

## CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE COLLABORATIVE UPDATE: January 2016

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative now includes over 1800 participants and boasts Local Action Teams (LATs) in 65 communities. With the reach of the collaborative to date, LATs are now in place to support over 1.3 million children and youth in BC, along with their families.

In addition to building effective local infrastructure to partner on solving complex mental health and substance use problems experienced by children, youth and their families, our experienced LATs and Working Groups have now had enough time to start seeing improvements. Below please find a short summary of the impacts made on the system to date.

### LAT Impacts on the System

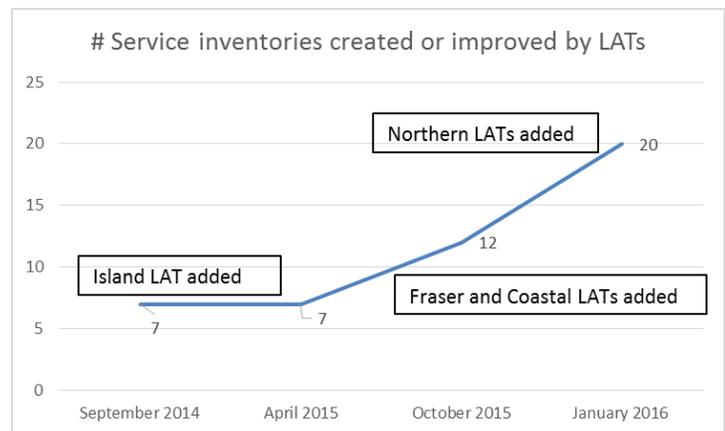
The Collaborative LATs work in areas that will contribute to the eight LAT objectives as outlined in the [Collaborative Charter](#). Below is a summary of their progress to date in these areas. As these areas are broad, each LAT will work on one or two of these at any given time. As each LAT matures, the number of objectives addressed will increase.

The ability to combine both mature and new LATs in this one initiative brings much richness to the work. The new LATs are learning tremendously from the work of the established LATs, who are creating more significant change by prototyping integrated family care and measuring the results. There is no doubt that without the exposure to the mature LATs from the Interior the new LATs would not be able to move forward as quickly in this last year.

#### Objective 1:

Identify and communicate to service providers and community members how to access local and provincial mental health and substance use services and supports in their local communities for children, youth, youth-in-transition, and their families; and to move towards FamilySmart Practice.

- Number of LAT communities with a service inventory specific to local services: **20**
- Networking and 'who's who' events to improve local relationships and collaboration: **29**



### **An Example of Innovative Change: Community Awareness of Services – Mount Waddington LAT**

Communities often struggle to ensure children, youth, families, and community service providers are aware of the many mental health and substance use services that are available locally and provincially. Mount Waddington started tackling this challenge by developing a Child and Youth Mental Health and Substance Use (CYMHSU) Resource Directory, and distributing it at an annual community event. Service providers from different systems staffed a CYMHSU booth and encouraged community residents and service providers to visit the booth by offering free draws for prizes, cupcakes and conversations about mental health and substance use services for the area.

The LAT is tracking the number of directories distributed, community engagement with the booth, the current level of consumer knowledge around mental health and substance use services, and gathering community input on how CYMHSU information could be more effectively distributed. The LAT plans to incorporate input from the survey into their next steps. A Facebook page is currently being tested as a method of eliciting further community feedback, sharing the work of the LAT, and announcing future family-friendly events that promote health and wellness for children, youth and families.

### **Objective 2:**

Establish sustainable, community-based collaborative care processes that are experienced as family-friendly and determined by children, youth and families to be effective in responding to their needs.

- 19 LATs are actively working on this objective
- Data from the 3 ministries would greatly improve our ability to gauge impact.

### **Example of Innovative Change: “LINC” - Living Independently**

LINC was first launched through The Central Okanagan LAT as a six-month collaborative pilot project between CMHA Kelowna/Bridge Youth and Family Services (Connected by 25 Initiative – CB25), Child and Youth Mental Health (CYMH/MCFD), and Interior Health Mental & Substance Use Services.

Through an invitation from central intake systems at CYMH/MCFD, MHSU and CB25, youth are invited to attend “LINC” where they have an opportunity to connect with a number of supports and services for adult mental health, or for an intake to Child and Youth Mental Health Services.

Current members of the LINC table include: The Bridge Youth and Family Services; Ministry of Children and Family Development - Child and Youth Mental Health; Interior Health Authority - Mental Health and Substance Use; Okanagan Boys and Girls Clubs - Reconnect Program; Reach Out Youth Counselling & Family Services Society; Work BC Youth Employment Counsellors; Caring for the Caregivers-Family Navigator (CMHA); Dr. Fernando Diaz (Psychiatrist); Dr. Jim Ketch GP; and School District 23.

As of January 4, 2016, 317 youth have participated and were referred to services; 19 youth were transitioned from youth to adult mental health services.

### Objective 3:

Integrate new provincially-developed, system-level information sharing guidelines into existing local practices.

- Provincial Information Sharing Guidelines have recently been approved by the Ministry of Health, and will be coming forward to LATs for testing and implementation in the near future.

