

Results from the Multi-Agency Young Mother’s Evaluation

In 2013, with support from the Ontario Centre for Excellence for Child and Youth Mental Health, Rideauwood, St. Mary’s Home and the Youville Centre began an assessment and evaluation protocol to assess the changes that our clients undergo while in our programs and to evaluate the degree our programs enhance maternal-child attachment, eliminate or reduce substance use and improve mental health outcomes.

Outcomes were evaluated at 1mos, 6mos, and 9mos of treatment at each of the respective agencies using the Child and Adolescent Needs and Strengths-Pregnant and Parenting Youth (CANS-PPY) questionnaire. This a validated tool, formed by the partnered agencies in collaboration with Dr. Lyons and the Praed Foundation, targeted to the unique situation of a youth parent. The Parenting Stress Index-4 was used to evaluate changes in parental stress over the course of treatment. Finally, an internally developed Engagement Scale was used to evaluate the level of engagement in change-oriented counseling over time. Although not used at each time point the CAMH modified version of the GAIN-SS was used to quickly screen for mental health concerns at admission.

Most of the young women were presenting with a variety of complex needs and clinically significant difficulties across a variety of life domains and stressors. These client profiles were very different individual to individual. The GAIN-SS identified that 90% of clients required follow up for at least one behavioural health disorders, and 75% of clients were flagging for multiple disorders. The CANS-PPY supported the further clarified areas of support required by clients. The most prevalent needs were for aid with forming and maintaining relationships, mental health issues, most have special educational needs, traumatic histories and a lack of financial stability. Financial concerns were so impairing that at admission 12% of the young mothers and their children were homeless. Suicidal ideation was an issue for 50% of the young mothers. 15% had either attempted within the 30days or had an active plan to attempt to kill themselves. 35% had a history of suicide attempts outside the past 30days or were communicating suicidal ideation at assessment.

GAIN-SS Behavioural Disorders

Domains Screened	Percentage
Internalizing Disorder	79
Externalizing Disorder	32
Substance Use Disorder	24
Crime/Violence Screener	5
Eating Disorder	35
PTSD	52
Psychosis Screener	45
Problem Gaming and Internet Usage Screener	10

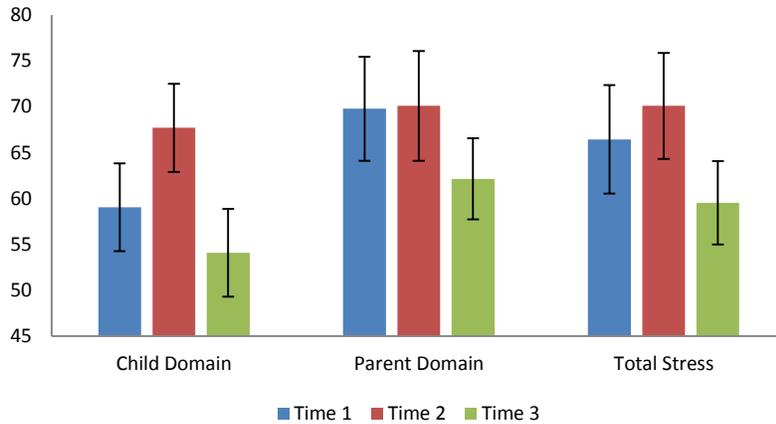
CANS-PPY Identified Needs

Domain	Percentage
Executive Functioning	57
Risk Behaviours	59
Emotional Regulation Skills	47
Educational Needs	84
Cognitive Functioning	41
Social Skills	58
Language	14
Daily Functioning	42
Mental Health Needs	84
Trauma	68
Overall Health	46

Most young mothers indicated they were in the “normal stress” range (60%) and the rest were in a clinically significant category indicative of dysfunctional parent-child interactions (40%), with no clients falling into the high stress range. Staff working closely with the PPY felt that the lack of high stress scores were a result of the PPY’s fears of CAS, loss of custody of their child and underscored the importance of

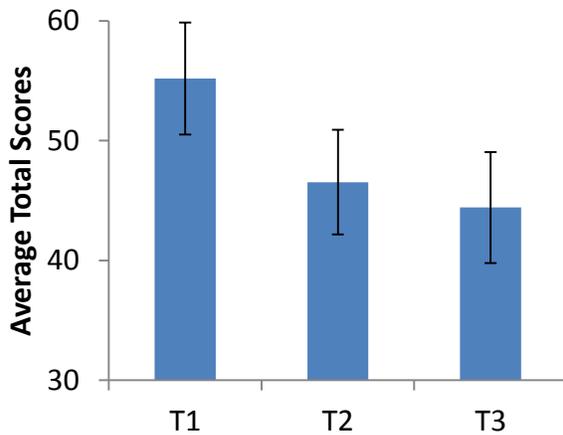
trust for engaging PPY. By 9mos in treatment statistically significant improvements were observed in all three domains of the PSI.

Average Scores on the PSI in each domain over time.



Many statistically significant improvements were observed on the CANS-PPY between each time point and no significant deteriorations were observed in any of the domains. Between admission and 6mos in treatment 21 significant improvements were observed and they were mostly concerned with the security and safety of the mother and child. Between 6mos and 9mos in treatment 11 significant improvements were observed and here the improvements were tied to the fulfillment of the parents' educational needs, skill and personal strengths development. Some of the identified needs continued to require intervention after 9mos of treatment. The most prominent areas requiring ongoing support were for educational needs and ongoing mental health treatment.

Fulfillment of Youth Needs-CANS-PPY



Development of Youth Strengths-CANS-PPY

