

Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

Congress Storyboard and Breakout Abstracts  #united4CYMH



Local Action Team Objectives

The CYMHSU Collaborative has established eight key objectives for Local Action Teams. Each of the 64 LATs around the province has committed to addressing one or more of these objectives, abridged here.

1

Identify and communicate to service providers, families, and community members how to access local and provincial child and youth mental health and substance use services and supports; and 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.

5

Partner with schools and communities to create initiatives to increase mental health and substance use literacy by reducing MH stigma and improving health seeking behaviours.

6

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, MCFD, as well as other CYMHSU partners and service providers.

3

Adopt and 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.

7

Promote culturally-competent care in our communities through education and practices to address cultural safety, including promoting 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.

Storyboard and Breakout Abstracts

The following are short descriptions of storyboard and breakout presentations taking place at the Congress. Entries also include contact information for key individuals. Use this list to help explore interesting projects in the Collaborative and connect with colleagues during or after the conference.

Working Groups

■ Working Groups	5
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Local Action Team Storyboards and Breakouts

■ Vancouver Island LATs	10
■ Interior LATs	16
■ Vancouver Coastal LATs	24
■ Fraser LATs	27
■ Northern LATs	34

Working Groups

BREAKOUT

Substance Use Faculty

PRESENTERS Dan Reist, *Assistant Director, Centre for Addictions Research of BC, University of Victoria*
Tara Mochizuki, *Manager, Mental Health Substance Use, Interior Health*

The Substance Use Faculty will speak to progress on addressing their five priorities:

- Health promotion and prevention
- Identification and screening
- Treatment and intervention
- Family engagement
- Capacity building for those working with youth and young adults

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This breakout session will provide practical information and introduce some new resources that can be used by members of Local Action Teams and others.

BREAKOUT

CYMHSU Emergency Room Protocol

PRESENTERS Dr Quynh Doan, *Pediatric Emergency Physician, BC Children's Hospital*
Michele Blais, *Project Coordinator, CYMHSU Collaborative*

Dr Doan and Michele will provide an update on the progress of the CYMHSU ER Protocol and its implementation across the province. Dr Doan will discuss the HEARTSMAP assessment tool that is now being implemented with the CYMHSU Protocol. This important tool was developed in response to a need for ER Physicians to assist the increasing number of children and youth presenting at ERs with MHSU concerns. This increase in ER presentations is province-wide and the Protocol is assisting through algorithms, assessment tools, discharge communications and safety plans with consistent referral processes to community resources. Each of the five regional Health Authorities is now implementing the protocol.

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WORKING GROUPS

BREAKOUT

Telehealth/Rural & Remote Support

PRESENTERS **Dr. Susan Baer**, *Child & Adolescent Psychiatrist and Medical Director, Ambulatory Care at BC Children's Hospital*
Deborah McKnight, *Tele-health Project Manager, Island Health*

Dr Baer will discuss the report that the Tele-health Working group prepared to present to the Ministry of Health and MCFD, with recommendations on how to improve access to CYMHSU services in rural and remote areas. The three key principles are: 1) equitable access to telehealth services, 2) effective delivery of high quality telehealth services, and 3) sustainability of mental health services, including integration of telehealth into community systems of care and building of community capacity.

Deborah will share the tele-health CYMH pilot project Island Health initiated to allow GPs to refer directly to a consulting Child and Adolescent Psychiatrist. The youth is able to have a one-time consultation session to assist their GP and community services in providing and managing their treatment. She will give an update on the successes and challenges of this project.

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BREAKOUT

Learning Links

PRESENTER **Dr Jana Davidson**, *Psychiatrist-in-Chief, BC Children's Hospital and Head, Division of Child & Adolescent Psychiatry, UBC*

Learning Links is a new online enhanced learning series of 15 modules to support BC physicians in the delivery of evidence-based assessment, treatment, and consultation services for children and youth with mental health disorders. Dr Jana Davidson led the development of the series, through BC Mental Health and Substance Use Services, as part of the work of the Child and Youth Mental Health and Substance Use Collaborative, a partnership of Doctors of BC and the government of BC. The 15 modules address a comprehensive range of topics and each module takes 30-60 minutes to complete. This session will discuss the development, the initial pilot testing and the follow up survey. In addition to physicians, nurses, social workers and staff in ER departments – among others – are studying the modules independently and together.

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WORKING GROUPS

Physician Compensation: Addressing Barriers to Patient-Centred Care

This Working Group's purpose was to ensure that provincial and regional physician compensation models for specialist and family physicians supported proposed service delivery models for children and youth seeking MHSU services. Through extensive engagement with the many partners involved in physician compensation across the province, a link was established between patient experience and physician compensation barriers. A detailed report, including an overview of the WG process, identified barriers impacting patient care and created 26 recommendations for province-wide changes to physician compensation. These recommendations were presented at the provincial committees responsible for physician compensation in BC at the end of 2014. Within one year, nine of the 26 recommendations (35%) and six of the eight opportunities for enhanced communication (75%) were achieved. Highlights include;

1. Implementation in Interior Health of the provincial prototype of the Psychiatry Blended Billing Compensation Model. The success of this has led to other Health Authorities now implementing the new billing guide.
2. Approval of five recommendations to the Specialist Services Committee for a broader strategy for fee code changes.
3. Changes to the BC Psychiatric Association fee codes in January 2016, which aligned with some of the WG's recommendations.

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The group has ended at this time and any compensation concerns are being brought to the Physician Recruitment and Retention Working Group.

Acute to Community Transition Agreement: A Provincial Framework for Local Protocol Development for Mental Health and Substance Use Services for Children and Youth

Transitions for those who receive care from hospital emergency and/or in-patient mental health and/or substance use services that require community follow up is a priority for government. This cross-ministry initiative between the Ministries of Children and Family Development and Health was established to improve transition experiences for children, youth and their families.

- The project advisory committee has reviewed a final draft of the Acute to Community Transitions Agreement. The document is currently undergoing review by health stakeholder groups.
- Upon completion of the review process, final sign-off will be sought by endorsement tables of MCFD and MoH.

WORKING GROUPS

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- This principles-based agreement creates a framework for the development of local protocols to address the unique needs of BC communities. To assist with the implementation of the agreement, a tool kit has been created to support local groups assemble and design a protocol that: incorporates agreement principles; ensures that processes follow governing privacy legislation; acknowledges various care pathways; and ultimately improves the transition experiences of children, youth and their families when they move between acute care hospital settings and community-based mental health and substance use services.

Building Mental Health and Substance Use Capacity in Schools

One of the objectives of this group was to A K-12 Leaders Group – with representation from the Ministries of Education, Children and Family Development and Health, BC Teachers Federation, Aboriginal Education Services and McConnell Foundation – has been formed, with the goal of developing a provincial resource on school-based mental health and substance use that can be sustained post-Collaborative. Specific focus areas include:

- Exploring MHSU training and skill-building opportunities for professionals in the education sector.
- Supporting integration of mental well-being as part of the new curriculum in schools across BC.
- Supporting mental well-being of teachers, administrators and staff.

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The Working Group also reviewed the incredible list of school-based mental health and substance use activities that LATs have accomplished over the past two years.

Physician Recruitment and Retention

Highlights of the activities of this Working Group include:

- Successfully advocating for an increase in the number of training spaces – through UBC – for Child & Adolescent Psychiatrists, beginning September 2017.
- Developing an exit interview process for Child & Adolescent Psychiatrists who are leaving communities to review what influenced the decision and what improvements could be made.
- MCFD did a survey of their CYMH program team leaders to ask about the relationship with Child & Adolescent Psychiatrist – including services, engagement and administrative supports. There was a 70% response and this info will be used by MCFD, as well as the working group.

