

VCH Community Engagement



Vancouver Child & Youth Mental Health and Substance Use Redesign – Ideas for Change

Phase 1 Stakeholder Engagement Report

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Background

Vancouver Coastal Health is seeking to improve the Child and Youth Mental Health and Substance Use (CYMHSU) system of care in Vancouver. They are embarking on a process to develop an evidenced-based child and youth mental health and substance use strategic framework with the goal of creating a system that provides streamlined and equitable service for children, youth and their families. This strategy would bring together child and youth mental health and substance use services as well as VCH public health, primary care and adult mental health and substance use services to deliver services that are more responsive to the needs of individuals as they change over time.

The scope of the CYMHSU redesign includes all of Vancouver Coastal Health’s directly operated and contracted community-based (non-hospital) services for ages 0-24 in Vancouver.

The CYMHSU project leadership approached VCH’s Community Engagement Team for support in bringing the voice of stakeholders into the planning process for this redesign. Stakeholders included youth aged 13-18 and 19-24 who have experienced mental health and/or substance use issues, families, service providers in the community, partner organizations and contracted agencies, and VCH staff and physicians. They also wanted to hear from youth and families across a range of demographics and experience; from those with mild to moderate MHSU issues, to those with more serious MHSU issues.

It was decided that engagement would take place in two phases. The first, or “Ideas for Change” phase, sought to gather stories and ideas from stakeholders in how the system could be improved. Input from this first phase of engagement would be considered along with best practice evidence from the literature and VCH utilization data to generate a list of possible initiatives to undertake to improve the CYMHSU system. The second phase of engagement, or “Priorities for Action” phase, would then ask stakeholders to review the draft actions that emerge from phase one, and provide feedback before the plan is finalized. Further engagement as the change initiatives move into implementation would be determined once the strategic framework was finalized. This report summarizes feedback and ideas for change collected in this first phase of engagement. The findings of the second phase of engagement will be captured in a subsequent report along with the finalized strategic framework document.

Process

The “Ideas for Change” phase of engagement took place between March-June 2017. The purpose of this phase was to:

- a) Inform stakeholders about the VCH CYMHSU strategy planning process
- b) Hear stakeholder ideas for change to improve the system, with a focus on three key areas: access, navigation and transitions

To initiate the first phase of engagement two open forums were held in March, 2017. One forum was for service providers working with children, youth and families. The other forum was for families and youth who have experience with the mental health and substance use system. The remainder of the engagement plan was then developed incorporating some of the input from forum participants (A full report of the open forums is available at <http://cean.vch.ca/about-us/community-engagement-reports/>)

Conversations with CYMHSU stakeholders included the following:

Forum for service providers who work with children and youth who may have mental health or substance use issues	March 2017 – Trout Lake Community Centre
Forum for families and youth	March 2017 – Charles Tupper Secondary
Focus group with physicians at BC Children’s Hospital	April 2017 – BC Children’s Hospital
Two forums for VCH staff and physicians	May 2017
Focus group with Vietnamese Parent’s Together support group	June 2017 – Boys and Girl’s Club
Focus group with Cantonese-speaking parents of CYMHSU clients	June 2017 – Northeast Mental Health Team
Youth interviews	June 2017 – Directions Youth Drop-In
Focus group with SACY staff	June 2017 – Charles Tupper Secondary
Focus group with TRRUST Collective Impact Initiative’s Collective of Young Leaders (Youth transitioning out of foster care)	June 2017 – McCreary Centre Society

Although the format and approach to these conversations varied considerably, participants were generally asked:

- 1) What is working well within VCH’s CYMSHU services?
- 2) What could be done to improve:
 - a. Access to care
 - b. Navigation of the CYMHSU system
 - c. Transitions within CYMHSU and to adult MHSU services
- 3) What change would you prioritize for action in the first year?

In addition to conducting our own engagement process, VCH Community Engagement undertook a review of findings from recent local youth engagement processes completed by the Ministry of Children and Family Development, the Child and Youth Mental Health and Substance Use Collaborative and the Youth-Friendly Health Services Project.

It is also important to note that during this first phase VCH also conducted two forums for Vancouver Coastal Health staff and physicians working with youth-related programs in Vancouver. Staff working on the CYMHSU strategy also attended the Youth Matters Forum in April, 2017 to inform their planning.

