BRITISH COLUMBIA | Ministry of Mental Health and Addictions

What we heard

Youth Dialogue on Mental Health and Addictions Services

North Vancouver, June 7, 2018

On June 7, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, sat down with 17 young people who with lived experience of mental health and addictions services from across the Lower Mainland.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include engagement with a broad spectrum of individuals, communities, Indigenous people from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the BC Government Engage website. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions service system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of young people in B.C**.** so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experience or observations—has worked or is currently working in the mental health and addictions system, what the key challenges are and what changes would make a difference. To end the breakout discussions, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

Upstream education, health promotion and intervention was one of the themes identified as a

[1] The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

top priority. Early education and mental health promotion to families and schools can make a difference in addressing stigma and a rippling effect to their surrounding communities. Participants attested as to how healthcare professionals and direct service providers can make large and lasting impacts on young people's lives. As such, more and better training for healthcare professionals and service providers was also identified as crucial. Youth engagement and involvement are also identified as key to planning and delivery of services as they have lived experience of accessing these services themselves. In addition, there was also general agreement that the services that youth and peer workers provide should be compensated.

The Foundry model has been cited a number of times as a model for a safe, holistic, well-integrated, and relationship-based service, which is important for collaboration and information-sharing. Direct service providers need to have the flexibility to meet with clients in the community while still meeting a standardized level of care. On the flip side of integrated services, transitions from and between services is another a common theme among youth accessing mental health and addictions services. There was a call for transitions to be more cohesive and supportive, to prevent youth "falling out of services." These transitions include the transition from youth mental health services to adult mental health, transitions out of and between residential treatment programs and foster care. In particular, youth ages 19-25 has been identified as not receiving certain services such as assisted housing owing to unfair age requirements.

The full list of themes for priority changes and improvements includes:

- Upstream education, health promotion and intervention services
- Increased training and awareness for healthcare professionals and other direct services providers
- Continued youth engagement and involvement in service planning and delivery
- Holistic, safe, consistent, integrated and relationship-based services
- Supportive transitions between services
- Support for caregivers
- Equitable access and reduced wait times for intake, assessment and treatment
- More inclusive and specialized services
- Augmented funding and recognition of mental health system of care.

1. What is working

- **Accessible, consistent, relationship-based services and safe spaces**
    - Integrated, one-stop-shop model (i.e. Foundry) with fast access
    - Services that include access to peers and other holistic offerings
    - Low-barrier and harm reduction approach
    - Established safe spaces and protocols (e.g. territory acknowledgments, pride flags, using preferred pronouns, etc.)
    - Youth mentorship programs that help with life skills, relationship-building, connecting youth with culture and to services
    - Supervised safe consumption sites
    - Having a variety of support workers with unique skill sets and services and a "matchmaker" to direct people to appropriate services
    - Hiring employees with lived experience
    - Having the cut-off/transition age for services occur later
    - Safe spaces for people belonging to minority groups

- **Peer involvement in service planning and design**
    - Opportunities for people to give back and share their lived experience
    - Being able to provide feedback on services and systems that serve youth
    - What's working in hospitalization:
      meal planning with the patient as a way of giving them some control over their care; access to movies, music, books, games, etc.

- **Availability of free or sliding-scale counselling and psychiatric services**
    - Access to sliding scales for counselling and other therapeutic services; accessibility of free facilitated groups for people with mental health challenges

"Any kind of mental health service should be relationship-based. Where the youth should be able to build long-lasting relationships: not like a lottery system where only some people get good mental health support and others don't. Too many people try to hit and miss for years; when it should be a bull's eye right away."

"There are many good, kind-hearted people in the system who want to make a difference in at-risk youth's lives. These people make a huge difference but getting access to these people and programs is difficult!"

"Being able to walk in and see someone and get support on the same day."

"Seeing familiar faces makes getting help feel less sterile."

"Treating youth with compassion and care can make a big difference in their lives—it could even save them."

"Service provider who treated me/talked to me like an equal (e.g. youth outreach workers)."

"Foundry has been incredibly helpful to me, enabling me to fit in time for mental health care by having drop-in counselling, something that is often otherwise a last priority for myself and others."

"Participating in the mental health community is healing."

