

Healthy Minds, Healthy People

A Ten-Year Plan to Address Mental Health
and Substance Use in British Columbia

Monitoring Progress:
First Annual Report
2011



Supplementary Document

A comprehensive listing of progress towards Actions during Year 1 implementation of *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in BC*.

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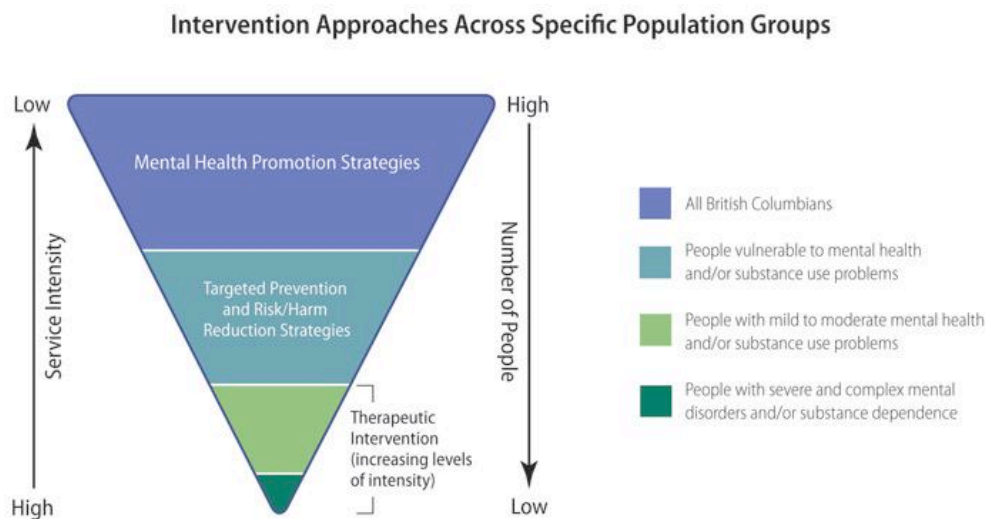
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All British Columbians

The goal for all British Columbians is to increase their capacity to achieve and maintain sound mental health, as well as creating environments in which the healthy choice is the easy choice. Building strengths, resilience and enhancing healthy living are key objectives as they equip people to thrive, to cope with adversity, and to make health-promoting decisions.

The four priorities for all British Columbians:

- Promote mental health in early childhood and throughout life
- Reduce harms associated with substance use
- Reduce stigma and discrimination
- Inform the health system and educate the public



Promote mental health in early childhood and throughout life

Mental health promotion aims to build an individual's strengths and capacities, improve his/her ability to cope with adversity, and create supportive community environments.

The focus of mental health promotion is different for each stage of life. Initiatives focusing on children will help set the groundwork for healthy development and lifestyles that can be sustained into adulthood. Support for families facilitates positive cognitive development, social and self-regulation skills for their children and youth. With youth, it's important to take into account normal risk-taking and to foster cultures and create environments in which the healthy choice for young people is the easy choice. For adults, creating environments that support mental health, such as healthy workplaces, are important. For older adults, strong interpersonal and community connections and opportunities for physical activity are key.

Enhance programs and services that promote maternal and family health and healthy early childhood development

The Vancouver Island Health Authority (VIHA) Youth & Family Substance Use Services and Public Health is taking the lead on the "Her Way Home" initiative. The initiative will be a South Island service for pregnant and parenting women with substance use and/or mental health issues. The program will include a drop-in service, child-minding and a residential component. The program focuses on assisting women through a "one-stop shop" model to access flexible, responsive and respectful services that the women believe will be of benefit to themselves and their children. The program will include, but is not limited to:

- perinatal services;
- nutritional services;
- reproductive health services;
- assistance with housing;
- income assistance;
- parenting supports; and
- substance use and mental health counseling.

Screen women in the perinatal period for mental health and substance use-related risk factors and provide appropriate follow-up

Work is underway to build upon the activities commenced in the ActNow BC, Healthy Choices in Pregnancy initiative launched by the B.C. government in 2005. This initiative included education and training for health care professionals, integrating a trauma-informed approach to counselling women about alcohol use in pregnancy. The Healthy Choices in Pregnancy Provincial Education and Resource Development [website](#) provides resources for service providers to engage and support women at risk of alcohol use in pregnancy, including resources for individuals, families, and communities that promote healthy pregnancies, mothers, and infants.

In 2010, the Society of Obstetricians and Gynaecologists of Canada released a new clinical practice guideline for alcohol use and pregnancy. This guideline seeks to make alcohol screening and support for women at risk a routine part of any visit with a health care professional. The Ministry of Health has promoted and encouraged health care professionals use this guideline through promotion of the resource in the physicians' newsletter.

Universal approaches to identify, assess, and/or screen all pregnant women for key risk factors such as alcohol, other problematic substance use and depression has been highlighted as a key priority area to impact maternal health outcomes in the Core Public Health Functions for BC: Model Core Program Paper Reproductive Health and Prevention of Disabilities. Public health across the province acknowledges the benefits of universal Edinburgh Postnatal Depression Scale screening and is in various stages of progress in implementing universal screening and education.

Fraser Health's Mental Health & Substance Use Perinatal Depression Strategy was implemented in 2008, in which perinatal depression screening is highlighted. Training is provided to public health program educators and, as of July 2011, public health is leading the screening component. Home health screens all women six to eight weeks postpartum. Women identified as high risk are being screened prenatally.

Enhance universal programs that promote social-emotional, cognitive development and resilience in children, youth and families such as StrongStart BC and FRIENDS

StrongStart BC early learning programs give children (birth to age five) early access to high quality learning. At the same time, parents can learn new ways to support their child's learning both in the program and at home. Currently, there are 326 StrongStart BC programs across the province. See more information [here](#).

FRIENDS for Life (FRIENDS) is a program delivered in schools that teaches children how to cope with fear, worry and stress. It is shown to reduce anxiety and promote self-esteem in children. In 2011, the Ministry of Children and Family Development expanded FRIENDS by:

- Delivering training to over 550 grades 4 to 7 teachers from district and independent schools including 20 Aboriginal teachers;
- Implementing “Fun FRIENDS” - a version of FRIENDS designed for kindergarten and grade 1 students. Over 600 teachers across B.C. are now trained to deliver the program; and
- Enhancing the FRIENDS Parent program to include an online workshop and resources for caregivers.
- See more information on FRIENDS [here](#).

[Support full-day kindergarten opportunities for children across the province](#)

Full-day kindergarten helps children develop strong social, emotional, physical, language and cognitive skills. Research shows that full-day kindergarten can also help improve literacy and graduation rates. In 2010, the Ministry of Education began phasing in universal access over two years. Full-day kindergarten is now available for all eligible children in British Columbia. See more information [here](#).

[Continue to implement Healthy Infant and Child Development – a core public health program](#)

The goal of the Healthy Infant and Child Development core public health program is to maximize the healthy physical, emotional and social development of infants and children, from seven days to five years of age (up to the sixth birthday). The specific objectives are to:

- Protect, support and enhance infant and child physical health, emotional health, intellectual and cognitive ability, social knowledge and competence, language and communication skills;
- Increase systemic support for promoting and maintaining healthy environments and healthy early childhood development at family, community, school and regional levels;
- Enhance the early identification of infants and children living in conditions of risk;

- Prevent or reduce vulnerabilities and risks that represent a threat to healthy infant and child development, including the prevention of disease, disability and injury; and
- Reduce the health disparities experienced by vulnerable populations of children.

The Ministry of Health continues to collaborate with health authorities in the development of plans and strategies to outline provincial priorities and establish policy, best practices and service frameworks to maximize infant and early childhood health and development; prevent disease, disability and injury; and provide early interventions.

Implementation of the core model programs occurs at the health authority level and focuses on consistent evidence-based public health service delivery.

The Healthy Infant and Child Development core model program evidence review identifies enhanced home visiting programs that target specific populations, such as at-risk families, teen parents, or specific ethnic groups as evidence-based best practice. The Ministry of Health, in partnership with the health authorities, is working towards implementation of the Nurse-Family Partnership program, a home visiting program that supports first-time pregnant low-income women and has proven intervention effects on the health and social well-being of mothers and their children.

[Promote mental health within schools and post-secondary institutions through comprehensive school and campus health activities that improve health and outcomes, and encourage the development of lifelong skills, attitudes and healthy behaviours](#)

Post-secondary students must deal with some major life changes. They may be away from home and family support networks for the first time. The workload is often huge and may be more than they are used to. Lack of rest and strained finances may also cause concern. In response, some turn to alcohol or other psychoactive substances to relieve stress and, in some cases, anxiety and depression.

The Healthy Minds/Healthy Campuses Initiative, a B.C. Partners for Mental Health and Addictions Information project funded by B.C. Mental Health and Addiction Services, facilitates communication and action within and among colleges and universities, their communities and researchers. The overall goal is to support the mental health of post-secondary students and foster healthier relationships with alcohol and other psychoactive substances. The Healthy Minds/Healthy Campuses initiative supports an online space for campus community members to share information and strategies used in the campus context, and an ongoing Community of Practice for promoting mental health and less harmful substance use on campus. The initiative also engages campus

administration in addressing mental health and substance use problems on campus, and fosters student involvement in campus mental health promotion activities.

In November 2011, a Healthy Minds/Healthy Campuses Summit brought together students, counsellors, campus professionals, faculty, administrators, community organizations, government representatives and others in dialogue about their role in cultivating campus responses to mental health and substance use. Hosted by the Canadian Mental Health Association-BC Division and the Centre for Addictions Research of B.C., with support from the Ministry of Health, the summit enhanced understanding of how “upstream” and “systems” thinking can be applied to campus mental health promotion and healthy substance use strategies. It addressed how policies in college and university environments can be used to promote mental health and reduce risky substance use, and encouraged delegates to collaborate with provincial and local colleagues around problems, challenges and opportunities relating to mental health and substance use issues unique to their own campuses.

