



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO  
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

## Meeting the Needs of Children and Youth with Mental Health Concerns



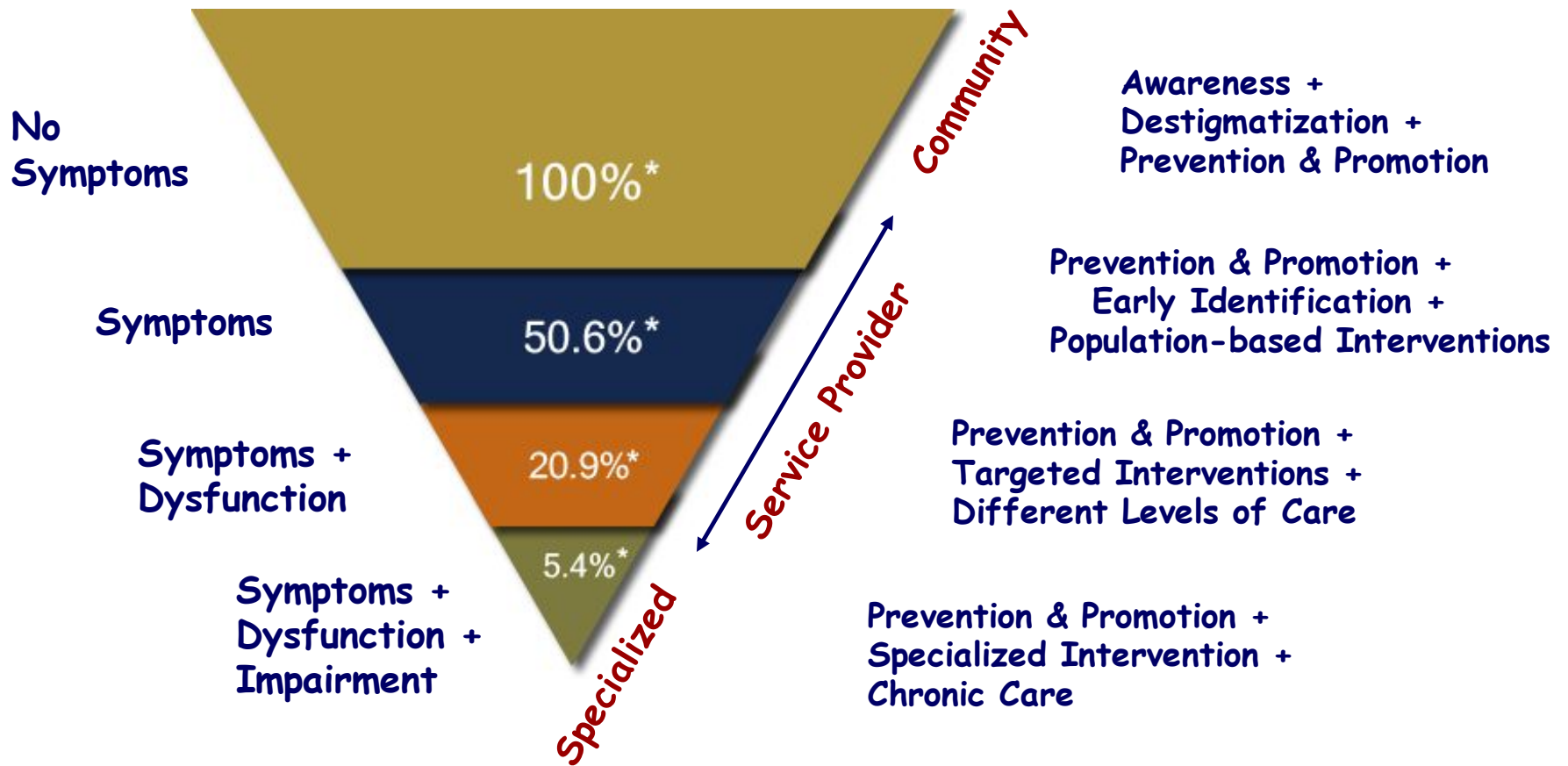
"I dream my painting, and then I paint my dream" ~ Vincent VanGogh - theme for the CYMH Mural Project

# Child & Youth Mental Health Facts

- High prevalence of psychiatric disorder (15-25%)
- High demand for service with limited access (only 1 in 6)
- fragmented, under-resourced mental health system but with 'pockets' of excellence
- Lack of standardization and best practices
- Lack of integration across the continuum of care
- Challenges to education and training of mental health professionals
- Allied Health professionals with expertise in CYMH few and far between - particularly outside of specialized centres.
  - Issues of retention and recruitment
- Most Primary Care Physicians receive little training or support for diagnosing or treating mental health problems in children and youth even they they are often the first entry into the system.

