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There is a place for troubled youth to go to find help for many of their problems—the JGH's Youth Service. As part of Adult External Services of the Department of Psychiatry, the Youth Service was created in 1973. Its aim, according to Psychiatrist Dr. Evan Brahm, who heads the program, was to meet the needs of the youth of the community by providing them with more organized services.

The Youth Service began as a three-pronged program. The E.D.M. (Emergency Diagnostic & Management Unit), which began in 1970, became one part as a youth crisis centre; the Methadone program was the second; and an embryonic consultation service the third. The latter offered consultation to all services within the Hospital with all department heads able to make use of it. The staff then consisted of Dr. Brahm, a registered nurse and six youth workers.

According to Dr. Brahm: "The youth workers didn't necessarily need to have a formal background in psychiatric training. They were mostly young people interested in working with and in helping other young people. They received in-service training in the emergency assessment of the crisis as well as in the assessment of the underlying psychological or psychiatric problems. They also received ongoing training and supervision in therapy and counselling."

As time passed, the feeling grew that the emergency aspect of the Youth Service was no longer a priority. Dr. Brahm and the others believed that what was now needed was an ongoing program providing help to

youth and their families. The shift would be away from crisis situations and towards ongoing problems such as family problems, the problems of growing up and leaving home, problems related to peer groups, etc.

"We began to gear the program to the underlying problems of youth—not just to how these problems manifested themselves—such as through drugs. And as the emphasis changed, the workers involved needed training for this more intensive approach."

By the beginning of 1975, Youth Services' new hours (instead of being open 24 hours a day) were daily from 9 a.m. to midnight. The Emergency Department, situated near Youth Services, handles problems of a crisis nature the rest of the time. The staff also changed. Along with Dr. Brahm are Dr. Nancy Carpenter, a senior psychiatric resident; Psychologist Dr. Elliott Sokoloff; Social Worker Miss Judy Phillipson; one half-time and four full-time youth workers.

The program is now geared towards helping young people (aged 16 to 21) cope with and change the problems affecting them. The staff is involved with ongoing therapy cases—individual, family and group therapy. They are maintaining an informal arrangement with 4 NE (child and adolescent services) and they provide a formal consultation service to 6 W (youth service ward) which has included consultation with staff concerning the dying adolescent; direct consultation with patients; speaking outside the Hospital at seminars and high schools on drug and youth problems; and eventually expanding the program to include helping CEGEP students.

Patients reach the Youth Service in several ways—they can come to the Department and see a youth worker on duty; they can telephone for an appointment; or they can be referred by other community agencies. After a person is seen by a worker, the case is brought to a team meeting, held every Tuesday morning, at which all the staff members are present. Each case is discussed, both theoretically and practically, and a decision is made as to treatment. Dr. Brahm points out that although the Youth Service doesn't offer the equivalent of private psychotherapy, the therapy offered *is* problem-oriented with enough time devoted to each patient to help resolve these problems.

Dr. Brahm sees the Youth Service as essential in two ways: first, in providing ongoing treatment for troubled youth; and, second, in contributing towards a greater body of knowledge to be used in dealing with these problems.

The return to the mainstream of everyday living is often difficult for the person who has suffered an emotional breakdown. Belief in oneself and in one's ability to cope with reality again are requisites to this recovery.

These were some of the factors which motivated the creation of the Job Experience Program at the Institute of Community and Family Psychiatry. As part of a general occupational therapy program it has been designed for people who have suffered breakdowns, have been treated in a psychiatric setting and who are preparing to return to the work force.

Mrs. Christiane Spiers, the occupational therapist heading the program elaborates:

"One point in the progression of these patients towards health is when they leave the label of psychiatric patient behind and take on the label of volunteer. This change in status makes a tremendous change in the patient. And it is through the cooperation and assistance of the Hospital's Admitting Office that this program has, for the past 1½ years, been successful."

The Admitting Office had long been providing work (such as collating, stapling, stuffing envelopes and simple typing) for the patients in the Institute's workshop, when Mrs. Spiers approached Mrs. Edythe Frank of the Admitting Office, suggesting that the Office might set up a structured program to provide an actual work setting for patients preparing to find jobs again. With the encouragement and assistance of Mr. David Littman, head of the Admitting Office, the program got underway.

Mrs. Spiers explains: "It is not enough to *tell* patients that they are capable of working again. We need positions for them to fill in order to reinforce these feelings. They need proof that they *can* work."

The procedure for placement is as follows: Mrs. Spiers contacts Mrs. Frank asking if there is room for another worker. A general profile of the patient (what kind of a person, the work needed, temperament, hours available to work, etc.) is given to Mrs. Frank. If there is room, Mrs. Frank gets in touch with Mrs. Phyllis Parker, director of the Department of Volunteers, who adds the patient to her roll of Volunteers. From then on, the patient is treated like a Volunteer, wears the familiar blue uniform and is placed in the Admitting Office.

Mrs. Spiers follows the patients' progress, keeping in touch with Mrs. Frank and supporting the patients in their job experience. She says: "At this point, the patients are treated like any other volunteer and not like patients. This is most

desirable. They feel like part of the working population once more. If any problems arise, I will be consulted."

Approximately 12 patients—mostly women—have been placed in the Admitting Office since the start of the structured program. A special area, equipped with desks and typewriters, has been set aside for them. Mrs. Frank outlines the work to the new "volunteers" and although they require a great deal of support at the outset, once they understand what they are to do and accept the responsibility, they continue on very well by themselves.

Mrs. Frank continues: "The work they will do in the Department depends on their capabilities and backgrounds. Some of the duties include stuffing, addressing and stamping envelopes, filing, typing, acting as messengers, answering the telephone, working on statistics, assisting in the production of addressograph plates and helping in the Pre-Admission Lab."

Mrs. Frank stresses that the work done by the patient-volunteers in the Admitting Office does not overlap with or take away work from the workshop setting at the Institute itself.

After a period of from one to five months, a patient is usually capable of and eager to find a job outside the Hospital setting. Mrs. Spiers will help in going through the newspapers, checking the want ads and play acting job interviews in preparation. The Admitting Office always has a party for the patient who is leaving to return to work and his or her former life.

Mrs. Spiers sees the intermediate step of the job experience in the Admitting Office as a vital part of the program designed to speed the rehabilitation process for many recovering patients. The problem now, she admits, is finding more work for more patients.

"We are looking for departments interested in discussing the possibility of joining the Job Experience Program. We especially need jobs which men are able to fill. I am most anxious to visit interested departments, speak with the department heads, explain the program to them and have them start it on a trial basis. The Admitting Office has set a wonderful example of generosity and concern."

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