[Use the Neighbourhood Learning Centre platform and partnerships with local government to promote mental health and wellness for families and strengthen community connections](#)

Neighbourhood Learning Centres (NLCs) are schools that host programs and services in their facilities to support the unique needs of their communities. NLCs are inviting places where people of all ages can access education, community services, health care, recreation, and cultural opportunities seven days a week, twelve months a year – promoting the well-being of the entire community.

Each NLC is unique and developed locally through a collaborative approach that reflects the unique needs, assets and potentials of each school and community. This consultative approach encourages strong partnerships among schools, families and the wider community, including Aboriginal peoples and other cultural groups. Through these relationships, NLCs can reduce barriers to services and maximize accessibility for vulnerable children and families.

NLCs are ideal locations to deliver services that support mental health and well-being for families. School-based health services can offer an integrated range of services including mental health appraisals, early identification, referrals, treatment and follow-up to clients. A key success factor in providing these services is offering the mental health programs that align with community and school needs. It is important that strong relationships are developed between schools and service providers.

Boundary and Richmond school districts are two examples of the NLC approach to delivering community-based mental health services. Richmond School District has been proactive in partnering with the Ministry of Children and Family Development to provide a team of regional mental health counsellors that visit schools through an outreach program to assist youth in need. The Boundary School District has worked with its community partners to develop family centres, located in or near elementary school sites. These centres serve the Boundary area by providing child and youth counselling, family support, community integration programs and outreach services.

Additional services offered through NLCs include family recreation, after school programs, cultural connections and adult education. All of them are provided in an inviting atmosphere inside local community boundaries. The NLC [website](#) provides more information, including guides and helpful tools to assist neighbourhoods and districts in the planning and realization of NLCs.

[Work with employers to build healthier workplaces through mental health promotion programs such as Guarding Minds@Work](#)

The Communicable Disease Prevention, Harm Reduction and Mental Health Promotion branch of the Ministry of Health is supporting work with the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University and Coast Mental Health to develop and pilot evidence-based tools and techniques to assess organizational readiness to promote psychological health and safety with small-to-medium sized businesses in British Columbia. Back in Motion, a private sector employer is working with project partners to test the tools at its work sites. The pilot phase was completed in December 2011.

[Strengthen the mental health of seniors by:](#)

[Promoting physical activity through initiatives such as ActNow BC Seniors Community Parks and the *Move for Life* DVD resource and educational resources](#)

The Seniors' Healthy Living Secretariat and the Chronic Disease/Injury Prevention and Built Environment branch of the Ministry of Health continues to promote the 18 seniors' community parks (built in 2009) and distribute free physical activity resources to older adults, including the *Move for Life DVD* (launched in February 2010) and related online fact sheets. See more information [here](#).

Leverage opportunities within the Age-friendly Communities Initiatives to foster cognitive stimulation and community connectedness

Age-friendly spaces help older people to stay active and live independently. Through Age-friendly BC, local governments can access grants and other resources to help them create a more age-friendly community. Tools are also available to help businesses become more age-friendly. As of 2011, 86 communities have received grants or direct support through the Province to become age-friendly. In September 2011, \$650,000 in grant funding was made available to local governments in partnership with the Union of B.C. Municipalities.

Continue to implement Mental Health Promotion and Prevention of Mental Disorders – a core public health program

The goal of the Mental Health Promotion and Prevention of Mental Disorders core public health program is to improve the mental health and psychological well-being of British Columbians of all ages, while simultaneously decreasing the prevalence of mental disorders among vulnerable groups and individuals.

The specific objectives are to:

- Enhance protective factors that contribute to positive mental health in individuals, families, workplaces and communities;
- Prevent and/or reduce the social, environmental and individual risk factors that influence the occurrence of mental disorders; and,
- Reduce the incidence, prevalence and recurrence of mental disorders and the severity and impact on individuals, families and society.

Implementation of the core programs occur at the health authority level, focusing on consistent evidence-based public health service delivery. The Ministry of Health continues to collaborate with health authorities in the development of plans and strategies to outline provincial priorities and policies, establish best practices and service frameworks to maximize the benefits of mental health promotion activities, and reduce the incidence and severity of mental health problems and mental illnesses.

Reduce harms associated with substance use

Harm reduction refers to practices that seek to reduce the adverse health, social and economic consequences of legal and illegal psychoactive substance use. Harm reduction focuses on personal safety and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue.

Harm reduction complements prevention, treatment and enforcement. It seeks to lessen the harms associated with substance use while recognizing that many individuals may not be ready or in a position to cease use.

Take action to prevent and reduce health, social and fiscal costs associated with hazardous alcohol consumption, including:

Implement screening for hazardous drinking, with brief intervention and referral programs within primary care settings

In 2010, 14.6 per cent of Canadians reported experiencing at least one harm in their lifetime as a result of their alcohol use ([Health Canada](#)). Research shows that doctor-based screening programs help reduce hazardous drinking. This can lead to fewer hospital visits, vehicle crashes, and encounters with the law. The Ministry of Health and the B.C. Medical Association have developed new tools to help with hazardous drinking. Doctors can use these tools to assess if their patients have problems with alcohol, and to help patients to decrease their drinking. See more information [here](#).

Fraser Health (FH) introduced the internationally recognized Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to some primary care sites to assist physicians in screening patients, and to offer the accompanying brief intervention as a way to intervene. White Rock/South Surrey, within FH, provides service-provider-led training for primary care physicians on substance use system of care.

Within Northern Health primary care physicians will take the Practice Support Program Addiction Module training as available and offered in the communities.

Continue implementing a modified approach to impaired drivers that enhances administrative sanctions and increases use of programs such as the Responsible Driver Program and the Ignition Interlock Program

Prior to the introduction of the modified approach to impaired driving in September 2010, on average 113 people were killed and nearly 3,000 injured in alcohol-related

motor vehicle crashes every year in British Columbia. Based on preliminary data during the first full-year of program operation, there were 40 per cent fewer alcohol-related motor vehicle fatalities than in previous years (October to September five year average). In addition, the number of registrations in the Responsible Driver Program is up by 185 per cent and the number of Ignition Interlock installations is up 115 per cent from the same months in the previous year. See more information [here](#).

[Partner with local governments to target districts and events which have high levels of hazardous drinking in order to reduce injuries, violence, vandalism and other health and social costs](#)

The Communicable Disease Prevention, Harm Reduction and Mental Health Promotion branch of the Ministry of Health is working with the Centre for Addictions Research of B.C. and the Union of B.C. Municipalities (UBCM) to produce the Helping Communities resources to support local governments to address the impact of alcohol and other drugs. The Ministry of Health supported a presentation at the UBCM 2011.

Government is preparing a response to the review of the Stanley Cup riot, "The Night the City Became a Stadium". The Ministry of Health is reviewing all aspects of the role of alcohol in the Stanley Cup riot, particularly the many contributors to alcohol availability.

The Ministry of Health, in cooperation with the Ministry of Public Safety and the Solicitor General, is currently working with the Resort Municipality of Whistler and the District of Maple Ridge to develop draft Municipal Alcohol Policies (MAPs) to present to their respective local councils. The partners will develop a report to provide information and advice for other local governments who wish to develop MAPs.

[Expand the use of the Joint Consortium for School Health's mental health promotion and substance-use toolkits to support B.C.'s overall approach to comprehensive school health](#)

The Joint Consortium for School Health is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the health and well-being of children and youth in the school setting. Recently, with financial support from the Ministry of Health and the Public Health Agency of Canada, the consortium released [Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives](#). This resource provides guidelines related to the promotion of positive mental health within a comprehensive school health framework.

Since the resource's release, the B.C. ministries of Education and Health have been collaborating with the consortium, the Directorate of Associates for School Health B.C., and the Province of New Brunswick, to develop a toolkit for educators and school

planners that will link the better practices and perspectives described within the original document with action at classroom, school and school district levels.

Finished in late 2011, the resulting interactive toolkit, complete with helpful links, contextual video clips and readiness assessment planning resources, is available for use in school settings.

The Joint Consortium for School Health also worked with the Centre for Addictions Research of B.C. to develop substance-use toolkits, which are now being promoted for use in B.C. schools. The substance use toolkits are available for download [here](#).

Northern Health youth workers attend schools to present information on substance use.

[Expand QuitNow Services support for primary care providers to address tobacco use as part of a comprehensive approach to addressing mental health and substance use](#)

Starting in June 2011, family physicians can help British Columbians who belong to one of the at-risk populations (smoker, unhealthy eater, physically inactive, obese) get on the road to a healthier lifestyle. British Columbians who smoke are referred to [QuitNow Services](#).

Launched in September 2011, the Smoking Cessation Program helps people stop smoking or using other tobacco products by assisting them with the cost of smoking cessation aids (12 weeks per calendar year for eligible smokers). Prescription smoking cessation drugs are covered as benefits under PharmaCare. Non-prescription nicotine replacement therapy products are provided at no cost and registrants are encouraged to call QuitNow Services. In the first seven weeks of the program over 5,000 people have been registered with QuitNow Services.

In October 2011, a hospital-based cessation pilot project was implemented. Since smoking is not allowed on health authority sites in B.C., many smokers stop smoking while hospitalized. With this pilot project, select sites in regional health authorities work with those patients to help them stay tobacco-free once discharged. Staff meet with smokers before discharge to help them enroll in QuitNow Services so that upon leaving the hospital, they are supported to stay tobacco-free.

All 12 Fraser Health clubhouses now offer smoking cessation programs (combination or rotation of Talking Tobacco and Breathe Easy). In the first two quarters of 2011/12, 109 clients participated in these programs.

Northern Health and northern pharmacies are distributing free nicotine cessation products.

Continue to implement Preventing Harms Associated with Substance Use – a core public health program

The goal of the Preventing Harms Associated with Substances core public health program is to protect and improve health by minimizing the harms to individuals, families, and communities associated with psychoactive substances, while also recognizing their benefits in appropriate circumstances. The specific objectives are to:

- Increase knowledge about psychoactive substances;
- Delay the onset of first use;
- Reduce problematic substance use;
- Reduce use to safer levels; and,
- Sustain and/or create environments that support health.

