these should be reviewed at least twice per term/semester, or until the goals for the Plan of Care have been met.
- All persons involved in the child/youth's Single Plan of Care should meet as requested by the youth and the "Trusted Adult".



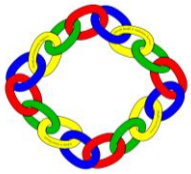
- Once the child/youth is ready for discharge from a community agency program/service, with support from the MHAN, a **Discharge Summary (Appendix 2n)** may be provided to all people noted on the young person's Plan of Care.

SECTION 5 - WORKING WITH OUR COMMUNITY PARTNERS



Other Resources: ***Regional-Specific Flowcharts Available**

- Provide the student with the number for **Kids Help Phone** (1-800-668-6868)
- If applicable, also provide parents with information about: **Triple P** parenting support (1-844-362-8593) as well as the **Parent's Lifeline of Eastern Ontario** (PLEO) peer support (1-855-775-7005)



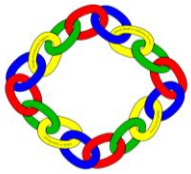
Suggested Roles and Responsibilities:

CHILD/YOUTH
• Advise school team/agency staff of any concerns as they arise • Provide information for the completion of the Community Mental Health and Addiction referral forms • Facilitate the completion of the Coping Strategies Plan, Plan of Care (a single plan is preferred) and other assessments as appropriate • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care as required

PARENT/GUARDIAN
• Advise school team/agency staff of any concerns as they arise • Provide information for the completion of the Community Mental Health and Addiction referral forms • Facilitate the completion of the Coping Strategies Plan, Plan of Care (a single plan is preferred) and other assessments as appropriate • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care as required

CHILD/YOUTH "TRUSTED ADULT"
• Advise school team/agency staff of any concerns as they arise • Provide information for the completion of the Community Mental Health and Addiction referral forms • Facilitate the completion of the Coping Strategies Plan, Plan of Care (a single plan is preferred) and other assessments as appropriate • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care as required

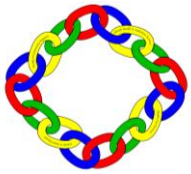
SCHOOL BOARD DESIGNATE (I.E., BEHAVIOUR CRISIS CONSULTANT)
• Advise school team/agency staff of any concerns as they arise • Help the child/youth and family complete the Urgent Care referral if necessary • Support the school to complete referrals to community agencies if required • Support the school in completing the Coping Strategies Plan and the Plan of Care (a single plan is preferred) if required • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care as required • Facilitate a referral to residential treatment as necessary • Refer the student/family to the Situation Table when needed



SCHOOL ADMINISTRATOR
• Ensure a current Naloxone Kit is available within your school • Ensure various staff members are trained in Naloxone administration and are aware of the location of the school's Naloxone Kit • Contact parent/guardian when this resource is initiated • Obtain consent to share information from the parent/guardian • Support the MHA Support team, family and child/youth meetings as appropriate • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care (a single plan is preferred) as required • Store a copy of the Coping Strategies Plan and Plan of Care securely in the Administrator's office

STUDENT SUPPORT WORKER (SSW) OR OTHER SCHOOL MENTAL HEALTH LEAD
• Receive training in Naloxone administration • Participate in MHA trainings as appropriate • Contact the Principal/MHA Support Team if the child/youth meets the criteria for use of this resource • Ensure that the child/youth is not actively suicidal or homicidal. If the child/youth is suicidal or homicidal, the SPIRR or VTRA protocol, respectfully, are to be activated • Help the child/youth and family complete community MHA referrals • Participate in the creation and in strategies outlined in the Coping Strategies Plan and Plan of Care (a single plan is preferred) as required • Review the Coping Strategies Plan and Plan of Care, along with the MHA Support Team, within 1-2 weeks following its creation • Review the Coping Strategies Plan and Plan of Care, along with the MHA Support Team, at least twice per term or semester until the Plan of Care goals are achieved • Once this resource is no longer needed (i.e., crisis is subdued, and Coping Strategies Plan and Plan of Care are working well), feedback is sought from the child/youth regarding his/her experience

SCHOOL BOARD MENTAL HEALTH LEADER
• Help ensure that all schools have current Naloxone kits that are not expired, and arrange for Naloxone administration training from the Health Unit • Train school/school board staff in prevention, assessment and intervention programs for mental health, substance use and addiction concerns • Consult with the Administrator, school team, and Superintendents as necessary • Contact community partners to facilitate consultations as required • Participate in strategies outlined in the Coping Strategies Plan and Plan of Care (a single plan is preferred) as required



MENTAL HEALTH AND ADDICTION COMMUNITY PARTNERS
• Contact the Principal/MHA Support team if a child/youth meets criteria for use of this resource • Facilitate a referral to Residential Treatment if necessary • Complete GAIN-SS with youth struggling with substance use • Ensure agency has at least one Naloxone Kit and one member of staff trained in Naloxone administration • Complete agency MHA assessments as appropriate (i.e., InterRAI), and share these with the MHA Support Team with consent • Participate in the creation and in strategies outlined in the Coping Strategies Plan and Plan of Care (a single plan is preferred) as required • Participate, if possible, in a meeting within 1-2 weeks of creating the Coping Strategies Plan and Plan of Care with the MHA Support Team • Review the Coping Strategies Plan and Plan of Care, along with the MHA Support Team, at least twice per term or semester until the Plan of Care goals are achieved • Upon discharge, share the discharge summary with the MHA Support Team with consent • Once this resource is no longer needed (i.e., crisis is subdued, and Coping Strategies Plan and Plan of Care are working well), feedback is sought from the child/youth regarding his/her experience

MENTAL HEALTH AND ADDICTION NURSE
• Offer education to school and community regarding mental health, substance use and addictions • Aid with transitioning children/youth back to school following hospital/treatment facility admission • Share hospital/treatment facility admission info with the school/board team with consent • Receive training in Naloxone administration and carry a Naloxone kit • Contact the Principal/MHA Support Team if child/youth meets criteria for use of this resource • Provide information for the completion of the community MHA referral forms • Complete the InterRAI assessment and provide this info to MHA team with consent • Participate in the creation and in strategies outlined in the Coping Strategies Plan and Plan of Care (a single plan is preferred) as required • Review the Coping Strategies Plan and Plan of Care within 1-2 weeks following its creation with the MHA Support Team • Act as a liaison between medical professionals and school board • Review the Coping Strategies Plan and Plan of Care, along with the MHA Support Team, at least twice per term or semester until the Plan of Care goals are achieved • Upon discharge, share the discharge summary with the MHA Support Team with consent • Once this resource is no longer needed (i.e., crisis is subdued, and Coping Strategies Plan and Plan of Care are working well), feedback is sought from the young person regarding his/her experience

<table>
<tr><th></th><th>LEEDS AND GRENVILLE COUNTY</th><th>LANARK COUNTY</th><th>PRESCOTT-RUSSELL COUNTY</th><th>STORMONT, DUNDAS AND GLENGARRY COUNTY</th></tr>
<tr><td>MENTAL HEALTH SERVICES</td><td>Children's Mental Health of Leeds and Grenville</td><td>Open Doors for Lanark Children and Youth</td><td>Valoris for Children and Adults of Prescott – Russell
Youth Services Bureau Robert Smart
Maison Fraternité</td><td>Cornwall Community Hospital
• Child and Youth Mental Health Services

