Implementing integrated-youth services virtually in British Columbia during the COVID-19 pandemic

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ABSTRACT

Objective During the COVID-19 pandemic, Foundry responded to support youth across the province of British Columbia (BC), Canada, by creating a virtual platform to deliver integrated services to youth. In this paper, we report on the development of Foundry Virtual services, initial evaluation results and lessons learnt for others implementing virtual services.

Methods and analysis In April 2020, Foundry launched its virtual services, providing young people and their caregivers from across BC with drop-in counselling services via chat, voice or video calls. Foundry consulted with youth and caregivers to implement, improve and add services. Using Foundry’s quality improvement data tool, we document service utilisation, the demographic profile of young people accessing virtual services, and how young people rate the quality of services accessed.

Findings Since launching, 3846 unique youth accessed Foundry Virtual services over 8899 visits, totalling 11 943 services accessed. The predominant services accessed were walk in counselling (32.5%), mental health and substance use services (31.4%), youth peer support (17.2%) and group services (7.3%). Over 95% of youth reported that they would recommend virtual services to a friend.

Conclusion In response to our early findings, we provide three recommendations for other implementers. First, engage the audience in which you intend to serve at every phase of the project. Second, invest in the needs of staff to ensure they are prepared and supported to deliver services. Last, imbued a learning health system to allow for the resources culture of continuous learning improvement that allows for rapid course adjustments and shared learning opportunities.

INTRODUCTION

Foundry offers health and wellness resources, services and supports online (foundrybc.ca) and in centres in British Columbia (BC) communities to youth ages 12–24 and their caregivers.1 During the COVID-19 pandemic, Foundry responded to support youth across the province of BC by creating engagement opportunities to support youth through the pandemic.2 However, significant gaps remained. Many of the services offered by Foundry Centres were halted, leaving thousands of youth across BC without access to needed health and social services during a time of extreme anxiety and mental health concern.3–5 Lives and routines were changed through disruption of school,6 family job loss7 and uncertainty of the future.8,9 Recent estimates suggest that the mental health of youth declined more than any other age group in Canada.10 In an effort to address this gap, Foundry organised to offer virtual services to BC youth. In this paper, we report on the development of Foundry Virtual services, initial evaluation results and lessons learnt for others implementing virtual services.

METHODS

Foundry Virtual is an extension of the Foundry network of centres that operate an ‘integrated youth services’ model11,12 bringing together services for youth and their families into an easily accessible physical space. There are five core services...
offered by Foundry: primary care, mental health, substance use, social services, and youth and family peer supports. All services, data collection and reporting mechanisms are informed from design to implementation by the primary audiences served—youth and their families. When the COVID-19 outbreak was declared a global pandemic by the WHO, 13 foundry centres across BC, alongside Foundry Central Office, worked quickly to identify and implement local innovative solutions in response to this crisis and accelerated their roll-out of virtual services. In early April, Foundry launched the first phase of its virtual services, providing young people and their caregivers from across BC with drop-in counselling services and peer support via chat, voice or video calls. Foundry added primary care services shortly after. Foundry Virtual is evaluated through regular digital quality improvement surveying of youth before and after service use. Information is consolidated into Foundry’s data platform ‘Toolbox’.

RESULTS
Since launching on 16 April 2020 (and up until 31 May 2022), 3846 unique youth accessed Foundry Virtual services over 8899 visits, totalling 11043 services accessed. Total monthly youth and visits increased from 22 and 39 in April 2020 to 541 and 603 in March 2022 (highest monthly numbers to date). The predominant services accessed were walk in counselling (32.4%), mental health and substance use services (31.1%), youth peer support (17.2%), group services (7.3%), physical health (6.8%), navigation (0.8%), sexual health services (0.4%), social services (0.7%) and other services (1.0%). Youth rated the quality of services highly. When asked if they would use the service again if they needed support (data until February 2021—this question was removed from data collection practices), 63.8% selected strongly agree, 30.3% agreed, 3.2% did not know, 2.3% did neither agree nor disagree and 0.5% strongly disagreed. When asked if they would recommend Foundry Virtual services to a friend (data until February 2021), 64.0% responded strongly agree, 31.0% agreed, 3.0% neither agreed nor disagreed and 2.0% did not know. Youth responses to where they would receive support if they could not access virtual services indicated that Foundry filled an important gap. Approximately, 31.3% indicated that without Foundry Virtual they would not have accessed help or gone nowhere.

The majority of users were female (61.6%) or male (19.6%), and were White or Caucasian (63.2%), South Asian (9.3%), Chinese (9.2%) or Indigenous (8.5%). Most users were between the ages of 21 and 23 (31.3%), 18–20 (30.2%), 15–17 (19.2%), 24+ (10.5%) or 12–14 (8.8%). Half of youth identified as heterosexual (46.3%), with bisexual (24.4%), questioning (7.2%) and gay or lesbian (6.3%) as the next most identified. Youth found out about services from a friend (21.3%), a family member (18.7%), their healthcare provider (15.2%), their school counsellor or teacher (13.2%) or the internet or an online search (10.1%). Youth accessing services typically had elevated distress levels. Kessler Psychological Distress Scale (K10) assessment results found that 70.2% experienced very high distress, 22.7% high distress, 6.3% moderate distress, 0.8% low distress and 0.1% no distress. Foundry Virtual clearly provided a need for young people in distress during this time period.

DISCUSSION
There are several limitations and lessons learnt during Foundry Virtual set-up. First, several groups were under-represented in service access. Foundry Virtual staff are working to make services accessible and appealing to under-represented youth from various ethnic and cultural backgrounds, as well as to boys and young men. In 2019, Foundry led a provincial campaign promoting Foundry to boys and young men by challenging ideas of toxic masculinities and mental health. Second, services delivered in-person are different from services offered online. Organisers implementing virtual services must acknowledge and anticipate how using technologies built for in-person services may lead to a different user experience when moved to a virtual environment. While user experience may not be able to be changed on a short time-frame, increased communication with youth and families accessing services can mitigate perceived negative interactions with technology. Last, it is difficult to anticipate both demand and capacity when launching a new service with a new delivery model across a large geographic scale. The demand from youth and family members seeking services led to an inability to provide a true walk-in style service as originally intended, as service providers were having their calendars filled weeks in advance.

CONCLUSION
The experience of Foundry staff establishing virtual services during the COVID-19 pandemic leads to three recommendations for other implementers. First, we recommend organisations to engage their intended user group at each stage of service planning, delivery, evaluation and maintenance. Second, we recommend investing in staff to become fully proficient offering services in a virtual environment. This includes but is not limited to learning service delivery platforms, creating an environment that does not lead to burnout or exhaustion and giving staff sufficient access to needed equipment. Last, we recommend implementers adopt a mindset of continuous improvement and innovation, allowing for quick course corrections early in the implementation process and timely sharing of findings with end-users, decision-makers and youth.

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