

Now is the Time The Power of Collaboration

BC Child & Youth Mental Health & Substance Use (CYMHSU) Collaborative



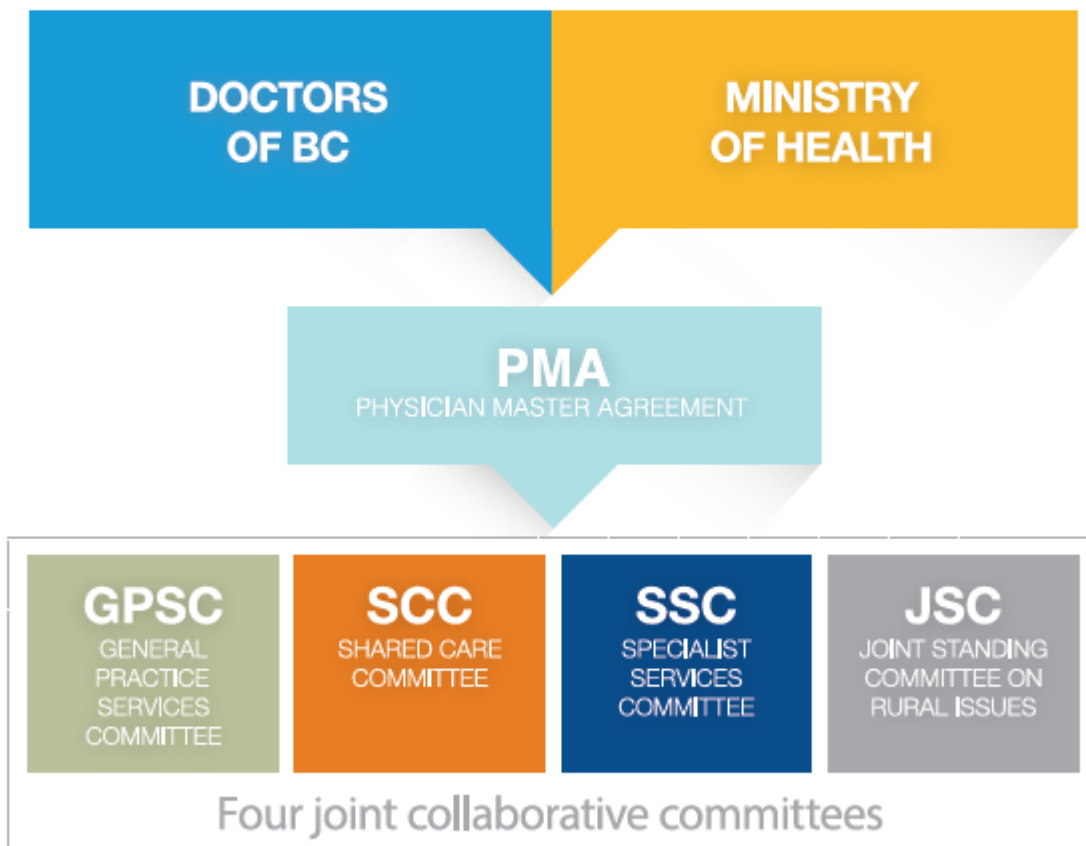
Dr. Jennifer Mervyn & Youth Speaker Kirsten Funk



History of the Collaborative & the JCCs

The JCCs are funded through the Physician Master Agreement. An agreement that is negotiated by Doctors of BC with the BC government on behalf of all BC doctors.

Funding



We bring together doctors, government, health authorities and other stakeholders to make a positive difference.

The Beginning



He was diagnosed with a mental health issue when he was four, but it wasn't until he had encounters with criminal justice at 14 that he received the care he needed,”

— Val Tregillus, Project Director,
CYMHSU Collaborative

GOAL 1 OF THE COLLABORATIVE

To increase the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports.