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WORKING GROUPS

- Psychiatrists and Pediatricians in BC were both surveyed independently; response rates were 39% and 50%, respectively, and the information will be used in future workforce planning and developing provincial recruitment and retention plans, as well as to influence training programs.
- Work continues on developing a community of practice for physicians across BC who support MHSU, and will be discussed further at the Physicians Meeting at the Congress.
- Recommendations related to compensation and training for GPs with special focus in MHSU are being explored and will be put forward.

Information Sharing

The key areas of focus were:

- *Supporting Privacy Project Information Sharing Guidelines developed by MOH and CMHA.* The knowledge exchange process for the Guidelines is in development with the MOH. We have had LATs and WG share case studies to be used during this process. The revised guidelines will be re-released and then the process of knowledge exchange will begin. A webpage has been developed and two animated case studies have been created to aid in understanding. Very helpful fact sheets have also been created for parents; youth and service providers.
- *Exploring common consent forms for communities to use.* We have had the common consent form reviewed by MOH and MED and it now sits with MCFD. Communities are very interested in this process to support cross sector information sharing.
- *Clarifying role of school counsellor and process of confidential information storage in schools.* The intention of this tool is to help service providers, parents-guardians, and youth understand where confidential information is stored within a school, what goes on academic record and who has eyes on it. Once it is updated for digital record keeping it will be tested in School District 22 and shared across the province.
- *Exploring means to have access to CYMH info for Psychiatrists after-hours to assist in ERs/Hospitals.* Child & Adolescent Psychiatrists working in MCFD offices can now be provided with CARIS access; this will also aid in Tele-health support for the youth. Some challenges continue, such as psychiatrist access to CARIS from the hospitals (due to firewall challenges) and ER Physician access to this information after-hours.

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Local Action Teams - Island

Storyboards and Breakouts

1 Campbell River LAT: Overview of Artifacts

The Campbell River Local Action Team storyboard will highlight numerous achievements over the past year, focused on two main themes: to improve access to integrated services and to increase awareness of mental health issues among service providers, community members and educators. This was done in a number of ways:

- Improving community MHSU protocols with the goal of improving integration and coordination of services
- Hosting workshops for educators and community members on topics related to general mental health resources, anxiety, intergenerational and developmental trauma
- Printing and disseminating a resource guide on mental health services for service providers and families: <http://www.forcesociety.com/sites/default/files/NORTH-ISLAND-ORIENTATION-GUIDE-WEB-v2.pdf>

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LAT Objectives: 1,8

BREAKOUT

Comox Valley LAT: A Legacy of Connections

The biggest legacy the Comox Valley Local Action Team wishes to highlight at the Closing Congress is the power of connections made among the diverse members of the team. The Comox Valley LAT brought people working with different populations, ages and around different issues together with youth and family members. In the beginning, time was dedicated to helping people get to know each other and define how they wanted to work together. We focused on creating a level playing field where members felt safe to share their perspectives. These connections served as the foundation of all of our project activities and were the heart and drive behind our collaboration. Without these relationships, our impact would be lessened. Because of these relationships, the work of the LAT will endure beyond the project.

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LAT Objectives: 1,2

LOCAL ACTION TEAMS ISLAND

2 Cowichan LAT: Rapid Response Prototyping through Youth Engagement and Collaboration

Following the successful testing of a physician referral matrix and an Acknowledging Territories tool, Cowichan LAT also tested a school based clinic, which unexpectedly did not yield the desired outcome. The most vulnerable youth in the community remained disconnected. Concurrently, the crisis response working group was also facing some challenges. Given community commitment to improving access to integrated care, the LAT determined that youth engagement was an obvious place to begin any further test of change.

Utilizing information gathered through a collaborative outreach engagement initiative, the LAT will develop a youth and evidence informed pathway to mental health and substance use wellness for the most at high risk youth and young adults in the Cowichan Valley.

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Information gathered through this engagement will be used to guide resource allocation and delivery models in the Cowichan Valley. Several PDSA (plan-do-study-act) cycles and rapid response practice shifts will have been tested and experiences will be shared.

LAT Objectives: 1,2

3 Gabriola LAT: CYMHSU Collaborative Activities

The Gabriola LAT started in January 2016; we began by initiating a research project to get a clear picture of what the state of CYMHSU was in our small remote community. We also worked on an inventory of services that are currently available on Gabriola and in nearby communities. We worked with the Rural & Remote Division of Family practice to promote these child and youth specific resources on the Gabriola FETCH website. Three of our community members received training to run the Living Life to the Full program and are working towards running a session at the end of March 2017. We have worked extensively with the local elementary school and have brought in a mentorship program as well as a weekly anxiety support group; we continue to work with the school in order to develop clear pathways to care between the school and local medical clinic. We are working to improve the knowledge of trauma informed practice community wide, in November 2016 we held a trauma informed training workshop with CAST Canada for 21 service providers in our community.

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LAT Objectives: 1,2,4,5

4 Long Beach LAT: Building Capacity on the Coast

The Long Beach region includes nine communities on the west coast of Vancouver Island: Hot Springs Cove, Ahousaht, Tofino, Opitsat, Ty-Hystanis, Esowista, Ucluelet, Hitacu and Macoah. Local CYMHSU services are limited and access to training opportunities are hindered by our remote location and travel costs. The main goal of our LAT is to increase capacity by providing local education and training opportunities. We are also working toward improved navigation of services through strengthening provider connections and mapping service and referrals. The LAT's work has been guided by information collected through youth surveys, local outreach, and patient journey mapping. To date, we have held successful training around Childhood Anxiety in a school-wide Pro-D event for teachers, as well as workshops for parents, youth, and providers. Our priority is to continue to build capacity on the coast through training and customized resources, as well as by funding local projects that share these goals.

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LAT Objectives: 1,5

5 Mount Waddington LAT: Pathways to Care in Mount Waddington

The Mount Waddington LAT will be mapping pathways to care as their final project and would like to share the results at the Congress. The LAT is hoping that an outcome of identifying pathways to care is the development of processes for ensuring that there is a collaborative approach to delivering MHSU services to children, youth and their families including follow up to referrals. It is also anticipated that mapping pathways to care will identify means of sustainability for newly developed processes.

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LAT Objectives: 2

BREAKOUT

Nanaimo LAT: Pathways to Share

As the Local Action Team goes into its final stages, the community has come together to work on pathways to care. Like any system, the complexities are important to include. Therefore we have used different collaborative approaches such as working groups and world cafés to discuss ways to serve children and youth in a meaningful and long lasting way. Within the pathways to care, one element is transitions, not only from one age group to another but also into adulthood. Therefore the pathways to care have been broken into different age groups and levels of need. Inspired by another LAT and considering the social determinants of health, family systems, and sustainability, Nanaimo has come together to discuss how to work together as well as identify the spheres of influences on care for children, youth, and families. A Pathway to Care is a pathway to share! **LAT Objectives: 1,2,5**

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6 Oceanside LAT: Improving Access to Integrated Care – A Journey that Began with the Early Years

The Oceanside LAT formally began their work in December 2015 with a focus on the early years and prevention. Early gems range from the provision of community based early learning opportunities to the exploration of connections through mentoring for the vulnerable most hard to reach population of young parents in the community. A wallet size resource card is also being tested, with rave reviews thus far.

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The next phase for the Oceanside LAT, who has extended its timelines to December 2017, will be adapting and testing wraparound models of care for CYMHSU. The refreshed focus on practice integration and collaboration builds on the team's commitment to prevention, promotion, early identification and family centered care goals.