Implementation of the core model programs occurs at the health authority level that focuses on consistent evidence-based public health service delivery. The Ministry of Health continues to collaborate with health authorities in the development of plans and strategies to outline provincial priorities and establish policy, best practices and service frameworks to maximize the benefits of programs, services and activities intended to prevent harms associated with the use of all psychoactive substances.

In Fraser Health, a plan has been developed to provide counselling supports to sites such as primary care clinics where physicians are providing methadone maintenance. The two sites that were selected in Burnaby (Phoenix Transition Housing Centre) and Surrey (Quibble Creek Health) have had some challenges in filling physician positions. Phoenix Transition Housing Centre (formerly Creekside Housing and Health Centre) is on track to open August 2012, where a modified model for primary care services is currently being designed. A potential for methadone services to be located at this primary care clinic also exists.

Reduce Stigma and Discrimination

An environment that respects basic civil, political, economic, religious, social and cultural rights is essential to mental health and healthier choices about substance use. The stigma associated with mental health and substance use problems often means that affected individuals and families may experience discrimination in areas of health care, employment, education, justice and housing. Consequently, many do not receive the services they need, live in poverty, and are unstably housed. This affects their ability to access and benefit from needed supports, and to function as healthy, productive members of society.

Use the Mental Health Commission of Canada's national anti-stigma initiative as a platform to maximize the reach of local-anti stigma campaigns

The Ministry of Health, in partnership with the Provincial Health Services Authority and the regional health authorities, and with funding from Health Canada, is supporting projects across the province that challenge stigma associated with mental illness and substance use. Most recently, Vancouver Coastal Health (VCH) hosted a one and a half day forum, bringing together approximately 120 people from across VCH region to discuss potential strategies and action to address stigma within the health care system related to substance dependence.

The Fraser Health (FH) is developing a set of initiatives to combat stigma towards people with substance use and/or mental health problems. A set of three "Promoting Wellness, Reducing Harms" forums have taken place that included anti-stigma and harm reduction messaging, with more presentations planned. The forums are aimed at a professional audience, such as police, city councillors, clinicians, and physicians.

With support from the "Promoting Wellness, Reducing Harms" forums and FH for advertisement, the City of Maple Ridge is implementing anti-stigma initiatives in its community.

Northern Health has aligned the integration model to reduce stigma for mental health and addiction issues. To support this, the community mental health and addiction consumer and family advisory committees have included the national anti stigma platform in their terms of reference.

Inform the Health System and Educate the Public

Mental health literacy is defined as the knowledge, attitudes and beliefs about mental health and/or substance use problems that aid in their recognition, management and prevention. It encompasses the beliefs and attitudes about mental health, mental illness and psychoactive substance use. Mental health literacy can improve how members of society promote good mental health and respond to children, youth and adults with mental health and substance use problems.

Continue implementation of B.C.'s Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addictions

In 2010, the [Mind Check](#) mental health literacy program was implemented, including a website, targeted education in educational institutions and public awareness campaign. A pilot project evaluation report was recently completed. Fraser Health partnered with

the Provincial Health Services Authority to provide the website, province-wide awareness campaign, and targeted education is being planned to roll out across the region.

Northern Health has a representative on the Health Literacy Network.

Strengthen leadership to increase the rapid application of new knowledge and drive change throughout the prevention and treatment continuum:

Apply B.C. Human Early Learning Partnership results to promote healthy child development during preschool years and reduce childhood vulnerability

The Human Early Learning Partnership (HELP) at the University of British Columbia is an interdisciplinary research network focusing on early childhood development. HELP is the provincial administrator of the Early Development Instrument (EDI). The EDI is a questionnaire administered to kindergarten children measuring five core dimensions of early childhood development (social competence, emotional maturity, physical health & wellbeing, language & cognitive development and communication skills & general knowledge).

Communities and school districts use the EDI results in a variety of ways, including to:

- Facilitate meaningful discussions – across the child and family serving sector – to reduce the vulnerability of children;
- Assist with the allocation of programs where children have been shown to be vulnerable;
- Demonstrate need for early intervention programs such as hearing and vision screening; and
- Help identify successful programs.

The province is also weaving the EDI learnings into government service plans and annual performance measures, including some policy, program and funding decisions. HELP will provide the province with access to all individual-level linkable EDI data collected for the 2011/12 year by October 31, 2012, for the purposes of program evaluation and planning. See more information [here](#).

Renew the province's long-term partnership with the Simon Fraser University's Children's Health Policy Centre and apply new knowledge for improving the mental health and well-being of B.C.'s children and youth

Families, communities and people working with children and youth (e.g., school counsellors, social workers) benefit from access to the latest, high-quality research relating to children's mental health.

The Ministry of Children and Family Development and the Children's Health Policy Centre at Simon Fraser University are continuing their work together to publish [The Children's Mental Health Research Quarterly](#), providing systematic reviews of the latest high-quality research on this subject. In the 20 issues published to date, the quarterly has included topics such as preventing suicide in children and youth, building children's resilience, and addressing parental depression. These publications effectively inform parents and others who make decisions that impact the well-being of children, and can be found [here](#).

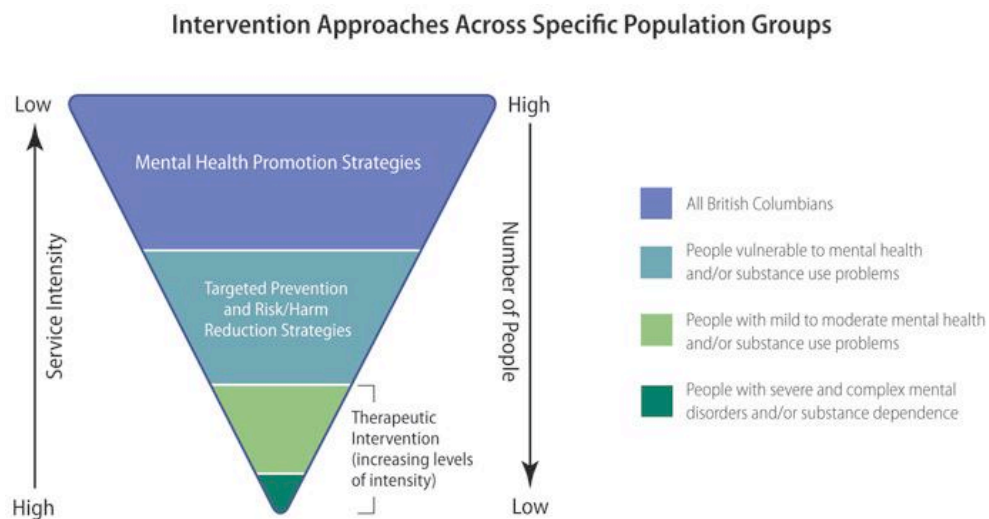
British Columbians Vulnerable to Mental Health and/or Substance Use Problems

Certain people within the overall population are more vulnerable to mental health and/or substance use problems at different stages in their lives.

Some types of vulnerability may be influenced by family history or genetic predisposition. Others, such as exposure to violence and trauma or lack of social support, can be mitigated through strategic intervention.

Priorities include prevention efforts that enhance protective factors, build resilience and mitigate risk factors for mental health and/or substance use problems targeted at vulnerable people within the following population groups:

- Parents and families
- Children and youth
- Adults
- Seniors
- People with chronic physical disease or compromised health



Parents and families

Clear evidence shows formal supports for parents before, during and after the birth of their children contributes to healthy child development and reduces the likelihood of emotional and behavioural problems later in life.

For example, supports focused on encouraging breastfeeding can not only improve health, growth and immunity in infants, but also enhance child psychological and intellectual development and strengthen the mother-child bond.

Launch a nurse-led, in-home individual parent training program for first-time, at-risk parents and their infants, provided during pregnancy and up to two years after delivery

The ministries of Health and Children and Family Development are working with B.C.'s five health authorities and other partners to launch the Nurse-Family Partnership program across B.C. in early 2012. The program will be available to young, low-income, pregnant women who will be mothers for the first time, a group that often faces significant challenges related to healthy parenting. Young mothers in the program receive frequent supportive home visits from public health nurses early in pregnancy, and continue to receive these visits until their child turns two. The program aims to support healthy infant development, and is known to improve the mental and physical health and well-being of participating mothers and children for years after their participation is completed. The Nurse- Family Partnership program is a significant component of the \$23 Million Healthy Families BC, Healthy Start initiative. See more information [here](#).

Vancouver Island Health Authority (VIHA) Youth & Family Substance Use Services is currently working in partnership with partners in public health to train public health nurses involved in the new Nurse-Family Partnership by providing training in Motivational Interviewing for all staff involved in the program. This initiative will eventually expand to include all public health nurses. VIHA will also be a resource for the project regarding substance use specific issues.

Implement FASD prevention strategies as outlined in the Fetal Alcohol Spectrum Disorder: Building on Strengths 10 Year Plan for B.C.

To greater impact prevention of Fetal Alcohol Spectrum Disorder (FASD), the Ministry of Health has adopted a prevention focus that includes broad-based awareness building and health promotion efforts. This includes providing support to health care providers to discuss alcohol use and related risks with all women of childbearing age and providing prenatal and postpartum support to at-risk mothers and their families to

initiate positive changes in their health to support healthy pregnancies and positive health outcomes for children.

The Ministry of Health continues to work collaboratively with key partners to ensure that accurate, broad-based FASD prevention messaging is available to the public. In support of International FASD Awareness Day, the brochure “Alcohol & Pregnancy Don’t Mix” was developed by the B.C. Liquor Distribution Board in collaboration with the Ministry of Children and Family Development, the Ministry of Health, B.C. Women’s Hospital and Health Centre, and the Public Health Agency of Canada. Brochures are available year-round in B.C. liquor stores, and distributed to parent support agencies and other health and women’s organizations throughout the province. The 2011 FASD awareness materials can be downloaded and used by any organization or business with an interest in prevention and spreading awareness of the impacts of FASD on children and families.