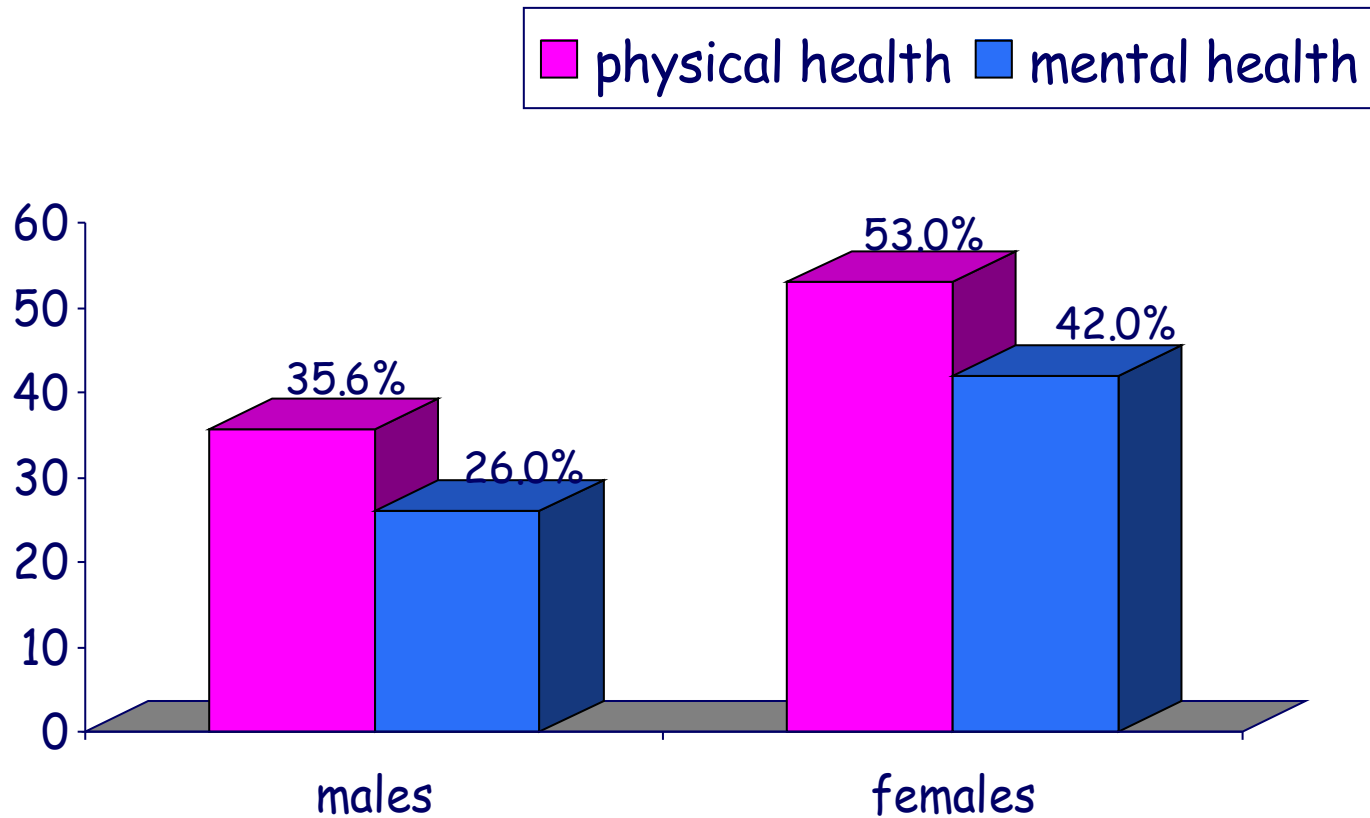


# Population Approach to Child and Youth Mental Health & Illness



\*Shaffer et. al., 1996 (prevalence data from the MECA study)

