

*Select Standing Committee on
Children and Youth*

*Interim Report:
Youth Mental Health in British Columbia*



NOVEMBER 2014



November 27, 2014

To the Honourable
Legislative Assembly of the
Province of British Columbia

Honourable Members:

I have the honour to present herewith this interim report of the Select Standing Committee on Children and Youth.

The report contains the results of the Committee's public consultations on youth mental health in British Columbia, and was unanimously approved by the Committee.

Respectfully submitted,

Jane Thornthwaite, MLA
Chair

Table of Contents

Terms of Reference.....	ii
Special Project: Youth Mental Health in British Columbia.....	3
Consultation Methods	4
What are the main challenges around youth mental health in BC?	7
Are there current gaps in service delivery?	12
What are best practices for treating and preventing youth mental health issues?	18
How should resources be targeted in the future?	24
Members' Roundtable Discussion	30
Committee Decision.....	32
Appendix A: Presentations.....	33
Appendix B: Written Submissions.....	34
Appendix C: Reading List.....	37

Composition of the Committee

Members

Jane Thornthwaite, MLA	Chair	North Vancouver-Seymour
Doug Donaldson, MLA	Deputy Chair	Stikine
Donna Barnett, MLA		Cariboo-Chilcotin
Mike Bernier, MLA		Peace River South
Carole James, MLA*		Victoria-Beacon Hill
Maurine Karagianis, MLA		Esquimalt-Royal Roads
John Martin, MLA		Chilliwack
Dr. Darryl Plecas, MLA		Abbotsford South
Jennifer Rice, MLA		North Coast
Dr. Moira Stilwell, MLA		Vancouver-Langara

*Deputy Chair to October 21, 2014

Committee Staff

Kate Ryan-Lloyd, Deputy Clerk and Clerk of Committees

Byron Plant, Committee Research Analyst

Aaron Ellingsen, Committee Researcher

Terms of Reference

On February 25, 2014 and October 9, 2014, the Legislative Assembly agreed that the Select Standing Committee on Children and Youth be appointed to foster greater awareness and understanding among legislators and the public of the BC child welfare system, and in particular to:

1. Receive and review the annual service plan from the Representative for Children and Youth (the “Representative”) that includes a statement of goals and identifies specific objectives and performance measures that will be required to exercise the powers and perform the functions and duties of the Representative during the fiscal year;
2. Be the committee to which the Representative reports, at least annually;
3. Refer to the Representative for investigation the critical injury or death of a child;
4. Receive and consider all reports and plans transmitted by the Representative to the Speaker of the Legislative Assembly of British Columbia; and
5. Pursuant to section 30(2) of the *Representative for Children and Youth Act*, SBC 2006 c. 29, complete an assessment by April 1, 2015 of the effectiveness of section 6(1)(b) in ensuring that the needs of children are met.

In addition to the powers previously conferred upon Select Standing Committees of the House, the Select Standing Committee on Children and Youth be empowered:

- a. to appoint of their number one or more subcommittees and to refer to such subcommittees any of the matters referred to the Committee;
- b. to sit during a period in which the House is adjourned, during the recess after prorogation until the next following Session and during any sitting of the House;
- c. to conduct consultations by any means the committee considers appropriate;
- d. to adjourn from place to place as may be convenient; and
- e. to retain personnel as required to assist the Committee;

and shall report to the House as soon as possible, or following any adjournment, or at the next following Session, as the case may be; to deposit the original of its reports with the Clerk of the Legislative Assembly during a period of adjournment and upon resumption of the sittings of the House, the Chair shall present all reports to the Legislative Assembly.

Committee minutes, transcripts, and reports are available on the Legislative Assembly website at: www.leg.bc.ca/cmt/cay

Special Project: Youth Mental Health in British Columbia

In fall 2013, the Select Standing Committee on Children and Youth (the Committee) agreed to undertake a special project examining youth mental health in British Columbia. Youth mental health has been a recurrent theme in Committee discussions, sometimes following tragic events. Several recent reports by the Representative for Children and Youth have also focused on youth mental health issues. The Representative's April 2013 report, *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.* concluded that "there is a lack of a comprehensive, well-designed and efficiently delivered suite of mental health services for youth who are transitioning into adulthood."

The Committee's Terms of Reference empower the Committee to "foster greater awareness and understanding among legislators and the public of the BC child welfare system." With this in mind, the Committee commenced an examination of youth mental health. A similar special project was completed in 2010 on the topic of child poverty, and summarized in the Committee's *Annual Report 2009-10*.

The special project provides an opportunity for the Committee to investigate youth mental health issues in the province, and to engage British Columbians and stakeholders on this important and multifaceted issue. Two public meetings were held in Victoria and Vancouver to hear from expert witnesses representing all sectors and all regions of the province. A private meeting was also held with youth and families. In addition to the meetings, the Committee invited written submissions from the public over an approximately four-month period. To guide the discussion, four consultation questions were developed to solicit input on all aspects of youth mental health.

The Committee received a total 153 oral and written submissions from individuals and organizations representing health professionals, service providers, Aboriginal groups, government, academics, and other stakeholders. Unique and personal perspectives were also shared by youth and families with first-hand experience with youth mental health issues.

This report covers the first phase of the special project. It contains the results of the public consultations and key themes raised in responses to the four consultation questions. This report also summarizes the Committee's deliberations and outlines steps for the next phase of the special project.

Consultation Methods

The Chair and Deputy Chair met as the Subcommittee on Agenda and Procedure on December 9, 2013 to develop a workplan and to identify potential expert witnesses. Further discussions on the workplan took place at Committee meetings on February 26, March 26, and May 7, 2014.

The start of the consultation was announced by the Chair in the Legislative Assembly on May 28, 2014. A new Committee website was launched containing information on the special project and an online form for written submissions. Province-wide news releases were issued on May 29 and July 25, 2014 announcing the consultation, and a media advisory was distributed on June 10, 2014 publicizing the Vancouver public meeting. The consultation was also advertised through social media via the Parliamentary Committees Facebook page.

Consultation questions

All participants were invited to answer the following four questions in their oral presentations and written submissions to the Committee:

- What are the main challenges around youth mental health in BC?
- Are there current gaps in service delivery?
- What are best practices for treating and preventing youth mental health issues?
- How should resources be targeted in the future?

Presentations by expert witnesses

The Committee held two public meetings to hear 16 presentations from invited expert witnesses and stakeholders. The first meeting was held in Victoria on June 4, 2014. The second meeting was held in Vancouver on June 11, 2014.

A wide range of stakeholders, including mental health professionals, community service providers, academics, and Aboriginal representatives made presentations to the Committee. Participants discussed the prevalence and impact of mental health issues among children and youth, challenges in current service delivery, and ideas on how to improve supports to youth and families. All of the public meeting presenters are listed in in Appendix A.

Meeting with youth and families

On June 10, 2014, a private meeting was held with seven invited youth and family witnesses. The purpose of the meeting was to hear directly from individuals with first hand experience with mental health issues. A youth psychiatrist, Dr. Cindy Holdsworth, was present to assist witnesses and Committee members before and during the meeting. To respect privacy and confidentiality, the proceedings were held *in-camera* and presenters' names were not disclosed.

Written submissions

Written submissions were accepted through the Committee's website and by lettermail and fax. The deadline for written submissions, initially July 25, 2014, was extended to September 19, 2014 to allow additional time for public input.

A total of 137 written submissions were received from individuals and organizations, including government agencies, health professionals, community service providers, educators, police, advocacy groups, and other stakeholders. The Ministry of Children and Family Development, Ministry of Health, and provincial and regional health authorities also made a joint submission detailing government responsibilities and initiatives underway to improve child and youth mental wellness. The names of individuals and organizations that made written submissions are listed in Appendix B.

Reading list

A reading list containing recent reports from British Columbia, Canada, and international jurisdictions was prepared as an educational resource for the special project. The reading list was posted to the Committee's website during the consultation period and is included in Appendix C.

Site visit

On September 15, 2014, Committee members toured the HOpe Centre under construction in North Vancouver. Scheduled to be opened in fall 2014, the HOpe Centre is a mental health and addictions facility located on the Lions Gate Hospital campus. Committee members were accompanied on the tour by Dr. Steve Mathias, Regional Youth Medical Lead; Tanis Evans, Manager, Child and Youth Mental Health and Addictions; and Wendy Peare, Project Manager.

