



Session summary and what was shared:

Neurodiversity and Mental Health: Serving Children Better

About the Symposium Speakers' Series

As part of the Children and Youth with Support Needs (CYSN) engagement, a virtual speaker series was held to connect professionals in the field of child and youth development and disability with British Columbians. The series was also an opportunity to participate in a facilitated dialogue to help inform a new provincial CYSN service approach that is balanced with local situations and individual needs.

This virtual symposium speaker series was open to all British Columbians and provided a unique opportunity to foster collaboration and sharing among families, professionals, service providers, and interested parties. The breakout room discussions provided participants with an opportunity to engage in inclusive conversations, share insights, best practices, and explore research and session learnings through an anti-racism lens.

Session Overview

On Saturday, December 2, 2023, Dr. Charlotte Waddell presented on "Neurodiversity and Mental Health: Serving Children Better." Dr. Waddell is a Child and Youth Psychiatrist, Professor Emeritus and Director of the Children's Health Policy Centre Faculty of Health Sciences at Simon Fraser University.

The presentation focused on childhood mental disorder prevalence, intervention effectiveness, and knowledge resources in understanding child development.

More than 50 people joined this session from areas across the province, representing a variety of perspectives including non-profit organizations, educators, families, and others.

Session Takeaways:

- Relationships are required for creating healthy childhood development conditions. Including family ties and broader community/cultural/environmental relationships.
- Policy making at clinical or broader government levels should involve collective ethical decision-making (balancing the care of individual children with a broader societal perspective).
- North America is seeing increases in neurodiversity in higher-income groups, while socio-economically disadvantaged children are experiencing 1.5 times greater disability rates.

- Understanding the development of mental disorders from infancy to adolescence is imperative for early intervention and support for effectively addressing challenges.
- Nearly 13% of children are experiencing mental disorders impacting their daily lives, yet less than half are receiving necessary treatment. Approximately, 55,000 children in BC require treatment but are not receiving it.
- Mental disorders are the leading cause of child disability globally and estimated costs exceeding \$76 billion annually in Canada.
- Key takeaways for neurodivergent children: providing comprehensive and timely supports and resources according to needs, coordinating health and social care to reduce child and family burdens, offering timely and effective treatments for all children who have mental disorders, building and sustaining welcoming communities who celebrate all children and supporting children and families across their lifespan.

Breakout Room Discussion – What Was Shared

Participants were placed in small breakout rooms (ranging from five to 15 participants per room) for a moderated discussion to discuss this question:

Given all the learnings shared today, what one or two considerations stood out for you when informing a system of services for children and youth with support needs?

The comments reflect participants' lived experiences and ideas for an effective system of services for children and youth with support needs across BC.

Participant comments have been themed into three categories:

1. Service Planning and Coordination: direct planning with families, transition planning (of any type), cross-program/ministry coordination.
2. Service Delivery: direct CYSN Services, wraparound services, workforce considerations.
3. Administration: funding, service processes and pathways (e.g., intake; prioritization), ministry roles and responsibilities (i.e., which ministry is responsible for what), and physical space.

Service Planning and Coordination

Suggestions related to service planning and coordination include offering support at an earlier stage to prevent families reaching a crisis state (due to prioritization practices and resource limitations); recognizing and supporting the full diversity of support needs children and youth present with, regardless of diagnosis. Participant support was expressed for the idea of extending services beyond 19 into adulthood; there was also support for training and learning for professionals working with youth to aid with the transition period. Life span resource pathways should be created so that families know what is available to them as a child or youth ages. Finally, participants expressed the desire for a system to include greater access to integrated Children and Youth Mental Health and CYSN services.

In the context of cross-program/ministry coordination, key points included ensuring continuity of care for youth transitioning into adulthood; providing access to counseling as a crucial element of care; additional training for medical staff, particularly in hospitals, to effectively provide care to children and youth who are non-verbal; and building capacity of service providers who are trained in mental health supports. Another suggestion raised was to bring in pediatricians in a consultative role to serve as specialists to guide doctors in administering medications in

the context of CYSN. Participants expressed a need for updates to inclusive education and policies in the Ministry of Education and Child Care to align funders and service providers. To support greater understanding of the complexities of supports for children and youth, coordination between the Ministry of Health and Ministry of Education and Child Care is essential.

Service Delivery

Suggestions to improve direct CYSN services included:

- Adding services in small cities.
- Expanding definitions of children and youth with support needs to include those with conditions like anxiety.
- Integrating support/treatment for children and youth with aggressive or violent behaviour.
- Navigation support throughout the process so families can access the appropriate resources.

Wraparound services came up often in discussions. Participants agreed the services described in Dr. Waddell's presentation would alleviate the challenges that families are experiencing within the current system. Comprehensive support is needed for the whole family; the concept of walking alongside families to provide emotional empowerment and support resonated with participants. The new system should include more accessibility measures, ensuring parents with disabilities are not discriminated against. The suggestion was made to train mental health consultants to specifically support Child and Youth Specialized Services, as well as to build capacity of service providers who are trained in mental health, emphasizing that such improvements would contribute to the effectiveness of support services. Additionally, it was proposed that the training models for therapists could be funded through the Ministry of Children and Family Development.

Program Administration

There was general agreement that family centered care is essential to an effective system, and families having input and choice into the supports they receive is beneficial. Equitable funding would address many of the challenges described, notably that some children and youth are being excluded from receiving supports based on their needs. It was suggested to tie funding to needs rather than diagnoses. Recognizing the importance of access to counseling, participants suggested it could be linked to mental health services for children and youth. Funding for support should start early, allowing planning at daycare/pre-school levels, which would enable one-to-one support; addressing daycare waitlists in the early years would also help with early planning and support. A new system should include a process to monitor risk factors, such as socioeconomic status, cultural

factors, parental mental health, and parental neurodiversity, to proactively support families who may be more vulnerable.

Participant Questions and Comments Summary:

Throughout the presentation, participants shared comments and questions in the Zoom chat function related to designing a new system for children and youth with support needs:

- Support for Multi-health Challenges: Need for more support for mental health professionals and adequate services for children with both neurodivergent conditions and mental health issues.
- Lifespan Transitions Funding and Resources: Need for more ongoing care and assistance for individuals throughout their lifespans, especially after transitioning into adulthood. Example: adults with a late-life autism diagnosis often lack financial resources to participate in late-life interventions.
- Foundry Funding: More advocacy for increased funding in Foundry Centres (integrated health and wellness services for young people ages 12-24) to address developmental divergencies across the province.
- Shift in Care Model: Emphasis to adopt a strengths-based and neuro-affirmative model in disabilities to better support individuals. Praise for Family Smart as an effective program benefiting families and paid peer specialists supporting the neurodiverse community.
- Paradigm Shift: Importance of recognizing shifting paradigms within contemporary disability care for a more positive impact on families and individuals.
- Information Sharing: More advocacy for developing a system among professionals to share updated information. Outdated knowledge that can affect the care provided to children and families and creates anxiety for new service providers