



CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE (CYMHSU) COLLABORATIVE

UPDATE: August 2016

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CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE COLLABORATIVE

UPDATE: August 2016

Since our last report in January 2016, the 64 Local Action Teams (LATs) in the CYMHSU Collaborative have made remarkable progress in all areas – from the expanded reach of activities to increase literacy and reduce stigma, to testing and implementation of models of care to provide more coordinated, family centred services. The speed with which LATs are testing their new ideas and those developed by system Working Groups (WGs) have increased significantly.

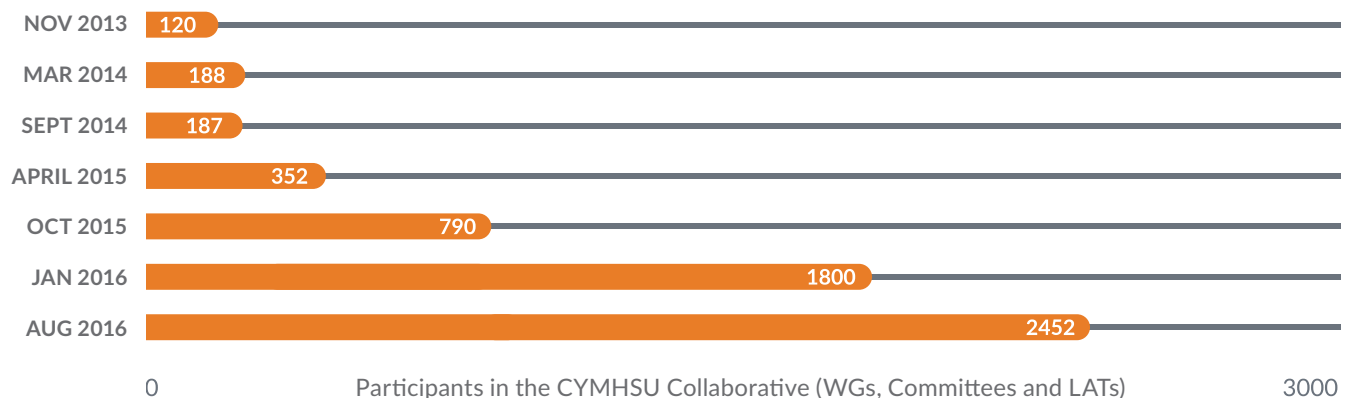
The report that follows is just a snapshot of the hundreds of activities currently underway across BC.

Increasing our Impact

Many have noted how the CYMHSU Collaborative has grown in the last year. The participation list for each Learning Session shows that we have doubled our numbers in the last 12 months alone. This exponential growth translates into greater power for change at all levels of the system.



It is fair to state that the CYMHSU Collaborative now represents **the largest ever** improvement initiative in BC.



LAT Impacts on the System

The Collaborative LATs are asked to work in areas that will contribute to the eight LAT objectives as part of the two overall goals of the Collaborative, as outlined in the [Collaborative Charter](#). Below is a summary of the progress of LATs to date in these areas, as well as highlights. As the areas are broad, each LAT will work on a few of these at any one time.

Who is involved?

There are now over **2400 participants** in the Collaborative.

Here's a breakdown by group:

271	youth and parents
127	GPs (including 4 ER physicians)
85	Specialists physicians (including 53 psychiatrists and 30 pediatricians)
207	MCFD staff
376	school district/education staff
107	RCMP/Police
49	Municipal staff or elected leaders
1000+	other participants from community organizations, indigenous partners and other important groups

Objective 1:

Identify and communicate to service providers and community members how to access local and provincial mental health and substance use services and supports for children, youth, youth in transition, and families in local communities, moving towards *FamilySmart* Practice.

22 LATs with a service inventory specific to local services.

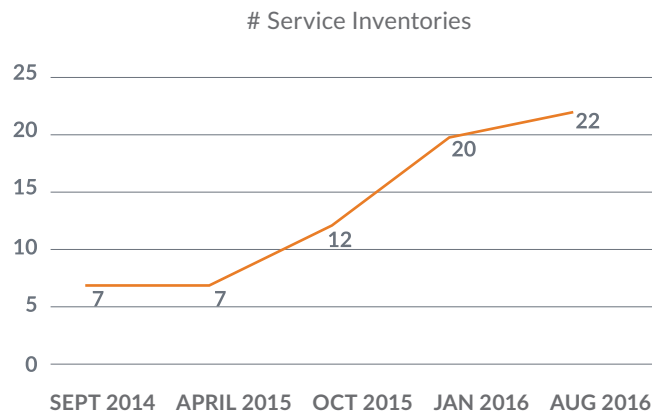
54 LATs working on different ways to spread awareness of local, regional and provincial services.