Children's Treatment Centre</td></tr>
<tr><td rowspan="3">SUBSTANCE USE SERVICES</td><td>Lanark, Leeds and Grenville Addiction and Mental Health
• Community Withdrawal Management Services (+16)
• Addiction Services (+12)</td><td>Lanark, Leeds and Grenville Addiction and Mental Health
• Community Withdrawal Management Services (+16)
• Addiction Services (+12)</td><td>Hawkesbury and District Community Hospital
• Community Withdrawal Management Services (+16)
• Addiction Services (+12)</td><td>Cornwall Community Hospital
• Community Withdrawal Management Services (+16)
• Addiction Services (+12)</td></tr>
<tr><td colspan="4">Dave Smith Youth Treatment Centre (12-21 yrs.)</td></tr>
<tr><td colspan="4">Ottawa Residential Withdrawal Management Centre (16+)</td></tr>
<tr><td rowspan="2">POLICE & EMERGENCY SERVICES</td><td>Brockville Police Service
Gananoque Police Service</td><td>Smiths Falls Police Service</td><td></td><td>Cornwall Community Police Service</td></tr>
<tr><td colspan="4">Ontario Provincial Police (OPP)</td></tr>
<tr><td rowspan="2">COMMUNITY HOSPITALS</td><td>Brockville General Hospital

Kemptville District Hospital

Hotel Dieu Hospital (HDH)* (0-18 yrs.)</td><td>Carleton Place & District Memorial Hospital

Almonte General Hospital

Perth & Smiths Falls District Hospital</td><td>Hawkesbury & District General Hospital

Montfort Hospital
Community Mental Health Outreach
(16+ yrs.)</td><td>Cornwall Community Hospital

Glengarry Memorial Hospital

Winchester District Memorial Hospital</td></tr>
<tr><td colspan="4">CHEO* (0-18)
and the Royal Ottawa Mental Health Centre (>16)</td></tr>
<tr><td rowspan="5">OTHER SERVICES</td><td colspan="2" rowspan="3">Developmental Services of Leeds & Grenville

Athens & District Family Health Team

CPHC – Community Family Health Team
• Prescott Family Health Team
• Upper Canada Family Health Team

Ottawa Valley Family Health Team

Family and Children's Services of Lanark, Leeds and Grenville</td><td>Clarence-Rockland Family Heath Team

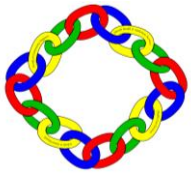
Plantagenet Family Health Team

Lower Outaouais Family Health Team</td><td>Stormont, Dundas and Glengarry Developmental Services Centre

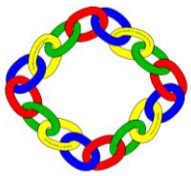
Seaway Valley Community Health Clinic

Children's Aid Society of the United Counties of SDG</td></tr>
<tr><td colspan="2">Champlain Canadian Mental Health Association (CMHA)</td></tr>
<tr><td colspan="2">Centre de Sante Communautaire de L'Estrie</td></tr>
<tr><td colspan="4">Mental Health and Addiction Nurses (MHAN)</td></tr>
<tr><td colspan="4">Intersections Program</td></tr>
<tr><td colspan="4">Situation Table for High-Risk Individuals</td></tr>
</table>

*Phone numbers for each of these agencies can be found on pages 56-59 of this Guide



APPENDICES



APPENDIX 1

1a) HEADS-ED: Sample Assessment Screener (www.heads-ed.com)

HEADS-ED Patient Profile

* The HEADS-ED is a screening tool and is not intended to replace clinical judgment. Please read the terms and conditions of use.

Age ☐ years old

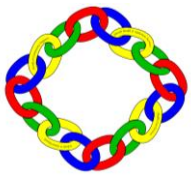
Sex ○ Female ○ Male

Preferred language ○ English ○ French ○ No preference

	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
Home Sample questions	○ Supportive	○ Conflicts	○ Chaotic/Dysfunctional
Education Sample questions	○ On track	○ Grades dropping / absenteeism	○ Failing / not attending school
Activities and peers Sample questions	○ No change	○ Reduced / peer conflicts	○ Fully withdrawn / significant peer conflicts
Drugs and alcohol Sample questions	○ No or infrequent	○ Occasional	○ Frequent/daily
Suicidality Sample questions	○ No thoughts	○ Ideation	○ Plan or gesture
Emotions, behaviours, thought disturbance Sample questions	○ Mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts
Discharge resources Sample questions	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on wait list / non-compliant

☐ I have read and agree to the terms and conditions of use.

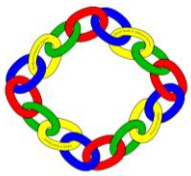
SUBMIT



https://www.heads-ed.com/en/home

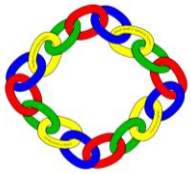
Prompts for HEADS-ED

H	How does your family get along with each other? Optional probes: Child Protection Issues, Family Violence
E	How is your school attendance? How are your grades?
A	What are your relationships like with your friends? What do you do for fun? Optional probe: Bullying
D	How often are you using drugs or alcohol?
S	Do you have any thoughts of wanting to kill yourself? How would you do it? When would you do it? Have your thoughts of suicide changed?
E	How have you been feeling lately? Do you ever get any bad thoughts that you can't get out of your head? Do you get into any trouble with parents, police, school etc.?
D	Do you have any help or are you waiting to receive help (counselling etc.)?



1b) C Triple E: Sample Assessment Screener

C Triple E	**0 Potential for growth**	**1 Building success**	**2 Achieving Success**
Connection – Growth Mindset			
1) Caring Relationships and Positive Interactions	☐ Challenges/Needs Support	☐ Some relationships/ incidents	☐ Supportive/Positive
2) Problem Solving and Confidence to Make Desired Changes	☐ Challenges/Needs Support	☐ Sometimes problem solving/changes	☐ Most of the time
3) Willingness to Seek Help (ie; counseling)	☐ Needs to develop	☐ Seeks help sometimes	☐ Consistently as needed
Engagement – Emotional Health			
4) Making Contributions and Involved in Learning	☐ Requires support to become involved	☐ Sometimes engaged	☐ Motivated and engaged
5) Pursuing Interests or Extra-Curricular Activities	☐ Requires support to become involved	☐ Sometimes pursues interests	☐ Actively pursues interests
6) Community Involvement	☐ Requires support to become involved	☐ Sometimes involved	☐ Very involved
Expectations – Coping with Stressors			
7) Attending Classes/School	☐ Attendance Issues	☐ Attends more often	☐ Attends most/all
8) Task/Assignment Completion	☐ Few completed/ ☐ not coping	☐ Some completed	☐ Most/all completed
9) Credit Accumulation	☐ Up to 50% expected credits	☐ 50-75% expected credits	☐ 75-100% expected credits
Empower – Dealing with Challenges			
10) Healthy Choices	☐ Requires support	☐ Some healthy choices	☐ Makes healthy choices
11) Leadership/Mentoring/ 12) Volunteering	☐ Requires support	☐ Some participation	☐ Very involved
13) Future-Focus/Co-Op/ Pursing Educational Goals	☐ Past focused	☐ Present focused	☐ Future focused



PROMPTING QUESTIONS FOR C TRIPLE E

1) **Caring Relationships and Positive Interactions:**
How many people can you name who you care about or who care about you? When things are going badly, is there anyone you can talk to who you really trust? How well do you get along with these people? Are you nice to each other, or do you argue and fight a lot? Do you feel like you belong in your school, at home and in your community?

2) **Problem Solving and Confidence to Make Desired Changes**:
When faced with a problem, are you able to tackle it, or do you find you give up easily? If you and a friend got into a fight, what would you do? If you wanted to make a change, either in yourself, in your family, or at school, do you feel like you could do that?

3) **Willingness to Seek Help:**
When you're really struggling, do you feel like you can ask someone to help you – like a teacher, SSW/CYW or counselor?

4) **Making Contributions and Involved in Learning**:
Do you participate in class, ask questions, and enjoy learning?