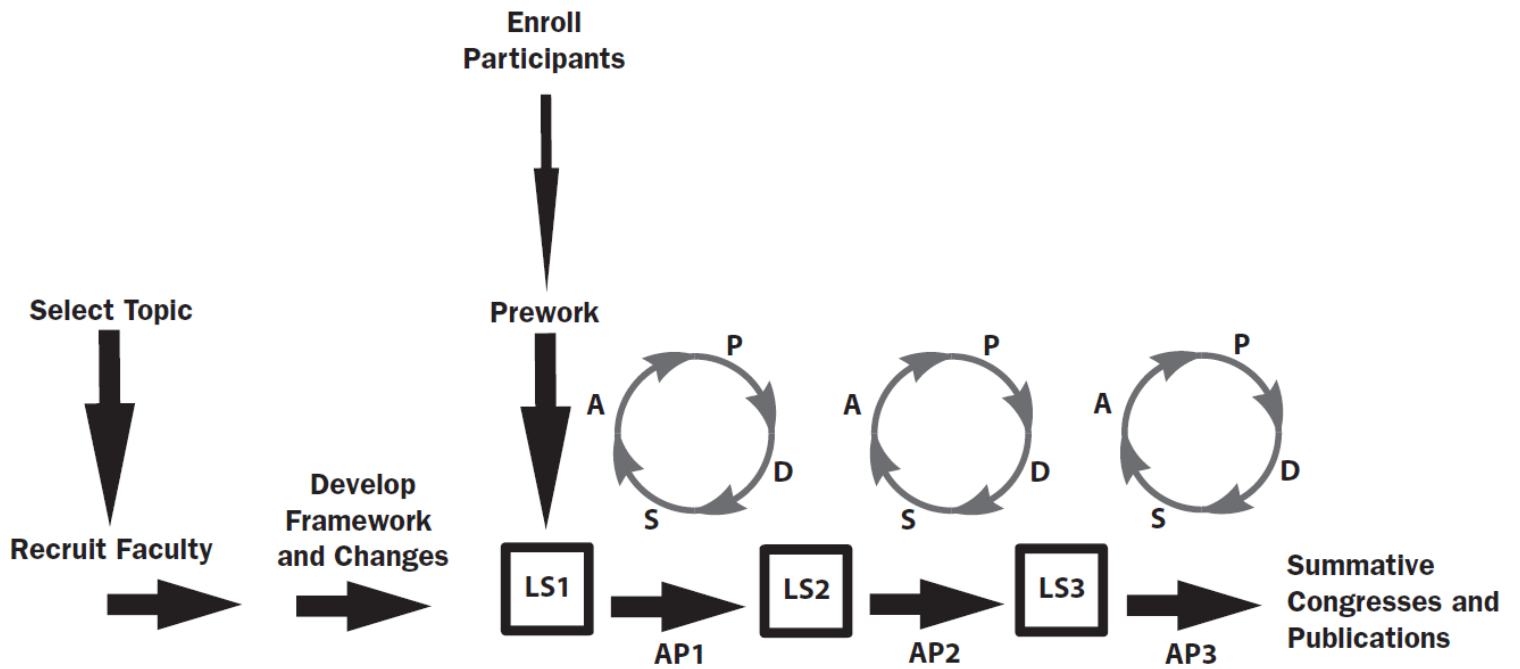


GOAL 2 OF THE COLLABORATIVE

To document examples and results of the involvement of youth and families in decisions related to program and system design, clinical practice and policy development.



Collaborative Change Models



LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

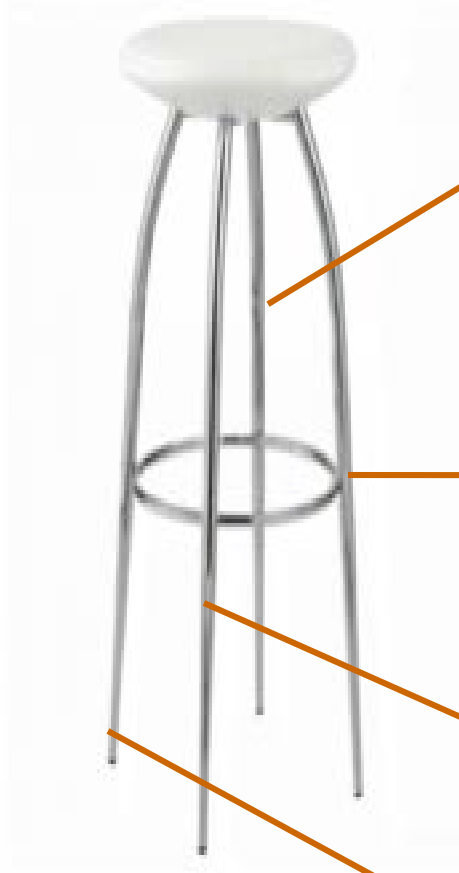


THE COLLABORATIVE STRUCTURE



Evaluation Framework

Measuring and Sharing Success



1. Quantitative service data from MoH to enable analysis of prevalence and services i.e., frequency, access points, etc.
2. Case Studies: experiences of participants – *What is different because of the Collaborative?*
3. Local Action Team Data: Bi-monthly Reports.
4. Analysis of Youth and Parent/Family Engagement

IHI & Collective Impact

PEOPLE

 **2,650**
PARTICIPANTS

 **255**
PHYSICIANS
158 GPs
97 SPECIALISTS

295 
YOUTH & PARENTS

422 
HEALTH
AUTHORITY STAFF

201 
FIRST NATION AGENCIES

184 
COMMUNITY SERVICE
AGENCIES

205
MCFD STAFF
MINISTRY OF CHILDREN &
FAMILY DEVELOPMENT

383 
SCHOOL PERSONNEL
(TEACHERS, COUNSELLORS, PRINCIPALS)

110 
RCMP

50 
ELECTED OFFICIALS
AND MUNICIPAL STAFF

Fast Stats

ACTIVITIES

MARCH 2015-DECEMBER 2016

 **363**
ACCESS
INITIATIVES

268 
MENTAL HEALTH
LITERACY ACTIVITIES

142 
SCHOOL-BASED
INITIATIVES

30 
SURVEYS

82 
WEBSITES, DIRECTORIES,
INVENTORIES, RESOURCE
CARDS

16  
FACEBOOK &
INSTAGRAM
ACCOUNTS

Local Action Teams

Northern

- 1 Burns Lake
- 2 Dawson Creek
- 3 Fort St. James
- 4 Fraser Lake
- 5 Haida Gwaii North
- 6 Haida Gwaii South
- 7 Kitimat
- 8 Prince George
- 9 Prince Rupert
- 10 Quesnel
- 11 Smithers
- 12 Terrace
- 13 Upper Skeena
- 14 Valemount
- 15 Vanderhoof