# Recurring concerns about physical health and mental health by gender



# Co-morbidity is the norm

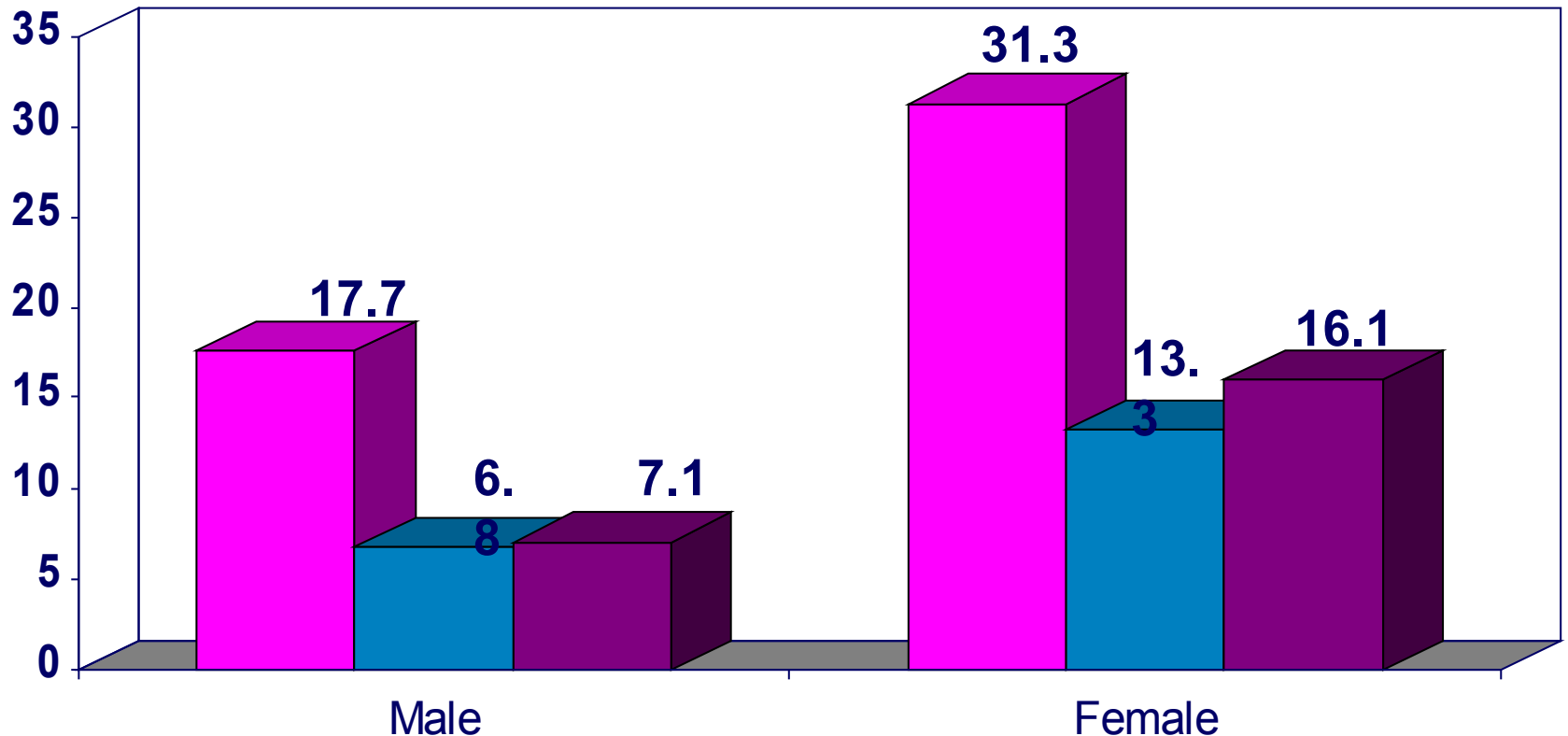
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- If one mental health disorder is present, more than likely there will be another mental health disorder present
- Other types of co-morbid / concurrent issues
  - Learning and school-related problems
  - Health problems
  - Substance use / abuse
  - Developmental issues
  - Risk-taking behaviour



