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British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Role and Effectiveness of Primary Care

Action: Develop and implement mental health and substance use training modules and support physicians in the application of the new skills, practices and tools for diagnosis, treatment and follow-up of adults and youth, through the Practice Support Program.



B.C.'s Practice Support Program offers focused training sessions for physicians. Two training modules have been developed to build capacity to address common mental health problems in primary care, thereby reducing reliance on specialized mental health services. The adult mental health module provides family doctors with tools to screen and treat patients for depression and other mental conditions based on cognitive behavioural therapy. The child and youth mental health module helps physicians identify, assess, manage and treat children and adolescents with mild to moderate mental health disorders and work with families, mental health services, school counselors, psychiatrists and pediatricians. www.gpsc.bc.ca



Fraser Health Mental Health and Substance Use (MHSU) continues to promote the Practice Support Program mental health module. An MHSU/GP collaborative care process has been developed, which is being piloted in Maple Ridge and Abbotsford. Final processes will be adjusted and finalized based on feedback from GPs and MHSU clinicians. Plans are in place to expand the process to other communities in 2013.



Primary care physicians have been taking the Practice Support Program mental health training modules for adults and children to become aware of the assessment tools – as well as self-management supports – that are available to patients and the public.



British Columbians with mild to moderate mental health and/or substance use problems

	<h2 style="text-align: center;">Enhance the Role and Effectiveness of Primary Care</h2>
	<p>Interior Health is supporting the roll-out of the Practice Support Program on child and youth mental health with the related community partners (e.g., physicians, child and youth mental health workers, school personnel, youth substance use workers) in various communities. This program uses early screening and a collaborative process to streamline the service provision and support for children and youth with mental health or substance use related issues.</p>
	<p>The Ministry of Children and Family Development (MCFD) provided consultation to the development of <i>Integrated Primary and Community Care: Models of Mental Health and Substance Use Care</i>, which was released in 2012. In Nanaimo, the MCFD child and youth mental health (CYMH) and Aboriginal CYMH teams, in partnership with the Vancouver Island Health Authority child and youth psychiatric services and a local paediatrician, are using a form of shared care to provide their community with a single intake system for children and youth experiencing mental health problems and their families in order to facilitate timely access to the most appropriate care.</p>
<p>Action: Continue the development and encourage the use of the Community Healthcare and Resource Directory.</p>	
	<p>Northern Health's Mental Health and Addictions has participated in the development of the database of mental health and addictions services for the Community Healthcare and Resource Directory (CHARD) and Healthlink BC. They participate in ongoing monthly meetings with CHARD to ensure accuracy and availability of information for physicians in the north.</p>
	<p>The Fraser Health Mental Health and Substance Use program is working closely with CHARD staff to update all Fraser Health mental health and substance use services information to ensure accuracy and clarity of information.</p>



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Enhance the Role and Effectiveness of Primary Care

Action: Establish opportunities to support physicians to take the time to establish individual care plans for patients with mental health and/or substance use problems.



Physicians now have access to sessional contracts to provide services for clients with mental health or substance use problems.



Northern Health is developing integrated primary care for clients in communities across the north. Mental Health and Addictions is actively involved in working with Primary Care to ensure services are connected and aligned.

Action: Develop, implement, and evaluate shared care models for services to children, youth and adults experiencing mental health and/or substance use problems.



