

Child & Youth Mental Health & Substance Use (CYMHSU) Physicians Community of Practice

Summary Report from 4th Provincial Gathering: May 9, 2019

Background

On May 9, 2019, the CYMHSU Physicians Community of Practice (CoP), now with 186 members, hosted their fourth provincial gathering at the Vancouver Airport Marriott Hotel in Richmond, BC. Fifty-seven participants gathered for the dinner workshop which focused on the top priority highlighted by the CoP membership in a recent survey.

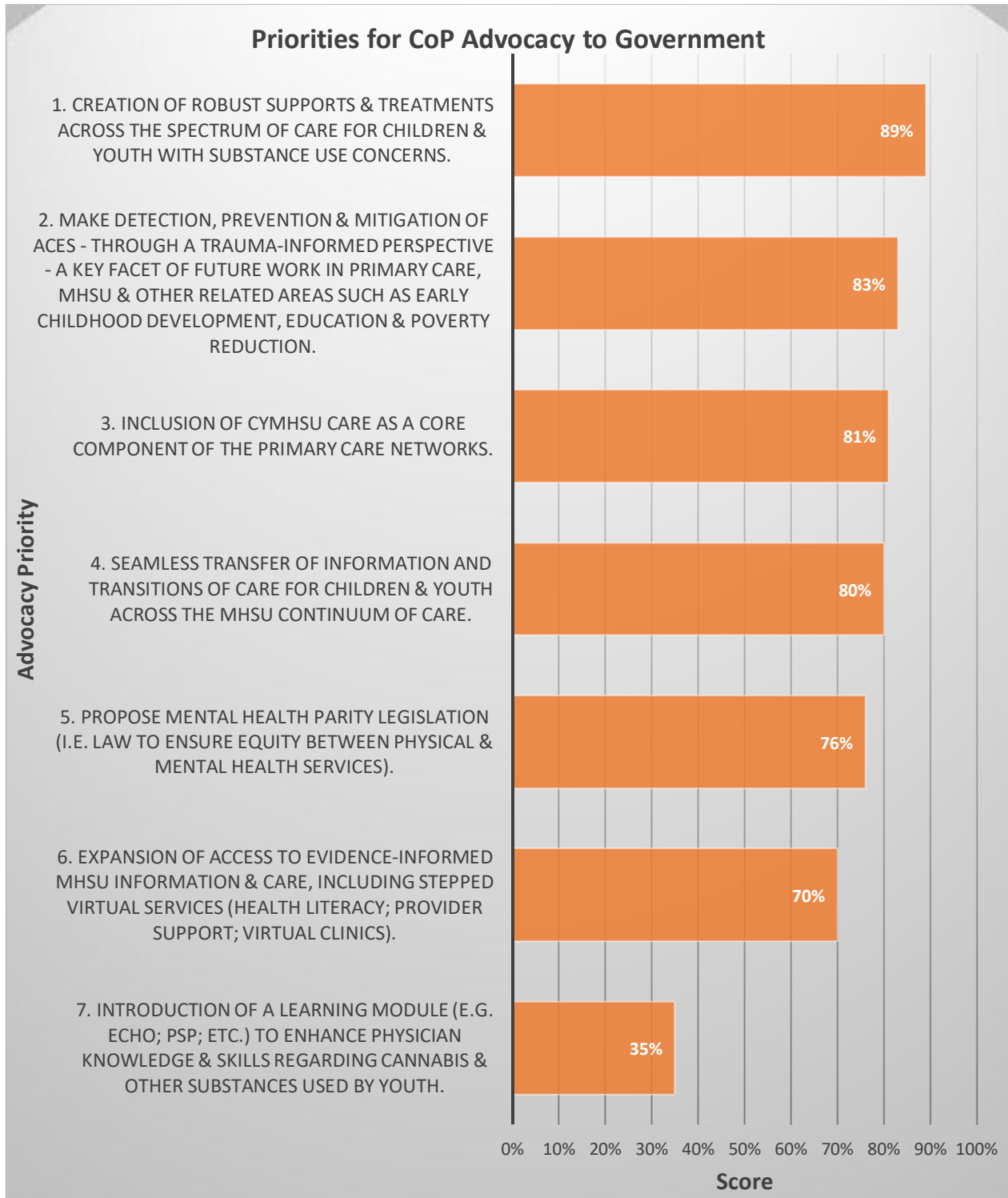
Survey Results – Advocacy Priorities

As Health Advocates¹, physicians leverage their position and influence to positively influence the health of patients, communities, and populations they serve. They advocate with patients and speak on behalf of others when required, to improve the health care system and access to appropriate resources in a timely manner. On January 10, 2019, CoP members received a link to a survey asking them to rank their top three advocacy priorities for the CoP to address with the child-serving Ministries. Over 70 participants responded before the survey closed, highlighting substance use care as their primary advocacy priority. The advocacy priorities in order of precedence can be viewed in the following graph.

The advocacy priority highlighted by the CoP aligns with the [Ministry of Mental Health and Addictions \(MMHA\) 2018/19 – 2020/21 Service Plan](#) which includes “improv[ing] access to effective mental health and addictions services and supports through the design development and implementation of a Mental Health and Addictions Strategy and Action Plan that includes a focus on prevention and early intervention services/supports, and children, youth, and Indigenous peoples.” CoP members are keen to work closely with community agencies, administrators, and

policy-makers to raise awareness of critical gaps in youth substance use care and collaboratively generate and activate solutions.

¹CanMEDS Role: Health Advocate. (n.d.). Retrieved from <http://www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-health-advocate-e>



Spring 2019 CYMHSU CoP Gathering Objectives

The purpose of the session was to provide physicians with opportunities to:

1. Learn about provincial strategies for CYMHSU care and Community of Practice activities to elevate CYMHSU care, with a focus on *substance use*.