5) **Pursuing Interests or Extra-Curricular Activities**:
Are you in any extra-curricular activities either at school or outside of school like sports teams, music lessons, Guides/Scouts, etc.?

6) **Community Involvement:**
Do you get involved in your community, like go to any community events, museums, Church?

7) **Attending Classes/School**:
In an average month, how often do you attend classes?

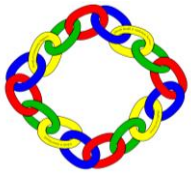
8) **Task/Assignment Completion**:
In an average month, how often do you hand in your assignments, homework or projects on time?

9) **Credit Accumulation:**
Check Maplewood or other attendance school tracking system for this answer.

10) **Healthy Choices**:
How do you cope when the going gets tough? Are you taking any drugs or drinking alcohol? How much sleep do you get at night? Are you able to eat 3 meals a day? Are you eating more than you think you should be eating? Have your eating or sleeping patterns changed lately? When you're upset, do you try to talk it out, or do you find you turn to violence or breaking the rules to get your point across? Are you able to pay attention and focus in class, or do you find you're easily distracted?

11) **Leadership/Mentoring/Volunteering:**
Do you consider yourself a leader? Does anyone come to you for support, guidance, or answers? Do you enjoy volunteering?

12) **Future-Focus/Co-Op/Pursing Educational Goals:**
What are your goals for the future? Do you see yourself going to college or university? Where do you see yourself in 10 years?



APPENDIX 2

2a) Parent/Guardian Acknowledgement Form:

Parent/Guardian Contact Acknowledgement Form

SCHOOL NAME: _____

This is to verify that I _____ (parent/guardian) have spoken with _____ (staff member) on _____ (date), concerning my child/youth's serious mental health and/or addiction needs. I have been advised to seek services of a mental health/addiction agency or mental health/addiction professional immediately.

I understand that _____ (staff member) will follow up with me, my child/youth and the agency to whom my child/youth has been referred to for services within two weeks, with consent.

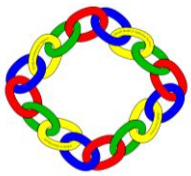
PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STAFF MEMBER SIGNATURE: _____

ADMINISTRATOR SIGNATURE: _____

DATE: _____



2b) Coping Strategies Plan:

My Coping Strategies Plan

Youth Information	
Name:	**Date:**
Reason for My Coping Strategies Plan:	
When I'm not doing well… These are the things that I notice:	**These are my triggers – things that set me off:**
These are the things other people notice:	
My Coping Strategies: When I'm having difficulty, I will try the following to help myself: (i.e., take a walk, listen to music, write a journal, etc.)	
At school:	**At home:**
Other:	**Other:**
My Support Contacts:	**How they can help:**
1.	
2.	
3.	
4.	
My short-term goals:	
My long-term goals:	
If I'm in crisis, I will either call 911 or reach out to Kids Help Phone at 1-800-668-6868 or Live Chat: www.kidshelpphone.ca. I'll know that I'm in crisis because:	
I AM NOT ALONE!!!	

2c) Stormont, Dundas & Glengarry – Mental Health Referral Forms & Information

Forms can be accessed online at www.cornwallhospital.ca under "our services"

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

Referral Form

Child & Youth Mental Health Services

Cornwall Community Hospital/Hôpital communautaire de Cornwall

850 McConnell Avenue, Cornwall ON, K6H 4M3 – Phone: 613-361-6363 Ext. 8764 – Fax: 613-361-6364

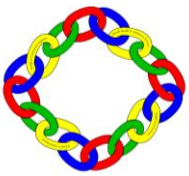
Date of Referral:	Referral Source:

Office Use Only:	
Cerner #:	
Screened by:	Date Screened:
☐ First Referral ☐ Re-referral	

Client Information			
Legal Name:	D.O.B.:	Age:	
Preferred Name:			
OHIP # & Version Code: Expiry Date:	Sex: ☐ Male ☐ Female ☐ Intersex: _____	Gender: ☐ Male ☐ Female ☐ Non-binary	
Primary Address:	City:	Postal Code:	
Youth Phone Number:	Contact Youth Directly: ☐ Y ☐ N		
School/Day Care:	Grade/Placement:		

Family Information		
Who has the legal right to make decisions for this youth?		
☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Both ☐ Youth ☐ CAS ☐ Other (specify):		
Youth resides with:		
☐ Parent/Guardian 2 ☐ Parent/Guardian 2 ☐ Both ☐ CAS ☐ Other (specify):		
Parent/Guardian 1:		
Address:		Relationship:
Telephone Numbers	Primary:	Work:
	Alternate:	
Parent/Guardian 2:		
Address:		Relationship:
Telephone Numbers	Primary:	Work:
	Alternate:	
Non-Custodial Parent(s):		
Relationship & Access:		

Revised October 31, 2018
CCH-CYMHS Referral Form



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

Referral Form

►*Siblings*

Name:	Age/DOB:
Name:	Age/DOB:
Name:	Age/DOB:
Name:	Age/DOB:

►*Medical Information*

Family Physician:	Physician Tel. Number:
Medical/Psychiatric Diagnosis: ☐ Yes ☐ No Describe:	Medication(s): ☐ Yes ☐ No Describe:

►*Current/previous contact with other hospital/community program(s)?*

Agency/Service	Period of Involvement	Worker	Closing Date
☐ CHEO	☐ Current ☐ Previous ☐ Waiting List		
☐ Children's Aid Society	☐ Current ☐ Previous ☐ Waiting List		
☐ Children's Treatment Centre	☐ Current ☐ Previous ☐ Waiting List		
☐ Eastern Ontario Health Unit	☐ Current ☐ Previous ☐ Waiting List		
☐ Counselling & Support Services of SD&G	☐ Current ☐ Previous ☐ Waiting List		
☐ L'Équipe Psycho-sociale	☐ Current ☐ Previous ☐ Waiting List		
☐ Mental Health Crisis Team	☐ Current ☐ Previous ☐ Waiting List		
☐ S.D. & G. Developmental Services	☐ Current ☐ Previous ☐ Waiting List		
☐ CCAC – MHAN	☐ Current ☐ Previous ☐ Waiting List		
☐ Other:	☐ Current ☐ Previous ☐ Waiting List		

►*Reason for Referral / Primary concern*

►Are the parent(s)/guardian(s) aware of this referral? ☐ Yes ☐ No

►Is the youth aware of the referral? ☐ Yes ☐ No

Please attach signed consent to the referral form

Revised October 31, 2018
CCH-CYMHS Referral Form

2d) Stormont, Dundas & Glengarry – Substance Use Referral Forms & Information

Forms can be accessed online at www.cornwallhospital.ca under "our services"

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

Revised June 3, 2019

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES

Cornwall Community Hospital
850 McConnell Avenue, Cornwall, ON K6H 4M3
613-361-6363 Ext. 8764 / Fax: 613-361-6364

This form is for non-urgent referrals: if you require urgent mental health care contact the Distress Centre at 1-866-996-0991
For active withdrawal symptoms please contact Community Withdrawal Management Services (Cornwall) at 613-938-8506

CLIENT INFORMATION

Name (last, first name):_____ Preferred Name:_____

Date of Birth (yyyy/mm/dd):_____ Health Card #:_____

Address:_____

City:_____ Postal Code:_____ Email:_____

Preferred Contact #:_____ Can a confidential message be left at this number? ☐Yes ☐No

Alternate Contact #:_____ Can a confidential message be left at this number? ☐Yes ☐No

Main spoken language? ☐English ☐French Other: _____ Interpreter required? ☐Yes ☐No