Valuable resources are also available to the public and health care professionals, including:

- DVDs and other teaching materials available for download from the Healthy Choices in Pregnancy [website](#); and
- Information on alcohol use and pregnancy on B.C.’s Baby’s Best Chance [website](#) and the Healthy Families BC [website](#).

[Expand the reach of programs to prevent, identify and respond to perinatal depression as described within Addressing Perinatal Depression: A Framework for B.C.’s Health Authorities.](#)

An environmental scan was completed in 2010 in order to determine the extent to which the actions outlined in *Addressing Perinatal Depression: A Framework for B.C.’s Health Authorities* were implemented within the health authorities subsequent to the framework’s release in 2006. Health authorities have prepared regional plans to strengthen perinatal depression services and work is occurring within health authorities to implement the actions for improving recognition, diagnosis, treatment and support outlined in the framework. The Ministry of Health, in collaboration with the B.C. Reproductive Mental Health program, will continue to examine ways to further support health authorities to address this important issue and to advance the implementation of the actions in the framework.

Provincial resources such as Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care and the Best Chance [website](#) provide consistent information to women and their families based on best practices and evidence and foster consistent practice and messaging for perinatal depression among health care professionals.

The Ministry of Children and Family Development, in partnership with the Ministry of Health and community partners are collaborating on an initiative to support maternal-child mental health when mothers are experiencing mental health and/or substance use problems. The initiative includes sharing effective strategies and practices among partners and mutually identifying best approaches to promote maternal-child mental health.

Fraser Health's mental health and substance use Perinatal Depression Strategy was implemented in 2008. The most recent development is the opening of a regional shared care reproductive mental health clinic at the Jim Pattison Outpatient Care and Surgery Centre in Surrey. Referrals are accepted from primary care providers for women identified with perinatal depression or anxiety for short-term therapy and primary care consultation-liaison.

Children and Youth

In addition to universal strategies that attempt to reach the general population of children and youth, targeted measures are aimed at those most vulnerable. Various risk factors put certain youth and children at higher risk for mental health, social and/or problematic substance use, such as unstable family situations, sexual exploitation, or domestic violence.

Research indicates that early identification, intervention and access to targeted supports can reduce negative impacts and contribute to healthier outcomes. For example, children with learning disabilities benefit from earlier access to remedial education and children with attention deficit disorder who receive treatment have fewer substance use problems later in life than their peers who do not.

Implement Strong, Safe and Supported – A Commitment to B.C.'s Children and Youth

The Strategic and Operational Plan of the Ministry of Children and Family Development commits to the vision set forth in *Strong Safe and Supported – a Commitment to B.C.'s Children and Youth*. This plan sets out measurable actions to guide the ministry's work including increasing the implementation of Fun FRIENDS, expansion of FRIENDS to grade six students, and piloting the use of tele-health videoconferencing to increase access to psychiatric consultation for children and youth living in rural communities.

In addition, child and youth mental health clinicians at three pilot sites in the Coast Fraser region are providing education and consultation to child welfare staff to support healthy social, emotional development of vulnerable infants and preschoolers, while working with their families and caregivers.

Implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development

The Ministry of Health and the Ministry of Children and Family Development (MCFD) are working with the F.O.R.C.E (Families Organized for Recognition and Care Equality) Kid's Mental Health Society and the Provincial Family Mental Health and Substance Use Task Force, to develop a family mental health framework that identifies the specific mental health promotion needs of families affected by mental health and/or substance use problems. The goal is to support these families to enhance their overall mental health and well-being, and mitigate trans-generational vulnerability to mental health and substance use problems. The framework is scheduled for completion in early 2012, and will identify key areas for potential action for the health authorities and MCFD.

In Richmond B.C., MCFD, Coast Fraser Region, and Vancouver Coastal Health have dedicated a child and youth mental health clinician to provide consultation to child welfare teams about family mental health issues, including support to parents with a mental health disorder. This includes helping these parents to develop a plan, called a Ulysses Agreement that outlines what others can do to support the children and parent(s) if a parent experiences significant mental health problems.

Northern Health has a service contract with the Canadian Mental Health Association and British Columbia Schizophrenia Society to provide education and family support.

Adults

Several life factors can negatively affect adults' mental health and well-being; including occupational stress, financial strain, domestic violence, harms related to substance use and suicide. Targeted strategies to create supportive environments for adults can help reduce the harms related to negative social factors.

Collaborate with employers and unions to develop and implement workplace supports such as self-care resources, opportunities for early identification of problems, and linkages to appropriate interventions

The Ministry of Health's Communicable Disease Prevention, Harm Reduction and Mental Health Promotion branch is working with the Canadian Mental Health Association (CMHA) to further expand the reach of their Mental Health Works program to small to medium sized workplaces, with a special focus on the needs of Aboriginal and new Canadian employees. See more information [here](#).

In addition, CMHA is working on developing telephone 'coaching' support services for businesses that have specific questions related to the psychological safety and well-being of employees.

Northern Health (NH) has entered into a contract to provide employee assistance programs to all staff. Self-care resources are brought to employee's awareness through posters throughout all sites as well as on the NH i-portal internet. Phone and website contact information is provided to all staff to contact the support agency.

Implement comprehensive, cross-sectoral initiatives to prevent domestic violence and reduce its impact on children, youth, adults and families

Children, youth and families who are impacted by domestic violence rely on many organizations and services to keep them safe. To be effective, these organizations must work closely together. Over the past year, the Ministry of Children and Family Development (MCFD), delegated Aboriginal agencies, police, victims' services, and Crown Counsel have collaborated to improve the coordination and integration of their services. In addition, a partnership between the MCFD, the Ending Violence Association of British Columbia, and the BC Lions is helping to break the silence on violence against women by providing tools, language and practical ideas about how to be more than a bystander. Lions players will soon be talking to grade 8 to 12 students throughout B.C. about how their choices and actions can contribute to positive social change. See more information [here](#).

Implement gatekeeper training programs as described within the *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention & Postvention Initiative of B.C.*, to effectively identify and intervene with individuals at risk of suicide across the lifespan

Ministry of Children and Family Development (MCFD) staff trainers provided Applied Suicide Intervention Skills Training (ASIST) for 120 MCFD practitioners working in child welfare, youth justice and child and youth mental health over the last year. As a result,

children and youth receiving services through MCFD, who may be at risk for suicide, will be identified and provided with any required services earlier due to increased awareness about suicide prevention and intervention among staff across the ministry.

Vancouver Island Health Authority's Mental Health and Addiction Services has also spearheaded efforts in developing trainers for ASIST. Mental Health and Addiction Services, Children Youth and Family Mental Health, and Youth and Family Substance Use Services have all completed a training of trainers. Training is currently underway to train all associated staff in ASIST and it is anticipated that this will be fully integrated into practice by 2013.

[Where appropriate, expand the reach and range of harm reduction services that prevent and reduce the health, social and fiscal impacts of illegal drug use](#)

The Communicable Disease Prevention, Harm Reduction and Mental Health Promotion branch of the Ministry of Health, in partnership with the BC Centre for Disease Control (BCCDC) and health authorities, is expanding the reach and range of harm reduction supplies (e.g., sterile syringes) and related clinical and referral support services.

In late 2011, Vancouver Coastal Health (VCH) began conducting a research pilot project to distribute supplies for safer crack smoking and measure the health benefits.

VCH and the Centre for Addiction Research of B.C are conducting a managed alcohol program research pilot project to reduce the harms associated with consumption of non-beverage alcohol.

Planning is underway in Fraser Health (FH) to expand peer distribution of harm reduction supplies.

The Ministry of Health and the BCCDC will complete the first annual monitoring report on achievement of provincial harm reduction targets and indicators in early 2012.

FH implemented a harm reduction policy in substance use services in 2008.

Implementation in mental health services is under development. There are plans to roll out a harm reduction policy to mental health centres and later next fiscal year, to inpatient psychiatric units.

Northern Health has integrated mental health and substance use services in each of the communities in the north. In addition, a number of the communities have recently created community-based day treatment programs. The communities and public have been advised of these service changes and the expanded programs which allow them to access more information regarding the effects of substance use.

Seniors

Aging poses a series of challenges for seniors' mental health. Seniors may be at risk for isolation and loneliness as a result of losing a spouse or close friends, and/or limited mobility due to health problems. Older adults may also experience forms of elder abuse and suffer from mental deterioration. In addition, given these social challenges and the process of aging, older adults may be more vulnerable to problematic alcohol use or other substances.

[Implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse](#)

The Ministry of Health and other partner ministries are developing an elder abuse prevention strategy that will address a significant risk factor for mental health problems among older adults. A planning framework and a stakeholder engagement and consultation strategy are currently being finalized.

Northern Health is a delegated agency under the Adult Guardianship legislation and has assigned investigation and support responsibilities to the programs and staff.

[Improve routine screening protocols for mental health and substance use problems during primary care interventions with seniors.](#)

Fraser Health encourages the use of the Practice Support Program mental health and substance use screening protocols for seniors through the Collaborative Care program and Integrated Health Network initiatives.

Northern Health's Elderly Services team accepts referrals from primary care physicians to assess elderly people and provide medication education, social support and management suggestions to assist the primary care centres with their care plans.

[Use the Seniors in British Columbia: a Healthy Living Framework platform and partnerships with local government and other organizations to promote opportunities for older adults to remain socially connected and meaningfully engaged in their communities, including workforce, learning and volunteer opportunities](#)

Across B.C., a wide variety of actions are underway to help seniors stay socially connected and engaged in their communities. For more information on these workforce, learning and volunteer opportunities, see the [Seniors' Healthy Living Report on Progress 2011](#).

Northern Health Home and Community Care uses the *Seniors Healthy Living Framework* and has partnerships with local agencies and social programs and organization that provide support for older people to remain socially connected and engaged in their communities.

