



Specialist Services Committee

QUALITY INITIATIVE PROJECT PROGRESS REPORT COMPILATION

December 31, 2019

PROJECT NUMBER: SSC140-1

TITLE OF PROJECT: Pathways to Support Community Pediatricians Transferring Patients with Mental Health Challenges to Adult Care Phase 2

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Other Reports in this Series:

Pathways to Support Community Pediatricians Transferring Patients with Mental Health Challenges to Adult Care – Final Report to Doctors of BC Specialist Services Committee

Transition of Youth with Mental Health Disorders from Pediatric to Adult Systems of Care: System Gaps and Barriers to Transition and Care. Findings from the BCPS Transition and Mental Health Transition Projects

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BCPS Mental Health Transition Project

Progress to November 28, 2018 Synopsis of Physician Interview Findings

Methods: Semi-structured interviews with physicians (10 community pediatricians and 5 family practitioners) in BC regarding mental health needs of patients and perceived needs/solutions

Interview Sample

Physician Type	Practice Location					Gender	
	Fraser	Interior	Island	North	VCH	F	M
CP	3	2	2	1	2	9	1
FP	1	3	-	1	-	3	2

Practice Description

Pediatricians:

Teens (age 13-18+ years) with mental health disorders comprise a significant proportion of teen years practice for community pediatricians, and this was strongly skewed to teens with primary mental health disorders. Family practitioners treat teens with stable, mild to moderate mental health disorders but prefer co-management with psychiatrist or mental health/substance use professionals; there are few resources available to them for this purpose. Among community pediatricians:

- The proportion of teens with mental health disorders ranged from 15% - “almost all” of the teens in these practices.
 - Seventy-percent of interviewees had 50% or more of their practice as teen mental health
- Primary mental health disorders accounts for between 10-80% of teens in these practices.
 - Sixty-percent of practices had half or more of their patients with primary mental health disorders
- Secondary mental health disorders are less frequent – the range was “few” – 90% in these practices.
 - 30% of practices had half or more of their patients with secondary mental health disorders.

Family practitioners

The family physicians interviewed had different practice models: all had teens with mental health disorders as part of their practice, however this tended to be a minor service focus. Stable teens with mild to moderate mental health or substance use disorders generally handled within practice: FPs try and co-manage unstable, difficult to manage or complex patients with psychiatrist, mental health or substance use expert but there are few resources available to them for that purpose. Resources are most available for crisis.

Concurrent mental health disorders and substance use

Most teens, particularly those with anxiety practice some form of substance use, including tobacco, alcohol, marijuana and other drugs. The majority of pediatricians and FPs will address mild substance use but refer those with problematic use to an external source for management.

Concerns re transition/care for teens transitioning to adult care services

While the majority of pediatricians managed teens with primary mental health disorders in their practices, they shared priority concerns for the well-being of teens with secondary mental health/intellectual disorders, and those with unstable living environments. In order of frequency:

- “kids in care” top the list of concerns
- Developmental delays
- Autism
- FAS, FASD

There were specific concerns regarding access to services for all transitioning teens, and for those who lacked strong parental or guardian support, particularly kids in care. Physicians also noted that adult mental health services are not geared to those with developmental delay/disabilities.

What would make the most difference?

- Team-based care with a range of health care practitioners, a community network and a service model that allows them to take time with the youth.
- Supportive adults in their lives – particularly for kids in care, those with dysfunctional families.
- Extend age range for pediatric services beyond age 19.
- Navigator to find the services that are there – multiple notes regarding lack of adult psychiatrists. Navigators for physicians too – someone to backstop them – someone for ongoing advice to physician.

Key messages/implications for discussion

1. Community pediatricians and family physicians share a priority concern for youth with secondary mental health disorders, particularly intellectual disabilities, and the capacity of the adult system of care to adequately serve them.
2. Competing priority is the lack of adult psychiatrists and mental health professionals to support family physicians and their transitioning youth patients experiencing primary mental health disorders. Family physicians particularly concerned regarding prescribing for psychiatric conditions.
3. Concurrent concern re lack of appropriate community support services for all youth.
4. Mental health care systems appear to be skewed toward crisis support and treatment for the most severely ill.
5. Patients with mental health disorders using substances (tobacco, alcohol, marijuana and more) to self-medicate. Implications for escalating unmanaged mental health disorders to dual diagnosis situations.
6. Optimizing the interface/transition interactions between family practitioners and community pediatricians.