Meetings Schedule

<i>Date</i>	<i>Type</i>	<i>Location</i>
February 26, 2014	Organizational meeting	Victoria
March 26, 2014	Organizational meeting	Victoria
May 7, 2014	Organizational meeting	Victoria
June 4, 2014	Presentations	Victoria
June 10, 2014	Presentations (<i>in-camera</i>)	Vancouver
June 11, 2014	Presentations	Vancouver
October 21, 2104	Deliberations	Victoria
November 24, 2014	Deliberations Adoption of report	Victoria

What are the main challenges around youth mental health in BC?

The first consultation question asked British Columbians to identify the main challenges around youth mental health in BC. Presentations and written submissions to the Committee described how mental disorders are clinically significant conditions involving both symptoms and impairment that can impede healthy development and well-being. They affect all age groups in all sectors of society, and may be mild, moderate, or severe in nature. Common mental disorders include: major depressive disorder, anxiety disorders, attention deficit hyperactivity disorder, substance use disorders, conduct disorder, autism spectrum disorder, bipolar disorder, eating disorders, and schizophrenia.

Evidence presented to the Committee revealed that mental health is a complex and multifaceted issue that affects a concerning number of BC children and youth. Medical professionals, community service providers, educators, academics, and Aboriginal representatives highlighted how mental illnesses have long-term consequences and costs for individuals, families, and society as a whole. The effects of untreated mental illness are significant and felt throughout the health care system, as well as the education, child protection, and justice systems.

The consultation also provided an opportunity for Committee members to learn about the profound personal toll that mental health services can take on individuals and families. Witnesses spoke about the debilitating effects of mental disorders, the negative impacts of delayed diagnosis and treatment on families, as well as the resilience of youth who overcome their challenges through proper treatment and support.

Youth mental illnesses

“About one in eight children and youth in British Columbia may be experiencing mental health problems serious enough to interfere with their ability to be successful and productive in their family and peer relationships and in school and the community.” Ministry of Children and Family Development, the Ministry of Health, and provincial and regional health authorities, joint submission

Submissions to the Committee outlined the variety of different mental health disorders that can affect children and youth. It was noted how symptoms of mental illness typically appear during teenage years, although some types can manifest in early childhood. The joint submission by the Ministry of Children and Family Development, the Ministry of Health, and provincial and regional health authorities described the prevalence of mental health issues among children and youth, along with the significant impact of these disorders.

The presentation by Dr. Charlotte Waddell, Associate Professor and Canada Research Chair in Children’s Health Policy, SFU Faculty of Health Sciences, further detailed the impacts of mental health disorders on children and youth. She described how susceptible individuals experience distress, social exclusion, increased risk of suicide, and other long-term problems that can carry into adulthood. The Committee heard that untreated mental disorders have a profound impact

on society, and are a leading cause of lifelong disability worldwide. It has been estimated that mental illness costs Canada \$50 million annually and results in higher costs for health care, child protection and foster care, special education, income assistance, and justice.

The Committee also heard about the impacts of delayed assessment and treatment of mental health issues. Dr. Peiyong Lam, Assistant Clinical Professor, Division of Adolescent Medicine at BC Children’s Hospital, detailed how eating disorders result in the highest mortality rate of all mental illnesses, and can have serious long-term consequences. Other submissions from parents of youth with schizophrenia and autism spectrum disorder described how children with disabilities can have multiple mental health issues, and that current services are not designed to deal with these cases. Overall, submissions to the Committee highlighted the complexity of youth mental health issues, and the enormous personal toll that untreated mental health disorders take on youth, families, and society.

Stigma

“The social stigma around mental illness makes it hard for parents to accept that their child may have a mental illness or be at risk of progressing to greater mental health challenges. Fear or denial can prevent them from seeking a diagnosis for their child.” (Carol Kroeger, North Vancouver)

“One of the main challenges is stigma. Nobody wants to talk about it. The youth with mental health issues are embarrassed, feel judged and misunderstood. Peers will think they are ‘mental’ or ‘psycho’—terms that are offensive and hurtful.” Jeanne Cady-Brown, West Vancouver

The stigmatization of mental health issues was a common theme in submissions. Youth presenters talked about feeling shame and embarrassment for having a mental illness, and described their reluctance to seek help or talk to others about their problems. Written submissions from families, teachers, and other stakeholders reinforced youth comments on the prevalence of stigma around mental health. Negative attitudes, they stated, are a powerful force hindering self-awareness and lessening the likelihood of seeking identification and treatment.

The Committee also heard how stigmatization of mental health issues can be intergenerational. Some parents, it was noted, may not want to admit or accept that their child has a mental health issue. Others may have untreated mental illnesses of their own, which can inhibit early identification and treatment in children. The Executive Director of the Federation of BC Youth in Care Networks, Jules Wilson, spoke about additional challenges for youth in care. He described how these youth can feel the double stigma of having a mental health diagnosis and being in foster care.

Bullying

“My daughter Amanda wanted the world to be a better place—free of bullying, harassment, and mental health issues. If she only knew the impact that she made with the simple making and posting of her YouTube video.” Carol Todd, Port Coquitlam

During the consultations, the Committee heard how youth with mental health issues are sometimes victims of bullying, including cyberbullying. For example, Carol Todd’s submission described the bullying and sexual extortion that her daughter, Amanda Todd, experienced prior to her tragic suicide. Amanda’s story provided a powerful message on how bullying can exacerbate mental health issues, hinder youth from seeking treatment, and eventually lead to self-harm and suicide. Submissions to the Committee also highlighted the role of technology among young people today. Widespread use of smart phones, social media, and video games, it was noted, provide greater opportunities for bullying and abuse in unregulated online settings.

Early onset

“In the very early years we see the emergence of autism, anxiety, troublesome behaviours, and attention deficit. In the middle years, seven to 12, we see most of the anxiety disorders emerging by that point and then conduct disorders, which are the serious antisocial behaviours. Then in the teen years we see, in most cases, substance use, depression, bipolar, eating disorders, and schizophrenia really take hold.” Dr. Charlotte Waddell, SFU Faculty of Health Sciences

Presenters from the SFU Faculty of Health Sciences and the Institute of Families for Child & Youth Mental Health spoke about early onset of mental disorders in children. Committee members heard how some types of mental disorders can start as early as between birth and age six, including separation anxiety, attention-deficit/hyperactivity disorder, disruptive behaviour, and autism spectrum disorder. Other mental illness can also develop in middle childhood — from age seven to 12 — such as phobias, post-traumatic stress disorder and obsessive-compulsive disorder, conduct disorder, and major depressive disorder. Presenters urged the Committee to include consideration of child mental health issues as part of its examination, and to advocate for more early identification and treatments specifically designed for children.

Public awareness

“It just seems like nobody knows what to do, and there’s not a clear path or a road map when it comes to mental health services for youth.” Andrea Paquette, Bipolar Disorder Society

A number of participants pointed out that there is a general lack of public awareness and education around mental health, particularly among young people. Presenters described how this lack of understanding can, at times, delay early identification of problems. Other submissions explained that youth may not understand or be aware of symptoms of mental disorders, and will simply wait and hope for them to go away. Furthermore, the Committee

heard that some people do not believe types of youth mental illnesses even exist, and instead view symptoms as behavioural problems.

The lack of education around mental health was described as a significant issue impeding early identification and treatment. For example, the Committee was told that there is insufficient advertising of available services, and that youth often do not know where to go for help. This message was reaffirmed by youth presenters. Representatives of the Family Services of the North Shore's Youth Leadership Advisory Board (Youth LAB) pointed out that youth often do not know what to do after experiencing symptoms. Andrea Paquette, Executive Director of the Bipolar Disorder Society, spoke about the general lack of education around mental health services, and described how the society works to educate youth and raise awareness.

Barriers to access

"We asked youth about the kinds of barriers to accessing services. A lot of them were internal—the stigma, the fear, the denial that they had a problem. That was huge, and definitely, a lot of young people said that they had to be into early adulthood before they could kind of recognize and be prepared to accept that they were having issues." Annie Smith, McCreary Centre Society

Over the course of the consultations, Committee members heard that less than 20 percent of youth with mental health concerns actually access services for treatment. Submissions contained a number of explanations as to why such a small proportion of youth seek assistance. The presentation by the McCreary Centre Society highlighted results from the BC Adolescent Health Survey, a questionnaire conducted every five years to gather information about youth physical and emotional health.