Who Did We Hear From?

A total of 108 members of the public participated in the forums, focus groups and interviews captured in this report. The participants in these sessions consisted of:

- 59 service providers from 25 different agencies across Vancouver
- 4 physicians (non-VCH contracted physicians)
- 19 youth
- 26 parents/guardians

Eighty Vancouver Coastal Health staff also participated in the two staff forums.

The broad scope of the CYMHSU redesign meant a very wide variety of stakeholders needed to be engaged, with different engagement methods needed to effectively engage each. VCH is committed to continuing to engage with all stakeholders as we develop an improved system of care. In particular, families and youth will be a focus for engagement in the implementation phase of the strategy.

What We Heard

Ideas for Change

During the forum discussion groups, focus groups and interviews, participants were asked to provide ideas for change to improve the CYMHSU system. The comments generated are captured in the tables below and are grouped into four areas of focus for the project: access, navigation, transition and prevention. Comments were themed into high level “ideas for change” with supporting comments provided in the columns and organized by source – youth, parents/guardians or service providers.

During the March forums participants grouped themselves by age cohort for discussion groups, many of the comments and ideas were common across age cohorts. To help illustrate the level of support for an idea for change from each age cohort, each of the comments is followed by an initial that indicates the age cohort/s that were the source of the comment.

Age 0-12 = C (children)

Age 13-18 = T (teen)

Age 19-24 = A (adult)

ACCESS

Idea for change:	Youth	Parents and guardians	Service Providers
Involve parents/guardians as partners in their child's care	<ul style="list-style-type: none"> Youth should have choice about whether or not their parents/guardians are involved or informed about their care 	<ul style="list-style-type: none"> Parents should be able to be involved in the treatment process and engage with support services alongside their children (C, T, A) Parents of children over 19 are especially frustrated because they are completely excluded from their child's care (A) Clinicians, especially GPs, need education on privacy and confidentiality so it is applied correctly and consistently. "Get FIPPA right!" (A) Ask youth if they want their parent to be involved in care – but what if they say no? (T) 	<ul style="list-style-type: none"> Parents/guardians should be involved in MHSU care for their child (C, T) "Family involvement is crucial to the support, treatment and recovery of children and youth. When we are told by VCH their services do not see parents or include families in counselling we feel that is a glaring and detrimental omission." (T) The system needs to view parent involvement as healthy and communicate it that way to youth.(T) Youth need choice around parental involvement, but clinicians need to have a consistent message to youth about how to involve their parents while still respecting their confidentiality. (T)
Provide more support for parents so they can better support their child		<ul style="list-style-type: none"> We need a family model – as a parent, I need support to help my child (T) Parent support groups are only offered once a month. That's not enough when you're in crisis (T) Vietnamese parents wanted education on how to recognize the signs and symptoms of MH & SU and how to keep their children safe (T) Create a telephone hotline for parents in crisis, staffed by people who speak languages other than English. Have interpreters available right away for this hotline (C) 	<ul style="list-style-type: none"> Existing parenting support programs are working well and are inexpensive to run, but there are too few available. The number of support groups available needs to be increased across the city and offered in other languages. (T) Parents need support in the preteen years and education about what is developmentally normal (C) SACY parent workers cannot meet the demand for workshops or 1:1 support (T)
Create one clear access point	<ul style="list-style-type: none"> There needs to be one clear access point Street youth do not use computers to look up resources or information 	<ul style="list-style-type: none"> There needs to be one clear access point (T) Create a telephone hotline to support navigation and educate families about all of the services (T) 	<ul style="list-style-type: none"> One telephone number to call to access care would facilitate access for families and service providers (T) Youth do not phone much anymore. Once a youth calls Central Intake, a worker should be able to text them back to start the intake process (T)

