CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE (CYMHSU) COLLABORATIVE: BREAKING BARRIERS, BUILDING BRIDGES

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The Family Physician was a dying profession in British Columbia

2002....
PSP Child and Youth Mental Health Module

- Training
- Relationship building
- Common assessment tools
- Improved communication
TOUGH Questions.....

And tougher answers
WE ASKED…..
140,000+ children and youth are experiencing one or more mental health challenges in BC.

But only...

60,000 are receiving the services they need.
And....
What does service look like for those 26,000+ young people and their families?
“Coming together is a beginning
Keeping together is progress
Working together is success”

~Henry Ford
Purpose

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

2. To document examples and results of the involvement of children, youth and families in decision making and policy development.
Who’s Involved?

- Youth & Parents
- Parents
- Youth
- Family Physicians
- MCFD CYMH Teams
- Specialist Physicians
- RCMP and Community Orgs
- School Counselors & Teachers
- Interior Health MH and Substance Use
- Divisions of Family Practice
- Aboriginal Partners
- Divisions of Family Practice
- Aboriginal Partners
- Inner Health MH and Substance Use
- School Counselors & Teachers
- Interior Health MH and Substance Use
The Structure

Family Centered
Children, Youth and their Families with Lived Experience

LOCAL ACTION TEAMS
- Abbotsford
- Burns Lake*
- Campbell River
- Cariboo
- Central Okanagan
- Chilliwack
- Clearwater*
- Comox Valley
- Cowichan Valley
- Creston
- Delta*
- Fort St James*
- Fraser Cascades
- Fraser Lake*
- Golden/Invermere*
- Kimberley/Cranbrook
- Kootenay Boundary
- Langley
- Lillooet/Lytton*
- Long Beach*
- Masset*
- Merritt*
- Mission*
- Mt Waddington
- Nanaimo
- New Westminster
- North Shore
- Oceanside/Parksville*
- Pemberton*
- Port Alberni
- Prince George*
- Prince Rupert*
- Quesnel*
- Revelstoke*
- Ridge Meadows
- Saanich Peninsula
- Salmon Arm
- Salt Spring Island
- Sea-to-Sky*
- Skidegate*
- Sooke/West Shore
- South Okanagan
- Sunshine Coast
- Surrey-North Delta
- Thompson Region
- Tri-Cities
- Valemount*
- Vancouver*
- Vanderhoof*
- Vernon
- Victoria
- White Rock-South Surrey

* emerging Local Action Team

STEERING COMMITTEE
- Working Groups:
  - Physician Compensation
  - Info Sharing Group
  - Transitions – Age/Setting
  - Physician Recruitment
  - Evaluation and Measurement

MENTAL HEALTH CLINICAL FACULTY
- Working Groups:
  - ER Protocol
  - Specialist Support
  - Rural and Remote/Tele-Health
  - Youth and Young Adult Services
  - School Based Care

SUBSTANCE USE CLINICAL FACULTY
- Ensures all Working Groups are attentive to substance use.
We empower families by providing them with support and information. We encourage families to use their voice.

We guide families through the many services and supports systems that exist in the mental health field.

We connect families to other families in their community, as well as professionals and services.
What do we add?

Strength of local communities for local solutions

Combined strength of many working together

Top decision makers supporting teams to meet goals

Measurement
Government Commitment

3 Ministries – One Voice

Ministry of Health

Ministry of Children & Family Development

Ministry of Education
Funding Flow

Shared Care Committee

- Working Groups
- IMPACT BC
- Fund Holders (Divisions)
- Regional Practice Initiative Leads
- The FORCE
- Learning Sessions/Congresses
- Collaborative Coaches
- Local Action Teams
Who is Shared Care?

Physician Master Agreement (PMA)

GPSC
General Practice Services Committee

 SSC
Specialist Services Committee

SharedCare
Partners for Patients

- Partners in Care
- Transitions in Care
- Rapid Access to Psychiatry
- Teledermatology
- Training scholarships
- Polypharmacy
- Youth Transitions
- CYMHSU Collaborative
- Practice Support Program
- Redesign Funding

www.sharedcarebc.ca
Working Together

Action Teams work at the local level to identify gaps and system barriers in their area. Some they can address themselves, others they need help with.

Clinical problems referred to

**MENTAL HEALTH CLINICAL FACULTY**
- Working Groups:
  - ER Protocol
  - Model of Care
  - Specialist Support
  - Rural and Remote/Tele-Health
  - Youth and Young Adult Services

**SUBSTANCE USE CLINICAL FACULTY**

Structural problems referred to

**STEERING COMMITTEE**
- Working Groups:
  - Physician Compensation
  - Info Sharing Group
  - Transitions – Age/Setting
  - Physician Recruitment
  - Evaluation and Measurement

- Working Groups are created to find solutions for a specific problem.
- Local Action Teams then implement and test system prototypes and protocols as recommended by the Working Groups.
Steering Committee

Mandate

Implementation and ongoing monitoring of the effectiveness of the CYMHSU Collaborative.

**WORKING GROUPS**

- Physician Compensation
- Information Sharing
- Transitions – Age & Setting
- Physician Recruitment & Retention
- Evaluation and Measurement
Mental Health Clinical Faculty

Mandate

Supports the clinical practice of those directly involved in improving support and access for children and youth needing mental health services.

WORKING GROUPS

- ER Protocol
- Model of Care
- Specialist Support
- Rural and Remote/Tele-Health
- Youth and Young Adult Services
Substance Use Clinical Faculty

Mandate

Works with the Steering Committee and Mental Health Clinical Faculty to strengthen the system of substance use services and supports and integration with mental health services.
Action Teams

• Multidisciplinary Teams

• Work at the local level to identify gaps and system barriers in their area.
What we are working on....

1. Information Sharing (protocol and common consent)
2. ER Protocol
3. Schools
   • File Storage – Best Practice
   • The Role of School Counsellor
   • School youth surveys
   • Schools as a central hub in communities for supporting mental wellness of students
4. Mental health literacy training
5. Fostering a community of caring adults
Why are schools involved?
Age of Onset of Major Mental Disorders

- PDD/Autism
- ADHD
- Anxiety Disorder
- Obsessive Compulsive Disorder
- Substance Abuse
- Anorexia Nervosa
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Bulimia Nervosa

Source: DSM-IV, 2000
• 70% of mental disorders onset (diagnostic) prior to age 25 years

• About 80% of mental disorders in young people can be effectively treated in primary care
While we need to understand the past, we are not responsible for undoing all the problems associated with it.

Change moves at the speed of trust
So......
Break down our silos
Workers collaborate on youth mental health

By Williams Lake Tribune
Published: October 17, 2013 04:00 PM

RELATIONSHIPS
Reach of the Collaborative

500+ participating in Local Action Teams

8 to 60 LATs in two years

110+ participating in System Working Groups

10 to 120 Youth & Parents with Lived Experience involved in Collaborative

250+ involved in engagement or orientation processes

22 local newspapers publishing 7 mental health columns written by Dr David Smith and Anne Mullens

200+ participated across BC in webinar on substance use
Jacob’s story
More Info....

• [http://sharedcarebc.ca/initiatives/cymhsu-collaborative](http://sharedcarebc.ca/initiatives/cymhsu-collaborative)