Vancouver Coastal

- 59 Bella Coola
- 60 North Shore
- 61 Pemberton
- 62 Sea-to-Sky
- 63 Sunshine Coast
- 64 Vancouver



Vancouver Island

- | | |
|---------------------|-------------------------|
| 34 Campbell River | 40 Nanaimo |
| 35 Comox | 41 Oceanside/Parksville |
| 36 Cowichan | 42 Port Alberni |
| 37 Gabriola | 43 Saanich Peninsula |
| 38 Long Beach | 44 Salt Spring Island |
| 39 Mount Waddington | 45 Sooke/West Shore |
| | 46 Victoria |

Interior

- 16 Ashcroft
- 17 Boundary
- 18 Cariboo
- 19 Central Okanagan
- 20 Clearwater
- 21 Creston
- 22 Golden
- 23 Kimberley/Cranbrook
- 24 Lillooet
- 25 Lytton
- 26 Merritt
- 27 North Okanagan
- 28 Oliver/Osoyoos/Okanagan Falls
- 29 Revelstoke
- 30 Shuswap
- 31 South Okanagan Similkameen
- 32 Thompson
- 33 West Kootenay

Fraser

- | | |
|--------------------|----------------------------|
| 47 Abbotsford | 53 Mission |
| 48 Burnaby | 54 New Westminster |
| 49 Chilliwack | 55 Ridge Meadows |
| 50 Delta | 56 Surrey/North Delta |
| 51 Fraser Cascades | 57 Tri-Cities |
| 52 Langley | 58 White Rock/South Surrey |

Working Groups

STEERING COMMITTEE

Working Groups:

Physician Compensation
Info Sharing Group
Transitions – Age/Setting
Physician Recruitment
Evaluation and Measurement

MENTAL HEALTH CLINICAL FACULTY

Working Groups:

ER Protocol
Specialist Support
Rural and Remote/Tele-Health
Youth and Young Adult Services
School Based Care

SUBSTANCE USE CLINICAL FACULTY

Ensures all Working Groups are attentive
to substance use.

Physician Compensation

- Reduce barriers to accessing specialist care
- Provide reasonable compensation for higher priority physician services with MHSU patients
- Avoid patient delays

Communicated overview of 26 recommendations

- One example being Blended Billing for Psychiatrists now being implemented provincially

