

# CHILD AND YOUTH MENTAL HEALTH PLAN FOR B.C.



## Progress Report 2008



BRITISH  
COLUMBIA  
The Best Place on Earth

Ministry of  
Children and Family  
Development

*“Mental health problems are arguably the leading health problems children face after infancy.”*

Dr. Charlotte Waddell  
Director, Children's Health Policy Centre, SFU

# Progress

## Introduction Report

The Child and Youth Mental Health Plan (CYMH Plan) for British Columbia, approved by the B.C. government in February 2003, was the first of its kind in Canada. A complete copy of the CYMH Plan is available at: [www.mcf.gov.bc.ca/mental\\_health/initiatives.htm](http://www.mcf.gov.bc.ca/mental_health/initiatives.htm).

Over a five-year period – through an annualized increase to the base budget of \$44 million – the Ministry of Children and Family Development (MCFD) introduced new strategies to address the mental health needs of children and youth. The funding included \$10.1 million – 13% of the total CYMH budget – to support new culturally relevant mental health services for Aboriginal children, youth and their families, through the development of five regional Aboriginal mental health plans. In addition, a \$9.2-million grant was provided to the Children’s Health Policy Centre at Simon Fraser University to facilitate improving the effectiveness and efficiency of existing services, particularly through practitioner training and service coordination.

Today, funding for Child and Youth Mental Health in British Columbia is more than double what it was prior to the Plan.

All of the new strategies have focused on **four key areas**: reducing risk, building capacity, improving treatment and support, and improving performance.

Planning was supported by a partnership with the Children’s Health Policy Centre at Simon Fraser University. This academic centre completed reviews of the best available research evidence to inform the development of programs and services. More information about the Children’s Health Policy Centre can be found at: [www.childhealthpolicy.sfu.ca](http://www.childhealthpolicy.sfu.ca).

It is important to note that this report does not provide a complete picture of the CYMH Plan activities or results. The purpose of this report is to provide an overview of progress made under the CYMH Plan by highlighting accomplishments and work in progress.

# Plan Accomplishments

Given the large numbers of children affected, it is now recognized that treatment services alone cannot significantly reduce the impact of mental illness on our young people. Efforts to intervene early, before problems develop, are also required. In addition, creating environments that promote sound mental health and support children with vulnerabilities is key to a comprehensive approach. The following sections provide selected examples of CYMH Plan accomplishments in four key areas.

## **Did you know?**

*An estimated one in seven children and youth in the province experience a mental disorder serious enough to affect functioning at home and at school.*

*The most common mental health problems in children and youth are anxiety and depression. Anxiety disorders include generalized anxiety, social anxiety, fears and phobias, panic attacks, obsessive-compulsive disorder, and post-traumatic stress disorder. Depression is characterized by feelings of hopelessness, changes in appetite and sleep and, in extreme cases, suicidal thoughts and attempts. Suicide is the second leading cause of death among young people in B.C. and in Canada.*

*Conduct disorder and other serious behaviour problems are more common among boys and often manifest as frequent temper outbursts, defiance and disobedience, aggressive behavior or bullying, delinquent behaviour, and poor academic performance. Other conditions such as eating disorders and early psychosis are less common but can have a devastating effect on youth and their families.*

*Mental health problems that begin in childhood or adolescence are often the beginning of difficulties that continue into adulthood. The good news is that the majority of children can be helped early and effectively, avoiding lifelong hardship and disability.*