### Objective 4:

Increase participation of schools and communities in fostering “caring adults” to provide support and protective factors for children and youth.

- 6 LATs working on this objective

#### Trauma-Informed Schools – Building Caring Adults

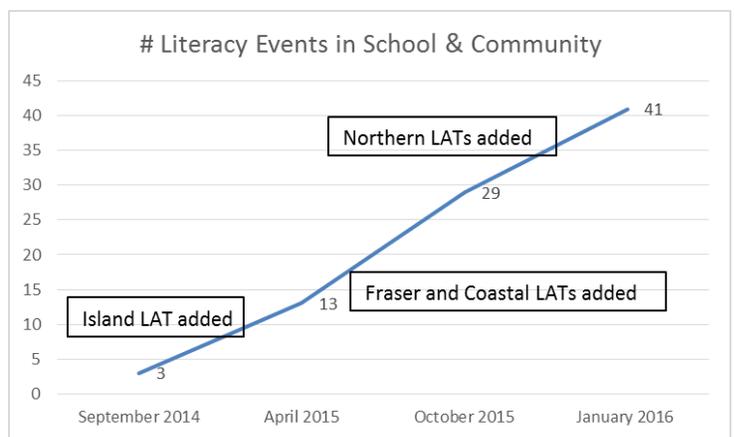
The mapping of a First Nations youth's journey through current mental health services indicated the need for schools to be trauma-informed to respond to the unique needs of children who have been exposed to intergenerational trauma and/or childhood adversity resulting in compromised academic and mental health outcomes. A trauma-informed school also recognises the inherent strength in First Nations traditions and healing practices with an emphasis on collectivist rather than individualistic perspectives and community-based healing initiatives.

School District 27 in the Cariboo-Chilcotin has taken on the pilot project of the first trauma-informed school in our area. With the support of the Collaborative, 12 staff (including support staff) to date have received training in Trauma Informed Schools. A training event for approximately 40-50 parents will take this spring, with the goal of building capacity in caregivers and caring adults to support healthy child development and mental wellness. District staff and First Nations support workers who attended expressed firstly, a strong confirmation of the relevance of trauma-informed early mental health development and secondly, a need for further support to integrate this knowledge into the school environment.

### Objective 5:

Partner with schools to provide mental health and substance use literacy for teachers, students, school personnel and families through initiatives targeted to address specific and community needs to impact health-seeking behaviours and reduce stigma.

- Number of community/school events to date: **41**
- **Over 3500** children, youth and parent reached by these events



**Example of Innovative Change: Engaging the Community to Raise Awareness**

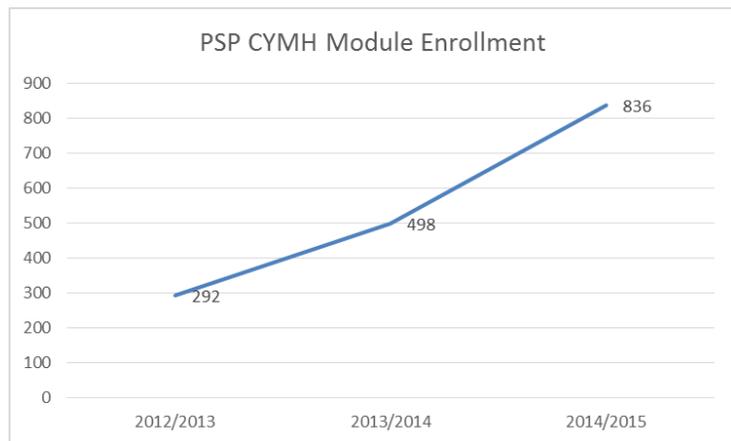
White Rock South Surrey LAT hosted “Anxiety in Children and Youth: You’re Not Alone.” Their media strategy resulted in front page coverage by their local paper, and attendance of 200+ at the November 17<sup>th</sup> event. One week later, the LAT hosted “Child and Youth Mental Health Resources, Knowing Where to Go for Help” with 86 attendees, 11 agencies (including the Surrey School District), and 11 resource tables. Evaluations indicate attendees found both events extremely valuable, and the events have resulted in a number of community members wanting to support their work locally.

**Example of Innovative Change: East Kootenay Eating Disorders Workshop to Learning Modules**

Earlier in 2015, the East Kootenay LAT invited key members of the BC Specialized Eating Disorders Program at BC Children's Hospital to come to Cranbrook to present to a day-long workshop. The event was attended by more than 90 individuals including local GPs and specialists, mental health clinicians, hospital staff and community agencies. Following the workshop, local health care providers began providing joint visits and aligning their practices to those of the BCCH team. And now, a videotape recording of all the presentations has been converted into seven connected learning modules. These modules will be released on the Shared Care website to the entire province during Eating Disorders Week, Feb 1-7. Stories are planned in local and provincial media as well as a province wide-news release.

**Objective 6:**

In consultation with Practice Support Program (PSP) Regional Support Teams, increase participation in the PSP Child and Youth Mental Health Module by family and specialist physicians, as well as CYMHSU partners and service providers, such as MCFD, CYMH, school counsellors, psychologists and community agencies. Targets for improvement are locally determined in conjunction with PSP and should be robust and significant.



