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Ministry of Children, Community and Social Services  
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Dear Minister Elliot and Minister Smith,

I am writing this letter to express my concern about the decision to close Syl Apps Youth Centre (SAYC), a secure custody facility in Oakville, Ontario, operated by Kinark Child and Family Services.

I raise this concern out of my familiarity with the research literature on the mental health and psychosocial needs of young people involved in the justice and mental health systems. I have 30 years' experience as a research psychologist in the children's mental health sector, as Director of Research and Evaluation of EarlsCourt Child and Family Centre (now the Child Development Institute), and as Research Associate at the Hincks-Dellcrest Centre (now part of Hospital for Sick Kids). Currently, I am a full professor in the Department of Psychology at Ryerson University.

I am also specifically familiar with the youth served at SAYC, as the author of two reports on the mental health and psychosocial needs of these young people (Day, 2002; Day & Belfon, 2009). The findings of these studies are consistent with current data from Kinark, which indicate that most of the youth at SAYC experience clinically elevated levels of multiple mental health disorders, indicating that high levels of co-morbidity is the rule rather than the exception with this population.

According to the MCCSS website, services for young people involved in the law "align with research on reducing reoffending" and aim for "improving outcomes for youth" (<http://www.children.gov.on.ca/htdocs/English/youthandthelaw/index.aspx>). What is the evidence for the mental health needs of justice-involved youth and how best to address these needs?

Evidence suggests that 50% to 75% of young people involved in the justice system meet criteria for at least one mental health disorder (Teplin et al., 2002) and that the prevalence rate has been increasing (Underwood & Washington, 2016). Compared to non-justice-involved youth, justice-involved youth experience higher levels of many types of disorders and psychosocial problems; the rate of co-morbidity has been found to be particularly high among youth who are repeat offenders, (Tripodi & Bender, 2011). Some researchers have highlighted the high prevalence of trauma experiences and PTSD among young people involved in the justice system (Vitopoulos et al., 2019; Wojciechowski, 2020), which has led to calls for specialized clinical services and trauma-informed care within the justice system.

Many of the developmental risk factors experienced by justice-involved youth are dynamic and interrelated, interacting with their psychosocial and mental health problems. Over time, the cumulative impact of these experiences compounds the problems of these young people and creates a complex nexus of risk factors and issues that further undermines their healthy psychological, emotional, and behavioural development. Consequently, it is evident that some young people enter a justice system that is largely poorly equipped to address their comorbidities and complex mental health needs. Thus, a subpopulation of justice-involved youth who require high intensity and specialized clinical services pose a significant challenge to the juvenile justice and mental health systems. At the same time, we know that the best outcomes are achieved when the needs of these young person are met through the application of appropriate clinical services (McCormick et al., 2017; Viera et al., 2009).

Providing specialized services for high risk/need youth, SAYC has been able to offer the high intensity clinical services that the research would suggest is needed to reduce the risk of re-offending among justice-involved youth with severe mental health problems, facilitating the process that would enable them to be put back onto a normative developmental pathway. Closing this facility would leave an enormous gap in the armamentarium of services available to young people and is simply not consistent with the research evidence. Additionally, the ability of SAYC to offer such high quality service is built on years of developing clinical expertise and linking with other service providers in creating a network of resources for what are a very specialized group of justice-involved youth. The closure of Syl Apps would represent not only the withdrawal of those services, but an end to the knowledge culture on which SAYC and its expertise has been built.

Sincerely,



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