

·FOUNDRY·

Access, Screening and Assessment

October 2023



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Introduction

In Canada, an estimated 70% of mental health problems begin during childhood or adolescence.¹ And while one in five young people aged 15–24 report experiencing mental illness or substance use problems,² fewer than 25% actually receive appropriate services.³ Encouragingly, more young people are seeking help as mental health literacy increases and experiences of stigma decrease. But there remains an absence of accessible, low-barrier services. Young people who do not know where to go often resort to walk-in clinics, their local emergency departments or worse – go nowhere and suffer in silence. Foundry seeks to support young people to have access to youth-friendly, welcoming and appropriate services – by going to their local Foundry centre, by accessing virtual services or by exploring the tools and resources at foundrybc.ca.

Foundry centres are designed to serve young people who are in the age range when mental health and substance use concerns often first emerge.

Access Points

In 2021–2022, 13,473 unique young people accessed services at Foundry, including walk-in and scheduled visits as well as virtual visits. The majority (77%) of young people surveyed discovered Foundry through word of mouth or a trusted source such as a friend or family member. Others heard about Foundry through a health care provider, or they found information online. There are two ways to access services at Foundry: (1) same-day access to services and (2) virtual access to services.

Same-Day Access to Services

Low-barrier and easily accessible services at Foundry centres — without the need for referrals — include single-session walk-in counselling, physical and sexual health services, and peer support. Improving access to services by providing same-day support, without the need to schedule an appointment or be placed on a waitlist, is a responsive approach that supports early intervention — especially for mental health and substance use concerns.

Walk-in services are offered simultaneously for a number of reasons. For example, a youth who requests a family physician may actually need counselling offered by the walk-in counsellor on shift. At times, there is a wait for walk-in counselling, and therapeutic waiting room activities run by a Peer Support Worker can support and engage the young person while they're waiting. Some youth may not yet know what service they need so talking to the Youth Peer Support Worker may help them in making that decision.

Foundry's work includes ensuring we create culturally safe and respectful environments for equity-denied groups including IBPOC (Indigenous, Black and People of Colour) communities.

We recognize our role and responsibility as a white settler organization in calling out and dismantling colonialism and racism in the work we do.

Our journey includes committing to the implementation of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation (TRC) Calls to Action, the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) and the recommendations of the report "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care."

Virtual Access to Services

With the declaration of a global COVID-19 pandemic in March 2020, Foundry centres across BC, alongside FCO, had to work quickly to complete the implementation of innovative virtual solutions. In early April 2020, Foundry launched the first phase of its provincial virtual services, providing young people and their families/caregivers from across BC with drop-in counselling services via chat, voice or video calls. By mid-May, Youth Peer Support Workers began providing services online, and by June, the first online workshops and groups for youth and families/caregivers were launched. Family peer support and physical and sexual health care were added next, for a full complement of virtual services.

The Foundry BC app launched in May 2021, offering scheduled and drop-in appointments, group sessions and access to Foundry's online tools and resources. The app's most powerful feature — My Story — gives youth and families/caregivers the opportunity to share their story once, in their own words. In 2022, the Foundry Work and Education Program was added. The Foundry BC app was co-created with a diverse group of young people and families/caregivers from across BC.

Young people and their families/caregivers can learn more about each type of virtual service at foundrybc.ca/virtual, where they can download the Foundry BC app through the App Store or Google Play or connect with all the same services through a web portal if they prefer. For more information, they can also call 1-833-308-6379 or email online@foundrybc.ca.

As centres returned to in-person services, and with young people and families/caregivers growing accustomed to accessing support online following months of physical distancing, Foundry centres across BC have been exploring ways to continue offering virtual services alongside in-person services, as an alternative access point with unique benefits. For more details, please see the “Virtual Services” section of the [Service Model Guide](#).

Foundry's Walk-in Counselling

Walk-in counselling is a core element of Foundry's service model. As the entry point to Foundry for many young people, it improves access to services by providing same-day support and addressing a wide variety of needs and presenting concerns.

Single-session walk-in counselling is a goal-focused and complete course of therapy, typically lasting 45 to 50 minutes, with no specific requirement for follow-up visits. However, subsequent walk-in sessions may build on previous sessions, with a focus on moving from goal formation to co-creating a therapeutic plan as an ongoing process. Walk-in counselling does not require a prior assessment of the young person, but they may be offered additional services if their presenting concerns suggest that a more intensive intervention is needed. In such a case, a counsellor will recommend an in-depth assessment as the next course of action.

Compared to being waitlisted or given an appointment in the future, walk-in clients tend to be highly motivated to receive help and make changes, especially since all sessions are youth driven, with the young person determining the focus for each visit.⁴ Families/caregivers may also access walk-in counselling and, if appropriate, may participate in their youth's walk-in session or be referred to a Family Peer Supporter.

Please see “Tools and Resources” on [page 8](#) for more information about Foundry's walk-in counselling services.