41 articles in news media from January to August 2016 spreading awareness of CYMHSU and the work of LATs.

An Example of Innovative Change:

Comox Valley prescription for resources

Often when a child or youth is struggling, a physician will try to refer them to resources that can support them. How can we ensure that referral processes to these resources fit with current practices in busy GP offices? The Comox Valley LAT has developed a unique and easy way to achieve this. Based on input from a local GP, the Comox LAT is creating a prescription pad with CYMHSU local resources on the top, web-based resources listed at the bottom, and space in the middle for doctors to refer patients to community resources. This approach takes an already familiar tool and adapts it for the benefit of both the GP and for the patient needing help and support.



Objective 2:

Establish sustainable, community-based collaborative care processes that children, youth and families experience as effective in responding to their needs. These practices can apply to any services across the continuum of care, i.e. crisis intervention, suicide and self-harm prevention and early intervention care for mild to moderate needs.

48 LATs are actively working on this objective

An Example of Innovative Change:**Spreading wrap around support in Ridge Meadows**

Ridge Meadows LAT has been working in partnership with the Maple Ridge and Pitt Meadows communities on strategies to increase access to improved CYMHSU programs and services in their communities. Through these partnerships, the LAT has just completed a three-month pilot offering an on-site child psychiatrist one day a week for psychiatric assessments at the Ridge Meadows Youth Wellness Clinic, located within the Greg Moore Youth Centre. A youth advocate was also available to support youth and families with access to appropriate community services. Over the three-month trial period, 49 appointments were scheduled with 41 unique patients. An average of five youth were seen per day, with only two no-shows occurring during the trial. Parents have expressed gratitude and relief at receiving such timely and diverse support within their community during this trial

Objective 3:

Adopt and integrate new provincially developed system-level information sharing guidelines into existing local practices.

- 12** **LATs are conducting tests of change regarding information sharing in their communities. The guidelines aim to help facilitate team-based care and bridge gaps in communication between patients and providers.**

Update:

The Information Sharing Guidelines and accompanying resources were released in the Spring of 2016 to much excitement from LATs. Over the past 3-4 months, teams have been exploring the guidelines to determine how they will impact their work. Multiple LATs have volunteered to be involved in the next phase of development and testing of the knowledge exchange resources intended for provincial use. A common consent form, generated by the Collaborative, is currently being reviewed by the government. It is hoped a common consent form will be an important tool related to the Information Sharing Guidelines.

An Example of Testing Underway

Clearwater LAT – Supporting information sharing through consent

Soon after their formation in Winter 2016, the Clearwater LAT identified the need to clarify the concept of “consent”, as the lack of understanding was impeding family-centered practice and preventing appropriate flow of information among agencies. The LAT is reviewing the consent processes within local organizations using the pre and post-survey question, “what is your understanding of consent?”. Building on the recently released Information Sharing Guidelines, they aim to create a unified consent form that supports team-based care.

Objective 4:

Increase participation of schools and communities in fostering “caring adults” to provide support and protective factors for children and youth.

22 LATs working on this objective**Example of Innovative Work:****Caring communities - Ashcroft LAT**

The Local Action Team in Ashcroft is taking a community approach to prevention and early intervention. The LAT is identifying “community champions” – compassionate, non-judgemental people who children, youth and families naturally turn to for advice or in times of a crisis – and providing them with skills and training, such as Mental Health First Aid, SafeTalk/ASIST (suicide intervention), to enable them to respond to mental health and substance use issues.

During events in May linked to National Mental Health Awareness Week, members from the LAT asked 281 students at two high schools “How many caring, supportive adults do you have in your life?” Of those, 18 students identified three or fewer caring adults. The School Based Team is following up with these students to increase the number of caring adults they can turn to.

