

A Child & Youth Mental Health Leadership Summit Series

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CHEO

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SESSION 3: JUNE 17, 2022

CHILD & YOUTH MENTAL HEALTH: REBUILD OR REIMAGINE

OPTIMIZING CURRENT SERVICE MODELS - BEST PRACTICE IN VIRTUAL COUNSELLING AND THERAPY

BRIEF BACKGROUND

The 2022 Child & Youth Mental Health Leadership Summit is a series of conversations led by Children's Healthcare Canada that provides a platform for Canadian leaders in child and youth mental health to discuss the impact of the COVID-19 pandemic on the mental health of this population and the system.

Mental health delivery models have undergone vast changes during the past couple years. The pandemic has not only placed more burden on an already overwhelmed system but also created unique circumstances that required clinicians to quickly adapt to delivering care virtually. The effectiveness of virtual care within mental health models is still in the process of being evaluated. This 90-minute consultation centered on how we can successfully deliver mental health care in a hybrid model moving forward.

OBJECTIVES: Event objectives included sharing strategies for:

- Optimizing current service models
- Effectively delivering and evaluating programs in a hybrid model

WHAT WE LEARNED

What Has the Pandemic Done For Us? Innovations Arising from Necessity

System leaders Dr. Marjorie Robb and Dasa Farthing from CHEO shared their hospital's experience providing mental health services throughout COVID-19 and the plan moving forward to meet the growing need. ([Read their bios here](#)).

CHEO's Mental Health Program

The range of mental health services offered at CHEO and their programming has been adapting throughout the pandemic.



This graphic lists CHEO's mental health services. Highlighted in red are the services that have been introduced since the onset of the pandemic.

CHEO's Emergency Department Crisis Services are the busiest in Canada

The COVID -19 pandemic presented many challenges to the healthcare system as clinicians transitioned to virtual care models and now a hybrid care model that included:

- Rapid pivot to virtual care: all outpatient was moved virtually within three weeks
- Hospital space crunch: Increased hiring during the pandemic to address care needs caused a space crunch as people moved back into office
- Creating hybrid workspaces: to address the space crunch and allow patients and families the flexibility to choose virtual vs. in-person

Innovations Spurred by the Pandemic

Since the onset of the pandemic, healthcare organizations have seen a 2-3x increase in children's hospital admissions related to self-harm, anxiety, eating disorders and substance use

1. Rapid Response Service – Urgent Care service expanded with referrals from ED or community. Includes 1 to 4 sessions and a plan for next steps.
2. Virtual Emergency Department (ED) - Patients and families can present in crisis to their local Emergency Department and have a psychiatric consultation by Zoom. This eliminates the need for a transfer to CHEO unless an admission is required, increasing capacity for care at CHEO.
3. Step Up Step Down (SUSD) - This one-month, voluntary program is a result of a collaboration between CHEO and the Youth Service Bureau. It is a 6-bed residential unit providing intensive multidisciplinary services.
4. Wait List Connect - A brief appointment with patients/families who are on a wait list to confirm if their needs remain the same, have become worse or they no longer require an appointment.

“ **All community hospitals in the region are participating in this initiative. Persistence a necessary virtue to make this happen!** ”

A collaborative approach to meeting the needs of medically complex children and youth

5. Wellness Recovery Action Plan (WRAP) - WRAP is a new 12 week intensive program to address the high needs of young people with severe challenges (i.e. behavior/mental health needs/medical needs/developmental delay). This collaborative program between mental health and autism services is aligned with community supports to try to ensure participants have the supports they require.
6. Eating Disorders Expansion - The addition of a Partial Hospitalization Program has more than doubled the number of young people who can be treated
7. Voyce Virtual Translation - Translation app used when immediate translation is required and no in person translator is available.
8. 1 Call 1 Click - Collaboration between regional agencies providing MH service to young people that includes centralized regional mental health intake for young people/families, connecting them with most appropriate service for their current needs

Moving into the Future

While the implementation of innovative approaches and care models have been a necessity throughout the pandemic, there is still more work to be done to address the growing mental health care needs of children and youth, including determining the best methods to

- Refine the hybrid model
- Adapt models of care to new circumstances
- Respect families' needs and preferences
- Promote team cohesion and engagement
- Implement Mental Health Short Stay Unit in Emergency
- Increase community collaborations and pathways

Virtual Care Impact on Accessibility

Lisa Stewart, lives in a small town outside of Halifax. Lisa shared her perspective and experience as a parent of a transgender child who is struggling with mental health, navigating the healthcare system to address her child's needs.

