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

The Charter

The CYMHSU Collaborative originated in June 2013.

(Revised to guide Action Period 6 – October 2015 to March 2016)
Acknowledgement

We would like to acknowledge the Kozeletski Family for their thoughtful sharing of Hayden’s artwork for the cover of this Spread and Sustainability Charter.

Hayden Blair Kozeletski was a much-loved daughter, friend and young artist from Campbell River, B.C. In 2010, Hayden died by suicide at the age of 16 years. As a result of the Coroner’s Inquest, an Orientation Guide to CYMHSUS was created for families in Campbell River and the Comox Valley. The creation and development of the Orientation Guide was a true work of collaboration by families, First Nations Elders, The F.O.R.C.E. Society for Kids’ Mental Health, Island Health, MCFD, CYMH, and service providers, and Hayden’s art is displayed throughout. We are honoured to have her work shared with this Collaborative.
WHY DO WE NEED THE COLLABORATIVE?

For children and their families in BC who are experiencing mental health and/or substance use issues, navigating the system of care is often fragmented, confusing, and uncoordinated. There are a number of agencies and initiatives offering services, supports and programming in the area of child and youth mental health and substance use. Research shows that receiving appropriate mental health and substance use care at the right time may enable a child or youth to return to good health or prevent the escalation of problems and symptoms, staving off larger crises, and even saving young lives.  

• It is estimated that 12.6% (84,000) of children and youth 4 to 17 years of age in BC are experiencing mental disorders at any given time. Up to 69% (58,000) of these children and youth are not receiving the level of specialized service that they require.  

• For 2013/14, the Ministry of Health reported that 129,412 children and youth 0 to 25 years of age accessed mental health and/or substance use services. Of these children and youth, 91% visited a physician, 45% received a prescription, 14% visited an emergency department and 4% were hospitalized.  

• Barriers to youth receiving adequate mental health services include:
  o Wait times/waitlists for services;
  o A lack of family involvement and support; and
  o A lack of communication between service providers during transitions between the community and emergency room or from child and youth services to adult mental health services.  

• Barriers to youth accessing mental health and substance use services when they need support include:
  o Not wanting others to know (such as parents, peers, community members);
  o Feeling fearful and thinking/hoping the problem will go away;
  o Not knowing where to go for services or how to get there.  

• It is widely understood that the enduring effects of colonization – loss of culture and self-determination – continue to influence the mental health of Aboriginal people. Residential schools and intergenerational trauma underlie issues such as suicide, substance use problems, and emotional and behavioral challenges for children and youth. As a result, Aboriginal children and youth are at a higher risk for mental health and substance use problems than their non-Aboriginal counterparts.

“You are in crisis and you think that if you reach out you will get some help and nothing happens. And you are left to deal with it on your own. How do you do that? I kept saying, “I don’t know how to do this.””

– Mother of Suicidal Teen

3 These data do not include mental health/substance use data from health authorities, as it is no longer available.  
4 Representative for Children and Youth. Still Waiting: First-hand Experiences with Youth Mental Health Services in BC. Victoria, BC: Representative for Children and Youth; April 2013.  
5 McCreary Centre Society. From Hastings Street to Haida Gwaii: Provincial Results of the 2013 BC Adolescent Health Survey. Vancouver, BC: McCreary Centre Society; 2014.
• Nationally, over a third of students in grades 7 to 9 have binged on alcohol. Over 40% of 15 to 19 year olds have binged at least once in the past year, and more than a quarter of drinkers aged 12 to 19 have binged 12 or more times in the past year.  

• Mental disorders among youth are ranked as the second highest hospital care expenditure in Canada, surpassed only by injuries.

**WHAT IS THE COLLABORATIVE BUILDING UPON?**

The Collaborative builds upon directional plans, programs, and practices. Some key foundational plans and supports that inform or link to the Collaborative include:

- **Healthy Minds, Healthy People:** A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia (November 2010).

- **A Path Forward:** BC First Nations and Aboriginal People’s Mental Wellness and Substance Use – 10 Year Plan (December 2012).

- **Child and Youth Mental Health:** Ministry of Children and Family Development CYMH strategic initiative to enhance child and youth mental health services.

- **The F.O.R.C.E. Society for Kids’ Mental Health** (Families Organized for Recognition and Care Equality) is a provincial organization that supports and empowers families and works collaboratively with professionals and systems in understanding and meeting the mental health needs of children, youth and families.

