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South Okanagan Similkameen Local Action Team

Child and Youth Mental Health and Substance Use Collaborative

INVENTORY REPORT: 2013–2016

Working alongside other Local Action Teams in the Interior Health region, and eventually as part of the provincial Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, the South Okanagan Similkameen (SOS) Local Action Team was formed in 2013 to address the following two goals:

GOAL ONE:
Increase the number of children, youth and their families receiving timely access to integrated and appropriate mental health and substance use services and supports while involving children, youth and families in that care.

GOAL TWO:
Document barriers and gaps in care for resolution at a higher systems level.

PROVINCIAL OBJECTIVES

The Child and Youth Mental Health and Substance Use Collaborative in BC Charter listed eight recommended objectives for Local Action Teams that were intended to address the goals above.

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.

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.

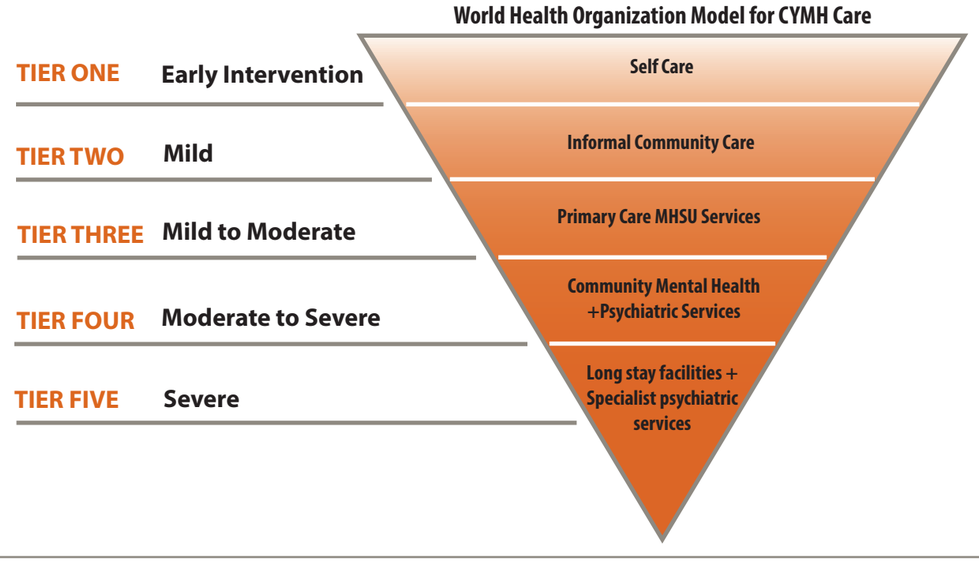
LOCAL IMPLEMENTATION

Local Action Team Membership: The SOS Local Action Team membership included parents and youth, family physicians, specialists, IH staff, school counsellors and administrators, MCFD staff, an RCMP liaison, numerous community organizations, a Practice Support Program coordinator, City of Penticton councilor and Shared Care staff.

Membership grew from less than 10 members in June 2013 to almost 90 members in May 2015.

Governance Structure: The LAT Co-Chair from 2013- Feb. 2015 was the CYMH Team Lead. From April 2015 on, a group of 8-9 decision-makers from the stakeholder organizations became Co-Chairs. Representative co-chairs functioned like a steering committee, helping to set direction. This structure was critical because of the LAT's transient membership, and varying levels of authority. Working groups were struck from time to time to address specific issues.

Areas of Focus: The SOS LAT was informed by the World Health Organization model for CYMH Care, and used this model to organize its work and resources. This inventory report is organized according to this model.



TIER ONE EARLY INTERVENTION: SELF-CARE

IDENTIFYING THE CHALLENGES

The stigma surrounding mental health creates barriers to children and youth seeking help.

ADDRESSING THE CHALLENGES

The Local Action Team co-designed the following engagement activities in an effort to reduce stigma and increase awareness around CYMHSU in our communities. We have documented each type of activity, its level of impact, sustainability and spread.

