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CHILD & YOUTH MENTAL HEALTH SERVICE FRAMEWORK

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DOCUMENT HISTORY

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INTRODUCTION

The mental wellbeing and resiliency of children and youth in the context of their family¹, community and culture are essential. It contributes to their overall development and ensures they are able to thrive and reach their full potential. The Ministry of Children and Family Development (MCFD) works within a broader system of care that supports health and development through an array of child and youth mental health and substance use services.

Acknowledgements

The Child and Youth Mental Health (CYMH)² Service Framework was developed jointly by the MCFD CYMH Policy Branch, Service Delivery Division, and Provincial Practice Branch. Contributions from ministry staff, external partners, youth and families —via forums and other engagement – informed the development of this Service Framework and are greatly appreciated.

Purpose

This CYMH Service Framework is intended to provide direction to enhance consistency and quality of the **clinical services**³ that are provided province-wide by MCFD CYMH teams based in communities.

The Service Framework is considered a “living document” and will contribute to future MCFD, cross-government and cross-sector strategic planning. MCFD will ensure ongoing alignment of the CYMH Service Framework with MCFD’s Strategic Framework and [A Pathway to Hope](#) established by the Ministry of Mental Health and Addictions and cross-government partners. Implementation of the Framework will take place in a phased manner with recognition that there are gaps in some core and specialized services. These gaps are more common in rural and remote settings where recruitment, retention, and the size of teams present unique challenges. Addressing these gaps may require new processes, resources or other solutions that are not currently in place. A review and update of this Service Framework will occur by February 2021.

Scope

The scope of this Service Framework includes CYMH services provided through MCFD and contracted CYMH services provided by Intersect Youth and Family Services, and Vancouver Coastal Health (referred to as “contractors” in this document). The Framework is available to and may also be useful for other MCFD CYMH and Indigenous CYMH contracted agencies.

The Service Framework is intended for MCFD leaders and staff who are responsible for delivering CYMH services; however, it may also be beneficial to other provincial organizations and service providers who support the mental health and wellbeing of children, youth and their families.

¹ “Families” in this document may include relatives, caregivers, close friends, supportive people or Indigenous community members.

² Throughout this document, “CYMH” includes “Indigenous CYMH” services unless otherwise specified. The Ministry is moving towards consistent use of the term ‘Indigenous’ rather than ‘Aboriginal’. ‘Indigenous’ is inclusive of First Nations, Métis and Inuit people.

³ Words defined in the glossary are bolded in purple the first time they are used in the document.

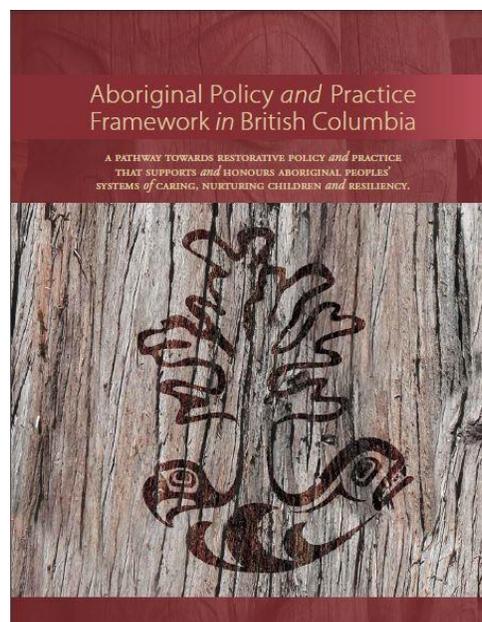
CYMH Mandate

MCFD's CYMH teams and contractors provide voluntary, *evidence-informed* mental health services to people under 19 years of age (within the context of their family and community) who experience mental health challenges and disorders that significantly impact their ability to function across a variety of settings and situations. CYMH teams provide additional services in the areas of prevention, risk-reduction, community education and consultation, and work in collaboration with other service agencies to ensure services are appropriate, relevant, *culturally safe* and inclusive.

Commitment to Reconciliation with Indigenous Children, Youth, Families and Communities

The design and delivery of CYMH services will align with and support government's commitment to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and the Calls to Action of the Truth and Reconciliation Commission. This means that MCFD is committed to work with **Indigenous** communities to develop culturally safe strategies and plans that contribute to the work of reconciliation.