- **Practice Support Program** includes a series of modules by the Doctors of BC and Ministry of Health providing CYMHSU training to general and specialist physicians, Nurse Practitioners, Medical Office Assistants, health authority staff, MCFD, school counsellors, school psychologists and community CYMHSU service providers.

The Ministry of Children and Family Development (MCFD) has the provincial mandate for child and youth mental health services in British Columbia. Working with the Ministry of Health and other ministry and community partners, MCFD works to improve outcomes for children, youth and families and manages community based mental health services across the province. MCFD supports the Collaborative as an approach that brings community partners together to educate one another and make the system work better locally and provincially. MCFD’s participation in the Collaborative is part of a larger series of initiatives that are focused on improving outcomes across all of MCFD’s service lines.

Services for youth impacted by substance use are provided through the Ministry of Health, Health Authorities and community agencies.

The system of care designed for Child and Youth Mental Health and Substance Use balances out the needs for service provision to children and youth within the resources currently available. Initial learning from the Collaborative indicates more system collaboration is required at all levels to enhance the current models. At this time, MCFD’s focus is direct services to children, youth and families, and

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6 Canadian Centre on Substance Abuse. Substance Abuse in Canada: Youth in Focus, September 2007, p. 6
People have a genuine desire to collaborate. It is always better when we can work together.”

– Mother of child with ADHD/depression

organizational resources are directed to this area. MCFD is reviewing CYMH services to gain efficiencies and create a client-centered practice flow within available resources.

The Collaborative process and the partners respect that the spread of the Collaborative will occur at a pace MCFD and other partners can sustain in the face of every day service delivery, while still aiming for change wherever possible. MCFD supports the concepts and principles of the Provincial Collaborative and is committed to finding a sustainable approach to the initiative within available resources.

HOW DID THE COLLABORATIVE START?

Child and youth mental health and substance use was identified as a priority by the Inter-divisional Strategic Council within the Interior Region; the Council represents seven Divisions of Family Practice (more than 800 family physicians), Interior Health, as well as the Ministry of Health and Doctors of BC (through the General Practice Services Committee). MCFD identified the need for a CYMHSU system review and developed a strategic plan. Together these groups created a charter that outlined the Collaborative goals, objectives, and activities. The Collaborative was sponsored and funded by Shared Care with the understanding that children, youth and families, together with providers and communities across B.C., would have the opportunity to work together to develop results.

HOW IS THE COLLABORATIVE FUNDED?

Funding for the Collaborative comes from the Shared Care Committee (SCC), a joint partnership of Doctors of BC and Ministry of Health. The Shared Care Committees supports initiatives that improve the coordination of care between health care providers, including specialists, family doctors, and allied health professionals, with the goal of improving health outcomes and the patient journey through the health care system.

The Collaborative is also supported by the three other committees operating as part of the Doctors of BC/Ministry of Health partnership: General Practice Services, Specialist Services and Joint Standing Committee on Rural Issues. These partnerships and contributions are critical to success, as the Collaborative’s goals encompass the mandates of all four of the joint collaborative committees.
WHAT IS THE PURPOSE OF THE COLLABORATIVE?

The purpose of this powerful change engine is to engage children, youth and their families, Aboriginal peoples, physicians, clinicians, provincial ministries, health authorities, schools, and communities to:

- Increase the number of children, youth and their families seeking and receiving timely access to integrated, mental health and substance use services and supports throughout the province.8

- 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.

Our values:

- We engage children, youth and families as leaders and guides to prevention and care, and make them central to all improvements.
- We take an evidence-informed approach, including valuing emerging evidence from experiences of youth and families.
- We support connections to schools and communities – places where children, youth and their families spend considerable time.
- We work towards culturally competent care for all.
- We honour the cultures and contributions of Aboriginal peoples.
- We build our services on integrated multi-disciplinary teams wherever appropriate.
- We focus on the possibilities and strengths of individuals and their families.
- We promote a blame-free environment.

Our principles:

- We respect all practitioners and anyone affected by a decision will be involved in the decision-making process.
- Decisions of the Local Action Teams, Working Groups, Substance use and Mental Health Faculties and Steering Committee are made by consensus.
- We start with small wins and build on the success of existing policies and practices underway throughout the province.
- We will move at a pace that all service providers and agencies involved can participate and fully engage.