People with Chronic Physical Disease or Compromised Health

Coping with illness and the demands of treatment can affect one's sense of independence, control and mental well-being at any age. Many services which support children, youth and adults with chronic health problems now regularly screen all patients for depression. This is crucial considering that approximately one-third of adults with chronic medical conditions are estimated to have depression. Furthermore, children, including preschoolers and youth with chronic health problems and illnesses are at greater risk for emotional and behavioural problems than their peers without similar health problems.

Implement routine screening in primary care settings for mental health and/or substance use problems among children, youth and adults with chronic health problems and illnesses

Fraser Health encourages the use of the Practice Support Program mental health and substance use screening protocols for youth and adults with chronic illnesses in the Collaborative Care program and Integrated Health Network initiatives.

Vancouver Island Health Authority's youth and family substance use services offers outreach/inreach services in all communities, including schools, hospitals and other community resources. Additionally, South and Central Island Substance Use Services has access to consultation and screening services with designated pediatric psychiatrists who also liaise with primary health care physicians when indicated.

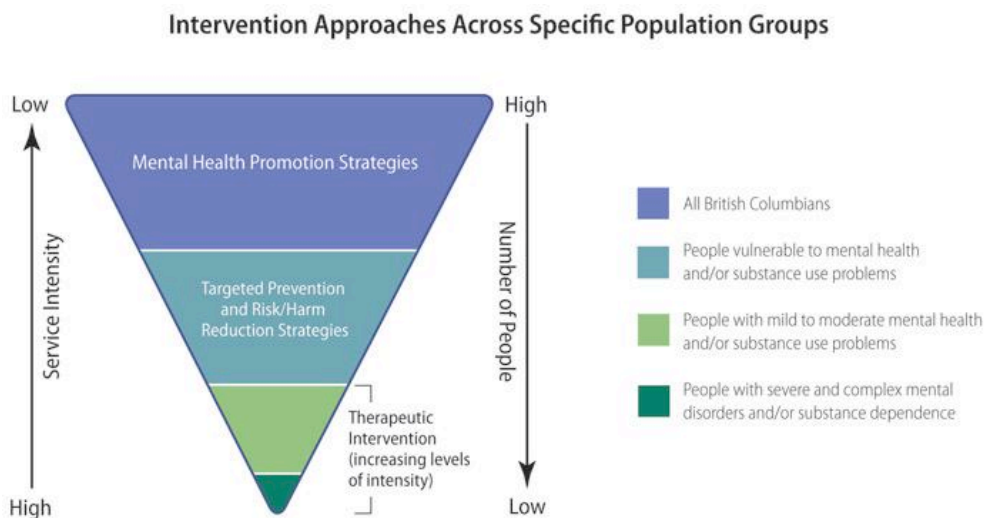
Northern Health community response includes the provision of community assessments for youth and adults with mental health or substance use problems, as part of chronic disease planning.

British Columbians with Mild to Moderate Mental Health and/or Substance Use Problems

The majority of British Columbians with mental health and/or substance use problems experience mild to moderate symptoms that can be effectively treated through low-intensity community-based services. A greater service emphasis on this population is critical due to: the large number of people affected, clear evidence of effective interventions, the opportunity to prevent the severity of some problems and reduce the need for intensive services.

Priorities for this group are:

- Enhance the role and effectiveness of primary care
- Enhance the availability of evidence-based therapeutic approaches
- Enhance the capacity of community based-mental health and substance use services



Enhance the Role and Effectiveness of Primary Care

Mental health and substance use is a key component of primary health care. Family practitioners are typically sought first as a source of help and are vital to the management of mental health and substance use problems.

Primary care mental health and substance use assessment and care planning can prevent the development of severe problems and reduce the use of more costly health care services. Integrated interventions by primary care and mental health and substance use teams result in better outcomes and decrease the need for emergency and hospital services.

[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 General Practice Services Committee has a number of initiatives that support shared care, including Practice Support Program training modules for physicians that address adult, child and youth mental health. There are several key partners working with the Practice Support Program, one of which is the Canadian Mental Health Association for the provision of self-management programs.

Fraser Health (FH) supports the Practice Support Program mental health and substance use training modules by:

- Encouraging participation and the use of screening protocols via the Collaborative Care program and Integrated Health Network initiatives;
- Providing mental health and substance use expertise for development and training; and,
- Developing a FH-specific method of supporting the use of these modules to increase primary care provider capacity to manage mental health and substance use clients in the primary care setting.

In Fraser Health, primary care physicians have been taking the Practice Support Program mental health and substance use training modules for adults and children to become aware of the assessment tools and self-management supports available to patients and the public.

Continue the development and encourage the use of the Community Health Resource Directory

The Community Healthcare and Resource Directory (CHARD) is a multi-year initiative of the General Practice Services Committee. CHARD helps family physicians and their support staff identify referral resources for their patients, reducing the time previously spent phoning, faxing, and researching patient referral resources. Patients benefit by being referred to the most appropriate and available resource closest to home. CHARD offers listings for a wide range of specialized multi-disciplinary resources, including resources that the referring practitioner may not have been aware of. By April 2012, CHARD will contain listings across all health topics and offer physicians and their support staff access to information on:

- Over 10,000 specialist physicians and family practitioners, including those with a special focus;
- Over 8,500 publicly and privately funded programs and services, including health authority options; and
- Information on over 21,000 allied health professionals. CHARD currently contains over 12,000 mental health and substance use resource listings.

See more information [here](#).

Northern Health (NH) has participated in the development of the database of services for CHARD and HealthLink. NH participates in ongoing monthly meetings with CHARD to ensure accuracy and availability of information for physicians in the north.

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

This is currently underway. The enhancement of the physician fee codes have allowed general practitioners (GPs) to spend the time necessary to develop care plans with those in need. As of March 31, 2010, GPs developed a mental health plan for 65,701 patients. (Source: General Practice Services Committee, 2009/10 Annual Report)

In Northern Health, physicians have access to sessional contracts to provide services for clients with mental health and/or substance use problems.

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

The Ministry of Health conducted a review of best practice models of integrated mental health and substance use care with family physicians as partners. The review revealed nine potential models of integrated care, ranging in levels of intensity of service coordination across care providers as well as severity of needs in response to mental health or substance use problems.

In addition to continuing to support 10 adult shared care sites in Fraser Health, innovative ways to collaborate with primary care providers to develop shared care models for mental health and substance use are being explored through:

- Three rapid access clinics in Chilliwack, Mission and White Rock/South Surrey.
- The primary care clinic at Jim Pattison Outpatient Care and Surgery Centre in Surrey.

Vancouver Island Health Authority and the Ministry of Children and Family Development have developed a memorandum of understanding to plan more coordinated service and supports for children, youth, families and caregivers who are challenged by child & youth mental health and/or substance use issues.

Northern Health (NH) is developing integrated primary care for clients in communities across the north. NH is actively involved in working with primary care to ensure services are connected and aligned.

Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems

Physicians need clear, easily accessible and up-to-date information to support good care. The Ministry of Health is working with ImpactBC, physicians, experts and health authorities to update the *Family Physician Guide for Depression, Anxiety Disorders, Early Psychosis, Eating Disorders and Substance Use Disorders*. Additions to the guide include new information on eating disorders, smoking cessation, problematic drinking, and child and youth depression and anxiety disorders. A survey of physicians is being planned to obtain feedback to inform an effective dissemination strategy.

Fraser Health encourages physicians to use the B.C. Medical Association physician-developed alcohol withdrawal protocols. The alcohol, smoking and substance involvement screening test, with provision of brief intervention, is also available to physicians.

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

Enhance the Availability of Evidence-Based Therapy

Evidence-based therapies for people with mental health and substance use needs are highly effective. While medications are appropriate in some cases, non-medication therapeutic approaches can be equally successful. In some cases, medication is required before therapy can be most effective. Any approach needs to be delivered within a comprehensive mental health assessment and treatment plan to determine the required intervention, taking into account the preferences of the individual and/or family being served.

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

There is a substantial body of research literature on evidence-based therapies for people with mild to moderate mental health and problematic substance use symptoms. This literature can be inaccessible and overwhelming. To support and enhance the work of mental health and substance use clinicians, the Ministry of Health is creating a document for health authorities that outlines recommendations to increase the capacity for evidence-based psychotherapies for people with mental health and substance use problems. This document will support health authorities to manage challenges in delivering evidence-based practice by providing a framework for accessing, interpreting and applying evidence-based therapies.

In Fraser Health, training in Core Addictions Practice involving several hundred employees/clinicians is nearly complete. Training is planned for hospital inpatient psychiatric unit staff and hospital social workers. Motivational interviewing, cognitive behavioural therapy and dialectical behaviour therapy training is provided on an ongoing basis to mental health and substance use clinicians.

Through the Drug Treatment Funding Program, Northern Health (NH) has run Core Addiction Program training, as well as motivational interview training, in communities across the north. The training has included NH staff, community agency staff, staff in other ministries, as well as Aboriginal organizations both on and off reserve.

To develop sustainability, NH staff have been identified and are being trained as train the trainers to enhance community capacity.

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

This action is currently underway. Eating disorders are serious conditions that benefit from early intervention. The Provincial Eating Disorders Action Plan outlines 11 actions to improve services delivered across the health care system. Key actions completed include the development of Woodstone Residence, establishment by B.C. Mental Health and Addiction Services (BCMHAS, PHSA) of the B.C. Eating Disorders Network and Community of Practice, the development and promotion of health literacy materials through the BCMHAS [Kelty Mental Health Resource Centre](#), and a [report](#) outlining the ideal continuum of care.

Northern Health (NH) 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 NH eating disorders program model includes addiction issues.

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

Evidence has revealed that aligning the existing community capacity to identify and address problems earlier is essential to reduce suffering and avoid more costly hospital or residential specialized services later on. Services must be matched to different levels of need so that the least intrusive interventions with the greatest gain are provided prior to more intensive interventions.

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. Service providers need to know how to identify signs of trauma, how trauma impacts an individual's well-being and when and how to consider trauma when working with individuals. The Trauma Informed Practice project, established in 2011, is developing guidelines to help service providers better meet the needs of people accessing services.

