Protocol Development to Ensure Children and Youth with Mental Health Crisis has timely access to Services
Presented by Dr. Shirley Sze, MD, CCFP, FCFP and Raj Chahal, MSW, BSW, RT
Co-Chairs of the Thompson Region Local Action Team
Presenter: Dr. Shirley Sze & Raj Chahal

Relationships with commercial interests: None

- Grants/Research Support:
- Speakers Bureau/Honoraria:
- Consulting Fees:
- Other:
MITIGATING POTENTIAL BIAS

• **Presenter:** Dr. Shirley Sze & Raj Chahal

• **Mitigation of conflict:** No conflict of interest to declare
LEARNING OBJECTIVES

1) **Build** the rationale for development of protocols and communication tools in overcoming jurisdictional “policies”

2) **Anticipate** the processes that are necessary to enable collaboration to link primary care, mental health with community agencies

3) **Design** the critical elements to patient centered crisis management including leveraging technology to embed and sustain future practices and

4) **Elaborate** on additional resources on CYMHSU from BC
Here in BC – The Scope of the Problem

<table>
<thead>
<tr>
<th>Prevalence % for Children &amp; Youth under 25 yo</th>
<th>Estimated numbers</th>
</tr>
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<tbody>
<tr>
<td><strong>Any anxiety disorder</strong></td>
<td>6.5%</td>
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<tr>
<td>Subtotal</td>
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<tr>
<td>ADHD</td>
<td>3.3%</td>
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<tr>
<td>Conduct Disorder</td>
<td>3.3%</td>
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<tr>
<td>Any depressive disorder</td>
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<td>Substance abuse</td>
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<tr>
<td>Pervasive developmental disorder</td>
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<td>Obsessive compulsive disorder</td>
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<tr>
<td>Tourette’s</td>
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</tr>
<tr>
<td>Eating disorders</td>
<td>0.1%</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>60,900</td>
</tr>
</tbody>
</table>
My Community – Kamloops, BC

Tournament Capital of Canada

“meeting of the waters” Shuswap word

City in southern BC where the 2 Branches of the Thompson Rivers and TransCanada Highway meet

Population of 90,280 in 2016 with a referral area of about 250,000. Approximately 20% of population is children and youth 0 - 19

Number 37th of the largest 100 metropolitan areas in Canada

Major employees are Health Authority, School District, Mines, University, City, BC Lottery, Railway, Pulp Industry, and Casino
Medical Community involved in looking after Children and Youth with Mental Health Issues

Interior Health Community Mental Health Services

Hospital Acute Care Mental Health Services

Ministry of Children and Family Development (MCFD) – Child and Youth Mental Health Services and Child Protection Services

Associated Agencies contracted with MCFD

Family Physicians, Pediatricians, Child Psychiatrists

School District #73

RCMP
What is Your Reality for CYMHSU Crisis Management?

THE COMPELLING RATIONALE
What was our Reality in 2012?

Busy Emergency Room – little or no privacy!
Referral from inside and outside community with Acute Crisis situation
No Dedicated CYMH Beds at the Hospital
Conflict between ER Doctors and Pediatricians regarding use of inpatient pediatric beds
MCFD has no mandate for Crisis Management
Can WAIT for up to 3 days in ER
Family Physicians were not aware of patient status

No timely information related to recent hospitalization

School district was not kept informed

Community agencies were not kept abreast of recent developments

Lack of clarity around roles and responsibility of Clinicians from both Interior Health and Mental Health Division of MCFD

Inconsistent practices of when to involve the police
How Did I get Involved?

- Longstanding full service Family Physician in community since 1979
- Heavily involved in organizing and delivering Continuing Medical Education
- Practice Support Program Champion
- Founding President of our local Division of Family Practice
- Co-Chair of Collaborative Services Committee
- Thompson Region Representative to the Inter-Divisional Strategic Council and local Mental Health Services
• Started June 2013 with eight LATs in the Interior Region
• Collaborative is now 64 LATs, 11 provincial Working Groups
Patient Journey Mapping Report

5 Areas of Improvement

- **Communication** – multi-disciplinary team approach, flow of info to all parties, share treatment plans
- **Resources** – avoid duplication of services, ensure support for both inpatient and community services
- **Policies and Protocols** – Remove conflicting mandates and reduce impact of privacy issues
- **Education and Awareness** – Increase patient, public and provider education
- **Quality Improvement Measures** – establish measures and a triple aim strategy
Child and Youth Mental Health and Substance Use Collaborative
Child and Youth Mental Health And Substance Use Collaborative

Stewardship of Care

**Government Stewardship**
- Ministry of Children and Family Development
- Ministry of Education
- Ministry of Health
- Ministry of Social Development

**Operational Stewardship**
- Integrated Primary, Acute, Community Care Committee
- Health Authority Vice Presidents
- Doctors of BC
- Assistant Deputy Ministers of MCFD, Ed, Social Development and Health

**System Advisory Stewardship**
- Care Advisory Network
Child and Youth Mental Health And Substance Use Collaborative

Key Collaborative Resources

- **Steering Committee**
  - Info Sharing Group WG
  - Youth to Adult Transition WG
  - Physician Recruitment WG
  - Acute to Community Transition WG
  - Physician Compensation WG

- **Clinical Faculty**
  - ER Protocol WG
  - Specialist Support WG
  - Telehealth Rural & Remote WG
  - Model of Care WG

