



RCCbc Site Visits Specialized Report: Youth Mental Health and Addiction Service Successes, Challenges, & Areas of Opportunity

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The following information has been collected from physicians, health administrators, First Nations, nurse practitioners, and municipality members from ~95 RSA communities across the province of British Columbia between January 2018 – March 2020. The current report introduces themes that have emerged through the Rural Site Visits Project. Themes have been extracted using a qualitative analysis program called NVivo and are expanded upon in further detail. All information has been anonymized following ethical protocols and guidelines.

Thematic Highlights

- **Youth mental health, psychiatry, and addiction services are lacking exponentially compared to that of adult mental health, psychiatry, and addiction services; which are also lacking across rural communities.**
- **Youth mental health and addiction needs are not being met across rural British Columbia. A crisis is occurring where a high demand for accessing such services exists across the province, and youth are struggling to receive help.**
- **Youth mental health and addiction successes have involved strong collaboration initiatives between local community-level stakeholders and provincial stakeholders.**
- **Many physicians and nurse practitioners report not feeling comfortable enough or feel that they lack the adequate skillset to treat pediatric mental health patients. More training in this area, or an improved ability to refer to those who do have the necessary training in a time-efficient manner, is needed.**

Mental Health and Addiction Successes

Through various initiatives, participants shared how they found the Child and Youth Mental Health Program to be successful at connecting youth to mental health services and supports that they required access to. One community advocated to keep the program in place for as long as possible given its success.

[Referencing the Child and Youth Mental Health Program] “Which did great work in our area, they did great work in our area and when the funding disappeared for that we advocated again at UBCM and at other levels to try and continue that funding but that left a very big hole. They did some great stuff in the one year. So that would be a service that I would love to see returned...One of the things that the Child and Youth Mental [Health Program] did really well is they brought something to town called [Program X] and that was just a way of connecting people to mental health services. They tested it out at the high school. They put together an app and we’ve managed through our youth centre to maintain the app but it needs more than that...it’s just an example of the work they did to deal with some of the issues you just heard...It was a really good access point for youth to access services.” – Municipality Member



"[We have the Child and Youth Mental Health Program] it's administered under MCFD but they're really good for, like, you can just give the drop-in times to the patients and say 'I think you should go here' and they'll see them there." - Physician

Another successful measure related to mental health services involved the ability for services to be co-located in the same area or building.

"Co-location is huge I think with all the other services too, like mental health. You can walk down and talk to somebody and say 'hey I'm worried about this person can you see them today or tomorrow?' And they're able to do it in the majority of cases so I think that's huge." - Physician

Through collaboration, participants highlighted how they attempt to address youth mental health and substance use with different stakeholder groups in their respective communities.

"The other challenge that we have is around child/youth mental health, youth poverty, [and] youth that are hungry and just in November the child youth advocate of BC released a report...called 'Time to Listen' and I read the report and I wanted to know what learning can we have from that report for [Community X]. [So] I brought together a few [Health Authority X] employees that are working with that population and it started to raise a lot of questions about what's happening here. So, they said, well, we need to bring other people [to the table] - so that small group of conversation has become quite large - and now we have [local First Nation's X], we've got physicians, we've got the school district [and] we have MCFD. So we've been looking at population health around child/youth mental health, substance use, and we've discovered a few things that we want to learn from like the youth that are drinking quite young, violence with youth, the drinking, the using of drugs, a lot of marijuana, and so now we are working with the division that maybe will have some project management and shared care project to help us shape where we want to go with that. This is the type of work that really excites me because it comes from the grassroots conversations, it brings many partners [together] and we are determined to focus on solving some important issues." - Municipality Member

"There has been some work amongst the physicians to go into the schools in [Community X] for mental health." - Combined Partners

"We have another organization called [Organization X] that I'm proud to chair and people are referred for mental health...[there's] a socialization program and [the opportunity for] learning work skills. We run a bunch of programs like the concession at the college...for anyone with a mental illness. They just need to have a referral from mental health to [Organization X]. [Organization X also] provides a hot meal program and all kinds of activities, [to help] get people out of the house and not just sitting at home." - Municipality Member