Francophone? ☐Yes ☐No French language services required? ☐Yes ☐No

Gender: ☐Male ☐Female ☐Trans – Female to Male ☐Trans – Male to Female ☐Intersex ☐Two-Spirit
☐Other ☐Prefer not to answer ☐Do not know

REASON FOR REFERRAL - INFORMATION REGARDING CLIENT'S SITUATION

_____
_____
_____
_____
_____
_____

Mandated Treatment? ☐ Yes ☐ No By whom: _____

Psychiatric Diagnosis? ☐ Yes ☐ No ☐ Unknown

Current or Previous Mental Health Services _____

CURRENT MEDICATIONS

_____

Attach Current Medication List or provide name of Pharmacy: _____

CONSENT

Is the client aware of and in agreement with this request for service? ☐Yes ☐No

Does the client consent to the sharing of this referral with IASP service providers? ☐Yes ☐No

REFERRAL SOURCE

Referrer Name (last, first name): _____ Date of Referral (yyyy/mm/dd): _____

Type: ☐Family Physician ☐Nurse Practitioner ☐Psychiatrist ☐Psychologist ☐Other Clinician ☐Self

Billing number (if applicable): _____ OHIP registration number (if applicable): _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____

FAMILY PHYSICIAN / NURSE PRACTITIONER

Name: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

The | Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

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

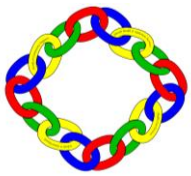
PRIMARY CARE PROVIDER ONLY

REFERRAL TO
Increasing Access to Structured Psychotherapy Champlain

SERVICE DESCRIPTION
Adults can now access publically funded Cognitive Behavioural Therapy (CBT) as part of Ontario's Increasing Access to Structured Psychotherapy (IASP) program, led in the Champlain region by The Royal. CBT is a goal-oriented, time-limited therapy that helps clients by teaching practical skills and strategies to manage their mental health and improve quality of life. Clients will work individually with IASP therapists for approximately 12 sessions either in person or via telemedicine at The Royal or within IASP community partner agencies located throughout the Champlain region.
BounceBack® may be considered prior to IASP, has your client / patient been referred to BounceBack®? ☐ Yes ☐ No

ELIGIBILITY CRITERIA	YES	NO
Primary diagnosis of: Depression	☐	☐
- Anxiety Disorder(s), including: generalized anxiety disorder, panic disorder, agoraphobia, social anxiety disorder, specific phobia, and health anxiety	☐	☐
- Obsessive-Compulsive Disorder	☐	☐
- Post-Traumatic Stress Disorder	☐	☐
Resident of Ontario	☐	☐
Adult (18+)	☐	☐
NOT SUITABLE IF:	**YES**	**NO**
Actively suicidal and with impaired coping skills and/or has attempted suicide in the past 6 months	☐	☐
At high risk to harm self or others or at significant risk of self-neglect	☐	☐
Experiencing significant symptoms of mania or hypomania currently or has experienced these symptoms within the past year	☐	☐
Experiencing significant symptoms of a psychotic disorder currently or has experienced these symptoms within the past year	☐	☐
Has a severe/complex personality disorder that would impact their ability to actively participate in CBT for anxiety or depression	☐	☐
Has a moderate to severe impairment of cognitive function (e.g. dementia); or moderate / severe impairment due to a developmental disability or learning disability which would impact their ability to participate in CBT	☐	☐
Has problematic substance use or has had problematic substance use in the past three months that would impact their ability to actively participate in CBT. Requires specialized concurrent disorders treatment.	☐	☐
Has a severe eating disorder that would impact their ability to actively participate in CBT for anxiety or depression	☐	☐

IASP STAFF to complete
Date referral received (yyyy/mm/dd): _____ Date referral complete (yyyy/mm/dd): _____
Intake Decision: _____ Date of decision (yyyy/mm/dd): _____
Delivery Site: _____ Service Delivery Type: ☐ In person ☐ Telemedicine
Date of first appointment with client / patient (yyyy/mm/dd): _____ Therapist: _____



The | Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

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

REFERRAL - IASP CHAMPLAIN

PHQ-9

During the **last 2 weeks**, how often have you been bothered by the following problems?

Problem	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Total score: ☐

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

GAD-7

During the **last 2 weeks**, how often have you been bothered by the following problems?

Problem	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total score: ☐

2e) Prescott-Russell – Mental Health Referral Forms & Information

More information can be found online at https://www.valorispr.ca/en/child-family-mental-health

VALORIS
POUR ENFANTS ET ADULTES DE PRESCOTT-RUSSELL
FOR CHILDREN AND ADULTS OF PRESCOTT-RUSSELL

How to access our services?

1 ASK FOR HELP
Call **1 800 675.6168** or send an email to **info@valorispr.ca**.

Office Hours
From Monday to Friday
8:30 am to 4 pm

Community Worker
He/she will be your guide to help you find solutions and tools.

2 CONSULTATION
Within seven days following your request, a community worker will contact you to schedule a meeting.

3 FIRST MEETING
We will discuss your strengths, potential solutions and available resources.

Confidentiality
The information you share is confidential.

Don't wait!
We are here to help.
You are not alone!

4 SERVICES FOR YOU
Together we will find a game plan for the best possible services.

2f) Prescott-Russell – Substance Use Referral Forms & Information

Forms can be accessed online at https://hgh.ca/programs-services/mental-health-addiction/ under "How to access our services?"

HGH
COMPASSION
INNOVATION
EXCELLENCE

REFERRAL FORM (FOR SELF-REFERRAL)

Mental Health & Addiction Regional Centre

Crisis Team • Mental Health Treatment Program • Addiction Program • ACTT • Geriatric Psychiatry Program

580 Spence St, Hawkesbury, On K6A 0B4
1-844-304-1414 / Fax: (613) 632-7450

CLIENT INFORMATION

Name:_____ Date of Birth *(yyyy/mm/dd)*:_____
Address:_____
City:_____ Province: _____ Postal Code:_____
Identification of first language: English___ French___ Other: _____
Preferred Contact #:_____ Can message be left at this number? ☐Yes ☐No
Alternate Contact #:_____ Can message be left at this number? ☐Yes ☐No
Family Physician / Psychiatrist: _____
Health Card #:_____ V-code: _____ Exp. Date *(yy/mm)*:_____
Contact person for the first appointment or for emergency: _____

Relationship to client: _____ Power of Attorney? ___Yes ___No
Telephone Number: _____ Alternate: _____

SERVICES REQUESTED INFORMATION

❒ Mental Health Services *(for individuals aged 16 and over)* ❒ Addictions Service *(for individuals aged 12 and over)* ❒ Both

Please provide additional specific information regarding your request for services:
_____
_____
_____

Is the referral mandated by: ☐N/A ☐Children's Aid ☐Probation Condition/Court Ordered

IMPORTANT INFORMATION REGARDING YOUR SITUATION

Risk Factors

- Are you at risk to harm yourself? Are you suicidal? ☐Yes ☐No
- Are you at risk to harm others or commit a homicide? ☐Yes ☐No
- Do you feel socially isolated? ☐Yes ☐No
- Do you currently have legal issues? ☐Yes ☐No
- Are you currently victim of violence? ☐Yes ☐No

Is there any additional information you would like to let us know about?
_____
_____
_____

_____ _____
Signature Date

❒ Completed by secretary, telephone request Name of secretary: _____

Appendix 2

2g) Lanark - Mental Health Referral Forms & Information

Forms can be accessed online at https://www.opendoors.on.ca/get-help-temp

Open Doors
For Lanark Children & Youth

Our services are voluntary. Services are provided at no cost to clients, as we are funded by the Ontario Ministry Children, Community and Social Services. Anyone can make a referral for a child or your under the age of 18 – self, parents or guardians, family doctors, schools or other service providers – who feel, in discussion with the youth or family, that the child, youth or family would benefit from our services. A doctor's referral is not required.