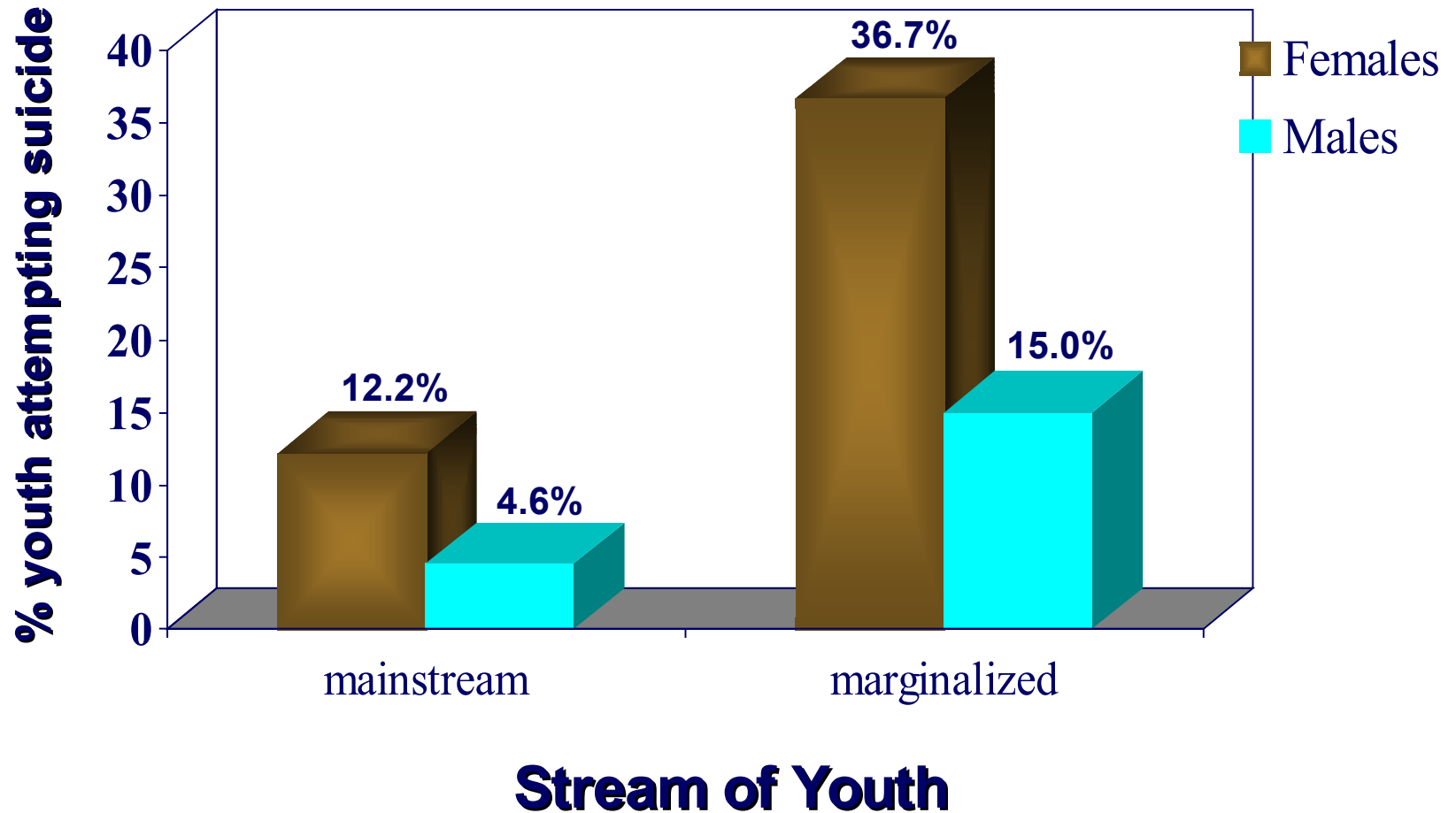
# Suicidal Ideation and Behaviour by Gender

■ Past Suicidal Thoughts      ■ Current Suicidal Thoughts      ■ Past Suicide Attempts