"[We are] working on a youth and mental health project especially around drug abuse. Found that twenty percent of kids from grades seven to eight delayed the use of marijuana because of the intervention services that have been administered in the community. These programs for child and youth mental health are hoped to be integrated into the Patient Medical Home project through the divisions. [We also hope to] continue the work of the child and youth mental health collaborative [where we have a] shared care project for mental health between divisions and specialists." - Physician



"I think our community has been strong advocates for mental health, and so we now have a youth mental health coordinator that is shared between [Health Authority X] and the Ministry of Children and Family services...So I think there is a lot of integration." - Municipality Member

One participant described how they take a proactive approach towards collaborating and creating local connections with other healthcare providers and stakeholders in their community; and further highlighted how it has benefited their ability to support youth mental health cases.

[In reference to what works well] "In my perspective, it's knowing the players...I first started here three and a half years ago, I went and had coffee with everybody I could get my hands on. So I met with mental health and the clinicians there and [asked] 'What are your requirements? What's your job? What's your job title? What are the forms I need? What are you accepting? What are you not accepting? Where are your referrals coming from?' those kinds of things. So I did that with palliative care, I did that with health, public health. I did that with the councilor at the school...and because I was doing youth clinic I needed to know who I'm going to send these kids [to], what my resources are, and what's the best place to go rather than the back and forth. I'm meeting with [Dr. X] who's a child psychiatrist who comes here, things like that...there is still change over and I still have to keep that up...[so if] I don't have time now for coffee I make it a point to just phone and check in, ask the same questions, make those connections." – Nurse Practitioner

Mental Health and Addiction Challenges

The need for mental health, addiction, and psychiatry services for youth was widely expressed with concern by participants. Participants recalled how youth in their communities feel very underserved; like there are no mental health services available to them.

"Youth mental health, it's just a huge problem. I heard a stat from one of our high school principals, like twenty percent of children are cutting themselves in [Community X]...The youth gave a report card last year and mental health services were given a "C" and they said even when they ask for help, they can't get it, or they get a pat on the head and [hear], 'Yeah, being a teenager is tough,' and 'You'll get through it.' They feel extremely underserved."- Municipality Member

Many participants compared the deficit of adult mental health, addiction, and psychiatric services to youth services; describing how the deficit was far greater for children.

"Child psych services is a crisis here. We're afraid we're going to lose somebody. We've had a death, we've had a child death here from hanging, so it's very serious and our access to child and adult psych services, in general, is a problem, but child psych services is a crisis." – Physician

"I think child [mental health needs] is much worse though in all of [Health Authority X] and...child and youth psychiatry is a massive issue for [Health Authority X]. Even more than adult mental health...we have three psychiatrists in [Rural Community X], two and a half psychiatrists in [Rural Community Y]. We have psychiatrists for adult and older youth, but we just don't have it for children. And there's about four vacancies for child and youth psychiatrists in [Health Authority X] at the moment which means we have about a third of what we're supposed to have." – Physician



"We do need more mental health counsellors and those who will take care of the pediatric age group when it comes to mental health issues. We are shut off [from referring] youth [to] mental health workers cause the adults ones will not see our pediatric patients. So currently we're shut off mental health counsellors in the community." – Physician

"I think mental health services for children and youth are probably more of a problem because there's lots of turnover in the Ministry of Children and Families and, of course, there continues to be this disconnect; children's mental health is somehow different than adult mental health, which is different than health." – Physician

The need for youth mental health and addiction services was further emphasized by many participants across the province.

"[We have] been without a child and youth mental councilor for eight to nine months. Only assigned one clinician for the whole [region] through MCFD. There are a lot of vulnerable youth and no one to refer them to...Feel like [we] are totally failing children." – Physician

[Regarding mental health service deficiencies] "Yes, it's major here." – Physician

"...and youth mental health would be the two big areas of need." – Health Admin

"Our actual mental health counsellors are based out of [Nearby Rural Community Y]. They're not based out of here...Where we're lacking would be the acute care piece for that. And child and youth [mental health services]." – Health Admin

"...and more alcohol, drug [services] especially for youth. [We] could use some more of that." – Health Admin

The availability of psychiatric specialists and the capacity that's required to currently meet the mental health and addictions needs for youth, was explained by participants as a major challenge.

