APPENDIX B: Priority Population Framework and Guidance

This framework was developed based on the findings from the research and engagement conducted as part of the OITP Live-In Treatment clinical and operational standard development. It is a starting point and should be further developed with the communities identified. It establishes population-specific guidance for serving priority populations within the Ontario Intensive Treatment Program. It recognizes that youth experience multiple intersecting identities including race, ethnicity, sexual orientation, gender identity, faith, socioeconomic status, language, with compounded rather than additive vulnerabilities, requiring anti-oppressive, anti-racist, anti-colonial approaches addressing systemic patterns of oppression.

Guiding Principles

- **Culturally Safe and Anti-Racist Treatment:** Understanding a youth's cultural, spiritual, physical, emotional, and mental safety integrated with traditional healing methods alongside clinical interventions
- **Identity-Affirming Approaches:** Culturally specific, identity-affirming care through wraparound models, culturally diverse staffing, and comprehensive interpretation and translation services
- **Intersectional Approach:** Honoring the full complexity of each person's identity and the unique wisdom that emerges from navigating multiple worlds.
- **Self-Determination:** Supporting communities' inherent right to define and implement their own service approaches

Inclusive Service Design

Programs create comprehensive, culturally reflective approaches through:

- **Physical Spaces:** Culturally appropriate decorations, diverse reading materials and media in multiple languages, culturally specific grooming and hair products, religious and spiritual spaces, and visual representation of diverse identities
- **Dynamic Programming:** Culturally specific recreational activities, celebration of diverse cultural events and heritage months, traditional arts and crafts, culturally diverse music and entertainment
- **Inclusive Dietary Practices:** Culturally appropriate foods, accommodation of religious dietary requirements (halal, kosher, vegetarian), flexibility in meal timing, respect for fasting periods

Priority Populations Identified

Population	Key Considerations
Indigenous Youth (First Nations, Inuit, Métis)	Child and youth self-determination, holistic wellness, cultural healing, and treatment, Elder involvement, intergenerational trauma/legacy surrounding residential schools and anti-Indigenous racism
2SLGBTQIA+ Youth	Gender-affirming care, safety, intersectional support, family rejection
Black Youth	Anti-Black racism, cultural expressions of distress, Black mental health professionals
Francophone Youth	French language services, linguistic identity, minority language stress
Immigrant, Refugee, Ethnocultural and Racialized (IRER) Youth	Immigration-sensitive approaches, cultural brokers, language barriers
Rural and Remote Youth	Geographic isolation, virtual care, rural-centric approaches
Dual Diagnosis/Neurodevelopmental Youth	Integrated care, adapted interventions, diagnostic overshadowing
Transitional Age Youth (16-25)	Adult system transition, developmental vs. chronological age, housing

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Indigenous Youth (First Nations, Inuit, Métis)

Context and Guiding Principles

Service providers must recognize distinct First Nations, Inuit, and Métis cultures, avoiding pan-Indigenous approaches while understanding variations at regional and community levels. The very concept of 'residential' care may need revision given the historical context of residential schools. For Indigenous youth, emotional and behavioral disorders are recognized as having roots in historical, intergenerational, cultural, and societal trauma including residential schools.

- **Self-Determination:** Recognizing Indigenous peoples' inherent right to define and implement their own service systems
- **Distinction-Based Approaches:** Supporting First Nations, Inuit, and Métis-specific approaches rather than pan-Indigenous models
- **Truth and Reconciliation:** Implementing Truth and Reconciliation Commission calls to action
- **Two-Eyed Seeing**: Indigenous worldviews should lead care design, with Western modalities positioned as tools rather than dominant frameworks
- **Culture as Healing Intervention**: Indigenous healing practices as primary clinical interventions, not adjuncts
- **Devon's Principle**: Children and youth must maintain meaningful connections to family, community, culture, and land

Wholistic Wellness Model

Programs integrate Indigenous understandings of wellness balancing physical, emotional, mental, and spiritual dimensions, recognizing relationships with family, community, land, and ancestors as central. n the context of the teachings from their specific community and in consultation with knowledge keepers

- Cultural approaches incorporated into care alongside Western approaches
- Traditional healing practices integrated with Western evidence-based approaches
- Increases in youth's cultural connections related to reduced chronic mental illness

Culture as Healing Intervention

- **Land-Based Activities:** Fishing and trapping workshops, medicine walks, seasonal feasts, learning to hunt, fish, gather, and prepare wild game, snowshoeing, constructing traditional shelters, nature walks, land maintenance, identifying medicines
- **Ceremony and Spiritual Practices:** Smudging, sweat lodges, pipe ceremonies, seasonal celebrations
- **Elder and Knowledge Keeper Involvement:** Elders lead workshops providing traditional teachings, traditional healers guide youth in exploring ancestry and cultures, lead talking circles, teach about holistic healing
- **Cultural Engagement as Outcome:** Measuring cultural engagement as treatment outcome alongside clinical measures