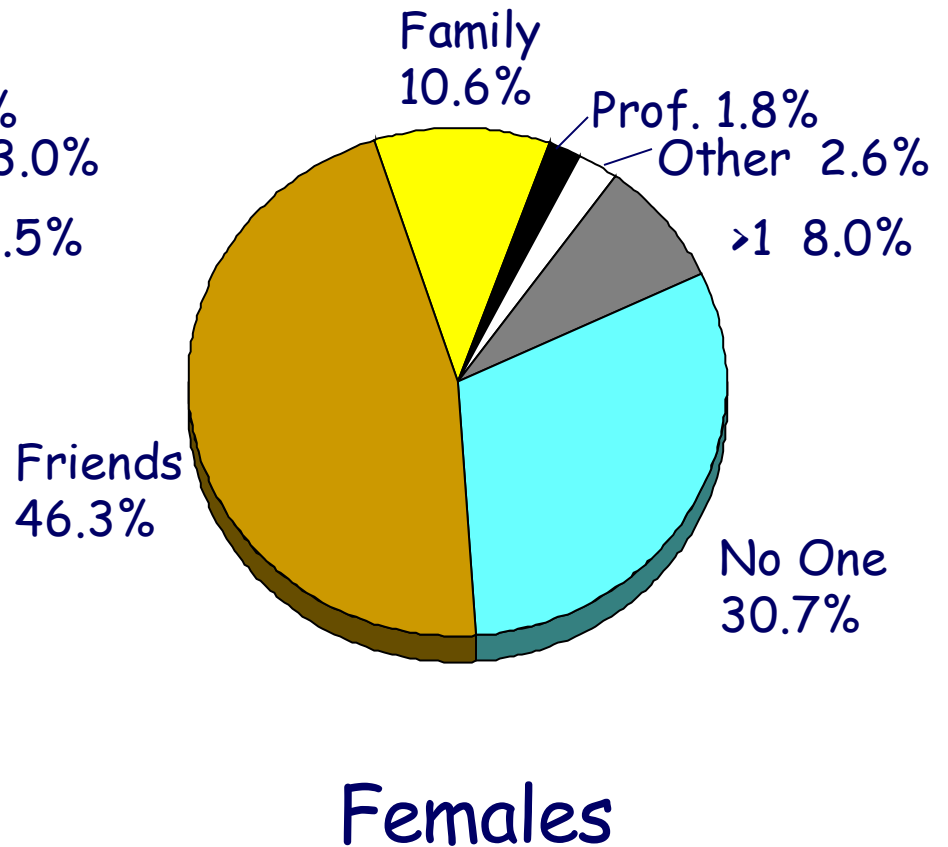
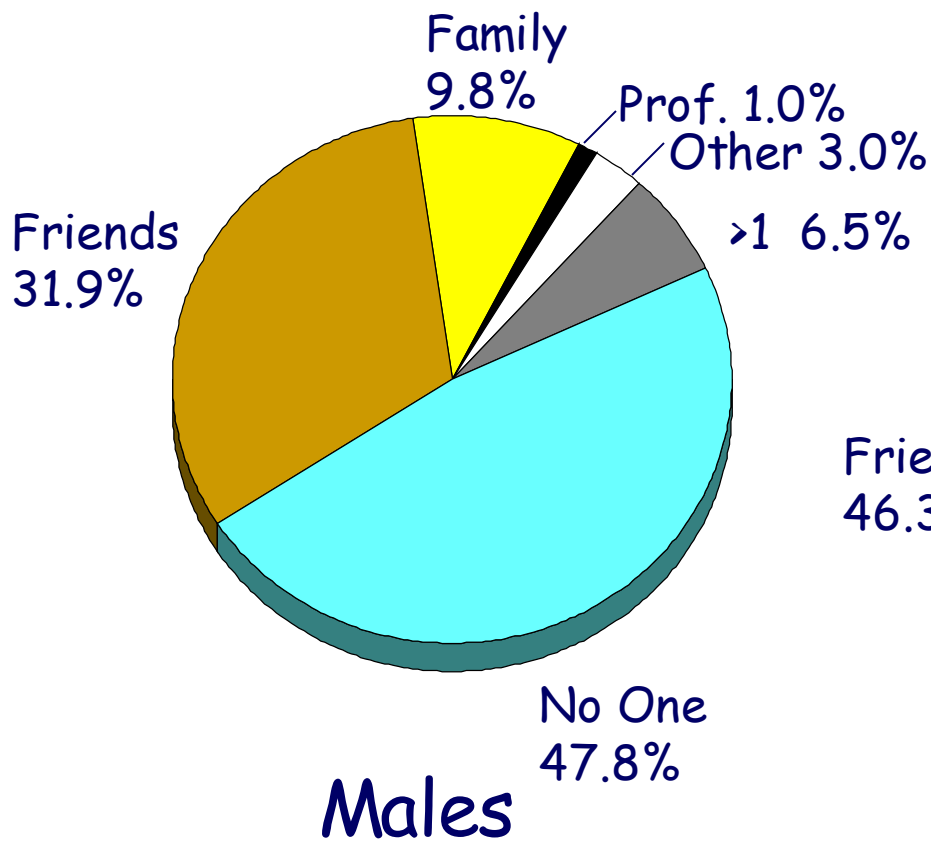