The 2013 survey showed that youth do not access services for a range of reasons, including fear of stigmatization or denial of a condition. Confidentiality concerns were also cited by youth, along with the fear of losing foster care when seeking in-patient treatment. Other youth said that they were unaware of available services, unable to afford prescriptions for treatment, or unclear about parental consent requirements. Additional reasons included a lack of transportation and child care support, and fear of having to move from their home community. Overall, the Committee heard that there are a multitude of factors hindering youth with mental health issues from seeking assistance.

Aboriginal people

"The issues around poor mental health, including substance use and misuse, are true for First Nations and are difficult for us to talk about."
Dr. Evan Adams, Office of the Provincial Health Officer

Aboriginal representatives spoke about the unique mental health needs of First Nations people living on- and off-reserve. The presentation by Dr. Evan Adams, Deputy Provincial Health Officer, noted how Aboriginal people are susceptible to mental health issues and substance abuse problems, but often do not speak publicly about them. He stated that despite recent

improvements, Aboriginal people generally have poorer health outcomes and higher rates of disease and suicide than non-Aboriginal people. His presentation overviewed initiatives underway to improve Aboriginal health, including First Nations Health Authority Mental Wellness Programs.

The presentation by Paul Lacerte, Executive Director, BC Association of Aboriginal Friendship Centres, highlighted the ongoing impacts of trauma on indigenous communities. He stated that Aboriginal communities are dealing with abuse and the intergenerational effects of the residential school system. He emphasized that these factors have an ongoing impact on parenting skills, proper nutrition, social inclusion, and reconciliation between indigenous and non-indigenous people.

Are there current gaps in service delivery?

Youth mental health services in BC are provided through several provincial ministries. The Ministry of Health, health authorities and the Provincial Health Services Authority (through BC Mental Health & Substance Use Services) deliver hospital-based and tertiary care mental health services. The Ministry of Children and Family Development provides a range of community-based mental health services for infants, children and youth, and families, including mental health promotion, prevention, early intervention, and specialized assessment, treatment, and support. The Ministry of Education and school districts also play a role supporting child and youth mental wellness, along with delegated community service providers and physicians in private practices.

The second consultation question asked participants what gaps exist in current service delivery. Oral and written submissions identified a range of issues with current programming and services. Youth and families described their experiences navigating the youth mental health system, citing difficulties obtaining initial assessments and referrals for treatment, and problems transitioning between youth- and adult-serving systems at the age of 19. Parents also spoke about the uneven availability of services in different communities and the overall lack of school-based supports. A general message in submissions was that there are not enough mental health services available for youth to ensure timely and effective treatment. Some parents even explained that they had to quit jobs in order to provide care and find support for their child.

Other submissions stated that the province currently lacks an overarching strategy for youth mental health. Individuals and organizations described limited collaboration of services, and insufficient coordination between the Ministry of Children and Family Development, the Ministry of Health and health authorities, and the Ministry of Education. The Committee heard how this results in wasted resources and redundancy of staff, and creates significant gaps in service delivery.

Assessments and referrals

“If intervention isn’t provided early and aggressively enough, it drags out the course of illness into adulthood. I don’t have to tell you the health dollars that have to go into that if you are seeing someone with a chronic illness that could have been prevented if treated early enough.” Dr. Peiyoong Lam, Division of Adolescent Medicine, BC Children's Hospital

A number of presentations and written submissions to the Committee described long wait times for assessments and referrals for mental illnesses, as well as delays receiving actual treatments. Some witnesses described how it can take several months to obtain an assessment from a psychiatrist after symptoms become evident—up to a year in some instances. Committee members also heard about problems obtaining accurate assessments for complex cases, including instances where decisions were made by insufficiently trained staff. One family mentioned receiving two assessments for their troubled son, neither of which resulted in a

proper diagnosis or treatment. The expense of accessing private clinics was described as being cost-prohibitive for many families.

Other submissions noted the negative impacts of long wait times between assessment and treatment. For example, Dr. Peiyoong Lam, Assistant Clinical Professor, Division of Adolescent Medicine at BC Children's Hospital described a scenario in which a 15-year-old girl from a rural community waited 11 months to receive treatment for an eating disorder.

The Committee also heard about additional factors that can inhibit early identification, assessment, and treatment of mental disorders. For example, witnesses described how children and youth become increasingly likely to refuse treatment or not show up for appointments when several months have passed since the initial referral. One family described an instance in which their son did not attend the first appointment for a referral, which resulted in the case being closed. Submissions also explained how parents, guardians, and social workers have the potential to act as gatekeepers, and obstruct youth from receiving mental health services. The Committee heard that youth should be able to access services on their own, without any required involvement by parents or a school counsellor.

Early identification and intervention

"We like to think of challenges as opportunities, but it goes without saying that our system is really stressed right now. There is a growing demand for serving children who are younger and younger." Ann M. Smith, Axis Family Resources Ltd.

Testimony at the public meetings stressed the importance of early identification and intervention in treating youth mental health problems. Signs of mental health disorders that appear early on, it was noted, are often not acted upon, and worsen into adolescence and adulthood. Furthermore, the Committee was told that there is an overall lack of specific mental health services and supports for children. Written submissions also described a lack of early assessment and intervention services for mental health problems, and how problems often escalate into significant conditions before the system is able to respond.

Presenters advocated for greater focus on early intervention to address mental health issues in early stages of development. Jules Wilson, Executive Director of the Federation of BC Youth in Care Networks stated that there is too much emphasis on crisis management and pharmacological treatments for mental health problems, rather than on early intervention. He noted that youth feel like they are being "pumped up" on a lot of medications, and that other aspects of their health and well-being are ignored that could possibly help balance out other symptoms.

In-patient services

“Pediatric units are often where you’ll find our youth when they come into hospital. If you’re 16 or below, you come into a pediatric unit. You can think about a manic young man masturbating every hour next to a family struggling with a nine-month-old with respiratory syncytial virus. That happens in our pediatric units. It’s not the right place for the nine-month-old; it’s not the right place for the 16-year-old. But that’s where we put them.” Dr. Steve Mathias, Inner City Youth Mental Health Program, St. Paul’s Hospital

“Families bring their child to the emergency unit seeking help/assistance, usually at a time of severe crisis. There the child would wait up to five to seven days to be placed in an appropriate unit. Occasionally these children would be placed on an adult psychiatric unit, further exposing them to risk.” Susan Lockhart, North Vancouver

Submissions to the Committee talked about a lack of in-patient services specifically designed for youth experiencing mental health problems. For example, troubling cases were cited in which youth have been placed in pediatric wards for treatment next to infants with serious medical conditions. Other submissions stated that youth are occasionally put in adult psychiatric units, where they may be exposed to further risk or predation.

Several presenters reiterated that emergency rooms, pediatric wards, and adult mental health units are not appropriate places for youth to be treated. Youth participants also expressed their preference to receive treatment in separate, dedicated facilities specifically designed for adolescents.

Out-patient services

“Communication challenges in mental health delivery can be improved. A siloed approach often means that work being done through in-patient service isn’t communicated to programs delivering out-patient services to the same individual in the same hospital.” Val Avery, Health Sciences Association of BC

Another gap identified was in out-patient support. Written submissions from families and health professionals stated that there is a shortage of psychiatric out-patient programs and resources for children and adolescents. Presenters at the public meetings also described insufficient coordination between the supports provided at hospital and those provided at home, particularly in smaller communities. Yasmin Jetha, Regional Director for Mental Health and Addiction Services, Vancouver Coastal Health, stated that existing discharge planning provided in urban areas often does not make sense in a rural environment. What is needed, she said, are discharge plans that are proven to work in rural contexts.

The Committee also heard about the personal experiences of youth following discharge from hospital care. For example, the parent of a youth with schizophrenia and autism told the

Committee that her daughters did not receive any post-discharge support following several stays at BC Children’s Hospital. Other youth and family witnesses described similar scenarios where follow-up services were not provided after hospitalizations for serious mental illness.

