



Child and Youth Mental Health in B.C.

A Submission for the Select Standing Committee on Children and Youth

September 19, 2014

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Executive Summary & Recommendations

The Canadian Mental Health Association (CMHA) BC Division is making this written submission in response to a review of issues related to child and youth mental health conducted by the B.C. Legislature's Select Standing Committee on Children and Youth. In this submission, we will be outlining what we think the government can do to ensure mental health for *all* children and youth. We draw from a number of resources throughout this submission, including our history of advocacy on this issue, the local experiences of CMHA branches, youth, the work of allied organizations (e.g. YoungMinds in the UK), and key reports including those produced by the B.C. Representative for Children and Youth.

CMHA BC is encouraged by the Select Standing Committee's examination of child and youth mental health. The government does need to take the mental health of B.C.'s children and youth seriously. We are hopeful that the Committee's examination of these issues is an opportunity to strengthen the province's systems, services, and supports so that children and youth with mental health problems can have every chance to experience recovery and wellbeing. Our executive summary includes an articulation of our vision of child and youth mental health in this province and our take on the recommendations that can help us realize this vision in the near future.

Our Future Vision for Child and Youth Mental Health in B.C.:

1. A collective understanding that mental health starts where we live, work, learn, and play.
2. All children and youth have access to the services and supports they need, no matter where they live, without lengthy delays.
3. B.C. spends smart and invests in mental health promotion and the prevention of mental health problems, not just treatment and care.
4. Children, youth and families are able to navigate the system, and they are able to find help through the system when they get stuck.
5. Vulnerable populations¹ are prioritized in programs, service and system design. No child or youth, including vulnerable youth, should be allowed to fall through gaps in service.
6. Children, youth, and families are treated as equal partners in their care.
7. Mental health and substance use services are designed for children, youth, and their families and are responsive to their individual needs.
8. Services are coordinated, collaborative, and connected, ensuring a seamless pathway of care for children and youth
9. Children and youth should transition to continued good mental health, not only transition to services.

¹ For the purposes of this submission, vulnerable populations include young people in care, young people leaving care and transition-age youth.

Our Recommendations:

Priority One: Children and Youth in Government Care and Leaving Care

1. The Ministry of Social Development and Social Innovation should ensure that young people are no longer subject to a two year independence rule, which prevents them from accessing income supports, placing them at further risk, especially if they are experiencing mental health problems.
2. Youth should continue to receive services and supports to the age of 25.
3. Focus on identifying at-risk youth in care at an early age and ensuring government services and the non-profit sector work together to support these youth in successful transitions. Successful transitions must include a focus on protective factors that are associated with mental wellness.
4. Provide youth in care, their caregivers, and the staff working with them with easy to access, centralized information on transitions, with an emphasis on support related to financial, educational, employment, housing, health, and mental health issues.
5. Introduce specialized transition navigators with expertise in the various aspects and processes of transition, as they relate to the needs of young people leaving government care.
6. Provide culturally safe² programs and services to support the diverse youth in care which includes a disproportionately high number of Aboriginal children and youth.

Priority Two: Transition-Age Youth

7. Increase the transition age from 19 to 24 and provide robust supports and services during transition-age years.
8. Collaborate with local governments, communities, organizations, and cultural groups to design supports for transition-age youth that are responsive to their diverse needs and experiences.
9. Ensure that youth transitioning to adult mental health services are not locked out of the adult mental health system because of different thresholds of access (e.g. needing to present in acute crisis). Any transfer to the adult system must be supported and well-facilitated.
10. Provide resources for transition navigators in local communities modeled after the CMHA Kelowna Connected By 25 model.
11. Find ways to support transition-age youth in accessing supports beyond formal mental health services, including housing, education, and employment.

² Cultural safety refers to what is felt or experienced by an individual when a service provider communicates with the individual in a respectful, inclusive way, empowers the individual in decision-making and builds a health care relationship where the individual and provider work together as a team. Culturally safe encounters require that providers treat individuals with the understanding that not all individuals in a group act the same way or have the same beliefs. Adapted from *A Path Forward: B.C. First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan*. (2013)

12. Engage young people in the overall design of the child and youth mental health system to ensure transitions are as supportive and facilitated as possible. CMHA BC Division's BlueWave program is an excellent example of youth engagement.
13. Involve young people in information sharing decisions. Empower service providers to communicate the value in sharing information with families and service providers to ensure high quality, seamless care and support.