LAT objectives: 1,2,4,5

7 Port Alberni LAT: It Takes a Village to Move the Needle

We've built a previously unattainable venue for MH and SU service providers working together in our community. We've built a stronger network of services for our community and increased awareness of what is available. *How?* We have hosted Mental Health First Aid, workshops – including a SU awareness event – and created a Youth Services Card. *The impact?* Increased awareness, which means many of the complaints of the past are now gone because it was more a matter of the community needing to be aware of the services that exist. As we move forward, our work will be mapped and measured on our Journey Tool "The Journey of George". Although it never seems fast enough, the movement we are making inspires us to want to continue the work of our LAT into the future, and we will work on sustaining our work by creating a vision statement and strategic plan to guide our team in the future.

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LAT Objectives: 1,4,5

BREAKOUT

Saanich Peninsula LAT: Fostering Better Mental Health through Education of the Heart and Mind

We have four First Nations communities on the peninsula and our LAT has rolled out the blanket exercise, across the region, which is an experiential activity that explores the 500-year relationship between Aboriginal and non-Aboriginal peoples. It is a Canadian history lesson from an Indigenous perspective. Participants stand on blankets representing aboriginal lands across Canada and learn how their communities were affected by colonization. From this, we learn that education is not always about memorizing content in the mind, but learning with the heart. In addition, it appears that mental health consequences can

LOCAL ACTION TEAMS ISLAND

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outpace knowledge of support and education. Our LAT has hosted a series of educational talks on mental health that facilitates dialogue between parents and children. These topics include reducing mental health stigma, building resiliency, improving screen-time health, and learning coping strategies. These sessions bring in expertise from local guest speakers and link with organizations dealing with certain realms of mental health promotion.

LAT Objectives: 1,5,7

8 Salt Spring Island LAT: Salt Spring Island ~ Connection & Reaching Out

During the LAT's time together on Salt Spring the team has worked to produce a Tree Booklet and rack cards highlighting local mental health resources, as well as three Suicide Intervention Toolkits – of which we are especially proud. The toolkits have also been adopted and adapted by other teams throughout BC. The LAT identified and supported seven psychoeducational sessions since Fall 2016, engaging adults and professionals on Salt Spring. The LAT sourced and provided speakers for an upcoming youth-led mental wellness forum at the high school and continued working with MTAC, an active mental wellness youth team. The LAT was able to support concurrent events in January on Substance Use for both youth and adults/professionals in response to the opioid crisis. The Salt Spring Island LAT has an inter-professional Child and Youth Mental Health and Substance Use Learning Event planned after Congress which will bring together primary care providers, psychiatrists, MHSU clinicians, hospital administrators, public health and School District 64 counsellors. These eight learning sessions have helped build and strengthen relationships, create connection between adults and caregivers and reduce stigma and break down barriers around mental health and substance use. Salt Spring Island has an active and engaged multi-disciplinary team that meets monthly. This group will continue to meet and collaborate to advance the work of the Collaborative and improve the mental health services and supports for children and youth on Salt Spring and the surrounding Gulf Islands.

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LAT Objectives: 1,2,3,4,5

9 Sooke-Westshore LAT: Wellness Centres

When the decision was made to demolish one of the Secondary Schools in School District 62 and replace it with two Secondary Schools, the LAT worked with SD 62 staff and principals, Island Health, and physicians to ensure the Wellness Centre at Belmont Secondary School would be replicated at the two new schools. Then it made sense to ensure a Wellness Centre was established at the third Secondary School so that access by students would be uniform across SD 62. There followed three years of discussions which resulted in all Secondary Schools in SD 62 having Wellness Centres; the LAT worked to ensure

LOCAL ACTION TEAMS ISLAND

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a CYMHSU component in all 3 schools. They are extremely popular with students and parents. It is a living process, with changes happening as demand increases. The Wellness Centres are funded by Island Health and SD 62, so they will continue after the LAT winds down.

LAT Objectives: 2,4,5

10 Victoria LAT: Working Together Towards Collaborative Care

We are a large dynamic team of almost 60 participants including representation from Island Health, Ministry of Children and Family Development, School District 61, multiple community agencies, youth, family members, and physicians (i.e., pediatricians, child/youth psychiatrists, family physicians). Our VLAT is working together to develop an integrated and collaborative CYMHSU system of care for children and youth in our community. Our working groups are exploring the feasibility of a coordinated access point for CYMHSU, examining information sharing between services, and providing MHSU literacy for service providers and youth. To date, our success lies in our efforts to engage physicians, provide MHSU training to school counsellors and family physicians, and develop collegial relationships within our LAT and across our system. We plan to extend our LAT past March 2017.

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LAT Objectives: 1,2,3,4,5

Local Action Teams - Interior

Storyboards and Breakouts

11 Ashcroft LAT: Our Journey

Ashcroft LAT has been travelling the journey of support for youth and families. The title, Our Journey, was chosen because that is how we see it. There have been bumps in the road, and as we travel along our path we are learning more and becoming more connected. Our storyboard will showcase our successes and struggles. Once we have begun to close the gaps and increase the connections, we will have created the foundations for a sustainable support system.

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LAT Objectives: 1,4,5

12 Boundary LAT: Building on Relationships and Increasing Trauma Informed Care

Building on a history of strong partnership and collaboration among education, health and human services, a central focus of the Boundary LAT has been enhancing relationships. Since the Boundary LAT began in November 2015, the team has engaged with physicians and more recently, hospital staff, to identify and implement community-based collaborative care processes. Two examples of these care processes include:

1. Piloting a Care Navigator to connect children and youth who present at the emergency department to services in the community, and
2. Hosting community-wide trauma informed care trainings with the Child Trauma Academy for foster parents, physicians, hospital staff, mental health and substance use service providers, school staffs and child care providers.

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The focus of the Boundary LAT over the remainder of the Collaborative will be on increasing spread of trauma informed care and further strengthening relationships.

LAT Objectives: 2,4

LOCAL ACTION TEAMS INTERIOR

BREAKOUT

Cariboo LAT: Communities that Care (CTC), Improving Outcomes for all Youth through a Collaborative Community Effort

CTC is a cross-sector community initiative that brings together multiple organizations and uses prevention science to promote healthy youth development. Our goals are to:

- Change conditions that put children at risk for adolescent health and behavior problems
- Influence the values, practices, and policies that promote a safe and healthy community

In 2009, all students, grades 6-12 completed a Prevention Needs Assessment Survey. We used the survey data to create risk and protective factor priorities and identify evidence based programs which we then implemented. We met regularly to assure alignment of programs and activities with our priorities. In January 2016 students did another survey. The results showed significant positive shifts (up to 10%) in most priority areas. We are now re-visiting the work we've done in light of the new survey results. Our collaborative network continues to be active and engaged as we fine-tune our action plan for moving forward.

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LAT Objectives: 1,2,4,5

BREAKOUT

Central Okanagan LAT: A Systemic Approach to Reducing Risk of Substance Use

The Central Okanagan continues to experience high levels of high risk substance use in youth and young adults. This presentation will describe the comprehensive, community prevention approach that includes:

- key message prevention documents going out to the entire school district,
- increased training and capacity of front line workers,
- a comprehensive fentanyl response utilizing youth/adult partnerships at the university, and
- a needs assessment to determine treatment and advocating for secure care at a provincial level.

Results are still being collected, but some of the highlights include: the effectiveness of the youth/adult partnerships, the shared ownership of the core addictions training, and the collaborative leadership of the different tenets of the approach. Key successes and learnings will be shared.

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LAT Objectives: 2

13 Clearwater LAT: Educating our high school students about Mental Health in a visual way

Since its formation, the Clearwater LAT team has been working on engaging youth with lived experience. However, we have encountered barriers due to small community size and demographics (most young people move away from the community following high school). Students in Grade 9-12 responded to a survey of five questions regarding mental health and substance use. The answers demonstrated minimal basic understanding of these subjects and indicated that more education is needed. So we asked ourselves: How can we cross these barriers in an innovative way that kick-starts positive conversations and at the same time educates our students about these subjects? Since a picture is worth a thousand words, Clearwater high school students have been asked to show their impressions of good/positive mental health, using media such as film or collage. The LAT is working with the school counsellor and teachers to help the students frame their answers to this question in a visual way.