Transitioning youth

“The mental health system for youth and transitioning youth or young adults is fragile. The separation of CYMH from the Ministry of Health, despite ongoing energetic efforts to bridge the divide, adds to the system’s fragility and navigational challenges experienced by youth and their families.” Andy Libbiter, Fraser Health - Mental Health Substance Use

Transition supports, particularly for youth moving into the adult-serving system upon turning 19, were another issue mentioned in submissions. It was noted how late adolescence is a common time for onset of mental health conditions, making it the worst possible time for youth to move into the adult-serving system. Representatives of the Child and Youth Mental Health and Substance Use Collaborative explained how youth- and adult-serving systems involve different teams, psychiatrists, and community services. They stated that there is a pressing need for family-centred care and protocols to help transition youth into adult systems of care.

Other submissions mentioned that adult mental health services are designed for chronically ill individuals, average age 40 to 45, and are not suitable for youth transitioning into that system. In addition, Committee members heard how young adults aging out of government care currently lack transition support, particularly for those moving into the Community Living BC system at the age of 19. A written submission from representatives of Fraser Health described the current system as “fragile” and called for renewed and persistent efforts from MCFD and the health authority to provide timely, responsive, and seamless services to help transitioning youth.

Written submissions from families also spoke about other challenges faced by transitioning youth. The mother of a son with autism spectrum disorder explained that when children move from MCFD Child and Youth Mental Health services, they lose the funding for vital behavioral and communication therapy. In addition, the British Columbia Psychiatric Association noted that transitioning youth lose trusted care provider relationships upon turning 19. This interruption of services, they stated, puts youth at serious risk.

Fragmentation of services

“Through our collaborative work with the health authorities, service providers, community groups, and those with lived experience, it has become evident that the existing division of responsibility based on age, and the associated funding structure, is an impediment to better service delivery to children and youth living with mental illness and/or addiction.” Daryl Wiebe, Vancouver Police Department

Oral and written submissions characterized the provincial mental health system as a fragmented set of services provided by different ministries and agencies. A number of youth and family witnesses described their difficulties navigating services administered across a variety of ministries and agencies. Organizations representing mental health professionals, service providers, and police similarly noted how available services vary depending on a youth's age, location, family status, eligibility, and other factors.

Presenters discussed how youth can be required to move between multiple facilities, health authorities, and communities from initial assessment to actual treatment. All of these transition points, it was noted, are fraught with gaps and barriers. A consistent message was heard that there needs to be clearer division of responsibilities for youth mental health services, and greater integration of services to enable a continuum of support between assessment and treatment.

Rural access

"A rural community of approximately 20,000 people has very limited resources for children and adolescents with mental illnesses. Because of this, we spent a lot of time, money, and energy looking for, and travelling to larger cities for help." Michelle Evans, Cranbrook

Submissions from rural and remote parts of the province spoke about the service gaps that exist in rural communities. They noted how smaller communities lack adequate clinical and in-patient beds to treat youth in crisis, and how some urgent care clinics have limited staff and office hours. One witness described a scenario in Pemberton, where a family in crisis had to travel several hours to BC Children's Hospital in Vancouver, only to experience additional wait time to see a professional.

The presentation by Axis Family Resources Ltd., a community-based social service agency serving the North and Interior regions of BC, explained that rural communities have unique needs. They explained how access to services in rural communities can be disrupted by transportation barriers and poor weather. Other factors, such as limited cell phone coverage, and staffing shortages can also make it difficult for families to receive emergency care. The Committee learned that, in addition to these issues, Interior communities are facing growing demands for services, emergency placements, and foster caregivers.

Aboriginal services

"There is a lack of support services that are culturally-sensitive for healing sexual abuse in our communities. Given the prevalence of that issue and the lack of support, I would suggest that that is the biggest gap in this province between available services and challenges and issues for Aboriginal youth." Paul Lacerte, BC Association of Aboriginal Friendship Centres

Presenters in Victoria and Vancouver spoke about the need for service improvements in Aboriginal communities. Beverley Clifton Percival (Gwaans), Co-Chair of the First Nations Child

and Family Wellness Council stated that there is a lack of federal programming on reserves to match child and youth mental health services provided off reserve. She explained that since youth mental health is considered by government to be a health issue, and not a child and family issue, Aboriginal Affairs and Northern Development Canada does not provide funding for mental health services on-reserve.

Paul Lacerte, Executive Director, BC Association of Aboriginal Friendship Centres stated that the largest gap in services is for treatment of trauma, which he described as the prevailing mental health issue in indigenous communities. He stated that there is a lack of support services for victims of sexual abuse in Aboriginal communities, and that a long-term strategy needs to be developed for the province. Another common theme in presenters was the need for culturally sensitive services that accommodate the needs of individual First Nation communities.

What are best practices for treating and preventing youth mental health issues?

The third question asked participants to identify best practices for treatment and prevention of youth mental health issues. Some submissions spoke about the effectiveness of particular programs and services. The joint written submission by the Ministry of Children and Family Development, the Ministry of Health, and provincial and regional health authorities discussed strategic planning for mental health and a number of key government initiatives, such as Strongest Families, Kelty Mental Health Resource Centre, and FRIENDS for Life.

Families and stakeholder groups called for enhancements to programs proven effective in treating and preventing mental health issues in youth. Expanding these services, they noted, will benefit families and provide a return on investment for government in the form of social benefits and long-term cost savings. Other submissions spoke about the effectiveness of integrating services across different ministries and agencies, and cited an urgent need for more collaborative models of care that meet local community needs.

Submissions also called for the development of improved outcome measures and non-prescriptive treatments. Some participants proposed giving greater focus to broader social, health, and economic factors known to strongly influence overall well-being.

Interior collaborative

“For children and their families in BC who are experiencing mental health and/or substance use issues, navigating the system of care is often fragmented, confusing, and uncoordinated. Research shows that receiving appropriate mental health and substance use care at the right time may enable a child or youth to return to good health or prevent the escalation of problems and symptoms, staving off larger crises, and even saving young lives.” Valerie Tregillus and Dr. Gordon Hoag, Child and Youth Mental Health and Substance Use Collaborative

During the consultations, the Committee learned about the work of the Child and Youth Mental Health and Substance Use Collaborative. This project, jointly funded through a shared committee of the Doctors of BC (formerly BCMA) and the Ministry of Health, is a structured collaborative in the Interior Health Region aimed at increasing the number of children and youth and their families receiving timely access to integrated mental health and substance use services and supports. The Collaborative works to increase cooperation and partnerships between the Ministry of Health, Doctors of BC, the First Nations Health Authority, and other key stakeholders to facilitate innovation and system improvements. Eight local action teams with diverse representation from a cross-section of mental health service providers and stakeholders have also been created to improve policies and practices.

Representatives of the Collaborative appeared before the Committee in Victoria. Valerie Tregillus and Dr. Gordon Hoag described how local actions teams are making positive improvements to policies and practices through the leadership of parents and youth. They

noted that there have been tremendous improvements in access to services because of the collaborative, including a reported 50 to 67 percent increase in access, and a reduction in the use of hospital emergency rooms for treatment.

A written submission from the Collaborative's Cariboo Action Team also documented how the initiative has been successful in identifying and addressing gaps in care in the Cariboo region, as well as in identifying available resources. The Committee was told that it is working as a wrap-around team, but that resources are needed for rural/remote areas of the province.

Integrated service delivery

"There are models of care in existence outside of Canada which address, in whole or in part, the inaccessibility and lack of integration in youth services. Models such as headspace in Australia, are a network of Community Health Centres, with primary care, counseling, mental health, addictions, and vocational services, easily accessed through one storefront door. Services are integrated and staff are engaging and youth-friendly." Dr. Steve Mathias, Inner City Youth Mental Health Program, St. Paul's Hospital

A strong message was heard about the effectiveness of integrated service delivery models that foster collaboration across different agencies. In Vancouver, the Committee learned about the Inner City Youth Mental Health Program, an initiative targeting Vancouver's estimated 700 street youth. The program, administered through Providence Health Care, provides assertive, outreach-based treatment to youth aged 16-24 with mental illness. Dr. Steve Mathias, founder and Medical Manager, described how team members deliver clinical appointments and facilitate groups at six downtown sites. The program's goal, he explained, is to effectively move children and youth through primary, secondary, and tertiary care.