Priority Three: Mental Health Promotion, Prevention and Early Intervention

14. Invest a greater proportion of overall mental health funding in promotion, prevention, and early intervention.
15. Prioritize initiatives that support vulnerable groups such as: Aboriginal youth; immigrant and refugee youth; lesbian, gay, bisexual, transgender and intersex (LGBTI) youth; and young people living with physical disability and chronic health conditions.
16. Invest in mental health promotion programs which empower local communities to design, plan, and implement culturally relevant and respectful initiatives. CMHA's Connecting the Dots program is an excellent example of such a program.
17. Maximize the reach of promotion and prevention efforts by delivering programs through a number of settings including peer-to-peer, online, community-based and within schools.
18. Invest in health promotion, prevention, and early intervention initiatives related to substance use. Build capacity among youth, families, and communities to prevent or reduce substance use and associated harms.

About CMHA BC Division

The Canadian Mental Health Association is one of Canada's oldest and most established national mental health charities. Our vision is mentally healthy people in a healthy society. As the nationwide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness or addiction. We do this by building capacity, influencing policy, providing services, and developing resources. Each year, CMHA in B.C. provides services and supports to over 80,000 British Columbians through our provincial and local programming. CMHA promotes mental health for all and supports the resilience and recovery of people experiencing mental illness or addiction.

Both the BC Division and local branches of CMHA run a number of programs for children and youth, with many focusing on the promotion of mental health and the prevention of mental health problems, a key theme underpinning our recommendations to the Committee. Some of our programming also supports mental health promotion, recovery, and resiliency through related supports such as life skills training and fostering relationships. Other activities focus on building practical skills to cope with mild to moderate symptoms of mental illness. Finally, some programs also focus on supporting youth in transition—another priority issue identified in this submission.

A list of our programs which support children and youth is provided in **Appendix A**.

Acknowledgements

CMHA BC Division would like to acknowledge CMHA branches as well as the children and youth with direct experience who contributed to this report. In particular, we would like to thank CMHA Prince George, CMHA North & West Vancouver, CMHA Kelowna, CMHA Vancouver-Burnaby, and CMHA Mid-Island.

Our Vision for the Future of Child and Youth Mental Health in B.C.

1. A collective understanding that mental health starts where we live, work, learn, and play.
2. All children and youth have access to the services and supports they need, no matter where they live, without lengthy delays.
3. B.C. spends smart and invests in mental health promotion and the prevention of mental health problems, not just treatment and care.
4. Children, youth and families are able to navigate the system, and they are able to find help through the system when they get stuck.
5. Vulnerable populations³ are prioritized in programs, service, and system design. No child or youth, including vulnerable youth, should be allowed to fall through gaps in service.
6. Children, youth, and families are treated as equal partners in their care.
7. Mental health and substance use services are designed for children, youth, and their families and are responsive to their individual needs.
8. Services are coordinated, collaborative, and connected, ensuring a seamless pathway of care for children and youth
9. Children and youth should transition to continued good mental health, not only transition to services.

Achieving Our Vision

Before we can step closer to our vision for child and youth mental health in B.C., or even take action on the recommendations detailed in this submission, we need to think about the system as a whole. We believe the following two major recommendations, adapted from the Representative for Children and Youth's 2013 report *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.*, will help take us all take a collective step toward realizing the key points articulated in our vision:

- *That the Government of B.C. establish a single point of accountability for addressing the needs of [...] children and youth with mental health problems, and the related services that span across ministries and service delivery areas.*
- *That the Government of B.C. ensure the conditions are in place (political support, resourcing, clarity of mandate) for province-level leadership and vision at this single point of accountability.*

³ For the purposes of this submission, vulnerable populations include young people in care, young people leaving care and transition-age youth

Introduction

We know that twenty percent of Canadians will personally experience a mental illness in their lifetime⁴ and that 50%-70% of adults with a mental illness are diagnosed as children or youth.⁵ Yet we also know that only 31% of children and youth receive the treatments or supports they need.⁶ There is no question that the mental health of children and youth is a critical issue not just for youth and their families, but for governments, policymakers, and service providers seeking to support mental wellness in British Columbians from an early age—an approach which can have lasting affects across the lifespan.