The Vancouver Island Health Authority shared care project, also known as the Collaborative Psychiatry Outreach service, exemplifies how enhancing relationships among family physicians, psychiatrists, and community mental health and addiction resources can deliver improvements in client care. Success indicators include increased psychiatric consultations in communities, increased educational sessions directed to family physicians and community care providers, increased number of integrated treatment plans developed, and increased client and community provider satisfaction. www.viha.ca



British Columbians with mild to moderate mental health and/or substance use problems

	<h2 style="text-align: center;">Enhance the Role and Effectiveness of Primary Care</h2>
 	<p>The shared care project, also known as the Collaborative Psychiatry Outreach service, exemplifies the memorandum of understanding that was developed between VIHA Youth and Family Substance Use Services, Children Youth and Family Mental Health, and Adult Mental Health & Substance Use Services, in partnership with the Ministry of Children and Family Development. The Collaborative Psychiatry Outreach service is delivered in the context of a community consultation/liaison model by providing psychiatric consultation in the framework of an ongoing relationship between the family physician, the psychiatrist, and community mental health and addiction resources. There is no doubt that community collaboration has been enhanced through the relationships that have developed as a result of this service, enabling enhanced client care and a stronger foundation for continued improvement. Indicators include increased direct and indirect psychiatric consultations in the community; increased educational sessions directed to family physicians and community care providers; increased number of integrated treatment plans developed; and increased client and community provider satisfaction levels.</p>
<p>Action: Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems.</p>	
	<p>Work is nearing completion on the update of the <i>Family Physician Guide for Depression, Anxiety Disorders, Eating Disorders, Early Psychosis, and Substance Use Disorders</i>. This guide will be available online and includes screening tools, diagnostic guidelines, medication and non-medication approaches to treatment, crisis management, patient resources, and new sections on trauma informed practice and family friendly approaches. The family physician guide will be translated into five languages.</p>
	<p>Primary care physicians have been taking the Practice Support Program mental health training modules for adults and children to become aware of the assessment tools – as well as self-management supports – that are available to patients and the public.</p>



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Role and Effectiveness of Primary Care



The Ministry of Children and Family Development, together with the Ministry of Health and psychiatry consultants, revised the *Family Physician Guide* (2008). The revisions include:

- Adding material on family mental health, child and adolescent depression, anxiety and Attention Deficit Hyperactivity Disorder. The same information was published as handouts that could be given to parents.
- Aligning the guide with the training material from the recently completed B.C. Medical Association Practice Support Program modules on child and youth mental health.
- Inserting information on promoting infant social-emotional development.



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Enhance the Availability of Evidence-Based Therapy

Action: Increase the capacity of clinicians to deliver evidence-based treatment services using various levels of intensity and in a variety of settings.



The Ministry of Health has conducted interviews with all six health authorities regarding current capacity for provision of psychotherapy for all client groups, service gaps, and opportunities for development. The information gathered through these interviews is currently being analyzed and will ultimately form the basis of a guiding document for the health authorities.



The Clinical Improvement Steering Committee supports practice improvement for the Fraser Health Mental Health & Substance Use team, including contracted community agency staff, in a wide number of core clinical competencies. Over 1300 participants accessed learning opportunities in 2011/2012, including:

- Change Talk Motivational Dialogue education series, 2011-2012 (attendance: 386)
- Pacific Psychopharmacology conference: Sept. 30, 2011 (attendance: 170)
- Hoarding workshop: Nov. 14, 2011 (attendance: 80)
- Building Community: Fostering Relationships & Links, rehabilitation & recovery learning exchange : June 3, 2011 (attendance: 146)
- Geriatric conference: Jan. 26, 2012 (attendance: 72)
- Cognitive Behavioural Therapy workshop: Feb. 9–10, 2012 (attendance: 150 in-person, 60 through videoconference)
- Families are Part of the Solution: A Strategic Direction for Family Support and Inclusion: Feb. 28, 2012 (attendance: 140, including about 60 family members)
- Cognitive Behavioural Therapy twelve week seminar: Feb. 29 - May 16, 2012 (attendance: 9 mental health and substance use clinicians, 3 external clinicians)
- Clubhouse learning exchange: March 1, 2012 (attendance: 53)



British Columbians with mild to moderate mental health and/or substance use problems