In alignment with work supporting reconciliation and to better meet the needs of Indigenous children, youth and families/caregivers, CYMH teams will utilize the [Aboriginal Policy and Practice Framework](#) (APPF), which offers guidance on holistic, strengths-based, collective and relational approaches to enhance the restorative impact of services.⁴ The approaches outlined in the APPF have relevance and value across individuals and cultures and, as such, are integral to the delivery of CYMH services. The following APPF values underlie how CYMH teams should endeavor to engage with individuals, families/caregivers, communities, cultures and service providers, and are fundamental to all aspects of the planning and provision of services: Respect, Inclusion, Truth Telling, Wisdom, and Belonging.



⁴ Available online at: <https://www2.gov.bc.ca/assets/gov/family-and-social-supports/child-care/aboriginal/abframework.pdf>

Keeping the Family at the Centre

In a family-centred approach, the individual is continuously viewed in the context of their family, culture and community. Family-centred services build on informal support systems instead of relying solely on professional services⁵. “Families” in this document may include relatives, caregivers, close friends, supportive people or Indigenous community members. CYMH supports family skill-building activities that engage families/caregivers as active partners in planning and treatment that supports responsive relationships with their child or youth in order to strengthen the core life skills they need to become healthy functioning adults, and to reduce sources of stress in the family⁶.



OUR SERVICES

Planning and Delivery of Services

CYMH services are planned and delivered through a variety of teams and contracts within the province’s Service Delivery Areas. Most teams provide mental health services for all children and youth, while some teams and/or contractors provide mental health services specifically for Indigenous children and youth. All services should be provided in a trauma-informed, culturally safe, family-centred way.

Core Services

The six *Core Services* on the following pages should be available through each CYMH team across the province.

⁵ Source: https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/families_at_the_centre_full_version.pdf

⁶ Source: Center on the Developing Child, Harvard University



Referral & Intake



Service Definition

This initial process facilitates trauma-informed, culturally safe access to appropriate, inclusive mental health services and supports for children and youth with mental health challenges, their families/caregivers and communities.



What should the service achieve?

- Access to intake through walk-in clinics and/or other intake processes including office-based or outreach, as appropriate;
- Eligibility and urgency determination;
- Referral to culturally safe and appropriate information, supports and services in a timely manner.



Who is eligible?

Children and youth with mental health concerns and their families.



What can service recipients expect?

- A ministry-approved, standardized, and culturally safe screening interview that informs the objective identification of needs and strengths, and prioritizes services based on urgency;
- A child-, youth- and family-informed initial supports and service plan;
- Wait time information and monitoring during a waiting period;
- Coordination of referrals and linkages to other supports and services for those who do not meet criteria for CYMH services;
- Follow up to confirm access to community supports;
- Information sharing that respects confidentiality/privacy and safety;
- Sensitivity to youths' autonomy in decision-making.



Initial Services



Service Definition

Initial Services consist of an array of early interventions available to meet the needs of individual children and youth who are beginning CYMH services. Initial services are intended to be brief and time-limited following completion of the intake process. Initial services may be all that a child, youth and family/caregiver requires or they may be provided prior to more comprehensive assessment and treatment services.



What should the service achieve?

Provide the least intensive service appropriate to the needs of the child or youth and their family; Foster resilience, readiness and motivation; Build child, youth and family awareness and skills for managing mental health challenges.



Who is eligible?

- Children and youth with presenting mental health needs;
- Children and youth with more complex and severe needs who have stabilized after a crisis and require support while waiting for more intensive services.



What can service recipients expect?

- Discussion regarding options for services;
- A defined, time-limited intervention;
- Plan for next steps, if applicable.



Assessment Services



Service Definition

Comprehensive and holistic **bio-psycho-social-spiritual** mental health and other specialized assessments are completed to inform diagnosis, intervention and support planning in the context of informing mental health treatment (assessment is not a “stand-alone” service).



What should the service achieve?

Information gathered from an assessment assists the clinician to develop a culturally safe treatment plan.



Who is eligible?

Children and youth who, on the basis of screening, demonstrate the presence of clinically significant mental health difficulties, signs or symptoms, and have evidence of significant functional impairment in daily activities .



What can service recipients expect?

- A structured, culturally safe clinical diagnostic interview;
- Information collected from other important people in the child's life including family/caregivers, teachers, physicians and other care providers;
- Identification and provisional diagnosis of mental health issues;
- A brief initial assessment report;
- Discussion of treatment recommendations;
- Dialogue about confidentiality and information-sharing.