PEER-TO-PEER PRESENTATIONS

2014: Rylee McKinlay shared her experiences with an eating disorder with peers at her high school.

2014: Rylee McKinlay's high school presentation to Princess Margaret Secondary students was broadcast on YouTube.

2015: Summerland high school students made a video of 5 students' experiences with MHSU issues that was shared at a school assembly.

2015: Peer listening training was provided at Penticton and Summerland high schools.

2014-2016: Numerous students have shared their own stories of struggles with mental health and substance use issues at school assemblies.

IMPACT ✓ *high*

Youth are equipped and supported to talk to their peers about mental health and substance use issues.

They are learning to recognize signs and symptoms to aid in early identification, which reduces the stigma of CYMHSU.

SUSTAINING ✓

The value of peer-to-peer presentations has been realized.

Because of relationships developed at the LAT, these presentations are being organized without further LAT input.

SPREAD ✓

The SOS LAT connected with the Osoyoos, Oliver, Okanagan Falls LAT to help set up peer -to-peer presentations. SOS youth Rylee McKinlay will share her stories and support other students to share their own experiences.

Youth, a parent and a physician presented at two Collaborative Learning Sessions on peer-to-peer presentations.

Summerland students presented a video at Balancing our Minds, Kelty Youth Mental Health Summit.

Summerland students met with the Duke and Duchess of Cambridge to share their awareness activities.

SCHOOL MENTAL WELLNESS EVENTS

2014: Breaking Barriers: Physician and School Counsellor presented to Princess Margaret Secondary School.

2015: Dr. Kyle Stevens presented to Summerland Secondary on Mental Health: Removing the Stigma.

2015: School-wide BBQs sponsored by Rotary Club during MHSU Awareness Week.

IMPACT ✓ *high*

By working together, school administration, staff and students are creating environments that are safe for students experiencing MHSU issues.

SUSTAINING ✓

High school wellness groups meet weekly.

All 3 high schools have bulletin boards for wellness information. Princess Margaret Secondary school has created a safe space where kids can 'take a break'.

Regular mental health awareness assemblies and events that include professionals in the community are built into school calendars.

SPREAD ✓

PUBLIC AWARENESS EVENTS

2015: SOS Let's Talk youth-produced video *"We are the Generation Leaving Stigma Behind"* screened at Landmark Cinemas.

2015: Kevin Breel presented *Confessions of a Depressed Comic* at a community CYMHSU event.

2016: SOS Let's Talk Community Youth Event

2016: Raising Awareness article in Penticton Western News (by Rylee and Terri McKinlay)

2016: Healthy Living Society is supporting a CYMHSU community film screening and panel discussion, which includes members from the LAT.

IMPACT ✓ *moderate*

The broader community is made aware of the issue at a very general level.

NEXT STEPS

1.) LAT project manager to package the parent Q/A into PSAs (and potentially for publication as newspaper columns). Explore partnership options.

2.) Question for the LAT: Is there sufficient interest in sustaining a collaborative approach to MH awareness week? In the absence of the LAT, what host organization will coordinate the community activities?

SPREAD ✓

Video was shared provincially by the collaborative.

All LAT public awareness events, including the video, were aired on Shaw TV and publicized on radio/ in newspapers.

Collaborative Learning Session Storyboard *"Reducing the Sway of Stigma"* spread the learnings from the SOS Let's Talk Community Event (Oct. 2016).

Youth filming the SOS Let's Talk youth-produced video titled: "We are the Generation Leaving Stigma Behind".

Tier One: Local Story

Penticton youth champions reducing stigma and mental health awareness

Penticton youth and mental health advocate, Rylee McKinlay, has given many presentations in Penticton and in other areas of the province.

She says that reducing stigma around mental illness is key to children and youth seeking help, and has found Penticton to be a more accepting environment than her previous town.

Struggling with an eating disorder in a small town in the Kootenays meant having to dealing with the stigma attached to mental health, with hurtful rumours and misinformation.