	<h2>Enhance the Availability of Evidence-Based Therapy</h2>
	<ul style="list-style-type: none"> • Reflecting on Group Work: Community of Practice, Conceptual Update and Challenges, group therapy learning exchange: March 22, 2012 (attendance: 88 Fraser Health staff, 22 substance use services contracted staff) <p>In addition, training was provided to mental health and substance use staff in recovery centred clinical system. The recovery model has been implemented within tertiary sites as well as in 24/7 residential settings:</p> <ul style="list-style-type: none"> • three-day orientation training for 40 Cedar Ridge staff. • four-day orientation training for 60 Timber Creek staff. • four-day training for rehab staff and other Fraser Health staff. • three-day training for 10 Assertive Community Treatment team staff. • Community residential program recovery centred clinical system phase 1 implementation complete – four sites. Document revision for phase 2 complete. Revised residential care plan (24/7 facilities) to align with recovery model. • Two one day training of community residential program case managers, managers of care and clubhouse reps completed. • On-site training (two hour sessions) with seven community residential program facilities completed.
	<p>Through the Drug Treatment Funding Program, Northern Health has run core addiction program training, as well as motivational interview training in communities across the north. The training has included Northern Health staff, community agency staff, staff from other ministries, as well as Aboriginal organizations both on and off reserve.</p> <p>To develop sustainability and enhance community capacity, staff from these organizations have been identified and are being trained as train the trainers.</p>
	<p>VIHA has developed a prototype capacity-building strategy in complex care, the objective of which is to develop an increased ability to manage patients recently discharged from mental health units (acute and tertiary level). The strategy focused on the environmental needs of the residents to have reduced stimulation and appropriate programming. This included staff education regarding responsive behaviours and mental health conditions,</p>



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Availability of Evidence-Based Therapy

transition tools with a person-specific checklist or care plan, and enhanced support from the mental health outreach team to assist during the transition period. An evaluation of the prototype is planned for 2013, followed by an expansion of the initiative.

Action: Develop and implement an action plan for the delivery of evidence-based Eating Disorders services across the continuum.



Eating disorders are serious conditions that can result in significant emotional or psychological trauma for patients and families, and in some instances premature death. In 2008, 60,000 British Columbians were diagnosed with an eating disorder. Work continues on the implementation of the *Provincial Action Plan for Eating Disorders* to improve the system of care for children, youth and adults with eating disorders. System planning actions completed or significantly underway over the last year include:

- An evidence-based model for the continuum of eating disorders services, from promotion of healthy eating and prevention of disordered eating through to tertiary care for people with severe or persisting illness.
- An inventory of all eating disorder services in British Columbia

Multidisciplinary clinical guidelines and protocols for early intervention and treatment of eating disorders will be completed by March 2013.



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	<h2 style="text-align: center;">Enhance the Availability of Evidence-Based Therapy</h2>
 <p>BC Mental Health & Addiction Services An Agency of the Provincial Health Services Authority</p>	<p>B.C. Mental Health & Addiction Services (BCMHA) has developed the B.C. Centre for Excellence in Eating Disorders to increase knowledge and build capacity among hospitals, clinicians, community providers, patients and families in the province. The centre works with the Provincial Specialized Eating Disorder program (located at B.C. Children’s Hospital and St. Paul’s Hospital), extending specialized services throughout the province. Eating disorders health literacy continues to be a focus with new resources such as the Eating Disorders Meal Support Video, now publicly accessible through the BCMHA Kelty Mental Health Resource Centre. www.keltymentalhealth.ca</p>
 <p>northern health the northern way of caring</p>	<p>Northern Health’s Mental Health and Addictions has developed a continuum of services for eating disorders in the north and a screening process to ensure clients receive appropriate levels of treatment following assessment. The Northern Health Eating Disorders program showcased its model that includes addiction issues.</p>
 <p>VANCOUVER ISLAND health authority</p>	<p>VIHA has developed a regional action plan for eating disorders. The timeframe for implementation of the plan is to be determined, pending required resources.</p>



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Enhance the Availability of Evidence-Based Therapy