Idea for change:	Youth	Parents and guardians	Service Providers
<p>Work with and within schools to make them a safe place to connect with care</p>	<ul style="list-style-type: none"> • One youth spoke about how his VCH Counsellor has one hour/week at his school so she can only see the student/s most in need or in crisis. All others get “bumped” off the list and must make an appointment at the MH Team. • Attendance record at schools should be used to flag students for counselling. • Teachers need to be educated on why and how to protect the privacy of students accessing MHSU care. A youth told a story of a teacher “outing” him for accessing MH treatment in front of his class, which had serious social consequences, “It ruined my life.” • Provide screening in elementary school • Destigmatize MHSU and care, so youth feel comfortable seeking help 	<ul style="list-style-type: none"> • Services should be integrated in schools (T, A, Y) • Education for students should be part of the curriculum as the amount of MHSU education is uneven between schools (T) • Almost all the Cantonese-speaking parents were connected to care via their child’s school when their child started Kindergarten. One parent had a school staff-member accompany her to the MH Team and act as an interpreter (C) • School staff including in the early elementary years need education on how to identify issues and where to access care (C) 	<ul style="list-style-type: none"> • VCH needs to work more closely with the schools (C, T) • Prevention and services need to be embedded where families already have relationships, including schools (C, T) • VCH needs to develop a partnership with VSB at senior levels because it’s very hard to get space in schools and very hard to get time with students for things outside the curriculum (T) • Youth need choice in where they access care because they don’t want to access care at school (T) • Anti-stigma education is needed in schools (T)
<p>Through outreach provide “place-based” services in locations where families and youth already have relationships and trust</p>	<ul style="list-style-type: none"> • Many street-involved youth do not want counselling – “Some street youth think counselling is someone trying to control you or take away your freedoms.” A youth suggested that counsellors need to hang out in spaces where youth are, like drop-ins, to build rapport. 	<ul style="list-style-type: none"> • For parents from cultures where MHSU is heavily stigmatized, church and temple and the family doctor are important sources of information (T) 	<ul style="list-style-type: none"> • Relationships are critical for getting youth and families to engage in care and for supporting smoother transitions. Staff need the time and flexibility to “gently” engage youth and families who are pre-contemplative (C, T) • MHSU services should be available through community centres, neighbourhood houses and schools where families already have relationships established. (C, T) • Services need to be decolonized to create access for Aboriginal families and those who are marginalized/do not trust the system, i.e. move away from rigid medical model thinking and language, refer to people as “partners” rather than “patients” or “clients,” provide service where people spend time in community. (C) • Some children and youth cannot get into schools because they are new immigrants, new students, or other reasons. Many do not have a GP. Outreach and mobile clinicians are needed to connect with them, e.g. SACY cannot do home visits (T)

Idea for change:	Youth	Parents and guardians	Service Providers
Support doctors/primary care clinics to help families access care		<ul style="list-style-type: none"> • GPs don't know where to send you (A) • GPs need to be more sensitive and have more time to talk with families about MHSU, not just write prescriptions. (A) • Integrate medical care with counselling – there is a need for integrated multidisciplinary care (T) • Ensure GPs who work with parents who speak limited English are included in this education as they are very few places for these families to find information or support (T) 	<ul style="list-style-type: none"> • Provide Mental Health First Aid training to Medical Office Assistants in Primary Care Clinics and Community Health Centres (A) • Have more Nurse Practitioners available (C) • How do we increase access to GPs for this population? (C)
Make the experience of receiving care more welcoming, comfortable and positive	<ul style="list-style-type: none"> • Give youth more choice in their clinician and a greater diversity of clinicians to choose from as their needs change (e.g. gender, culture, religion, sexuality, age, personality, approach, etc.). • Provide training to staff and physicians around transphobia, homophobia and racism • Allow for greater choice in location for care – provide more options for being in nature and walking during appointments • Offer alternatives to “talk-therapy” for youth who are introverted or have anxiety, e.g. art programs • Psychiatrists need a more relational approach and shouldn't rush youth, especially street-involved youth, to answer questions. • Make waiting rooms and clinical spaces in the adult system more welcoming and home-like. Provide a rubix cube or teddy bears to help youth manage anxiety. • Multiple youth, especially youth who have been in care, spoke about wanting relationships with professionals that do not feel like merely a paid relationship 	<ul style="list-style-type: none"> • Mental Health Teams offices need to be more welcoming and supportive (A) 	<ul style="list-style-type: none"> • Consistent relationships are key to connecting youth to services and keeping them engaged (T, A) • Give clinicians the time and resources they need to build relationships, e.g. going for breakfast together (A) • Allow youth choice in their clinician and allow them to change clinicians if it isn't a good fit right at the start. There is a need for greater cultural diversity among the professionals available (T) • Meet youth where they are at and believe them (A) • Allow older youth greater autonomy in deciding their goals of care (A) • Provide financial support for transportation and child-minding (T) • Clients tell us the tone of the VCH staff can be not very youth friendly and can be off-putting (T) • Physical spaces need to be more youth-friendly. They often have plexi-glass, gates and lots of doors. Engage youth in design. (T) • Mixing age groups (and levels of severity) in clinic space can make clinical spaces feel unsafe. Give clinicians the ability to text clients when it is time for their appointment so that the youth does not have to wait in the waiting room (T)