"Mountainside [Secondary School] is the perfect example of how to build bridges between resources: mental and physical health and school — staff have friendly, personal relationships with students."

- **Well-educated, compassionate workers and school staff**
    - Teachers, school counsellors and other staff who are mental health allies and understand underlying symptoms to challenging behaviours.
    - Teachers and staff trained in mental health who are aware of local resources
    - Introducing mental health in the B.C. school curriculum

- **Step-down care model:**
    - Increased support for transitions between treatment/services
    - Support in accessing benefits (Employment Insurance, etc.), finding employment, etc.

- **Support for parents/family**
    - Family counselling and family coordination (between siblings, parents, and the person suffering)

- **Other approaches:**
    - Trauma-informed practices as opposed to punitive measures
    - A no-guilt approach to self-medication
    - A wide societal desire for improvement in the mental health system

"Having a school [Mountainside Secondary] that is filled with support and that feels like a community helps immensely. Teachers!"

"Family coordination (between siblings, parents, and the person suffering) is very important and I feel like my family was well-equipped and counselled on how to deal with my mental health issues, and those of my siblings. Home life is extremely important in recovery and I felt the coordination between parents and at-risk children was very good at P2 [Adolescent Psychiatry Inpatient Unit]."

"One thing I have seen in my work as a young person with lived experience and as a youth peer support worker is the magnitude of difference it actually makes when families of children and youth going through mental health and substance use challenges are supported in the difficult work it takes as parents or caregivers."

"My mom got to take a course and it helped so much."

"I have had an outreach worker with Child and Youth Mental Health who was phenomenal. She was my favourite counsellor I have ever had as she is so relatable and I built a close relationship with her. She suggested many coping skills and she was a great listening ear who was very encouraging and had a friendly personality."

Specific programs and services:

"Elizabeth Fry Society, Bounce Back, FamilySmart, Canadian Mental Health Association (CMHA)."

"Directions, Foundry, Cove Dove."

"BC Children's Adolescent Inpatient Psychiatry Unit."

"Aboriginal Youth Mentorship Program."

“Youth workers specifically through the North Shore Neighbourhood House.”

“P2 [Adolescent Psychiatry Inpatient Unit] at the [BC] Children's Hospital.”

“CMHA steps and UNYA [Urban Native Youth Association] programming and mentorship.”

“UNYA [Urban Native Youth Association] programming and mentorship.”

“Mountainside Secondary School.”

“Directions Youth Services.”

“The youth workers specifically through the North Shore Neighbourhood House are wonderful.”

“The Be Yourself Group has helped me to find friends who I can relate to in a safe space.”

“Youth advisory committee, Foundry video project, rep for Foundry at presentations for services.”

“Youth-led movements: Youth Advocacy Team (Vancouver) — community and empowerment, first call, Mental Health/wellness/Human rights for youth in care, Federation of BC youth in care network.”

“RCY IYLT (BC Representative of Children and Youth): empowers youth leadership.”

“FamilySmart conferences (Vancouver): includes youth voice, collaboration.”

“Ministry of Children and Family: drop-in youth counselling.”

“My psychiatrist through the HOPE Centre, Dr. [redacted], is fantastic and better than any other psychiatrists I've had. As someone with a Bipolar type 2 diagnosis, I've noticed that not many mental health professionals are well versed in Bipolar so to find Dr. [redacted] was fantastic.”

“Good Heart Good Mind youth wellness conference (Indigenous youth wellness): cultural connection and teachings on wellness.”

“I would urge the Minister to take a closer look at FamilySmart and the work that is being done through this organization.”

Places & models:

“FamilySmart model.”

“Choices" alternate approaches in high school.”

“Look to model of Access and Assessment Centre in Vancouver (near VGH) that offers 24-hour support. If you need support, that’s where you go.”