- **Action Teams**
  - Cariboo
  - Central Okanagan
  - East Kootenay
  - Kootenay Boundary
  - North Okanagan
  - Shuswap
  - South Okanagan
  - Thompson

Funders

Sponsors
Areas of focus for our Local Action Team

Knowledge exchange/community development:
- Visioning Days
- Discovery Days
- Bus Tour
- Youth surveys/feedback opportunities
- Physician surveys/feedback opportunities
- Eway (www.ewaykamloops.ca)
- Five Step Referral Pathway

Local integration of services and support:
- Acute to Community Algorithm
- Updating Crisis protocol/suicide protocol
- Increasing MHSU presence in schools
- Linking John Tod with MHSU services
- Linking with Early Years Community of Practice
- Integrated Case Management
- Parkview

Connecting physicians with provincial outcomes:
- Information Sharing Guidelines
- Emergency Department Protocols
- Dr. Smith Child and Youth Mental Health Columns
- Eating Disorder Modules
- Learning Links

Our Local Action Team is comprised of a diverse cross-section of stakeholders including:
- Youth and family
- Family Physicians, Specialists, and In-hospital patient services
- Ministry of Child and Family Development
- School educators and counsellors
- Substance use experts
- Aboriginal agencies
- Health authorities
- Community agencies

GOALS
- Build a foundation for improvements at the local level
- Identify and remove system barriers
- Create community tools and processes
- Share best practices
- Measure and communicate outcomes

Areas of focus for our Local Action Team: Knowledge exchange/community development:
- Visioning Days
- Discovery Days
- Bus Tour
- Youth surveys/feedback opportunities
- Physician surveys/feedback opportunities
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  - Linking with Early Years Community of Practice
  - Integrated Case Management
  - Parkview

- Connecting physicians with provincial outcomes:
  - Information Sharing Guidelines
  - Emergency Department Protocols
  - Dr. Smith Child and Youth Mental Health Columns
  - Eating Disorder Modules
  - Learning Links
What are the Steps Necessary to Build a Crisis Response Protocol Within Your Community?
How Did Raj Chahal Get Involved?

I have worked in the Child and Youth Mental Health Field in Kamloops for the past 15 years. I am currently the Team Leader for Child Psychiatry in Interior Health West and also teach in the Social Work Department at Thompson Rivers University.

I started a group of professionals who would meet regularly to discuss complex children and youth in the community. This committee included Parkview, Adult Mental Health (IHA), Child Psychiatrist, MCFD/CYMH, Secwepemc Child and Family Services.

This committee evolved to the K4-7 and then the Provincial Collaborative.

I continued to be involved in the CYMH LAT and have served as a Co-Chair for the LAT.
Raj Chahal describing the Process for Constructing the Crisis Protocol

Community Response Inconsistent and Varied
Led to confusion for family and Children on where to get help
Led to frustration among services providers on who should respond
Crisis Protocol ensure a flow of services when a child is in crisis in the community
Better communication among services
Faster and more efficient response for Children and Families
Less visits to ER for crisis that do not require a high level response
Children and Families feeling “more” and “right” kind of support during a crisis
KAMLOOPS
CHILD AND YOUTH MENTAL HEALTH
CRISIS RESPONSE PROTOCOL

A Collaborative Approach between the Ministry for Children and Family Development, Interior Health, Aboriginal Child and Youth Mental Health Services, Community Partners and Family Physicians

PROTOCOL
DATE:
May 1, 2016
The Process

Opportunity

Needs Assessment PJM
Stakeholders
Client population needs
System gaps and strengths

Relationships Building
CYMH&SU Services (contracted and direct service) ; Division of Family Practice and Psychiatry.

System Change
CYMH&SU Working Group (K4C) and Kamloops Action Team (KAT); MCFD; IHA, Division of Family Practice; Pediatricians; Psychiatrist, and the Ministry of Health

Resolving barriers to access and coordinated care – improving policies and protocols
Building on existing strengths.

Workforce Development
Presentations to various stakeholders
Core competencies identified across programs.
Education strategies identified for multiple settings and disciplines.
Cross training promoted and supported.
Integration of service user voices.

Implementation
Comprehensive, client centered care is provided across the continuum of services in multiple settings for children, youth and families.
Improvement Using a Collaborative Approach

INSTITUTE OF HEALTHCARE IMPROVEMENT

3 INGREDIENTS FOR A SUCCESSFUL COLLABORATION:

1. Change Package – key ideas and principles for what needs to be improved

2. Model for Improvement- method for each team to make improvements and learn as they make improvements – PDSA (Plan Do Study Act)

3. Collaborative Learning Approach – method for all teams to learn together, from experts and each other
Leading Change at the Thompson LAT Utilizing The 7 Elements of CAP developed by GE

The Change Acceleration Process Model

Leading Change
- Creating a Shared Need
- Shaping a Vision
- Mobilizing Commitment

Current State
- Transition State
- Improved State

Changing Systems and Structures
- Making Change Last
- Monitoring Progress
Purpose of the Collaborative:

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

- Patient and Family Centered
- Seamless Respectful Service
- Consensus Decision Making
- Local Collaboration for system transformation
Title: Pediatric Psychiatry patient access and flow – p.2

Patient Discharge

1. "Through Coordinator Parkview Admin, notify FP/ Pediatrician and community agency of discharge. Discharge plan and summary sent to FP/Pediatrician and Community Professionals.