While progress has been made, we know that the mental health system in B.C. can still be described as a patchwork of services which is difficult for youth and families to navigate and has gaps in the continuum of care.⁷ We would say the system is centered around a narrow range of highly specialized (acute and tertiary) services, with less focus or investment in community supports, when in fact we know that there is excellent evidence on the importance of providing supports in the communities in which people live, work, learn, and play. Waitlists for access to services are common and often long, resulting in young people who feel abandoned by the system or simply give up, losing out on a continuity in their care.⁸

Though access to services is a critical issue for youth and their families, we acknowledge that others have clearly articulated the need for better access to treatment and have also noted that treatment is where a majority of spending is already focused.⁹

For these reasons, this report will focus on three priority areas where CMHA currently finds high unmet need and the potential for significant impact. These areas are:

- 1) **Children and youth in government care and leaving care:** Young people up to age 19 who are in foster care, group homes, or are involved in the justice system
- 2) **Transition-age youth:** Young people ages 16 to 24 who are moving from child and youth mental health services to adult mental health services
- 3) **Mental health promotion and prevention:** Upstream approaches to mental health.

These areas align with existing identified government priorities, recommendations from the BC Representative for Children and Youth, and goals stated in B.C.'s Ten Year Mental Health and Substance Use Plan, *Healthy Minds, Healthy People*¹⁰.

⁴ Canadian Mental Health Association. (2014). Fast Facts about Mental Illness. Available from: www.cmha.ca/

⁵ Waddell C., Shepherd C.A., Schwartz C., and Barican, J. (2014). *Child and youth mental disorders: Prevalence and evidence-based interventions*. Vancouver, B.C.: Children's Health Policy Centre, Simon Fraser University.

⁶ Ibid.

⁷ Turpel-Lafond, M.E. (2013). *Still Waiting: First-hand experiences with youth mental health services in B.C.* Victoria, BC: The Representative for Children and Youth.

⁸ Cox, K., Smith, A., Poon, C., Peled, M. and McCreary Centre Society. (2013). *Take me by the hand: Youth's experiences with mental health services in B.C.* Vancouver, B.C.: McCreary Centre Society.

⁹ Waddell C., Shepherd C.A., Schwartz C., and Barican, J. (2014). *Child and youth mental disorders: Prevalence and evidence-based interventions*. Vancouver, B.C.: Children's Health Policy Centre, Simon Fraser University.

Report Methodology

Information for this submission was primarily gathered from five CMHA branches across B.C. CMHA – BC Division worked closely with CMHA branches to explore the following questions posed by the Select Standing Committee on Children and Youth:

- 1) What are the main challenges around youth mental health in B.C.?
- 2) Are there current gaps in service delivery?
- 3) What are best practices for treating and preventing youth mental health issues?
- 4) How should resources be targeted in the future?

CMHA Kelowna Branch gathered input from a focus group of 15 youth and young adults, which included representation from Aboriginal youth. They also gathered additional input from the their youth services team which is comprised of four service providers. CMHA Mid-Island Branch gathered information from service providers on their youth services team which is comprised of seven individuals. Quotes from the branch, service provider, and youth feedback are included in this report.

From the review of reports, literature and direct input, three priority areas were identified for improving youth mental health in B.C. For each priority area, key issues are summarized, followed by a statement of CMHA's recommendations.

¹⁰ Government of British Columbia, Ministry of Health Services, & Ministry of Children and Family Development. (2010). *Healthy minds, healthy people: A ten-year plan to address mental health and substance use in British Columbia*. Victoria, BC.: Author.

Priority One: Children and Youth in Government Care and Leaving Care

There are over 8,000 children and youth in care of the BC government, as per the *Child, Family, and Community Services Act*.¹¹ Aboriginal young people are disproportionately represented in this population, with studies estimating almost 50% of Canadian youth in foster care, ages 14 years and under, are Aboriginal.¹² Young people in care are in foster homes, group homes, residential mental health treatment facilities, or in custody at a youth justice facility.

Issues:

- 1) Children and youth in care often experience **complex, unmet needs**.