In 2012, Vancouver Coastal Health (VCH) carried out the following work in relation to eating disorders:

Prevention:

Convened the VCH Eating Disorders Prevention working group, whose aim is to develop an eating disorder prevention action plan. The goal is to implement the plan by April 1, 2013. Specific goals include:

- Identifying the role of public health in the prevention of eating disorders/disordered eating.
- Identifying linkages to other regional and provincial programs – VCH Secondary Eating Disorder program; Healthy Families BC; Healthy Minds, Healthy People.
- Ensuring services are based on evidence/best practice.
- Ensuring consistency with provincial standards and guidelines.
- Establishing standard regional approaches.

Secondary:

- The VCH Eating Disorders program celebrated its first anniversary in October 2012. They have received close to 350 referrals – the majority have been assessed and received treatment.
- Shared care services have been extended by the VCH Eating Disorders program to both the Richmond Eating Disorders program and the North Shore Youth Eating Disorders program (formally the Be Real Clinic). This includes family therapy, community outreach, meal support and groups.
- Secondary clients from the Healthy Attitudes program, St. Paul’s Hospital Eating Disorders program and BC Children’s Hospital have been transitioned to the VCH Eating Disorders program.

Tertiary:

- VCH has actively participated in the development of the new tertiary model of care.

Regional:

- A VCH advisory committee has been established to facilitate system improvements. The purpose of this committee is to provide leadership and strategic planning across VCH regarding the cross-continuum care of eating disorder services and programming ranging from prevention through to tertiary care and to make recommendations in developing appropriate resources based on identified gaps and barriers. Members include: Public Health, Primary Care, Mental Health, BCCH/PHSA and PHC, psychiatry and pediatrics.

- Continued participation in the Provincial Eating Disorders Network and the Promoting Healthy Weights Sub Group.
- Continued participation in the Provincial Communities of Practice.





British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Availability of Evidence-Based Therapy



The Ministry of Children and Family Development (MCFD) has provided consultation to the implementation of the recommendations in the eating disorders action plan, which is building upon current provincial strengths and initiatives and maximizing collaboration among regional health authorities and MCFD. During 2012, this has involved:

- The development of provincial multi-disciplinary clinical care guidelines for people with eating disorders. These guidelines cover the full continuum of care, and include tools for assessment, treatment, monitoring and follow-up services. Development of the guidelines involved input from primary, secondary, and tertiary practitioners; MCFD regions and health authorities; professional disciplines; and child, youth, adults, and families who experience or have been impacted by eating disorders.
- The redesign of the provincial Adult Tertiary Eating Disorder program and the VCH Secondary Eating Disorders program, which includes a youth focus.



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Capacity of Community-Based Mental Health and Substance Use Services

Action: Enhance availability of evidence-based community mental health and substance use services for children, youth and adults by improving provider training and supports.



Evidence indicates there is a relationship between trauma and mental health and substance use problems. Services that take trauma into account improve treatment results. The second phase of the Trauma Informed Practice project, led by the Ministry of Health in partnership with the Ministry of Children and Family Development, builds on the work undertaken in 2011 and is focused on finalizing a guide to be released in early 2013. The guide places a greater emphasis on different populations and settings where people who have experienced trauma may be found and highlights the organizational and knowledge exchange requirements necessary to support effective practice.



The Core Addictions Practice curriculum is a provincially-shared resource designed to introduce information, theories and concepts about dependence on alcohol and other drugs. It is also used to develop strategies and skills needed for identifying, assessing, counseling or referring clients with substance use issues. The curriculum is delivered to substance use service providers within the health authorities.



The second phase of the Trauma Informed Practice (TIP) project builds on the work undertaken in 2011 and is focused on finalizing a guide, including a TIP organizational checklist, a strategic knowledge exchange, and an implementation process to support uptake. The guide has been expanded to place a greater emphasis on different populations and settings where trauma may be found, and to highlight the organizational requirements necessary to support trauma informed practice. A final report will also be developed to outline the major themes that emerge in the knowledge exchange workshops and from feedback received on the organizational checklist, including major themes on opportunities or barriers for implementation and recommendations for future work that could be undertaken to support trauma informed practice.