BCPS Mental Health Transition Project

Progress to February 20, 2019

Synopsis: Supplemental Interviews and Literature Review Findings

Background

In a previous phase of the project, physicians identified concerns regarding transitioning patients with mental health disorders from pediatric to adult services as they “age out” of pediatric care. These were:

- Concern re access to mental health services in general, and youth-focused mental health services in particular
- Heightened concerns re access to appropriate mental health services for youth with concurrent intellectual or functional disabilities that require specialty approaches to care
- Focused concern regarding services and supports to “kids in care” at the time of transition and beyond
- Acknowledgement that many youth with mental health disorders have substance use habits/problems

Phase Objectives

- Determine responsibilities, guidelines and processes to access mental health services at provincial and regional levels (e.g. Ministries, health authorities).
- Explore pathways for 3 scenarios:
 - Clinical supports for physicians seeking support for client management
 - Transition of youth with depression from pediatric to adult system of care
 - Transition of youth with depression and intellectual disability from pediatric to adult system of care

Methods:

1. Semi-structured interviews (n= 16 interviews) with 19 with representatives of government ministries and agencies, Health Authority mental health leads and select community service agencies regarding access to services for transition-aged youth (age 15-24 years) with primary mental health disorders alone and in combination with intellectual disabilities. Interviews took place January through February 15, 2019.
2. Scan of literature (published and non-published) regarding access to care for youth with mental health disorders

Phase-specific Findings

Supports for Physicians Treating Patients with Mental Health/Substance Use (MHSU) Issues

- The COMPASS service offers consultation and treatment support from MHSU specialists to primary care providers and others. Pediatricians, primary care providers and others have access to mental health and addictions specialists through COMPASS – accepts requests for patients up to age 24. Calls to the RACE line regarding patients to age 24 are transferred to COMPASS
- Continuing medical education and physician training opportunities in MHSU are offered by a variety of organizations. These include on-line MHSU learning modules through sources such as *Learning Links* and the *GPSC Practice Support Program*, and offerings from the *BC Centre for Substance Use*.

Mental Health Services for Youth and Transition

There are multiple players involved in determining access to and providing mental health services to youth in British Columbia. In general terms:

- Child and youth streams normally serve clients up to age 19, however in special circumstances the client may remain with the service until the age of 21 years: The Ministry of Children and Families Child and Youth Mental Health services (MCFD CYMH) provide a broad range of mental health services across BC. CYMH would not normally begin engagement with a youth nearing their 19th birthday, but would seek to link them with appropriate services in the adult stream of care.
- Adult service streams serve clients from age 19 to end of life, and are funded by the Ministry of Health and delivered through Health Authorities. In some circumstances, youth aged 17 and older may be considered for adult MHSU services.
- Youth being treated for chronic, persistent mental health disorders will require treatment/monitoring through the life course: MCFD routinely liaises with adult mental health services to facilitate transition of these clients.
- Community pediatricians may provide a variety of mental health and substance use treatments, alone or in consultation with psychiatrists and/or mental health/substance use services, until the youth reaches the age of 19 (at which point their care would transfer from pediatrician to adult system of care). As a rule of thumb, pediatricians continue to provide care for patients with complex physical or mental health needs to the time they “age out” of pediatric services if and when there are no suitable alternative services in the community. However, in certain circumstances, pediatricians will continue to provide care to patients beyond age 19 when no suitable transition plan can be set up for them.
- Community-based child and adult psychiatrists, psychologists and social workers may provide a range of treatments for certain disorders. Psychologist and social worker fees are not normally covered by MSP, but may be eligible services under some health insurance plans.
- Some pediatric specialty services will extend age of eligibility beyond age 18 (example provincial concurrent youth disorder project will treat youth to age 24)

- Primary care physicians and teams may provide a variety of mental health and substance use treatments, alone or in consultation with psychiatrists and/or mental health/substance use services. Patient Medical Home and Primary Care Network models of care are emerging models showing promise.
- New models of youth-friendly one-stop primary care and community service clinics are becoming available in some communities. Models such as the Foundry provide walk-in primary care, assessment and some bridging services for those awaiting formal mental health or substance use treatment. New school-based primary care clinics on Vancouver Island provide early identification and intervention or referral for mental health and substance use disorders
- Community organizations provide a variety of mental health services either on contract to MCFD/Health Authorities/Ministries or independently.
- Mental health and substance use are treated through separate services; however, there are some specialty services in some communities that address both issues concurrently.

