

Learning Session 7:

Summaries of Breakout Sessions

March, 2016



Title Of Presentation: **A Long and Winding Road: Best Practices for Youth Concurrent Disorders**

Presenters	Dr. Carol-Ann Saari, Jennifer Toomey
Key Contact	carolann.saari@fraserhealth.ca
AM Session 1	Inclusive Care for All
Time	10:25-11:15
Room	Junior Ballroom D
Helpful Resources	bc211: www.bc211.ca/ ; Surrey RCMP: http://surrey.rcmp-grc.gc.ca/

Key Words concurrent disorder, dual diagnosis, addiction psychiatry, substance use disorder, literacy around drugs, mental illness, patient-centered, message to youth, prevention, treatment, medication, interactions

Short Summary of Topic The presentation covered the range of screening tools and best practices in assessing and treating youth with concurrent disorders. The presentation emphasized the complexity of diagnosis as people's behaviours change over time. It detailed best practices for treatment in youth, such as familiarity with youth reality & language and family involvement that addresses diverse family needs. Also discussed: ongoing assessments (random urine tests throughout treatment), adjustments of treatment along a continuum of care, treatments must be developmentally appropriate, and more.

Key Lessons to Share

- 1.** Relationship between youth, family, and counselors and the ability to sustain that past six sessions
- 2.** Need for recurrent, on-going assessments
- 3.** Creative, collaborative, co-location care
- 4.** The importance of a sustainable relationship with care provider

Tweet Building relationships between families, youths, and counselors are keys in strengthening treatment for youth

Title Of Presentation: **Engaging Multicultural Youth: Promoting Mental Wellness and Fostering Digital Health Literacy**

Presenters	Helen Novak Lauscher, PhD; Elizabeth Stacy, MA; Sophia Khan, BA
Key Contact	Helen.nl@UBC.ca
AM Session 2	Inclusive Care for All
Room	10:35-11:25
Time	Junior Ballroom B
Helpful Resources	Kelty Mental Health: http://keltymentalhealth.ca/

Key Words

Youth, wellness, mental health technology, multicultural, community, engagement, participatory

Short Summary of Topic

The presentation covered ways to develop community-specific online tools to improve mental health as well as ways to help community members access and learn how to use technology. Online tools can include: self-care/assessments, interactive Choose-Your-Own-Adventure-style comics for kids about wellness issues like sleep habits, and digital recordings of music within the aboriginal community to deal with larger cultural issues (such as substance abuse, suicide, loss of culture) in a more approachable way.

Key Lessons to Share

- 1.** Find an entry point through interviews/surveys to determine what the community needs most.
 - 2.** Meet communities where they are: in places where they feel comfortable, temples, malls, etc. Let the community direct a culturally sensitive approach to meet their needs and empower individuals.
 - 3.** Role Models and Champions – find locals, with lived experiences, like Rex Smallboy in Ktunaxa Nation.
 - 4.** Make it collaborative and participatory – promote dialogue and shared/mutual learning between community and health care providers.
 - 5.** Use of technology– aim to increase the communities’ confidence and capacity (tech skills) to improve their access to technology and empower them to take charge of their own health.
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Tweet

Engaging w individual communities in culturally sensitive way can increase self-directed mental/overallhealth #united4CYMH

Title Of Presentation: **Best Practice in Context: A Trauma-Informed View of Addiction**

Presenter	Dr. Gabor Maté
Key Contact	Message through http://drgabormate.com/contact/
AM Session 3	Inclusive Care for All
Time	10:25-11:15
Room	Port McNeill
Helpful Resources	The Adverse Childhood Experiences (ACE) Study: www.cdc.gov/violenceprevention/acestudy/ In the Realm of Hungry Ghosts- a book by Dr. Gabor Maté: http://drgabormate.com

Key Words

biopsychosocial approach, trauma, “war on drug users”, addictions as adaptations, epigenetics, adverse childhood experiences, neglect, connection, understanding, rewiring with positive adaptations