# Four Key Actions

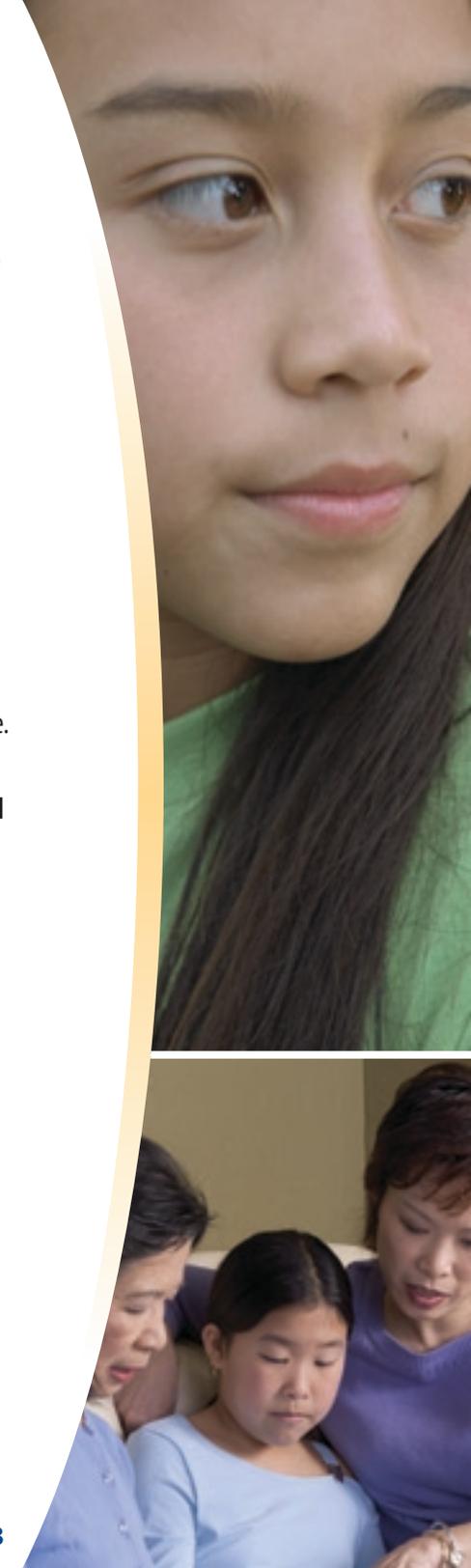
## 1 Reducing Risk

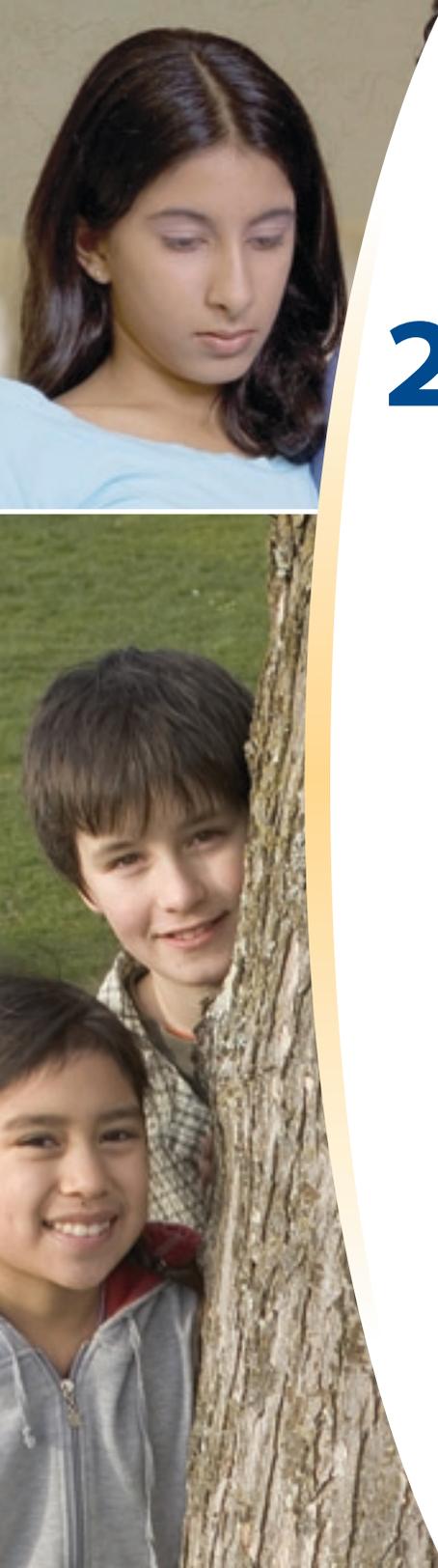
involves preventing mental health problems before they occur and/or reducing the negative effects of mental illness by noticing mental health problems early, providing early support for mental health problems, and strengthening the ability of children, youth and families to cope with challenges.