2. Collaboratively generate solutions to address key gaps and commit to action individually and as a group.
3. Form deepened and expanded professional networks of CYMHSU physician champions and leaders.

Participant Breakdown

57 participants from various disciplines and government Ministries attended the session.

Breakdown by Role	
Family Physician	26
Pediatrician	6
Psychiatrist	13
Doctors of BC	3
BC Government (Ministry of Mental Health & Addictions, MCFD)	5
Medical Student/Resident Physician	2
Other (BC Pediatric Society, Canadian Medical Association)	2
Total	57

Participants came from a variety of regions across British Columbia. Of the 57 participants, 24 are affiliated with a continuing CYMHSU Collaborative Local Action Team, and 30 had participated in the previous in-person gathering on October 19, 2018.

Breakdown by Region (Physicians Only)					
Health Authority	Family Physician	Pediatrician	Psychiatrist	Student/Resident	Total
Fraser	9	1	2	-	12
Interior	3	1	2	-	6
Northern	1	-	1	-	2
Vancouver Coastal	5	-	3	2	10
Vancouver Island	6	2	2	-	10
Provincial	2	2	3	-	7
Total	26	6	13	2	47

Getting Started

The evening opened with a welcome from **Dr Matt Chow** (Psychiatrist, Vancouver), representing the CoP Steering Committee which includes **Dr Wilma Arruda** (Pediatrician, Nanaimo), **Dr Matt Burkey** (Psychiatrist, Williams Lake), **Dr Jana Davidson** (Psychiatrist, Vancouver), **Dr Rob Lehman** (Family Physician, Gibsons), **Dr Aven Poynter** (Pediatrician, Langley) and **Dr Shirley Sze** (Family Physician, Kamloops). The CoP also had the pleasure of hearing from **Dr Ramneek Dosanjh**, President of the Society of General Practitioners, during the opening remarks.

In addition, we were pleased to have **Christine Vandebek** join the CoP once again, to facilitate the sessions planned for the evening.

The three working group chairs then presented a brief [summary of activities](#) since the October in-person CoP Gathering.

CYMHSU CoP Working Groups

Working Group #1	Government Relations	Chair: Dr Matt Chow
Working Group #2	Adverse Childhood Experiences (ACEs)	Chair: Dr Shirley Sze
Working Group #3	Networking	Chair: Dr Matt Burkey

Child & Youth Substance Use: Gaps & Actions

The following representatives from the Ministry of Health (MoH) and the Ministry of Mental Health & Addictions (MMHA) presented at the workshop to discuss gaps and key actions for child and youth substance use care in BC.