Screening and Assessment

Foundry centres are designed to serve young people who are in the age range when mental health and substance use concerns often first emerge. Screening for various health conditions across the population is a foundational public health measure, and it is the first step in identifying a need to further assess. In the youth population, standardized and routine screening for mental health and substance use related harms are especially important, as is an associated ease of timely access to comprehensive assessment and reassessment.

Initial Screening

Screening is generally done either in a standardized format such as a questionnaire or through simple interview questions (e.g., “Have you used nicotine in the past 6 months?”). Throughout the Foundry network, initial screenings are completed using screening tools available as self-report through a tablet-based system called Toolbox.

This electronic data collection system allows service providers to use evidence-informed screening and assessment tools embedded in Toolbox that help guide care, while giving young people an opportunity to answer questions and provide feedback using youth-friendly technology — a tablet in a centre or their phone if connecting through the Foundry BC app). While Toolbox is not intended to replace existing medical or health records systems, the information on Toolbox is available to all service providers involved with the youth, supporting integrated care and reducing the need for young people to retell their stories.

On their first visit, all youth are screened for general levels of emotional distress using a questionnaire called the Kessler-10 (K-10). For youth requesting services for their mental health, physical health or substance use, we use the Health Survey, which contains the HEADSS (Home, Education and Employment, Activities and Peers, Drugs, Sexuality, Suicide and Depression, Safety) and the GAIN-SS (Global Appraisal of Individual Needs – Short Screener). Best practices for screening for substance use-related harms indicate annual screening at minimum and more frequently if indicated, either by standardized screeners like GAIN-SS or as part of a conversation (e.g., “How many drinks do you have a week?”).

General Screening

Screening is a crucial part of a public health strategy, and so barriers to universal screening must be reduced. General screening may be done by any member of the care team who is providing services to a young person (e.g., an employment counsellor asking youth in their program if they use nicotine and if they want help quitting or reducing), and processes must be put in place so that any service provider can refer for appropriate follow-up if required.

Certain screening tools and processes can only be administered or interpreted by service providers who have received specific training. For instance, GAIN-SS must be interpreted by someone who has been trained in the use of this tool.

We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.**
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.**
- iii. Provide cultural competency training for all health-care professionals.**



Call to Action 20, Truth and Reconciliation Commission of Canada

Assessment

Assessments are integral to the co-creation of treatment plans and goal development. At Foundry, primary care assessments are done at each visit for the purpose of diagnosis and treatment planning, as well as by trained MHSU clinical staff when a youth's presentation suggests a need for moderate to high intensity services offered within the Integrated Stepped Care Model (ISCM). The comprehensive assessment is often performed using a standardized template. Clients pursuing walk-in counselling are not required to undergo comprehensive assessment, only an initial screening. Foundry's standardized assessment template enables service providers to create a clinical summary of a client's current functioning, including relevant individual and family histories.

Foundry's standards for comprehensive assessment include the young person's voice in the presenting concern and their goals for their interaction with Foundry. Our approach is strengths-based and holistic, covering bio-psycho-social-spiritual areas of the youth's well-being and any relevant risks, present or past.

As part of the comprehensive assessment, secondary-level screening tools may be indicated, such as when the GAIN-SS indicates that further assessment may be required. Additional screening questionnaires available in Toolbox are the Psychosis Screening Questionnaire (PSQ), PHQ-9 for depression, the GAD-7 for generalized anxiety and the SCOFF for eating disorders.

Re-assessment

As a part of ongoing care and evaluation of the effectiveness of the intervention being offered, Foundry requires the standardization of routine re-assessment as part of the ISCM. At minimum, clinicians will re-assess client goals and functioning every four weeks when providing clinical services within ISCM. However, re-assessment may be more frequent for young people with certain clinical presentations or as part of particular steps in the ISCM. Re-assessment includes the use of an objective clinical tool such as the K-10 (youth self-report) as well as clinician observation. For further information on the frequency of reassessment, please refer to the Integrated Stepped Care Model Overview in the Service Model Guide on [The Foundry Learning Centre](#).

Tools and Resources

Visit [The Foundry Learning Centre](#) to access these tools and resources.

- Walk-in Counselling Overview
- Walk-in Counselling Standards
- Walk-in Counselling Practice Profile
- Walk-in Counselling Opening Script
- Walk-in Counselling Session Break
- Walk-in Counselling Sample Questions for SFBT
- Walk-in Counselling Paraphrasing in SFBT
- Walk-in Counselling Structured Note Template
- Walk-in Counselling SFBT Session Reflective Tool

References

- 1 Public Health Agency of Canada. The Human Face of Mental Health and Mental Illness in Canada, 2006. Available at: publications.gc.ca/site/eng/9.688719/publication.html
- 2 Kirby M, Keon W. Report 1, Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada. Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology. 2004.
- 3 Canadian Institutes for Health Research Institute of Human Development, Child and Youth Health. Access and Wait Times in Child and Youth Mental Health: A Background Paper. 2010.
- 4 Slive A, Bobel M, editors. When one hour is all you have. Phoenix, AZ: Zeig, Tucker & Theisen; 2011.



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