Short Summary of Topic

Dr. Gabor Maté described the two current, dominant perspectives on mental health, 1) Medicalization, in which mental health is a brain disease to be addressed by drugs and 2) Behavioural, which focuses on how the behaviour can be changed. Dr. Maté argues both are problematic. He endorses a third, biopsychosocial approach, which recognizes individuals respond to stressful environments through learning adaptive strategies that help the problem in the short-term, but are maladaptive in the long-term. Citing the Adverse Childhood Experiences (ACE) study, he urges a focus on the parent-child relationship given that a child’s stressful, neglectful or traumatic environment links to mental health issues. He discussed how addiction is an adaptive response providing something we all seek: a sense of control and personal agency, relief from pain, a sense of social belonging etc. He concluded that we should focus on alleviating the biopsychosocial factors (e.g. poverty, cycles of abuse) that lead people to develop unhealthy coping mechanisms, rather than treating the addiction as the problem.

Key Lessons to Share

- 1.** Addiction is a complex developmental phenomenon which is shaped by early life experience
 - 2.** Trauma is multigenerational, passed on emotionally and epigenetically, without parents meaning to do so. There is no room for blame, only for understanding.
 - 3.** Place the therapeutic relationship in the foreground when working with addicted clients.
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Tweet

Addictions are adaptations to adverse childhood experiences says Dr. Gabor Maté

Title Of Presentation: **The Impacts of Hetero-normativity & Cis-normativity on Youth Mental Health**

Presenters Rhiely Means-Kind, Sage Kendall, Dzeja Sinats
Key Contact petra@ypsn.ca
AM Session 4 Inclusive Care for All
Time 10:25-11:15
Room Gulf Islands C/D
Helpful Resources VCH LGBT2Q+ Wellness Initiative; Google "VCH C.A.L.L. Out!":
Trans Lifeline: www.translifeline.org

Key Words Cis-gender, Cis-normativity, Mental Health, Suicide, Self-Harm, Gender Fluidity, Neo-Pronouns, LaBGTQ+

Short Summary of Topic

Four young speakers explained why CIS-Normativity (the assumption one's biology determines sexual preference) leads to mental illness, self-harm and suicide in LBGTQ+ youth. Being lesbian, gay, bisexual, trans, queer, pan, or asexual are not the cause of mental illness; it is how those around the youth react to their sexual, gender identity that creates the stress. The presentation and a video reinforced the point that sexual preference and gender identities are neither binary constructs nor fixed. They are fluid. Data show that 19% of youth in BC do not identify as straight; 7-8% report having no attraction at all; 2/3 of trans youth report discrimination; Half of trans youth report harming themselves, and more than 65% have considered suicide; 38% of youth who are homeless identify as LBGTQ+. The solution is inclusion. When a LBGTQ+ youth feels included they were four times more likely to report excellent mental health. Help them feel included: Start by asking everyone, "What are your pronouns?" Changing the language can change perceptions.

Key Lessons to Share

1. "Never Assume" that biology shapes identity
 2. LBGTQ+ does not cause mental health problems
 3. There isn't just Gay and Straight
 4. Make everyone feel included
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Tweet

If you live your felt gender, you are 50% more likely to have good mental health

Title Of Presentation: **Entering the Circle: Ways to Engage with Vulnerable, At-Risk Aboriginal Youth**

Presenters	Dr. Jennifer Mervyn, co-presenter Melinda Bige
Key Contact	jmervyn@doctorsofbc.ca
AM Session 5	Inclusive care for all
Time	11:25-12:15
Room	Junior Ballroom C
Helpful Resources	Phototherapy: http://phototherapy-centre.com/

Key Words cultural identity, photo therapy, engagement, positive relationships, community, pride, first accolades, story, exhibition, confidence, art, safe, sharing, expression

Short Summary of Topic The presentation started with exploring the story of our names as a way to connect with youth. It covered how a connection with one's Aboriginal cultural identity builds health and wellness among youth. Mainly, it explored group phototherapy as a tool for treating and building awareness whereby the youth are taken on photo outings and are asked to complete assignments based on specific themes. The themes included self-care, stress & coping, and healthy relationships, which led to group discussions on coping strategies.