Specialty Mental Health Services for Individuals with Developmental/Intellectual Disabilities

Specific mental health services for individuals aged 12+ (some age 14) with developmental/intellectual disabilities are provided through MCFD, CLBC and/or the Health Authorities.

Developmental Disabilities Mental Health Services- Must establish eligibility for or be a client of CLBC to qualify for these services

- Services for age 12-18 years: referrals for eligible youth are managed and screened by Child and Youth Special Needs Program in Ministry of Children and Family Development (CYSN/MCFD).
- Services for age 19+ years: referrals for eligible adults are managed through Health Authorities. *No restriction* on who can refer for adult services Service delivery model varies between regions (e.g. Northern Health DDMH is a consultation service; in the Lower Mainland there is a suite of diagnostic through treatment services)
- Provincial Assessment Centre – 10 bed residential assessment facility for those age 15+. CLBC or CYSN/MCFD referral only

Services to Adults with Developmental Disabilities (STADD) provides a navigator service to link and transition youth with developmental/intellectual disabilities (14+ years) to CLBC and other adult-serving community services. STADD currently serves 125 BC communities.

Youth with developmental/intellectual disabilities who do not meet CLBC eligibility criteria are referred to **CYMH or Health Authority mental health services.**

Challenges in Navigating a Transition Process

Information obtained to date suggests barriers to navigation and care in three inter-related categories: access to care, capacity to provide care, and youth-relevant models of care.

Access to Care

Access to Care for Youth with Primary Mental Health Disorders

- Service capacity issues for all youth and adult mental health services – wait periods for eligibility assessment and service are routine.
- No reliable regional or provincial picture of wait for service – multiple issues regarding measuring and reporting the number of individuals on wait lists
- The organization of services, range of service providers and differing or non-standardized eligibility criteria (in some cases differences across geographical regions) create challenges for identifying and accessing relevant services in both the child and youth and adult systems of care.
- There is no single point of entry/assessment for the variety of adult and youth mental health services. Entry points for referral or assessment vary between services and are not transparent to those outside the system (e.g. physicians/nurse practitioners, patients and family). For example
 - There is considerable variability among agencies and services regarding the age range of service recipients and the eligibility criteria for specific services.
 - Walk-in assessments are available for some services in some communities, while other service assessments require specific referral processes from specific professionals.
- Lack of bridging services for those on wait lists; clinicians report that patients deteriorate waiting for service
- Service providers/administrators often indicate limited knowledge of services beyond their immediate portfolio (e.g. the range and scope of services appropriate or available to potential clients)
- Website information in regard to services offered may not match with information obtained from agency staff

Access to Care for Youth with Co-occurring Mental Health Disorder(s) and an Intellectual or Developmental Disability

- Mental health services for persons with developmental disability are provided through the Developmental Disabilities Mental Health (DDMH) service. Individuals must establish eligibility for CLBC in order to be eligible for developmental disabilities mental health services. There are considerable barriers in establishing eligibility for CLBC, particularly in regard to accessing the required assessment process (access to psychological assessment, usually during school years), and meeting the IQ (Intelligence Quotient) eligibility criteria (IQ of 70-75 or below).
- Those who do qualify for CLBC are eligible for STADD navigator services, which provide a planned and supported transition to CLBC and other adult services, in some but not all communities in BC.
- Those who do not qualify for CLBC are meant to be treated within mainstream service streams. Interviews identified barriers to accessing mainstream mental health services – “resistance” to providing care, lack of expertise

Capacity to Provide Care

- Limited service capacity for most if not all mental health services
- Limited capacity for treating concurrent mental health and substance use disorders, which are common in youth
- Waiting periods for assessment and service for most if not all mental health services
- Shortage of trained, skilled professionals – in general and specific to various types of care (e.g. youth-specific models of care, working with individuals with intellectual or developmental disabilities). Staff recruitment and retention and burn-out are common issues
- Some reports of youth being denied service due to mismatch between youth needs and service capacity
- Lack of adequate community support services for those with functional, intellectual or personal capacity challenges are barriers to client participation in treatment and treatment effectiveness.