Objective 5:

Partner with schools and communities on mental health and substance use literacy initiatives, with the goals of: reducing stigma, positively impacting health seeking behaviours and building capacity and skills of students, families, school personnel and community members.

104 community/school events to date

64 LATs Literacy activities across the 64 LATs are now in place to reach the vast majority of children and youth across BC.

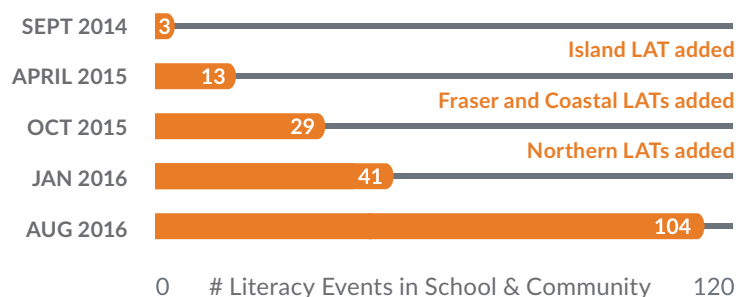
Examples of Innovative Change:

Building literacy in Smithers

Learning Session 7 was a pivotal moment for the Smithers LAT. At the Session they learned about work of other LATs around trauma-informed schools and decided they too wanted to explore this avenue further in their own community. In spring 2016, they organized trauma informed training for administrators, teachers and students with the view to expanding activities in the 2016/17 school year – and planning is now actively underway. Additionally, a working committee has formed to hold parent information sessions during Parent Nights at local schools to help parents and youth who are dealing with anxiety, depression and stress with the start of the new school year.

Partnering to build knowledge in Surrey North Delta

On May 18th, the Surrey North Delta LAT partnered with the Surrey School District to offer a Mental Health education and awareness event titled: *The Art and Heart of Raising Successful Children*. This event was attended by 105 participants representing parents, youth, and local service providers. Childcare (including child-friendly yoga and mindfulness) was available for parents so they could attend the event without distraction. As examples of cross-sector and cross-community partnerships, the SND LAT partnered with Corey Reid of the Langley LAT and other local youth to share their personal experiences. Also, Dr. Uyeda and Corey have since partnered with the Burnaby LAT and recently presented a similar talk for the Burnaby Division of Family Practice.



Objective 6:

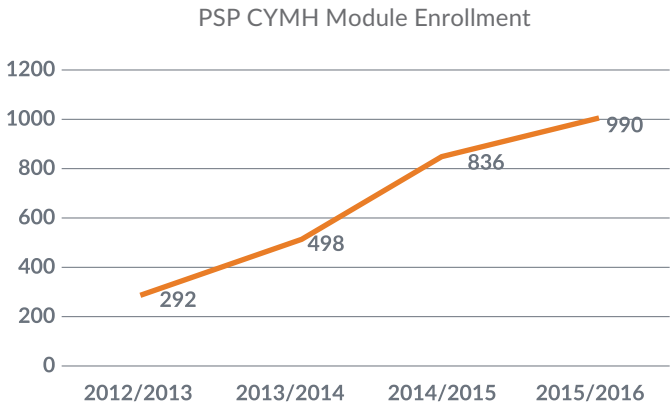
In consultation with PSP Regional Support Teams, increase participation of family and specialist physicians in the Practice Support Program’s (PSP) Child and Youth Mental Health Module, as well as CYMHSU partners and service providers, such as MCFD, CYMH, school counsellors, psychologists and community agencies. Targets for improvement will be locally determined in conjunction with PSP and should be robust and significant.



Example of Innovative Change:

PSP CYMH module - Boundary LAT

As a relatively new team, the Boundary LAT is connecting service providers and physicians across their large, and at times isolated, rural communities, while building primary care capacity. The team combined a “Who’s Who in the Boundary” meet and greet with the first of three modules of the Practice Support Program. Six general practitioners, a medical resident and 15 community service providers attended the first of three sessions.



Objective 7:

Promote culturally competent care in our communities through education and practices to address cultural safety including, but not limited to, the uptake of the PHSA Indigenous Cultural Competency (ICC) Training.