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LAT Objectives: 5

14 Creston LAT: Closing the Loop

The Creston LAT has been focused on:

1. Unattached Youth (i.e. youth who do not have a GP): A team of local physicians have developed a response plan to provide medical attention to Creston youth who are not attached to a local family practice.
2. Applied Suicide Intervention Skills Training (ASIST) – A cross-sectoral training in suicide intervention is being provided for a variety of local community partners.
3. Cyber Awareness: Social Media Awareness – Jesse Miller, social media strategist and expert has been invited to three individual presentations that have been organised for the Creston community. These presentations are specifically for: Grades 5-7, teachers and school staff, and parents and community members.
4. Care Giver Network – s This education and support peer group meets once a month. Facilitation and support for this group is now being shared between East Kootenay Addiction Services and Valley Community Services (CYMH).
5. Closing the Loop – ER and service providers, children and youth in crisis – A continuation of the working partnerships between MCFD CYMH, Substance Use, Interior Health, RCMP and Ktunaxa Kinbasket Child & Family Services

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15 Golden LAT: Informing and Supporting Our Community

As these learning sessions end we are reflective on what pieces have flourished and what needed more of our attention within our community. We have responded by connecting pieces of the puzzle together. Communication through a poster campaign, a website and a Facebook group link the community to local resources. Two of our LAT parents have started a parent support group. We are opening a dialogue of the fentanyl crisis through needle recuperation. We supported 5 youth to attend the ASIST training so youth can talk effectively to youth. A feedback loop is fostering communication between professionals. We have invited Dr. Brokenleg to help us build resilience. We gave our youth a voice at the World Café. Steps are being established to let them know that they were heard. The puzzle is complex. So far we have connected pieces perfectly to build the edges while the rest is still in progress.

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LAT Objectives: 1,2,4,5

16 Kimberley/Cranbrook LAT: Local Action Beans - Live Storyboard

Youth (Beans) have been speaking to other Youth in schools in our area. Other schools are also interested in sessions and we are getting multiple requests. As a result, teachers and students are asking for more information and support. Our plans are to have an ongoing BEANS recruiting strategy and support from the BEANS adult leader who is Ktunaxa clinician. We will also continue to support BEANS in presenting to youth in school settings.

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LAT Objectives: 5

17 Lillooet LAT: Lillooet overcoming silos

Developing the LAT and mobilizing it in a small town with frequent personnel changes and periodic, but extended position vacancies has highlighted the challenges of the child and youth mental health care system in rural and remote communities. Our strongest and greatest work has been in bringing people together around these subjects regularly and reducing the likelihood of silos in most of the system. Strong alliances have formed quicker than regular working interactions would have allowed. Professionals that work in separate areas have had the opportunity to get to know each other and discuss the workflow of the programs and positions and have often opted to work together on projects and protocols outside of the direct work of the LAT. Secondary success was improving the access to urgent/emergent mental health care for children and youth by strengthening relationships with the Parkview team.

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LAT Objectives: 1,2,7

18 Lytton LAT: Small town big heart

Developing the LAT and mobilizing it in a small town with frequent personnel changes and periodic, but extended position vacancies has highlighted the challenges of the child and youth mental health care system in rural and remote communities. Our strongest and greatest work has been in bringing people to develop and launch the Circle of Trust toolkit at a Family wellness day. This kit allows caregivers, school staff, counsellors, and other responsible adults to work with children and youth to identify the key people in their lives who can help them during an emotional/mental health crisis. It can also be used to identify and support children and youth with few or no caring adults in their lives. Another gem was the identification and celebration of community champions of wellness. The community champions, parents and youth were also key decision makers for the last pieces of work to be supported by the LAT and ensuring the ideas had elements of sustainability. Lytton showed itself to be a small town with big heart.

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LAT Objectives: 1,2,4,5

BREAKOUT

Merritt LAT:
Supporting the Creation of Healthy Children and Families

We are focusing on strengthening three areas:

1. Relationship Building: We are offering opportunities to foster and enhance existing and new working relationships to promote collaboration and partnerships to support children, youth and their families.
2. Building Capacity: We are providing capacity building opportunities to enhance the skills of the frontline services providers, parents, caregivers and agency staff. We are providing a Trauma Informed Conference in April in partnership with the local college NVIT. Our purpose for this conference is to create a community that works from a foundational framework of trauma informed practice and utilizes trauma informed language when working with our clients.
3. Positive & Effective Communication: We recognize the importance of healthy communication at all levels of supports and services for children, youth and their families. We are currently updating our website, booklet and developing an app for CYMH and SU services.

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LAT Objectives: 1,2,4,5,6,7,8

BREAKOUT

North Okanagan LAT:
Substance Misuse Prevention in the North Okanagan

The North Okanagan Local Action Team determined that substance misuse was a growing concern in the community. Our local psychiatrist, Dr. David Smith, contacted the University of Montreal and the founders of a new program called, Preventure. Preventure is a school-based intervention aimed at reducing adolescent drug and alcohol use in high-risk teenagers, with benefits of: reduced alcohol consumption, delayed initiation of alcohol use and binge-drinking, and reduced frequency of illegal drug use. The LAT hosted a two-day training led by a trained facilitator from the University of Montreal with eight school counsellors in late November 2016. In the spring of 2017, the program will be introduced to two high schools, and by the end of the academic year, we hope the program will be introduced to all identified grade 8 students. The program evaluation will be conducted by faculty at the University of British Columbia.

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LAT Objectives: 5

19 Osoyoos, Oliver and Okanagan Falls LAT:
Strengthening the Community Social Safety Net

BACKGROUND: Leveraging the momentum of a proactive school district and a strong Collaborative/PSP partnership, solid relationships have been built between physicians and school counsellors, community service providers, MCFD clinicians, MOAs and community CYMHSU professionals.

AIM STATEMENT: To provoke a CYMHSU conversation with parents and caregivers.

MAIN ACTIVITY: The LAT has identified that they would like to strengthen the connection between the CYMHSU professionals and parents/caregivers. Understanding that MHSU stigma may act as a barrier for families seeking help, the LAT will host a screening of Screenagers as a way to begin a conversation with parents, youth and children.

RESULT: We are hoping that an initial discussion around a common parental concern, managing screen-time, will inspire parents and caregivers to begin a dialogue with one another and their children to help build and strengthen a local community social safety net.

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NEXT STEPS: If interest is indicated, the LAT will create more opportunities for discussion between parents/caregivers and local CYMHSU professionals via a parent information night, PSA or other outreach initiatives.

LAT Objectives: 1,4,5

LOCAL ACTION TEAMS INTERIOR

20 Revelstoke LAT: Building on Strengths in the Community: Using provincial funds to build resources for children and youth

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Revelstoke has been participating as a case study focused on building a caring community. This storyboard will focus on the outcomes of that case study. It will also look at how Revelstoke is addressing substance use and youth. Prior to the CYMHSU Collaborative funding, Revelstoke had a strong volunteer community, the funds from this project have supported growth and capacity building.

LAT Objectives: 5

21 Shuswap LAT: Suicide Safer Shuswap: Creating Caring Communities

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On September 14th, 2016 the Shuswap Local Action Team hosted a World Suicide Prevention Lantern Walk in Salmon Arm. It was a meaningful evening of remembering those we have lost to suicide, as well as a strong community response to HOPE that we can do more together for our children, youth and their families struggling with suicide. There were over a hundred and fifty people who walked with lights, from toddlers to youth to parents and grandparents. The committee is most proud of the outreach component of this event - in the months leading up we reached out to children, youth, and mental health programs to raise awareness and education about suicide through lantern-making. The LAT is continuing the work of creating a healthier, safer community by supporting a youth led Trans Basic workshop for school district staff as well as a suicide bereavement support group.