Submissions also talked about the effectiveness of integrated models of care in international jurisdictions. Australia's headstart program was specifically highlighted as a possible model for BC to consider. The program, which began in 2006 as a national youth mental health initiative, includes integrated service hubs and online services serving both urban and rural areas. General practitioners, psychologists, psychiatrists, social workers, mental health nurses, sexual health nurses, and vocational consultations provide on-site services at community access points in a youth-friendly environment.

Youth-appropriate services

"After-hours services are needed for youth. I had a young person say to me that everything happens in the evenings and on the weekends, and there's nobody available to help at that point in time." Jules Wilson, Federation of BC Youth in Care Networks

Families and mental health professionals spoke about the importance of providing accessible and youth-appropriate treatments for mental illnesses. For instance, it was noted that youth

attend school during weekdays and need to be able to access services in the evening and on weekends.

Other submissions stated that services are more effective when provided in facilities and physical environments where youth can feel safe and accepted. Presenters at the Vancouver public meeting displayed images of youth-friendly headstart facilities in Australia, which feature bright, colourful, and inviting spaces designed to make youth feel comfortable and welcome.

Early years support

“We may see differences in what’s happening with our youth if we can get to them earlier and get to their families.” Keli Anderson, Institute of Families for Child & Youth Mental Health

Keli Anderson, president of the Institute of Families for Child & Youth Mental Health, emphasized the importance of providing early years support for children with mental health issues, before problems escalate out of control into adolescence and adulthood. Other family and youth presenters described instances where symptoms of mental disorders, apparent during childhood, went unrecognized and/or untreated. A common theme among presenters was that there need to be mental health education, supports, and services focusing on early identification and treatment for children. The Committee heard that elementary schools can play a key role in building protective factors into their practice to assist students, as well as young children transitioning into the public education system.

Community-based service providers

“Parent mental health, violence in relationships, addictions and poor parenting competency must be addressed at the same time we’re serving our children and youth. It is something that community-based organizations like ours uniquely can do, because we have these different funding streams and many, many different programs.” Julia Staub-French, Family Services of the North Shore

The positive role of community-based services was discussed during the Victoria and Vancouver public meetings. Representatives of several organizations described how their agencies provide innovative programming and effective treatments that do not require hospital care. These services were also described as fostering community integration and psychosocial rehabilitation.

Representatives of Family Services of the North Shore, an accredited not-for-profit organization in North Vancouver, spoke about the important mental health services provided by their agency. Julia Staub-French and Karen White described how over 7,400 people are provided each year with a range of services, including family preservation and support services, and sexual abuse intervention. Judith Wright, Clinical Coordinator with the Child Abuse Prevention and Counselling Society of Greater Victoria (Mary Manning Centre) also talked about accredited programs that assist children and youth exposed to abuse, trauma, and maltreatment. These programs, she stated, provide effective child-centred services that involve collaboration between children, youth, and families.

A written submission from the Victoria-based group, Moms Like Us, mentioned the effectiveness of the community Clubhouse model which use psychosocial rehabilitation to promote recovery, community integration and a satisfactory quality of life for those dealing with mental health issues. In use in 33 countries, these accredited local community centres provide employment, outreach, and education programs.

Education

“I am pleased with the programs that are available for use in the schools, but feel that they ought to be a part of curriculum rather than something that may or may not be picked up by schools at their discretion.” Jane Kempston, School District No. 58 (Nicola Similkameen)

“As an educator, I would like to examine more programs that could be implemented in the lower primary grades to help younger students deal with stress and anxiety. As well, I feel that more training for all educators in the areas of youth mental health would be beneficial to the students of BC.” (Kathleen Huxley, North Vancouver)

The consultations provided evidence of a general lack of awareness of available resources, particularly for youth. In her presentation to the Committee in Victoria, Andrea Paquette, Executive Director of the Bipolar Disorder Society, described her personal journey with bipolar disorder and underscored the importance of mental health education for youth. She stated that there is not enough awareness of mental health issues and therapies for youth, and questioned why mental health education is not included as part of the high school curriculum.

Submissions from parents, school districts, and community service providers suggested that more can be done in schools to inform youth about mental wellness. Embedding mental health promotion into school health activities, they stated, would lead to greater awareness and better outcomes for students. Youth witnesses also linked increased physical activity and better social behaviour to reduced severity of mental health disorders. They explained how education targeting youth and focusing on protective factors—such as sleep, exercise, community engagement, and peer and family support—can produce better mental health outcomes for young people.

Mandatory treatment

“Mandatory treatment and programs need to be implemented to prevent violent crimes caused by our youth. A child who receives treatment at an early age is more likely to live a more fulfilling life than a youth suffering from mental illness that goes undetected.” Jo-Anne Landolt, Maple Ridge

During the consultations, the Committee learned about tragic instances where untreated mental illness resulted in suicide and homicide. Committee members were told that deaths could have been prevented if policies were in place requiring mandatory treatment for high-risk youth. One

particular case was highlighted involving the murder of Langford teenager Kimberly Proctor, who was brutally tortured and raped by two teenage boys. Written submissions from family members described how the boys exhibited serious behavioural problems at home and school before the murder, but did not seek or receive treatment. Other oral and written submissions documented similar cases in which at-risk youth refused to get or accept treatment.

To reduce violent crimes and deaths associated with untreated mental disorders, submissions called for mandatory treatment protocols and programs to be instituted for high-risk youth. It was noted that Alberta and Ontario have strategies in place for court-ordered treatments. Establishing a similar process for mandatory treatment in BC, the Committee heard, could work in conjunction with the existing BC Threat Risk Assessment protocol as part of the provincial government's ERASE Bullying strategy. This measure, it was noted, would help to identify and address cases where high-risk youth and/or their families refuse to voluntarily seek help.

Telephone and online counselling

"Now more than ever, youth have access to mental health information and community news through the internet, apps, smartphones, and social media. We know that they are using technologies to seek connection and sometimes, to find help." Sharon Wood, Kids Help Phone

Several submissions spoke about the effectiveness of telephone and online counselling services in treating youth with mental health issues. The Committee heard how innovative telephone and online programs exist in other jurisdictions that have proven to be both successful and cost-effective in counselling youth. Australia's eheadspace program was specifically mentioned. This confidential and free service provides an anonymous and secure space for youth aged 12 to 25 to chat, email, or speak with qualified youth mental health professionals.

The written submission by Kids Help Phone, a national 24-hour professional counselling service for young people, affirmed that there is a demand and a need for counselling in BC to address youth mental and emotional health needs. They reported a sharp increase in demand for their service in the past year alone, including a 127 percent increase in phone counselling sessions, a 29 percent increase in counselling for mental and emotional health concerns, and a 22 percent increase in counselling for self-harm or suicide.

Submissions described other potential opportunities to enhance the use of telephone services. Representatives from the Canadian Mental Health Association, BC Division stated that non-mental health specialists can deliver evidence-based treatments by telephone, under the supervision of more highly trained mental health professionals. The effectiveness of telepsychiatry services in treating youth was also mentioned. It was suggested that nurse practitioners linked to care networks of pediatricians and specialists could be used in rural settings.

Advocacy

“Give kids with mental health issues a good youth worker to act as their advocate, assigned from the time they are admitted to hospital (or identified) to when they are released to follow up. It would be much more cost efficient than employing social workers.” Cheryl Bottomley, North Vancouver

Families, educators, and community service providers spoke about the benefits of having a mentor to assist youth in need. Annie Smith, Executive Director of the McCreary Centre Society, spoke about the value of having a navigator, which one youth described as “someone to take you by your hand and show you what services there are and that they actually are relevant to you.” A written submission from a secondary school education assistant proposed that a youth worker be assigned to follow a youth, from the point of admission to hospital (or identification of an issue) until he or she is released. Elementary and secondary school programs such as “Mind-up” and peer counselling were also praised as important for educating and supporting youth.