Idea for change:	Youth	Parents and guardians	Service Providers
Create better, more accessible communications materials	<ul style="list-style-type: none"> Street-involved youth get information about resources from posters and from staff at drop-ins, but not online 	<ul style="list-style-type: none"> The VCH website needs improvement. Needs to be clearer. (T) Branding is needed (T) Print materials are needed in a greater diversity of languages (T) 	<ul style="list-style-type: none"> VCH website is not youth friendly (T) “Parents are going online for information and resources rather than going to agencies. They feel a lot of shame. But when they go online they don’t get the social support” (T) Youth don’t know about services. Create a centralized resource for youth and keep it up to date by crowdsourcing, like Wikipedia (A) Client information materials should speak to youth, not just adults. (A)
Make help available right away when a family or child/youth needs it.		<ul style="list-style-type: none"> “Be there 24 hours a day, when inspiration and/or desperation strikes” (C) There should be no waits for psych-ed assessments (C) 	<ul style="list-style-type: none"> Not providing timely support/care/treatment can lead to crisis which results in a need for more intense care/treatment (T) Providing timely access to addiction services is very important. Children and youth should never have to wait to access services in community (T, A) Youth often have difficulty waiting for appointments or to undertake long-term treatment (T)
Educate families and professionals around voluntary vs. mandated treatment and secondary care		<ul style="list-style-type: none"> Clinicians tell you, “We can’t do anything unless it’s voluntary by patient.” (T) Clinicians need to understand that being a danger to oneself or others is not a requirement for voluntary admission to hospital (A) 	<ul style="list-style-type: none"> “Parents are increasingly seizing the idea of forced treatment. Some of the private places will send in an interventionist. The kid goes to treatment and then leaves five days later. Parent has to pay for the whole month.” (T) Clinicians need to know that secondary levels of care/treatment are available and how to ensure timely access (T) The system does not support mandating treatment, but this often means the family often does not proceed with care, resulting in serious consequences for the child/youth. MCFD needs to be more proactive in mandating treatment (T)

Idea for change:	Youth	Parents and guardians	Service Providers
Improve the way the system addresses trauma as a root cause	<ul style="list-style-type: none"> There are not enough resources for trauma-based care Need to have more one-to-one counselling available for those with trauma histories Allow more holistic approaches to address trauma including connection with nature and spirituality 		
Expand the scope of CYMHSU practice to better serve special populations	<ul style="list-style-type: none"> ICY clinic has a DBT group for youth that is very popular and runs a waitlist. 	<ul style="list-style-type: none"> The system should provide Dialectical Behavior Therapy (DBT) (C) 	<ul style="list-style-type: none"> Dialectical Behavioral Therapy should be provided by the CYMHSU system (A) Children in care of the Ministry need to be prioritized for screening and intervention. Clinicians need to be educated on how to work with these children and youth (T) CYMH needs to include somatic disorders in their scope in order to be more holistic (T) There is a need for clinicians specialized in FASD, ADHD and others. Other clinicians need to be educated on how to work with children and youth with these issues. There are insufficient services for children with developmental disabilities or cognitive delays. They have specific and ongoing care needs and relationships are especially key for this population. (T) VCH CYMHSU is not consistently fulfilling its stated scope of practice. Children and youth are referred to the hospital for being out of scope when they can/should be within scope of VCH clinicians. (T)
Expand services to youth using opioids and street drugs	<ul style="list-style-type: none"> “Do something about the opioid crisis! I’ve had to use my Naloxone kit seven times in the last month.” 	<ul style="list-style-type: none"> Lower the age limit for access to suboxone (T) Treatment for youth using street drugs is crucial because of the harm they do (T) 	<ul style="list-style-type: none"> There is an increasing number of youth using heroin. This needs focus because of the high potential for harm. Needs intensive intervention and support to get detox initially and then longer term support (T)