8 Please note baseline data related to access to Child and Youth Mental Health and Substance Use services in British Columbia is difficult to gather. Through the Evaluation and Measurement working group the Collaborative is working with Ministries and other bodies to gather this baseline data in order to determine meaningful, attainable measurements to support continuous improvement and Collaborative outcomes.

“[The Collaborative] has got people who never sit down together ...to the table to talk. It got people thinking, working, collaborating around the clock and trying to find solutions to the practices in the area.”

– Child Psychiatrist
**HOW IS THE COLLABORATIVE STRUCTURED?**

The CYMHSU Collaborative structure is based upon the *Collaborative Model for Achieving Breakthrough Improvement* pioneered by the US Institute for Healthcare Improvement (IHI). This model is used worldwide as a method of rapid continuous quality improvement in healthcare.

The structure of the Collaborative is as follows:

- **Children, youth and their families** are actively involved in all aspects of the Collaborative, primarily through *The FORCE Society*.

- The **Steering Committee** is multi-sector and governs the Collaborative, providing overall accountability to the funders and stewards on a regular basis.

- The **Mental Health and Substance Use Clinical Faculties** explore issues of clinical care and delivery.

- **Regional Management Tables** are comprised of leaders from Education, Ministry of Children and Family Development (MCFD), Health Authorities, Aboriginal services and other key partners; these Tables are broader than the Collaborative and are intended to be long-term and sustainable.

"The best thing about the Collaborative is that they understand how important having the perspectives of parents and families."

– Mother of Child with Severe Anxiety
• **Local Action Teams** include a diverse cross-section of mental health and substance use service providers, stakeholders, and youth and families who concentrate on activities at the community level, including identifying system barriers and adapting and trialing new strategies and resources to combat these barriers.

• **Working Groups** identify potential solutions and make recommendations related to provincial systems barriers identified by Local Action Teams, sponsors, funders, the Steering Committee and Mental Health and Substance Clinical Faculties.

• **IMPACT BC** provides the coaching and project management for the Collaborative.

**The Collaborative Stewards**

The Ministries of Health, Education and Children and Family Development, as well as other Ministries, are working hard through a series of initiatives to identify systemic issues and address them as part of *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*. This strategic work is coordinated through an Assistant Deputy Minister’s (ADM) Action Committee. MCFD, Health and Education welcome co-chairs or other representatives of the Collaborative Steering Committee to join the Healthy Minds, Healthy People ADM Action Committee periodically, to help grow and reform the system. This would provide the Collaborative a venue to link into government ministries and surface issues and related recommendations that affect legislation, policies, regulations and budget at a provincial level. Working through the ADM Action Committee, the Collaborative will help to address proposed options and solutions and inform provincial strategic direction.

“The energy in the room for the local action team is so exciting. I have been a pediatrician for almost 30 years and I have never seen anything sustain like this over a year. Usually it peters out, but if anything this is getting stronger and stronger, with more commitment, as the year has gone on. We are tackling real community issues and the energy is building and building, not dissipating.”

– Pediatrician
WHAT ARE WE AIMING TO ACCOMPLISH?

Local Action Teams:

Local Action Teams (LATs) are key components in the structure of the Collaborative and provide the foundation for approaching improvements at the local level. The long-term goal is to establish local multi-sector partnerships for a sustainable infrastructure to support children, youth and families experiencing mental health and substance use challenges across the province. Local Action Team members include: youth and families, family and specialist physicians, MCFD clinicians, school educators, counsellors and administrators, substance use experts, as well as representatives from health authorities, RCMP and community police, community agencies, municipalities and Aboriginal services.

Creation of these LATs requires significant time and commitment to ensure initial and ongoing engagement of all partners to achieve desired objectives – objectives that include identifying system barriers, and adapting and trialing new strategies and resources to combat these barriers.

By March 2017, established LATs will strive to achieve well defined aims, as outlined in their Chartlets, that align with the eight objectives below. Members will establish quality improvement measurements and specific activities for their work, supported by their Collaborative Coach.

Local Action Team Objectives:

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 their families in their local communities, to move towards FamilySmart Practice.

2. Establish sustainable, community-based collaborative care processes that are experienced as family friendly and determined by children, youth and families to be 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.