Peer support

“Since starting with the Youth LAB, I’ve been able to act as a referral and give my friends far more detail on where they can get help and how, which is obviously great, because now we not only know the problems, but also that somebody is potentially getting assistance with those problems.” Sasha Soden, Youth Leadership Advisory Board, Family Services of the North Shore

In Vancouver, the Committee heard from representatives of Family Services of the North Shore’s Youth Leadership Advisory Board (Youth LAB). Volunteers Samantha Smith and Sasha Soden spoke about the work of the Youth LAB, a team consisting of ten to 12 creative and engaged youth. They described how Youth LAB volunteers provide peer support, work to develop new youth outreach strategies, and assist others through outreach and presentations in schools on mental health topics. The presentation by the McCreary Centre Society also talked about the benefits of youth helping youth. They stated that access to peer groups is key for young people, particularly when they include trained youth mentors who have overcome their own mental health issues

Overall, a positive message was conveyed about the benefits of youth peer support. Through the work of groups like Youth LAB, youth are able to help friends and peers seek out available resources, including youth with mental illness who may not otherwise be willing or able to seek help.

How should resources be targeted in the future?

The fourth consultation question asked participants how resources should be targeted in the future. A common message was that youth mental health needs to be treated as a high priority in the province, and funded accordingly. Calls were made for enhancements to address service delivery gaps, improve staffing levels, and build on identified best practices. Submissions also asked for appropriate leadership to be assigned to spearhead a province-wide youth mental health strategy. They included calls for the establishment of a new minister of state responsible for youth mental health, as recommended by the Representative for Children and Youth in *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.*

Another prominent request was for resources to be targeted to increase coordination and integration of services across government agencies. Integrated models of care, it was noted, are best suited to meeting the needs of youth and individual communities, while reducing overall duplication of services. Furthermore, integrated services have been proven effective in other jurisdictions in producing better mental health outcomes.

Other submissions stressed the need for preventative measures. Calls were made for resources to be directed towards prevention, education, transition supports, non-pharmacological interventions, and programs to facilitate youth employment.

Funding for youth mental health

“We urge the provincial government to: provide increased and sustainable funding for youth mental health services; and, improve collaborative, inter-ministerial cooperation in order to provide youth facing mental health challenges with easily accessible mental health resources.” Teresa Rezansoff, BC School Trustees Association

A number of submissions called for additional overall funding for youth mental health to enable service delivery improvements and foster greater cross-ministry collaboration. Health professionals, social service providers, educators, and parents stated that youth mental health should be considered a high budget priority, and funded accordingly through the ministries of Children and Family Development, Health, and Education.

Some submissions specifically recommended increases in resources and staffing for MCFD Child and Youth Mental Health Services, and that retirements and staff vacancies over three months in length be filled. Other recommendations were made to dedicate Ministry of Health funding specifically for youth mental health, and to assign appropriate leadership to spearhead a province-wide youth mental health strategy. Education groups, including school counsellors, teachers, and boards of education, also asked for greater Ministry of Education funding. They described how schools provide important prevention and frontline intervention, and are the most accessible site for children and youth.

Ministerial responsibility

“Responsibility for children’s mental health is primarily shared between the Ministry of Children and Family Development and the Ministry of Health, with majority of services residing in Health. This creates service gaps and confusion for parents, children, youth and service providers.”
Wilma Arruda, BC Pediatric Society

A number of submissions voiced concern over the current division of youth mental health services between the Ministry of Health and the Ministry of Children and Family Development. They described how this results in gaps in services, particularly for transitioning youth. This transition, it was noted, occurs in late adolescence, the most likely time for the onset of mental health conditions. The Committee also heard about challenges around the sharing of information and records between different ministries and contracted agencies.

Individuals and organizations such as the BC Pediatric Society, BC Psychiatric Association, and Vancouver Police Department called for primary responsibility and oversight of youth mental health to be assigned to the Ministry of Health. It was explained that the Ministry of Health is best able to provide continuing care for youth undergoing transition at an age of increased risk. Submissions also said that youth mental health services should be united within one ministry in a health care setting, rather than a child protection or social services setting.

Integrated community services

“We urge the provincial government to adopt an ‘inter-ministerial’ approach to coordinating youth mental health services so that school districts and health authorities have the necessary support to deliver timely and seamless youth mental health services.” Pius Ryan, School District No. 44 (North Vancouver)

“An integrated system of care, accessed through a youth friendly environment, represents a critical step towards responding to the diversity and complexity of needs experienced by BC youth.” Dr. Steve Mathias, Inner City Youth Mental Health Program, St. Paul’s Hospital

A considerable number of submissions called for greater integration of youth mental health services at the community level. Since multiple ministries and agencies are currently involved in the delivery of youth mental health services, they noted how services often operate in parallel, rather than together as one cohesive system of care.

Dr. Steve Mathias, founder and Medical Manager, Inner City Youth Mental Health Program called for the creation of a collaborative initiative between the ministries of Health, Children and Family Development, Social Development and Innovation, Justice, and Education. He proposed that these five ministries form an oversight body to create 25 Community Integrated Youth Health and Social Service Centres, to be phased in over five years, in all areas of the province. The centres, he stated, would provide primary care, counselling for mental health and substance

use, vocational and educational supports, and possibly house justice and income assistance services.

Submissions proposed other measures to foster service integration at community and regional levels. Representatives from the Child and Youth Mental Health and Substance Use Collaborative requested that municipalities be co-funded to partner with local action teams involved in the improvement of integrated policies and practices. Education stakeholders such as the BC School Trustees Association also asked for more funding and inter-ministerial cooperation to support students with mental health needs.

Community services

“Services need to be integrated into the community, with a more coordinated response between current service roles of schools, government services like Child and Youth Mental Health and probation, Aboriginal services, and non-profit societies.” Joyce Pielou, Quadra Island

Evidence presented to the Committee pointed to a need for youth mental health improvements at the community level, particularly in rural and remote areas of the province. Mental health professionals, community service providers, and families described the lack of urgent care and in-patient services in smaller communities. For example, representatives from Vancouver Coastal Health pointed out that residents in Pemberton do not have access to urgent psychiatric assessments in their community outside normal office hours, and must travel to Vancouver for treatment of emergency cases.

A variety of suggestions were made on how to address service gaps and build on best practices to enhance the capacity of smaller communities. Among them were requests to hire additional child psychiatrists in high-need communities, and to increase training for general physicians on youth mental health and substance use issues. Another key recommendation was to increase coordination of community services provided by the Ministry of Health, MCFD, and other stakeholder groups. A written submission from a child, youth and family counsellor on Quadra Island, for example, urged for a more coordinated response between schools, government, Aboriginal organizations, and non-profit societies. Aboriginal presenters also stated that future resources need to be allocated to facilitate local access to services. Aboriginal children, Committee members heard, are over-represented in the system, and full time and continual services are needed to address the needs of Aboriginal youth.

Waitlist reduction

“Every child and youth should, at the very least, be triaged when they identify that they need a service—not put on a waitlist.” Colleen Hobson, Victoria

One of the main challenges identified in submissions was the persistence of long waitlists for diagnosis and treatment of mental health issues. Youth and families at the private meeting in Vancouver, for example, described significant delays receiving assessments, followed by further

wait times for medical appointments and access to programs and therapy. The Committee heard ideas on how to address waitlists for services, such as through the establishment of new protocols to facilitate quicker treatment for mental illness, which would ensure that every child or youth seeking help for mental illness is immediately triaged, and not put on a waiting list for diagnosis and referral.

Written submissions suggested ways in which mental health professionals could play a greater role serving youth. For example, one submission stated that registered psychologists are equipped to treat youth mental health, and that including them in primary health care and MSP coverage could reduce waitlists and alleviate demand for other mental health services. Another submission proposed that adolescent medicine pediatricians, a new field of medicine, could play a key role. Adolescent medicine, it was explained, is a field in which providers rely on interdisciplinary teams to build multifaceted solutions for a range of health and psychosocial issues. Committee Members learned that there are only five trained adolescent medicine physicians currently providing care in BC.

Crisis response

“One of the things that we need to do is to develop a youth crisis response team that bridges emergency departments, acute care and community. It needs to be available seven days a week, and the team needs to actually come into emergency departments and do assessments.” Yasmin Jetha, Vancouver Coastal Health

Calls were made to allocate resources for crisis response to reduce the possibility of serious injury or even loss of life. Submissions stressed how youth mental health problems can escalate quickly, and that effective emergency response services are needed to divert youth in need to appropriate in-patient and community-based services.