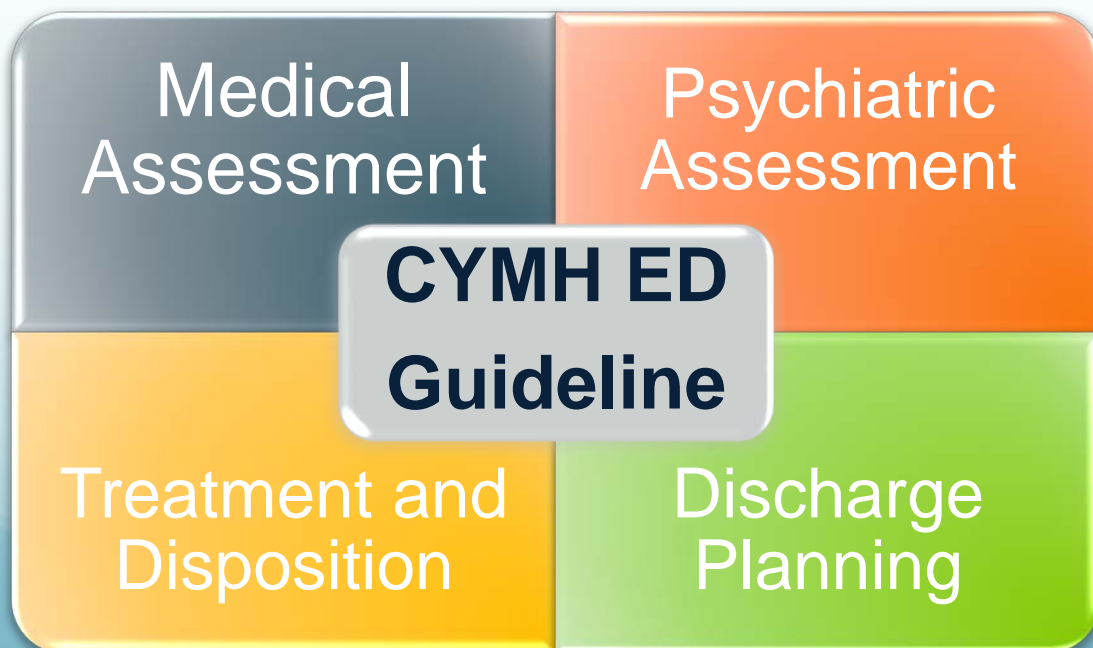
Youth to Adult Transitions

- Ministry of Health and Ministry of Children and Family Development had developed a transition protocol for youth transitioning because of age from one service to another.
- First developed in 2005 with poor uptake - the group revisited in 2012.
- Brought to the table Ministry representatives, Health Authorities, Physicians, Education, family voices to revise former protocol and develop stronger communication and implementation plan.
- Now being implemented via YYA Tables
- Communication tools between AMH & CYMH developed

Emergency Department Protocol



Started with giving patient a pamphlet to inform them of the process in ER then we moved to:



Tele-health Rural Remote Support



Telehealth visits are growing rapidly

2014/15: 521 visits

2013/14: 244

2010/11: 77

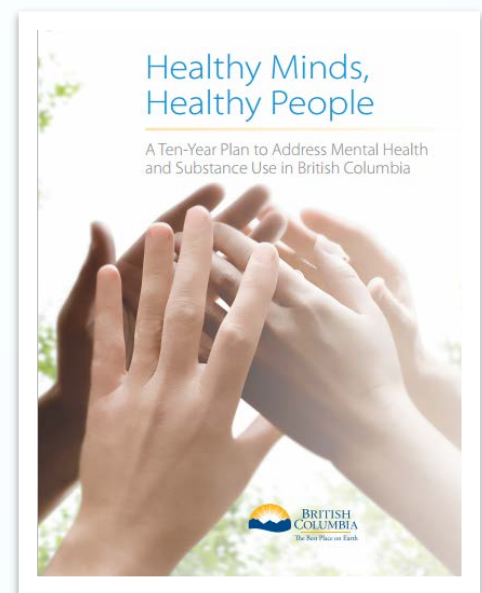


Learning Links

- Evidence-informed, 15-module interactive online learning tool which can be completed in any order at users own pace
- Aims to improve access to health professionals with expertise in child and adolescent mental health in BC, especially in rural and remote communities
- Each module takes approximately 30-60 minutes
- Free! Education credits for Physicians
- www.learninglinks.bc.ca

Information Sharing Working Group

- Information sharing identified as an issue at November 2012 event: **Families at the Centre**
- Privacy and information sharing emerged as priority issues at the **CYMHSU Collaborative** (est. 2013)



- Work supports 'family-first' & 'people-centered' goals of **Healthy Minds, Healthy People**

Resources for Young People and Families



INFORMATION SHARING FOR YOUNG PEOPLE

Health information—like your diagnoses and treatments—can feel very private. In some situations, though, it's helpful to share this information with other people. It's important to know who needs your information and what they can do with it. This can help you make good decisions about your private information based on your own situation.

In this factsheet, we are going to look at sharing your health information. Health information includes details like your diagnosis, past and current treatments, and personal situations that affect your health.

What is personal information?

Personal information is information about an individual person. It includes your name and address, information about your health, information about your education, your cultural background, your religious beliefs, and more. Some information isn't very sensitive, like your name or birthday. You probably wouldn't worry if other people knew your name and age. Other information is sensitive, like your mental health history and the treatments you use. You may not want everybody to have all of this information.

What does it mean to share information?

Sharing information means that one person shares some of your personal information with another person—usually so that they can provide health care to you. In many cases, others have to ask for your permission or consent before they can share your information. But there are situations when they don't have to ask first.

Before we start ...

Here are some **key terms** we use throughout this factsheet and what they mean:

By family, we mean the person or people who care for you. This includes your biological parents, a legal guardian, foster parents, or any other adult that helps out.

Service providers are any person, organization, or agency that you see for your health. This includes doctors, psychiatrists, psychologists, nurses, school counsellors, therapists, social workers, mental health teams, or anyone else who gives you some kind of health care or support.

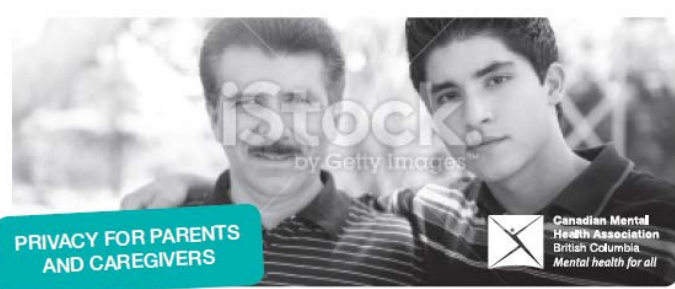
Your mental health care team is the group of people who are working together to help you live well. Your team may include your doctor, a specialist like a psychiatrist, a counsellor at school, a therapist, a social worker, or anyone else who helps you. Your team also includes people who give you support, like family members or other important adults.