Therapeutic Alliance Considerations

- Indigenous youth may come into treatment with different cultural frameworks about relationships and sensitivity to power differentials
- Allow extended time for relationship building recognizing different engagement patterns
- Incorporate cultural teachings with guidance home communities

Extended Family and Kinship Networks

- Programs must expand definition of family to include extended kinship networks
- Bands and First Nations, Inuit, or Métis communities considered part of extended family system
- Urban Indigenous communities recognized as family for youth without band connections
- Historical trauma from residential schools requires culturally safe approaches to rebuild trust

Staffing Requirements

- Partner with Indigenous communities and Indigenous Governed organizations to support wraparound services.
- Include Elders or spiritual guides as recognized qualifications
- All staff receive training on historical trauma, colonization impacts, and cultural humility
- Indigenous-specific action plans co-designed with Indigenous partners

2SLGBTQIA+ Youth

Context and Unique Considerations

Transgender and gender diverse youth maintain significantly greater psychiatric symptom severity relative to cisgender peers throughout treatment. 2SLGBTQIA+ youth experience higher rates of adverse mental health outcomes, emotional distress, substance abuse, and major physical illness. They have consistently higher odds of meeting criteria for clinically significant depression, with disparity persisting and increasing during care, and higher levels of suicidal ideation and suicide attempts.

- Discrimination and lack of clinician knowledge create major barriers
- 2SLGBTQIA+ youth more likely to experience homelessness upon transitioning out of care

Gender-Affirming Approaches

- Chosen name and pronoun use throughout all documentation and interactions
- Gender-neutral bathroom options
- Gender-neutral housing options addressing clinician knowledge gaps
- Protection from discrimination and conversion practices
- Diverse gender options in documentation: non-binary, gender fluid, transgender male/female, agender, or blank fill-in

Intersectional 2SLGBTQIA+ Support

- Recognize compounded challenges for 2SLGBTQIA+ racialized youth
- Address lack of family support and homelessness risks
- Connect with 2SLGBTQIA+ community organizations
- Ensure safety in all placement decisions

Clinical Approaches

- Advocate for young person and establish standards of respect
- Find young person's strengths, affirm and normalize their experience
- Remain open and non-judgmental, allowing young person to lead conversations
- Engage supportively with genuine care and explore responsively

Staff Training Requirements

Regular staff training covers transgender treatment needs, affirming care practices, proper use of identified gender and pronouns, bullying and assault policies, the intersection of trauma with transgender and gender-expansive life cycle, and microaggressions and transphobia.

Black Youth

Context and Barriers

Black youth are underrepresented in voluntary treatment services and overrepresented in correctional facilities and involuntary hospitalization. Mental illness in Black communities is often stigmatized and attributed to religious interference, leading to delayed help-seeking. Treatment programs often fail Black youth through Eurocentric approaches that reinforce stereotypes, marginalize clients, and fail to address their realities.

Key Considerations

- Understanding mental health stigma in Black communities
- Addressing anti-Black racism within services and broader systems
- Recognizing cultural expressions of distress to prevent misdiagnosis
- Avoiding over/under-medication through cultural awareness
- Incorporating spiritual and religious frameworks appropriately
- Employing Black mental health professionals and cultural consultants

Service Design

- Partnerships with Black community agencies for referrals to culturally appropriate wraparound services
- Culturally appropriate skin care, hair care, books, and toys for Black children and youth
- Regular outreach to diverse Black communities for staff recruitment

Francophone Youth

Context and Rights

OITP services must ensure respect for both official languages as Francophones in Ontario have official language minority rights under the Constitution and other federal and provincial laws. Francophones have rights to access health services in French, with active offers required for services from: government agencies, within 27 designated areas, as well as public service agencies designated under the French Language Services Act (FLSA).

Using Ontario's inclusive definition of Francophone, this is inclusive of persons whose mother tongue is French, or anyone whose mother tongue is not French/English but who have a particular knowledge of French as an Official Language and use French at home, including many recent immigrants to Ontario.