The day and inpatient Adolescent Intensive Service (AIS) Support program recommended for her child was located **3.5 hours from their home in Halifax**. This program has been very helpful, but the distance made it challenging and added more strain to the family.

Through the pandemic AIS was offered virtually. Through virtual care, Lisa and her son were able to get the support they needed in a more convenient manner. Her son no longer needs to access the Emergency Department or crisis center as frequently.

Even with virtual care, accessibility remains an issue for many...

- To enter these programs, you need a referral from a physician which are often not available in smaller communities
- Some patients prefer or respond better to in-person treatment which may be difficult to access if it is outside the community

Child & Youth Perspective

Raissa Amany followed Lisa Stewart in offering her perspective as a youth within the mental healthcare system. She was diagnosed with anxiety in 2019 and was left to navigate the healthcare system on her own where she found long wait times with programs that didn't quite meet her needs. She has continued to navigate the system throughout the pandemic and has experienced the different models of care first hand. These are some of her and her peers' observations:

Big Wins

- De-stigmatization of mental health as virtual resources became more available
- Increased accessibility to care for rural populations
- Increased accessibility to care as virtual resources allowed for clinicians to have increased capacity

Issues

- Zoom fatigue
- Difficult to connect emotionally with provider
- Virtual care can be considered "sub-par" as best practices and standard are still being developed
- System is still complex and difficult to navigate on one's own

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We've tolerated it, but it isn't enough.
- Raissa Amany

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While virtual care has no doubt changed the landscape of mental healthcare, there are still improvements to be made to better for patients and families, including:

1. Continuing with a hybrid model where patients can choose their preferred method of delivery
2. Greater collaboration between providers (PCP, Mental Health Professionals, etc.)
3. Access to culturally competent and responsive care
4. Prioritizing safety and privacy concerns
5. Addressing the complexity of the system: mental health literacy or increased navigation services

Innovative care models have been necessary and welcome adaptations to better develop our systems to meet the growing mental health needs of Canada's children and youth. However, it must be paired with reflection and evaluation to ensure we are providing quality care within our hybrid methodologies.

THE CONVERSATIONS

Participants discussed the conflicting and changing priorities of clinicians, individuals with lived experiences and caregivers, challenges bringing staff back to in person services, providing support to the clinicians providing virtual services and evaluation.

Key themes were consistent throughout the conversations. The change to virtual services during the pandemic has provided a new flexibility for both providers and children, youth and families. To maintain this flexibility and meet the needs of families and providers alike there must be consideration for the following:

Communication

- Listen to the voices of youth with lived experiences and caregivers; they are an excellent guide to leveraging current resources and articulating if they need to be seen in person or virtually.
- Address staff anxiety relating to coming back to their place of work head on, acknowledge it, provide support and co-create solutions.
- Work-life balance for providers is hugely complex. Employers need to be flexible for these new complexities, at the same time we cannot deny the need for in-person care for kids (especially very young).
- Be transparent about the challenge of balancing the schedules of providers and the needs of families. There is not always an easy answer but the communication of why something is done must be clear.