Some young people in care experience a level of stability and security, while others experience multiple challenges related to the effects of trauma, poor care, discrimination, insecurity, or other important influences on well-being.¹³ Young people who experience a dual diagnosis (mental illness and developmental disability) or concurrent disorders (mental illness and a substance use disorder) often find services either don't meet their complex needs or exclude them based on the complexity of their diagnosis. Services offered to young people in care are not always coordinated or appropriate for individual and complex needs.

- 2) Youth **aging out** of the care system are not supported

In an average year, about 700 young people age out of the care system on their 19th birthdays.¹⁴

Without good wraparound support, young people leaving care face significant barriers to success. They are less likely to graduate high school, less likely to attend post-secondary education, more likely to experience homelessness, less likely to find employment, and more likely to be involved in the justice system.¹⁵

Young people leaving care at the age of 19 are left with fewer resources to live well. While many young Canadians expect to continue with post-secondary education, it may be prohibitively expensive for young people leaving care. Without additional financial assistance, student loans alone do not cover tuition and minimal costs of living. Many young Canadians depend on informal assistance from their families (such as financial assistance, housing, and/or support) as they move to adulthood. Not only do young people in care not have these supports,

¹¹ Turpel-Lafond, M.E. (2014). *On their own: Examining the needs of B.C. youth as they leave government care*. Victoria, B.C.: The Representative for Children and Youth.

¹² Statistics Canada. (2011). National Household Survey: Aboriginal Peoples in Canada: First Nations People, Metis and Inuit. Available from www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf

¹³ Turpel-Lafond, M.E. (2014). *On their own: Examining the needs of B.C. youth as they leave government care*. Victoria, B.C.: The Representative for Children and Youth.

¹⁴ Ibid.

¹⁵ Ibid.

they live in systems that assume all people can depend on informal supports to make up for deficits and prevent serious hardships.¹⁶

3) Youth leaving the care system **need housing**

Maintaining mental health without a safe place to live is extremely challenging, and young people leaving government care can experience significant barriers to accessing safe and secure housing. Young people have reported that a stable home environment has a strong impact on mental health.¹⁷ However, homelessness is a serious concern for youth in care. About 40% of homeless youth in B.C. have been in foster care, and research in Kamloops found that 72% of homeless youth have been involved with Ministry of Children and Family Development (MCFD).¹⁸ When a youth is discharged from care, ages out of a service, or is evicted for any reason, they must have the means to access housing. There must be systems in place to ensure that no young person is discharged into homelessness.

Recommendations:

Our recommendations build upon the work led by the Representative for Children and Youth in their report *On Their Own: Examining the Needs of BC Youth as They Leave Government Care* (2014) and the local leadership of CMHA Kelowna and the actions and findings of their *Connected By 25* project.

- 1. The Ministry of Social Development and Social Innovation should ensure that young people are no longer subject to a two year independence rule, which prevents them from accessing income supports, placing them at further risk, especially if they are experiencing mental health problems.**
- 2. Youth should continue to receive services and supports to the age of 25.**
- 3. Focus on identifying at-risk youth in care at an early age and ensuring government services and the non-profit sector work together to support these youth in successful transitions. Successful transitions must include a focus on protective factors that are associated with mental wellness.**
- 4. Provide youth in care, their caregivers and the staff working with them with easy to access, centralized information on transitions, with an emphasis on support related to financial, educational, employment, housing, health, and mental health issues.**
- 5. Introduce specialized transition navigators with expertise in the various aspects and processes of transition, as they relate to the needs of young people leaving government care.**

¹⁶ Ibid.

¹⁷ Provincial Advocate for Children and Youth. (n.d.). *Putting youth in the picture: A mental health community snapshot*. Toronto, ON.: Author.

¹⁸ City of Kamloops, HomeFree and Kamloops Homelessness Action Plan. (2014). *A way home: A plan to end youth homelessness in Kamloops*. Kamloops, B.C.: City of Kamloops.

6. ***Provide culturally safe¹⁹ programs and services to support the diverse youth in care—which includes a disproportionately high number of Aboriginal children and youth.***

¹⁹ Cultural safety refers to what is felt or experienced by an individual when a service provider communicates with the individual in a respectful, inclusive way, empowers the individual in decision-making and builds a health care relationship where the individual and provider work together as a team. Culturally safe encounters require that providers treat individuals with the understanding that not all individuals in a group act the same way or have the same beliefs. Adapted from *A Path Forward: B.C. First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan*. (2013)

Priority Two: Transition-age Youth

Transition-age youth are young people ages 16 to 24 who are moving from the child and youth to adult mental health system – a transition which is difficult as the two systems are not connected.