Privacy is the right to decide who can access your personal information.

Confidentiality is the responsibility to protect someone else's personal information.

Consent means that you agree to something. In this case, consent means that you agree to let your service provider share information with family members.

Disclosure is another way of saying 'sharing.' When you disclose information, you're sharing information.



PRIVACY FOR PARENTS AND CAREGIVERS

Many family members and caregivers are surprised to hear that doctors and other service providers can't share information about their child's health. It can be a frustrating situation for everyone, and it can really affect the support that family members can offer. With good planning, you, your child, and your child's service providers can work together to make sure that everyone is included in a helpful way.

When is my child old enough to give their own consent?

The age when a young person can give their own consent is a judgement call. Anyone 19 years of age or older is considered by the law to be an adult and can, in most cases, make their own decisions around consent. It's not quite as clear for people under the age of 19. While the law technically sees anyone under the age of 19 as an "infant", a young child and a young adult have different capabilities when it comes to managing their care. Young people under the age of 19 can make their own care decisions when providers feel that the individual understands what's required of them, understands their own responsibilities, the health care choices and the consequences. At this point, care providers follow the young person's wishes—parents or caregivers can't change or take away the right to give consent or make decisions.

In some situations, people may not be able to give consent regardless of age. People are incapable of giving consent if it's believed that they don't understand what's happening or make sound decisions. For example, someone who is actively experiencing an episode of psychosis may not be able to provide their own consent to treatment.

A note on our words

When we say "child," we mean any young person that you care for.

When we say "family," we mean the person or people who care for a young person. This includes biological family, a legal guardian, foster parents, or any other adult that helps out.

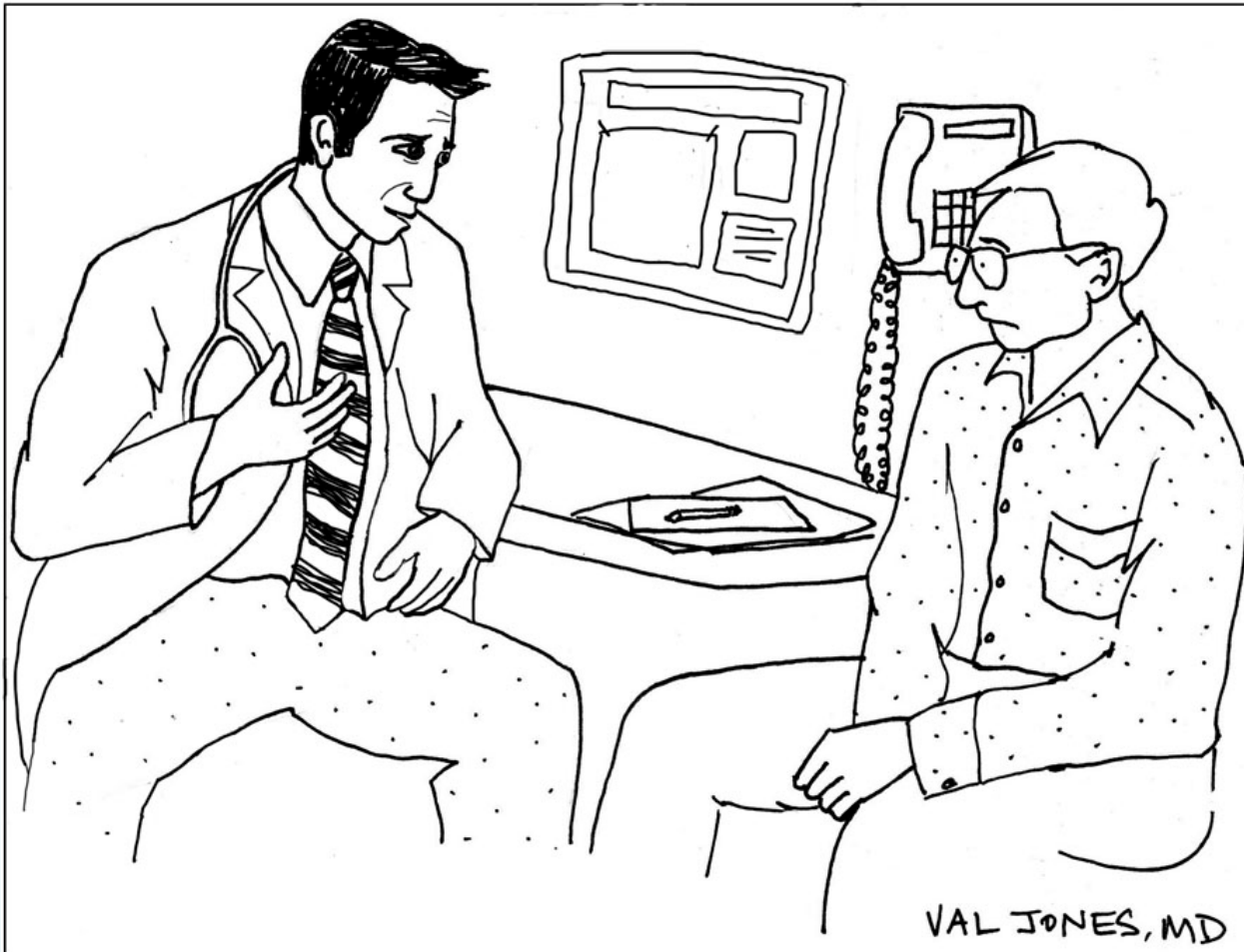
When we say "service provider," we mean any person, organization, or agency that provides health care. This includes doctors, psychiatrists, psychologists, nurses, school counsellors, therapists, social workers, mental health teams, and more.