16 LATs working on this objective

55+ First Nations, immigrant/refugee and cultural organizations currently involved


Examples of Innovative Change:
Hope & Health event in Gitsegukla: Upper Skeena LAT

This event brought the community together in memory of a local youth who committed suicide this past winter. Youth & families from three Gitxsan communities were in attendance, as well as local mental health service providers and local celebrities. The event was celebratory and fun with a focus on soccer and dance, including a workshop led by local First Nations hip-hop group Mob Bounce. The underlying theme of the day was suicide awareness. The event allowed community and service providers to build relationships in a meaningful and positive way, and to heighten awareness of mental health and wellness.

Spreading awareness of programs to support youth in Fraser Cascades

One of Fraser Cascades LAT's aims is to provide local trauma-informed service and cultural training events. On June 28th, they arranged for Dr. Sandra Jarvis & Katherine Wisener from the UBC Faculty of Development to present their Aboriginal e-mentoring project during a lunch and learn webinar.

e-Mentoring BC connects Aboriginal youth in Grades 6-12 with post-secondary health science students they'd otherwise be unable to meet. Mentors and mentees communicate online for a personal quest including questions, activities, and topics meant to encourage youth to consider a career in the health sciences, and how to get there. One group of listeners gathered in Chilliwack and another in Hope. One listener even joined from the Interior, for a total of 15 participants across two health regions. More innovative, collaborative efforts to promote culturally competent care are underway by LATs across the province.

Working Group Impacts on the System

The Collaborative has 10 working groups and three committees tackling entrenched system issues that are barriers to the best possible care and experiences for children, youth and their families. Progress of working group activities is presented in the dashboard below.

*Percentages: 25% = work underway to develop resources/product; 50% = product/resource ready for testing; 75% = Product resources actively being tested on small scale; 100% = product/resource being spread provincially.

Physician Compensation	ER Protocol	Y – A Transitions	Schools	Information Sharing	Evaluation
100%	75%	100%	50%	75%	75%
Multiple recommendations implemented by GPSC and Specialist Services Committee. Blended payments for psychiatrists successfully piloted in Interior and now spreading across B.C.	Early implementation underway in all Health Authorities (Has)	Handed off to HA's for regional implementation by MCFD/MoH	Group currently working on MH wellness plan for schools with leaders of MED, MoH, MCFD	Knowledge exchange plan underway to aid in implementation of guidelines.	Evaluation framework being executed MoH presenting updated data at LS8

Youth and Young Adult Services	R&R/Telehealth	Learning Links	Physician Recruitment	Acute to Community Transitions	Substance Use Faculty
	75%	75%	75%	75%	50%
Work has concluded and the collaborative looks to support the BC Integrated Youth Services Initiative.	Building community capacity in rural remote regions with telehealth with youth, GP, and clinician support	Learning Links modules are now available online and are being tested by multiple partners through Local Action Teams and the ER Protocol WG.	Completed workforce analysis with 900+ psychiatrists in BC, and will initiate with pediatricians shortly. Requests put forward to UBC to increase C&A Psych Training Spaces; increase MH training for Pediatricians and increase MH training for GPs	Principle based framework developed by partners under leadership of MoH and MCFD to enable the development of local protocols. Will be distributed to communities in the fall for implementation.	SU PSP and a youth Core Addictions Practice Training Program is under development

Example of Innovative Change from CYMHSU Working Groups:

ER Protocol

In the past six months, each Health Authority (HA) has had up to three implementation sites engaged with the protocol. Within Interior and Northern Health Authorities, a total of 335 people – hospital staff, physicians, MCFD-CYMH clinicians, and community members – have attended training for the protocol. The protocol is being adapted to fit HA services but will maintain 80% standardization across the province. LATs are engaged by providing important local resource info and linkages for emergency department discharge. Learning Links is also being offered to ER staff to increase CYMH knowledge and skills.



Physician Recruitment and Retention

Earlier this year, 35% of actively practicing psychiatrists (289/831) in BC completed a workforce analysis survey. Information from this analysis was used to request that the Provincial Medical Service Executive Council and UBC increase training spaces for child and youth psychiatrists. Seventy-five MCFD Team leaders also completed a survey on psychiatrist services. Combined information from these surveys will enhance CYMH-psychiatrist relationships and inform a provincial co-developed plan for a stable and engaged psychiatry workforce. An exit interview template has been developed and tested for use when psychiatrists' leave communities, to inform future recruitment and retention activities, especially for health authorities and MCFD.