Please ensure that the form is filled out completely before sending. Should you have any questions about this process, please contact the office most convenient for you.

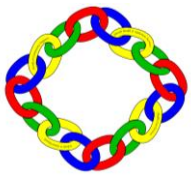
THIRD PARTY REFERRAL FORM

Is the child/youth at imminent risk for harm to self, others or is their personal safety at risk?

☐ **Yes** ☐ **No**

If "yes", do not continue with completing this form. Please contact the appropriate crisis services (Hospital, Police, CAS, Shelter).

1. Child/Youth Information			
Name:		D.O.B. (mm/dd/yy)	
Address: Postal Code:			
Home #: Cell # :	OK to leave message? ☐ Y ☐ N OK to text? ☐ Y ☐ N	School:	Grade
2. Reason for Service Request (child/youth/family to complete)			
What would you like to focus on in counselling?			
3. Any other Mental Health professionals involved (e.g., Mental Health nurse, Psychiatrist, etc.) currently or recently:			



Does the child/youth (over 12 years of age) allow Open Doors to contact parents? ☐ Yes, it is ok to speak with parents ☐ No, please do not contact parents *"NO" means confidential counselling* ***excluding risk to self or others***		
4. Family Data\Emergency Contact (over 18 years of age)		
Name of Parent(s)/Guardian(s)	Relationship to Youth:	
Address: Postal Code:		
Phone: : Home: _____ Work: _____ Cell (text) _____ Is it OK to text? ☐ Yes ☐ No		
Name of Parent(s)/Guardian(s)	Relationship to Youth:	
Address: Postal Code:		
Phone: : Home: _____ Work: _____ Cell (text) _____ Is it OK to text? ☐ Yes ☐ No		
5. Who should we contact to complete referral? Youth ☐ Parent 1 ☐ Parent 2 ☐		
Referral Source:	**Relationship/Title:**	
Print Name:	**Phone/ext.**	
Signature of Youth\Parent\Guardian consenting to Third Party Referral:		**Date** ***(mm/dd/yy)***

All areas must be completed prior to sending. Fax completed form to Open Doors Centralized Fax # 613-249-3548.

Should your situation worsen while you are waiting, please call one of our offices and ask to be connected to our Quick Response team or attend one of our Walk In Clinics. Walk In Clinic details can be found on our website at www.opendoors.on.ca

2h) Lanark - Mental Health Referral Forms & Information

Forms can be accessed online at https://llgamh.ca/central-intake.php

South Eastern Ontario Addictions & Mental Health Service Access Form

Please check one of the following:

AMHS-HPE + QHC Outpatient Counselling	Kingston Outpatient MH Services	AMHS-KFLA	LANARK COUNTY	LLGAMH	REGIONAL TERTIARY SERVICES
☐ Open Line Open Mind Tel: 310-OPEN Fax: 613-961-2528	☐ KGH ITTP Day Hospital Tel: 613-549-6666 ext 7622 Fax: 613-548-6032 ☐ Hotel Dieu Hospital, MH Services Tel:613-544-3400 x2551 Fax: 613-548-6095	☐ Kingston & Frontenac Tel: 613-544-1356 Fax 613-544-2346 ☐ Lennox & Addington Tel: 613-354-7521 Fax: 613-354-7524	☐ Lanark County Mental Health Tel: 613-283-2170 Fax 613-283-9018	☐ Central Intake Tel: 613-342-2262 1- 866-499-8445 Fax: 613 342 4969	☐ Providence Care, Mental Health Services Tel: 613-546-1101 Fax: Please see below

REFERRAL SOURCE

Agency / Source: Telephone:

Fax:

Date of Referral (yyyy/mm/dd): / / Physician Billing #:

Identification of first language:
☐English ☐ French ☐ Other: _____

☐ **Check here to indicate that we can contact the most appropriate service for your client and redirect the referral**

☐ **Check here to indicate that information can be shared with GP**

CLIENT INFORMATION

Name:

Address:

City: Postal Code:

Preferred Contact #: Alternate Contact #:

Can message be left at this number? ☐ Yes ☐ No

Substitute Decision Maker: Contact #:

Date of Birth (yyyy/mm/dd): / /

Family Physician / Psychiatrist: (if different from referrer)

Telephone (direct):

Address:

☐ ***Psychiatric Consultation** (*Physician referral & OHIP Req'd)*
PHYSICIAN SIGNATURE:
(Required for psychiatry) _____

***Health Card #:** ***V-code:** ***Exp. Date:**

COMMUNITY SERVICES – Service Requested
☐ Community Addictions or Mental Health Support Services
☐ Housing
☐ Assertive Community Treatment Team (ACTT)
☐ Other (please specify):

PROVIDENCE CARE (Tertiary Services) – Service Requested
☐ Personality Disorder Service (Fax: 613-542-1400)
☐ Mood Disorder Specialty Outpatient (Fax: 613-540-6114)
☐ ACTT & Case Management (Fax: 613-540-6114)
☐ Community Treatment Order Program (Fax: 613-540-6139)
☐ Dual Diagnosis Consultation Outreach Team (Fax: 613-530-2212)

Comments *(please attach any relevant information regarding psychiatric diagnosis, medical conditions, medications, etc.)*:

RISK FACTORS	Yes	No	Comments	CURRENT SITUATION / HISTORY / DIAGNOSIS	Yes	No	Comments
Harm To Self				Psychiatric Diagnosis			
Harm To Others				Medications: (attach list)			
Inability To Care For Self							
Financially Incapable				Medical Conditions:			
Other Risk Factors *i.e. Pregnancy, Gambling, Concurrent disorders*				Past / present involvement with MHA or other agencies			
Current Legal Issues							

CONSENT

Consent for Service Verbal ☐ Signed ☐ *Note: Please append signed consent forms*
Consent for Disclosure Verbal ☐ Signed ☐

Referral Taken By: (print name) _____

Referral Taken By: (signature) _____ **Date** (yyyy/mm/dd): _____

Appendix 2

2i) Leeds and Grenville – Mental Health Referral Form and Information

More information online at https://www.cmhlg.ca/index.php/what-we-do

Children's Mental Health of Leeds & Grenville Referral Form

Signed Consent to Share information must accompany this referral, please fax to 613 498 2402

Please specify worker and school

Bev Thibodeau ☐
Cheryl Gaumont ☐

BCI ☐ TISS ☐ RDHS ☐ SG ☐ NG ☐ GSS ☐ ADHS ☐
St Michael ☐ St. Mary ☐

Section 1: Youth Information

Youth's Name: Gender:
Preferred Name: Gender Identity:
Date of Birth **(m/d/y)**
Mailing Address
Ok to call home/send mail **(y/n)**
Phone Number: Home
Youth Cell Number
Youth Status (if applicable): Temporary Care Agreement ☐ Society Ward ☐ Crown Ward ☐

Section 2: Family Information

Is parent(s) aware of referral- y/n

Parent Name: Relationship to Client:
Address & Telephone (if different from client):

Parent Name: Relationship to Client:
Address & Telephone (if different from client):

Youth lives With: Both Parents ☐ One Parent ☐ Other (specify)

What concerns does the youth/staff have that lead to this referral:

Other relevant information, i.e. assessments completed strengths of youth etc.