**Objective 7:**

Promote culturally competent care in our communities through education and practices to address cultural safety including, but not limited to, the uptake of the PHSA Indigenous Cultural Competency (ICC) Training.

- **8** LATs working on this objective
- **55** Aboriginal, immigrant refuge and cultural organizations currently involved (this does not include Northern LATs or new rural/remote LATs that are still confirming membership)

### Example of Innovative Change: “The Blanket Exercise”

The Victoria Local Action Team, with the support of Island Health’s Aboriginal Health Program, is initiating a cultural safety training strategy for members. Initially, this will be an introductory session called “The Blanket Exercise” offered to members of the Victoria LAT and three adjacent LATs on the South Island. This is an experiential activity that explores the 500-year relationship between Aboriginal and non-Aboriginal peoples. It explores the major themes and recommendations of The Royal Commission on Aboriginal Peoples (RCAP). It examines how federal policies and programs impact the lives of Aboriginal peoples.

The LAT is planning to offer a subsequent workshop called, “Relational Practice for Cultural Safety – It Begins with You,” a full-day facilitated training.

### Objective 8:

Test and implement system-level guidelines and protocols in the local community, as recommended by the Collaborative Working Groups.

- All regions currently have the youth to adult transition protocol and are planning implementation activities, including the forming of joint management tables.
- Fraser, Island and Interior regions are currently in planning stages for testing the ER guidelines.
- Data from the ministries around provision of services for adults who were engaged with the youth system would help to better define impact.

### Working Groups Impact on the System

The Collaborative has 11 Working Groups and 3 Committees that are tackling entrenched system issues that are barriers to best possible care and experience for children, youth and their families. Progress (%) of working group activities can be seen in the dashboard below (legend below).

Legend:

25% = work underway to develop resources/product

50% = resources/product ready for testing

75% = resources/product actively being tested on small scale

100% = resources/product being spread provincially

| Physician Compensation  | ER Protocol   | Y to A Transitions   | Schools   | Information Sharing  | Evaluation                          |
|---|---|--|---|--|-------------------------------------|
| 75% *   | 75%   | 75%  | 25%   | 50%  | 50%                                 |
| Blended compensation guide trials in Interior region – expansion to other regions planned | Early testing and adoption underway in Health Authorities | Handed off to Health Authorities for regional implementation | Group currently canvassing LAT work to align with provincial priorities | Gained government approval to allow the guideline to be tested and adopted through LATs. | Evaluation framework being executed |

| Youth & Young Adult Services  | R&R/ Tele-health   | Learning Links                                       | Physician Recruitment                                   | Hospital to Community Transitions                   | Substance Use Faculty   |
|---|--|--|---|---|---|
| 50%   | 50%  | 75%  | 50%   | 50%   | 50%   |
| Environmental scan of youth centres/hubs from each region completed. Info used informing new BCICYI | Telehealth expansion underway in multiple BC communities | Learning Links modules being tested with pilot group | Workforce analysis underway of 900+ psychiatrists in BC | Draft protocol developed; in first stages of review | Cannabis guide and SU literacy guide in development to support LATs |

**Example of Innovative Change: Learning Links –Enhanced Learning Series in CYMH**

Under the banner of a new name and a new brand, a CYMH learning series will be available to BC pediatricians, general psychiatrists, ER physicians and GPs at the click of a mouse. The easy-access, on-line platform will have videos of 15 enhanced learning modules in child and adolescent psychiatry developed by BC Specialists. The learning series will have a special focus on rural and remote areas and those with limited access to child psychiatry services. The learning series will be launched provincially in April of 2016. CME credits for module completion will be available. As well, the CYMHSU ER Protocol guidelines will recommend the learning series as part of the training package.

**Physician Recruitment and Retention:**

To effectively provide services across BC we must understand the current state of practice. A workforce analysis is currently underway with over 900 BC Psychiatrists, including Child and Adolescent, Geriatric and General Psychiatrists, to determine their involvement with CYMH. Results of the analysis will be completed in February and will allow us to better plan for matching community needs with interested and able clinicians. From the first responses, BC psychiatrists are pleased with the initiative.

**Progress towards Our Goals**

**Goal #1:**

**Increase the number of children, youth and their families seeking and receiving timely access to integrated, mental health and substance use services and supports throughout the province.**

A critical factor in being able to report on the timely access to integrated care for all children and youth in BC relies on the access to data in ministerial data sets from Health, MCFD and Education. Currently Ministry representative from Health are working to define how to pull a select group of indicators that will help us report on the access to care in BC. We understand that MOH is able to share data with MCFD but not MCFD with MOH. Early discussions are occurring about data linkages beyond these two Ministries. More collaboration and data sharing will be required from all partners to insure we can report on, and hold ourselves accountable to, this target over time.

**Goal #2:**

**Document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development, which manifest the ‘family-first, people-centered’ goals of Healthy Minds, Healthy People.**

Number of LATs chaired by a youth or parent: **4**

Number of engagement activities specifically designed to put the experience of youth and families in the center for system design (including journey mapping, focus groups, and small group discussions): **30**