Idea for change:	Youth	Parents and guardians	Service Providers
Increase accessibility for clients and families from non-Western cultures or who only speak languages other than English	<ul style="list-style-type: none"> Build greater diversity among staff and physicians, including staff from different cultures and religions. One youth spoke about the value that having a Muslim counsellor would bring for her treatment as she needs someone who understands how her religion has shaped her life and her issues. 	<ul style="list-style-type: none"> Interpreters need to be provided for families or youth that walk-in or phone who are seeking service. A Cantonese-speaking mother shared that the MH Team would not provide an interpreter when she first walked-in because she was not a registered client. (C) There is a lot of stigma around mental health and substance use, particularly within some immigrant communities. Families feel ashamed and so won't ask for help. (T) Online resources are good, but only if it is translated and if it is recommended by a clinician so parents know it is reliable information. (C, T) Print resources are needed in Vietnamese (T) There needs to be more clinicians who speak other languages. Clients often have to travel long distances or face longer wait-times to access a clinician in their language (C) Sunnyhill and BC Children's services are all in English 	<ul style="list-style-type: none"> A clinician told a story of a youth who she brought to a MH Team who, although his English proficiency was quite good, the team would not see him without an interpreter. No interpreter was available so they referred him to a private practitioner. The family could not afford to pay so he did not access care and dropped out of school (T) VCH previously had multilingual health navigators (Cross Cultural Health Brokers?). This was a very useful program for supporting families who speak limited English or come from different cultures for whom navigation is more challenging. (C) Aboriginal navigators help connect families to connect to the system. (T)
Increase accessibility for Aboriginal children, youth and families	<ul style="list-style-type: none"> There should be more opportunities for Aboriginal youth to do cultural activities or healing practices Hire more Aboriginal counsellors and social workers 		<ul style="list-style-type: none"> Services need to be decolonized in order to create access for Aboriginal families and those who are marginalized/do not trust the system, i.e. move away from rigid medical model thinking and language, refer to people as "partners" rather than "patients" or "clients," provide service where and when people already spend time in the community. (C) More professionals need to be trained in Aboriginal cultural competency (C, T)
Expand services to youth who experience gaming addiction			<ul style="list-style-type: none"> Counselling for gaming addiction is a gap. Staff need education on appropriate language to use with youth with gaming issues (T)

NAVIGATION

Idea for change:	Youth	Parents and guardians	Service Providers
Create dedicated “Navigator” roles to support youth and families to find the services they need		<ul style="list-style-type: none"> • Create parent-to-parent support roles to help families with navigation (C) • Create peer to peer mental health support positions for youth (A) 	<ul style="list-style-type: none"> • VCH previously had multilingual health navigators (Cross Cultural Health Brokers?). This was a very useful program for supporting families who speak limited English or come from different cultures for whom navigation is even more challenging. (C) • Aboriginal navigators help connect families to connect to the system.
Establish peer support positions within VCH MHSU services	<ul style="list-style-type: none"> • Many youth spoke about wanting a mentor, close to them in age with lived experience of MHSU and street-involvement, who they could just talk to about anything – including guidance for navigating adulthood. Some used “Big Brothers, Big Sisters” as an example. • The Peer Mentorship Program at ICY was frequently mentioned as a model worth replicating. 		
Create resources to help families and service providers know what services are available		<ul style="list-style-type: none"> • Parents are the ones that help their child connect to care but as a parent who do you initially reach out to? (T) • At first contact with the system families should be fully educated on how the system works and then funnelled to the right service.(T) • Branding and greater clarity of websites is needed (T) • School counsellors should know the system better so they can advise youth on how to access the system (T) 	<ul style="list-style-type: none"> • Train parents to be the navigators (C) • One telephone number to call to access care, like a Central Intake Line, would facilitate access for families and service providers (T) • “Parents are going online for information and resources rather than going to agencies. They feel a lot of shame. But when they go online they don’t get the social support” (T) • Youth don’t know about services. Create a centralized online resource for youth and keep it up to date by crowdsourcing, like Wikipedia (A) • Client information materials should speak to youth, not just adults. (A)
Support doctors/primary care clinics to help families access care		<ul style="list-style-type: none"> • GPs don’t know where to send you (A) 	<ul style="list-style-type: none"> • GPs are often the first point of contact for families and need to be better educated to help families with navigation (T) • How do we get GPs for families? Make walk-in clinics provide more follow-up support with navigation (C, T) • Have more Nurse Practitioners available (C)