2. FP or Pediatrician follow up with patient after discharge.

3. If patient is a current CYMH client, patient will be seen at CYMH within 30 days of discharge for follow up.

4. If patient is a current patient of psychiatrist private practice, patient will be seen in psychiatrist office within 30 days of discharge for follow up.

5. Community Agency/Services sends note to FP/ Pediatrician noting that the patient has been discharged.

6. Patient discharged from Parkview and may be referred to CYMH for ongoing counselling or to Dr. Office for private care.

Nursing Admission

- Admission assessment (includes 4A/B, MUNGO/FHM, MRI etc.)
- BMPH
- Rating scales
- Behavioural expectations and strategies
- Identifies pre-hospital functions,
- Supports in place and
- Informed consent
- MHA forms

Elements of Discharge

- Patient must be safe to discharge home (discharged to an environment in which there are resources adequate to address the patient's medical/psychiatric needs)
- All referrals, equipment, safety, social services, counselling, medications are coordinated and confirmed prior to discharge
- Medication ordered, medication reconciliation and/or medication review completed
- Education literature given to family/patient
- Receiving is arranged during day time hours (if possible)
- Care providers, food and housing is confirmed
- Potential discharge barriers are resolved

Referral Source:

- CYMH
- School
- Community agencies (schiz, eating disorders)
- Self referral
- RCMP
- Forensics
- Aboriginal Agencies
- Expectation: T/L or clinician contact Parkview coordinator or on-call clinician for confidentiality of information.

Glossary

- FP – Family Physician
- Family – Includes caregivers
- IT – Interdisciplinary team
- CVM – Child and Youth Mental Health
- MRP – Most Responsible Physician
- ERP – Emergency Room Physician
- BPHR – Best Possible Medication History
- SU – Substance Use
Suicide Protocol Agreement
Protocol Agreement Between
School District #73, MCVH - Child and Youth Mental Health,
Interior Health and FN Wellness Services

Responding to Students Who Present At Risk for Suicide

PURPOSE:
The purpose of this protocol is threefold:

1. To ensure that students identified as potentially suicidal by school personnel are adequately screened and further help is provided in an effective and coordinated manner with community partners.
2. To clarify the roles and responsibilities of school personnel with respect to assisting students with suicidal thoughts.
3. To provide guidelines that aid in appropriate screening, response, and follow up to suicidal students and, if needed, to facilitate the transport of students to ensure their personal safety and immediate intervention.

GUIDING PRINCIPLES:

1. The safety and well-being of children and youth is always the primary consideration.
2. There are times children and youth may need protection from themselves.
3. All confidentiality is waived with a student’s disclosure of suicidal thoughts, plans, or actions.
4. Information related to suicidal disclosure should be shared by all involved helpers and parents/guardians for the sole purpose of ensuring the life and safety of the student.
5. Collaboration and creation of a safespace strategy between the child/youth and their resource team, which could include varied formal and informal supports such as school personnel, CYMH, Interior Health, FN Wellness Services, social workers, and other community resources, family, etc. is a key factor in effectively reducing suicidal behavior.

At a school site, only designated school personnel who have been instructed through the current SD73 Suicide Response Training are allowed to screen for the child/youth’s suicide risk and contract an interim safespace.

SD73 Suicide Response Trained personnel should assess any child or youth presenting with suicidal thoughts. If this is not possible, the child/youth is to be referred to the CYMH Urgent Response Clinician (trained in both North and South divisions depending on home address) for immediate consultation regarding assessment and planning.
Suicide Risk Assessment

- Unrecognized/untreated mental illness is strong risk factor for suicide. (Depression is the strongest risk factor).

If Depression is suspected:
- Always do a KADS,
- And always pay particular attention to suicide risk:
6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME: ____________________________  DATE: ____________________________

OVER THE LAST WEEK, HOW HAVE YOU BEEN “ON AVERAGE” OR “USUALLY” REGARDING THE FOLLOWING

1. Low mood, sadness, feeling blue or down, depressed, just can’t be bothered.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

5. Feeling worried, nervous, panicky, tense, keyed up, anxious.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

6. Thoughts, plans or actions about suicide or self-harm.
   a) Hardly Ever  b) Much of the time  c) Most of the time  d) All of the time

TOTAL SCORE: ____________________________

© 2006 Stan Kutcher
# GAD-7 Screening for Anxiety Disorders

**GAD-7 Screening Questions**

During the last 2 weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
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</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Score:** _______ = Add columns: _____ + _____ + _______

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not at all difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

Total Score: _______ = Add columns: _____ + _____ + _______
Substance Use Screening

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
A - Do you ever use alcohol/drugs while you are by yourself, ALONE?
F - Do you ever FORGET things you did while using alcohol or drugs?
F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T - Have you gotten into TROUBLE while you were using alcohol or drugs?
Assessing Suicide Risk