McKinlay and her family relocated to Penticton to access better supports. "We know in this town we are going through somewhat of a mental health crisis," says McKinlay. "But, we do have a lot of people that understand and know it's okay to reach out to one another and ask for help, ask for advice, or reach out and offer help or advice."

TIER TWO MILD: INFORMAL COMMUNITY CARE

IDENTIFYING THE CHALLENGES

Many children, youth, families and service providers are unaware of services and how to access them. Services frequently change in program design and/or access points, which makes them difficult to navigate.

ADDRESSING THE CHALLENGES

As a Local Action Team we developed an online community resource directory outlining local service providers, and a series of mental health navigation tools. Connections made at the LAT level facilitated relationships that resulted in a number of new initiatives.

SUPPORTING EDUCATORS

2014: Local physician and school counsellor presented CYMHSU information and tools to local high school staff and administrators.

2015: Local physician and school counsellor presented to all district administrators.

2015: High school staff book club focused on CYMHSU issues.

2015-16: Local middle school counsellor developed and piloted anxiety curricula with Anxiety BC through relationship developed at the LAT.

IMPACT ✓ *high*

Educators are provided with tools and information, which will enable them to help children and youth.

Educators' fears about CYMHSU are reduced, which empowers them to support students.

SUSTAINING ✓

School District administration continues to provide administrators and staff with considerable training and tools to support students with mental health and substance use issues. They regularly connect with other experts in the community.

SPREAD ✓

A good start has been made on MH literacy, resiliency in schools

Students and staff are aware of the importance of, and have prioritized mental health awareness.

HANDOUTS

2015-16: "Physician Picks"
Business cards with a listing of commonly used CYMHSU websites and the local online resource directory.

2016: "Mental Health Hygiene Do and Don'ts"
Business cards outlining habits that youth are encouraged to adopt, and behaviours that have known negative effects on mental health.

IMPACT ✓ *high*

These cards give physicians and other clinicians a simple tool that help youth and families connect to reliable supports, identify issues early, and self-manage.

Youth and families are comforted to receive an immediate take-away from an appointment.

NEXT STEPS

Distribute the cards to every Family Physician office, with extras printed and distributed by the Division from time to time.

SPREAD ✓

Both business card resources have been adopted in many areas of the province.

LOCAL RESOURCE DIRECTORY

2015: An online community resource directory for CYMHSU resources, SOSLetsTalk.ca, was developed collaboratively with members of the LAT.

The directory is hosted by a local community resource organization, and will continue to be maintained by this organization.

IMPACT ✓ *high potential*

Although the resources in this directory are listed in one place, it could be made more useful with navigation tools.

However, as there are several potential pathways for any given issue, it's difficult to develop a simple, all-encompassing navigation tool.

NEXT STEPS

Project Manager to explore publication of parent event Q/A on website.

FOSTERING CARING ADULTS

2014: LAT interested in securing a FORCE parent in residence for the South Okanagan Similkameen.

2015: An Eating Disorder Support Group with a local paediatrician and parent with lived experience was planned. Support group on hold due to a maternity leave.

2016: Parent presentation given at SOS Let's Talk Community Youth Event.

2016: Panel presentation targeted parents and caregivers: *Talking to Your Child about Mental Health.*

2016: The LAT asked that FORCE support a parent navigator in the SOS. Currently, all navigation support is out of Kelowna.

IMPACT ✓ *high potential*

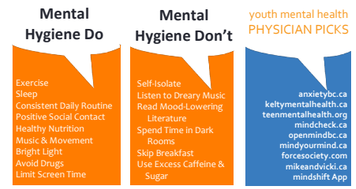
Parents can be empowered to be confident first responders, which increases the likelihood that kids needing more support will be identified earlier.
Parents are the largest on-the-ground resource for children and youth.

NEXT STEPS

Project manager will canvass the panel regarding interest in participating in a second parent panel before March.

SPREAD ✓

The OOO LAT is looking to replicate the Oct. 2016 parent event for the Oliver/Osoyoos area.