LAT Objectives: 4

BREAKOUT

South Okanagan Similkameen LAT: Building bridges before the crisis

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Crisis response teams from the health authority and Okanagan Nation Alliance (ONA) were working alongside, but not together. Team members were scared for aboriginal youth but no one knew who was doing what. It started with tea. A nurse from the health authority team met with the aboriginal crisis response team lead. From there, both decided to get their broader teams together for lunch. Twenty-seven service providers showed up for lunch: nurses, youth workers, managers and physicians. At the end of the meeting a simple exchange of contact information was agreed, which led to a snowball of improvements. Aboriginal youth are now greeted in emergency by nurses who were trained, in part, by a youth worker from the local Band. The community has adopted the CYMHSU Emergency Department Protocol. And youth care plans are shared with consent. A sustainability plan ensures the teams will continue to connect, improve and share regularly. The team has created a video that it would like to share at Congress.

LAT Objectives: 1,2,3,7,8

LOCAL ACTION TEAMS INTERIOR

BREAKOUT

Thompson LAT: Youth in Crisis: Three Protocols and a Communication Tool to Increases Access

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LAT Co-chair
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The Thompson CYMHSU LAT embarked on the task of developing key protocols to ensure that children and youth have timely access to services when in crisis situations. The three particular protocols include: Kamloops Community Crisis Response Protocol, School Suicide Protocol Agreement, and Royal Inland Hospital ER/Child Psychiatry Access and Flow Algorithm. Each of these protocols was developed by key mental health services providers collectively working together to ensure timely and effective response for the children and their families. The services providers have also committed to continue updating these protocols on a regular basis which ensures sustained community partnerships. In addition to the crisis protocols, the Thompson LAT worked to increase communication between key mental health services providers by devising a communication tool which is being trialed by CYMH. This tool will allow for the child and youth's mental health team, including physicians, to increase communication, collaboration, and effective treatment.

LAT Objectives: 2,8

BREAKOUT

West Kootenay LAT: Learning Lab on Family-Centred Practice & Wraparound

The West Kootenay Local Action Team has received inquiries from other LATs regarding our work in testing Family-Centred Practice and Wraparound in our region. Measurements indicate these tests of change have resulted in better outcomes for children, youth and their families. Specifically:

- increased coordination and information sharing between all of the health, education, and social services involved in the life of the youth and their family;
- shared service planning with other agencies;
- increased informal social supports identified by the youth/family;
- prioritized service priorities identified by the youth/family.

To ensure sustainability of Family-Centred Practice and Wraparound services in our region, the WK LAT is currently training service providers, as well as peer and parent coaches on the model. The training will be available at the Congress during this Learning Lab. Objectives of Learning Lab:

1. Understand Family-Centred Practice as a radical change in the culture of the delivery of child/youth health and social services.
2. Understand the development phases of Wraparound.
3. Become familiar with key practice components of Wraparound and the first steps in building Wraparound Teams and Parent Coaching roles. **LAT Objectives: 2**

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Local Action Teams - Vancouver Coastal

Storyboards and Breakouts

BREAKOUT

North Shore LAT: Creating a Common Language & Shared Understanding of CYMSHU

The North Shore LAT's recent key accomplishments are around mental health literacy in schools and culturally competent care. By increasing mental health literacy, we aim to reduce stigma, build capacity and skills of youth, and spread a common language across the community. A week of Mental Health & High School Curriculum training in December 2016 reached over 300 teachers, service providers, and family members through various sessions. The program will go into Grade 9 classrooms and homes in Spring 2017. Culturally competent care is also essential to our diverse community. We have promoted uptake of PHSA's Indigenous Cultural Safety Training, hosted a multicultural breakfast panel event, and will organize a one-day Indigenous cultural competency workshop. We continue efforts to measure impact of these initiatives and lay out future action plans that are well aligned with other exciting development in the community, such as Foundry - North Shore.

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LAT Objectives: 5,7

22 Pemberton LAT: PLAN-Y.ca MHSU Resource Web APP for Youth

Our rural community of 7000 people is spread over a broad area. CYMHSU services/supports for the region are located in the Village of Pemberton, Mount Currie (Lil'wat Nation) and D'arcy/N'Quatqua with outreach to remote areas (Skatin, Samahquam and Xa'xtsa). We wanted an online (easy to update) resource of local MHSU services and provincial supports accessible by phone/web. The resource needed to be accessible on smart phone/devices and computers; internet/cell service varies across the region, and transportation to services is difficult for some. We contracted Denim & Steel to develop a web app (PLAN-Y mobile website) based on our unique needs. PLAN-Y.ca will also have community information like jobs and events and users can bookmark information to read offline when out of cell range. Youth played a key role in design and testing. We hope PLAN-Y.ca becomes a useful tool for youth, and the wider community, now and in the future.

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LAT Objectives: 1

LOCAL ACTION TEAMS VANCOUVER COASTAL

BREAKOUT

Sea to Sky LAT

We would like to highlight our community consultation process. We feel this process has been instrumental to us:

- Understand the current CYMHSU support experience
- Identify priorities for improvements to services and supports
- Engage and motivate community stakeholders to join the CYMHSU LAT in our work
- Provide opportunities for families and youth to have a strong voice in the process

By focusing the first six months of activity on engaging parents and youth and sharing the information we collected from them with a wide range of stakeholders including: our Local Action Team, youth groups, parents and interested community members, we were able to: double our Local Action Team size; gain the attention of the broader community; and identify meaningful priorities for our final year of work. Our hope is that we can build enough momentum from this process to sustain the Local Action Team after the Collaborative funding ends at the end of 2017. Our established priorities meet the several LAT objectives and we are keen to get started on the work!

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LAT Objectives: 1,2,4,5,7

23 Sunshine Coast LAT: Providing a Safety Net for Sunshine Coast Youth

Contact: Our LAT made the decision that any door would be the right door for youth to access services on the Sunshine Coast. As a result, we endeavored to teach youth about the effects of cannabis on their developing brains, and which resources were available to them and their families. We also offered a Girls Drop-in in response to a high incidence of sexual exploitation in our community. Community Awareness of Mental Health and Substance Use issues were high on our list of priorities. We developed an Emergency Room protocol wherein youth and families received quicker, more streamlined mental health services. Our LAT continued the work of the Grade Seven Cannabis panels, expanding to include alcohol as a topic and grade six students, based on surveys from last year's students.

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LAT Objectives: 1,4

24 **Vancouver LAT:** Community awareness, connection and supports for anxiety and depression

The Vancouver LAT is testing changes in a pilot neighborhood of Vancouver. Our aim is to improve communication and connection between youth, families and service providers for children and youth with mild to moderate anxiety and depression. We have developed an inventory of resources within the neighborhood to help the LAT understand what is available to the community and created LAT promotional material to handout at our events and assist us with recruitment. We have become engaged with community partners to leverage work that is already being done in the community. We have planned educational and engagement events to increase awareness of supports and services in the area and build knowledge of the community. Events include youth events, service provider minglers and a presentation at a local school featuring Deb MacNamara and Keyvan Hadaad speaking on anxiety and depression. Results of our changes include increased knowledge of how to access supports and increased mental health literacy around anxiety and depression. As our work continues, we will gather feedback from members of the neighborhood, and determine further changes.