- Suicide in children is rare.
- In case of attempts, threats or suspicion, always assess Suicide Risk.
- Gently inquire if:
  - Family history of suicide
  - Parent/child reports of self harm behaviors
  - Parent/child reports of substantial depressive symptoms
  - Inquire in age appropriate manner
<table>
<thead>
<tr>
<th>Individual Risk Profile</th>
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<tbody>
<tr>
<td>Male</td>
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<tr>
<td>Family History of Suicide</td>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Poor Social Supports/Problematic Environment</td>
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<tr>
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<td>Hopelessness/Worthlessness</td>
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<td>Anhedonia</td>
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<td>Anger/Impulsivity</td>
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<th>Interview Risk Profile</th>
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<tr>
<td>Suicidal Intent</td>
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<tr>
<td>Suicide Plan</td>
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<td></td>
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<tr>
<td>Access to Lethal Means</td>
<td></td>
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<tr>
<td>Past Suicidal Behavior</td>
<td></td>
<td></td>
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<tr>
<td>Current Problems Seem Unsolvable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Command Hallucinations (Suicidal/Homicidal)</td>
<td></td>
<td></td>
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<tr>
<td>Recent Substance Use</td>
<td></td>
<td></td>
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</tbody>
</table>

6 item KADS Score: ______

Level of Immediate Suicide Risk

- High
- Moderate
- Low

Disposition: ___________________________
Referral Flags

Refer at 3 different points

- **Emergency Referral** (prior to treatment initiation) from within hospital setting - CYMH
  - Suicide ideation with intent or plan
  - Major depressive episode with psychosis
  - Delusions or hallucinations
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CRISIS RESPONSE at Family Physician Office
(Up to 18 years old)

1. Call for an Urgent Assessment:
   - Call Child and Youth Mental Health: Weekdays, 9:00 am – 12:00 pm, 1:00 pm – 4:00 pm
     North Shore: 250-554-5800 — 405 South Street, Kamloops
     South Shore: 250-371-3440 — 405 South Street, Kamloops
   - To access initial assessment, youth/family will visit CMHR (North Shore, or South Shore location, depending on individual's residence). Following an initial assessment by the clinician, the clinician will determine whether referral to hospital is required. If they feel a referral to hospital is required, they will contact Parkview Child and Adolescent Mental Health or CMHR to discuss the case.
   - If referral to hospital is required, the CMHR clinician, in consultation with parent/guardian, will make a decision regarding the transportation of the client to the hospital (i.e., parent/guardian or RCMP).

2. Call for an Urgent Psychiatrist Assessment:
   - Call Parkview: 250-314-5629 — Weekdays: 8:00 am – 6:00 pm to connect with child psychiatrist.
   - Note: Admission to Parkview for Crisis Stabilization: Inpatient for IP to be aware that the youth's care will be managed through Parkview until the crisis is over and they are transferred to community resources for long-term support.

3. Send Patient to the Emergency Department/Parkview on Their Own:
   - Physician to call Parkview to decide if patient should go directly to Emergency Department or wait directly to Parkview.
     Call Parkview: 250-314-5629 — Weekdays: 8:00 am – 6:00 pm to connect with child psychiatrist.
   - Physician will pre-coordinate information for family to be sent electronically to the Emergency Department/Parkview. Ensuring that a warm handover occurs, where there is a conversation between the IP and Emergency Department Doctor/Parkview physician.
   - Arrange transportation for patient and their family to the hospital in consultation with parent/guardian, will make a decision regarding the transportation of the client to the hospital (i.e., parent/guardian or RCMP).

4. Call for Escort to Hospital Via RCMP:
   - For non-emergency call: 250-828-3000
   - For emergency call 911
An agreement between the Ministry of Children and Family Development (MCFD) and the Ministry of Health (MOH), through the Health Authorities, to facilitate a one-system collaborative approach to transitioning children and youth between Acute Care and Community-based Child and Youth Mental Health and Substance Use Services

Agreement Date:
BEST PRACTICES FOR SERVICE PROVIDERS: PRIVACY AND INFORMATION SHARING

While the legislation provides the absolute rules, best practices can be useful supplemental information in situations where judgment and interpretation is required. Best practices can also be useful to help shape procedures, guidelines, policies or standards at the organizational or professional level. In the absence of guidelines to support a deeper understanding of the legislation, service providers may default to interpret application of the legislation in its strictest form.

The following principles are derived from best practices and recommendations from a scan of relevant Canadian and international literature.

Knowledge
- Understand and comply with the law.
- Know standards and ethical codes of professional bodies and the information-sharing policies and procedures of your organization.
- Policies should be clear, practical and accessible and be accompanied by practical guidance and education. This should fit within systems, which help ensure that rules are followed.
- Know whom to approach within your organization or area for guidance.
- Know your responsibilities with respect to privacy and information sharing.

Purpose
- Identify the purpose of and rationale for sharing information. The purpose should be broad enough to capture everything you intend to do, but not so broad that it is meaningless.
- Access to personal confidential data should be on a strict need-to-know basis, meaning that essential information is shared, but nothing more. In other words, information should be shared for the purpose of providing safe and effective care.
- Use caution when disclosing information that is not for the purposes of providing care (the purpose for which the information was collected)—using personal information for a secondary purpose requires consent.
Challenges to the Work

Ensure Patient Centered
Funding and Resources
Time commitment
Political cycles and realities
Changing Leadership
Changing workers, project managers
Competing or unclear mandates
Underlying biases
How to Ensure the Crisis Response and other CYMHSU work is Sustainable?
Dr. David Smith, adolescent and adult psychiatrist, and the medical director of the Okanagan Psychiatric services for Interior Health, has written a series of columns with information on how and when to access services for common child and youth mental health issues.