2. Themes for suggested changes and improvements

- **Upstream education, health promotion and intervention**
    - Promote mental health and substance use education for children, families and teachers in order to raise mental health literacy and reduce stigma
    - Teach life skills (e.g. self-awareness, emotional self-regulation, compassionate listening, how to be a good friend) earlier, as part of the core foundation of schooling
    - Teach children in school about colonization and its lasting impacts
    - Create an easily updated database of mental health/social programs
    - Provide more funding and support for peer-led services (e.g. peer support, peer counseling)
    - Increase access to low-barrier resources, including counselling and other alternative therapies
    - Expand school-based services

- **Increased training and awareness for healthcare professionals and other direct services providers**
    - Educate those interacting with the public, especially police, teachers, etc. to be informed about mental health and addictions and promote empathy
    - Improve training and regulations for psychiatrists

- **Continued youth engagement and involvement in service planning and delivery**
    - Leverage the experience of youth by hiring them to design and run activities and programs
    - Improve training for peer support workers and expand work opportunities
    - More youth-run conferences and events

"Ride the mental health wave!!!! Use all the momentum possible to expand and enhance mental health/substance care. Promote EDUCATION to outside of mental health bubble."

"The thing to improve the system of care should be within the community and there should not be any stigma. I see B.C. in 5 to 10 years as a place where mental health and substance use is not looked as a stigma."

"If a teacher has knowledge about resources, they can pass this on to countless students."

"Educate to de-stigmatize! Not always pretty, but important to talk about colonization. Intergenerational trauma, impact on today's Indigenous people."

"Educate the general public. Make mental health/wellness cool — de-stigmatize!"

"My health journey started in school, got worse in school and got better in school. The fact that I was able to come back full circle was big for my healing."

"Frontline people—doctors, police, parents, teachers—need to know the impact they can cause."

"The priority is for everyone who is going to have an impact on an individual with mental health or substance use to be trained very well."

"FamilySmart type training for ALL youth-serving organizations."

"Youth need to be HIRED to advise and provide perspective and lived experience."

- **Holistic, safe, consistent, integrated and relationship-based services**
    - Promote collaboration between service providers and strengthen information-sharing processes
    - Hire from within communities whenever possible
    - Ensure a trauma-informed and relationship-based approach to service delivery
    - Allow counsellors, case workers and others the flexibility to meet with clients in the community
    - Develop standardized (yet flexible) pathways to care
    - Have one central person who is accountable to each patient (i.e., stays connected to client throughout their journey)
    - Develop more Foundry sites across B.C.

- **Supportive transitions between services**
    - Make the transition from child/youth mental health services to adult mental health services smoother and more cohesive
    - Develop more specific services and programs for youth aged 19-25
    - Create more wraparound services for youth in care
    - Develop effective youth housing solutions, such as assisted living for youth that does not require a youth agreement
    - Bolster supports available in community to ensure people can receive the support they need upon discharge from residential treatment programs

"In my opinion, the important thing is that there are clinics that provide everything such as psychiatrist, doctors, nurse practitioners, counsellors, drop-in hours, peer support, case managers, social workers, group activities, outreach."

"Service providers are often competing for information rather than working collaboratively — they're reluctant to share lessons learned, best practices, good data that leads to good treatment patterns, etc. because they're competing for funds."

"We don't have a good centralized system of collecting info from different agencies, so we aren't aware of all the steps that have already been taken to get someone on the road to recovery."

"Counselling should be relationship-based and not necessarily office-based. Ability for counselling to take place in parks, coffee shop, child's home or school."

"A huge part of why it [BC Children's Adolescent In-Patient Psychiatry Unit] works is because it's a very specific age group (ages 13 to 23-ish). Friends have gone to other inpatient units that aren't only for youth and they didn't feel like they could speak up either because of how young they were or because of discomfort."

"We should have options for the age range 19-24 for assisted housing because it's not fair that you don't have the option if you miss that one option under 19."

"More collaboration between services to make sure people have access to multiple services that they can use at all stages of recovery. It is so easy to fall out of the system because the organization between facilities needs to be improved."

- **Support for Caregivers**
    - Involve a young person's loved ones/support system whenever possible to show youth they are not alone
    - Strengthen professional and peer-based supports available to parents and other caregivers to prevent caregiver fatigue
    - Create more parent support positions much like those available through Foundry BC and FamilySmart

- **Equitable access and reduced wait times for intake, assessment and treatment**
    - More free services available when people need them, including services for 'high functioning' youth—do not decline people service because they are "not sick enough"
    - Sliding-scale fees and expanded Medical Services Plan (MSP) coverage for a broader range of services (e.g., psychologists, art therapy)
    - Expand outreach services and employ more clinicians to ensure more people get connected with services
    - Recruit clinicians from diverse backgrounds (e.g. identity, ethnicity, gender)
    - Prioritize youth in care
    - Address the backlog of services within B.C. schools by reducing cutbacks to counselling time

Improved access in rural and remote communities

- Create more accessible hubs in rural B.C. and closer to First Nations communities
- Offer Skype or call-in services for youth who are on-reserve or in small communities

- **More inclusive and specialized services**
    - Ensure people who identify as part of a minority group (i.e. Indigenous youth,

"Don't put a time limit on people's cases."