Section 3: Referral Source Information

School Staff Name:
Telephone and Extension:
Signature of Referral source Date:

2j) Leeds and Grenville – Substance Use Referral Form and Information

Forms can be accessed online at https://llgamh.ca/central-intake.php

South Eastern Ontario Addictions & Mental Health Service Access Form

Please check one of the following:

AMHS-HPE + QHC Outpatient Counselling	Kingston Outpatient MH Services	AMHS-KFLA	LANARK COUNTY	LLGAMH	REGIONAL TERTIARY SERVICES
☐ Open Line Open Mind Tel: 310-OPEN Fax: 613-961-2528	☐ KGH ITTP Day Hospital Tel: 613-549-6666 ext 7622 Fax: 613-548-6032 ☐ Hotel Dieu Hospital, MH Services Tel:613-544-3400 x2551 Fax: 613-548-6095	☐ Kingston & Frontenac Tel: 613-544-1356 Fax 613-544-2346 ☐ Lennox & Addington Tel: 613-354-7521 Fax: 613-354-7524	☐ Lanark County Mental Health Tel: 613-283-2170 Fax 613-283-9018	☐ Central Intake Tel: 613-342-2262 1- 866-499-8445 Fax: 613 342 4969	☐ Providence Care, Mental Health Services Tel: 613-546-1101 Fax: Please see below

REFERRAL SOURCE

Agency / Source: Telephone:

Fax:

Date of Referral (yyyy/mm/dd): / / Physician Billing #:

Identification of first language:
☐English ☐ French ☐ Other: _____

☐ **Check here to indicate that we can contact the most appropriate service for your client and redirect the referral**

☐ **Check here to indicate that information can be shared with GP**

CLIENT INFORMATION

Name:

Address:

City: Postal Code:

Preferred Contact #: Alternate Contact #:

Can message be left at this number? ☐ Yes ☐ No

Substitute Decision Maker: Contact #:

Date of Birth (yyyy/mm/dd): / /

Family Physician / Psychiatrist: (if different from referrer)

Telephone (direct):

Address:

☐ ***Psychiatric Consultation** (*Physician referral & OHIP Req'd)*
PHYSICIAN SIGNATURE:
(Required for psychiatry) _____

***Health Card #:** ***V-code:** ***Exp. Date:**

COMMUNITY SERVICES – Service Requested
☐ Community Addictions or Mental Health Support Services
☐ Housing
☐ Assertive Community Treatment Team (ACTT)
☐ Other (please specify):

PROVIDENCE CARE (Tertiary Services) – Service Requested
☐ Personality Disorder Service (Fax: 613-542-1400)
☐ Mood Disorder Specialty Outpatient (Fax: 613-540-6114)
☐ ACTT & Case Management (Fax: 613-540-6114)
☐ Community Treatment Order Program (Fax: 613-540-6139)
☐ Dual Diagnosis Consultation Outreach Team (Fax: 613-530-2212)

Comments *(please attach any relevant information regarding psychiatric diagnosis, medical conditions, medications, etc.)*:

RISK FACTORS	Yes	No	Comments	CURRENT SITUATION / HISTORY / DIAGNOSIS	Yes	No	Comments
Harm To Self				Psychiatric Diagnosis			
Harm To Others				Medications: (attach list)			
Inability To Care For Self							
Financially Incapable				Medical Conditions:			
Other Risk Factors *i.e. Pregnancy, Gambling, Concurrent disorders*				Past / present involvement with MHA or other agencies			
Current Legal Issues							

CONSENT

Consent for Service Verbal ☐ Signed ☐ *Note: Please append signed consent forms*
Consent for Disclosure Verbal ☐ Signed ☐

Referral Taken By: (print name) _____

Referral Taken By: (signature) _____ **Date** (yyyy/mm/dd): _____

2k) Sample Consent to Share Personal Information:

Sharing of Information – Consent Form

Multi-Agency Consent Form for the Collection, Use, and Disclosure of Personal Information

I, (print full name of client or parent/guardian) _____ hereby authorize the agencies listed below to collect, use and disclose the personal information of (client name) _____ , (date of birth) _____, with one another for the purpose of completing a Single Plan of Care.

Box on left is to collect (gather) information – box on right is to give (disclose) information

Gather ☑	Organization/Agency/Service provider	Disclose ☑	Consent Given (initial beside each agency for which consent is given)

I have been advised and I understand that I can withdraw my consent to the collection, use and/or disclosure of my (or my child's) personal information at any time to some or all of the organization/agencies/service providers listed above.

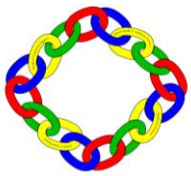
I understand the purpose for the information sharing. I have had all my questions answered to my satisfaction and fully understand that specific providers will either collect, use and/or disclose my personal information for the purpose of providing me (or my child) with a collaborative Care Plan. I have initialed the appropriate boxes to indicate my consent with respect to the collection, use and/or disclosure of my personal information to/from these providers.

_____ _____

Signature of Client or Parent/Guardian Date

_____ _____

Signature of Witness Date



2l) Sample Plan of Care

Please consult with your School Board Mental Health Leader, or the Mental Health Lead Agency in your area, for your region-specific Plan of Care

_____ Plan of Care

Goal 1	Resources(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

Goal 2	Resource(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

Goal 3	Resource(s) / Action Steps	Team Member(s)	Start Date	Follow-up
WRITE GOAL HERE				
DESIRED OUTCOME HERE				

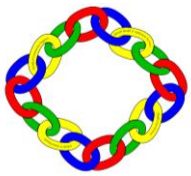
2m) Dave Smith Youth Treatment Centre Document Checklist

Dave Smith Youth Treatment Centre

DSYTC Application: Document Checklist

The DSYTC Intake Coordinator requires the following forms and documents to be submitted **in advance** of residential applicant processing. All documents are available for download on the DSYTC website or hard copies can be requested by calling 613-594-8333.

- Youth to complete and submit **online Youth Residential Treatment Application**
- Youth's caregiver(s) to complete and submit **Caregiver Assessment**
- **Consent to Treatment form:** Completed by youth 16 and over OR by both caregiver and youth for those under 16 years of age
- **Consent to Request and Release information:** These forms allow our Intake Coordinator to request and share information with the named parties (One form for EACH caregiver and any other agency from whom documents are being requested.)
- **Consent Release & Request McHugh** This form is for our academic program.
- Academic transcript, Credit Summary and IEP (if applicable) from last school.
- Discharge summary from all previously attended programs (mental health or addiction)
- Pre-sentence report (PSR) and/or Probation Order (***if on probation, bail or recognizance***). A summary of current charges would also be beneficial. These documents can be obtained from probation/parole officer, lawyer, and the court.



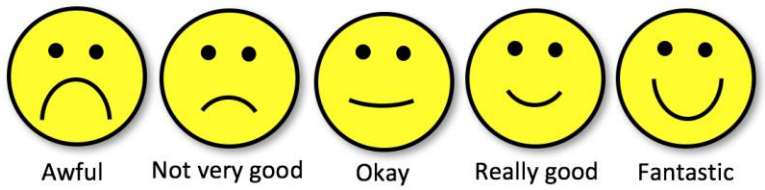
2n) Sample Discharge Summary:

Discharge Summary	
Name of Child/Youth:	
Child/Youth's School:	
Name of Agency:	
Opening Date:	Closing Date:
Course of Treatment	
Referral source:	
Initial reason for referral:	
Number of sessions:	
Modalities of treatment/intervention:	
Outcome:	
Were child/youth's goals for treatment obtained?	
Were the child/youth's family's goals for treatment obtained?	
Discharge Plan, Recommendations and Next Steps	
At Home:	At School:

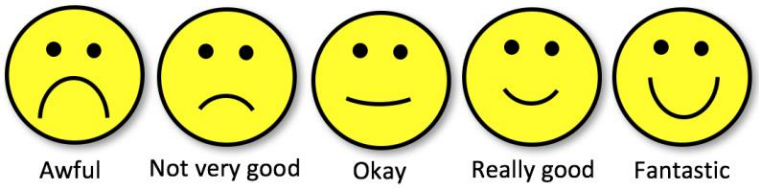
2o) Child/Youth Feedback Form:

Child/Youth Feedback Form

1) Before we worked together with your Single Plan of Care and your Coping Strategies Plan, how were you feeling (please circle one)?