(YN/RA 2002, N=10822)

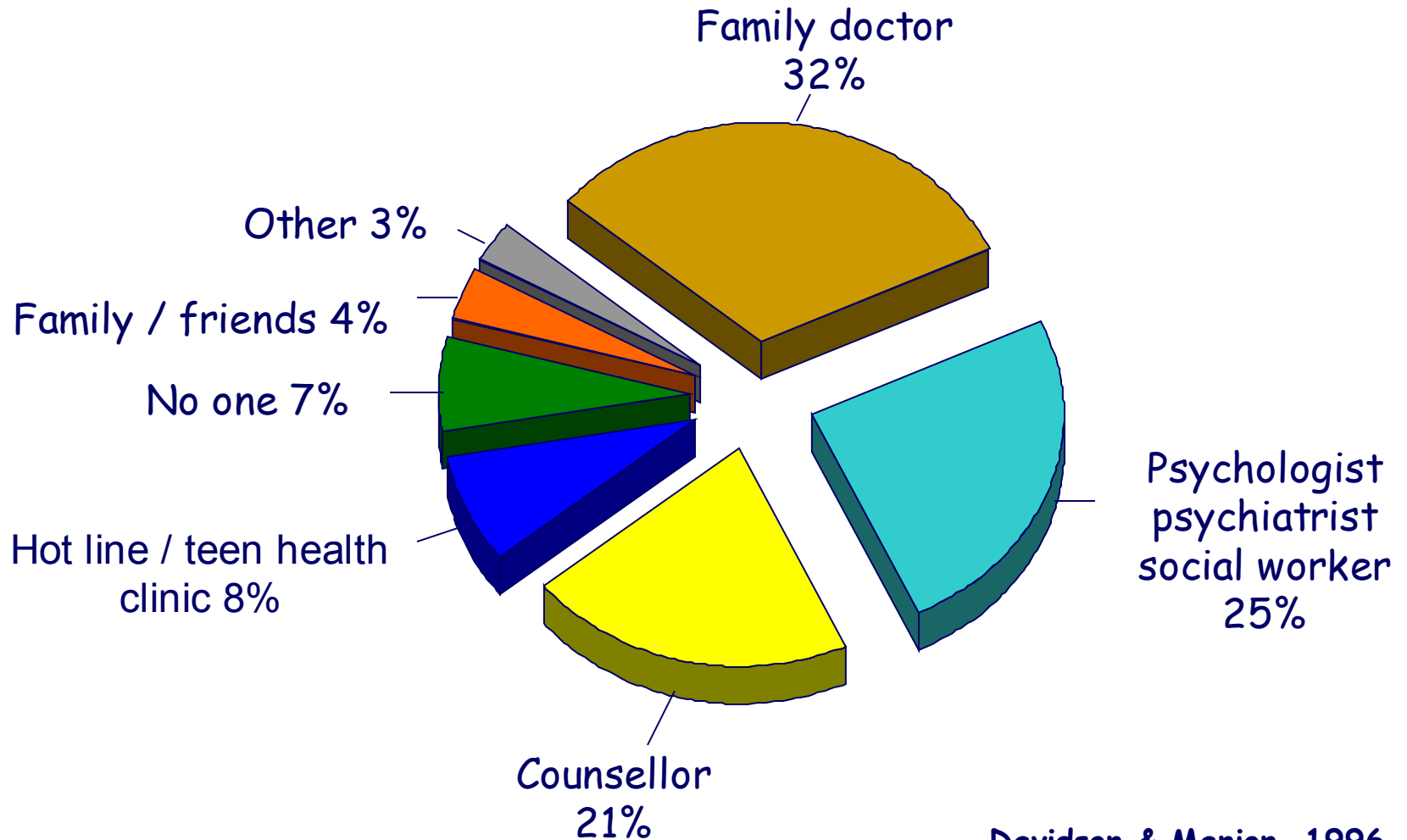
# Suicide Attempts By Gender for Mainstream and Marginalized Youth



# Who do youth talk to about mental health concerns (by gender)?



# Where would youth go for professional help for a mental health concern?



# Stigma

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63% of youth indicated that embarrassment, fear, peer pressure, and/or stigma are the major barriers to young people seeking help for mental health problems.

Others would not recognize if they had a problem (19%) or would not know where to get help (12%).