Therapy & Intervention Services



Service Definition

Include an array of trauma-informed, culturally safe, evidence-informed interventions and **wise practices**. **Psychotherapeutic interventions** are intended to address clearly articulated goals, reduce or eliminate the impact of mental health symptoms, and improve overall mental wellness and functioning.



What should the service achieve?

- Reduction or elimination of symptoms and improved functioning;
- Engagement of the child or youth, family/caregiver and community to build awareness and skills for managing mental health challenges.



Who is eligible?

Children and youth who experience mental health challenges and disorders (e.g. anxiety, depression, obsessive compulsive disorders, trauma, dissociative disorders, and disruptive disorders) that significantly impact their functioning across a variety of settings and situations.



What can service recipients expect?

- A culturally safe treatment plan based on assessment, clinical team expertise, and input from child, youth and family (including legal guardians) perspectives;
- An understanding of confidentiality among child, youth, family and others involved in treatment;
- A clear treatment description, and clear explanation of the child, youth, and family's role;
- Individual, family or group psychotherapeutic intervention;
- Information on what defines the completion of treatment.



Consultation Services

	<p>Service Definition</p> <p>Includes general and child-specific consultation, with each functioning as a means of building capacity and supporting problem solving to facilitate improved mental health outcomes.</p>
	<p>What should the service achieve?</p> <ul style="list-style-type: none"> • Provide information and education to another program/agency, professional or the general public as part of promotion, prevention, capacity building or professional development. • Appropriate and culturally safe information and supports, informed by an enhanced understanding of children and youth's mental health needs.
	<p>Who is eligible?</p> <p>Consultation may be provided to other MCFD program areas, and to communities, service providers and families/caregivers, as required, to support capacity building.</p>
	<p>What can service recipients expect?</p> <p>Consultation from a mental health clinician providing information and/or advice in relation to a specific mental health concern, including assistance accessing appropriate services and supports.</p>



Urgent Response

	<p>Service Definition</p> <p>CYMH teams respond to urgent needs where feasible and appropriate (e.g. during core service hours), though teams do not provide crisis intervention services <i>per se</i>.* This involves both intervening directly and coordinating with hospital and community emergency and crisis services to support stabilization. CYMH teams would be involved in urgent care needs for children, youth and families/caregivers that they are currently seeing, and would also work with community partners to ensure that any child or youth in need is able to access crisis services.</p>
	<p>What should the service achieve?</p> <ul style="list-style-type: none"> • Capacity to respond in a timely way or facilitate a response to mental health emergencies during office hours as per local protocols for crisis response co-ordination with service partners; • Rapid and appropriate action and coordination of needed crisis intervention services to achieve stabilization.
	<p>Who is eligible?</p> <p>Children and youth who are experiencing a psychiatric crisis, manifesting acute symptoms accompanied by extreme deterioration of behaviour, and which may involve risk of serious harm to self or others.</p>
	<p>What can service recipients expect?</p> <ul style="list-style-type: none"> • A culturally safe, rapid response to a mental health crisis; • Direct or facilitated access to stabilization services.

*Crisis intervention itself is a community-wide, shared responsibility often requiring coordination of a variety of service partners, including crisis teams, hospital and other community programs.

Specialized Services

Core Services apply to all children and youth receiving CYMH services. Specialized Services are for children and youth who may have additional or unique needs that require clinicians to have specialized training, competencies and expertise – which is not always possible to have available on each CYMH team. Specialized Services are available locally, regionally, and/or provincially through CYMH teams, contracted agencies and/or partnerships with health authorities (or provincial) services.

Leadership within each Service Delivery Area ensures children, youth and their families/caregivers can connect to these Specialized Services through established care pathways. Care pathways, informed by clinical practice guidelines, ensure services are child-, youth- and family-centred, easy to navigate and responsive to their needs.

Specialized Services include the following:



Key Processes

Key processes are activities that support the delivery and quality of core and specialized service functions but are not direct clinical services themselves. They shape how services are designed and delivered to ensure the highest quality care experience. Key processes are informed by the foundations of relational, family-centred and evidence-informed/wise practice.