Accessibility

- Prioritize services in whatever format is available in underserved areas where there is both a:
 - Lack of connectivity to access virtual care
 - Lack of in person resources, personnel, services, clinicians in rural areas or small communities
- Be aware of technology limitations when trying to leverage digital tools. Provide support (hardware, software) to families and those providing services from home.
- With an already limited number of staff in the rural and remote communities we must be responsive to Indigenous children and youth, and modify the approach to build in cultural safety to hybrid models of care.
- Need to strategically utilize all health resources; provide many virtual resources to bring physicians into smaller communities to support nursing staff in ED's without physicians.
- Focus on care coordination. Employ a team approach to maximize skills of colleagues to work within scope, reflecting co-designed care plans for families and providers.
- Employ a collaborative, multidisciplinary team approach for medically complex kids to make the most out of resources.
 - Children with a disability have a disadvantage in how they are perceived when accessing services from various providers. There is an emphasis first on the disability versus what the individual has come to speak about (ie: mental health issue). Need to familiarize families to mental health services and familiarize mental health service providers to disabilities.
- Ensure access to specialized services is equitable (not equal).

Appropriateness

- Clarity and transparency around what services and level of support is provided will allow for better alignment with client expectations and the care plan. Match families with the right provider, across the continuum of services with a clear explanation of why an option is the best fit.
- Remain intentional around the model of a hybrid workforce.
 - Be mindful of which meetings should be held in-person versus virtual.
 - Create clear criteria around why/when services are delivered in -person or virtual
- Hybrid models of care should align to the individuals' expectations, wants and needs.

Evaluation

- Create a unified platform to have data shared across the continuum of care. (Not just in regard to mental health). Leverage and build out the provincial tool sets that are deployed.
- At the service/organizational level provide peer assessments through a private integrated platform to provide immediate feedback to recognize the strengths and gaps of providers and programs.
- Family evaluations must include all aspects of their experience, including outcomes
- Ensure the system offers opportunities to provide feedback in both virtual and in person settings.

Collaboration

- Involve youth and families in all initiatives undertaken by agency, including determining strategic planning/prioritization of organizations.
 - A program in BC, engaged youth and families in program design and implementation at the outset.
 - One organization spoke to the approach of involving patients and families using a voting, tiered systems on the selection and prioritization of their needs from a patient perspective.
- Input from families modified indicators to evaluate the successes of the programs.

Keep the connection to the team and organization strong through engagement with colleagues and group activities. Promotion of clinician/provider wellness includes offering ample breaks in virtual services and improved technology for clinicians/providers to share and engage with children, youth and families.

CALLS TO ACTION

Children's Healthcare Canada recommends the following:

- 1** Include families and individuals with lived experience in the planning and development of hybrid mental health services and programs for children and youth.
- 2** Include children and youth with disabilities, complex medical and/or social needs in all service model planning.
- 3** Embrace flexibility in the mental health system to support the needs of service providers, families, and organizations.
- 4** Adopt a system of continuous quality improvement, regularly evaluating programs and making improvements in real time.
- 5** Advocate with a single voice to ensure broadband access to allow access to virtual mental health services in all areas of the country.

WHAT NEXT?

We look forward to convening leaders in child and youth mental health for discussions on all priority areas for this community. Stay tuned for more details regarding upcoming monthly consultations during the Child & Youth Mental Health Leadership Summit Series; a year-long discussion on the challenges facing the children's mental health system as the country recovers from the pandemic.

THE DISCUSSIONS FROM THE 2022 CHILD & YOUTH MENTAL HEALTH LEADERSHIP SUMMIT SERIES WILL HELP INFORM CHILDREN'S HEALTHCARE CANADA'S FUTURE WORK.

[SESSION RECORDING AVAILABLE HERE](#)

Access Previous Event Summaries

HIGH LEVEL OVERVIEW OF DATA, HHR ISSUES AND VOICES OF INDIVIDUALS WITH LIVED EXPERIENCE OF CHILD & YOUTH MENTAL HEALTH SERVICES

[KICK OFF EVENT, APRIL 2022](#)

SHARING STRATEGIES TO IMPROVE RECRUITMENT, RETENTION & CONTINUING EDUCATION FOR NURSING LEADERS IN MENTAL HEALTH

[CYMH TEAMS FOR THE FUTURE, MAY 2022](#)