"Mental Health Hygiene Do and Don'ts" and "Physician Picks": business cards outlining habits that youth are encouraged to adopt and behaviours that have known negative effects on mental health.

Tier Two: Local Story

Fostering caring adults is key to helping youth in crisis

A panel of CYMH physicians, counsellors and clinicians held a Q/A for parents wanting to know how to talk about child and youth mental health.

Parents left with tools, resources and empowerment that they are an important first responder when it comes to youth and mental health.

In fact, one mom attending the meeting put her new skills to use almost immediately. Three nights after the evening event, she spotted a young woman, dressed in black, lying in the middle of the road.

At first, she drove past the individual, but with information she had just learned at the meeting, she decided she had some knowledge and might be able to help this individual.

Circling back, she reached out to the young person, eventually spending an hour and a half at a coffee shop talking, and then giving the individual a ride close to her home.

"I know I stopped something tonight," says the mom. "I hated letting her go, but I really didn't know what else to do."

This interaction speaks to the importance of empowering adults in our community.

TIER THREE MILD TO MODERATE: PRIMARY CARE MHSU SERVICES

IDENTIFYING THE CHALLENGES

Not enough resources are available, and providers often work in isolation, which is not ideal for family and youth.
The potential for individuals to fall through the cracks is big, especially with current barriers to information sharing.

ADDRESSING THE CHALLENGES

As a Local Action Team, we mapped the current pathways and identified gaps. How we addressed these gaps can be found in the following chart.

YOUTH SERVICE PATHWAYS

2013/14: Clinical maps were created to identify gaps in care, and pathways through services at the GP office, Paediatrician office, school, MCFD, Emergency and admission to hospital.

The mapping process helped to develop a common base of understanding among members of the LAT. The maps also informed LAT improvement work from 2014 to 2017.

IMPACT ✓ *moderate*

Mapping initially assisted with identifying gaps, understanding the process, clarifying how sharing of information could assist youth, and understanding of current CYMH resources.

WORK COMPLETE ✓

PSP CYMH MODULE

2014: The PSP (Practice Support Program) CYMH module brought people together to create a common language and tools.

The sessions were attended by family physicians, paediatricians, school counsellors and administrators, MCFD staff, IH staff.

These gatherings laid the foundation for a GP Roster and GP School Counsellor shared care.

2016: PSP Refresher presented new PSP tools, including the addition of SU resources.

The Refresher was attended by family physicians, paediatricians, psychiatrists, and school counsellors and administrators.

IMPACT ✓ *moderate*

PSP sessions provided a venue for relationship building, and provided physicians and clinicians with common tools.

WORK COMPLETE ✓

GP ROSTER

2014: Two rosters created: one in Penticton and one in Summerland. One list is managed at a Penticton physician office, while the other is managed at a Summerland office.

2015: 11 Penticton physicians and 8 Summerland physicians were on each respective roster.

2016: A How-To Guide, which describes how to create a GP roster was developed. By agreement of the roster physicians, only school counsellors have access to the roster.

IMPACT ✓ *high*

Many youth without a family doctor are connected to physicians through the GP roster. The demand is growing. Paediatricians and CCRT have asked for access to the roster.

NEXT STEPS

Project Manager will discuss experience with school counsellors, host offices and roster GPs to maximize sustainability.

SPREAD ✓

Dr. Stevens presented at the Annual Canadian Mental Wellness Conference on the GP Roster How-To Guide. Interest in uptake from Powell River and the lower mainland.

GP/SCHOOL COUNSELLOR SHARED CARE

2014: A Summerland GP and school counsellor started a shared model of care by sharing information and screening tools (see story at right).

2016: A PSP Refresher included an opportunity to check in about physician experiences and generate interest in the GP Roster. It also identified strengths, challenges and opportunities, which led to sharing of contact information for greater connection.

2016: CYMH Counsellor list created for sharing contact information

2016: GP School Counsellor Shared Care roster How-To Guide was developed.

IMPACT ✓ *high*

Sharing care leads to more youth being connected with the right supports in a timely way and reduces duplication, which is better for the care providers and the youth.