- ♦ MCFD has introduced **FRIENDS for Life**, a classroom-based anxiety prevention program in elementary schools that is now provided in 90% of all school districts in the province. The World Health Organization recognizes FRIENDS as an effective preventive intervention for children. For more information see: [www.mcf.gov.bc.ca/mental\\_health/friends.htm](http://www.mcf.gov.bc.ca/mental_health/friends.htm).
- ♦ A new self-help resource, *Dealing with Depression: Anti-depressant Skills for Teens*, created by mental health experts, is available to youth with early or mild forms of depression. Copies are available from: [www.mcf.gov.bc.ca/mental\\_health/teen.htm](http://www.mcf.gov.bc.ca/mental_health/teen.htm).
- ♦ A **Mental Health Tool Kit** has been developed in the Interior region to increase awareness of signs of mental illness and ways of getting help.
- ♦ The Prince Rupert school district is delivering **Loomsk**, a suicide prevention program tailored to the needs of youth in the Tsimshian culture.
- ♦ The Interior region is working to prevent Aboriginal youth suicide through the **Aboriginal Suicide and Critical Response Team** in the Shuswap and the Lillooet/Lytton areas.
- ♦ MCFD clinicians have received additional specialized training to help families identify and respond to emotional and behavioural problems in preschoolers.
- ♦ **Kids in Control** groups have been established in the Fraser region to teach effective coping strategies to children and youth living in families with parental mental illness.

*"This is an important and valuable program. It teaches coping skills, something we all need."*

Parent of student who participated in the FRIENDS program





# Four Key Actions

## 2 Building Capacity

seeks to strengthen the positive influence of families and communities on the mental health of children and youth.

- ♦ MCFD funded production of a series of award-winning Knowledge Network documentaries on the common mental illnesses affecting children and youth. Through the personal stories of young people, and interviews with parents and experts, these compelling documentaries – which have reached nearly one million viewers – outline the early signs, symptoms and treatment of four mental disorders. To view the documentaries online go to: [www.knowledgenetwork.ca/taking-care/intro.html](http://www.knowledgenetwork.ca/taking-care/intro.html).
- ♦ Enhancements to the provincial 1-800 line were funded to provide families with resource information and to connect callers with the FORCE (Families Organized for Recognition, Care and Equality), one of MCFD's key mental health partners. View the F.O.R.C.E. website at: [www.bckidsmentalhealth.org/](http://www.bckidsmentalhealth.org/).
- ♦ Through ministry funding, the FORCE has established new parent chapters in south Vancouver Island and the south Okanagan, with plans for chapters in Cranbrook and Kelowna.
- ♦ A **Strong Kids Group** has been introduced on the Sunshine Coast, to provide social skills to children aged 10 through a partnership between the local CYMH team and an independent school.
- ♦ The **Strengthening Families** program, developed by Dr. Karol Kumpfer in Utah, has been introduced in northern communities. For more information online go to: [www.strengtheningfamiliesprogram.org/](http://www.strengtheningfamiliesprogram.org/).
- ♦ New multicultural outreach services are being provided in Fraser and Vancouver Island regions for families who have difficulty accessing CYMH services due to language and cultural barriers.

# Four Key Actions

## 3 Improving Treatment and Support

strategies ensure that children, youth, and their families have improved access to a range of effective mental health assessment and treatment services.