Information sharing

Guidelines have been shared across the province with CYMHSU and AMHSU services across sectors. Fact sheets for youth and parent/caregivers have been well received and are being used in agencies and services to explain information sharing processes. Case studies are being shared from LATs and working groups to assist in implementation of the guidelines. A knowledge exchange plan is currently under development with CMHA, MoH and MCFD.

Learning Links



Fifteen modules on CYMH topics are now available on line at www.learninglinksbc.ca. A robust testing process with physicians earlier this year showed: 86% would complete more than one module; the modules' content increased their understanding (85%); increased their ability to identify CYMH issues (89%); increased their ability to treat (82%); and increased their confidence in dealing with CYMH issues (85%). A small testing and adoption phase is underway with multi-sector partners from LATs and ER Protocol sites to collect feedback and flag any anomalies. Learning Links will be launched across BC in mid-October.

PROGRESS TOWARDS OUR GOALS

Goal #1:

Increase the number of children, youth and families seeking and receiving timely access to integrated, mental health and substance use services and supports throughout the province.

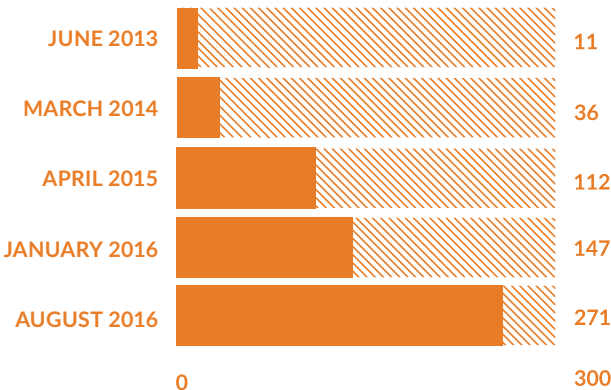
A critical factor in being able to report on the timely access to integrated care for all children and youth in BC relies on the access to data in ministerial data sets from Health, MCFD and Education. Currently Ministry representatives from Health are working to define how to pull a select group of indicators that will help us report on the access to care in BC. We understand that MoH is able to share data with MCFD, but MCFD is not able to share with MoH. Early discussions are taking place regarding data linkage beyond these two ministries. A strong commitment to collaboration and data sharing will be required from all partners to ensure we can report, and hold ourselves accountable to, hard data targets over time.

Goal #2:

Document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development, which manifest the ‘family-first, people-centered’ goals of Healthy Minds, Healthy People.

- 22** Number of youth and parents as members of the Youth and Parent Evaluation Team
- 77** Number of engagement activities specifically designed to put the experience of youth and families in the centre for system design (including journey mapping, focus groups, and small group discussions)

Parent and youth with lived experience engaged in collaborative activities



PATH TO SUSTAINING CHANGES

Local Action Teams (LATs) want to ensure that the work they have conducted with schools to create additional resiliency in students and teachers, is the way communities will wrap around their schools into the future. Additionally, LATs want to ensure continued focus on providing more coordinated and integrated mental health and substance use care and supports for children, youth and their families beyond the gains made during the four years of the CYMHSU Collaborative.

To this end, the three Ministries – Education, Health, and Children and Family Development – are supporting and encouraging the LATs to sign off on clearly defined pathways to mental health and substance use care and supports within their communities. The pathways will promote creation of teams of both informal and professional supports in communities to wrap around children, youth and families and will align with the government's goals of Patient Medical/Primary Care Homes.

In order to support the 64 Local Action Teams in completing these pathways, BC Children's Hospital in partnership with regions, is co-developing its own clearly defined process for how families and providers across the province will access their specialized services and provincial supports, including local capacity building. The same clearly defined pathways are expected from other provincial MHSU services such as Maples Adolescent Treatment Centre, hospital-based Adolescent Psychiatry Units, Pediatric Wards and other Substance Use services

These pathways will reflect the reality that it takes a community – not a single agency or Ministry – working in partnership, to create positive outcomes for children, youth and families. The Local Action Teams, through their work, will ensure each youth and family, and each individual provider, has the confidence and knowledge about the mental health and substance use services and supports that are available, and how and when to access them.

We expect this to be a focus on LATs from fall of 2016 until the Collaborative closing.