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	<h2 style="text-align: center;">Enhance the Capacity of Community-Based Mental Health and Substance Use Services</h2>
	<p>Consultations with health authorities and other partners indicated the need to develop evidence-based psychosocial withdrawal management guidelines to support the provision of both youth and adult withdrawal management services across a variety of settings. The aim is to increase the capacity of community- and home-based youth and adult withdrawal management services, as well as more traditional facility-based withdrawal management. Supporting withdrawal management across a variety of settings increases accessibility and allows people to withdraw in a setting of their choice. The guidelines will support service providers from various disciplines, including primary care, to assist people in the withdrawal of substances and promote recovery.</p>
	<p>VIHA's Mental Health and Addiction Services (MHAS) practice resource team has revised its <i>Introduction to Integrated Practice</i> core curriculum learning modules, which are offered on a regularly scheduled basis for MHAS staff in their first six months of hire, as well as for staff needing to augment or refresh their training. The curriculum addresses the integrated core competencies required by clinical and para-professional staff working in MHAS. Learning modules are available through a combination of regularly scheduled classroom sessions and e-learning modules. In addition, VIHA carried out a Mental Health Community Education course in October 2012.</p>



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Capacity of Community-Based Mental Health and Substance Use Services



Ministry of Children and Family Development (MCFD) child and youth mental health (CYMH) practitioners across the province continue to receive evidence-informed training in specialized therapeutic approaches including cognitive behavioural therapy for anxiety, trauma focussed cognitive behavioural therapy, interpersonal psychotherapy, recognizing and responding to suicide risk, infant mental health, dialectical behaviour therapy, dual diagnosis (mental health/developmental disability), and early psychosis intervention training.

Examples of additional MCFD regional trainings include:

- The Vancouver Island CYMH team facilitated Connect Parent training for 40 community and MCFD practitioners through the Maples Adolescent Treatment Centre.
- A Nanaimo Aboriginal CYMH outreach worker was trained as a trainer to provide Reaching In Reaching Out, an evidenced-based resiliency program, with community partners.
- A Trauma-Informed Practice program in Fraser East has included all MCFD service areas, as well as community partners, to build knowledge and improve practice across service providers.
- The Refugee Trauma Support project in Fraser provides evidence-based trauma treatment for refugee families through collaboration between federal agencies responsible for supporting refugees, adult mental health, and MCFD CYMH.

Over 2012, MCFD and the health authorities provided consultation to include child and family perspectives in the development of the *Trauma Informed Practice Guide*, which will be released early 2013.

MCFD staff are members of the ADHD Task Force. The task force activities scheduled for 2012/13 include:

- Conducting an environmental scan, needs assessment, and gap analysis of ADHD initiatives, programs, and services throughout the province.
- Hosting regional workgroups, which include MCFD CYMH representatives, to contribute to this analysis.
- Using existing evidence-based ADHD standards and guidelines to develop a tiered model of supports and services available to assist children and youth with ADHD, as well as their families. The new support model will serve as a guide for planning and service delivery throughout the province.



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	Enhance the Capacity of Community-Based Mental Health and Substance Use Services
	<p>Through the Drug Treatment Funding Program, Northern Health has run core addiction program training as well as motivational interview training in communities across the north. The training has included Northern Health staff, community agency staff, staff from other ministries, as well as Aboriginal organizations both on and off reserve.</p> <p>To develop sustainability and enhance community capacity, staff from these organizations have been identified and are being trained as train the trainers.</p>
	<p>The Core Addictions Practice (CAP) curriculum is a provincially-shared resource designed to introduce information, theories and concepts about dependence on alcohol and other drugs. It is also used to develop strategies and skills needed for identifying, assessing, counseling or referring clients with substance use issues. The curriculum is delivered to substance use service providers within the health authorities.</p> <p>To ensure the CAP curriculum remains evidence-informed, reliable and valid, issues related to stewardship and curriculum development are being addressed by the CAP enhancement project. The first phase of the project, completed in 2012, has been the creation of an updated master version of the CAP facilitators' and participants' manuals, including updated content, activities, handouts, slides, and reference materials. The second phase of the project is an options paper summarizing lessons learned and suggested options for stewardship, sustainability, access for learners, fidelity, assessment of learning, and future expansion or linkages (to be completed by March 2013.)</p>