Appropriateness/Relevance of Services

- Limited access to youth-friendly models of mental health services
- Arbitrary age of transition creates disruption in continuity of care at a vulnerable age
- Lack of youth-friendly models of service contribute to attrition and loss to follow-up

Key messages/implications for discussion

1. New services are available to support physicians providing clinical care to patients with mental health and addictions.
2. Profound system issues result in basic challenges with service capacity
 - a. Long term underfunding of the system
 - b. Discrepancies based on geography, affordability and ability to travel
 - c. Scarcity of trained clinicians, particularly child and adult psychiatrists
 - d. “Silo’d” services and ineffectual waiting lists make it difficult to estimate true need.
3. Information available to clinicians, patients and families on care and treatment options and access is fragmented and often not up to date.
4. Gatekeeping and organization of assessment and referral processes creates confusion and frustration among clinicians needing to refer patients, and for patients/families seeking care.
5. The “messiness” in the assessment and referral processes results in delayed access to care.
6. Inadequate community support options for youth with functional or personal capacity barriers limits ability to participate in treatment, and treatment effectiveness.
7. Eligibility and level of service available to children and youth with intellectual/developmental disabilities are limited: gatekeeping for psychological assessments needed to establish CLBC eligibility criteria; need to establish CLBC criteria to access STADD and DD Mental Health services; availability of STADD and DD Mental Health Services in different communities.
8. More transparent access to care is necessary to enable physicians to make appropriate referrals, and enable patients/their advocates to access care more efficiently.
9. An intelligent (e.g. live person), low-barrier, holistic, one-stop assessment and triage function may help clean up some of the messiness at entry to care.

BCPS Mental Health Transition Project

Progress to May 2019

Background

We began this project by gaining an understanding of the characteristics of transition-aged patients with mental health disorders who are being cared for by CPs and FPs, and documenting physician experiences/ concerns regarding mental health care for these patients before, during and following transition.

As part of that exercise, we identified subgroups of patients for whom there was particular concern. These included:

- Youth with developmental disabilities
- Aboriginal youth
- Youth transitioning from foster care

We also identified a lack of clarity in public-facing information regarding access pathways to mental health services for youth of transition age, particularly in regard to maintaining continuity of care during the period of transition between pediatric and adult systems of care. Multiple system barriers were identified; many of these are well documented in existing reports, and well known to clinicians working with transition-aged youth and mental health/substance use care providers.

Methods

A series of supplemental interviews and document reviews were conducted to gain increased specificity on the mental health resources available to youth at the time of transition.

Findings

In most if not all regions of BC, services to persons with mental health and substance use services are engaged in processes of change. These include:

- Imminent new policy document from the Ministry of Mental Health and Addictions that includes budget increase for child and youth mental health
- Building capacity through primary care
- Increasing supports for primary care providers managing care for patients experiencing mental health and substance use disorders
- Improving access to care for transition-aged youth through programs such as the Foundry, and specific programs through some health authority AMHSU services

- Changes to access and configuration of adult mental health and substance use services in communities served by regional health authorities
- Enhancement of on-line service-finding resources (e.g. Foundry Community Services web feature, HealthLink BC)

Despite these positive changes, we found that some system gaps and barriers to care continue:

- There remains an overall lack of capacity for provision of mental health and substance use treatment to general and specific subpopulations of persons in need.
- Eligibility criteria and wait lists for Child and Youth Mental Health (CYMH) and Adult Mental Health and Substance Use (AMHSU) services continue to result in youth with mental health and/or substance use disorders not receiving needed services.
- Age-related service criteria create a “grey zone” for transition-aged youth who at around age 17 are deemed too old to enter child and youth service streams and too young to enter adult service streams. This issue is further complicated by waiting lists which delay access to treatment while the youth continues to age
- Gatekeeper policies and complex eligibility requirements (particularly in regard to services for youth with developmental or intellectual disabilities) continue to delay or restrict access to services for patients and families in need.
- Lack of capacity for youth-focused or youth-friendly mental health and substance use services in the adult MHSU systems continue to pose barriers for youth entering treatment in many communities
- Lack of capacity in AMHSU services to treat youth with intellectual disabilities who are deemed ineligible for DDMH services; youth have been refused treatment.
- Inadequate capacity for specific mental health and substance use programming for Aboriginal youth, who continue to experience multiple barriers to mental wellness (multiple traumas, overrepresented among youth in government care and among youth involved with the criminal justice system).
- Inadequate supports for youth transitioning out of foster care, who are known to have a greater incidence of mental health challenges than youth in the general population.
- In many cases, public-facing information (e.g. website content) may not be current with changes on-the-ground, and often does not include information that is important to community pediatricians and family physicians seeking to transition their patient to appropriate mental health and substance use services (e.g. age and eligibility criteria, access pathway, capacity to accept patients into care, waiting list information).
- While efforts are apparent to improve navigation to service access portals, navigation does not guarantee service availability.