SUSTAINING ✓

SPREAD ✓

Dr. Stevens presented at the Annual Canadian Mental Wellness Conference on the GP School Counsellor Shared Care Roster How-To Guide.

YOUTH CENTRE

2016: Penticton and District Community Resources Society partnered with the Youth Engagement Strategy (YES) and other community organizations to create a business plan for a youth resource centre.

This centre would include emergency beds, mental health and counselling support, and basic needs.

The business plan, endorsed by the LAT, was used to apply for BCIYSI funding. The Department of Paediatrics and the SOS Division of Family Practice wrote letters of support.

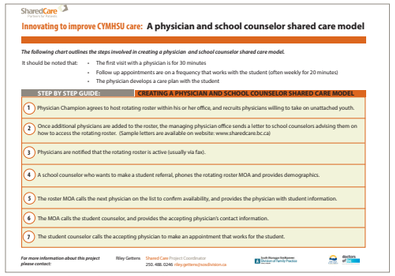
Penticton wasn't chosen to receive first round funding; however, there remains considerable interest in the community for pursuing a youth centre.

IMPACT ✓ *high potential*

Potential impact is high because it's a place for youth to access services, and for care providers to more deliberately collaborate and co-locate.

NEXT STEPS

LAT will continue to encourage efforts towards securing a youth centre.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Innovating to improve CYMHSU care: A physician and school counselor shared care model

The following chart outlines the steps involved in creating a physician and school counselor shared care model.

It should be noted that:
- The first visit with a physician is for 30 minutes
- Follow up appointments are on a frequency that works with the student (often weekly for 20 minutes)
- The physician develops a care plan with the student

STEP BY STEP GUIDE	CREATING A PHYSICIAN AND SCHOOL COUNSELOR SHARED CARE MODEL
1	Physician Champion agrees to host rotating roster within his or her office, and recruits physicians willing to take on unattached youth.
2	Once additional physicians are added to the roster, the managing physician office sends a letter to school counselors advising them on how to access the rotating roster. (Sample letters are available on website: www.sharedcare.bc.ca)
3	Physicians are notified that the rotating roster is active (usually via fax).
4	A school counselor who wants to make a student referral, phones the rotating roster MOA and provides demographics.
5	The roster MOA calls the next physician on the list to confirm availability, and provides the physician with student information.
6	The MOA calls the student counselor, and provides the accepting physician's contact information.
7	The student counselor calls the accepting physician to make an appointment that works for the student.

For more information about this project please contact: Wavy Gerbens, Shared Care Project Coordinator, 250. 488. 0240, wavy.gerbens@wsdivision.ca

GP/School Counsellor Roster How-To Guide

Tier Three: Local Story

Physicians and school counsellors sharing care

A Summerland family physician, Dr. Kyle Stevens, and school counsellor, Brad Russill, are working together to provide more efficient and better care for at-risk Summerland students.

If the school counsellor meets with an unattached youth who needs help, he fills out and forwards a screening form that is the same as the one used at the physician's office. If needed, the counsellor can literally walk across the street, introduce the student to Stevens, and book an appointment.

This sharing of information, and use of the same screening forms, allows Stevens to use his time wisely, without duplication of information collection, and ultimately makes it easy to send information back to the counsellor.

"This model of care has been incredibly helpful," says Stevens. "The youth hear similar messages from each of us, which is very reassuring and reinforcing to the youth."

By simplifying the sharing of information, Stevens can find out about the student's home situation, siblings, friends, work etc. "The school counsellors are literally a gold mine of information," says Stevens. "Of course, I provide prescription medication when needed, but with this type of wrap-around care, it's rarely needed."

TIER FOUR — MODERATE TO SEVERE: COMMUNITY MHSU SERVICES AND PSYCHIATRIC SERVICES

IDENTIFYING THE CHALLENGES

Penticton and its surrounding rural communities have limited resources, including CY psychiatry. Therefore, an integrated care model for moderate to severe youth is critical. The limited resources aren't always being optimized, but could be improved through increased collaboration and information sharing. National coverage of a 2015 documentary about a Penticton youth in crisis highlighted these gaps in care, and urgency to find solutions.