At the age of 19, young people ‘age out’—meaning that they no longer qualify for the supports and services provided by Child and Youth Mental Health and the Ministry of Children and Family Development. They move to adult mental health services provided by the Ministry of Health and other allied ministries and organizations.

Issues

1) Youth can be **locked out** of services when they transition to adult mental health

Child and youth and adult mental health services are not robustly connected systems. When young people move between systems, they may find there is no adult equivalent of services or supports they were receiving in the child and youth mental health system.

Young people may not qualify for similar services as adults, or comparable adult services may not exist. Almost half of child and youth mental health practitioners surveyed by the Representative for Children and Youth indicated that ineligibility was the greatest barrier for young people moving into the adult system, and 64% agreed that eligibility requirements hindered transition planning.²⁰

The threshold for accessing adult mental health services is often higher than for the youth system. Adult mental health services are generally intended for serious and persistent mental illnesses and therefore may exclude young people who do not meet a minimum level or severity or disability. Young people may be forced to wait until they reach a crisis point in their illness before being able to seek help in the adult mental health system.

2) The transition from youth to mental health services is **hard to navigate**

Young people must navigate a new system with new people and new procedures. Without the right planning and supports, many young people simply fall through the gaps.

In a 2013 McCreary Centre Society report, the young people who shared their thoughts and experiences with the mental health system described the stress and anxiety that came up as they approached their 19th birthday. Youth described the uncertainty around finding new providers and services and learning how to navigate different referral processes and entry points into the systems. Some brought up the challenges of accessing systems on their own while dealing with difficult symptoms of a mental illness. Youth also talked out the loss they experienced when their important relationships with service providers and other adult allies and

²⁰ Turpel-Lafond, M.E. (2013). *Still waiting: First-hand experiences with youth mental health services in B.C.* Victoria, B.C.: The Representative for Children and Youth.

advocates ended abruptly. One youth described the process as, “When I was 19 they basically told me to ‘have a nice life.’”²¹

3) There is a **lack of appropriate services** to support transition-age youth

There is a lack of appropriate services that specifically support transition-age youth. Young people may find themselves with services that are not appropriate for their needs, or find themselves too old for pediatric services yet too young for adult mental health services. Existing services do not provide adequate capacity or clear mandates for addressing the mental health needs of transition-age youth.

Young people up to the age of 16 may be admitted to a pediatric psychiatric unit, but they may find that services are aimed at a younger age range. In the case of inpatient residential treatment facilities, the age cut-off ranges from 16-18 years of age. While an adult inpatient psychiatric unit may admit young people before the age of 19, they may not have age-appropriate services.²² According to one CMHA branch, “The hospital is supposed to be a safe place, but youth feel vulnerable when they’re there.”²³

4) Transition-age youth **need additional supports**

Similar to the situation faced by young people leaving government care, transition-age youth may require additional supports or assistance around education, housing, employment, and finances or income assistance. CMHA BC branches describe the issues with housing specifically: “Landlords [are] reluctant to rent to youth who have no references...BC Housing defers to MCFD, [and] MCFD does not have the resources or has very limited and specific programs that end at age 19.”²⁴ Adult mental health and support services may not have the capacity to provide this necessary assistance, which impedes transition-age youth who are only starting on their journey to independence.²⁵

5) **Important health information** is not shared appropriately

It’s also important to note that many young people have a hard time telling their story multiple times to multiple providers. Young people told McCreary Centre Society that they wanted service providers to have their files and histories before the young person walked through the door.²⁶ Without effective information sharing, service providers and families don’t have the information they need to support children and youth.

²¹ Cox, K., Smith, A., Poon, C., Peled, M. and McCreary Centre Society. (2013). *Take me by the hand: Youth’s experiences with mental health services in B.C.*. Vancouver, B.C.: McCreary Centre Society.

²² Turpel-Lafond, M.E. (2013). *Still waiting: First-hand experiences with youth mental health services in B.C.* Victoria, B.C.: The Representative for Children and Youth.

²³ CMHA BC survey (2014).

²⁴ Ibid.