Roxanne Blemings (Director, Prevention & Promotion, Mental Health & Substance Use, MoH)

Melanie Finley (A/Senior Director, Policy & Legislation, Strategic Policy & Planning, MMHA)

Their presentation focused on the following items, with proposed actions centred on the areas of (1) improving care, and (2) improving family engagement:

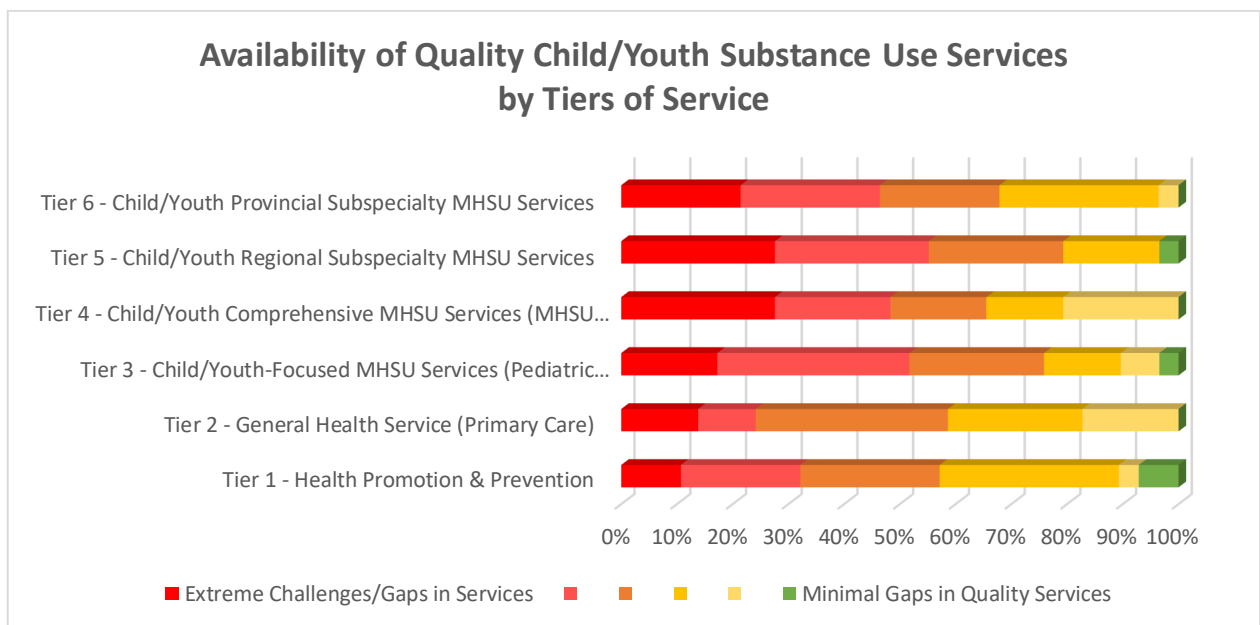
- Youth, under 19, at **immediate** risk of injury, disability, death due to a severe substance use disorder
- Options to close a gap in care in the **immediate** aftermath of a substance use related medical emergency (e.g. opioid overdose; alcohol poisoning)
- Strengthening the **voluntary system** through incremental expansion and policy/practice change within currently available resources.

Proposed actions include implementation of practitioner education (e.g. BC Centre for Substance Use Seminar Series), improving access to youth addictions medicine specialist expertise to improve clinical practice and decision-making (e.g. Compass, BC Children's Hospital), and improving policy and practice focused on youth consent, confidentiality, information-sharing, and engagement of family and caregivers.

The MMHA and MoH are developing further action plans, with significant new funding for child and youth mental health and substance use services, and CoP members were keen to contribute to these plans.

Survey Results – Availability of Quality Child & Youth Substance Use Services

A pre-event survey was circulated to CoP members ahead of the in-person gathering to better understand the perceived availability of quality child and youth substance use services across six tiers of service. The tiers of service used in the survey were based off of Child Health BC’s framework which supports system planning for children’s health services.



The survey results identified Tiers 3 and 5 as having the most gaps in services. Participants shortlisted and then elaborated on developing solutions for three key gaps in these two tiers: (1) access to substance use counsellors, (2) access to treatment, and (3) post-treatment care.