"Where I see shortfall is in mental health, especially for youth. There's a huge waiting list for youth and we have more youth than you can imagine that are self-harming, depressed and all sorts of issues which are things you know grow into worse problems if they don't get support early. That's the biggest deficiency that I'm aware of." – Municipality Member

"Mental health is always an issue. There's a big need for mental health services and that's always short." – Nurse Practitioner

"The other challenge that we have is around child/youth mental health...if we could have a child psychologist in [Community X] [it would be ideal] because the two psychiatrists are adult. They [would] look after younger, but they just don't have the capacity." – Health Admin

"[With regards to] mental health the crisis is with children. [The need] Isn't covered by a child psychiatrist that can't attach and only see four children each time they visit twice a month." – Combined Partners

"[We are] still lacking in youth and adolescent psychiatrist. One is available only once a month." – Physician



“Childhood mental health also at risk because [positions for these services are] not consistently filled.” – Physician

“We’re down to one psychiatrist. The waitlists are up to two to three months to see them. We’ve been working for twenty years to get mental health involved in the emergency department and bring them closer into where the acute psychiatric problems exist, and we haven’t been able to do that. Ministry of Children and Families has never provided support to the hospital or the GPs in terms of dealing with psychiatric issues in youth. We’ve had this whole opioid crisis...it’s swept through this community and killed many, many people. There’s been no adequate response from Mental Health and Addictions. We’ve tried to engage them and bring them into the emergency department when these people show up with their overdoses and so on, and it’s just never happened...there’s not a robust program, it doesn’t meet the needs of the community or the doctors working in emergency or the doctors working in their offices. We see these people slide through the cracks...that’s just one of the themes here.” – Physician

Many physicians and nurse practitioners shared how they felt that they lacked the necessary training to effectively treat pediatric mental health cases, yet pressure exists to attend to such cases at the primary care level.

“[There is] incredible pressure at primary care level to look after the mental health issues, in particular children and youth services...[There is] pressure to deal with eating disorders, transgender care, etc.” – Nurse Practitioner

Feelings of “pressure” were further described by participants, who noted the distress that such service demands created on newer health care professionals entering the field.

“Thirteen years ago there was a clinician in the role and the only way he coped was by turning off his emotions. It is not possible to provide services to the whole [region] and have all the suicidal teens on your plate between the three communities and driving back and forth. Since then they have had serial younger [health professionals] who get some experience but leave in tears [and] never pipe up advocating for change in the model.” – Physician

The pressure and lack of pediatric mental health knowledge felt by general practitioners was further highlighted through their experiences involving the Compass program.

“When we used to have actual pediatric psychiatrists come into town they were never here, but they would come and now nobody does. But what I’m finding with pediatric – well, with psych in general, is they’ll do something they’ll – you can use maybe the Compass program, but there is a lot more leaning on the family physician to carry things out – and instead of whoever that they’re seeing continuing with the patient – and to a degree that’s okay. But then when you start becoming sort of the main person for absolutely everything, it becomes too much... And there’s a point where there’s lots of that – that is what we like about it. But I find that it’s starting to be – the responsibility feels heavy. They’re, like, here’s my advice to you. You deal with this kid who’s totally out of control in all arenas. See what you can do. And that’s, to me, unacceptable.” - Physician

“Particularly with the Compass program. They prefer not to see the patients themselves. They will under exceptional circumstances...it’s a great service to provide advice. It’s an amazing service to provide advice



to family physicians, but they don't take on – we have people struggling – to see these kids, we don't have the expertise. I never did any child psychiatry going to medical school...as family doctors, we're expected to do all these things that we never were trained to do...we learn to do it on the fly...in a small town you learn to do – you have to just learn to do everything. And actually, there's actually no-one to teach you to do it. You just kind of learn on your own.” – Physician

Where to go from here? Areas of Opportunity

Participants allude to ways in which youth mental health can be addressed and/or improved upon.