Who needs my child's information and what will they do with it?

Different service providers may share information related to your child's care. For example, your child's counsellor may share relevant information with your child's doctor. Even though this information can be shared without your consent in some situations, organizations usually have ethical guidelines around what kind of information they can disclose. Ideally, they should ask for permission whether it's legally required or not or explain their procedures before they begin sharing information.

Your child's service provider may share information with family members if the service provider believes it's in the best interest of the child's care. However, service providers may only share information that's relevant to care, such

Physician Recruitment and Retention



"I'm closing my practice because I find it more fulfilling
to play a doctor on TV."

Building Mental Health and Substance Use Capacity in School's Working Group

Key Activity of this working group was to bring together a group of K-12 Education Sector Leaders in support of Mental Wellbeing.

Acute to Community Protocol

- This working group is led by the MOH and MCFD to improve the communication and transition for youth leaving the hospital and returning to community.
- Transitions Agreement created to promote smooth transitions and care continuity between service providers and settings
- Support effective and timely follow up in the community
- Improve care planning and information sharing between acute care and community care services.
- Amplify and engage child, youth and family/caregiver involvement as partners in all aspects of care planning, decisions, and evaluating services.

WHAT HAS THE COLLABORATIVE MEANT TO YOU?



RYLEE MCKINLAY

South Okanagan Similkameen LAT

It's been a really integral part of my recovery. When we first started I was still fairly sick; I'd just gotten discharged from the hospital. It has helped me be accountable. I'm an advocate, not just another victim. I'm part of making the change.

It's opened up so many opportunities for me.



COREY REID

Langely LAT co-chair

It has given me a sense of belonging I've never had before. That I didn't go through everything I went through for nothing. It's given me a lot of hope in myself and for all the other young people that I come into contact with on a daily basis. It means empowerment, engagement.



LAURIE EDMUNDSON

Surrey/North Delta LAT
Project Lead

It means hope, empowerment, meaning. It means that our lived experience actually means something, like we went through all of that for a reason, which is huge — that it'll actually benefit other people. For me, it gives me so much opportunity to give back.

Nearly 300 youth and families with lived experience participate on LATs and Learning Sessions. Their experience knowledge and energy are improving the CYMHSU system for themselves, and those to come.

Kirsten's Journey in the Collaborative

- Personal Journey
- Getting involved on the LAT & Attending Learning Sessions
- Youth Wellness Center with Psychiatry services up to age 25!
- Training doctors and nurses in Provincial ER Protocol
- Completing Peer Support Training

Mental Health Literacy

The 4 key components to develop mental health literacy:

1. Understanding how to optimize & maintain good MH
2. Understanding pathology & treatment
3. Decreasing stigma
4. Enhancing help-seeking skills (knowing where, how, & when to get right help)

Out of 64 LATs, over 268 mental health literacy activities were held across the province since March 2015 with thousands of attendees

They included:

1. Public forums/presentations (anxiety, depression, suicide awareness, fentanyl)
2. Guest columns on MHSU in local papers
3. School focussed activities (plays, comedy, poetry nights, art shows, hockey games- raise awareness, decrease stigma, and connect people with resources)
4. Community engagement: BBQ's dinners
5. Creating posters, pamphlets, bookmarks, postcards, bracelets & color books



Langley LAT

- Of 1st LATs with youth and parent co-chairing with physician
- Corey Reid: From Addict to Advocate (TedTalk)
- Division of Family Practice Paid Position for Youth Engagement at HUB
- Naloxone Training for at-risk youth
- 2 sets of posters with signs, sx, techniques, & links to self help resources- 2000 posters distributed to schools, public buildings, organizations, GP offices...then youth contest to recreate the posters
- Langley also created 11 digital screens around the community on CYMHSU
- MH Community Awareness Day: yoga in the park, pledge wall, selfie station, links to local resources



Langley Youth Advocate Corey Reid, who is also co-chair of the Langley LAT, speaks at the October 2016 Langley Fentanyl public forum. Photo: Miranda Gathercole, LangleyTimes