²⁵ Turpel-Lafond, M.E. (2013). *Still waiting: First-hand experiences with youth mental health services in B.C.* Victoria, B.C.: The Representative for Children and Youth.

²⁶ Cox, K., Smith, A., Poon, C., Peled, M. and McCreary Centre Society. (2013). *Take me by the hand: Youth’s experiences with mental health services in B.C.*. Vancouver, B.C.: McCreary Centre Society.

Recommendations:

Our recommendations build upon the work led by the Representative for Children and Youth in their report *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.* (2013), the work of YoungMinds in the UK, and CMHA's experiences serving young people with direct experience of mental health or substance use problems.

- 1. Increase the transition age from 19 to 24 and provide robust supports and services during transition-age years.**
- 2. Collaborate with local governments, communities, organizations, and cultural groups to design supports for transition-age youth that are responsive to their diverse needs and experiences.**
- 3. Ensure that youth transitioning to adult mental health services are not locked out of the adult mental health system because of different thresholds of access (e.g. needing to present in acute crisis). Any transfer to the adult system must be supported and well-facilitated.**
- 4. Provide resources for transition navigators in local communities modeled after the CMHA Kelowna Connected By 25 model.**
- 5. Find ways to support transition-age youth in accessing supports beyond formal mental health services, including housing, education, and employment.**
- 6. Engage young people in the overall design of the child and youth mental health system to ensure transitions are as supportive and facilitated as possible. CMHA BC Division's BlueWave program is an excellent example of youth engagement.**
- 7. Involve young people in information sharing decisions. Empower service providers to communicate the value in sharing information with families and service providers to ensure high quality, seamless care and support.**

Priority Three: Mental Health Promotion, Prevention, and Early Intervention

Mental health promotion, prevention, and early intervention are ‘upstream’ approaches to mental health care. They work to support mental well-being, prevent problems from occurring, or identify and address problems early on—before they get worse. They are proactive—rather than reactive. They are usually low-investment but can produce significant long-term results.

Mental health promotion is aimed at improving mental health for all. Mental health prevention focuses on addressing which factors which affect particular populations or groups –such as vulnerable youth and youth in care. Mental health promotion and prevention contribute to mental wellness which benefits not only individuals, but also families, workplaces, and communities.²⁷

Early intervention is about responding early and effectively to young people as soon as they start to struggle with their mental health.

Issues:

- 1) B.C. could **invest more in its existing efforts** to promote mental health and prevent mental health problems in children and youth

While there is considerable evidence of strong efforts to engage in promotion and prevention in B.C., the large majority of the mental health budget is spent on treatment with an emphasis on acute and tertiary care.

- 2) **Investing ‘upstream’** makes good financial sense

Investing upstream through mental health promotion and prevention initiatives makes good fiscal sense. Evidence shows that children and youth programs offer some of the greatest return on investment.

Research has shown that investing in mental health promotion and prevention programs is cost effective. In the long-run, they demonstrate strong returns on investment. Examples include: parenting programs, anti-bullying programs, and suicide awareness and prevention programs.²⁸

- 3) **Schools and community organizations** are important partners for promotion, prevention, and early identification

Schools can play an important role in enhancing well-being through education, job training, and life skills training, all of which are protective factors. Youth view schools as hubs to connect with

²⁷ Smith, S. and Saari, D. (2013) “Wellness: Grappling with its simplicity and complexity.” *Visions Journal*, 7(4), pp. 5-6. Available from: www.heretohelp.bc.ca

²⁸ Roberts, G. and Grimes, K. (2011). *Return on investment: Mental health promotion and mental illness prevention*. Ottawa, ON: Canadian Institute for Health Information.

additional support services both within their school and outside of their school.²⁹ Education is vital in recognizing mental health concerns (both subclinical and clinical), taking next steps, and reducing the stigma of mental illnesses. Schools are also key environments for peer support.

As partners in the informal mental health system, CMHA and other community organizations are well-situated to help children and youth before young people need to enter the formal mental health system. Community organizations have an important role to play in offering supports and programs based on their community's unique needs.

Recommendations

Our recommendations build upon the work led by the Australian organization Inspire Foundation³⁰ and our own experiences creating mentally healthier campus communities through our Healthy Minds/Healthy Campuses initiative.