Finding a way to make sure that best practice evidence is translated into changes in care approaches requires committed attention. The Ministry of Health is implementing an Advanced Practice, beginning with early psychosis intervention and assertive community treatment.

The Ministry of Children and Family Development (MCFD) child and youth mental health practitioners across the province have received evidence informed training in specialized therapeutic approaches, including cognitive behavioral therapy for anxiety, trauma focused cognitive behavioral therapy, interpersonal psychotherapy, recognizing and responding to suicide risk, and infant mental health.

Based on the understanding of how trauma impacts attachment and development, the MCFD Interior region is piloting the Complex Care and Intervention Project that provides a way of working with children and youth who have experienced significant maltreatment and who have complex mental health needs and attachment problems. The program involves an assessment and support plan for adults who provide care and support to the youth, and helps youth build resilience and strengthen areas of weakness.

At Vancouver Island Health Authority (VIHA), all practitioners working with youth and family substance use services have completed (or are in the process of completing) Core Addiction Practice training. VIHA provides annual training for providers and other professionals who work with youth and families, such as school counselors and social workers. Similar training is being put in place in all health authorities.

Through the Drug Treatment Funding Program, Northern Health (NH) has run Core Addiction Program training and Motivational Interview training in communities across the north. The training has included NH staff, community agency staff, staff from other ministries, and Aboriginal organizations both on and off reserve.

To develop sustainability, staff from the above organization have been identified and are being trained as 'train the trainers' to enhance community capacity.

[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](#)

Some families struggle with supporting their child to manage their behaviour. Parents can now ask their family doctor for a referral to a new pilot program called Strongest Families that provides phone support and education with flexible day, evening and weekend hours. Strongest Families is offered by the Canadian Mental Health Association and funded by the B.C. government. See more information [here](#).

Fraser Health supports the use of mental health and substance use self-management tools and programming through the Collaborative Care program and Integrated Health network initiatives.

The Canadian Mental Health Association provides the Bounce Back program for adults across Northern Health (NH).

Primary care physicians in NH have been taking the Practice Support Program mental health training modules for adults and children to educate themselves on the assessment tools and self-management supports available to patients and the public.

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

The Ministry of Health is working with the McCreary Centre Society to conduct focus groups with specific, vulnerable youth populations, such as street-involved, Aboriginal and LGBT2SQ (Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Queer) youth, to better understand their unique challenges, strengths and insights. This work will result in youth-driven recommendations that will help health professionals provide them with services they feel comfortable accessing and help de-stigmatize their health care needs. See more information [here](#).

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

Enhance the use of telemental health services for mental health and substance use problems

Tele-health uses video and other means to support improved access to mental health and substance use services where distance is a barrier. The ministries of Health and Children and Family Development are working with the University of British Columbia eHealth Strategy Office to identify the best evidence-based telehealth approach to provide mental health and substance use clinical care and supports. This will result in opportunities to improve access to services from psychiatrists and specialists, as well as improve care partnerships with family physicians.

Access to specialty mental health services can be especially challenging for people in B.C.'s remote and rural communities. A partnership between the health authorities and Ministry of Children and Family Development (MCFD) is connecting children and youth in Northern B.C. to psychiatry consultants in Vancouver through the use of telehealth videoconferencing. This results in reduced travel costs and allows children, youth and their families to receive this specialty consultation in their own community.

Northern Health (NH) has implemented telehealth in a number of communities throughout the north where there are not resident psychiatry services. NH has also

entered into a memorandum of understandings with MCFD and adult forensics around the use of NH video conferencing equipment to assist in providing clinical services.

Vancouver Island Health Authority is setting up the infrastructure to implement telemental health services in rural communities.

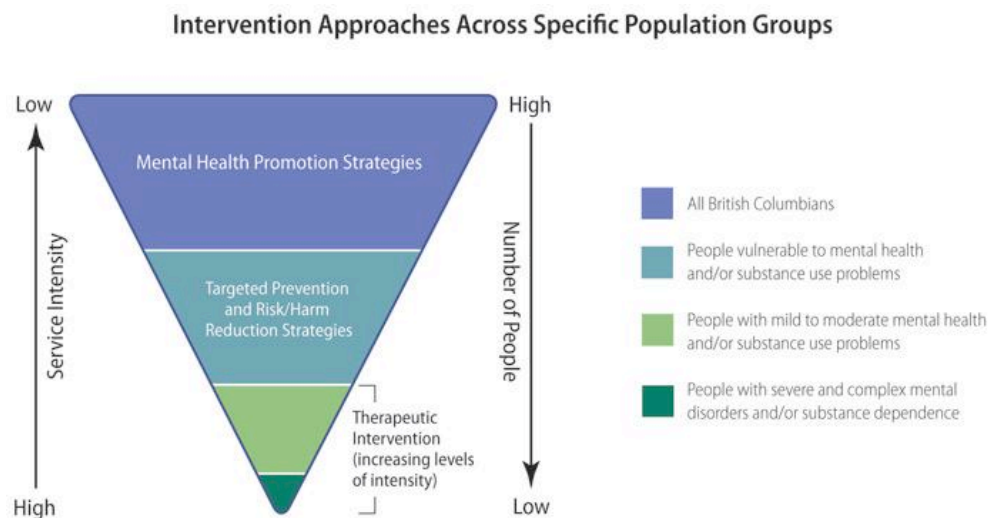
Fraser Health has established telemental health services in Chilliwack, Mission and Hope.

British Columbians with Severe and Complex Mental Disorders and/or Substance Use Dependence

Many people with severe mental health and substance use disorders are actively involved in their own recovery process and supported to achieve their individual potential and independence. Successful recovery is facilitated by opportunities for meaningful engagement in society through school, work and leisure pursuits.

Priorities for this group of people are:

- Enhance evidence-based community interventions across the lifespan.
- Enhance housing with supports
- Strengthen community residential treatment options.
- Ensure appropriate access to hospital and specialized bed-based treatment.
- Develop improved coordinated responses for people with complex challenges.



Enhance Evidence-Based Community Interventions Across the Lifespan

Appropriate community interventions for certain complex mental disorders and/or substance dependence are shown to increase health outcomes among those populations. Some clinical interventions include early psychosis intervention to reduce the likelihood of a condition becoming more severe, or pharmaceutical therapies to reduce unnecessary suffering.

Implement integrated evidence-based primary and community care practices for people with severe and complex mental disorders and/or substance dependence

Identifying, developing and supporting evidence-based, integrated services is an essential strategy for ensuring the sustainability and efficacy of the province's mental health and substance use system of care. Integration encompasses a multidisciplinary approach to providing health services, which recognizes that mental and physical health are intertwined; solidifies crucial links between health and social programming; establishes solid partnerships between a variety of clinicians; and includes patients, families and caregivers as partners in care.

It is particularly important to provide integrated primary and community services for people with severe and persistent mental disorders, who tend to make frequent use of emergency department and acute care services. In 2008-09, there were 28,675 inpatient admissions in this category, using 11 per cent of all acute inpatient days and 24 per cent of alternate level of care days. Nearly three-quarters of these admissions were initiated in the emergency department.¹

With appropriate supports, people experiencing significant mental health and/or substance use problems can achieve good outcomes and avoid unnecessary emergency room visits and hospital admissions. To support the health authorities, the Mental Health & Substance Use branch of the Ministry of Health, recently worked with experts and service providers to review evidence-based models of integrated primary and community mental health and substance use care. They developed a guiding document for health planners, physicians and communities to consider when looking at new approaches to service delivery with an integration lens. Across the nine models identified in this review, the level of integration varied significantly, as did populations

¹ Ministry of Health (2010), *Delivering Effective, Integrated System of Primary and Community Care – Policy paper to provide background context for strategy*, p. 7.

for which a particular model of care was appropriate. The clinical, research and policy literature supports Assertive Community Treatment, Early Psychosis Intervention, and Intensive Case Management/Assertive Outreach as best practice models of highly integrated service delivery.

For more information on Early Psychosis Intervention, visit [here](#).

For more information on Assertive Community Treatment, visit [here](#).

The following Fraser Health initiatives pertain to integrated evidence-based practices for people with severe and complex mental disorders and/or substance dependence:

- Two well-established primary care clinics (Surrey and Burnaby), two outpatient substance use (methadone maintenance) programs, and three nurse practitioner services (in Hope, Boston Bar, and Agassiz) provide reverse shared care services.
- The Early Psychosis Intervention Program and Developmental Disabilities Mental Health Services provide specialized outreach teams.
- Since 2007, a reverse shared care methadone maintenance program for youth, adults and older adults has been a part of Abbotsford and Maple Ridge outpatient substance use services. Clients have access to a licensed methadone physician for methadone maintenance and physician services.
- As part of the Psychosis Treatment Optimization program, one central clinic and three enhanced collaborative care clinics (Maple Ridge, Mission and Chilliwack) were established. Evaluation of this program will be completed annually.
- Fraser Health has partnered with the White Rock/South Surrey Division of Family Practice to provide mental health and substance use services through the Division's Primary Care Access Clinic. The clinic has a nurse practitioner and general physicians working alongside multidisciplinary providers to care for patients who are not attached to a family doctor and require time-sensitive follow-up care upon discharge from Peace Arch Hospital, emergency departments, walk-in clinics and other mental health & substance use services.

Northern Health (NH) is developing integrated primary care for clients in communities across the north. NH is actively involved in working with primary care to ensure services are connected and aligned.

Implement early psychosis intervention programs utilizing provincial standards and guidelines

All B.C. health authorities are operating early psychosis intervention programs as per the provincial early psychosis intervention standards and guidelines. As part of this, they are working together to create an Advanced Practice for clinicians and managers to ensure the best outcomes are achieved by providing web-based training for staff and physicians, quality improvement initiatives (such as guidelines to undertake program peer reviews), and access to the latest early psychosis intervention research information. See more information [here](#).