FROM BOOK CLUBS & JOURNALING TO STAND UP COMEDY & POETRY
RAISING MENTAL HEALTH LITERACY

LATs showed tremendous originality in reaching out to their communities to raise awareness & create connections to caring adults



Chilliwack LAT :Mental Health Awareness Game Night (with BC Hockey League).
Screened video



Terrace LAT held youth art show asking youth to depict what wellness means to them. 150 submitted stories, poems, drawings



Fraser Cascades LAT photo-engagement circle

LATs Innovation



Port Alberni LAT co-sponsored with SD substance use awareness event with RCMP

Mt Waddington LAT
Created a book club, local teens read & discuss novels with MH themes



Golden LAT held a Poetry Flow evening to reduce MH stigma via poetry and music at local coffee shop

Kittimat held community dinner "Honoring Youth and Families" more than 300 attended. Sober is Sexi Mike Scott speaker



SND LAT hosted 40 youth with lived experience to a Youth Forum- Bricks and barriers activity, youth planned, organized and led event

Since 2013, these and other activities have been undertaken by LATs across the province. In fact, since March 2015, a total of 366 activities under the Collaborative could be classified as actions or initiatives to improve access.

These include, but are not limited to:

22 WEBSITES:

The websites list regional agencies, phone numbers, and contact information as well as providing community information and links to helpful resources and/or supports. Facebook and Instagram pages were created by 16 LATs, and regular postings kept followers updated on events, important meetings, and shared information. For example **Kitimat LAT**, **Shuswap LAT**, **Sea-to-Sky LAT** and **Mt. Waddington LAT** used Facebook to regularly post helpful information not only about local events and resources but helpful mental health articles and links from across North America. **Cariboo LAT** and **Pemberton LAT** created apps for cellphones and websites with handy local numbers and contact information.

35 RESOURCE DIRECTORIES:

These include hard-copy inventories, resource lists and other tabulations of all the organizations, community agencies, SU treatment programs, individuals and support services available in a community. 15 LATs took the most important numbers and put them on handy wallet cards, post cards, rack cards. Three LATs, **Comox Valley**, **Surrey North Delta**, and **White Rock South Surrey** created special prescriptions pads with local resource information that doctors

could tear off and hand to young patients and families in their offices.

28 ASIST AND/OR SAFETALK TRAINING WORKSHOPS:

A special, award winning program that was created in Canada, the Applied Suicide Intervention Skills Training program is the global standard in suicide intervention training; 15 LATs sponsored ASIST workshops for their members, with more than 200 trained. A further 13 LATs sponsored the half-day, related SafeTALK training, about how to talk to individuals who are suicidal and direct them to the right help. See story page 46.

7 MENTAL HEALTH FIRST AID TRAINING WORKSHOPS:

Developed by the Mental Health Commission of Canada, the MHFA program, like a physical first aid program, is designed to teach people how to recognize the signs and symptoms of mental health problems; provide initial help; and guide the person towards appropriate professional services. LATs sponsoring this training include **Kitimat**, **Valemount**, **Revelstoke**, **Shuswap**, **Pemberton**, **Port Alberni** and **Sooke/West Shore**.

5 GP ATTACHMENT:

In the Interior and North, 5 LATs led initiatives to link young patients with mental health or substance use

issues to a coordinated roster of family doctors willing to take on their care. See story next page.

10 SPECIAL CLINICS:

Creating new ways to connect with and provide services to youth with mental health and substance use challenges was fostered or accelerated by local LATs. See the stories on pages 32 to 36 about school clinics. **Kimberley/Cranbrook LAT** created a new Eating Disorder Clinic and a new way to approach youth with complex needs. See page 38.

11 SUPPORT GROUPS:

Whether it is students mentoring students, or parents supporting other parents, 11 LATs across the province supported youth and families to create skills and networks to support each other. **White Rock South Surrey LAT**, for example, sponsored a peer mentorship program in which Grade 11 students mentored Grade 7 students at a local elementary school. **Bella Coola LAT** offered a peer-to-peer counselling course to local youth with school credits earned for participation. **North Okanagan LAT** co-created a support group for LGBT2SQ+ youth. **Sooke/West Shore LAT** created a parent support group that so far has hosted 15 information sessions on everything from ADHD, eating disorders, self-harm,

sleep, fentanyl, trauma, and autism; 153 parents have attended. Four sessions were led by the parents, the others led by experts in the field. At every event, parent experience, and support of other parents, was front and centre. The program won a 2017 Victoria Community Leadership Award.

12 TRAUMA INFORMED PRACTICES:

Adverse childhood events, such as neglect, abuse, or trauma are known to greatly increase the risk of future mental health and substance use problems, 12 LATs around the province chose to sponsor various forms of trauma-informed workshops and initiatives to increase the knowledge and skills of care providers who respond to children, youth and families impacted by trauma. See feature starting on page 40.