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LAT Objectives: 1,2

Local Action Teams - Fraser

Storyboards and Breakouts

25 **Abbotsford LAT:** Abbotsford Mental Health Forum

The Abbotsford Mental Health Forum took place on November 19, 2016 at a local middle school. This event highlighted the connections and the resiliency of the youth, parents and service providers in our community. A personal sharing from our keynote speaker, Stephen Lytton, had the attention of every heart in the audience, which included our community's Mayor and council members, school district personnel, parents, youth and many service providers. Following this presentation, two parents, two youth, one young adult and two service providers presented in panel formation, their life experiences on the topic of resiliency. Attendees were entertained over lunch by the presence of young, local musicians who have found their own personal strength and talent through music therapy. Expressive art by a support program for students with mental health challenges at another local high school, was also displayed throughout the hallways and cafeteria as inspiration. The afternoon consisted of showcasing the variety of service providers and organizations all committed to supporting families with mental health and substance use related challenges. Following this, attendees had the opportunity to engage in one unique breakout session, ranging from yoga and mindfulness to learning about the new integrative youth hub that will house many of the highlighted services in our community. The closing offered an opportunity to reflect and pay gratitude to the amazing success of the day and the many efforts from the Local Action Team, as well as other community partners who played an integrative role in the success of the day.

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LAT Objectives: 1,2,7

26 **Burnaby LAT:** We have come a long way! (with miles to go)

Accomplishments since we started:

- A working group and planning that was initiated and is led by a youth participant (eating disorders working group).
- A navigation support working group that ties in with the LAT's current work on pathways to care.

LOCAL ACTION TEAMS FRASER

- An early childhood development community event and seminar for professionals focusing on attachment and parenting.
- Two well attended physician training events on anxiety and on mindfulness/CBT.
- Learning and changes regarding engaging youth and families from recruiting them to attend meetings to reaching out to them through events in order to keep their voices present and heard

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LAT Objectives: 1,2

27 Chilliwack LAT: Building on Community Strengths

The Chilliwack LAT is building on the strength of our community's commitment to Every Door Is The Right Door. By working with the Youth Adult Partnership Coordinator, the Child & Youth Committee and the Youth Health Centres, the Chilliwack LAT has brought youth to the table. With our partners, the LAT has contributed to developing roles for youth on service Steering Committees, leading community events and making recommendations for community development and service improvements. In this last stretch of the project, the Chilliwack LAT is focusing on solidifying the partnerships we've enhanced through a shared Pathway to Wellness. In the coming months we will complete a FamilySmart pilot and a Parent Engagement pilot at the Youth Health Centres, and host several educational events directed by and for youth, including an evening with Dr. Gabor Mate and a multi-stakeholder youth conference.

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LAT Objectives: 1,2,7

28 Delta LAT

Inspired by Objective 2, one of the things we did was partner with schools, allied health professionals, parents, children and youth to provide mental health and substance use educational/informational events for the community of South Delta. Committed to increasing public awareness around child and youth mental health, the LAT welcomed 275 community members to our Child and Youth Anxiety event in May 2016. Twelve community service providers were featured and speakers included two youth, a parent and a school counselor. In response to audience feedback from that forum, we held a second public awareness event entitled, "Depression and Suicide: It's ok to talk about it" in October 2016. We welcomed approximately 50 attendees, 14 service providers, youth and parent speakers with presentations by our local psychiatrist and an expert panel. Families gained greater knowledge and understanding of available resources in our community, a significant outcome and key objective of our LAT. The Delta Division of Family Practice, with assistance from a Privacy and Information Consultant, developed Guidelines for Communications and Infor-

LOCAL ACTION TEAMS FRASER

mation Sharing between GPs and Community Partners for adult mental health. The Delta LAT put their experiences and their hearts into adapting the Guidelines. The document has been forwarded to the CYMHSU Collaborative Information Sharing System Working Group to be considered for use province wide, and we have had requests from RCMP and Health Authorities.

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LAT Objectives: 1,3

29 Fraser Cascades LAT: Blossoming Infrastructure

As Spring comes, the Fraser Cascades LAT is beginning to see the seeds planted bloom. Throughout the region the LAT has worked with local partners to enhance and support integration of youth services across agencies. Teams of Nurse Practitioners and CYMH Counselors are jointly hosting Lunch & Learns in schools and educational events, and collaborating when planning services. A youth network of service providers is forming in Hope. We have an opportunity to amplify the voices of rural, Indigenous youth and explore innovations in rural and remote service delivery. This project will test different delivery methods, facilitate resource connections and reduce stigma and isolation of youth in distress. In the next six months we will collate our learnings into a Pathway to Wellness to guide Fraser Cascades families and lay the foundation for ongoing sustainable and integrated services.

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LAT Objectives: 1,2,7

BREAKOUT

Langley LAT: Building respect and trust, and fostering engagement

We have created a community of caring adults that knows how to connect with youth – this was the ask from the youth and families at the beginning of the Collaborative – we are succeeding! Through hard work, dedicated members and innovative ideas, youth in Langley now have many access points for support, including: access to primary care provider in multiple locations and days, central location for services and support along with self-help tips on managing their mental health. Langley has created a network of GPs and NPs, Specialists, NGOs, School District personnel, RCMP, and government organizations that have come together to raise awareness, educate and streamline services for providers and youth and families. A mutual respect and trust has developed among the network, making it easy to wrap care around the youth and families, and to reach out to each other for services for the youth and families.

Langley developed the first Youth Approved logo - All information, phone numbers, websites and tips on all of our projects were vetted by multiple youth groups, committees and stakeholders. We take pride in people knowing that the materials are youth friendly!

LOCAL ACTION TEAMS FRASER

The logo is widely recognized in the community. The initial discussions for the Langley Youth HUB started at the LAT less than 1 year ago. To date the HUB is a community initiative that services over 35 youth per night. Langley has completed many projects, education and awareness sessions since 2015. Our projects with the biggest impact were:

- awareness/self-help posters/contest re- designed by local youth – spread to 1,500 printed to community, digitally provincial wide and internationally.
- Youth Wallet Cards with over 18,000 printed in the community
- Mental health postcards - being used by GPs and specialists, parents, service providers and school counsellors (8500 of each printed in the community)
- CYMHSU Google service Document – online list of services distributed community wide
- Community Awareness Day –#LA4MH – Yoga in the park

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Current gaps for the Langley LAT include funds to continue to foster this collaboration of service providers! Sustainability plans are in the works...

LAT Objectives: 1,5

30 Mission LAT: Collaboration: Today, Tomorrow and for the Future

The Mission LAT is proud of the accomplishments the team has achieved over the past year. By working closely with community partners, the LAT has been able to support a host of changes that improve the community's capacity to serve youth and families, and by leveraging community support for the Mission Youth (MY) House. Recent sustainable changes include:

1. A GP and part-time youth worker offer regular office hours at MY House.
2. Distribution of thousands of Mental Health Colouring Books and local service info cards to all high school students in the district, as well as to neighbouring areas
3. Coordination of community education and awareness events such as:
 - i. Emotion-Focused Family Therapy training
 - ii. a community screening of the film Resilience
 - iii. Mission's Pulling Together community engagement event
4. Using FETCH as an online community resource available for everything community health, including mental health and substance use services

LOCAL ACTION TEAMS FRASER

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Going forward to December 2017, the Mission LAT aims to continue using a child, youth and family informed approach to guide the activities of the Mission LAT toward further improving availability and access to MHSU resources.