"More financially friendly services — $100+ for a counselling session is hard for a young person!"

"I've been to the BC Children's Adolescent inpatient psychiatry unit and I would probably call that the most helpful of the services I've ever experienced. However, it took way too long for me to be able to access the unit. Ideally, intervention and the intake would have occurred sooner before my health had gotten so bad."

"More mental health support at the school level. North Van school district is considering cutting elementary school counselling services by 46 per cent — this is outrageous! Especially considering the counsellors are currently only at school two days per week."

"Every child in care should not face a waitlist for service, they should be an automatic priority as they are the most vulnerable."

"Not a lottery-based system."

"Focus on people who are oppressed on multiple fronts."

LGBTQ2S+, homeless youth, refugees, disabled youth, people with rare disorders, etc.) have access to appropriate services and support groups
- More specialized services for eating disorders
- More support for Post-Traumatic Stress Disorder (PTSD)
- Enhance support for English language learners

"I'm a woman of colour, I'm Indigenous and I'm a member of the queer community. And that means that the kind of service that I need is different and specific and lacking. Currently, our system is catered toward one demographic."

"You have to be very, very ill to get in [to eating disorders programs], and even still there's a lack of specialized services."

Improved harm reduction supports

- Expand harm reduction supports for substance use (e.g., education around safer use, test labs, supervised consumption services sites, etc.)
- Expand access to injectable Opioid Agonist Treatment (OAT) immediately

"Improved emergency room (ER) services — less wait time and no refusals."

Strengthened crisis services

- Expand availability of 24/7 drop-in crisis services
- Ensure safe, comfortable and appropriate treatment in hospitals and residential programs; create more well-rounded hospital environments (healthy food, supportive activities, musical instruments, exercise, access to nature, etc.) and hire more Licensed Practical Nurses
- Expand youth-specific crisis programs and facilities

"During a crisis you're their No. 1 priority and then as soon as you're talking and calmer, it's just like, 'You're fine. Go back to life."

"Keep Indigenous kids in their communities!"

Strengthened services for Indigenous youth

- Expand access to traditional therapies and help people connect with their cultures
- Promote healthy lifestyles within Indigenous communities rather than focusing on social problems that exist
- More intergenerational trauma counselling for every Indigenous child referred to services
- Create one-stop-shops for urban Indigenous youth with access to Elders and other cultural supports: "We need our own space."

- **Augmented funding and status of mental health system of care**

  - Have one system dedicated to mental health just as there is one system for physical health and increase the funding (i.e. address two-tiered system)
  - Address barriers associated with duplication of services
  - Develop better assessment methods and tools for mental health and substance use (MHSU) services to determine which are most effective in the long run
  - Provide funding to ensure mental health workers (including peer support workers) can access professional mental health support, especially for those experiencing vicarious trauma
  - Expand Plan G coverage for all medications that are used for mental health and addictions issues.
  - Offer tax credits for individuals and businesses that give to mental health charities or volunteer to affect change in mental health and addictions in their communities

"If you can pay, you're going to get support. If you can't, you're going to wait nine months."

"Stop treating mental health and addictions separately. People will self-medicate if they don't have the services they need. My brother got kicked around between different services because he didn't have enough mental health issues or because he was using – I lost my brother."

"There is a duplication of services barrier. Often when a youth needs to see a psychiatrist and they are also seeing a counsellor … they have to drop the counsellor because that's what the organizations require."

"We're traumatizing a huge generation of people who are here trying to support. When people die now, I don't feel anything, which is hugely disturbing. My therapist says I'm dissociating. Where's the support for us [peer support workers in safe injection sites]?"