Proposed Action: Simplify the mental health pathway so it becomes easier to navigate for children, parents, and families.

*“If you were to look at this community and our other communities, I would say access to mental health services is probably the biggest gap that we have...[for] both [adults and children]...the youth and child is complex because it intersects with multiple ministries so you've got the MCFD and [the Ministry of Mental Health and Addictions, FNHA etc.]...the challenge that we have is the way the service is supporting children and youth in general, not just specific to mental health, the way that that's set up right now, you're still going to have that intersect with MCFD and it's – you know, it's how do you streamline that in a way to make access to services more straightforward? I think – it's too simplistic to be able to divide the two, I think...So now we've got four [ministries] essentially [just dealing with youth mental health]...So I agree, I **think finding a way to simplify that would make a lot of sense.** I'm just struggling to know how you could do that with that intersect with so many ministries.” – Health Admin*

“[We] have concerns about the ministry further fragmenting to cover addictions and mental health. The ministries are mandated to work together by the NDP, but we need to hold them accountable. Need to get beyond the political [stuff] to get the care provided to children.” – Physician

Proposed Action: Increase mental health training curriculum/opportunities geared towards youth to provide to each other.

*“We've been doing some youth engagement for our youth engagement strategy, so I went to the youth centre and spoke with a bunch of kids and listened to what they felt they needed. Some of the kids were Indigenous and one of the comments...this is getting a bit more into mental health but...they commented that when they're in crisis, there's usually not someone available to talk to them. Like it could be days. And when they're in crisis, you need help right then and there. But, following up on that, they said, 'But, to be honest, even if there was [someone available], when I've gone to MCFD or whoever, I feel like they made things so much worse. They come in, and just...and so I don't trust going to anyone.' And for them, the solution they expressed was to be able to go to their friends. They depend on their friends and their friends are the only ones they trust, and **the ask from them was more training for kids.** So kids knew how to help each other, knew safe ways to direct their friends to the right places. And that came across quite strongly.” – Municipality Member*

[In reference to substance abuse/addictions services being well provided] “The kids didn't think it was [being well provided]. They had some real concerns about this. And this is a group of higher-risk youth, but they didn't feel supported in that.” – Municipality Member



Proposed Action: Develop/administer training that can allow physicians/nurse practitioners to gain knowledge and confidence on how to help pediatric psychiatric patients when access to specialist supports are limited.

*“Particularly pediatric mental health. We definitely have an issue with that because we find it easier to transfer out an unstable mental health adult patient than a pediatric patient. It’s harder to get a pediatric patient out and we don’t have anything for them in the hospital. Like the setup in the hospital is not somewhere where I’d want my own child to be in. Like in a pink room. It would be nice to have it a little bit more access [to Urban City X]...we end up keeping a child here that’s not able to leave because they’re unstable but it’s not a great environment for them...**And we are not very good at treating children with mental health. Like as physicians I don’t feel as comfortable treating a child with mental health as I do treating an adult. We just don’t have the knowledge. I don’t have any pediatric psychiatric training. I’d rather treat the pregnant lady than the child really, so I don’t know how the other people feel but that’s definitely lacking.**”- Physician*

Concluding Summary

In conclusion, youth experiencing mental health and addiction challenges, and the rural providers who are attempting to help such cases, require better support than what is currently available. Challenges across rural British Columbia include the inability for youth to access adequate mental health and addictions care in an appropriate amount of time, and primary care level-pressures that are experienced by health care providers who feel uncomfortable offering such supports in the absence of receiving adequate training in the pediatric mental health and addictions field.

Successful initiatives in these areas were demonstrated in communities that were able to collaborate with others, and could be one way of addressing some of the challenges that are highlighted. As recommended by participants and the youth in their communities, future actions to improve service gaps include additional training for healthcare providers residing within rural communities, additional training/educational opportunities and resources geared towards youth specifically, and the creation of methods that allow for providers and patients to more-easily navigate and access current mental health and addiction pathways that exist within the province to date.