British Columbians with mild to moderate mental health and/or substance use problems

	<h2 style="text-align: center;">Enhance the Capacity of Community-Based Mental Health and Substance Use Services</h2>
	<p>Increased capacity among service providers is required to respond effectively to individuals and communities with substance use issues, and to reduce the risks and harms related to problematic substance use. The Certificate for Interprofessional Substance Use Practice (CISUP) project focuses on increasing access to good quality education in core substance use practices for workers in a variety of systems and a variety of types of community settings. The CISUP project involves development and implementation, on a sustainable basis, of a post-baccalaureate substance use certificate through Thompson Rivers University's schools of Social Work and Human Services, Nursing, and B.C. Open Learning. The courses and certificate will be designed to: meet identified educational needs; support the integration of primary health services and quality service delivery when individuals of diverse backgrounds (not necessarily substance use practitioners) are providing services; and enable graduates to meet the Canadian Centre on Substance Abuse national competencies.</p>
	<p>A web-based curriculum aimed at direct and contracted youth substance use practitioners in the health authorities and regional child and youth mental health workers in the Ministry of Children and Family Development (MCFD) was originally developed in 2009 through a partnership between the Ministry of Health and MCFD. Besides enhancing training, the intent behind this curriculum has also been to better support collaboration between practitioners in the health authorities and MCFD workers.</p> <p>The specific objectives for this curriculum are to:</p> <ul style="list-style-type: none"> • Expand practitioner knowledge and understanding of youth substance use and child and youth mental health • Provide a common language and understanding of each other's areas of practice and systems of care that supports trust building and respect • Promote collaborative practice to increase access and coordination of services for youth with mental health and substance use problems. <p>This curriculum, entitled <i>Building Capacity for Collaborative Practice: Working with Youth with Mental Health and/or Substance Use Problems</i>, has been delivered to 230 practitioners to date.</p>



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	<h3>Enhance the Capacity of Community-Based Mental Health and Substance Use Services</h3>
	<p>The Early Psychosis Intervention advanced practice pilot is led by Fraser Health and the Ministry of Health, in partnership with the regional health authorities, the Ministry of Children and Family Development and the Provincial Health Services Authority.</p>
<p>Action: Improve reach of low-intensity programming including self-management and supported self-management tools such as the Dealing with Depression program for youth; Strongest Families for children, youth and parents; and the Bounce Back program for adults.</p>	
<p>Many people who are affected by mental health and substance use problems that are mild to moderate in severity can be helped by low-intensity interventions that do not involve one-to-one therapy with a specialist. New technologies involving web-based and telephone delivered programs are expanding our service reach by providing access to education, self-help resources and guided treatments for individuals and families who may not otherwise receive help. Health authorities and non-government organizations have developed several programs that expand the options for people with mild to moderate problems. Examples of these low-intensity intervention programs include:</p>	
	<p>Help for Families of Children aged 3 to 12 with Behaviour Problems: The Strongest Families program, delivered by the Canadian Mental Health Association B.C. Division and supported by the Ministry of Children and Family Development, is an evidence-based program that addresses mild to moderate behaviour problems in pre-school and school age children. These issues often present challenges at home, school and in social or recreational settings. The program has demonstrated behaviour improvements in children whose parents have participated. The program is delivered by trained coaches to parents and/or caregivers via telephone in the comfort and privacy of their own homes at times that work for family life, and at no cost. www.cmha.bc.ca</p>