GP AND SPECIALIST TRAINING:

Under the Collaborative, impetus was placed on greater training and support for family doctors and specialists who treat children and youth with mental health and substance use issues. See pages 51 and 52 for stories about the Practice Support Program's Child and Youth Mental Health Module and Learning Links, a new online training resource for pediatricians, general psychiatrists, ER physicians, GPs, nurses and clinicians.

Developing Peer Support Network

June, 3 youth Leaders from the Steering Committee chaired a meeting with Provincial and national stakeholders stakeholders



Adverse Childhood Experiences (ACEs)

- Collaborative youth have been advocating for system transformation which offers Trauma-Informed care at every level
- The use of the ACEs questionnaire and trauma-informed approaches are being promoted in every aspect

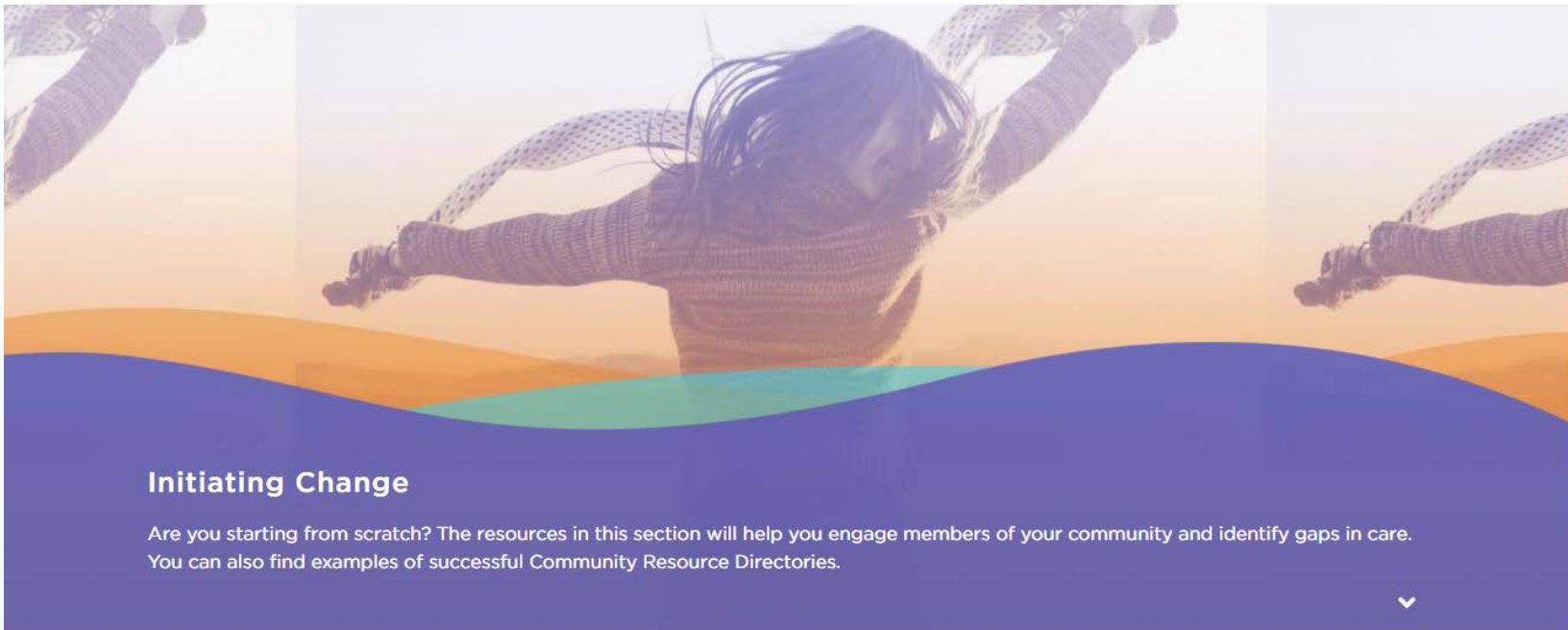


- Langley-one of 1st LATs with youth and parent co-chairing with physician
- Corey Reid: From Addict to Advocate (TedTalk)
- Division of Family Practice Paid Position for Youth Engagement at HUB- now hired by Family Start Program full time

Early Adversity & Trauma ACEs

- Trauma Informed Approaches --Youth Peer Supports (up to age 30) in all settings- inpatient & outpatient
- Indigenous peer support that is trauma informed
- Perinatal & Early Years- Embedding ACEs approaches as early as possible
- Embedding ACEs into Primary Care screening and treatment planning

ACCESS RESOURCES HERE!!! Feel free to copy, use borrow, adapt from our database of resources!!!



Initiating Change

Are you starting from scratch? The resources in this section will help you engage members of your community and identify gaps in care. You can also find examples of successful Community Resource Directories.



www.collaborativetoolbox.ca

7

LESSONS LEARNED

1. Youth & Families First
2. Embrace the Collective Impact Framework
3. Relationships are Paramount
4. Small behavior changes reap big benefits
5. Effective Leadership is essential
6. LATs need to create connections
7. Spread good ideas



Learn more at
www.sharedcarebc.ca