

BUILDING SUPPORTIVE NETWORKS FOR CHILD AND YOUTH MHSU IN BC

Physicians Community of Practice

September 29th, 2017

OVERVIEW

From early on in the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, physicians made a point of getting together to network and discuss strategies to improve care for children, youth and families with MHSU concerns. Starting with an informal meeting of eight physicians at an early Learning Session of the Collaborative, the group quickly grew to become a structured part of the agenda, with 70+ gathering at the closing Congress in March 2017.

“It was exciting and invigorating to take part in the discussions and to spend time with others around the province working to improve CYMHSU care.”

—Psychiatrist

CONTINUING THE DIALOGUE

In response to a request from these physicians, and as one of the legacies of the Collaborative, the Shared Care Committee has committed funds over two years to support a CYMHSU ‘community of practice’. The Shared Care Committee is one of four collaborative committees representing a partnership of Doctors of BC and the BC government.

145 physicians have joined the group, demonstrating the widespread interest in networking with physician colleagues and partners to improve care for this vulnerable population. This is a summary of their first meeting.

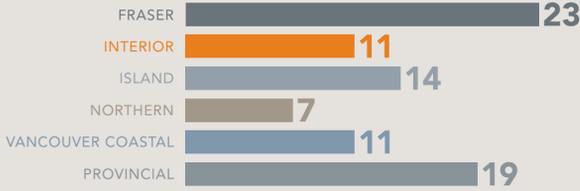
COMMUNITY OF PRACTICE BREAKDOWN



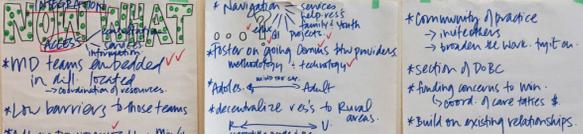
MEETING IN PERSON

On September 29th, 73 physicians – GPs, psychiatrists, pediatricians and adolescent medicine specialists – gathered in Vancouver for a day of learning and strategizing. The 73 physicians were joined by 13 staff from Doctors of BC and the BC Government (Ministries of Children and Family Development, Health, and Mental Health and Addictions).

PARTICIPANTS CAME FROM ALL ACROSS THE PROVINCE



GP, Specialists & partners working together for better care



LEARNING & NETWORKING

The full and productive day included:

- discussions on priorities and next steps towards building a more integrated system of care.
- an opportunity to provide feedback on a new way to access child and adolescent psychiatry at BC Children's, particularly for rural communities.
- five community stories from physicians showing how local networks are successfully enhancing clinical support for children and youth.
- a presentation on Adverse Childhood Experiences (ACEs) by a Calgary family physician, Dr. Teresa Killam. Dr. Killam described the impact of incorporating ACEs into her practice, and her success in encouraging her 42 GP colleagues in her Primary Care Network to do the same.

You can read the full agenda [here](#).

WHAT'S WORKING AND WHAT STILL NEEDS WORK?

Facilitated discussions helped participants identify successes, struggles, and needs in their communities. There was much crossover and echoing of themes across the board. Here is a small sample of each:

SUCCESSES:

- Readily available psychiatrist on-call at BC Children's through the RACE line
- Access to training modules
- Good prototypes for school-based programs and youth clinics
- Enhanced knowledge of trauma-informed practice
- Improved communication between providers through Local Action Teams
- Increased willingness of patients to discuss mental health issues
- Good relationships between doctors and government

STRUGGLES:

- Transition from youth to adult mental health services
- Lack of adequate prevention strategies
- MHSU access points are unclear to youth and families
- Uncoordinated/sporadic access to specialist care by geography
- Long waitlists for specialty programs
- Allied health care not covered by public health
- Poor communication between community resources and primary care

WHAT'S NEEDED:

- One integrated system to access mental health
- More prevention – embed prevention into care
- Build on successful models – explore alternatives that support collaborative, integrated care
- Data collection to justify and accurately map needs for each region

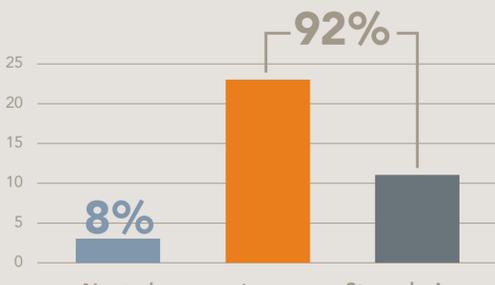
EVALUATION

Physicians were asked to complete an evaluation as part of the accreditation for the day. The **38 physicians that responded** appeared to find their attendance worthwhile.

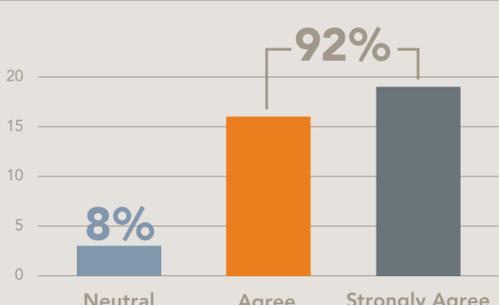
I learned a lot and am excited to put the new ideas to practice in my clinic. I have already changed the way I view certain behaviour now that I understand ACE.

—Family Physician

The program content enhanced my knowledge:



The program met the stated objectives:



“I thought the day was very effective and I look forward to keeping the momentum going. I especially liked the opportunity to connect with other colleagues across the province.”

—Family Physician

When asked to reflect on program content, and how they might change their practice, **22** out of **36** comments referred to **introducing, continuing, or expanding ACEs in their practice**. Many others talked about connecting with schools and increasing communication with partners and community care providers.

WHAT'S NEXT

Bringing together this diverse group led to rich dialogue and the set-up of working groups to tackle three priority areas moving forward. For more information contact Nikita Soares at nsoares@doctorsofbc.ca.

1 Foster ongoing dialogue between physicians and government

2 Embed ACEs into policy and practice

3 Continue networks or 'communities of practice' for CYMHSU

The next **Community of Practice meeting** will be scheduled for Spring, 2018.