British Columbians with mild to moderate mental health and/or substance use problems

	<h2 style="text-align: center;">Enhance the Capacity of Community-Based Mental Health and Substance Use Services</h2>
 <p>BC Mental Health & Addiction Services <small>An Agency of the Provincial Health Services Authority</small></p>	<p>Help for People with Depression: An interactive online resource for youth has been developed by B.C. Mental Health & Addiction Services. This resource is based on the <i>Dealing with Depression: Antidepressant Skills for Teens</i> workbook, originally created through a grant from the Ministry of Children and Family Development. www.dwdonline.ca</p> <p>The Bounce Back program, funded by the Ministry of Health and delivered by Canadian Mental Health Association branches throughout the province, offers telephone coaching in a structured self-help program for adults affected by low mood. A self-help DVD is also available. www.cmha.bc.ca</p>
	<p>Help for Early Psychosis: Early detection of psychosis in youth or young adults greatly increases the chance of a successful recovery. Many families struggle to make sense of the symptoms associated with the onset of psychosis. A new <i>Dealing with Psychosis</i> toolkit, developed by Fraser Health, provides families with information on early identification and optimal interventions. The tool kit has been disseminated provincewide and is available at www.psychosissucks.ca.</p>
	<p>Funded by the Ministry of Health, Fraser Health led the development of the <i>Dealing with Psychosis</i> toolkit, which has now been disseminated across the province and is available on the Fraser Health website, with links from the Ministry of Health, B.C. Schizophrenia Society and psychosissucks websites.</p>
 <p>Canadian Mental Health Association <i>Mental health for all</i></p>	<p>During the period of October 2011 through September 2012, the Canadian Mental Health Association B.C. Division has provided the Strongest Families program to 272 families (86 families have completed the program and 186 families are currently in varying stages of the program). Referrals have been received from 116 different physicians across the province. Preliminary outcome data (parent rating scales) indicates very positive improvements in child behaviour, parent mood, and family functioning, with a very low attrition rate of 8.5 per cent. No further promotion of the project has taken place due to the fact that program capacity was so quickly reached. The pilot phase will be completed in March 2013 and additional funding is required to support continuation of this program.</p>



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Capacity of Community-Based Mental Health and Substance Use Services

Action: Promote service provision opportunities outside of traditional office-based practice, and enhance the provision of outreach services, and services provided in settings such as homes, schools and jails.



McCreary Centre Society

The McCreary Centre Society, on behalf of the Ministry of Health, has engaged over 60 youth from around the province in focus groups and interviews to better understand their unique challenges, strengths and insights. Knowledge and perspectives from specific vulnerable youth populations, such as street-involved, aboriginal, and LGBT2SQ youth, have been collected. The McCreary Centre Society is using this information to develop a report outlining youth-driven recommendations. These recommendations will help inform service planning moving forward to improve system responsiveness to the needs of vulnerable youth populations.



In Northern Health, outreach services are provided within youth and adult mental health and addictions programs and include going into homes, schools, shelters and jails.



A new mental health and addiction services wellness program is being planned, with a pilot to be launched in a Victoria community recreation centre. Meanwhile, VIHA has expanded their Assertive Community Treatment teams to include Port Alberni and Campbell River.