Collecting, Documenting and Sharing Information

- ✓ Children, youth and families are informed of their privacy rights, what/how information is accessible to them, and consent to the collection, documentation and sharing of personal information.
- ✓ Children, youth, families and practitioners understand the importance of documenting information to support their care and safety.
- ✓ Practitioners understand the importance of using best practices, legislation, and policies and standards in information-sharing that support collaborative care, while maintaining privacy rights. Collecting and documenting also supports organizational planning and reporting.

Multi-Disciplinary Approach

- ✓ A balance of relevant disciplines supports the capacity of teams to meet varying mental health needs for diverse populations.
- ✓ Practitioners are familiar with scopes of practice and value other professional perspectives.
- ✓ When a key discipline is not represented on a team, team members will collaborate with off-site practitioners from that discipline when appropriate.

Integrated/Collaborative Approach

- ✓ At a systems level, service integration can improve client outcomes while promoting effective and efficient use of resources among multiple service partners.
- ✓ There is no universal approach to service integration. It can occur at provincial, regional and local community levels. Examples may include (but are not limited to) partnerships with health authorities to provide specialized services, school-based mental health services, wellness centres/hubs, and integrated service delivery teams.
- ✓ At a client level, integrated case management supports wrap-around care that can include collaboration among children, youth and families/caregivers, and a variety of service partners. Integrated case management includes approaches to support mental health care needs, as well as social, vocational and academic functioning. For example, stemming from *A Pathway to Hope*, Integrated Child and Youth Teams are being introduced in five school districts which will include mental health, substance use and other services across the continuum of health.
- ✓ MCFD will continue to support integration at system and client levels to improve outcomes for children, youth and families/caregivers by building on existing integration models and implementing new best practice approaches.

Transition Support/Follow-up and Monitoring

- ✓ Follow-up communication from a CYMH clinician occurs to ensure a successful transition.
- ✓ Children and youth who are transitioning from CYMH team services to another service provider, or are at the completion of CYMH services, should experience a seamless, supported process.
- ✓ Identification and coordination of needed transition supports at an early stage minimizes disruption in the care experience.
- ✓ Adequate information about the reasons for transfer to another provider, along with the child, youth and family's full participation in decisions related to the transition process, are essential.

Quality Assurance/Improvement

- ✓ MCFD Quality Assurance plays a critical role to oversee, support and report on the quality of CYMH services.
- ✓ Quality improvement efforts provide high standards of care for children, youth and families/caregivers.
- ✓ Quality improvement activities draw from child, youth and family feedback, provincial directives, academic literature, program evaluation and outcome data, research and best-practice literature and clinical experience.

Supervision and Training

- ✓ In order to provide effective clinical supervision, team-based case consultation and appropriate support to practitioners, CYMH team leaders/clinical supervisors maintain relevant knowledge and expertise (e.g. child and family development; mental disorders and diagnostic criteria; mental health assessment, formulation and treatment planning; evidence-informed treatments; and program review).
- ✓ Supervisors support practitioners to develop knowledge and competencies in core and specialized areas of clinical practice through culturally informed education, training and access to external clinical consultation, where appropriate.

Flexible and Responsive Service Delivery

- ✓ Flexibility improves access, offers a cost-effective means to address unmet needs, meets children and youth where they are at, and helps to address stigma.
- ✓ Better service reach can be achieved by delivering services flexibly across different locations (e.g. in-home; school-based partnerships with districts; community hubs; mobile walk-in intake clinics; Foundry Centres; or Indigenous communities), at varying times (e.g. outside of usual office hours), and by different means (e.g. in-person, online, or via videoconferencing, telehealth, or mobile apps).
- ✓ A new initiative within *A Pathway to Hope* is emerging for Step Up/Step Down services to provide an intermediate "step up" from regular community services, or a "step down" for children and youth transitioning out of hospital or acute care. This level of service is intended to provide children and youth who have severe or complex mental health and/or substance use conditions with an additional service option to meet their needs.