LAT Objectives: 1,2,5

31 New Westminster LAT: Successes and Next Steps

For 2015 we planned to:

- Create two resource maps (one for service providers and one for youth/children)
- Implement the CYMHSU ER Protocol at Royal Columbian Hospital
- Present on MHSU issues to high school students at NW Secondary School

Main results from the above tests of change are:

- We now know that there are many resources that are not known among physicians, community service providers and the NW community that need to be shared
- We have gone to five New Westminister Secondary School classes and learned that youth prefer to have presentations given to them by community service providers and physicians to raise awareness and knowledge of MHSU issues

Next steps are to:

- create project plans and timelines for all the above projects.
- Test and implement a system-level ER Protocol in the NW community
- Host at least 2 community engagement sessions with physicians, Fraser Health Authority and community service providers
- Host a community event for youth similar to Balancing our Minds

LAT Objectives: 1,5,8

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BREAKOUT

Ridge Meadows LAT: Impossible to...Possible: Youth Wellness Centre

The concept for the Youth Wellness Centre was created by the Ridge Meadows (Maple Ridge & Pitt Meadows) Local Action Team – a team of 100+ youth, parents, family doctors, specialists and community service representatives. Maple Ridge Pitt Meadows Community Services stepped up to lead and carry-on the project post-Collaborative. A sampling of results to date:

- 100+ youth have seen the youth psychiatrist for an assessment;

LOCAL ACTION TEAMS FRASER

- 3 out of 4 youth did not require medication (vs. 10-20% youth who reach tertiary care);
- 1 in 2 youth were referred to the youth advocate for assistance with accessing local programs/services;
- the wait time for a psychiatry assessment is approximately 8 weeks and we anticipate this to drop to 4 weeks or less by adding a second day (vs. 6 months or more in traditional settings);
- less than five of the youth out of 100 have been referred to hospital; and,
- the GP drop-in service is underway.

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LAT Objectives: 1,2

BREAKOUT

Surrey North Delta LAT: Youth Engagement, Attachment and Access to Services

The Surrey North Delta Local Action Team is extremely proud of its innovations in youth engagement and leadership. Of the many youth initiatives of the SND LAT, hosting the first of a series of Fraser Youth Events has been the most exciting and transformative. The SND LAT is also very proud of its focus on prevention and early attachment. The LAT has hosted multiple community events tailored for parents and physicians that are designed to give different tools in promoting attachment for young children. Of note are the events hosted by Dr. Charlotte Peterson, author of *The Mindful Parent*, that focused on different parenting practices around the world. The SND LAT has also created a mental health prescription pad that has been released to physicians and school counsellors in the community. The tool includes a list of available low cost MHSU resources in Surrey and North Delta as well as self-care tools and reliable informational resources.

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LAT Objectives: 4,5

32 Tri-Cities LAT: Successes and Next Steps

For 2015-2016, the Tri-Cities LAT's objective was to communicate to the service providers, community partners, general public and physicians in the community how to access CYMHSU resources in their community. Specifically we planned to:

- Increase the number of days the youth clinic can service the Tri-Cities community and to promote the current existing youth clinic in Port Moody in order to raise public awareness of existing youth clinic services
- Hold Parent Speaker Series in the Tri-Cities Community on MHSU issues

LOCAL ACTION TEAMS FRASER

Main results from the above tests of change are:

- We have held four parents speaker series presentations which are always well attended : over 100 participants
- We have learned there is a large need in the community for parents speaker series events on MHU issues, particularly how to manage MHSU symptoms in your child/youth
- We need to continue to raise awareness of the youth clinic as still not enough youth are accessing its services

Next steps are to:

- create project plans and timelines for all the above projects.
- Develop a Communications campaign about proper ER usage for CYMHSU population
- Host a Tri-Cities community engagement event for CYMHSU

LAT Objectives: 1

BREAKOUT

White Rock-South Surrey LAT: Triage Consulting Team

The Triage Consulting Team (TCT) is targeting at risk elementary and secondary students who are not getting timely access to mental health services. Lack of timely access can result in increased mental health symptoms, school absenteeism and hospitalization. The option to refer to the TCT for a team based consultation is now available once the school based team has exhausted their options without success. The TCT is composed of a school counsellor/administrator/ teacher, School District counsellor, GP or Pediatrician, Child Psychiatrist, and CYMH/MCFD representative

The TCT provides students with timely consultation, guidance and an action plan for best course of treatment, delivered in the context of their family, culture, community and school. There is multi-directional communication between school counsellors, service providers and physicians. This project is in the early implementation phase, therefore there are no results currently available.

This project is sustainable. The Child Psychiatrist and primary care provider can charge a consultation fee or be paid a sessional. Other members of the team are employed and their time is covered by their employer.

LAT Objectives: 2

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Local Action Teams - North

Storyboards and Breakouts

33 Burns Lake LAT: Educating our Community and Building Capacity

Contact: Burns Lake Local Action Team has been focusing on providing relevant education to students and community members about mental health and addictions. It was evident from a survey at the local high school that many students were struggling with addiction to technology, therefore, our LAT hosted the documentary *Screenagers, Growing Up in the Digital Age*. The film empowers parents and kids to best navigate the digital world, and provides practical resources to help them do it. We had approximately 225 youth and parents attend. As per feedback, it was a positive experience and everyone felt they had learned something new. The high school has requested that we show the entire school of 360 youth. Our LAT has hosted Trauma Informed Practice workshops, Harm Reduction workshops and we hope to have one on FASD. These presentations build community capacity and those who attend will be better equipped to recognize challenges, and provide support to our community.

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LAT Objectives: 5

34 Dawson Creek LAT: Change in the North East

Working practices for many service providers in the city of Dawson Creek has been siloed. There has been a lack of prevention work being done in the community and awareness of services in the community has been poor. As a result of the Collaborative, Dawson Creek has tried to address these issues by developing a user friendly website that offers separate resource tools for youth, caregivers and professionals. A searchable service provider list has been included for individuals looking for services. We have also included a Community Events calendar to help individuals know what is happening around town and to connect all services. We will offer educational event and trainings. This website will be kept alive past the end of the Collaborative by the Dawson Creek Harm Reduction Committee and can be updated and changed to continue to meet the changing needs of the community. This website will connect non-profit service providers, MCFD, Child and Youth Mental Health, Northern Health, School District 59 and Aboriginal organizations to work together in the community instead of in silos. We are excited that these linkages will continue into the future to help our children, youth and families. **LAT Objectives: 1,2,4,5,7**

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LOCAL ACTION TEAMS NORTH

35 Fraser Lake LAT: Fraser Lake Mental Health Matters

Contact: In Fraser Lake one of the objectives we have been working towards is creating awareness of our local resources. We surveyed our students, teachers and parents, through multiple methods, to gauge what our area knew and would be beneficial. Our community resource guide was completed in December, and widely shared at the Christmas Community Night, and will be distributed in all our surrounding areas. A local artist is composing a poster that will include all important contact numbers; it will be vibrant, graphic, bold and plastered all around the local communities. We have collaborated with Vanderhoof to be part of the joint website www.nechakocares.org that will take our info online, where so many of our youth spend their time. The website will give continuity to maintaining up to date resource information. Next, events are being planned for continued awareness and information sharing in ways that will engage our youth and children in exciting ways.

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LAT Objectives: 1

BREAKOUT

Haida Gwaii South LAT: Breaking Barriers with Doctors in the School

Contact: Anyone who lives in a small community knows that anonymity can be tough. Turns out that travel and lack of anonymity from family were large barriers to help-seeking behaviour for youth in our community. To tackle this problem, Dr. Horner and one of our LAT Co-Chairs, Dr. Pacholuk, spearheaded a project that brings the clinic right into the high school. Starting in April of 2016, the physicians have been visiting the school every two weeks with two hours worth of appointments. A few of the students have expressed that the school clinic is reducing stigma and normalizing help-seeking behaviour in the school. We are looking forward to this clinic continuing long after the Collaborative is wrapped up. With our remaining funds, the HG South LAT is focusing on getting the volunteer Suicide & Crisis Team up and running, designing Pathways to Care for our community, and creating an easy-to-use resource list for children and youth.