PREVENTION

Idea for change:	Youth	Parents and guardians	Service Providers
Work with schools to create awareness of mental health and substance use among students, staff and parents/guardians		<ul style="list-style-type: none"> • Education needs to be provided to students from Kindergarten onwards. Teach coping skills. (C) • Educate teachers to assess and support kids early on (C) • Ensure the presence of Public Health in schools to support assessment and awareness (C) • Hold information nights in key grades like Grade 8 so parents are educated on mental health and substance use – signs to look for, resources available, etc. (T) • Programs addressing stigma are key. This needs to be in the school curriculum. (T) • Educate youth about possible consequences of marijuana use (T) • Educate parents to reduce stigma associated with MHSU so that they are more open to allowing their child to receive counselling or medication (T) 	<ul style="list-style-type: none"> • Provide evidence based prevention programming in schools (C) • Educate teachers to identify early warning signs and know what to do next (C) • Deliver education in schools to reduce stigma associated with mental health and substance use (T) • SACY needs six more staff to adequately support all the schools in Vancouver (T) • Education to address stigma should be provided in the schools (T)
Provide support proactively to avoid crisis and catch children/youth with less severe issues		<ul style="list-style-type: none"> • System will only help you once you are in crisis. (C) • Kids with less severe issues are not supported by the system, so they slip through the cracks (C) 	<ul style="list-style-type: none"> • “Help them before they’re homeless and injecting.” (A) • Current system will only provide support reactively, once a child or youth is in crisis. (T) • Parents often wait until things are really bad to get help. Provide parenting education proactively and early (T) • Parents need help with their preteens. Provide education to them so they know what is developmentally normal. Fear-based parenting can make things worse (T)
Increase screening and intervention in early childhood		<ul style="list-style-type: none"> • There should be better/more comprehensive testing (A) 	<ul style="list-style-type: none"> • We need to do outreach in the preschool years. Children are presenting in kindergarten with significant issues. They are isolated because their parents fear the system or have their own mental health issues (C)
Evaluate prevention			<ul style="list-style-type: none"> • Create evaluative measures in programs and services to measure prevention (A) • Support evaluation of relational work so that it is more valued by the organization (T)

TRANSITIONS

Ideas for change	Youth	Parents and guardians	Service Providers
Support preschool aged children and families to smooth the transition to school			<ul style="list-style-type: none"> We need to do outreach in the preschool years to help children be prepared for school. (C) Children are presenting in kindergarten with significant issues. They are isolated because their parents fear the system or have their own mental health issues. (C) Focus school transition supports on children in foster care and children who have moved to Canada from other cultures (C)
Create an electronic medical record that allows client information to be shared across sites	<ul style="list-style-type: none"> The system relies on parents and clients to keep track of their history. Youth should be able to access their records 	<ul style="list-style-type: none"> Often when a child or youth moves between services the history is lost (A) One electronic record should be used across multiple sites like GP, hospital and detox, to improve continuity of care (T) Cantonese-speaking families spoke about the frustration of having to repeatedly tell their story, which takes a lot of time when using an interpreter (C) 	<ul style="list-style-type: none"> We need to prevent youth and families having to repeatedly retell their story (A)
Build relationships to enable successful transitions	<ul style="list-style-type: none"> Could a youth's CYMHSU counsellor attend the first meeting with their new adult counsellor? 		<ul style="list-style-type: none"> Relationships are key – “warm hand overs” (A) Support youth to articulate their desired outcomes (A) Create a team to support youth through transitions - coordinate with clinicians and youth workers (T)
Provide alternatives to group counselling for young adults using adult MHSU services	<ul style="list-style-type: none"> A number of youth mentioned the lack of 1:1 counselling as a big deterrent for participating in adult MHSU services. Group therapy is very anxiety-provoking for youth with anxiety issues. The mixed ages of group therapy participants in adult MHSU services is a significant issue for youth, especially queer or trans* youth. 		

