Standardized questions for focus group interviews

- 1. What services or programs for people with mental health and alcohol or drug problems do you know of?
- 2. How did you get connected with services?
 - a. What made you decide to seek treatment?
 - b. Did someone help with that connection?
- 3. Describe the program(s) that have been most helpful for your mental health and drug or alcohol problem.
 - a. What made that program(s) work?
 - b. Was there anything else in your life that helped you stick with the program(s) or helped it to work for you?
- 4. What has made it difficult to get help for your mental health and alcohol or drug problems when you needed it?
 - a. What has made it difficult to *seek* help when you needed it?
- 5. Think of a service or program(s) that did not work for you. What about that program(s) didn't work?
 - a. Was there anything else in your life at the time that made it harder to stick with the program(s)?
- 6. Do you think anyone with a mental health and drug or alcohol problem in the Toronto area can get help? Why or why not?
- 7. What are the top two biggest barriers to getting help for your mental health and drug or alcohol problem?
- 8. What do you think the people who plan services for youths with mental health and drug or alcohol problems should know?
- 9. Do you have any final comments?

Factors affecting service use among homeless youths with co-occurring disorders

Factors affecting service use	Example participant quote
Individual factors	
Motivation	
Readiness for change	I keep trying to deny things, and keep thinking I can just move on.
Taking action	People are not gonna come up to you and ask what your problems areThere's help available—it's up to you to go and make use of the help.
Support	·
Family and peer support	A third time [I got clean], I had a lot of help from friends and family. Like, if it wasn't for them, I don't know what I would have done.
Peers as role models and advisors	I had a friend who was in the same situation as me, and she found her way out. So I ask her for advice, every now and then.
Therapeutic relationship	
Positive impression of service provider	I go to [the clinic psychiatrist] 'cause I like her – she's cool, it's confidential, and I get an hour to just talk to someone who has actually gone through trainingMight just have some options for you.
Consistency	That's one thing that's so important to us, is that we have some sort of familiar recognition of something. If we see the same kind of worker coming in here regularly, we can more open up to that person.
Persistence	[My caseworker]went above and beyondCalling me when I wouldn't return her callIt took a long time for me to come around. And she was really persistent with meHelped me get through a lot of stuff.
Relatability	I find it's better whensomeone's coming to me and saying "yeah, I've smoked that, I've done this, I've done that," rather than someone [who doesn't] know the first thing about it.
Program factors	
Flexible and comprehensive services	
Individualized	What about you? What are you going through? What do you need? It just feels more comfortable.
Minimal structural barriers	If you really needed help and you came [to this clinic] and said "listen, I don't have my health card," they'd still see you.
Address basic needs	They really understand thatyou can't be trying to get through the issues you need to when you have nowhere to live and when you don't know where your next dollar's gonna come from.
Engagement through recreation and vocational services	The only thing that worked for me was a program that has nothing to do with mental or substance abuseIt's a program in [the youth shelter], and you do art – draw, paintTry to do something, but if you don't want to, they take it easy.
Integration	I would see separate people about my drug problems. I would make sure they didn't tell my psychiatrist They

One-stop shop Availability of harm reduction se Problems with abstinence policies	 didn't really ask aboutthey didn't think I did drugs[The local psychiatric hospital] distinctly asks if you have both [mental health and substance use problems] and you want to work on bothIf they're not asking, like a youth isn't really driven to be like, "oh, I'm also feeling a little crazy" or "I'm also feeling like a drug addict." You're going to five different programs to get one thing you need. IfI'm high and they know it, I would get kicked out, right? But how is that really helping me?If you come homedrunk or under the influence, that's the time you 	
	need somebody to take you in the most.	
Temptation from peer use of substances	It rubs off on you and young people are totally exposed, the way they see things, they're gonna wanna do those things, right?	
Systemic factors	•	
Stigma		
Societal	You feel like a freak. [The local psychiatric hospital] is associated with all these people walking around talking to themselvesThere's no like place where you still feel kinda normal.	
Service providers	They see youas somebody who has a drug problem, and could be a potential client, and that's it. They don't look at you and say, "this guy just went through a journey, he's using drugs, it's hurting himhe really wants to stop using. What's causing him to do that?"	
Accessibility		
Inclusive	When I was in detoxthey tell me as I go try to get into different rehabs that I'm not qualified. Am I not a big enough drug addict to get into a rehab?	
Wait times	How are you going to make [accessing services] a long process? This person along the way is going to get tempted, is gonna break, is gonna get depressed – something's bound to happen.	
Connections through other sectors	People that do have addictions to drugsthey get out from jail, they don't get any helpPut them out on the street, they're just going to go back and use againWhy not say, "'kay, you want to go to detox? Do you want help?"	
Continuity of services	When I wanted to go to rehab, I basically had to go to detox, then wait until there was an opening at the rehab centerI relapsed in the time I had to wait to get in.	