Representatives from Vancouver Coastal Health stated that youth crisis response teams are needed to bridge emergency departments, acute care, and communities. These teams, they explained, would be available seven days a week to provide assessments to youth in schools, emergency rooms, or other places. Committee members heard that there currently is a team in Richmond and Vancouver but that resources are needed to expand coverage to other areas.

In-patient beds

“There is a lack of beds in 24-hour care facilities. My daughter was denied placement in a province-wide request in July 2014. Either the facilities had no beds or they didn’t have adequate resources to deal with her complex care needs.” Sharon Evans, Penticton

During the consultations, Committee members heard how the first points of contact for many youth seeking help are hospital emergency rooms. One presenter stated that the number of youth accessing emergency rooms has almost tripled since 2008-2009, and that youth are being discharged from emergency rooms without any follow-up. A written submission from Fraser

Health similarly described how hospital admissions and emergency departments have been congested with young people requiring acute psychiatric care.

Fraser Health's submission was one of several calling for better community in-patient services for immediate treatment of youth mental health issues, including eating disorders and other conditions requiring acute care. Concerned parents and child and adolescent psychiatrists applauded government initiatives such as the "Ten-Year plan to Address Mental Health and Substance Use in British Columbia," but stated that there continues to be a lack of day treatment or in-patient beds to treat populations, including youth with severe concurrent substance use and mental health disorders. It was requested that opportunities be explored to increase regional acute care capacity by developing in-patient beds specifically for children and youth with mental health challenges.

Transition services

"There is often a gap in services once a youth reaches the age of 19. An individual with a mental health or addictions diagnosis should be supported by youth services up until the age of 25. The onset of a mental illness or addiction often delays development." Pamela Owen, West Vancouver

Several submissions suggested ways to address gaps in transition support for youth moving into the adult-serving system at the age of 19. For example, recommendations were made to increase funding for transitioning services, and to extend eligibility for MCFD Child and Youth Mental Health Services to the age of 25. Another submission proposed that responsibility for Child and Youth Mental Health Services be transferred from MCFD to the Ministry of Health. It was argued that the Ministry of Health is best able to provide continuing care through this tumultuous developmental period for transitioning youth.

Other proposals were made to improve community-based programs for transitioning youth. For example, the written submission from the Penticton branch of the BC Schizophrenia Society described how transitioning youth with schizophrenia have unique developmental needs and different levels of functioning. The branch called for more funding for programs like Martin House, which uses a recovery-oriented model and psychosocial rehab principles to assist transitioning youth with mental illness.

Prevention and early treatment

"Our system is focused primarily on downstream answers to these problems and downstream strategies, and that's not sufficient because we will continue to see cases that are increasingly complex and simply drain our resources. So we need to move upstream in a big way." Kimberley McEwan, Canadian Mental Health Association, BC Division

Representatives from the Canadian Mental Health Association, BC Division talked about preventing and treating mental illnesses early in life, before initial symptoms can develop into larger problems with long-term consequences. Bev Gutray and Kimberley McEwan stated that

the current system is focused primarily on downstream answers to mental health problems, and that greater focus is needed on upstream solutions aimed at prevention and early treatment.

Other submissions similarly highlighted how greater public education is needed to increase public awareness of prevention, early detection, and treatment of mental health issues. The written submission by the Health Sciences Association of BC mentioned the benefits of having an online informational resource for youth mental health. Proven effective elsewhere, centralized online resources provide access to support for identifying mental health issues, strategies for self-care, and crisis intervention services. They noted that a project is currently underway to develop such resources in BC.

School supports

“Schools are a natural ground for early identification and treatment, as they are also where the issues are manifested. An example is a grade 9 girl who came in to see me about a course, which led to a more personal discussion, which led to her revealing that she had an eating disorder. ... Students coming in to ‘chat’ about courses or relatively non-threatening issues quite often leads to deeper discussions around serious mental health issues or family situations which require intervention.” Sue Maquignaz, North Vancouver

The importance of having readily-accessible mental health supports in schools was mentioned in a number of submissions to the Committee. Youth, parents, school counsellors, teachers, trustees, and boards of education described how schools are often the first point of contact for children and adolescents with mental health issues, and that staff provide important prevention and frontline intervention services, including in dire cases involving suicidality. The written submission by DASH BC, the Directorate of Agencies for School Health British Columbia, talked about the importance of school connectedness in supporting mental well-being. They described how educators, administrators, education partners, government, and other organizations are working to ensure that BC’s children and youth are connected to their schools.

Requests were made for additional school resources and counsellors to identify, assess, and support youth with mental health problems. Other submissions called for greater efforts to educate students on mental health, and to combat bullying through programs such as the ERASE strategy. Other submissions suggested including mental health education in school curricula to better inform students and to decrease stigma. A school counsellor in Vancouver pointed out how the website www.teenmentalhealth.org is being used as a curricular resource in Nova Scotia schools. This research-based curriculum, developed by Dr. Stan Kutchner, helps students to become more aware and knowledgeable about the facts of mental health.

The Committee also heard calls to improve support for children entering school. For example, an elementary school counsellor in the Comox Valley described how services from child development centres cease once a child enters kindergarten, which creates a gap in supports for children starting school. She requested that child development services be continued into kindergarten and up until the school system is able to provide the necessary services.

Members' Roundtable Discussion

The Committee met on October 21 and November 24, 2014 to debrief on the results of the consultations and to discuss next steps for the special project. Committee members took the opportunity to express their appreciation to all of the consultation participants, particularly the youth and families who took the time to share personal experiences and insights.

During the roundtable discussion, Committee members voiced serious concern about the adequacy of current youth mental health services in the province. They stated that while excellent practices exist in areas, the evidence clearly indicates that the overall system is disjointed and fragmented, and lacking in inter-ministerial coordination and leadership. The number of ministries and agencies involved in the delivery of different services and the inadequacy of existing resources, it was noted, creates significant gaps in services, particularly at key transition points for youth.

Committee members agreed that immediate and concerted actions on the part of government are needed to improve youth mental services. Several options to improve current services and service delivery were discussed, along with ways to build on current and best practices. The following areas were identified as high priorities warranting immediate attention.

Improving youth mental health services

Submissions to the Committee clearly demonstrated the need for significant improvements to youth mental health services across the province. Committee members agreed that the prevalence of mental health issues among youth is alarming, and that current service levels and delivery models are not meeting growing demands for services.

The Committee believes that youth mental health needs to be treated as a high priority by government, and that a concerted effort is required to develop a cohesive and effective mental health system that provides timely, responsive, and seamless services to youth and families. This will require additional resources, enhancements to existing services, and the identification of service delivery models tailored to meet the specific needs of communities across the province.

Assigning ministry leadership

The Committee considered whether primary responsibility for youth mental health should be assigned to the Ministry of Health, as recommended in several submissions. Committee members noted that mental disorders are a health-related issue, and therefore should be administered independent from a child and youth protective services setting. To this end, Committee members agreed that consideration should be given to assigning primary leadership and oversight of youth mental health to the Ministry of Health, with input from the Ministry of Children and Family Development and other youth-serving ministries, including Education, Social Development, and Justice and Attorney General. The Committee expressed interest in engaging with stakeholder ministries and health authorities to explore the feasibility of this change.

Integrating service delivery

Evidence to the Committee pointed to an urgent need for greater integration of services. Service delivery models that provide primary, secondary, and tertiary services under one roof, it was noted, are more responsive to youth and result in positive mental health outcomes. The work of the Child and Youth Mental Health and Substance Use Collaborative was highlighted as a potential model to expand to other parts of the province. The Chair also reported attending the Child and Youth Mental Health and Substance Use Collaborative Spread and Sustainability Congress, a two-day event highlighting the achievements, benefits, and future plans of the collaborative. Committee members agreed that consideration should be given to expanding the collaborative model to other health authorities.

The Committee was impressed with the submission by Dr. Steve Mathias. Committee members commended the innovative work of the Inner City Youth Mental Health Program and expressed interest in the proposal to create community integrated youth health and social service centres throughout the province. The Committee agreed that further consideration should be given to the proposal, as part of a more general strategy to move toward integrated service delivery models proven to produce successful outcomes for youth.