- **Other comments and suggestions**

  - Expand MSP coverage to include dental care
  - Develop better adaptive job supports for people with mental health and/or physical issues
  - Set people up with jobs that match their abilities

3. What gives you hope? And what more needs to change?

"I'm very hopeful that this government is listening and that we are active participants in this. Doing this for other people is doing it for ourselves also."

"I'm really happy that the death of my brother wasn't in vain and that the system is actually changing. People are doing something about it."

"Meetings like this give me hope. I've never been able to share my story with people who can really listen and meeting people with similar experiences has given me a lot of hope and is going to be part of my healing."

"Doing things like this makes me hopeful that we're going to be able to prevent a lot of future tragedies."

"I'm hopeful that we can all get together. A lot of us are of the younger generation going through it who have a real understanding."

"For me, one of the things that I'm hopeful for is the fact that collaboration continues because we all have a different walk of life but for us to come together and be involved and be advocates for other people as well is important and I hope that continues."

"I feel a sense of solidarity with everyone here and I'm left with this feeling that there's so much strength in this room and so much resilience. To channel these difficult experiences into something that will be a beautiful and transformative experience."

"I'm very grateful to have participated in the discussion today and very hopeful that all of us will be able to bring this back to our own communities so that we can share with people who couldn't be here today."

"I'm hoping that it's easier for youth than it was for me to get help."

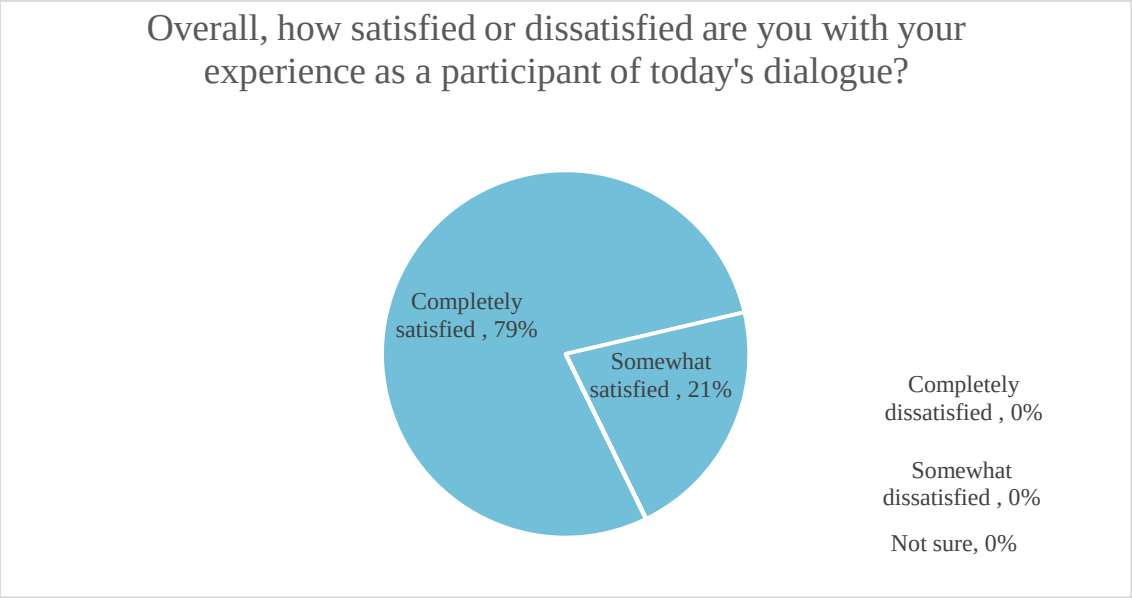
"I'm hoping that youth stay involved in the discussion of youth mental health."