Positive News

- There are established transition pathways and supports for some youth receiving mental health services through MCFD (CYMH and DDMH) at the time of transition.
- There are clinical consultation services available to support pediatricians and family physicians manage patient mental health and substance use issues.

- There are efforts to expand primary care capacity for management of patient mental health and substance use issues in some communities.

What You're Going to Look at During the Advisory Committee Meeting

We started this project wanting to look at pathways that were disease/patient specific – for example, a patient with a major depressive disorder, a patient with a major depressive disorder and a developmental disability, etc. We are thinking that the resources you are looking at today will form part of those pathways, i.e. be linked to those pathways, so that community pediatricians and family physicians will see the process of transition and have the resources needed.

Documented Pathways and Supports

We have identified and documented a number of existing *pathways* to support transition of youth with mental health disorders, and have developed fact sheets with information we believe will be useful to pediatricians and family physicians. These include:

Transition Pathways for Certain Subpopulations of Youth Receiving Mental Health Services

- *Transitioning Youth who are Receiving Services through MCFD Child and Youth Mental Health (CYMH) Services or MCFD Aboriginal Child and Youth Mental Health Services (ACYMH)*
- *Transitioning Youth with Developmental Disabilities*

Transition Services for Youth with Developmental Disabilities

- *Services to Adults with Developmental Disabilities (STADD) Navigator Service*

Mental Health and Other Services for Aboriginal Youth

- *Transitioning Aboriginal Youth with Mental Health Disorders*

Services for Youth Ageing Out of Government Care

- *Services for Youth Ageing out of Government Care*

Support for Clinicians

- *Clinical Support for Clinicians Treating Youth with Mental Health and Substance Use Disorders*

We have also identified strategies to increase capacity for mental health care in the primary care sector, supported by Divisions of Family Practice and regional Health Authorities. These services are evolving on a community-by-community basis.

Implications for Pediatricians and Family Physicians Transitioning Youth from Pediatric to Adult Systems of Care

- There are no established transition pathways for the many transition-aged youth with diagnosed mental health disorders who are not receiving services from MCFD programs (CYMH and DDMH).
- Community pediatricians and family physicians must continue to develop one-off solutions for transitioning these youth to adult mental health and substance use services/service providers.
- Two key issues are maintaining continuity of care for those receiving MHSU services from community service providers, and facilitating entry into care for those who are not receiving service.

Navigating a Pathway – Straw Dog Trial Pathway using Interior Health Services as a template

- Earlier in the project, physicians had identified the need to know certain program details (eligibility requirements, accepting new patients or wait lists, referral pathways, youth-relevant programming) to facilitate referral to appropriate AMHSU services in their communities.
- Community pediatricians and family physicians wanted/needed to know that a patient referral would result in treatment and not a *dead end* for the transitioning patient
- The Advisory Committee identified the need for service pathways to be informed at the local level, but considered that regional pathways might be a partial solution that could be offered by this project, and potentially enhanced at the local level.
- The project team engaged with multiple key informants within Interior Health AMHSU and primary care mental health to develop a rough sketch of regional services that may be available for youth who are transitioned by community pediatricians and family physicians.
- The draft regional “Straw Dog” pathway has been developed. See cover email for interim access to the webpage. ***Please note that this is a work in progress for demonstration purposes only; it represents the work of the project team and has not been validated by Interior Health.***

BCPS Mental Health Transition Project

Final Project Progress Report – December 2019

Background

In previous reports¹ we described our journey to and the challenges involved in developing meaningful resources to support community pediatricians and family physicians in transition of youth with mental health disorders from pediatric to adult systems of care. In spring of 2019, we engaged our Project Advisory Committee in discussion of the findings to date. As a result of those discussions, we determined that the systems of care were highly fragmented and in a state of flux such that “transition pathways” could not be described in a meaningful way.