- Key Lessons to Share**
- 1.** Connection can occur through non-threatening discussions, such as sharing the story of your name.
 - 2.** Taking photos can help connect to cultural identity, start conversations, and build relationships over time.
 - 3.** Activities like phototherapy can make youth feel proud of accomplishment, make art, give them positive feedback and connection.
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Tweet Phototherapy builds strong sense of cultural identity n builds health & wellness among at-risk youth #unite4CYMH

Title Of Presentation: **Developing Trauma-Informed Practice Guidelines: A Principle-Based Approach**

Presenters Julie Adams

Key Contact julie.adams@gov.bc.ca

AM Session 6 Inclusive Care for All

Time 11:25-12:15

Room Port Alberni

Helpful Resources Google : "Trauma-Informed Practice Guide BC"
Center on the Developing Child, Harvard University: developingchild.harvard.edu

Key Words Trauma informed practices (TIP), engagement, collaboration, Trauma informed vs. Trauma specific

Short Summary of Topic

This lecture discussed the process of creating the annual Trauma informed Practices Guide, on behalf of the BC Provincial Mental Health and Substance Use Planning Council. Trauma informed services are a universal, systems-oriented approach that addresses every system of care (e.g. schools, social workers, etc.) Adams split the developing guidelines into two main realms; the political (e.g. working with MCFD) and human (e.g. the impacts of trauma on individuals and families). It is important to address underlying causes of trauma and health risk behaviours, such as adverse childhood experiences and poverty. Adults of children with mental health disorders or experiences with trauma need support as they might be experiencing trauma that is affecting their children. The development of the guide engaged multiple groups. A crucial part of trauma awareness is moving away from a mentality of asking "what's wrong with you" and towards asking "what's happened to you?" acknowledging the central role that environmental factors play in mental health and trauma.

Key Lessons to Share

- 1.** Support the health and wellbeing of workers in mental health as others' trauma may trigger their own.
 - 2.** Cross system collaboration; work with multiple stakeholders when creating mental health services and support literature (such as the guide).
 - 3.** Focus on treating adult trauma in order to help prevent child trauma; i.e. breaking the cycle of trauma.
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Tweet

Trauma-informed MH practice asks "What happened to you" not "what's wrong with you" #united4CYMH

Title Of Presentation: **A New Path: The Kamloops Journey - Towards Providing Wrap-Around Trauma-Informed Care for Children and Youth**

Presenters	Katherine Gulley, MCFD
Key Contact	katherine.gulley@gov.bc.ca
AM Session 7	Inclusive Care for All
Time	11:25-12:15
Room	Junior Ballroom C
Helpful Resources	Google "Trauma Informed Care Kamloops"

Key Words Trauma-Informed Practice, Wrap-Around Care, Integrated Practice

Short Summary of Topic Katherine Gulley opened her session with the stories of two children. The first had a network of support around her that helped her cope with a stressful situation. The other had access to the same services, but they were not networked. When services are siloed children lose a buffer of support that keeps them safe and stable. Kamloops is working to connect services by creating teams that include MCFD clinicians, care providers, educators and guardians all focused on a child's outcome. Gulley highlighted the approach to building these teams in Kamloops and shared challenges met along the way. To break down silos and create a buffer of support for each child, her team spends a great deal of time building and maintaining communication with all people on the care team. She noted it is important to provide support for care teams, every file is complex, the work is difficult sometimes, and one must practice self-care and self-reflection.

- Key Lessons to Share**
1. Wrap-around care
 2. System change
 3. Trauma informed care
 4. Teams & relationships
 5. Consider trauma
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Tweet Silos keep children isolated. Building bridges connects children to MH services they need when they need it

Title Of Presentation: **Youth and Family Engagement - How to Get There**

Presenters BC youth and families with lived experience.

Key Contact Christie Durnan Christie@ForceSociety.com

AM Session 8 Inclusive Care for All

Time 11:25-12:15

Helpful Resources The F.O.R.C.E. Society for Kids' Mental Health: www.forcesociety.com
FamilySmart: www.familysmart.ca/familysmart

Key Words live experience, connection, active listening, humanity, voices heard, partnership, collaboration, compassion, empathy, little things (can make a big difference)

Short Summary of Topic The presentation shared the experiences of youth and family members who have a personal connection to mental health issues and accessing services (both for better and worse). They set up poster boards with information about ways they think mental health could improved to help youth connect. They gave individual mini-presentations to attendees as they went around to the various stations.