2) Now that we've created and worked with your Single Plan of Care and your Coping Strategies Plan, how are you feeling (please circle one)?

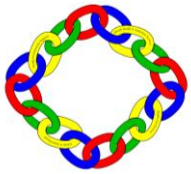


3) Did you feel like you had the right support in place to help make things better (please circle one)?

Yes No

4) If you said "No" to Question #3, what could we have done better to make sure you felt supported?

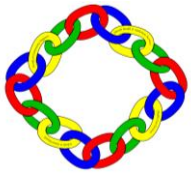
5) Is there anything else you would like to tell us?



APPENDIX 3 - Regional Community Resources:

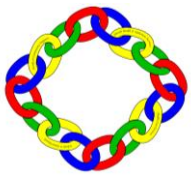
3a) Stormont, Dundas & Glengarry

Service Category	Name of Agency	Telephone Number
Community Mental Health Agencies	Cornwall Community Hospital (Lead Agency)	613-361-6363
	CMHA - Champlain East	1-800-493-8271
	Counseling and Support Services of SD&G	613-932-4610
	Children's Treatment Centre	613-933-4400
Addiction Treatment Services	Cornwall Community Hospital (Lead Agency)	613-361-6363
	Dave Smith Residential Treatment Centre	613-594-8333 ext. 2206
Family Health Teams and Health Centers	Estrie Community Health Centre	613-937-2683
	Seaway Valley Community Health Centre	613-936-0306
Hospitals	Children's Hospital of Eastern Ontario	613-737-7600
	Cornwall Community Hospital (Lead Agency)	613-938-4240
	Glengarry Memorial Hospital	613-525-2222
	Royal Ottawa Mental Health Centre	1-800-987-6424
	Winchester District Memorial Hospital	613-774-2420
Police	Cornwall City Police	613-933-5000
Youth Engagement Services	Big Brothers Big Sisters	613-933-8035
	Boys and Girls Club	613-935-9015
	PFLAG	613-524-4085
	YouthNet	613-738-3915
Other	Baldwin House	613-938-2958
	Breaved Families of ON - Cornwall	613-936-1455
	CAS of SD&G	613-933-2292
	LHIN - MHAN program	1-800-538-0520
	Eastern Ontario Health Unit	613-933-1375
	Hopewell	613-241-3428
	Metis Nation of Ontario	1-800-263-4889
	Mohawk Council of Akwesasne	613-575-2250
	Naomi's Family Resource Centre	613-774-2838
	Ontario Centre for Excellence for Child/Youth MH	613-737-2297
	Parents' Lifeline of Eastern Ontario	1-855-775-7005
	Robert Smart Centre	613-728-1946
	Salvation Army - Cornwall	613-932-7515
	Separation and Divorce Resource Centre	613-837-9025
	Single Point Access	613-361-6363
	Victim/Witness Assistance Program	1-888-216-2192
	Vicim Services of SD&G	613-938-8900
	Wholistic Health and Wellness	613-575-2341 Ext. 3100
	Youth Transition Improvement Program (YTIP)	613-361-6363
	Laurencrest	613-933-6362
	YouTurn	1-877-469-6650



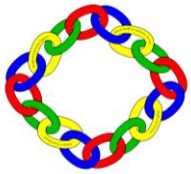
3b) Prescott – Russell

Service Category	Name of Agency	Telephone Number
Community Mental Health Agencies	Valoris (Lead Agency)	1-800-675-6168
	CMHA - Champlain East	1-800-493-8271
	Prescott-Russell Community Mental Health Centre	1-800-267-1453
Addiction Treatment Services	Prescott-Russell Addiction Service	1-844-304-1414
	Dave Smith Residential Treatment Centre	613-594-8333 ext. 2206
Family Health Care Teams and Health Centers	Clarence-Rockland Family Health Team	613-446-7677
	Estrie Community Health Centre	613-937-2683
	Lower Outaouais Family Health Team	613-636-0971
	Plantagenet Family Health Team	613-673-4318
Hospitals	Children's Hospital of Eastern Ontario	613-737-7600
	Hawkesbury and District Memorial Hospital	1-800-790-8870
	Royal Ottawa Mental Health Centre	1-800-987-6424
Police	Ontario Provincial Police	1-888-310-1122
Youth Engagement Services	PFLAG	613-524-4085
	YouthNet	613-738-3915
Other	LHIN - MHAN program	1-800-538-0520
	Eastern Ontario Health Unit	613-933-1375
	Hopewell	613-241-3428
	Interlude House	613-632-1131
	Metis Nation of Ontario	1-800-263-4889
	Ontario Centre for Excellence for Child/Youth MH	613-737-2297
	Parents' Lifeline of Eastern Ontario	1-855-775-7005
	Tungasuvvingat Inuit	613-565-5885
	Prescott-Russell Victim Services	1-877-632-7530
	Robert Smart Centre	613-728-1946
	Separation and Divorce Resource Centre	613-837-9025
	You Turn	1-877-469-6650



3c) Lanark

Service Category	Name of Agency	Telephone Number
Community Mental Health Agencies	CMHA - Ottawa	613-737-7791
	LLG Addictions and Mental Health	613-342-2262
	Open Doors for Lanark Children and Youth	1-877-232-8260
Addiction Treatment Services	Dave Smith Residential Treatment Centre	613-594-8333 ext. 2206
	LLG Addictions and Mental Health	613-342-2262
Family Health Teams and Health Centers	North Lanark Community Health Centre	613-259-2182
	Ottawa Valley Family Health Team	613-256-9370
	Rideau District Community Health Centre	613-269-3400
Hospitals	Almonte General Hospital	613-256-2500
	Carleton Place District Memorial Hospital	613-257-2200
	Children's Hospital of Eastern Ontario	613-737-7600
	Hotel Dieu Hospital	613-544-3310
	Perth and Smiths Falls District Hospital	613-267-1500
	Royal Ottawa Mental Health Centre	1-800-987-6424
Police	Ontario Provincial Police	1-888-310-1122
	Smiths Falls Police Service	613-283-0357
	Lanark County Community Restorative Justice	613-264-1558
Youth Engagement Services	Core Youth Services	613-257-8901
	Lanark Community Programs	613-257-7619
	North Highlands Youth Centre	613-259-2012
	Yak Youth Centre	613-264-8381
	YouthNet	613-738-3915
Other	Breaved Families of ON - Ottawa	613-567-4278
	LHIN - MHAN program	1-800-538-0520
	Family and Children's Services of LLG	613-498-2100
	Hopewell	613-241-3428
	Lanark Interval House	1-800-267-7946
	LLG District Health Unit	613-345-5685
	Metis Nation of Ontario	1-800-263-4889
	Ontario Centre for Excellence for Child/Youth MH	613-737-2297
	Parents' Lifeline of Eastern Ontario	1-855-775-7005
	RNJ Youth Services	1-866-349-0538
	Big Brothers Big Sisters	613-283-0570