Having accepted that it was not possible to describe “transition pathways” as originally intended, we consulted with physicians and Advisory Committee members to determine next steps. It was determined that the information we had collected would be useful to physicians transitioning patients, if packaged in “factsheet” format and the information on service access would be most stable if presented at a provincial or regional level as opposed to local.

Methods

Three factsheets were drafted, containing information on mental health services for transitioning patients (e.g. transition to general adult mental health services (AMHSU); transition from child and youth mental health services (CYMH) to AMHSU; transition of patients with developmental disabilities and a mental health disorder). These were circulated to a reference group of five physicians who agreed the information was useful and encouraged production of further fact sheets. Physicians (n=5) were also interviewed to determine their usual practice in transitioning patients with mental health disorders, and this information was used to tailor the information presentation in the factsheets to be most accessible to physicians.

The factsheets were built through an iterative process involving the project team, reference physicians and key informants with specific knowledge of mental health services who provided and validated information used in factsheet development. A total of 42 representatives of Ministries, programs and services and 21 physicians were interviewed over the course of the project, providing robust information with which to develop the factsheets. See Table 1 for more detail on the interviewees. Multiple interviews, drafts and revisions were conducted prior to arriving at a finalized version. A total of 17 factsheets were developed focused on service access and navigation. An additional group of resources was compiled focused on support to professionals treating patients with mental health

¹ See earlier sections of this document for previous progress reports.

disorders. Resources developed through an earlier SSC transition-focused project ² were also updated to integrate the new information and resources.

Factsheets and professional support resources were made available on the BCPS website in November 2019 and reviewed by Advisory Committee members. The resources were well received by the committee, and suggestions were made for the addition of information on ADHD, university health services, and enhanced profiling of physician support resources. The revised set of resources were completed in December 2019 and made available on the BCPS website. BCPS will update the resource links quarterly in 2020.

The project team developed communications tools to promote the factsheets and resources to pediatricians and family physicians. These included advertisements that are/will be posted in existing communications channels such as BC Pediatric Society, Divisions of Family Practice and Doctors of BC newsletters, information postcards that will be distributed electronically through the BC Pediatric Society mailing list. The factsheets and resources will also be made available to:

- The provincial Pathways team
- Child Health BC
- The upcoming Practice Support Program (PSP) on child/youth and adult mental health, expected next year
- Mental Health and Addictions Community of Practice and Emergency Section of the COP (through Dr. Shirley Sze).

The project team had initially proposed to update the previously-developed BCPS *Mental Health Guidelines* to incorporate the findings of this project. It was subsequently determined that no changes to the *Guidelines* were needed, based on the new information gathered in this project.

A debrief of project advisory committee members was conducted during a face-to-face meeting in November 2019; participants also had an opportunity to submit comments in confidence to the project lead. These are included in the **Lessons Learned** section of this report.

The project team also produced a System Gaps and Barriers paper ³ describing system gaps and barriers to care and transition of youth with mental health disorders and recommendations for system change/enhancement. The BC Pediatric Society has been contacted regarding a potential presentation on the project's findings to a provincial cross-Ministry committee on mental health and addiction.

Key Findings from this Phase

- Physicians wanted to know what services were available for patients with specific characteristics, and how to access these.
- Physicians also wanted information on services that could be accessed prior to the age of transition, to assist them in connecting patients with services at an earlier stage, and perhaps mitigating the severity of the symptoms or disease at the age of transition.

² *Transitioning Patients from Community Pediatricians into Adult Care (BCPS Transitioning Project)*

³ See Table of Contents for the location of the System Gaps and Barriers paper.

- Ministry and Health Authority representatives recommended providing linkages to higher level information that was less likely to change (in comparison to community-specific service information, for example).
- Experts emphasized the need for early identification and intervention on infant and childhood mental health disorders, and the evidence that these can reduce the burden of disease and the acuity of need for ongoing mental health services. These comments influenced the project team to include information on child and youth interventions in the factsheets.

Considerable system gaps and disconnects exist within and between child and youth mental health services, creating a difficult landscape to navigate for patients in need. These are documented in the attached document TRANSITION OF YOUTH WITH MENTAL HEALTH DISORDERS FROM PEDIATRIC TO ADULT SYSTEMS OF CARE: System Gaps and Barriers to Transition and Care.