This series is a project of the Child and Youth Mental Health and Substance Use Collaborative and includes articles on depression, anxiety, and bipolar disorder. All articles can be found below.

1 - Mental health for children and youth - how to get the help you need
2 - Fear not - there is help for children and youth with anxiety
3 - Recognizing the signs and symptoms of depression in your child or teen
4 - Drugs, alcohol and mental health problems: which came first?
5 - Eating disorders and obsessive-compulsive disorder
6 - Bipolar disorder and Schizophrenia
7 - Reducing stigma and getting the family support you need
8 - Self-Harm - "Why is my child doing this?"
9 - Child & youth mental health help through new streamlined intake clinics
10-Teens and Stress
11-Learning Simple CBT Skills for Mental Distress
Thompson Region Integrated Case Management Learnings

Family Background:
- **BIOLOGICAL DAD**
  - Diagnosed with PTSD
  - Biological son 3 years old
  - Has sole custody
- **STEP MOM**
  - Diagnosed with PTSD
  - Biological daughter 6 years old
  - Pregnant
- **3 YEAR OLD CHILD**
  - Experienced trauma
  - Behavioral issues

Family is currently living in a home they cannot afford to rent because dad had to switch jobs.

- **BIOLOGICAL MOM**
  - History of substance use
  - Does not have custody of biological son

Identification:
- **PEDIATRICIAN**
  - Identifies a complex family
  - Works with family as three year old is having behavioral issues
  - Approaches LiF to support an integrated case management session with family to develop integrated care plan

The Team:
- **PEDIATRICIAN**
- **ADULT PSYCHIATRIST**
  - Previously worked with parents
- **SOCIAL WORKER**
  - Ministry of Child and Family Development
- **2 FAMILY PHYSICIANS**
  - Obstetrics
  - CP
- **EARLY CONNECTIONS**
  - Interior Community Services
- **BIO DAD, STEP MOM, 3 YR OLD**

Family's Current Situation:
- Family moved and living in a home they can afford
- Decreased financial stress
- Increased energy, and commitment to working on adult relationships
- Biological mom is no longer abusing substances and has supervised visits with son
- All three parents taking Circle of Security training
- 3 year old no longer having nightmares

Next Steps:
- Schedule another session with team and family
- Clearly outline roles and responsibilities of the professional team members to each other and to family

Done Differently Next time:
- Clearly identifying the roles of each provider for the family, including the responsibilities of a case manager. The case manager could then follow up with the professionals ensuring action items were completed before the next meeting with the team.

Learnings:
- Any person in the core of a complex family can take steps to pull an integrated care management session together
- The benefits of working together have the possibility to outweigh the cons
- To clearly define roles of each provider, including the responsibilities of a case manager. Case manager is critical for both the youth/family as well as the professionals

Team Participated in an Integrated Case Management Session November 2015

<table>
<thead>
<tr>
<th>TEAM MEMBERS</th>
<th>ACTION ITEMS</th>
<th>COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrician</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Adult Psychiatric</td>
<td>Contract to provide care for parents</td>
<td></td>
</tr>
<tr>
<td>Family Pediatric</td>
<td>Continue providing services, go ahead by any</td>
<td></td>
</tr>
<tr>
<td>Family Physician 1</td>
<td>Contract to parent family, provide family services for this patient</td>
<td></td>
</tr>
<tr>
<td>Family Physician 2</td>
<td>Contract to parent family, provide family services for this patient</td>
<td></td>
</tr>
<tr>
<td>MCFD Social Worker</td>
<td>Contract to support family, provide family services for this patient</td>
<td></td>
</tr>
</tbody>
</table>

OVERALL ACTION ITEMS:
- Pediatrician organized team of professional to support family
- Immediate short term plan in place
- Long term plan discussed with family

CHALLENGES:
- Lack of clarity around roles for case management
- Challenging referral process to services
- Lack of respect for collaborating between professionals
- Historical tensions between organizations
- Action items not being followed through in a timely manner

STRENGTHS:
- Initially increased relationships and trust between providers
- Increased relationships and trust between family and providers
- Health care providers being able to put a face to a name
### Kamloops - Service Elements and Billing Codes for Mental Health Team

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>PATIENT SERVICES</th>
<th>PROVIDER SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Planning Visit</td>
<td>Follow-up</td>
</tr>
<tr>
<td></td>
<td>In per</td>
<td>In per</td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP-MRP</td>
<td>10003</td>
<td>10003</td>
</tr>
<tr>
<td>GP OB, this is a secondary network</td>
<td>10005</td>
<td>10005</td>
</tr>
<tr>
<td>GP providing consultative expertise in MHP about FP's own patient</td>
<td>10007</td>
<td>10007</td>
</tr>
<tr>
<td>GP with specialty training, working in specialized care for e.g. addiction</td>
<td>10009</td>
<td>10009</td>
</tr>
</tbody>
</table>

*In order to access billing fee code hyperlinks, please log into the Society of General Practitioners of BC website at www.sgp.bc.ca

June 2016

For case conference with pediatrician, allied providers and GP-MRP and GP OB 14077 billable for both the GP OB and the GP FP:

- The GP OB could bill up to two sessions on the mom, and the other GP could bill up to 2 sessions on the child.
- If the GP is FP for both mom & dad it would not be appropriate to bill for both for concurrent times, but if meeting > 1/2 hr, then the GP could bill the rest of the time as 14077 under the dad.
- If the GP MRP and GP OB case conference with each other about the same patient, each can bill 1 unit of 14077.