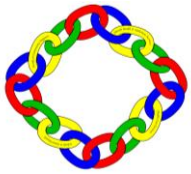
3d) Leeds and Grenville

Service Category	Name of Agency	Telephone Number
Community Mental Health Agencies	Children's Mental Health of LG (Lead Agency)	1-800-809-2494
	CMHA - Ottawa	613-737-7791
Addiction Treatment Services	Dave Smith Residential Treatment Centre	613-594-8333
	LLG Addictions and Mental Health	613-342-2262
Family Health Teams and Health Centers	Athens District Family Health Team	613-924-2623
	Country Roads Community Health Centre	613-272-3302
	Rideau District Community Health Centre	613-269-3400
	Upper Canada Family Health Team	613-423-3333
Hospitals	Brockville General Hospital	613-345-5645
	Children's Hospital of Eastern Ontario	613-737-7600
	Hotel Dieu Hospital	613-544-3310
	Kemptville District Hospital	613-258-3435
	Royal Ottawa Mental Health Centre	1-800-987-6424
Police	Brockville Police Service	613-342-0127
	Gananoque Police Service	613-382-4422
	Ontario Provincial Police	1-888-310-1122
Youth Engagement Services	Big Brothers Big Sisters	613-345-0281
	Connect Youth	613-918-0173
	Kemptville Youth Centre	613-258-5212
	Girls Inc	613-345-3295
	YouthNet	613-738-3915
Other	Anne Walsh - Art Therapist	613-863-7685
	Assault Response and Care Centre of LG	613-345-3881
	Breaved Families of ON - Ottawa	613-567-4278
	LHIN - MHAN program	1-800-538-0520
	Family and Children's Services of LLG	613-498-2100
	Hopewell	613-241-3428
	Leeds and Grenville Interval House	613-342-4724
	LLG District Health Unit	613-345-5685
	Metis Nation of Ontario	1-800-263-4889
	Ontario Centre for Excellence for Child/Youth MH	613-737-2297
	Parents' Lifeline of Eastern Ontario	1-855-775-7005
	RNJ Youth Services	1-866-349-0538
	You Turn	1-877-469-6650

3e) Links, Resources and Crisis Lines:

- **Ementalhealth.ca** – developed and maintained by psychiatrists at CHEO
- **Kids Help Phone** offers telephone and online information and counselling for children and youth 1-800-668-6868 **www.kidshelpphone.ca.** Online counselling available by texting **CONNECT** to **686868**
- **Mind your Mind** is a website for youth created by youth offering information, resources and the tools to help manage stress, crisis and mental health problems **www.mindyourmind.ca**
- **My Health Magazine** from IWK Health Centre is an interactive health magazine for schools, youth and parents **www.yoomagazine.net**
- Canadian Mental Health Association (CMHA) **www.cmha.ca**
- Canadian Centre for Substance Abuse (CCSA) **www.ccsa.ca**
- Centre for Addiction and Mental Health (CAMH) **http://www.camh.ca/**
- School Mental Health Ontario **https://smh-assist.ca/**
- Togetherall - online mental health community (16+). Accessible any time, anywhere **www.togetherall.com**
- A resource designed for youth to help with coping with anxiety **www.youth.anxietycanada.com**
- **https://bouncebackontario.ca/** is a free skill-building program designed to help adults and youth 15+ manage symptoms of depression and anxiety

Community	Crisis Lines
Stormont, Dundas and Glengarry	• **Mental Health Crisis Line** (16+): 1-866-996-0991 • **Child, Youth and Family Crisis Line:** 1-877-377-7775 • **Mental Health Helpline:** 1-866-531-2600 • **Kids Help Phone:** 1-800-668-6868 or https://kidshelpphone.ca/text/
Prescott-Russell	• **Mental Health Crisis Line** (16+): 1-866-996-0991 • **Child, Youth and Family Crisis Line:** 1-877-377-7775 • **Mental Health Helpline:** 1-866-531-2600 • **Kids Help Phone:** 1-800-668-6868 or https://kidshelpphone.ca/text/
Lanark	• **Distress Centre** (16+ - services available 5pm – 12am): 1-800-465-4442 • **Child, Youth and Family Crisis Line:** 1-877-377-7775 • **Mental Health Helpline:** 1-866-531-2600 • **Kids Help Phone:** 1-800-668-6868 or https://kidshelpphone.ca/text/
Leeds and Grenville	• **Distress Centre** (16+ - services available 5pm – 12am): 1-800-465-4442 • **Mental Health Crisis Line** (16+): 1-866-281-2911 • **Mental Health Helpline:** 1-866-531-2600 • **Kids Help Phone:** 1-800-668-6868 or https://kidshelpphone.ca/text/



APPENDIX 4

Glossary:

Addiction: An addiction forms when an individual becomes psychologically or physically dependent upon a substance or activity (such as gambling). When this substance or activity is stopped, the individual experiences withdrawal symptoms.

Community Referral: To obtain additional services provided by hospitals, mental health agencies, organizations, consultants, and/or mental health professionals in the local area.

Coping Strategies Plan: A plan developed by the child/youth, with the support of the MHA Support Team, outlining strategies and resources that the young person can utilize when struggling.

Evidence Based/Informed: An intervention that has been based on scientific literature and/or studies.

Harm Reduction: Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood-altering substances to individual drug users, their families and communities, without requiring decrease in drug use. (The International Harm Reduction Association, 2010)

Individualized Education Plan (IEP): Individual education planning is the process whereby teachers, support personnel, and parents work together as a team to meet the needs of individual students who require a range of supports. The team develops outcomes or goals based on a student's current needs and skills and writes the plan for the school year in the student's Individualized Education Plan (IEP). This written plan is called an IEP.

Mandatory Reporting/Duty to Report: People who work with children and families are required by law to make reports of suspected child abuse and neglect to the Children Aid Society of that jurisdiction

Mental Health and Addiction (MHA) Support Team: The team that supports the child/youth throughout the activation and implementation of the MHA resource. This team is comprised of: the young person, his/her family, a "Trusted Adult", school-based mental health supports, the Mental Health and Addiction Nurse, Community Partners and staff from the hospital/residential facility as required.

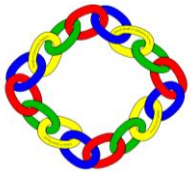
Motivational Interviewing: Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion (Miller and Rollnick, 2012)

Naloxone: A medication given to reverse the effects of an opioid overdose.

Overdose: an excessive and dangerous dose of a drug.

Protective Factors: Personal or environmental characteristics that reduce the probability of harm. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

Re-entry: The process of returning to the school environment following an extended period of absence.



Risk Factors: Personal or environmental characteristics that are associated with increased chance of harm.

Single Plan of Care: A plan developed by the MHA Support Team, with clear roles and timelines, to support the young person who is struggling. All roles, from the various members involved, are defined within a Single Plan of Care.

Stigma: Stigma is commonly defined as the use of stereotypes and labels when defining someone. Stigmatization of people with mental disorders is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads the public to avoid people with mental disorders. It reduces access to resources and leads to low self-esteem, isolation, and hopelessness.

Trauma-Informed Schools: In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress. Those adults include administrators, teachers, staff, parents/guardians, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. (Treatment and Services Adaptation Center, 2019)

Trusted Adult: This adult could be anyone that the young person identifies as being a support. It could be a parent, teacher, coach, grandparent, etc.

Withdrawal symptoms: the unpleasant physical reactions that occur when an individual cease to consume a substance or ceases to engage in an activity that they have become addicted to (i.e.; gambling).

APPENDIX 5

The following agencies participated in the creation of this resource:

Catholic District School Board of Eastern Ontario

Kemptville District Hospital

Ontario Local Health Integration Network

Open Doors For Lanark Children and Youth

CHEO

Cornwall Community Hospital
Hôpital communautaire de Cornwall

Lanark, Leeds and Grenville Addictions and Mental Health
The Right Care • The Right Time • The Right Place

Children's Mental Health of Leeds & Grenville

Valoris pour enfants et adultes de Prescott-Russell
For children and adults of Prescott-Russell

Leeds, Grenville & Lanark District Health Unit

Kids Help Phone

EOHU Eastern Ontario Health Unit

BSEO Bureau de santé de l'est de l'Ontario

The Agony of Addiction
Painting by Julie Turner