Outputs

The project team developed a set of factsheets (n=17) and identified additional resources to supplement existing transition resources on the BCPS website. These are publicly-available on the BCPS website and address five broad topics:

- Professional support for physicians treating youth with mental health or substance use disorders
- Locating a family physician or specialist for a transitioning patient
- Transition tools and resources for patients with primary or secondary mental health disorders
- Tools to find community resources for transitioning youth
- Other transition resources

See Appendix A for a complete listing of the transition and mental health resources, or visit the BCPS website <http://www.bcpeds.ca/physicians/programs-resources/transition-transfer-of-patients/>.

Lessons Learned

A prime learning involved the sustainability of resources and information in a dynamic environment where there is no single entity responsible for information updating and revision. For example, we initially expected to draw on information provided by mental health and substance use service providers. We began our explorations with one health authority and realized after two lengthy interviews that the information was not stable enough to use to develop pathways, and that the public-facing information on the website did not accurately reflect conditions “on the ground”. We engaged with other health authorities to determine if this was an anomaly, and our interviews led us to assess that this was a common finding across health authority mental health services.

There is a clear and persistent need for effective, evidence-based early identification and treatment services for infants and children with developmental or mental health disorders. There is considerable evidence that effective treatment can shift the trajectory of developmental and mental health disorders and result in improved outcomes and less intensive service demand for these patients.

The project findings highlighted the understanding that children with complex health challenges or who do not fit the eligibility requirements for existing services are largely left out in the cold, with few options for treatment and care. BCPS has been aware of this situation for some time, based on reports from some pediatricians who are providing care beyond the age of transition for patients with complex health conditions for whom they cannot find an alternate physician.

We found that services such as STADD provide an invaluable service to youth with developmental disorders transitioning to adulthood. The strong positive reports we heard on the effectiveness of their service stood in stark contrast to the experience of physicians, patients and families attempting to navigate services without expert support. The project team strongly advocates for expansion of services such as STADD to support the transition of youth to adult care.

Youth ageing out of government care are a particular concern to pediatricians and family physicians. The abrupt transition of care and loss of support contributes to mental health challenges and difficulties achieving personal and life success.

While the project did not directly address the challenge of youth attachment to mental health services, we heard many voices describing the disconnect between services designed for adults of all ages and the needs of youth. Navigation and access to care are important, but unless youth feel comfortable in the service environment they resist engagement, and increase the risk of negative impacts from their mental health challenges. In addition, the need for strong primary care attachment for transitioning youth was highlighted as an essential factor in facilitating longer term mental health and life success.

Table 1 – List of Organizations and Informants Interviewed for this Project

BC Ministries	Reason Interviewed
Ministry of Children and Family Development (both Policy and Operations)	To gain an understanding of how child and youth mental health services intersect with adult services as well as to obtain information on services that are provided to youth as well as adults (e.g. DDMH). To inquire as to how the Pathway of Hope document will “play out” at the MCFD level
Ministry of Health	To gain an understanding of funding for adult mental health services and the type of contracts between the MoH and the Health Authorities
Ministry of Justice	To get information on how the Youth and Adult Forensic psychiatric services work
Ministry of Mental Health and Addictions	To understand the impact of the Pathway to Hope document and the policies that will arise from it.
Mental Health Programs	
BC Psychosis Program	This program extends from youth to adult, so we were curious about transition within this program as well as it’s criteria, waiting list etc.
Community Living BC	Both interviews provided us with a good

	understanding of the “gatekeeping” re the IQ level as well as an overview of the programs offered and the timing needed to access these programs.
Foundry Central Office	To understand current and planned Foundry services, and how these could be used to support youth transitions and need for mental health and social supports
Services to Adults with Developmental Disabilities (STADD)	To understand how STADD interacted with CLBC and the services they offered.
Youth Forensic Psychiatric Services	As per Ministry of Justice entry
Health Authorities	
First Nations Health Authority	To gain an understanding of mental health and addictions approaches and services for First Nations youth in BC (federal, provincial and local), First Nations benefits and Jordan’s Principle
Regional Health Authorities <ul style="list-style-type: none"> • Fraser Health • Interior Health • Island Health • Northern Health • Vancouver Coastal Health 	To gain an understanding of the various youth-to-adult and adult mental health and substance use programs offered by each HA, including services for youth and adults with disabilities. Plus each HA offered their suggestions on “what I would do if I had an extra \$5 million”, some of which became the basis for our recommendations.
Provincial Health Services Authority	To gain an understanding of tertiary mental health services and access to same
Other Programs/Organizations	
Compass	This very important program is a real benefit for pediatricians, so they were interviewed in order to gain an understanding of how they work.
Pathways	This very important program is a real benefit for pediatricians, so they were interviewed in order to gain an understanding of how they work.
Jordan’s Principle <ul style="list-style-type: none"> • First Nations Health Authority • Health Canada Indigenous Health – Health care services for First Nations and Inuit 	This very important program is a real benefit for pediatricians and their indigenous patients, so they were interviewed in order to gain an understanding of how they work.
Physicians	
Pediatricians	14 pediatricians
Family Physicians	7 family physicians
Psychiatrists	2 child psychiatrists
Pediatric Sub-specialists	2 pediatric subspecialists