Follow up phone calls are 14076 (talking to patient) or 14077 (talking to allied provider or specialist) or 13005 (talking to allied provider when requested), ensuring that the conversations meet the planning elements, time elements and other fee requirements for case conference (14077) or meet the fee requirement for brief advice when requested (13005).

If the patient has had a 14043 mental health planning visit billed by FP, then they can use 14079 to communicate with the patient. Depending on situation, 13005 could be used for some communications, if these patients are considered to be in "community care," and advice from an MSP defined allied provider caring for the patient was requested.

All of the information above should be interpreted in the context of reading the FULL fee details in the SGP Simplified Guide to Fees at www.sgp.bc.ca or other billing reference.
Date: ______________________

To: ________________________________________________________________

From:  ________________________________________________________________

Contact Information: ___________________________________________________

Client name: _________________________________________________________

DOB: _________________________PHN: ___________________________________

Frequency of contact:
____________________________________________________________________
____________________________________________________________________

Current condition:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Plan:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

MCFD – CYMH Clinician
Please provide us some feedback as to:

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you received this CYMH Feedback Form from a CYMH Clinician?</td>
<td></td>
</tr>
<tr>
<td>Has the form improved communication and information flow between you and</td>
<td></td>
</tr>
<tr>
<td>CYMH?</td>
<td></td>
</tr>
<tr>
<td>Has the form improved the quality of care provided to children, youth</td>
<td></td>
</tr>
<tr>
<td>and families?</td>
<td></td>
</tr>
<tr>
<td>Has the form prompted you to connect with CYHM Clinicians about your</td>
<td></td>
</tr>
<tr>
<td>more complex cases?</td>
<td></td>
</tr>
</tbody>
</table>

Please share any further comments on successes or challenges:

Please return your completed form to Dr. Shirley Sze, wmsze@telus.net
Ensuring Spread and Sustainability

**Collaborative Toolbox**
Collaborativetoolbox.ca
- Initiating Change
- Strengthening Communities
- Guidelines and Clinical Supports
- Collaborative Practice

Links to Learning Links and Legacy Magazine

**CYMHSU Learning Modules**
Practice Support Program supported by General Practice Services Committee
http://www.gpscbc.ca/sites/default/files/uploads/CYMH_000.0_PSP_Child_Youth_MH_algorithm_v7.5_PR.pdf

**Family Smart (Formerly the FORCE)**
Familysmart.ca

**Family Navigator**
cmhakelowna.com/bc-family-navigator/

**Learning Links**
Sponsored by BC Children’s Hospital, PHSA, Ministry of Health and Doctors of BC
Learninglinksbc.ca
The Collaborative Toolbox is a 'one-stop-shop' of resources created and curated by members of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative.
Learning Links

Learninglinksbc.ca

Spearheaded by Dr. Jana Davidson who is the Vice-President Medical Affairs & Psychiatrist in Chief, Children’s & Women’s Mental Health Programs, PHSA
BC Mental Health and Substance Use Services received two-year funding from the Doctors of BC and Ministry of Health's Shared Care Committee, with a contribution from the Specialist Services Committee, to support the development of enhanced learning modules in child and adolescent psychiatry for paediatricians and general psychiatrists. The Specialist Practice Modules will serve the whole province, with a special focus on rural and remote areas with limited access to child psychiatry services. CME credits for module completion will be available.

Project Timeline:

**Year 1** (April 2015–March 2016)
- The focus for Year 1 was on gathering the background information to inform the development of the resource and the development of the draft content for the modules. Master clinician videos were filmed in Year 1.

**Year 2** (April 2015–March 2016)
- Year 2 is focused on resource development, including finalizing the resource content and creation of the online learning environment, dissemination and evaluation. The modules will be pilot tested in the winter of 2015 prior to final rollout in 2016.

Module Topics:

1) **Anxiety Disorders**
   - Generalized Anxiety
   - Social Anxiety
   - Separation Anxiety
   - Panic Disorder
   - Selective Mutism

2) **Attention Disorders**
   - Attention Disorder/behaviour

3) **Depressive & Mood Disorders**
   - Depression (Major and Minor)
   - Dysthymia
   - Disruptive Dysregulation
   - Bipolar Disorder

4) **Disruptive, Impulse-Control & Conduct Disorders**
   - Oppositional Defiant Disorder
   - Conduct Disorder

5) **Emergent Presentations**
   - Self-Harm/Dysregulation
   - Suicide Risk Assessment

6) **Feeding & Eating Disorders**
   - Eating Disorders

7) **Neurodevelopmental Disorders**
   - ADHD
   - Tic Disorders

8) **Obsessive Compulsive & Related Disorders**
   - OCD

9) **Psychotic Disorders**
   - Early Psychosis

10) **Sexual and Gender Identity**

11) **Sleep Disorders**

12) **Somatoform Disorders**

13) **Substance Related & Addictive Disorders**
   - Substance Use Disorders
   - Concurrent Disorders

14) **Trauma & Stressor Related Disorders**
   - PTSD
   - Other Trauma (Adverse Child Experience)

For any questions about the Specialist Practice Modules please contact Meagan Colesnutt at meagan.colesnutt@bcmbs.bc.ca
General Practices Services Committee is one of four joint committee launched in 2002 that is a partnership between Doctors of BC, Provincial Government and Health Authorities to find solutions to support the work of the family physician and enhance professional satisfaction to ultimately improve patient care and population health.
...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
Age of Onset of Major Mental Disorders

- ADHD
- Anxiety Disorder
- Obsessive Compulsive Disorder
- Substance Abuse
- Anorexia Nervosa
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Bulimia Nervosa
Child and Adolescent Health

Global Comparative Burden of Illness for Mental Illness

- Cardiovascular Diseases
- Malignant Neoplasms
- Neuro-Psychiatric Conditions

Table: World: DALYS in 2000 attributable to selected causes by age
Child & Youth Mental Health

Visits 1-3
Monitor for Risk

Screen
Support

Elevated Risk?