- ♦ A key goal of the CYMH Plan was to reduce the gap between service need and service availability. Three hundred new clinical and support worker positions were funded through the CYMH Plan. This includes 50 new positions dedicated to providing Aboriginal services and more focus on providing outreach to Aboriginal communities. Recruitment is in the final stages. A list of local CYMH offices is available at: [www.mcf.gov.bc.ca/mental\\_health/help.htm](http://www.mcf.gov.bc.ca/mental_health/help.htm).
- ♦ CYMH clinicians have received additional specialized training based on the best available research evidence, ensuring that every child or youth receives a high standard of service wherever they live.
- ♦ Following recommendations from an independent review of the Sexual Abuse Intervention Program (SAIP), the ministry provided specialized sexual abuse intervention training for SAIP therapists and MCFD clinicians, and developed new SAIP standards in consultation with SAIP agencies and ministry staff. The SAIP budget was increased by \$1.5 million in spring 2008, an increase of almost 50%, to allow for implementation of the new SAIP standards to improve the quality and consistency of services for children who have experienced sexual abuse.
- ♦ Aboriginal cultural sensitivity training for CYMH clinicians has resulted in services that are more culturally appropriate and reflect traditional approaches.
- ♦ **BiFrost**, an intensive in-home service for youth with extreme behavioral problems, has been introduced in the Central Okanagan with support from the **Maples Adolescent Treatment Centre**.
- ♦ Group treatment programs and services delivered outside of traditional office settings have broadened the continuum of services and allowed more children and youth to receive help.
- ♦ The **Richmond School Project** reduces barriers for new Chinese-speaking immigrant parents in gaining access to child and youth mental health services, and promotes successful transitioning to school in children aged four to six years.
- ♦ Better connections to ethno-cultural communities have reduced language and cultural barriers and new multicultural clinician and outreach positions have been established.
- ♦ The number of local CYMH offices in B.C. has increased from 93 to 104.



# Four Key Actions

## 4 Improving Performance

involves developing a better understanding of service patterns and mental health outcomes for children and youth, helping decision-makers to make the best use of resources.

- ♦ Through the **CYMH Network**, a cross-ministry committee, the broader health and social service community is engaged in planning and collaboration related to the full range of child and youth mental health services.
- ♦ Collaborative community planning processes have resulted in regional CYMH plans designed to meet the unique needs of individual communities.
- ♦ Implementation of the Brief Child and Family Phone Interview (BCFPI), a standardized clinical screening tool, and the Community and Residential Information System (CARIS), a secure electronic client file system.
- ♦ Increased accountability and reporting on the effectiveness of the child and youth mental health services.
- ♦ Measuring the success of CYMH services in the Fraser region through feedback from the children, youth and families they serve.

# Conclusion

The Child and Youth Mental Health Plan in B.C. has made a substantial investment in strengthening the mental health of children, youth, and their families. Significant new funding has been allocated to the five MCFD regions to ensure programs and services respond to the unique needs identified by communities within those regions. This has increased the regional ability to plan and deliver a variety of services based on community need. In addition, a shift in how children's mental health is approached has been achieved with a greater emphasis on preventing problems before they occur, intervening earlier, and supporting families and communities to promote positive mental health.

The Office of the Auditor General, in its review of the CYMH Plan released in 2007, described the implementation of the CYMH Plan as a "promising start to meeting an urgent need." The Auditor General concluded that there is a need for new strategies that build on the achievements so far. Further work is underway, for example, to improve services to youth with concurrent disorders (mental health and substance use problems), and to prevent youth suicide. In order to identify remaining gaps and determine next steps for continued improvement in the delivery of child and youth mental health services, the ministry will review the work completed over the last five years making note of both accomplishments and lessons learned. The ministry is committed to building on the resourcefulness and strengths of each community, family and young person and will continue to provide tools, training, and expertise to support delivery of effective mental health services for children, youth and families.





*“Strengthening Families has greatly improved my outlook on life and kids. Family is everything and this program is a great first step to cementing those lifelong bonds of family.”*

Parent, Terrace, BC

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The BC Mental Health Information Line  
1 800 661-2121



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