3. Integrate new provincially developed system-level information sharing guidelines into existing local practices.

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

5. Partner with schools to provide mental health and substance use literacy for teachers, students, school personnel and families through initiatives targeted to address specific and community needs to impact health seeking behaviours and reduce stigma.

6. In consultation with PSP Regional Support Teams, increase participation in the Practice Support Program’s (PSP) Child and Youth Mental Health Module by family and specialist physicians, 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.

“I feel really good about the Collaborative. I feel even more hopeful about the direction that the province could possibly be headed.”

– Mother on Local Action Team
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.

8. Test and implement system-level guidelines and protocols in the local community, as recommended by the Collaborative Working Groups.

**Steering Committee Goals:**

The Collaborative Steering Committee and its Working Groups will work with Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:

1. Remove system barriers identified by Local Action Teams and ensure Local Action Teams have the resources they need to undertake their work.
2. Identify system barriers that have legislative, budgetary, regulatory or policy implications and ensure these are forwarded to the Healthy Minds, Healthy People ADM Action Committee.
3. Provide overall accountability to the funders and stewards for the Collaborative through evaluation.
4. Take leadership in identifying the tipping point - transformed system elements – where change is irreversible and how those tipping points are demonstrated – i.e. the indicators of success.
5. Work with The FORCE Society, and Aboriginal Friendship Centres to meet the second purpose of the Collaborative related to the meaningful involvement of children, youth and families in decisions that impact them.
6. Support Working Groups in making recommendations to government to support implementation of the following system changes:
   a. Embed provincially developed transition protocols into practice related to age and setting (Transitions Working Groups).
   b. Develop and implement a Child and Youth Psychiatrist training, recruitment and retention plan (Physician Recruitment and Retention Working Group).
   c. Test and embed existing and ongoing provincial work on information sharing guidelines, tools and processes (Information Sharing Working Group).
   d. Recommend changes to Provincial Physician Compensation Models that support the desired interdisciplinary service delivery model (Physician Compensation Working Group).
   e. Develop an e-assessment evaluation tool for children, youth and their families to provide feedback on their experiences of services (Evaluation and Measurement Working Group).
Mental Health Clinical Faculty Goals:
The Mental Health Clinical Faculty and its Working Groups will work with Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:
1. Ensure all members of Local Action Teams have clinical peer and organizational support as they work together for improvements.
2. Gather information about related provincial processes that are underway and involve provincial representatives as appropriate.
3. Support the Working Groups and Local Action Teams with their work on care improvements as follows:
   a. Introduce rural and remote models of care including innovative components such as: tele-health and virtual team support (Rural & Remote/Tele-health Working Group).
   c. Complete and implement a CYMHSU Specialist Practice Module (Specialist Support Working Group).
   d. With a specific view on 13-24 year olds, improve their access to SU and MH services while supporting their unique social determinants of health (Youth and Young Adult Services Working Group).
   e. Work with school counsellors and administrators to ensure they have the important linkages they need to CYMHSU services and mental health and literacy supports (School Based Care Working Group).

Substance Use Clinical Faculty Goals:
The Substance Use Clinical Faculty will work with the Working Groups of the Steering Committee and Mental Health Clinical Faculty, as well as the Local Action Teams, Regional Management Tables and provincial representatives as appropriate to achieve the following:
1. Ensure attention to substance use within the activities and deliberations of all working groups within the Collaborative.
2. Increase the engagement of youth and families in the planning, design and implementation of substance use services and supports in BC.
3. Identify and leverage existing and emerging local, regional and provincial resources and initiatives.
4. Support the Working Groups and Local Action Teams with their work by:
   a. Providing a framework for local multi-sector (health, justice, education, social services) action related to substance use.
   b. Providing feedback on issues and priorities related on work, as related to substance use.
   c. Providing attention to provincial needs related to knowledge translation and training and the facilitation of strategic relationships.
HOW ARE PARTNERS WORKING TOGETHER THROUGH THE COLLABORATIVE TO CREATE BETTER SOLUTIONS?

Fifty-six existing and emerging Local Action Teams with over 1,000 participants, representing over ten sectors, have built/are building trust and strong working relationships to support each other to improve access and care for children, youth and their families.