- 1. Invest a greater proportion of overall mental health funding in promotion, prevention, and early intervention.**
- 2. Prioritize initiatives that support vulnerable groups such as: Aboriginal youth; immigrant and refugee youth; lesbian, gay, bisexual, transgender and intersex (LGBTI) youth; and young people living with physical disability and chronic health conditions.**
- 3. Invest in mental health promotion programs which empower local communities to design, plan, and implement culturally relevant and respectful initiatives. CMHA's Connecting the Dots program is an excellent example of such a program.**
- 4. Maximize the reach of promotion and prevention efforts by delivering programs through a number of settings including peer-to-peer, online, community-based and within schools.**
- 5. Invest in health promotion, prevention, and early intervention initiatives related to substance use. Build capacity among youth, families, and communities to prevent or reduce substance use and associated harms.**

²⁹ Provincial Advocate for Children and Youth. (n.d.). *Putting youth in the picture: A mental health community snapshot*. Toronto, ON.: Author.

³⁰ Inspire Foundation. www.inspire.org.au/. See: Inspire Foundation and Ernst & Young. (2012). *Counting the cost: The impact of young men's mental health on the Australian economy*.

Conclusion

As we conclude our submission, it is important to note that the provincial government has made significant investments in child and youth mental health. We at CMHA - BC Division have seen great examples of leadership, innovation, and excellence.

We also think there is potential to do more. We can realize our vision for child and youth mental health in B.C. by taking some important steps—probably the most important is finding ways in which our systems of care can talk to and integrate with each other, and ensuring children, youth and their families have a seamless and supported experience of care.

Looking at the current provincial context, there is a real opportunity for our political leadership to strengthen the existing foundation of care and inspire change and action as we create a future where all children and youth can enjoy good mental health in a healthy society.

Appendix A: CMHA's Programs

CMHA – BC Division supports children and youth through a number of provincial programs.

- **Strongest Families** is an early intervention parenting program which provides phone support and skills training for families of children ages 3 to 12 who experience disruptive behaviours or attention deficit challenges.
- **Blue Wave** is a youth-led initiative for young people in middle and high school. With a mission to increase awareness, encourage solutions, foster hope, and end the stigma of mental illness, Blue Wave offers bursary and scholarship opportunities and youth engagement via social media. Blue Wave is currently piloting a youth adaptation of the Living Live to the Full program with CMHA branches in Victoria, Delta and Cranbrook.
- **Connecting the Dots** promotes the mental health of urban Aboriginal youth and families by mobilizing the community to address risk and protective factors influencing mental health. It is implemented locally through Friendship Centres and CMHA branches in Quesnel, Kelowna, and Port Alberni.
- **Healthy Minds/Healthy Campuses** aims to improve overall mental health, reduce suicidal behaviour and reduce student substance use harms among post-secondary students on B.C. campuses.
- CMHA also administers a number of **scholarship and bursary programs** youth and post-secondary students.

CMHA's 19 B.C. branches across the province support young people in their communities through a number of local programs.

- **Connected by 25** at CMHA Kelowna focuses on meeting the needs of 16 to 24 year olds who are vulnerable in their transition to adulthood. The **Youth Transitions Navigator** works directly with youth providing one-to-one support, systems navigation, life skills development and strengthening connections to community.
- The **Supper Club** at CMHA Kelowna teaches valuable life skills to youth in a safe and supportive group environment.
- **BikeWorks** and **ArtWorks** at CMHA Cowichan valley are free outreach programs available to all youth. BikeWorks aims to help build a more caring community by helping youth build skills and promoting cycling, fitness, and environmental awareness. ArtWorks aims to stimulate the imagination of youth to help them build creative skills.
- The **Family Capacity** program at CMHA Cowichan Valley provides participants with the opportunity to strengthen and enhance their relationships with others. It works with participants to find effective ways to deal with each individual family's situation. The program provides help in communication, conflict resolution, building relationships, parenting and more.