British Columbians with mild to moderate mental health and/or substance use problems

	<h2 style="text-align: center;">Enhance the Capacity of Community-Based Mental Health and Substance Use Services</h2>
	<p>While Fraser Health’s Mental Health and Substance Use teams have been working collaboratively with the RCMP and municipal police forces for many years informally, a growing number of formal partnerships have taken shape in recent years to the benefit of both the organizations and the populations they serve. These partnerships range from education and training in crisis intervention and interacting with youth with mental health and substance use issues, to on-the-ground partnerships that strengthen outreach and urgent response to individuals experiencing a mental health or substance use crisis.</p> <p>A number of educational and training opportunities are provided through this partnership, including crisis intervention training, and RCMP youth mental health and addictions workshops. On the front lines, the formal operational partnership with RCMP has been enhanced through Car 67 in Surrey (providing rapid crisis intervention, assessment and referrals to individuals experiencing a mental illness), and through partnerships between Delta mental health and Delta police, which has expanded to other communities. In 2011, partnerships between Abbotsford mental health and substance use (MHSU) and Abbotsford police, as well as between Chilliwack MHSU and Chilliwack RCMP, were implemented. In 2012, new partnerships have been implemented in three more communities, including partnership between Maple Ridge/Pitt Meadows MHSU and Ridge Meadows RCMP, Langley MHSU and Langley RCMP, and Burnaby MHSU and Burnaby RCMP (in development).</p> <p>The Surrey Assertive Community Treatment (ACT) program commenced in February 2012, and a graduated ramp-up to a full client load is underway, with 52 clients enrolled in the program as of September, and 80 active clients planned by March 2013. The program is fully staffed, the housing broker contract has been awarded and clients are experiencing excellent clinical outcomes. In addition, a new ACT team will be implemented in January 2013 to serve New Westminster and Tri-Cities, with capacity to serve 80 to 100 clients.</p>
	<p>Ministry of Children and Family Development (MCFD) Aboriginal Child and Youth Mental Health teams in Fraser South and Fraser East offer outreach as a primary strategy to engage families. In addition, the team includes a multicultural clinician that has connected with local temples to better engage their large Indo Canadian population. MCFD and Trinity Western University have secured space in a new Abbotsford secondary school to support the provision of school-based mental health services.</p>



British Columbians with mild to moderate mental health and/or substance use problems



Enhance the Capacity of Community-Based Mental Health and Substance Use Services

Action: Enhance the use of tele-mental health services for mental health and substance use problems.



Over the last year, the use of videoconferencing has been expanded to provide psychiatric services to children, youth and their families in several northern communities in British Columbia through a partnership between the Ministry of Children and Family Development and psychiatrists in Children's and Women's mental health program. Through this telehealth project there has been an increase in consultations and follow-ups, with psychiatrists seeing an average of one to three new children and youth per week and new opportunities for psychiatrists to engage in case discussions and education with local clinicians. Feedback indicates high satisfaction for clients and providers, with increased accessibility, reduced wait times, reduced travel for families, reduced costs, and an ability to provide urgent consultations within several days. This form of telehealth is also being used in a small, remote Vancouver Island community to respond to children and youth dealing with mental health challenges.

www.bcwomens.ca



Vancouver Island Health Authority's seniors health program has instituted geriatric psychiatry telehealth video conferencing for clients in the rural regions of the North Island. This service is supplementing outreach visits and providing ongoing team consultations for challenging cases. Mental Health and Addiction Services (MHAS) co-management is working with VIHA's telehealth department to expand telehealth and its linkage to MHAS services and contracted services in the region. www.viha.ca/seniors_health



British Columbians with mild to moderate mental health and/or substance use problems

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 	<p>In cooperation with Simon Fraser University's eHealth department, the Ministry of Health has conducted a best-practices review on the use of telemental health and substance use services, including emerging technologies. This knowledge, along with a review of existing practices in health authorities will guide the province in identifying opportunities to appropriately move technology forward in B.C. mental health and substance use care.</p>
	<p>The TeleHealth for Mental Health and Substance Use Literature Review, conducted by the eHealth department at UBC, was completed. Next steps will include publication and dissemination of the material.</p>
	<p>Northern Health Mental Health and Addictions has implemented telehealth in a number of communities throughout the north where there are no resident psychiatrist services. Northern Health has also entered into memorandums of understanding with the Ministry of Children and Family Development and Adult Forensics around the use of Northern Health video conferencing equipment to assist them in providing clinical services.</p>