Only some symptoms and/or No Decrease in Function
Consider other explanations, provide non-specific supports and proceed to next visit in one month

Possible Teen Depression?

Contact in 3 days by phone, text or email

Referral Flags
Evaluate need throughout involvement
Emergency: Suicidal intent or plan, acute psychosis
Urgent: Severe symptoms & deterioration in function, suicidal ideation, other major psychiatric conditions
Usual: additional therapy, evaluation, treatment non-responders, other medical concerns, med side effects, 2nd or further episode

Stop Assessment but f/u every 3-6 months

No continuing dysfunction or distress
ADHD Depression Anxiety Unclear, severe, complex and requiring support

Tools/Resources:
- MOA Tasks
- MH Screening Questions
- Risk Identification Tables

Functional Tools:
- Teen Functional Assessment
- Child Functional Assessment

Screening Tools:
- ADHD
- Anxiety
- Depression
- Suicidal Risk
- Substance Abuse Screen
- CGI Measurement
- Side Effects Screen
- Non-Specific Supports
- CBT Skills
- Safety Plan
- General Resources
- Confident Parents Referral
- RACE Contact Information

Version 7.2
January 30, 2016
Core Tools Framework

Screening Tools
- Child and Youth Mental Health (CYMH) Screening Questions
- CRAFFT

Primary Assessment Tool
- Clinical Global Impression Scale (CGI)

Secondary Assessment Tools
- Depression: KADS6, TASR-A
- Anxiety: SCARED
- ADHD: SNAP-IV 18

Treatment and Management Tools
- Mood Enhancing Prescription/Worry Reducing Prescription
- Teen Functional Assessment (TeFA)/Child Functional Assessment (CFA)
- CBIS
- Medication Algorithms
- Side effects Scales (Kutcher Side Effect Scale for ADHD Medication (KSES-A), Short Chehil-Kutcher Side (sCKS) Effects Scale

Referral
- Ministry of Children and Family Development – Child and Youth Mental Health Services
- Psychiatrists
- Pediatricians
- RACE
- Strongest Families BC
- Kelty Resource Centre
Work Continues on:

- Complex Care Pathways
- Supporting the Vision of the Youth Hub (Foundry)
- Enabling a youth initiated project
- Completing work on Early Years Referral Pathways
- Completing sign-off on the Crisis Protocol and ensuring review on an annual basis
FIVE-STEP REFERRAL PATHWAY:
Children Birth-6
Behavioural and Social-Emotional Development

1. Basic Needs
   - Housing — Ministry of Social Development and Social Innovation, ASK Wellness
   - Nutrition — Community Kitchens (ICS), Food Bank
   - Safety — Ministry for Children and Family Development, Secwépemc Child and Family Services
   - Basic Health (sleeping, eating) — Public Health
   - Other — community agencies

   Are your basic needs being met?

2. Prevention, Promotion and Support
   - Do you need support in your role as a parent?
   - Are you connected with community supports?
   - Has your child had developmental screening?

   Possible referrals:
   - Early Years Centre
   - Strong Start Programs
   - Drop-in groups
   - Aboriginal agencies
   - Free low-cost activities
   - EC Community Agencies
   - Public Health

   For more information, refer to: www.ewaykamloops.ca

3. Early Intervention
   - Do you have concerns about your child’s social-emotional development and/or behaviour?

   Refer to:
   1. Community Groups
   2. BPD (Birth to 3)
   3. ICES Early Connections (birth to 6)
   4. Aboriginal Early Childhood Agencies (birth to 6)
   5. CFTRC Supported Child Development for children in daycare/preschool

   For more information, refer to: www.makechildrenfirst.ca

4. Identified Intervention
   - Is your child able to communicate his/her needs?
   - Is your child sensitive to the environment (sounds, touch, smells, etc.) AND/OR always seeking sensory stimulation (moving, crushing, chewing, etc.)?
   - Is your child having difficulties with eating, dressing, toileting or sleeping?
   - Is your child having difficulties interacting with others?
   - Do you find your child difficult to parent?

   Refer to:
   - Communication/Social Skills/Sensory Processing/Self-Care — CFTRC (OT and SLT), Interior Health (SLP)
   - Parent-Child Relationship Difficulties — ICES (Early Connections), Aboriginal EC Agencies, and CYMH
   - Psychiatrists
   - Community Groups

5. Treatment
   - Does the child show symptoms of a mental health disorder or neurological impairment?
   - Has the child witnessed or experienced trauma?

