

SCC Meeting – June 6, 2017

Summary of Key Items

1. Northern Health Raceline – Candice Manahan, Northern Health

- Northern Partners in Care (NPiC) has engaged with partners to transition any remaining work as they wind up their activities by June 30, 2017.
- The Shared Care Committee approved an allocation of \$8,000 for costs associated with transitioning one of these activities over a one year period, the Northern Partners in Care Raceline, to the Northern Health Authority.
- Along with the other RACE initiatives in each region, NHA will participate in the provincial RACE steering committee discussions to outline an overarching sustainability plan for the BC RACE model.

2. Presentation: Victoria Mental Health and Substance Use Project – Dr. Erin Burrell & Christine Tomori

- An update was provided on the Victoria Division's Shared Care Cognitive Behavior Therapy (CBT) project, which developed CBT Group Medical Visits for people seeking help with mild to moderate depression and anxiety.
- A patient story described how a patient was able to successfully return to work after a leave of absence for anxiety and panic attacks after completing the program.
- So far there have been 2349 referrals from 333 GPs, and 152 referrals from Island Health MHSU. 1,895 patients have participated in groups, and 20-25 groups are offered every quarter. There has also been significant interest in the project from other Divisions.
- Evaluation results indicate that 92% of patients would recommend the program to others, and symptom ratings using a standardized clinical assessment tool indicated very positive outcomes.
- Many people wonder if GPs should be conducting the GMVs as opposed to allied health providers. It was stated that GPs are already seeing numerous individual GP appointments taking place for the same issues. By amalgamating them into one group more patients are being served overall, and support from other patients is an additional benefit. It also builds capacity for GP facilitators to manage mental health symptoms in their own practices.
- A request to pilot a Group Medical Visit fee code for GPs to extend the paid visit time from 90 minutes to 120 minutes was requested and tabled for future discussion.

3. Child and Youth Mental Health and Substance Use Collaborative Update – N. Soares, C. Southey

- Four of the 64 Local Action Teams have now wrapped up their work.
- Approximately 100 physicians have joined a newly formed CYMHSU Community of Practice. The first meeting will take place in the fall.
- There has been growing interest in Adverse Childhood Experiences (ACEs), building from an knowledge exchange Workshop with Alberta and a presentation at the Shared Care/Perinatal Services BC Maternity Workshop. The CYMHSU Collaborative will also have a presence at the June 2017 GPSC Summit – co-leading a session on ACEs and Social Determinants of Health.

4. Telehealth Working Group Update and Recommendations – CYMHSU Collaborative

- Dr. Susan Baery and Michele Blaise provided an overview of the work and recommendations of the CYMHSU Collaborative Telehealth Working Group (see report [here](#)).
- The goals of the group were to identify how to leverage telehealth technology to increase access to services and capacity in rural and remote areas of BC for children and youth with mental health concerns.
- Project recommendations included: Developing a comprehensive tele-health system with equitable access; engage with local communities to increase their capacity and long term sustainability; integrate with existing community care systems including primary care homes.