ADDRESSING THE CHALLENGES

After 2015, optimization of care for youth in crisis, and access to CY psychiatry became the primary focus of LAT work. To address the challenges, we mapped three youth in crisis journeys. Informed by themes from this mapping, we attempted to develop an integrated approach. We also documented the need for CY psychiatry in our region, addressing the issue with a collaborative committee consisting of physicians, IH and MCFD. This work then led to a table that looked at integrated care for aboriginal youth.

Community-wide Youth in Crisis

YOUTH IN CRISIS JOURNEY MAPS

2015: Youth in Crisis subcommittee meetings were held between May and Dec. Attendance included: paediatricians, MCFD, IH, school counsellors/administrators, and community service providers.

2015: The group mapped the journey of 3 SOS youth actively in crisis with serious mental health and/or substance use issues.

- Identified strengths, challenges and gaps in local services.
- Summarized themes common to all 3 youth journeys, which became the focus of our community-wide integrated care approaches.

Confidentiality was initially an issue but each participant signed a confidentiality waiver. No parents or youth were involved in mapping to protect the identity of the youth.

2016: A 4th youth journey was mapped. (See story at right), facilitated by the CYMHSU Collaborative Director, and included regional MCFD Executive Director, IH staff, family and paediatric physicians and a parent.

2016: Regional MCFD Executive Director provided clarity around the role of MCFD.

IMPACT ✓ *high potential*

As a tool, the journey maps provide valuable information to identify gaps and focus improvement activities. They also provide a forum for creating a common information base.

NEXT STEPS

Project manager will work with CYMHSU Collaborative Director and other key stakeholders to plan a follow up meeting in February.

COMMUNITY-WIDE APPROACH TO INTEGRATED CARE

2015/16: Based on the information provided by youth journey maps, our group examined other models of integrated care, and discussed possible approaches for the SOS.

This group was disbanded in April 2016 when it was identified that one of the key stakeholder representatives lacked authority to initiate changes within their organization, which was required to explore new models of integrated care.

2015: The Community Foundation brought Andrew Debicki a national expert on wraparound care to share his learnings with SOS service providers.

2016: LAT supported a presentation to the LAT by Dr. Barry Trute, an expert in wraparound care currently working with the Kootenay Boundary LAT.

IMPACT ✓ *high potential*

Maximizing limited resources provides support for increased numbers of children and youth, and minimize duplication.

Integrating care results in sharing information, limiting the number of times a youth has to tell their story, and minimizing the likelihood that they will fall through the cracks.

WORK COMPLETE ✓

We abandoned a formal approach to shared care, but relationships that were formed during the course of this work have lead to many instances where integration is happening informally.
For example:

- In the absence of accepted information-sharing guidelines many physicians connect directly with school counsellors when appropriate. This allows them to overcome the identified barrier: lack of school notification in the event of serious self-harm issues.
- Champions from this group spearheaded the formation of the aboriginal youth in crisis table (see next column).

Aboriginal Youth in Crisis

APPROACH TO ABORIGINAL INTEGRATED CARE

2015-16: Six meetings attended by IH MHSU and CCRT; emergency physicians; family physicians; representatives from the Okanagan Nation Alliance (ONA) crisis response team and the Penticton Indian Band (PIB), and more recently MCFD.

The goal of this group is to identify issues and potential improvements, and to develop a system of integrated collaborative care, which respects culture, and optimizes aboriginal children and youth journeys from hospital back to the community.

The Penticton Indian Band identifies all at-risk youth and has an integrated care model within their community. Work is focused on connecting this integrated team with services in the wider community.

IMPACT ✓ *high*

In addition to impacts summarized in the column to the left, connecting into a community-based integrated care team further optimizes resources.

Having collateral information available at the hospital, in the event of a crisis, aids in assessment and the development of comprehensive treatment plans.