- The **School-Based Resiliency** program at CMHA Cowichan Valley provides elementary and middle schools with a child and youth counsellor with mental health expertise in order to connect with and support staff and students.
- The **Sexual Abuse Intervention Program** at CMHA Cowichan Valley is a counselling program designed for children and youth up to age 19 who have experienced sexual assault and/or abuse. The program also provides services to children up to age 12 with sexually intrusive behaviours. The goal is to help children, youth, and their families recover from the trauma of sexual abuse.
- The **Rainbows** program at CMHA Cowichan Valley is a support group program for children between the ages of 6 and 12 who have suffered a significant loss in their lives, either by death, divorce or any other painful transition. The purpose of the program is to provide children with an opportunity to meet new friends who have shared similar experiences, to have trained caring adults be present for the children while they sort through and understand their grief, and to help the children come to a healthy acceptance of what has happened to their family.
- The **Disordered Eating** program at CMHA Cowichan Valley supports youth, boys and girls, ages 13 to 19, who struggle with all types of disordered eating, from anorexia nervosa to severe obesity. It provides a supportive, non-judgmental environment and client-centered counselling for the individual and the family in collaboration with local community resources as well as regional and provincial services.
- **Affordable Counseling** is offered at CMHA Cowichan Valley. The program was created to provide high quality, lower cost counseling (\$60/hour) to children and families. It has expanded to provide support to adults and couples, as well as children and families.
- The **Children Who Witness Abuse Program** at CMHA Kootenays is a psycho-educational program designed to reach children 3 to 18 who have been exposed to domestic violence. The program provides education, awareness, and emotional support on an individual or group basis to children and their parents/caregivers.
- The **Youth Outreach** program at CMHA Kootenays helps kids aged 12 to 18 work through common problems in an age appropriate, youth-friendly way, including: employment, health relationships, school, drug and alcohol education, and building support systems.
- The **STEPS Youth Program** at CMHA North & West Vancouver supports young people between grades 8 to 12 dealing with issues such as depression and anxiety. Through fusion of recreational activities, STEPS encourages youth to interact in a nurturing and non-judgmental environment while promoting healthy living habits. Activities offered improved self-confidence and strengthen both social and personal fitness goals. The program touches on all aspects of wellness aiming to equip participants with understanding, skills, and strategies for living and maintaining a mentally healthy lifestyle.

- The **Young Adult Program** at CMHA Richmond acts as a liaison between schools, colleges, community centres, and youth organizations. It involves youth in activities and services that meet their needs and interests, including: social media and related technology, youth social activities, supported education, and access to physical fitness activities and gyms.
- The **Community Navigator** program at South Cariboo offers assistance to individuals in connecting and accessing community support services.
- **Youth Clubhouses** at CMHA Richmond and Kamloops offer safe, non-judgmental, drug and alcohol free environments with opportunities for youth to participate in activities to learn how to make decisions, compromise, listen, and resolve conflict.
- **Pandemonium: Youth with Anxiety Group** at CMHA Vancouver-Burnaby is a recreation-based program. It provides a fun, social and safe environment for young people who have a serious mental health concern and who experience anxiety.
- **The Youth Supported Independent Living (YSIL)** program at CMHA Simon Fraser provides housing and support to youth who are sixteen to twenty-one years old, have a diagnosed mental illness, and who are unable to live at home. A former YSIL client, Anna says: "I was learning budgeting, cooking, and identifying and solving problems that arise when someone lives on their own for the first time—everything from safety to dealing with loneliness."
- The **Super Saturday Club** at CMHA Vancouver-Burnaby is a no-cost monthly recreation program for children whose parents have a mental illness. It provides a safe, enriching, social and recreational experience for children while giving parents the opportunity to focus on his/her own wellness needs. This program increases the social network of the children, promotes social skill development and confidence.
- **Building Capacity in our Children** at CMHA Delta is a a wholistic, strength-based approach to health for children ages 6 to12 which features art therapy and skills development in mindfulness, communication, collaboration, story telling among others.
- The **Ida Project** at CMHA Cariboo Chilcotin helps create discussion in the classroom about the different cultures in our schools and communities. The desired outcome is the creation of a culture of understanding and acceptance of others.
- The **Twin Schools Project** is a multiculturalism program of CMHA Cariboo Chicotin in partnership with elementary schools. The project matches classes in an urban school with classes in a rural First Nations school. The goal is for students to make connections, develop understanding and respect, and bridge cultural differences.
- **Connect** at CMHA Cariboo Chicotin is a support group for parents and caregivers of pre-teens and teens who struggle with issues that make it difficult for them to do well at home, at school, and in their community. It encourages parents and caregivers to understand the attachment needs of their child to strengthen and support a healthy relationship.