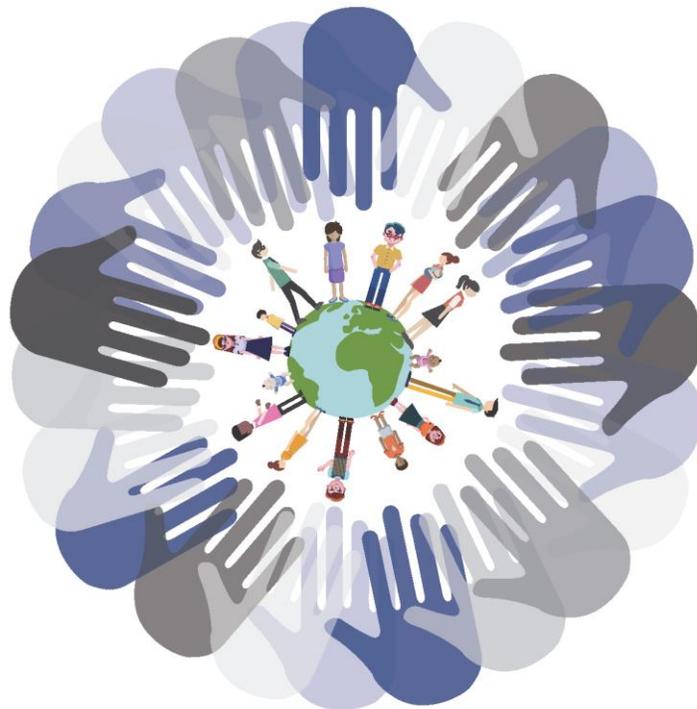
CONCLUSION

The CYMH Service Framework will contribute to cross-government and cross-sector strategic planning, and will be updated as required to maintain alignment with other initiatives within MCFD and the broader mental health system, including:

- MCFD’s Strategic Framework;
- The Ministry of Mental Health and Addictions’ strategic direction and *A Pathway to Hope*; and
- The development of a cross-system Tiers of Service Initiative (being led by Child Health BC).

The Service Framework will be implemented within MCFD while engaging with other ministries, health authorities, school districts, Indigenous communities and other community partners.

Supporting the mental health and well-being of children and youth is everyone’s responsibility. The CYMH Service Framework represents one part of a large collective and collaborative effort to enhance the consistency and quality of child and youth mental health services in BC.



GLOSSARY

Bio-Psycho-Social-Spiritual – An approach that views health and well-being holistically and considers the child, youth and family’s physical, psychological, social and spiritual needs.

Clinical Services – Mental health services provided by a mental health professional that has qualifications, skills and training in assessing and treating mental health disorders.

Cultural Safety – A “sacred space where culture can be freely expressed, shared, learned and supported.” Cultural safety is a theory and practice that takes into account power imbalances, institutional discrimination, colonization and colonial relationships as they apply to social policy and practice. Cultural safety involves actively exploring and challenging complex power relationships including the way that bias, stereotyping, discrimination and racism manifest in these contexts.⁷

Evidence-Informed – The integration of the best available research with clinical expertise in the context of child, youth and family’s characteristics, culture and preferences.⁸

General and Child-Specific Consultation – General consultation is providing information on mental health topics to build knowledge and skills in members of the general public, other professionals and Indigenous communities. Child-specific consultation is in relation to a specific child, youth and their family.

Inclusive – Inclusion is the respect, recognition and support of all peoples, regardless of race, age, sexual orientation, ethnicity, gender identity or ability. Inclusion creates an environment that incorporates difference and strives for equity among all peoples.⁹

Indigenous Communities – The term refers to peoples native to an area. This term holds an international context rather than a national one, and is used to refer to the original inhabitants of any given area, typically regarding colonized nations. There is no single recognized definition of “Indigenous.” The UN understands the term based on the following indicators: self-identification as Indigenous; historical continuity with pre-colonial societies; connection to territories and the resources within; distinct sociopolitical, cultural, linguistic and spiritual belief systems; typically experience marginalization; and, are motivated to maintain ancestral ways of being¹⁰. Includes First Nations, Métis, and Inuit groups.

Leadership – May include Executive Directors of Service, Directors of Operations and Team Leaders.

Psychotherapeutic Interventions – The use of psychological and pharmacological means in the treatment of emotional, mental or physical disorders.

Wise Practices – A way of approaching Indigenous community practice and knowledge exchange that utilizes the traditional knowledge base of Indigenous peoples and acknowledges the relevant and dynamic contextual nature of Indigenous peoples’ and communities’ experiences and contemporary approaches.¹¹

⁷ Extracted from the BC Ministry of Children and Family Development’s *Aboriginal Policy and Practice Framework*

⁸ Source: American Psychological Association

⁹ Source: <https://news.gov.bc.ca/files/Definitions.pdf>

¹⁰ Source: <https://news.gov.bc.ca/files/Definitions.pdf>

¹¹ Extracted from the BC Ministry of Children and Family Development’s *Aboriginal Policy and Practice Framework*