

What Happens When Families Wait for Residential Youth Treatment: An Overview

It's no secret that access and wait times for health care in Canada is a problem. When it comes to addiction and mental health treatment for youth, the Canadian system falls short of serving those who need care, and those who do receive services often wait longer than established wait time standards. Some outcomes of waiting are already known, including worsening health and/or disengagement with treatment. This paper expands this information by shedding light on the *experience* of waiting for families seeking youth treatment. This is a brief overview of a study whose full manuscript has been submitted for publication to an academic journal.

Background

Youth substance use is a serious problem that has profound effects on individuals, families, and society. Adolescent substance abuse can predict long-term problems, such as poor school success, adult addiction, mental health issues, and poor employment outcomes. Early and effective intervention can minimize these impacts on young people and their families but effective treatment may not be a reality for many youths, in part due to access and wait time issues.

An estimated \$50 billion per year is spent in Canada on mental health care and social services¹. Our need, however, exceeds our supply. Although one in four youths experience mental health issues¹ and more than one in twenty have substance use problems², less than half of the youths who experience problems seek help, and less than one quarter who need help receive specialized services.

Waiting for treatment has been noted as one of the reasons for lack of access to service, and the longer the wait, the less likely treatment will be engaged. Unfortunately, wait times for young people in Canada is the likely scenario, particularly if their need is not considered imminent. Indeed, only 10% of agencies meet the Canadian Psychiatric Association's one month wait time benchmark for scheduled care, 29% meet the two-week benchmark for urgent care, and 46% meet the 24-hour wait time recommended for imminent need³.

Our Inquiry

We sought to learn about the experience of families waiting for youth treatment. Pine River Institute (PRI) is a long-term co-educational residential youth treatment center located in Ontario that serves approximately 35 teenagers annually who struggle with addiction, as well as mental, behavioural, and relationship problems. Before coming to PRI, youths were typically poly-substance involved and used substances daily, had at least one mental health diagnosis, had unsuccessful or abandoned academic careers, experienced previous treatment, had hospital visits and stays, criminality, running away, chaotic family

¹ Waddell, C., McEwan, K., Shepherd, C. A., Offord, D. R., & Hua, J. M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50, 226-233.

² Mental Health Commission of Canada (2013, January 15). *Making the Case for Investing in Mental Health in Canada*. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf.

³ Kowalewski, K., McLennan, J. D., & McGrath, P. J. (2011). A preliminary investigation of wait times for child and adolescent mental health services in Canada. *Journal of Canadian Child & Adolescent Psychiatry*, 20, 112-119.

relationships, and deviant peers. With such a complex and broad array of problems before waiting for treatment, we felt compelled to explore whether youths improved, stayed the same, or somehow got worse when treatment was not readily available.

Results

As a part of the admission process, parents of 118 treatment-eligible youths contributed information about youth health and behavior and what happens while waiting. Parents reported that while their children were waiting for treatment, they continued to struggle with substance use and mental health issues, including running away and trouble with police. Each of these challenges had a significant impact on their family. This quote illustrates the family experience:

X's behaviours (& health) has continued to deteriorate over the past 9 months while on the PRI wait list. We have struggled to maintain the sanctity of our home life - as X has become more dependent on substances (cigarettes, marijuana and alcohol); we have lost thousands of dollars to theft by X (jewelry, possessions, replaceable items) stolen & sold to support his habits; the physical destruction of our home (broken doors, broken cabinets & closets, cut wires). Finally our very marriage is in jeopardy as we continue to struggle to advocate for X in our efforts to get him help.

The problems across family relationships, contact with the law, running away, and mental health shed light on the complexity involved with substance abusing youth. Parent responses indicated problems in all health domains that were ongoing or had worsened while waiting and may be particularly problematic when youth are not occupied in daily schedules such as school.

The general sense was that parents were surviving in a state of tumultuous chaos, expending all resources just to survive as a family until admission to PRI. The scope of the impact on families was systemic, involving parents, siblings, and extended family members. Parent observations of youth reveal that their mental health and capacity for resilience to everyday stressors was highly compromised and a continued struggle through the waiting process.

Summary

When asked the question, '*What Happens When Families Wait for Treatment*', the answer we found was that the deleterious effects of waiting left families and already highly vulnerable youths susceptible to significant further harms, with ripple effects on communities in terms of public expenditures on justice and health care systems. These preliminary findings highlight the need for youth to have timely access to effective treatment. In particular, youth and their families who seek intensive treatment are often the most vulnerable - mired in an array of interwoven and complex problems that worsen when waiting periods defer necessary treatment. Waiting for effective treatment runs a high risk of making a bad situation even worse.

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