Fraser Health's (FH) Early Psychosis Intervention program is well-established. FH has taken a provincial lead role in the Early Psychosis Intervention Advanced Practice pilot that will be launched in partnership with the Ministry of Health, Vancouver Island Health Authority, Interior Health and the Ministry of Children and Family Development. The Advance Practice pilot includes: training through the existing Early Psychosis Intervention provincial training program; facilitating communication and supports through a community of practice; providing opportunities to share resources and tools; and providing administrative functions.

Northern Health (NH) has implemented the Early Psychosis Intervention Program standards and guidelines. In addition, NH has developed the program model to include substance use.

Implement optimal evidence-based medication treatments

Research has identified a number of concerns around pharmacological treatment of psychosis, which affects a relatively small number of people at large cost to the system of care. Concerns include the potential serious side effects of medications; lack of individual adherence to medication regimens; unjustified use of antipsychotic polypharmacy; insufficient use of Clozapine; and a lack of guidance for treating individuals whose symptoms do not respond well to any of the current antipsychotics.

The Mental Health & Substance Use branch of the Ministry of Health works with the BC Schizophrenia Society, health authorities and other partners on a number of actions to address B.C.'s specific concerns around providing efficient and effective interventions for people with psychotic disorders.

The goal of this work is to develop and support the implementation of a provincial action plan based on the recommendations of the BC Schizophrenia Society Framework, Optimizing Pharmacological Treatment for People with Psychotic Disorders

(see [here](#)). The objective of the framework is to reduce polypharmacy, increase the uptake of clozapine and improve health literature and knowledge exchange to ultimately improve client outcomes for this client population, in collaboration with health authorities, PharmaCare, the General Practice Services Committee and other major stakeholders.

In July 2011, Fraser Health (FH) implemented the Psychosis Treatment Optimization program to improve the care and health outcomes of patients with treatment resistant psychosis and support general practitioners to manage and treat their stable patients with chronic psychosis. The program is an eight month pilot project aimed at supporting 200 patients. It includes:

- A central regional clinic at Royal Columbian Hospital to support the region in improving the clinical management of 100 patients experiencing treatment-resistant psychosis. Psychiatrists and primary care physicians within FH can refer patients to the clinic. As of November 2011, treatment has been optimized for 100 patients.
- Three psychosis collaborative care teams in Maple Ridge, Mission and Chilliwack. The teams consist of a psychiatric nurse and psychiatrist who collaborate with community primary care physicians in the care of their patients with enduring mental illness.

In Northern Healthy, the psychiatry department in Prince George discusses current research findings in medications.

[Implement evidence-based forms of assertive community case management](#)

For persons with the most serious and persistent mental illnesses and substance use issues, Assertive Community Treatment aims to provide clients with the individualized, multidisciplinary support of a residential facility, while still allowing them to live independently in their own home and community.

Three of the five B.C. health authorities have developed Assertive Community Treatment programs for individuals with the most severe forms of mental illness and substance use issues, and new teams are being considered. In addition, an Assertive Community Treatment Advanced Practice is being developed to help ensure fidelity to the model of care and monitor whether expected outcomes are achieved. The Advanced Practice will include web-based training for staff; support implementation of the Assertive Community Treatment evaluation framework developed earlier by the Ministry of

Health, provide consultation, and access to relevant Assertive Community Treatment research information.

At Fraser Health, development of an Assertive Community Treatment team serving the community of Surrey is underway, with a targeted open date of early February 2012.

Northern Health created an Assertive Community Treatment team in Prince George based on the provincial guidelines and standards.

Implement evidence-based models for crisis intervention including suicidal crises

Organizations that support people with mental illness and problematic substance use need to understand the risk of suicide and what can be done to prevent this most tragic of outcomes. Through the leadership of the B.C. Mental Health and Addictions Service, a Provincial Suicide Clinical Framework has been produced that outlines a common strategy for assessing, treating, monitoring and documenting suicide prevention activities. For more information, visit [here](#).

BC Mental Health and Addiction Services (Provincial Health Services Authority) has collaboratively developed an evidence-informed Provincial Suicide Clinical Framework provides clinical and administrative leaders across B.C. with the background information and steps to align their services with a standardized strategy, while responding to the unique needs across patient populations (child, youth, adult and senior) and service levels and types (urgent/emergency, outpatient/community, inpatient/day treatment, tertiary care, short and long-term residential, and housing). The framework was endorsed by all five health authorities and the B.C. government. For more information, visit [here](#).

Interior Health (IH), through an innovative collaboration of Aboriginal Services and Mental Health and Substance Use Services, is launching Canada's first interconnected network of crisis lines throughout the area. This will expand and connect the services through a single contact number and provide valuable services for communities across the IH.

Northern Health participated in the provincial suicide clinical framework committee. The creation and implementation of centralized intakes, has created capacity for community/crisis response in each of the communities.

Implement evidence-based rehabilitation services including employment, education, leisure and wellness.

Approximately 70 to 90 per cent of Canadians with serious mental disorders are unemployed. A lack of meaningful employment and/or inability to remain employed after finding a job can have serious consequences for people's health and well-being, and can place a significant burden on government programs that assist people dealing with these issues. Conversely, people with mental health and/or substance use problems who find and sustain employment may see improvements in their health and social status, which can help to enable their recovery, promote self-sufficiency and higher self-esteem, and increase positive community participation.²

Psychosocial Rehabilitation (PSR) is a recovery-focused approach that assists people with severe mental disorders and/or substance use dependence to manage their illness effectively, and compensate for associated functional deficits. It helps individuals to become functional, included and engaged members of their communities, and has been effective in improving client outcomes in the areas of employment, education, leisure, basic living skills and well-being. PSR services vary widely and include clubhouses, as well as programs for pre-employment, supported employment, supported education, therapeutic volunteerism, and mental health and wellness. Evidence suggests that rehabilitation initiatives focusing on employment support are especially effective, with 50 to 60 per cent of clients becoming and staying employed.

Healthy Minds, Healthy People highlights the importance of developing evidenced-based PSR services, and commits to building a provincial inter-ministerial PSR Framework to improve client outcomes. To that end, the Ministry of Health is working with the Ministry of Social Development to lay the foundation for delivering PSR interventions and to improve services relating to employment.

Northern Health has implemented rehabilitation services as part of all of the mental health and substance use service teams. In addition, a specialized service team has been created in Prince George to provide higher levels of assessment and planning for people with mental health and substance use issues.

² ["Unemployment, Mental Health and Substance Use."](#) Here to Help; Eugenia Didenko and Nicole Pankratz, ["Substance Use: Pathways to homelessness? Or a way of adapting to street life?"](#) Here to Help; [Homelessness and Mental Illness](#), Mental Health Awareness Week.

Enhance and improve B.C.'s methadone maintenance treatment system (including medical, pharmaceutical and psychosocial support components)

Methadone Maintenance Treatment is a key priority for addiction knowledge exchange activities that are being supported in health authorities through Health Canada's Drug Treatment Funding program.

Since 2007, a reverse shared care methadone maintenance program for youth, adults and older adults has been a part of Abbotsford and Maple Ridge outpatient substance use services in Fraser Health. Clients have access to a licensed methadone physician for methadone maintenance and physician services.

Quibble Creek Health and Phoenix Transition Housing Centre (formerly Creekside Housing and Health Centre) are on track to open August 2012, where a modified model for primary care services is currently being designed. Potential for methadone services to be located at this primary care clinic exists.

Northern Health (NH) took part in the provincial review of Methadone maintenance treatment services in 2009. Presently, NH, through the Drug Treatment Funding program, has requested funding for a short term contract to update the current resource list as well as identify communities of need in order to plan for increased services in the future.

Enhance Housing with Supports

Housing is an important determinant of both physical and mental health. Individuals with severe mental illness and substance use problems experience significant difficulties securing stable housing. Specific populations such as Aboriginal persons and women are overrepresented among those with unstable housing.

Develop and implement community-based plans to address housing and support services for homeless people, including those with mental health and/or substance use problems

The Homelessness Intervention Project helps homeless British Columbians – and in particular those with mental health or substance use problems – connect quickly and effectively to services they need. Since 2009, the project has housed over 2,000 homeless people. Approximately 1,000 of those people live in Vancouver, with the remainder in Victoria, Surrey, Kelowna and Prince George. For more information, visit [here](#).

Prince George is one of the five communities within Northern Health identified provincially for the Immediate Homelessness Integration Project. This project has twenty community agencies, Ministries and health authority programs working in cooperation to provide clinical and support services for people who meet the homelessness criteria.

Strengthen Community Residential Treatment Options

Children, youth and adults suffering from a mental disorder and/or substance dependence need a safe, structured residential environment with highly trained caregivers who provide intensive therapeutic and social supports – this environment allows for stabilization so treatment is most beneficial.

Enhance appropriate access to evidence-based community placements and community residential therapeutic options for children and youth with mental disorders

The Ministry of Children and Family Development (MCFD) and the Federation of Community Social Services have completed an extensive review of the MCFD residential service system. A final report including recommended actions is expected to be available in March 2012. MCFD has begun to organize the draft recommendations into a three-year strategic plan intended to improve the experiences and outcomes for children and youth in residential care.

Northern Health (NH) has developed an integrated service delivery model combining mental health and substance use issues in all programs from community through secondary and residential. To facilitate access, the community programs have implemented a centralized intake process for both programs in all communities. To support the integration, NH has implemented the new Minimum Reporting Requirements information system.

Provide evidence based treatment options in youth and adult residential substance-use programs, including abstinence based programs as well as those based on harm reduction

Last year, with funding from Health Canada, the Ministry of Health and B.C.'s health authorities worked together to develop a service model and standards for adult and youth residential services. The standards apply to residential treatment and supportive recovery facilities funded by health authorities.

In Fraser Health, roll out of the provincial Residential Substance Use Services Standards to substance use facilities is underway. Provision of standardized, evidence based levels

of care. Two sets of standards exist - adult and youth specific. Harm reduction already includes abstinence based services but not zero tolerance ones.

Northern Health completed a program review of the Nechako Youth residential treatment program and has implemented an integrated service model based on concurrency.