Challenges & Gaps in Tier 3	
1	Waitlists for pediatricians
2	Services not designed for Indigenous youth, rural youth, youth not in school
3	Appointment-based (9 to 5) services are not responsive to patients & families in crisis
4	Pediatricians do not have the skills/confidence they need to care for children/youth with substance use disorders
5	No pathway for youth 17-19 years of age not planning for their transition to adult care

CoP members shared that there are not enough options between Tiers 4 and 5 for children and youth that need more intensive substance use treatment. It was suggested that more patient-centred options – delivered through substance use counsellors, case management teams, and day programs – in Tier 4 could answer some of the demand and access challenges in Tier 5. For that reason, these tiers were considered together.

Challenges & Gaps in Tiers 4 & 5	
1	Access to psychiatrists and substance use counsellors in their home community
2	6-month wait to get youth into treatment programs
3	Most children & youth with substance use disorders have concurrent disorders yet this care is not integrated with their treatment options
4	More often than not, there is no plan for integrated care in their community, post-treatment

Over the next months, the CoP will generate solutions to close the gaps in accessibility of treatment programs (inpatient or intensive case management) via Slack. Possible solutions generated from the dialogue at the CoP Gathering on May 9th can be found in the table below.

What could close the gaps in accessibility of treatment programs (inpatient or intensive case management)?	
1	Increased prevention efforts
2	Increased number of substance use counsellors
3	Community-based Intensive Case Management Teams with wraparound substance use counselling, social worker support for youth where they are (home, on the street, etc) – e.g. VIHA example
4	Develop patient-centred care model where frequency and type of support varies by their acuity (shift away from weekly visits for every patient)
5	A provincial triage system that identifies patients that will benefit most from a Tier 5 program
6	Daytox program with support for anxiety, other mental health challenges
7	Supportive, low-barrier spaces/programs that: a) do not kick youth out during the day, b) are discreet, and c) reach homeless youth
8	Better use of technology to solve access issues
9	Equip treatment programs to accept concurrent disorders
10	Raise profile of access issues and prioritize our future (i.e. youth) over adults so funding is released and/or consider partnerships to increase beds
11	Mutual-help group for youth with substance use disorders – i.e. youth-centred version of AA, NA
12	Better workforce planning and retention efforts
13	Post detox care

Key Learnings & Emerging Themes Identified at the Session

Over 50% of participants completed the post-event evaluation, thereby providing a good overview of the successes, challenges, and suggested areas for improvement. The majority of participants (83%) felt that the CoP Gathering increased their knowledge of provincial strategies for CYMHSU care and CoP activities to elevate CYMHSU care. Meanwhile, many comments expressed the need for more time for informal networking and exchange; nevertheless over 92% agreed or strongly agreed that the CoP Gathering helped them build and foster connections – locally, regionally, and/or provincially – around the CYMHSU population. Overall, 96% of participants were satisfied with how the evening unfolded, noting that the opportunity to network face-to-face with colleagues and to dialogue gaps and solutions with government ministry staff were the most valuable components of the event. The evening also revealed a need to build awareness and understanding of the recently developed Mental Health Tiers of Service, potentially at a future CoP event. Even without this knowledge, CoP members engaged in a fruitful dialogue with Ministry representatives to identify possible solutions to address closing the gaps in accessibility of substance use treatment programs.

Summary & Next Steps

Two follow-up questions will be posted on the [CoP's Slack page](#) to create possible solutions to the core issues brought to surface on May 9:

- What could close the gap in accessibility to Substance Use Counsellors?
- What could close the gap in post-treatment care?

The CoP will explore these questions over the next months via Slack and work collaboratively with the child- and youth-serving government ministries to align priorities to address key issues on substance use care as the MMHA strategic plan is in development. The CoP anticipates unpacking these questions further at the next CoP in-person gathering.

Links to Presentations

[CYMHSU Updates](#) – Matt Chow; Shirley Sze; Matt Burkey

[Child & Youth Substance Use: Gaps & Actions](#) – Roxanne Blemings & Melanie Finley

[Connecting Identified Services Needs with Actions](#) – Christine Vandebeek