

THE RECOVERY CAFE

A NEW MODEL OF CARE

In 2022, Frayme commissioned a feasibility study on whether the 'Recovery Cafe' model could work in a Canadian context and if so, what could and should it look like.

The Cafe model acts as an alternative and preventative option to help children and young people who are experiencing or nearing a mental health crisis. It is open when other supports are closed, in a youth-friendly community-based environment, with no appointment or referral necessary.

The Cafe works in collaboration with clinical partners and has strong community to clinical pathways developed. Crucially, it also widely incorporates peer support into the model, meeting the needs of those who attend wanting to connect with someone who understands.

With the support of the research team 5 Youth Peer Researchers interviewed youth from across Canada. They found:

57%

Said the ED is the worst part of the mental health system

66%

Described ED's as traumatizing spaces in themselves

86%

Identified a lack of choice - particularly out of hours

39%

of youth who visited the emergency department (ED) for a mental health concern had 3 or more visits, suggesting that repeated visits point to access challenges and gaps in community care, a trend noted by a range of studies*

WHAT YOUTH WANT FROM A MENTAL HEALTH SERVICE:

- 1 More peer support before, during, and/or after a moment of crisis
- 2 A preference for more community-based options vs clinical environments
- 3 A more humanized approach taken to mental health support
- 4 Culturally relevant and relatable support offers are lacking
- 5 Lack of meaningful experiences and trouble navigating online resources

IMPACT

Recovery Cafes have shown positive outcomes, both for service users and local health systems in the UK. Many Cafes are able to see on average 20–25 people per evening. Amounting to on average 6,800–9,100 attendees per year.

85%

Would have otherwise attended the ED

85%

Did not attend the ED / acute mental health admission (post 3 months)

33%

Reduction in psychiatric admissions in the first 6 months of operation