

Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

About the CYMHSU Collaborative:

- Since June 2013, the Collaborative has spread from eight Local Action Teams (LATs) in the BC Interior, to 64 LATs now located across the province.
- The purpose of the Collaborative is to increase the number of children, youth, and families receiving timely access to integrated mental health and substance use services and supports in BC.
- More than 2,000 individuals—including youth, parents, family physicians, ER physicians, psychiatrists, pediatricians, social workers, school counsellors, substance use counsellors, Aboriginal service providers, RCMP/local police officers, health administrators, MCFD administrators, clinicians and other community agencies – are involved in the Collaborative.
- Youth and parents – in partnership with the FORCE Society – provide leadership and participate in all aspects of the Collaborative. The leadership and participation of youth and parents has been identified as the biggest gem of the Collaborative.

About the collaborative process:

- The CYMHSU Collaborative structure is based upon the Collaborative Model for Achieving Breakthrough Improvement, pioneered by the US Institute for Healthcare Improvement. This model is used worldwide as a method of rapid continuous quality improvement in healthcare. The model brings Local Action Teams (LATs) together, who commit to identifying and improving areas of policy or practice during the process of collaboration. The teams then make small tests of change in quick succession in these areas and then share results with the larger groups at regular “Learning Sessions”.
- The idea for the Collaborative was generated by the Interior Inter-divisional Strategic Council which represents seven divisions of family practice (representing more than 800 family physicians), Interior Health, the Ministry of Health, and the General Practice Services Committee. The Ministry of Children and Family Development (MCFD) identified the need for a CYMHSU system review and developed a strategic plan. Together these groups created a charter that outlines the Collaborative’s goals and objectives.

About the funders and sponsors:

Funding for the Collaborative comes from the Shared Care Committee (SCC), General Practice Services Committee (GPSC) and Specialist Services Committee (SSC) – all three are joint partnerships of Doctors of BC and the BC Government. The Collaborative is also supported by the Joint Standing Committee on Rural Issues, another committee operating as part of the Doctors of BC/BC Government partnership. These partnerships and contributions are critical to success, as the Collaborative’s goals encompass the mandates of all four of the joint collaborative committees.

Working locally and provincially:

AT THE LOCAL LEVEL:

The Collaborative's 64 Local Action Teams, contain a diverse cross-section of mental health and substance use service providers and stakeholders whose activities are concentrated at the community level. The teams tackle local gaps and challenges, such as waiting lists for services, as well as linking youth and families to community resources.

AT THE SYSTEM LEVEL:

System-level gaps and barriers that are beyond the scope of Local Action Teams, are passed on to 11 Working Groups to be addressed at the provincial level. These Working Groups collaborate with the Steering Committee, Mental Health Clinical Faculty, and/or Substance Use Clinical Faculty, to create solutions for both structural and clinical system issues. Groups include representatives from the Ministries of Health, Children and Family Development (MCFD) and Education, seven health authorities, physicians, families and Local Action Team members, as well as physicians, families and organizations with broad provincial scope.

Local Action Teams have been created in each of the following areas:

INTERIOR:

Ashcroft, Boundary, Cariboo, Central Okanagan, Clearwater, Creston, Golden, Kimberley/Cranbrook, Lillooet, Lytton, Merritt, North Okanagan (Vernon), Oliver/Osoyoos/Okanagan Falls, Revelstoke, Shuswap (Salmon Arm), South Okanagan, Thompson and West Kootenay.

ISLAND:

Campbell River, Comox, Cowichan, Gabriola/Gulf Islands, Long Beach, Mt. Waddington, Nanaimo, Oceanside/Parksville, Port Alberni, Saanich Peninsula, Salt Spring Island, Sooke/West Shore, Victoria.

FRASER:

Abbotsford, Burnaby, Chilliwack, Delta, Fraser Cascades, Langley, Mission, New Westminster, Ridge Meadows, Surrey/North Delta, Tri-Cities, White Rock/South Surrey.

VANCOUVER COASTAL:

Bella Coola, North Shore, Pemberton, Sea-to-Sky, Sunshine Coast, Vancouver.

NORTH:

Burns Lake, Dawson Creek, Fort St James, Fraser Lake, Haida Gwaii North, Haida Gwaii South, Hazelton, Kitimat, Prince George, Prince Rupert, Quesnel, Smithers, Terrace, Valemount, Vanderhoof.

The System Working Groups are:

EMERGENCY DEPARTMENT PROTOCOL:

Creating and implementing a CYMHSU Protocol to standardize best practices for care in Emergency Departments, in addition to providing follow-up support plans and resources for children, youth and families in crisis.

INFORMATION SHARING:

Bridging gaps in care and streamlining support across service providers through improved and consistent methods for information sharing.

PHYSICIAN COMPENSATION:

Recommending changes to compensation and fees to ensure a fair and equitable payment system for psychiatrists and other physicians caring for patients with MH and substance use problems.

TRANSITIONS – YOUTH TO ADULT:

Supporting youth aged 16+ to transition safely and effectively from CYMH services to the adult mental health system.

TRANSITIONS – HOSPITAL TO COMMUNITY:

Ensuring safe and effective transitions for children and youth moving from hospital to community.

YOUTH AND YOUNG ADULT SERVICES:

Ensuring that the unique needs of youth and young adult population (ages 12-24 inclusive) are understood and addressed with systemic changes at the service delivery level.

LEARNING LINKS:

Developing learning modules on child and youth mental health to enhance skills of general psychiatrists, pediatricians, family physicians and other clinicians, especially those practicing in rural areas with limited access to services.

PHYSICIAN RECRUITMENT AND RETENTION:

Work with Ministries, Health Authorities, Doctors of BC and other organizations to resolve system barriers currently affecting the recruitment and retention of physicians providing child and youth mental health and substance use care.

TELEHEALTH/RURAL AND REMOTE:

Support the utilization of technology to improve access to mental health and substance use services for children, youth and families in rural and remote communities, including Aboriginal communities.

BUILDING MHSU CAPACITY IN SCHOOLS:

Identify and build relationships with organizations providing MHSU support in schools, to increase awareness and capacity for early identification and support for children, youth and families with emerging MHSU issues.

EVALUATION AND MEASUREMENT:

Build a framework based on a four-legged stool model:

1. quantitative data from the Ministries
2. qualitative data and case studies capturing experiences within the Collaborative
3. quality improvement measures from Local Action Teams, and
4. youth and family engagement.

For more information visit: <http://sharedcarebc.ca/initiatives/cymhsu-collaborative>