Key Lessons to Share

1. Teachers may recognize symptoms of mental health issues in kids, but must build trust with parents and students to bring it up, aware of the stigma of "mental health issues." Talk in terms of behaviours that are getting in the way of learning.
2. Don't just focus on what needs 'fixing'— teachers and parents should also highlight the child/youth's strengths.
3. Care providers' attitude toward individuals can make a significant impact: treat MH youth and parents with empathy, compassion, humanity, and dignity.
4. One 20-year-old woman described how at age 10 a teacher she disclosed to about her abuse at home brought in her parents, making the abuse escalate. She lied to cover up the truth until she was finally hospitalized at age 15 with somatic pains. Lesson: approach such situations with due care and proper follow-through.

Tweet Small acts of kindness, compassion and empathy from physicians & others can have big impacts for #youth and #families #united4CYMH

Title Of Presentation: **Telehealth for Our Youth: The Work of the CYMHSU Collaborative Telehealth Working Group**

Presenters	Dr. Susan Baer, Dr. Matthew Chow
Key Contact	sbaer@cw.bc.ca
PM Session 1	Let's Talk About...
Time	13:00 - 13:50
Room	Junior Ballroom A
Helpful Resources	Partnership Access Line: www.palforkids.org/about.html

Key Words standardized provincial approach, organized, remote communities, province have's and have not's, access, child psychiatry, underutilized, more equitable access

Short Summary of Topic The presentation covered the current state of Telehealth utilization in treating mental health among B.C.'s remote communities. It included an analysis of survey results from the Tele-health working group asking whether communities used Telehealth services to treat child psychiatry. Steps are being taken to address specific community needs via the blended systems of Telehealth and Outreach, and the future of Telehealth includes making services accessible via mobile apps.

- Key Lessons to share**
- 1.** Telehealth makes access more equitable among communities;
 - 2.** Some system flaws still exist for equitable access; Telehealth is still underutilized in child psychiatry;
 - 3.** Easy, secure access via smart phones or doctors' computers will soon be a technological reality.
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Tweet Telehealth can equalize access to #mentalhealth among B.C's remote communities

Title Of Presentation: **Learning Links: Enhanced Learning Series in Child & Youth Mental Health**

Presenters	Meagan Colenutt
Key Contact	meagan.colenutt@cw.bc.ca
PM Session 2	Let's Talk About...
Time	13:00 - 13:50
Room	Junior Ballroom B
Helpful Resources	Google: "Kelty Mental Health blog Learning Links"

Key Words Learning Links, Enhanced Learning Series, Physicians tool

Short Summary of Topic

Pediatricians and general psychiatrists in BC, especially in rural and remote communities, need more training and support to deal with many specialized CYMH problems, hence the creation of the Learning Links platform. The presentation covered the online framework and platform, and how they determined the 15 different content areas. The online content includes instructive video clips of how to build rapport and conduct patient interviews. The content follows the template: Presentations, Diagnosis, Management, Psycho-pharmacology, and Emergent Presentations. Links to resources and more information are given. The content is written to specialist level for clinicians and follows a medical model, but the framework is flexible enough to allow for expansion to others. The tool tracks progress, is free to use, and can be applied towards self-learning credits for clinicians.

Key Lessons to Share

- 1.** Learning Links is an online training program in CYMH aimed at pediatricians, general psychiatrists, and family doctors.
 - 2.** The program covers 15 in-depth topics and is CME accredited.
 - 3.** It will be launched this spring.
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Tweet

Specialists in BC to get enhanced CYMH training with new Learning Links online training program

Title Of Presentation: **Approaches to Substance Use Health Promotion in Schools**

Presenters Art Steinmann, Cindy Andrew, Kristen Hermanson

Key Contact asteinmann@vsb.bc.ca; cindy.andrew@gov.bc.ca

PM Session 3 Let's Talk About...