Members of this group work closely outside of meetings to troubleshoot youth journeys together, deepening relationships and trust.

NEXT STEPS

Strong momentum still exists at this table to formally document a pathway and identify crisis prevention opportunities. Up to 3 more meetings are planned for this group.

CYMHSU ED GUIDELINES

2016: IH-wide ED CYMHSU Guidelines provided tools for operationalizing an integrated care pathway through the Emergency Department.

Our LAT has pursued implementation of the guidelines throughout discussions around aboriginal integrated care.

Examples are:

- Hospital physicians, CCRT (community crisis response team), and nurses are using the communication and safety plan forms.
- CCRT is starting to input collateral information on any at-risk youth identified in the community into Medi-Tech.
- A common understanding of the MCFD response to referrals is developing.

IMPACT ✓ *high*

A standard approach to care in the hospital, including connecting back to community supports will improve care for all children and youth.

WORK UNDERWAY ✓

The processes have been put in place to fully implement the ED CYMHSU Guidelines.

CY PSYCHIATRY RECRUITMENT

2014: Local psychiatrists, paediatricians and family physicians gathered in Dec. 2014 and determined the biggest impact improvement around CYMHSU service delivery in the region would be increased access to CY psychiatry. This group provided the LAT with a letter stating this goal.

2015: 3 CY psychiatrist subcommittee meetings attended by high level decision-makers from IH MHSU, MCFD and local departments of psychiatry, paediatrics and family medicine.

Outcomes:

- Identified need for additional CY Psychiatry services in the community.
- MCFD offered additional sessionals, but not the administrative supports required to attract a CY Psychiatrist.
- A new Kelowna-based CY psychiatrist offered to spend 1 day per month in Penticton. CYMH felt that their client needs were satisfied with present level of CY psychiatry services, and additional services would place an undue burden on clinicians.
- Two local paediatricians offered to host the CY psychiatrist in their offices at no cost up to 4 days per month. The psychiatrist declined the offer, preferring to be attached to the CYMH team.

2016: Letter sent to CYMHSU Collaborative steering Committee asking for additional CYMH clinician services; direct referrals from physicians to CY psychiatrists as pilot project.

2016: SOS CME Guest speaker: Kelowna CY psychiatrist

IMPACT *high potential*

Local clinicians and physicians who have limited time and lack CY psychiatric expertise need support.
Statement of the burden:

- Paediatrician seeing 4-5 high risk MHSU patients per week; 1 attempted suicide per call
- Youth presenting in ED seen by adult psychiatrists
- More than 20 youth followed by adult psychiatrists
- 60 youth on CYMH waitlist (Oct 2016)

NEXT STEPS

CY psychiatry needs will be reshared with MCFD as requested.

Tier 4: Local Story

Limited access and resources for CYMH youth in crisis

A 17-year-old youth with adjustment disorder depression, and subsequent substance abuse, attempted suicide in mid-August.

Due to limited resources for youth, he was admitted to the Adult Inpatient Psychiatric Unit. From there, his mother was told over the phone that the youth had to go to MCFD office for general intake.

After general intake, he was provided a letter in the mail indicating he was on a 3-4 month waitlist for counselling. In the meantime, he saw an IH youth addictions counsellor, and the family, desperate for help, paid for private counselling.

This attempt traumatized the whole family. The youth's sister already had three friends attempt suicide while in high school, and one classmate complete.

It was suggested to this family that in the future, a youth in mental health distress should be taken to the ER in Kelowna where they have personnel who specialize in children and youth mental health.

Data collected to illustrate the reported prevalence, acuity and needs for SOS CY Psychiatry supports

2015 Estimates

2514: GP-managed MHSU youth cases

1143: Potential GP referrals to CY psychiatrist

550: Need ongoing CY psychiatric follow-up

922 paediatric-managed MHSU youth active cases

500: Minimum number needed psychiatry referrals

250: Need ongoing CY psychiatric follow-up

20: Youth followed by adult psychiatrists

85% increase in CYMHSU cases at PRH since 2013.