   Refer to:
   - Mental health disorders (Anxiety, Depression, ADHD, ODD, PTSD): CYMH, child psychiatrist, private counselling
   - Secwépemc Child and Family Services, White Buffalo Aboriginal and Métis Health Society (5 and up)
   - Neurological Impairments: (FASD/ASD) — CFTRC, Insight Support Services, Behaviour Consultants
   - Trauma/Abuse: CMHC, Sexual Assault Centre, YMCA (Children Who Witness Abuse), private counsellors, Secwépemc Child and Family Services, White Buffalo Aboriginal and Métis Health Society (5 and up)
   - Community Therapy Groups
   - Pediatricians

Community Groups
1. Circle of Security — Y Early Years Centre
2. Incredible Years — Boys and Girls Club
3. Nobody’s Perfect — Y Early Years Centre
4. PHN — Interior Community Services
5. Parenting Groups — ICES, Aboriginal EC Agencies

Community Therapy Groups
1. REST — CFTRC
2. Circle of Security — Y Early Years Centre
3. Worry Bugs — School District
4. Children Who Witness Abuse — YMCA
Community Groups Information:

**Circle of Security (COS)** is an attachment-based 8 week parenting program for parents of children birth to 8 years of age that teaches parents how to better understand children's needs underneath their behaviours, reflect on their responses, and be more attuned and sensitive in their responses to children. Snacks and child-minding is provided. Registration is through the Early Years Centre.

**Incredible Years** is an attachment-focused parenting program for parents of children 4 to 8 years old that promotes children's social-emotional competence and reduces behaviour problems. Registration is through the Boys and Girls Club.

**Nobody’s Perfect** is a free program for parents of children birth to 5 years of age. Facilitators will cover a range of topics and guide discussions on concerns that parents may have. Food, child-minding and transportation are provided. Registration is through the Early Years Centre.

**PAID** is an 11-week-long attachment-focused parent-child program. The information is geared towards families with children birth to 6. Parents are expected to participate and bring one or more children with them as the first half of the group focuses on building attachment through songs and through child led activities. The second half of the group provides parents with the teaching component. There is also an after-school visit per week where the family support worker can assist the parent in implementing the strategies they have learned that week in group. Registrations are through the Interior Community Services.

**Regulation of Emotions, Sensations and Thinking (REST)** is a 4 week group for parents of preschool to primary age children that offers parents tools to help their children be calmer and more focused, and to help them manage everyday emotions and activity level. Registration is through the Children's Therapy and Family Resource Centre. Cost: $30 total for all 4 groups.

**Worry Bugs** is a group for children in Kindergarten and grade 1 who have anxieties and worries. It includes a parent component. Children and parents learn cognitive behavioural strategies to manage anxiety. Registration is through the Henry Grube, SD 73.

Contact Information for Referral Pathway

**Aboriginal Agencies**
- Interior Indian Friendship Society – 250-376-1617
- Lil Mischief Otpemisewak family and Community Services (Interior Metis) – 250-554-9486
- Secwepemc Child and Family Services – 250-314-9669
- White Buffalo Aboriginal and Metis Health Society – 250-554-1176
- ASK Wellness – 250-376-7538
- Behaviour Consultants – see R.A.S.P. list through ACT-BC
- Boys and Girls Club – 250-554-5437
- Child and Youth Mental Health
  - South Shore – 250-371-3648
  - North Shore – 250-554-5800
- Child Psychiatrist (Dr. Olabiyi) – 778-471-5874
- Children Who Witness Abuse Program – 250-376-7800
- Children's Therapy and Family Resource Centre – 250-371-4100
- Henry Grube – 250-376-2266
- Kamloops Food Bank – 250-376-2352
- Insight Support Services – 250-354-0085
- Interior Community Services (Early Connections Program) – 250-554-3134
- Interior Health – Public Health – 250-851-7300
- Interior Health – Speech and Language Services – 250-851-7300
- IDP (Kamloops Infant Development Society) – 250-371-4140
- Ministry of Children and Family Development
  - South Shore – 250-371-3600
  - North Shore – 250-554-5800
  - Child Protection Reports – 1-800-663-9122
- Ministry of Social Development and Social Innovation – 1-866-866-0800
- School District 73 – 250-376-2266
- Sexual Assault Centre – 250-372-0179
- Strong Start Programs (SD 73) – 250-376-2266
- Y Early Years Centre – 250-376-4771
Future of the Collaborative

- **Completed** March 2017
- Funding and resources for work on Complex Care pathways will continue until December 2017
- Ensuring Youth Voices are continually heard at the Highest Governmental Arenas
- Ensuring Spread for Substance Use education to the physicians
- Support for Physician Engagement sustained for next 2 years via Shared Care Committee
- Work on Prevention and Health Promotion
1) **Build** the rationale for development of protocols and communication tools in overcoming jurisdictional “policies”

2) **Anticipate** the processes that are necessary to enable collaboration to link primary care, mental health with community agencies

3) **Design** the critical elements to patient centered crisis management including leveraging technology to embed and sustain future practices and

4) **Elaborate** on additional resources on CYMHSU from BC
In Closing – My Favorite Quote

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.

Margaret Mead
Thank You!
Thompson Region's Local Action Team

Dr. Shirley Sze, Physician Lead, LAT Co-Chair
Raj Chahal, Interior Health Parkview Team Leader, LAT Co-Chair
Denise Sheridan, Director, Kamloops MCFD CYMH, LAT Co-Chair
Erin McGarvey, Project Lead