Key Challenges

- Francophone children face multiple barriers to receiving services meeting unique needs
- Finding it challenging to speak French with others in many situations negatively impacts maintaining identity
- Linguistic minority stress can impact mental health and well-being

French Language Service Infrastructure

- Systems integrate French language service designations
- Employ qualified French-speaking staff across disciplines
- Provide French assessment tools and materials validated for Francophone populations
- Offer French media, books, and recreational content
- Ensure French services aren't fragmented or under-resourced

Francophone Identity Preservation

- Targeted programming strengthening linguistic connections
- Opportunities for French conversation and expression
- Connections with Francophone community organizations
- Recognition that language shapes identity and belonging
- Protection of minority language rights

Educational Coordination

- Coordination with French-language schools or French immersion programs
- Maintenance of French language education during residential stay
- Liaison with French language school boards

Immigrant, Refugee, Ethnocultural and Racialized (IRER) Youth

Key Barriers

- Cultural incompatibility of existing services creates a primary barrier
- Language proficiency challenges affect communication and understanding of medical terms
- Fear of child protective services involvement and immigration status consequences

Immigration-Sensitive Approaches

- Address fears about child protection and immigration consequences
- Provide extended time accommodating language barriers
- Ensure transportation and practical supports
- Recognize trauma histories, including refugee experiences
- Maintain confidentiality, protecting immigration status

Service Design Requirements

- Dedicated bilingual and cultural liaison positions
- Practitioner training on implicit bias
- Systemic changes addressing discrimination
- Partnerships with ethnic community organizations
- Recognition of diverse healing frameworks

Family Considerations

- Consider extended family systems and collective decision-making common in many cultures
- Respect diverse concepts of family, including chosen family and community elders
- Provide interpretation services and translated materials for families
- Cultural differences in family decision-making and gender roles must be understood

Rural and Remote Youth

Context

A significant portion of Canada's population resides in rural and remote communities, with children and youth in these areas experiencing increased mental illness, higher rates of suicide and addictions. Rural context encompasses geographical, climate, and historical environments, with some locations only accessible by aircraft. Vast distances between communities in northern Ontario make it very difficult to ensure young people have access to services close to home.

Rural-Centric Approach

- Rural-centric approach is place-based, holistic, and developed with rural residents
- Meaningful involvement of rural people and those with lived experience is crucial
- Services adapted to work within resource-limited environments
- Providers function as multiskilled generalists in dual roles
- Close-knit nature of small communities affects confidentiality concerns and help-seeking behaviors

Strengths to Build On

- Connection to nature and outdoor activities
- Strong community bonds and informal support networks
- Agricultural and land-based skills as sources of resilience

Virtual Care Integration

- Technology-enhanced intake processes to reduce travel burden
- Multi-modal intake allowing combination of virtual and in-person components
- Video conferencing for regular family therapy sessions
- Online parent education programs reducing travel burden
- Building youth and family capacity for virtual service engagement

Family Involvement Adaptations

- Treatment plans must account for distance barriers to family participation
- Flexible scheduling of family sessions to accommodate travel
- Concentrating family involvement into intensive blocks when families travel
- Weekend and evening options accommodating work and travel schedules

Dual Diagnosis/Neurodiverse Youth

Definition and Context

Dual diagnosis in the context of intensive live-in treatment refers to children and youth with co-occurring mental health concerns and developmental disabilities, including intellectual disabilities, autism spectrum disorder, and other neurodevelopmental conditions. This requires integrated, specialized treatment that addresses both mental health treatment needs and the developmental support requirements within a unified framework.

Diagnostic Overshadowing Prevention

Programs can guard against diagnostic overshadowing, the tendency to attribute all symptoms to developmental disability rather than recognizing co-occurring mental health needs:

- Train assessors in dual diagnosis competencies
- Use structured assessment protocols ensuring mental health screening
- Regular reassessment as developmental capacities evolve
- Consultation with dual diagnosis specialists when available

Multi-Modal Assessment Approach

- Adaptive functioning assessment across all domains
- Communication assessment including receptive and expressive language
- Sensory profile evaluation
- Functional behavior assessment to understand behavior purposes
- Mental health assessment adapted for developmental level
- Trauma screening using developmentally appropriate tools

Assessment Adaptations

- Use of visual supports and concrete language
- Multiple shorter sessions rather than lengthy assessments
- Inclusion of familiar support persons when appropriate
- Observation across multiple settings and times
- Gathering collateral information from multiple caregivers
- Use of developmentally modified assessment tools

Treatment Considerations

- Evidence-based treatments are be modified rather than withheld
- Build interventions accessible across cognitive abilities
- Use visual and sensory materials
- Adapt practices for understanding levels
- Recognize cultural identity

Transitional Age Youth (16-25)

System Challenges

The current rigid 18-year age limit for services creates discontinuity of care at a critical transition point and interferes with effective long-term planning, failing to account for developmental needs.

Key Principles

- Consider developmental rather than chronological age in decision making.
- Ensure continuity of care based on individual capacity and needs.
- Strong bonds with a caregiver or trusted adult help promote successful transition to adulthood.

Transition Planning Considerations

- Transition plan organized six months prior to the young person's 18th birthday
- Early adult service engagement before age threshold
- Housing prioritization before discharge
- Extended supports bridging child-adult system gaps

Service Flexibility

- Young people may stay in adolescent service for short time beyond 18th birthday if brief period of illness anticipated and transfer would be unnecessarily disruptive
- Access to education or employment support
- Supportive or transitional housing when necessary