

NOVEMBER 14, 2024 | SHERATON WALL CENTRE, VANCOUVER

Child and Youth Mental Health and Substance Use Community of Practice

POST-EVENT REPORT



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Event Summary

Implementing world-renowned substance use prevention models/resources in BC and healthy technology habits were the focus of the Child and Youth Mental Health and Substance Use Community of Practice (CYMHSU CoP) event for physicians, project staff, Ministry of Health and health authority representatives, other health care professionals.



Key Learnings

Icelandic Prevention Model: Foundation and Practice

Dr Alfgeir L Kristjansson – Professor of Public Health at West Virginia University School of Public Health, and Principal Investigator and Co-Director for the West Virginia Prevention Research Center – shared the successes of the Icelandic Prevention Model (IPM) and Integrated Community Engagement (ICE) Collaborative.

“Dr Krisjansson and Dr Kang both communicated their subject matter exceptionally well. The content will help guide my future research and practice.”
— Event Attendee

IPM is built on collaboration.

- ▶ Engage and empower community members.
- ▶ Use community-based data and match the data with local work.
- ▶ Learning from kids and parents provides insights not found in research papers.



“Poverty is the elephant in the room.”
— Dr Alfgeir Kristjansson

Substance use risk factors are unevenly distributed. Children don’t choose their parents, where they live, or where they go to school.

Focus on primary prevention and delay substance use as long as possible. Later onset always leads to lower severity.

- ▶ Community-based non-clinical prevention contributes to ~80% of population health.
- ▶ Preventing substance use in children leads to decreased rates of school dropouts, teen pregnancies, family breakdown, etc.

“Just say no” to drugs and alcohol is too simplistic and not an effective strategy. IPM/ICE is a “bottom-up” collaborative that emphasizes environment change, not individual responsibility. Focus on teaching youth to make smart decisions rather than simply telling them what to do.

Use the “toolkit approach.” Bring the tools and teach the community how to apply them according to their needs.

“Spending money on tertiary prevention without changing the environment is like manufacturing the problem.”
— Dr Alfgeir Kristjansson



Northern Lights: Securing a Bright Future for Youth in Northern BC through the Icelandic Prevention Model

Erica Koopmans and Shirley Giroux discussed how the IPM is being used in communities in the Robson Valley, aiming to make every northern BC community a safe space for children and youth to grow, learn, and thrive.

- ▶ **Teens have trouble fitting in.** There are community spaces for adults and younger kids, but few for teens.

💬 “What kids ask for is nothing mind-blowing. It’s things like extending local pool hours, or improving lighting at the park.”
— Erica Koopmans

Future plans involve evaluating the work done in the Robson Valley and using the learnings to determine how to best support implementing the Icelandic Prevention Model in other BC communities.

- ▶ **Cycle:** Learn about the community, grow the community, celebrate the community, repeat.
- ▶ **Don’t jump to data collection.** Take the time to lay the foundation to help create a thriving community, then move forwards.





💬 “The booths from Kelty, Foundry, etc were invaluable and provided great resources I can bring back to my clinic.”
— Event Attendee

“We have to normalize these conversations. If the same risk factors were related to hypertension, we’d be screaming for intervention.”
— Dr Shirley Sze



Clinical Care Pathways: Opioid/substance use

Dr David Smith, Child and Adolescent Psychiatrist, and Dr Shirley Sze, Family Physician with the Child and Youth Substance Use Clinical Care Pathway Working Group, discussed the [Child and Youth Substance Use Clinical Care Pathway](#) (Pathways login required).

- ▶ Substance use is preventable, and the longer it’s delayed, the better.
- ▶ Starting the dialogue with young patients is critical. In the primary care setting it’s important to create a sense of safety and confidentiality, and to be aware of the social determinants of health.
- ▶ Youth substance use is very different than in adults. Clinical decisions must be guided by the knowledge that there are differences in brain development and how youth think (e.g., impulse control and executive function are still forming).
- ▶ The Child and Youth Substance Use Clinical Care Pathway helps guide the process of treating substance use issues, which often involve complex interdisciplinary challenges.

“The presentations about eating disorder pathways were extremely helpful. I want to spend time working with these platforms to improve my practice.”
— Event Attendee

Eating disorders

Dr Joan Fujiwara and Dr Tara Tandan gave an overview of two clinical care pathways:

- ▶ [Pathways BC Point of Care Child and Youth Eating Disorders Pathway](#) (Pathways login required).
- ▶ [Compass BC Comprehensive Care Continuum Child and Youth Eating Disorders Pathway](#) (No login required).

The COVID-19 pandemic was accompanied by an eating disorder “shadow pandemic,” increasing strain on patients, families, doctors, care teams, and systems.

- ▶ Eating disorder recovery is an ongoing process. Family doctors play a “quarterback” role throughout by monitoring progress, referring to specialists as needed, and supporting the patient and family.
- ▶ Work with the patient to establish the goals of care and decide on a treatment plan. Involve the family/caregiver in supporting the patient, particularly related to family and cultural events.
- ▶ Always exercise cultural humility and consider the patient’s background: Past/present trauma, home life, religion, cultural and socio-economic factors, etc.

💬 “The tech diet is not just time based - it’s about the type of usage. There’s a big difference between kids Facetiming with their grandparents and watching TikTok videos from the Ukraine conflict.”
— Dr Shimi Kang





💬 “Dr Kang’s talk on tech addiction was fascinating, topical, and also relevant to me as a parent.”
— Event Attendee

The Future-Ready Mind: Tools to Navigate a Dopamine-Driven World

Dr Shimi Kang explained how our dopamine-driven society impacts the brain and behaviour, and how to consume technology in a healthy way.

- ▶ Social media companies compete in a “race to intimacy” by leveraging their users’ dopamine cravings to create a psychological need. Dopamine brings pleasure, but it’s short lived, and not always “happy.”
- ▶ Technology overuse is linked to health issues including addiction, anxiety, depression, loneliness, sleep disorders, obesity, and physical problems (“tech neck”).
- ▶ Delay technology use in children as long as possible. Nurture coping skills, in-person social skills, time management, etc. before introducing technology.
- ▶ Unhealthy (dopamine-based) use of technology: Directionless scrolling, gaming addiction, unfair social media comparisons, cyber bullying.

Healthy use of technology:

- ▶ Music (endorphins).
- ▶ Social connection (oxytocin).
- ▶ Online learning, creativity (serotonin).

Dolphin parenting approach (collaborative, firm but flexible) is usually more effective than shark (authoritarian) or jellyfish (permissive) parenting.

- ▶ Use an empathic approach that prioritizes the child’s goals and autonomy while focusing on their success.

Strategy: View stressors as a challenge rather than a problem. This engages a different part of the brain and can help change stress into a positive experience.

Event information and resources

To get involved in the CYMHSU Community of Practice work, or for more information about the event (including links to presenter resources), visit the [Child and Youth Mental Health and Substance Use Community of Practice webpage](#).

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