Davidson & Manion, 1996



# Mental Health is Everyone's Business

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Health professionals can also contribute to stigma!

"why do I need to know this stuff?"

"it isn't really medicine!"

"someone else needs to take care of the mental health piece?"



# Timing is everything

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- On everyone's radar
  - National Child and Youth Health Coalition Indicators Initiative
  - Canadian Pediatric Society
  - Out of the Shadows at Last (Kirby report)
  - National Strategy for Child and Youth Mental Health (CAPHC)
  - National Centres of Excellence
  - Provincial policy frameworks



# What is needed?

## Inter-professional cross-sectoral collaboration

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- Child and youth Mental Health must be cross-sectoral by definition
  - Mental health, health, education, youth justice, child welfare, developmental services
- Common language, mutual respect, and clarity of roles are all required
- Should be reflected in training as well as practice
  - What basic level of knowledge should be an expectation?
  - Training should include knowledge on how the various systems work



# Dealing with the demands for service

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- Wait lists and wait times
  - Sometimes its about getting in the right line in the first place
  - Not everyone needs the most specialized service
  - Value of screening, early identification, and even mental health promotion and prevention
    - ◆ *Critical role for pediatrics and primary care*



# Knowledge Exchange

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Research is not enough...

Getting the right knowledge to the right users  
in the right format at the right time to make  
change happen....

It's all about partnerships and relationships ...



# **We need to change how we think and how we do our business**

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- About our understanding of mental health and illness
- About the continuum of care
- About our mutual roles and responsibilities
- About how best to use what we already know
- About when and how to innovate



# Some New Ideas...

## Family Help Program: Bringing Health Home (Patrick McGrath, Dalhousie University, IWK)

- ❑ Distance Treatment Model
  - ❑ Treatment is delivered to families in the comfort and privacy of their own homes at times convenient to them
- ❑ Early Intervention (mild- moderate severity)
- ❑ Goals:
  - ❑ Increase access to care
  - ❑ Intervene early before the problem gets worse

# Involvement of clinicians and decision makers

- At all stages
- Using different methods
  - Formal Advisory Groups
  - Informal discussion
  - Membership on management team
  - Using face to face and phone meetings
  - Will change what is done
  - Maintain mutual respect and communication

# Family Help Program: Bringing Health Home

## How is Treatment Delivered?

### Three Components:

- ❖ Written material: evidence - based, easy to read
- ❖ Video and audio tapes
- ❖ Telephone Coach

HOME DELIVERY: NO FACE TO FACE CONTACT

# Family Help Program: Bringing Health Home

## Pediatric Treatment Modules

Randomized Trials (50% Active Treatment/ 50% Usual Care)

- Recurrent Headaches and Abdominal Pain (9 - 16 years)
  - Parental and Child interact with coach
  - Stress management, Relaxation, Dietary & Analgesic therapy
- Anxiety (6 - 12 years)
  - Parental and Child component
  - Relaxation & Avoidance Reduction
- Disruptive Behaviour Disorder (3 - 7 years)
- Attention Deficit/Hyperactivity Disorder (7 - 12 years)
  - Parental Component
  - Behavioural Intervention
- Enuresis (5 - 12 years)
  - Parental Component
  - Urine Alarm

# Healthy Minds/Healthy Children:

Kristin Morrison, MD, FRCPC, Pediatrician, Brooks, Alberta

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- 2002 -Southern Alberta Child & Youth Health Network (SACYHN) identifies children's mental health as a priority.
- Healthy Minds/Healthy Children project developed  
With a mandate to build primary care capacity to meet mental health needs of children & youth.
- 2003 -Initial funding received



# Program Initiatives

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1. **Direct Clinical Support:**
  - Consultations: in-office & virtual
  - Theme based in-services
2. **Local/Community Resource Development:**
  - Information prescriptions
  - Desk Reference
  - **Online Continuing Professional Development**



# Online Continuing Professional Development:

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- Internet based series of modules
- Didactic + asynchronous interactive learning
- Synchronous option
- Inter-professional presenters (psychiatry, paediatrics, social work, psychology, nursing)
- Broad range of topics
- Accredited by CFPC, RCPS, Social Work

[www.hmhc.ca](http://www.hmhc.ca)



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**Youth engagement promotes  
health and reduces risk  
behaviours**



# Youth and Stigma



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# Provincial Centre of Excellence for Child and Youth Mental Health: Activities and Resources