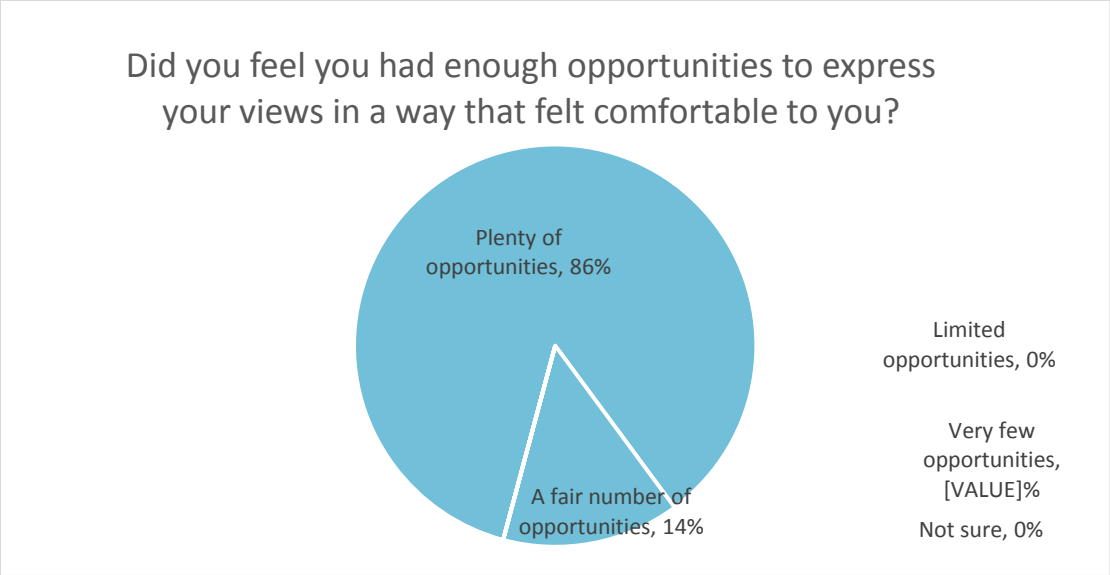
"I feel like change is coming. I feel that this is what youth engagement should look like. This is the first time I've been able to speak my truth and hear others speak their truth."

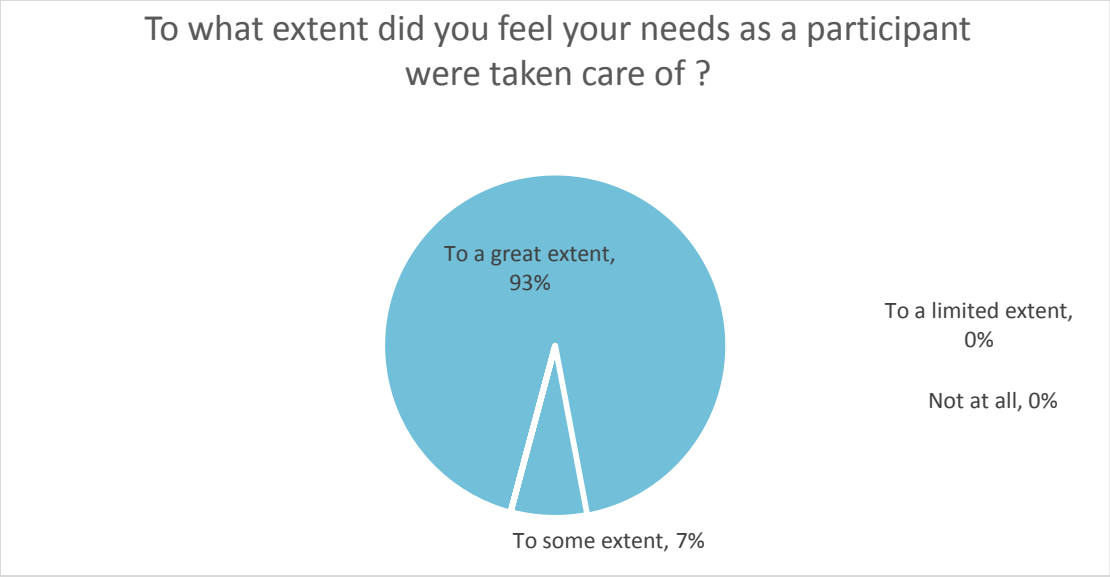
"It gives me hope to be heard and to have this amazing gathering."

"Each one of us has to be proud of ourselves because we all came out today. We all shared ourselves, shared our hearts. Even though we may not make the front page of the newspaper, we all know in our minds that we were behind this change."

4. Participant feedback about the session






To what extent did you feel your needs as a participant were taken care of ?
To a great extent, 93%
To some extent, 7%
To a limited extent, 0%
Not at all, 0%