



# MANAGING CONCURRENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN YOUTH

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## Family Support

- [Parent & Caregiver Well-being](#) (Kelty Mental Health)
- [Mental Health and Wellness Resources and Supports](#) (Child and Youth Mental Health)
- [Parents Like Us Handbook](#) (Foundry BC)

## Provider Support

- [Child & Youth Substance Use Pathway Overview](#) (Pathways BC)
- [Child & Youth Information Sharing Decision Support Tool](#) (Child Health BC)
- [Drug Cocktails: Facts about mixing medicine, booze, and street drugs](#)
- [24/7 Addiction Medicine Clinician Support Line](#) (BCCSU)
- [Support program for providers](#) (Compass BC)

## Dialectical Behaviour Therapy (DBT)

- [DBT Skills for Life Workbook](#)
- [Neurodivergent Friendly Workbook of DBT Skills](#)
- [DBT Therapeutic Activities for Kids and Caregivers](#)
- [The Game of Real Life: DBT Card Game](#)

## Articles

- [Motivational Interviewing: Helping People Change, 3rd edition](#) (Miller & Rollnick)
- [2019 Report on Mental Health Services for Children and Youth](#) (Child Health BC)

September 12, 2024

**Question:** What are some ways you can provide culturally competent care when diagnosing/providing treatment for concurrent disorders in youth? For example, some Aboriginal people believe that seeing spirits or hearing voices is a normal cultural experience how would you approach this?

Dear UBC CPD Youth Concurrent Disorders Webinar participants,

Thank you so much for joining yesterday. I have been reflecting on the thoughtful question that was asked about how to engage a youth in their cultural background in their health care, and I wanted to expand on that in your resource package with this response.

Fundamentally, I think it is important to **ask youth about the role of culture in their life**. Do they feel connected to their culture? (Indigenous background, or other.) How so? Through specific practices? Foods? Community events? What is the role of culture in their family? Does culture play a role in their healthcare? If they do not feel connected, is this something they wish could be different? For example, many Indigenous youth feel disconnected from their Indigeneity because of intergenerational trauma, including from the residential school system and ongoing systemic anti-Indigenous racism in Canada.

As per the example given in the Q+A, certain experiences (connection to spirits etc) are culturally significant and not considered abnormal. I find it helpful to approach these topics with an open mind - explore more to understand someone's internal frame of reference and their beliefs. Remember – *they* are the experts on their life, *you* have expertise, and *together* you will find the best path forward.

Also remember, psychosis presents *very* differently than the example given above – not only would there be some combination of perceptual disturbance (auditory, visual hallucination), delusional beliefs (fixed false beliefs that are not in keeping with someone's cultural background) speech disturbance and behaviour change (including withdrawing from others) - there will fundamentally also be *functional decline* (at school, home, relationships) that others will likely have noticed as well as *distress* (either from the youth directly, or others) because of the symptoms.

As we move towards Truth and Reconciliation in Healthcare, we can view these questions as opportunities to build our cultural humility. By completing the San'yas Anti-Racism Indigenous Cultural Safety Training, connecting with the Indigenous Health program within your Health Authority, and attending community events hosted by your local Nations, we can take steps towards creating cultural safety for all of our patients.

Warmly,

Erin Smith