SOS CYMHSU numbers are higher than the provincial average.

TIER FIVE SEVERE: LONG STAY FACILITIES AND SPECIALIST PSYCHIATRIC SERVICES

CHALLENGES:

The waitlists for BC Children's Hospital (BCCH) Psychiatry are in excess of 6 months, and there are multiple barriers to acceptance in the programs.

Specialty care services require travel. For example, the Adolescent Psychiatry Unit and Eating Disorder programs are based in Kelowna and BCCH is based in Vancouver. Families are often unwilling or unable to travel for these services. Additionally, these services are difficult to access.

Currently, we rely on adult psychiatrists to manage care of SOS youth in crisis. Although this isn't adult psychiatrists' area of specialty, they are providing follow up care for youth until they are able to be seen by a CY psychiatrist.

Youth with serious mental illness have limited ongoing continuity of psychiatric services. For example, youth who are admitted to Kelowna's Adolescent Psychiatry Unit are discharged with the provision that follow up psychiatric care be provided. Yet, the level of required follow-up care is often not available through the current level of MCFD CY psychiatry services.

ADDRESSING THE CHALLENGES:

Through its youth in crisis journey mapping, the LAT identified barriers to access for long stay facilities and specialty services.
The group didn't spend considerable time clarifying the barriers.

NEXT STEPS

Project manager will organize meeting of key referring physicians and clinicians to summarize challenges and barriers to accessing tertiary care.

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SOUTH OKANAGAN SIMILKAMEEN LOCAL ACTION TEAM

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CYMHSU LAT CO-CHAIR COMMITTEE

Drs. Manoj Parameshwar, Kyle Stevens; (IH) Denise Kayto, Joseph Savage; (SD #67) Susan Thomson; (MCFD) Jason MacKenzie; (FORCE) Terri McKinlay; (PIB) Lynn Kruger, (RCMP) Mark Provencal; (Shared Care) Tracy St. Claire

SHARED CARE STEERING COMMITTEE

Drs. Glen Burgoyne, Marius Snyman, Michelle Teo, Bryan Tighe, Rob Swan and Shannon Walker; Susan Brown, Karen Leach-MacLeod, Anne Marie Locas, Carl Meadows, Deb Runge; Terrie Crawford, Ida Keller, Tracy St. Claire

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SOS LOCAL ACTION TEAM: NEXT STEPS

Tier One:

Public Awareness Events:

1.) LAT project manager to package the parent Q/A into PSAs (and potentially for publication as newspaper columns). Explore partnership options.

2.) Question for the LAT: Is there sufficient interest in sustaining a collaborative approach to MH awareness week? In the absence of the LAT, what host organization will coordinate the community activities?

Tier Two:

Handouts:

Distribute the cards to every Family Physician office, with extras printed and distributed by the Division from time to time.

Local Resource Directory:

Project Manager to explore publication of parent event Q/A on website.

Fostering Caring Adults:

Project manager will canvass the panel regarding interest in participating in a second parent panel before March.

Tier Three:

GP Roster:

Project Manager will discuss experience with school counsellors, host offices and roster GPs to maximize sustainability.

Youth Centre:

LAT will continue to encourage efforts towards securing a youth centre.

Tier Four:

Youth in Crisis Journey Map:

Project manager will work with CYMHSU Collaborative Director and other key stakeholders to plan a follow up meeting in February.

Approach to Aboriginal Integrated Care:

Strong momentum still exists at this table to formally document a pathway and identify crisis prevention opportunities. Up to 3 more meetings are planned for this group.

CY Psychiatrist Recruitment:

CY psychiatry needs will be reshared with MCFD as requested.

Tier Five:

Long Stay Facilities and Specialist Psychiatric Services:

Project manager will organize meeting of key referring physicians and clinicians to summarize challenges and barriers to accessing tertiary care.

For the final report, the SOS Local Action Team will identify key:

- Accomplishments
- Challenges
- Lessons Learned
- Recommendations