APPENDIX A [Transition Resources Website Table of Contents](#)

Transition Resources Website Table of Contents

<http://www.bcpeds.ca/physicians/programs-resources/transition-transfer-of-patients/>

*= new or modified resource

1- **Transition Timeline Tool***

- Transition Timeline Tool – a one page overview of a timeline for transition of patients

2- **BCPS Medical Transfer Summary (MTS)-** a 2-page print fillable form (or guide to dictation) available in common EMRs

- Medical Transfer Summary
- Tips for making the Medical Transfer Summary work for you

3- **Locating a Family Physician/Adult Specialist**

These tools contain resources for locating physicians to take on care of a transitioning patient.

- Primary Care Mental Health Services*
- Pathways Online Patient Referral Tool*
- Division of Family Practice Attachment Mechanisms
- University Health Services*
- Specialists interested in accepting new patients: Endocrine, Gastroenterology, Neurology, Respiratory, Rheumatology

4- **Professional Support for Clinicians**

- Compass Mental Health Consultation Service (youth to age 25)*
- Professional Supports for Clinicians Treating Youth with Mental Health and Substance Use Disorders*
- RACE (Rapid Access to Consultative Expertise) over 40 areas of clinical expertise available*
- Canadian ADHD Resource Alliance (CADDRA) ADHD Practice Guidelines (2018)*
- Eating Disorders Toolkit (2018)*
- Health Check: A Comprehensive Health Assessment of Adults with Intellectual and Developmental Disabilities (2019)and Health Check Tool (2019)*
- Primary Care of Adults with Developmental Disabilities Canadian Consensus Guidelines (2018)*
- Treatment Access BC – free patient-matching service for British Columbians seeking addiction treatment*
- Youth Transition Care Management Plans
- UBC Continuing Professional Development -Transitioning to Adult Care for Youth with Chronic Health Conditions and Disabilities

5- Transition Tools and Resources for Patients with a Mental Health or Substance Use Disorder

- Compass Mental Health Consultation Service (youth to age 25)*
- Foundry Centres*
- Transitioning Patients Receiving MCFD Child and Youth Mental Health Services or Aboriginal Youth Child and Mental Health Services*
- Adult Mental Health and Substance Use Treatment Services*
- Transitioning Aboriginal Youth with Mental Health Disorders*
- First Nations Residential Treatment Centres*
- Jordan's Principle – Access to supports for First Nations children and youth*
- Transitioning Youth with a Developmental Disability and Mental Health Disorder*
- Mental Health and Well-Being Services for Deaf, Hard of Hearing and Deaf-Blind Persons*
- Treatment Access BC – free patient-matching service for British Columbians seeking addiction treatment*
- Youth with Eating Disorders*
- Youth with Psychosis*

6- Community Resources for Transitioning Youth

These tools contain information on identifying community services and resources for patients.

- *Pathways* searchable database of community services, *Treatment Access BC*, and the *Foundry* searchable database of community resources*
- Detailed information on *Pathways* searchable database of community services*
- Youth transition resources available on Child Health BC website

7- Other Transition Resources

These tools contain resources that may be helpful in transitioning patients.

- Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorder (FASD), and Complex Developmental Behavioural Conditions (CDBC)*
- BC Children's Hospital OnTrac Transition to Adult Care resources
- Canuck Place Children's Hospice Youth Transition Program – handbook for families listing many transition to adulthood resources (2013)
- Care of Children and Youth with Oppositional Defiant Disorder and Conduct Disorder*
- Resources Available to Transitioning Youth with Disabilities*
- Transitioning Youth with Developmental Disabilities*
- Youth Preparing to Leave Government Care*

8- Transition Projects Background Information