Enhancing community-based services

The uneven availability of services in some communities was highlighted as a concern. Committee members talked about the frustrating experiences shared by families trying to access services in different parts of the province, whether in urban, rural, or Aboriginal communities. They also highlighted how factors such as transportation, weather, and insufficient in- and out-patient services hinder effective and timely access to services in Interior and Northern communities. Committee members agreed that further attention is needed to mitigate gaps in service delivery across the province, and that solutions are needed that fulfill region-specific needs.

Improving education and school supports

Committee members spoke about the importance of school-based services and supports for youth. They noted how signs of mental health disorders often manifest in schools, and that a lot of pressure is put on teachers and counsellors to deal with struggling youth. Committee members agreed that greater school supports are needed, including education on mental health, enhanced transition supports for youth moving into and out of the school system, and peer support services similar to those provided by the North Shore Youth LAB.

The Chair suggested examining recent developments in New Brunswick schools as possible options to consider for BC. There, integrated teams of mental health professionals provide school-based services in nearly half of all public schools. These teams have been shown to result in higher referrals for treatment, reduced waiting lists, increased efficiencies, and other measurable benefits.

Ending the stigma

Committee members agreed that the stigmatization surrounding mental health is a major issue. They recognized that stigma has been shown to hinder early identification and recognition of mental health issues among children and youth. Left unaddressed, these issues can develop into serious conditions requiring outside intervention or acute care. Committee members concurred that new efforts must be made to reduce stigma, such as through public awareness campaigns, mental health curriculum in schools, and youth-friendly assessment and treatment services.

Committee Decision

Following the deliberations, the Committee agreed to publish the results of the public consultations on youth mental health as an interim report. It is hoped that, in addition to giving voice to oral and written submissions, this report will help to raise awareness of youth mental health, and stimulate public discussion on this important and pressing issue.

During the roundtable discussion, the Committee considered making recommendations to the Legislative Assembly based on public responses to the four consultation questions. The Committee agrees that there is an urgent need for action to improve mental health services and supports for youth. The Committee also believes that further discussions should take place with stakeholder ministries, health authorities, and other expert witnesses as a next step. Accordingly, the Committee agreed to resume its work on the special project as soon as possible. This next phase in the special project will focus on the development of recommendations to address the issues and themes identified in this report.

Appendix A: Presentations

Victoria (June 4, 2014)

Paul Lacerte, BC Association of Aboriginal Friendship Centres

Valerie Tregillus and Dr. Gordon Hoag, Child and Youth Mental Health and Substance Use Collaborative

Judith Wright, Child Abuse Prevention and Counselling Society of Greater Victoria (Mary Manning Centre)

Ann M. Smith, Axis Family Resources Ltd.

Bev Gutray and Paige Thomson, Canadian Mental Health Association, BC Division

Dr. Evan Adams, Office of the Provincial Health Officer

Andrea Paquette, Bipolar Disorder Society of BC

Vancouver (June 11, 2014)

Dr. Steve Mathias, Inner City Youth Mental Health Program, St. Paul's Hospital

Keli Anderson, Institute of Families for Child & Youth Mental Health; The F.O.R.C.E. Society for Kids' Mental Health

Jules Wilson, Federation of BC Youth in Care Networks

Dr. Peiyoong Lam, Division of Adolescent Medicine, BC Children's Hospital

Beverley Clifton Percival, First Nations Child and Family Wellness Council

Annie Smith, McCreary Centre Society

Yasmin Jetha and Dr. Steve Mathias, Vancouver Coastal Health

Julia Staub-French, Karen White, Sasha Soden, and Samantha Smith, Family Services of the North Shore

Dr. Charlotte Waddell, SFU Faculty of Health Sciences

Appendix B: Written Submissions

Aspires Society, Lori Wallace
Steve Ayers
BC Alliance on Mental Health/Illness and Addiction,
Graham McRae
BC Government and Service Employees' Union,
Simon Kelly
BC Mental Health & Substance Use Services, Jana
Davidson
BC Pediatric Society, Wilma Arruda
BC Pediatric Society, Aven Poynter
BC Schizophrenia Society, Ana Novakovic
BC Schizophrenic Society, Penticton Branch,
Sharon Evans
BC School Centred Mental Health Coalition, Keli
Anderson, Laurie Birnie, Deborah Garrity,
Stephen Smith, Steve Cairns, Jeff Stewart
BC School Trustees Association, Teresa Rezansoff
Mary Belcher
Rhiannon Bennett
Fran Blackwood
Judy Bogod
Cheryl Bottomley
Boys and Girls Clubs of Canada - Pacific Region,
Carrie Wagner-Miller
British Columbia Psychiatric Association, Carol-Ann
Saari
British Columbia Psychological Association, Marilyn
Choten
Burnaby-New Westminster Task Force on Sexually
Exploited and At-Risk Youth, Colleen Jordan
Donna Bush
Jeanne Cady-Brown
Canadian Mental Health Association, Paige
Thomson
Child and Youth Mental Health and Substance Use
Collaborative - Cariboo Local Action Team,
Jeffrey Peimer, Troy Forcier, Glenn Fedor, Matt
Neufeld, Becky Haselhan, Debora Trampleasure
Children's and Women's Mental Health and
Substance Use Programs, PHSA, Dean Elbe, Jana
Davidson
Colleen Clark
Clements Centre Society, Shelley Rattink
Veronica Coreas
Helen Cunningham
CYMHSU Collaborative Cariboo Action Team,
Jeffrey Peimer
Jason da Costa
Bob Daly
Allyson Davey
Shana Dekker
Delta Police Department, Melissa Lowe
Dr. Amrit Dhariwal
Sue Diewert
Diane Dillon
Directorate of Agencies for School Health (DASH)
British Columbia, Kathy Cassels
Doctors of BC, Practice Support Program, Dr. Garey
Mazowita, Graham Taylor, Quality Improvement
and Practice Support
Robin Dosanjh
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Kids Help Phone, Sharon Wood
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 Suzan Last
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 Learning Disabilities Association of BC, Katie Hall
 Doug Livingston
 Susan Lockhart
 Chris Macintosh
 H. Main
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 Steve Mathias
 Grant McLachlan
 Nicole McRae
 Ashley Miller
 Tricia Millman
 Ministry of Health; Ministry of Children and Family
 Development joint submission, Doug Hughes,
 Arlene Paton, Bev Dicks, Randi Mjolsness
 Moms Like Us, Jackie Powell
 Eva Moore
 Katherine Moore
 Mount Waddington Health Network Advisory
 Committee, Kelly Amodeo
 Lynn Newbery
 Leona Newman
 The Orphanage, Blair Hewitt
 Pamela Owen
 Pacific Centre Family Services Association, Mitzi
 Dean
 Elizabeth Parkinson
 Partners for Mental Health, Jeff Moat
 Mikara Pettman
 PHS Community Services Society, Vicky Shearer
 Joyce Pielou
 Ashley Polson
 Kelly Price
 Linda Proctor
 Queenswood Professional Resource Group Inc,
 David Hallman
 Quinn & Associates, Quinn Cashion
 RADAR (Researching Adolescent Distress and
 Resilience), Dr. Joy L. Johnson

Registered Psychologists working with children and
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 Roberts Creek Community School Society, Stacia
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 School District No. 34 (Abbotsford), Kevin Godden
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 Ryan, Brad Baker, Jeremy Church, Julie Parker,
 Maureen Stanger, Vince White
 School District No. 58 (Nicola Similkameen), Jane
 Kempston
 School District No. 63 (Saanich), Scott Stinson
 School District No. 67 (Okanagan Skaha), Pamela
 Butters
 School District No. 82 (Coast Mountains), David
 Bartley
 Shuswap North Okanagan Division of Family
 Practice, Dr. Rick Sherwin
 Linda Siegel
 St. Leonard's Integrated Community Youth
 Services, Alison Gauer
 Stigma and Resilience Among Vulnerable Youth
 Centre, Elizabeth Saewyc
 Sunrise Resources for Early Childhood
 Development, Kathy Rae
 Stacey Swalwell
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 Vancouver Police Department, Daryl Wiebe
 VCH Transgender Health Information Program,
 Lorraine Grieves, Gail Knudson
 Sam Vekemans
 Dzung Vo, MD
 Holly Watson
 Linda Weaver
 West Coast Men's Support Society, Grant
 Waldman

Chantal Williams
Rob Wipond, Janet Currie, Alan Cassels
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Tracey Young

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British Columbia

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