Ideas for change	Youth	Parents and guardians	Service Providers
Better support youth transitioning to adulthood	<ul style="list-style-type: none"> • Several youth who use CYMHSU services spoke about the worry and stress they felt knowing that they would soon transition to adult MHSU services. • Peer mentors who have used the adult MHSU system could help youth feel more confident making this transition. Youth mentioned wanting mentors who could help them transition to adulthood in general, not just talk about MHSU. • Youth who grew up in foster care want to have a relationship with a counsellor or social worker that does not have a mandated end date • To smooth the transition, change adult MHSU in the following ways: <ul style="list-style-type: none"> ○ Provide bus tickets, if needed ○ Make scheduling more flexible ○ Provide more 1:1 counselling 	<ul style="list-style-type: none"> • Youth at this age need support to integrate into their community, e.g. housing, employment, etc. • Youth and families need to be informed of when they're too old for Children's Hospital and need to go to adult hospital (T) 	
Improve the referral process and communication with referral partners			<ul style="list-style-type: none"> • Clinicians in schools, hospitals, community agencies and VCH teams need to communicate and collaborate to support clients, especially high-risk clients – safety plans should be communicated across agencies (T) • Could files be kept open longer and youth attached to outreach to support them longer term in order to prevent relapse? If school counsellor is involved, inform them when files are closed so they know that student is no longer accessing care (T) • VCH CYMHSU clinicians do not reciprocate in sharing notes with referral partners. It would be great to be included in case conference or to exchange notes (T) • There is inconsistency among VCH clinicians following up and confirming treatment course (T) • Would like to see standard screening tools (e.g. Stan Kutchner's tools) used across agencies to facilitate communication (T) • MH Teams should use email to communicate brief info with other professionals, esp. school counsellors (T)

OTHER

Idea for Change	Youth	Parents and Caregivers	Service providers
Give options for treatment, rather than insisting on medication	<ul style="list-style-type: none"> Youth are being over-medicated Some clinicians use medication as a “threat” or a way to control a client 	<ul style="list-style-type: none"> One parent’s child was told by a specialist that she must give her child the medication he prescribed or he would close her file. 	
Use text messaging to communicate with youth			<ul style="list-style-type: none"> Give Central Access the ability to text with youth (T) Give clinicians the ability to set an out of office reply to text messages so that youth do not feel ignored if they are not responded to immediately. Important for maintaining trust and relationship (T) Enable counsellors to text youth when it’s time for their session so that they do not have to wait in the waiting room (T)
Involve youth in developing and delivering programming and education	<ul style="list-style-type: none"> Create youth advisory positions Include youth on hiring panels for clinicians Include youth with lived experience in training staff and clinicians Youth in schools can provide peer support or education in a way that is less intimidating 		<ul style="list-style-type: none"> Youth are seeking opportunities to be involved in youth-driven MHSU initiatives and could provide peer support or education (T)
Change detox services so street-involved youth use the service appropriately	<ul style="list-style-type: none"> Many street-involved youth use detox as a respite from the street not because they want to get clean Many youth DON’T use detox when they do want to get clean because: <ul style="list-style-type: none"> They want to be outside in nature They want the choice of whether or not to use medication to manage symptoms The waits for a bed are too long 		
Provide opportunities for ongoing dialogue between VCH and its partners		<ul style="list-style-type: none"> There is a need for ongoing conversation between service providers and families (C) 	<ul style="list-style-type: none"> There is a need for ongoing dialogue between VCH, partner organizations and other stakeholders (C, T) Regular communication between VCH and BC Children’s MHSU programs is imperative and desired (T)

Next Steps for Engagement

This report contains feedback gathered during the “Ideas For Change” phase of engagement for the CYMHSU strategy. This input will be considered, along with current research, best practice and VCH’s own service utilization data to create a draft plan of proposed actions that could be implemented to improve the CYMHSU system of care in Vancouver.

The second phase of engagement will focus on confirming “Priorities for Change.” In September 2017, participants from the first phase of engagement will have the opportunity to review and provide feedback on the proposed actions via a web-based platform called Ethelo. After incorporating changes based on the feedback received in phase two, the finalized CYMHSU Strategy document will be released in Fall 2017.

For more information about the stakeholder engagement process for the CYMHSU Strategy, please contact ce@vch.ca