Time 13:00-13:50

Room Junior Ballroom C

Helpful Resources Vancouver School Board SACY website: www.vsb.bc.ca/sacy
UVic iMinds: www.iminds.ca

Key Words prevention, brief Intervention, "wraparound approach", STEP, Iminds, drug literacy competencies curriculum

Short Summary of Topic

Art Steinmann and Kristen Hermanson discussed the key components of the Vancouver School Board's the SACY (School Age Children and Youth) Substance Use Prevention Initiative; four major activity streams that engage parents, teachers and youth; and the STEP program, a brief intervention initiative. An external evaluation of the initiative shows improvements in school engagement and reduction in substance use. They highlighted the success of "Capacity Café" events which train students and parents to communicate openly to confront the issues facing them. Cindy Andrew outlined some of the features and goals of the new K-12 provincial curriculum, with its shift from didactic to inquiry. Curricula models, such as the Iminds health literacy resource, examine a broad range of issues and perspectives, helping students develop drug literacy competencies by developing a holistic view of substance use and working out healthy solutions for themselves.

Key Lessons to Share

- 1.** Relationships are crucial. When students are supported and listened to they remain motivated and engaged.
 - 2.** Substance abuse literacy fosters critical thinking and problem-solving skills.
 - 3.** Fear-based education does not work, and is likely to cause harm.
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Tweet

Just Say No to fear-based drug education and embrace the new holistic drug literacy curriculum

Title Of Presentation: **Young People and Drugs: Engaging Families and Communities in the Conversation**

Presenters	Dan Reist, CARBC; Alexandra Wilson, SACY, Mahboubeh Asgari, CARBC
Key Contact	dreist@uvic.ca
PM Session 4	Let's Talk About...
Time	13:00-13:50
Room	Port McNeil
Helpful Resources	Vancouver School Board SACY website: www.vsb.bc.ca/sacy UVic Helping Schools initiative: www.helpingschools.ca

Key Words differences (backgrounds, experiences, perspectives), engage, dialogue vs. debate, philosophy, psychology

Short Summary of Topic The presentation covered how to engage the larger community (church, school, etc.) as well as families in the dialogue about drugs. A "dialogue" tries to understand and consider other opinions, rather than aiming to win others over or "right" them, as in a debate about youth and drug use, while maintaining the youth voice on the subject. Approached from a philosophical point of view, taught through use of exercises to help demonstrate how to have conversations, especially with youth, about issues where opinions may differ. Offered small group discussions, first stating opinions on Canada's forthcoming aim to legalize cannabis to the group, then pairing up with someone who holds an opposing opinion to your own and taking on their stance on the topic.

Key Lessons to Share

- 1.** It's human nature/an automatic response (both physiologically and psychologically) to resist the new.
- 2.** Don't be threatened by differing opinions. While perspectives may be different, they're all meaningful.
- 3.** Keys to a Good Dialogue: 1) Be aware of your own ideas – reflect on them; 2) Listen to each other's ideas; 3) Try to deepen your understanding of each other's ideas.
- 4.** This kind of dialogue helps us be more open about our own perspective, yet more connected to those we're talking with.

Tweet Don't be threatened by a difference of opinion. Open dialog fosters greater connection

Title Of Presentation: **SBIRT: Screening, Brief Intervention and Referral to Treatment – An Overview**

Presenters	Dr. Carol Ann Saari, Douglas Rogers
Key Contact	carolann.saari@fraserhealth.ca
PM Session 5	Let's Talk About...
Time	14:00 - 14:50
Room	Parksville
Helpful Resources	bc211 help lines: www.bc211.ca/help-lines/ National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov

Key Words

substance use screening, serious SU, intensive treatment, coping, questions, conversation, short screeners, brief intervention, time-specific

Short Summary of Topic

The presentation covered SBIRT as an evidence-based approach that encourages all care providers to quickly screen and provide counselling to youths who may be considering using substances with a model consisting of questioning /conversation, risk assessment, advising & assisting, and continued support at follow-up. The model is meant to reduce unsafe behaviour patterns and decrease the consequences of substance misuse.