Ensure Appropriate Access to Hospital and Specialized Bed-Based Treatment

Some individuals with severe or complex disorders will, at times, require more intensive bed-based, tertiary services to manage symptoms and minimize risks to self and others. As well, individuals with severe and complex mental illnesses, along with substance use and physical health problems, require a specialized type of care and treatment; treatment is either hospital-based or community-based and is available for both adolescents and adults.

Conduct a province-wide satisfaction survey of adults and youth who have received services in inpatient psychiatric and substance use residential facilities

In 2011, the Ministry of Health and health authorities conducted the first B.C. Mental Health and Substance Use survey. The response rate of 65 per cent was great, with feedback provided by 6,615 people who were recently discharged from one of 102 short-term mental health or substance use facilities across the province. While there are some areas for improvement, 87 per cent of mental health patients and 95 per cent of substance use clients rated the overall quality of their care as good, very good or excellent. For survey results, see [here](#).

Establish provincial health and safety policy requirements for specialized mental health facilities

There are currently limited or varied requirements to guide the designation of facilities under the *Mental Health Act*, or to guide facility directors and planners in providing safe, high-quality and effective services. Individuals who have been admitted for treatment involuntarily under the *Act* are highly vulnerable and require treatment that protects individual their rights and ensures high quality care. This initiative responds to requests from the HAs for the development of program and facility standards to ensure consistent, safe and effective services in designated facilities throughout British Columbia. For more information on the *Mental Health Act*, see [here](#).

Following Accreditation Canada Survey requirements, Northern Health developed a staff, client and family safety pamphlet for use across all programs and sites.

Complete the Riverview Redevelopment Project

Riverview Hospital in Coquitlam first opened in 1913 as the main residential mental health facility in the province. The hospital building and design are outdated – in addition to the practice of removing individuals with severe mental disorders from their home communities. Currently, the province is working on an on-going project to transfer patients from Riverview Hospital to new or renovated facilities in communities across the province. The new facilities built in partnership with the health authorities, provide supportive, more home-like environments and facilitate important ties to the community, making rehabilitation and reintegration easier.

As of August, 2011 a total of 527 tertiary acute, tertiary rehabilitation and specialized residential bed resources have been transferred. The breakdown of the health authorities' transferred beds is:

- Interior Health – 150 of the 150 bed allocation;
- Fraser Health – 170 of the 267 bed allocation;
- Vancouver Coastal Health– 49 of the 209 bed allocation;
- Vancouver Island Health Authority - 68 of the 127 bed allocation;
- Northern Health– 65 of the 65 bed allocation; and,
- Refractory – 25 of 25 beds.

The number of patients remaining at Riverview as of August 2011 was 109 patients: 5 adult psychiatric intensive care, 49 geriatric, 37 adult acute, and 18 refractory psychosis. However, given admissions, discharges and transfers of programs with the redevelopment project this number changes frequently.

Since 2004, Fraser Health has opened five Riverview redevelopment sites, for a total of 170 beds, including 10 neuropsychiatric beds at the Alder unit in Vancouver Coastal Health.

- Tertiary adult rehabilitation program project (Cedar Ridge in Chilliwack) completed (20 beds) - opened in August 2011.
- Tertiary older adult program project (Oceanside in White Rock) completed (24 beds) – opened in September 2011.
- Tertiary adult acute program project (Timber Creek in Surrey) 40 per cent complete (59 beds) – on track to open June 2012.

Northern Health has completed the Riverview devolvement project. The residential beds transfer was completed with the utilization agreement with Interior Health for the Hillside Centre for the three acute beds; the final Riverview funding was used to develop and implement the Assertive Community treatment team in Prince George in 2009/10.

Continue to develop the Burnaby Centre for Mental Health and Addiction as a centre of excellence for treatment, research and knowledge exchange

A number of people have a complex mix of problematic substance use, mental disorders, and physical health, behavioural and social problems that are of sufficient severity to challenge the traditional service delivery system for mental health and substance dependence problems. These individuals struggle against numerous obstacles including social stigma and discrimination, a lack of basic supports such as a shelter, social networks, education, and vulnerability to victimization. Traditionally there has been a service gap for these individuals as conventional care regimes do not offer appropriate programming that manages their often aggressive, inappropriate and chaotic behaviours appropriately, which makes it difficult for this population to engage in and benefit from their services.

The Burnaby Centre for Mental Health and Addiction (Burnaby Centre) is a residential treatment facility that was created for this population for whom appropriate treatment is not available or who are unable to benefit from existing treatment and service options. The Ministry of Health, Vancouver Coastal Health and the Provincial Health Services Authority (PHSA), collaborated to develop this 100-bed treatment resource in Burnaby. Referrals come from health and criminal justice systems across the province, including community court, probation services and community-based social organizations. An access protocol for the Burnaby Centre was developed by PHSA in collaboration with the health authorities, the ministry and research institutions with expertise in treatment for these clients.

Services at the Burnaby Centre include on-site medical, nursing, psychiatric, substance use services, and trauma counselling. The Burnaby Centre offers phased programming. The first phase is a high intensity stabilization service in 30 beds; the second phase includes 70 beds for continued stabilization; and the third phase involves the transition to community services. Close collaboration with assertive case management and supportive housing will allow for reintegration into the community. The average length of stay is intended to be 6-12 months, depending on the client's circumstances.

Burnaby Centre is involved in ongoing performance improvement activities, including responding to recommendations from an external review completed in February, 2010. Research and evaluation capacity is a focus with the goal of providing essential client outcome information.

Northern Health continues to take part in planning meetings regarding the Burnaby Centre as well as client referral processes.

Develop Improved, Coordinated Responses for People with Complex Challenges

Children, Youth and Adults with Special Needs

Individuals with developmental disabilities and mental health problems have unique service and support needs. They may require additional educational, medical and social support to improve their health, development, learning, quality of life, and community participation.

People in Contact with the Criminal Justice System

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness and/or substance use dependence. Individuals involved in the criminal justice system often have difficulty accessing and maintaining community mental health and substance use services. Facilitating access to existing services and supports and examining current outreach strategies are priorities for this population.

Ensure appropriate access by children, youth and adults with developmental disabilities and mental illnesses to integrated community-based treatment and support services

Access to appropriate, integrated community-based treatment and support services for children, youth and adults with developmental disabilities and mental illness is critical. The Mental Health & Substance Use branch of the Ministry of Health has a long standing Provincial Working Group table that ensures that conversations between the Ministry of Health, Community Living BC, Ministry of Children and Family Development and the Ministry of Social Development occur and support continuity of service provision to those with developmental disabilities across the service systems. To download a copy of *Planning Guidelines For...Mental Health & Addiction Services for Children, Youth & adults with Developmental Disability* see [here](#).

Implement British Columbia's Children and Youth with Special Needs Framework for Action and the Transition Planning Protocol for Youth with Special Needs

The Children and Youth with Special Needs Framework for Action and the Transition Planning Protocol for Youth with Special Needs continue to guide the partner ministries in the coordinated delivery of services and supports for children and youth with special needs and their families. Over the past year, inter-ministerial protocols for the provision of support services to school-aged children have been reviewed and updated (posted on the Ministry of Education [website](#)), to support and guide coordinated delivery of effective-services to school-aged children. In addition, the Ministry of Children and Family Development (MCFD), Ministry of Social Development, and Community Living BC have led the cross-ministerial/organizational collaboration to improve planning process for clients who are likely to transition to adult services. This protocol can be found [here](#).

Northern Health has been meeting on a regular basis with Community Living British Columbia and MCFD to regionally implement the provincial policies and guidelines for this population.

Develop provincial policies and guidelines for clinical services (such as clinical case management and outreach services) for adults with mental illness and/or problematic substance use and developmental disability

There is growing evidence to support the delivery of Intensive Case Management and Assertive Outreach (ICM/AO) for individuals with severe mental health and substance use needs from a community-based model, but where the level of needs is somewhat less than that which would be provided through an Assertive Community Treatment team. ICM/AO generally has a high client-to-staff ratio, provides services on evenings and weekends but not necessarily 24/7, and serves individuals with complex health and mental health/substance use needs but not necessarily those experiencing psychosis.

The Mental Health & Substance Use branch of the Ministry of Health is taking the same approach to ICM/AO as it has with other program areas targeting those with high, complex needs to establish provincial programs standards and guidelines that are evidence-based and appropriate within the B.C. context. It is in early stages of understanding the components of and applications for this model, but initial evidence suggests that ICM/AO is an appropriate approach for those with severe substance use issues as well as transitioning complex youth.

Northern Health has been meeting on a regular basis with Community Living British Columbia and the Ministry of Children and Family Development to regionally implement the provincial policies and guidelines for this population.

Develop guidelines to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services

Given that over 50 per cent of youth and adults in contact with the criminal justice system have been diagnosed with a mental illness and/or substance use disorder, the Mental Health & Substance Use branch of the Ministry of Health has well-developed relationships with the Ministry of Public Safety and Solicitor General, the Ministry of the Attorney General, and the [Forensic Prolific Offenders Management](#) program. Due to the complexity across systems and institutions, individuals in contact with the criminal justice system often do not receive appropriate, integrated or continuous care, which frequently results in repeated trauma, poor health and mental health outcomes, and high rates of recidivism.

Throughout B.C.'s history, various partnership initiatives have been attempted, with little or unknown outcomes. Diversion programs now assist individuals in receiving appropriate care where a jail cell or court was once the only options. Mobile response teams provide police officers with mechanisms for responding more effectively to individuals' mental health and/or substance use needs. Integrated court programs such as those being trialed with Victoria's Assertive Community Treatment teams offer mental health and substance use treatment services as an alternative to incarceration.

However, challenges around sharing information and ensuring continuity of care across the corrections and health systems feeds the ongoing cycle of unresponsive care. The Mental Health & Substance Use branch of the Ministry of Health is actively engaged with partners in the correctional services to find alternatives and better treat this population.

Northern Health collaborates with the Ministry of Children and Family Development on youth transition services for youth identified with complex-needs.