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LAT Objectives: 1,2

BREAKOUT

Northern Haida Gwaii LAT: Resilience here and now, before and after

Resilience is evident in Northern Haida Gwaii communities. Our LAT is focused on harnessing the traits that make these communities resilient and building onto those qualities. Our largest accomplishments are around building community capacity, through Suicide intervention training, through partnership with the Southern Haida Gwaii LAT. We have

LOCAL ACTION TEAMS NORTH

managed to bring a diverse array of people to the table in fundraising, and having youth work to improve their community with other youth and with elders. As well, we have partnered with the Old Massett Youth Program and are working on a Peer Support program. We are working towards a culturally driven crisis intervention team, as well as better partnership with educators, cultural leaders, youth leaders, health care professionals, and families in communicating with an emergency protocol. This multilateral agreement will keep these goals sustainable.

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LAT Objectives: 1,2,3,4,5,7,8

BREAKOUT

Prince George LAT: Youth Approved!

Including youth voices in decision making about child and youth mental health policies, processes and initiatives can be challenging for organizations. It requires planning, perseverance, resources, and skill at meeting young people where they are at. During LS7, the Langley LAT introduced us to the amazing concept of Youth Approved campaign messaging. Since then, the Prince George Youth Action Team (PG YAT) has adopted the language, and added instructions on how to get it. The YAT has created a process for mental health organizations to consult with the youth team, and earn the coveted, Youth Approval. The process is designed by them, for them, and will help create a pathway to youth consultation for years to come. The Prince George Youth Action Team is testing their process with Foundry Prince George and there are other initiatives lined up to earn their stamp of approval.

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LAT Objectives: 5

36 Prince Rupert LAT: Working Groups

Our Local Action Team's Youth Fest Working Group, which includes 20 local youth, is in the planning stages of organizing a community event to celebrate youth; activities include a presentation by Brent Seal. Our second Working Group is focusing on bringing training to our community, including The White Hatter presenting on social media safety, and Linda O'Neil presenting on Trauma Informed Practices. The third Working Group is the ED Working Group; Prince Rupert has been selected as a pilot site for the Emergency Department protocol.

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Our LAT is very fortunate to have had the opportunity to be part of such an amazing initiative. Legacies such as training youth in leadership roles, forming youth action teams, providing training to service providers, and evaluating our community's needs in our Emergency Department will better support youth with mental health and substance use challenges.

LAT Objectives: 1,5,8

LOCAL ACTION TEAMS NORTH

BREAKOUT

Quesnel: Grassroots Changes to Health Systems: Family Practice & Child Youth Mental Health Services

Increasing the number of children, youth, and families receiving timely access to collaborative and integrated care in Quesnel:

1. Quesnel's LAT identified 16 major barriers for children, youth, and families accessing Child Youth Mental Health (CYMH) services in its current co-location with Child Protection, and 12 major benefits to relocating CYMH. Unifying the LAT we created a letter of support for relocation of CYMH services into a more accessible facility at the epicenter of Quesnel health services.
2. As highlighted by the SD 28 Aboriginal Education Council we aim to increase access to care by mobilizing CYMH clinicians into the community.
3. Through process mapping with key organizations and patient journey mapping we have diagnosed system problems that we are tackling. With support from the LAT, working groups are undertaking projects to remove system barriers in their field, including: Attaching every Child and Youth to a Family Doctor and building better communication pathways between care providers.

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Sustainability plans are in progress, in partnership with Northern Interior Rural Division of Family Practice, to continue funding for LAT working groups, small initiatives, and meetings.

LAT Objectives: 1,2,3,6,8

BREAKOUT

Smithers Community Wellness LAT: Community Empowerment

The Smithers LAT has sponsored many events to share our objectives and to create community awareness promoting mental wellness. Surveys of parents and school personnel have provided us with key information about their concerns. Educational sessions on mental health have been well received, and will continue. To increase cultural awareness our LAT is working with the Office of Wet'suwet'en to learn about their traditional wellness model so services can be provided with increased relevance to their cultural practices. A highlight of our work has been bringing the philosophy of Trauma Informed Schools to our school district. This has become a sustainable focus for Smithers Secondary School, with the creation of a school-based Compassionate School Team. We plan to promote expanding this to elementary schools and then to the community. In addition, we are building community expertise through ASIST, SafeTalk, and other mental health literacy sessions. We are confident that our work will carry on.

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LAT Objectives: 1,4,5,6,7

37 Terrace LAT: The road is on the map to Terrace: youth mental health services, wellness, and education

The Terrace community has limited services for youth and families with regards to direct mental health services. Many agencies work in silos and can't always provide the much-needed services families need. One need identified during the initial creation of the LAT was hosting a patient journey mapping process. But for various reasons this was delayed until this November 2016. Our Aim Statement is: 'Youth come with families and both must have access to mental health services that are holistic and clinical for effective treatment.' Changes are being discussed; the biggest barrier that came out of the patient journey mapping process was there are no services for parents who have children who suffer from mental health disorders and no after hour services for youth experiencing mental health crisis or a place for young people to go to. The changes the Terrace Local Action Team want to make in the future are:

- provide training opportunities for parents and youth to inform,
- break the barriers and stigma of mental health, and
- keep this momentum high long after the Terrace Local Action Team ceases to exist.

One other way the Terrace LAT will build a legacy is by hosting the first Mental Health Summit for Youth at our alternate school. This event takes place February 8th, 2017. It is a chance to break down the mental health stigma in our schools and address the mental health needs of the students.

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LAT Objectives: 1, 2

BREAKOUT

Upper Skeena LAT:
Wellness: Our Vision for Every Season to Come

The work of the Upper Skeena Local Action Team is just beginning. Over the past year relationships have formed and opportunities have emerged that we hope will extend well past the lifetime of the LAT. We are working to support wellness for children, youth and families on the Gitxsan territories. We have done this by creating opportunities for service providers to come together as well as by supporting those who work directly with children and youth. We recognize and respect the Gitxsan model of wellness and we acknowledge the call for increased funding for culturally relevant care and land based programs. Through ongoing collaboration we continue to work towards Objectives 1, 2 and 7. Our progress has been slow at times but we are okay with that as we are working towards meaningful outcomes of increased understanding, mutual respect, wellness, and reconciliation.

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LAT Objectives: 7

38 Valemount LAT: Community Wide Suicide Protocol

Small-town life is not for everyone. It is spending an hour at the only grocery store when you just needed one thing, because your aunt, third grade teacher, and cousin's wife are all in there and all want to know what you have been up to lately. This is welcoming for some, but for many experiencing any level of mental health or substance use challenge, this guaranteed interaction can be absolutely dreaded. Isolation, depression, and extreme loneliness affect a large portion of our small 1,000 person population. We aim to implement a community-wide protocol (involving every major organization locally) for anyone seeking assistance related to suicide, suicide ideations or any kind of major depression. Stigma is difficult to overcome when quite literally everyone knows who you are, and so we will work in our final months to create a safe system that is 100% accessible to every single person. Our goal is access within homes, schools, the clinic, Robson Valley Support Society, and all other major partners in this community, to accurate and safe suicide support.

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LAT Objectives: 1,2,5

39 Vanderhoof LAT:
ER Protocol and Journey Mapping: Identifying Gaps

The Vanderhoof Youth Crisis Protocol is the result of the collaborative efforts between local mental health officers, Northern Health and School District 91. All involved parties recognized a very real need to be able to communicate quickly and efficiently with appropriate service providers to support youth in crisis. The VYCP was rolled out in September 2016 and is meant to act as a standardized guide on treatment, referral and communication processes. The Vanderhoof LAT and service providers will routinely revisit the protocol and adjust as necessary to appropriately meet the needs of youth in crisis. Patient Journey Mapping is also underway, in the hopes that it will provide a reality of gaps in local services. Family participation will provide a narrative experience and document potential service deficits requiring further funding and/or staffing. The Protocol and Journey Mapping will provide Vanderhoof with improved and more accessible services.

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LAT Objectives: 1,2



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