Key Lessons to Share

- 1.** Anyone can use it. Everybody is involved in helping young people
 - 2.** Handy acronym (sounds like "spirt")
 - 3.** Can have an impact at any point in the substance continuum
 - 4.** Don't be afraid to ask
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Tweet

Research shows benefits of drug screening tool SBIRT include reduced mortality rates and lower health costs #United4CYMH

Title Of Presentation: **Exploring Youth and Young Adult Health Centres and “Hubs”**

Presenters Jeremy Church, Mountainside Secondary School Principal;
Naomi Hwang, Victoria Youth Clinic;
Mike Gawlink, CMHA Kelowna;
Brian Gross, Abbotsford Youth Health Centre

Key Contact Brian@Vyper.ca

PM Session 6 Let's Talk About...

Time 14:00-14:50

Room Port Alberni

Helpful Resources Abbotsford Youth Health Centre: www.AYHC.ca
Victoria Youth Clinic: www.victoriayouthclinic.ca

Key Words partnership, co-location, collaboration, community, engagement, support, safe space

Short Summary of Topic The presentation looked at the benefits of a multi-organization/ co-location hub model, with multiple services in one space, in terms of reaching, assessing and assisting youth.

- Key Lessons to Share**
- 1.** Co-location of services doesn't necessarily lead to integration - have to work at it.
 - 2.** Most new referrals are from other students; normalize the process by providing mental and physical health services, so no stigma to youth accessing care.
 - 3.** Build relationships with youth over time, i.e. youth accessing birth control over number of months build trust to go into deeper issues.
 - 4.** Integrated care makes sense, but there needs to be more funding to make it happen, as well as access to appropriate spaces.
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Tweet Normalizing process of youth accessing #mentalhealth services via hubs underway #united4cymh

Title Of Presentation: **Innovating the Provision of Accessible, Low-Intensity Cognitive Behavioural Programs for Young People Experience**

Presenters	Jonny Morris
Key Contact	jonny.morris@cmha.bc.ca
PM Session 7	Let's Talk About...
Time	14:00 - 14:50
Room	Junior Ballroom D
Helpful Resources	Bluewave: www.bluewavebc.ca Living Life to the Full: www.livinglifetothefull.ca

Key Words CBT, Cognitive Behavioural Therapy; Live Life to the Full, Bounce Back

Short Summary of Topic This session combined a workshop and an information session to show participants how youth can take control of their mental health. Presenter Jonny Morris combined activity with talk to show how Cognitive Behaviour Therapy can be delivered to young people before sub-clinical mental disorder becomes clinical. Bounce Back is a telephone counselling program for adults that provides one-on-one counselling. Findings show that patients see clinical symptoms abate to sub-clinic levels by the end of the program. Since youth today do not spend a lot of time speaking on the phone, this is where the program "Live Life to the Full" steps in. An 8-session, 12 hour in-person program designed to help youth better manage their mental health, the course looks at worry, low mood, isolation, healthy thinking, problem solving, confidence, and anger management. It is run in venues like the YMCA and schools. To give participants some idea of how "Live Life to the Full" works, Morris ran the audience through two activities and presented one video. All materials can be downloaded online.

Tweet Are bad thoughts ruining your day? Bounce Back may help

Title Of Presentation: **Aboriginal Awareness Introduction**

Presenters Catherine Blackstock-Campbell, Isabel Jackson

PM Session 8 Let's Talk About...

Time 14:00 - 14:50

Room Gulf Islands C/D

Helpful Resources Search "Aboriginal mental health": <http://www.heretohelp.bc.ca/>

Key Words etiquette, history of Aboriginal rights, diversity, language.

Short Summary of Topic A brief historical and cultural introduction to the Aboriginal peoples of BC. Blackstock-Campbell and Jackson discussed the history and evolution of Aboriginal rights, the diversity of languages and cultures, and critical issues of etiquette and protocol that will help listeners to communicate effectively with clients.

- Key Lessons to Share**
- 1.** The strict segregation of Aboriginal people in Canadian society has only recently ended.
 - 2.** Each group you work with may have different conventions and expectations. Make every effort to get to know the people you are working with.
 - 3.** Be prepared to listen, allow your clients to speak for themselves.
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Tweet The best way to engage? Listen and learn. Catherine Blackstock-Campbell and Isabel Jackson teach how to work effectively with Aboriginal clients