Visits by families to the ER due to lack of knowledge of services and programs for mental health and substance use

✓ Local Action Teams are improving primary care access by building bridges across professions and organizational silos to provide better knowledge of local services and clearer referral criteria for youth, families and providers, identified though patient journey and process mapping and communicated through service inventories and community events.

Lack of capacity to deal with CYMHSU population in Emergency Rooms

✓ A protocol for children, youth and their families presenting at Emergency Departments (EDs) originated in the Interior and is now ready for testing and adoption across the Province. Interior Health expects to test the ED Protocol in several hospitals across the region, working with hospital staff, physicians, Divisions of Family Practice, Local Action Teams and MCFD. The Island and Fraser regions have also identified that their health authorities, EDs and Local Action Teams will be testing and adopting the ED Protocol in their regions. The Protocol includes improved guidelines, assessment tools, discharge safety and information for families, and has involved an extensive consultation process.

“We have accomplished an understanding of all the different perspectives where we are working. We have come to realizations of some limitations that we have individually, as entities, and also as a Collaborative. We have also tried to see where we all fit in, what we can do together. Those are very good things. Relationships are being built up. The public is already reaping the benefits of us working together, understanding each other better.”

– MCFD Team Leader
Demonstrate the effectiveness of youth and family leadership and participation in service delivery, system design and treatment

- Active leadership and participation of people with lived experience in decisions regarding practice and system change, through membership on Local Action Teams and Collaborative Steering Committee and Clinical Faculties.

Integrated case management with shift to strengths-based and youth and family centred approach where youth and family are the ultimate decision-makers

Shortage of child and youth psychiatrists and lack of access to specialist services

- First work force assessment of psychiatric services underway across B.C.
- Blended payment guide for psychiatrists signed off by government, removing a major barrier to increased recruitment and retention, and prototyped in Interior.
- Increased completion of the Child and Youth Mental Health Practice Support Program (PSP) module by family doctors, building their knowledge and expertise, alongside community partners, to improve treatment and care with psychiatrists in the role of consultants in the community or through RACE (Rapid Access to Consultative Expertise).
- The Specialist Support Learning Series is developing 16 online mental health modules to build capacity of pediatricians, general psychiatrics, ER physicians and GPs with specialized practices in schools and rural/remote communities.
- Tele-Health Working Group brings together mental health and/or substance use service providers, including MCFD, FNHA, PHSA, psychiatrists and Health Authorities, to enhance and accelerate CYMHSU tele-health supports to all rural and remote areas of the province.

Physicians and clinicians challenged by a lack of clarity about provincial privacy legislation and how to share information appropriately for coordination of care:

- With input from the Collaborative, information sharing guidelines have gone through extensive review and feedback process and have been approved by the Healthy Minds, Health People ADM Committee. During the next phase, Local Action Teams will be involved in guideline adoption.
- A number of webinars have been held for Local Action Team members across the Province on the information sharing guidelines using real life scenarios.
Need for youth and young adult-focused supports and services:

 ✓ A youth and young adult services working group with multi-sector representation from across BC has been established to look at the unique needs of 13-24 year olds.
 ✓ A youth to adult protocol to support youth to transition safely and effectively into the adult mental health system has been approved and is now entering the implementation phase. The protocol includes joint case management, and planning sessions with youth and service providers.

Local Action Teams flag the need to increase awareness of mental health and substance use issues for prevention, early intervention and reduced stigma

 ✓ Professional development opportunities have been offered by LATs to physicians, clinicians, teachers, counselors, substance use workers and others for skill development on issues such as harm reduction, eating disorders, suicide prevention and resiliency.
 ✓ Community education and awareness initiatives developed to promote mental health and substance use prevention such as involvement in National Child and Youth Mental Day (May 7th), delivery of mental health and/or substance use messages through school immunization programs and school report cards, and numerous school and community educational sessions.
 ✓ Twenty-two newspapers across the province have featured ten articles on mental health and substance use produced in collaboration with psychiatrist, Dr. David Smith. These and other activities and events are engaging local media to raise the profile and reduce stigma for mental health and substance use issues in communities.
 ✓ Substance Use Faculty is exploring the possibility of developing a PSP module on substance use to support GPs and other clinicians.

Additional information on the CYMHSU Collaborative, including Local Action Team Chartlets; and Working group Progress reports can be obtained from the Shared Care website.