



# Reaching Out:

Supporting Youth Mental Health in British Columbia

A Policy Paper by BC's Doctors

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The Doctors of BC Council on Health Promotion (COHP) reviews and formulates policy through the use of project-oriented groups of practising physicians and professional staff.

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# Executive Summary

Maintaining good mental health is important for everyone. Mental health affects all aspects of our lives, including our relationships with family and friends, our capacity to deal with the pressures of life, and our ability to contribute to society.

The period of transition from adolescence to adulthood is critical in terms of mental health development because it is during this time that most chronic mental health conditions first appear. Challenges on the road to adulthood and independence are common, but this path can be particularly difficult for the estimated 12 to 20% of young British Columbians who suffer from mental illness. Sadly, many of these youth will not seek help, which can lead to a lifetime of unnecessary suffering.

There are a number of reasons why many transition-age youth (15 to 24 years of age) do not access much needed assistance for mental health concerns. These include: a lack of understanding about mental health and how to recognize mental health problems, a lack of awareness about where to seek assistance and how to navigate the mental health system, and the stigma attached to mental illness. In addition, when assistance is sought, there may be barriers caused by systems capacity issues.

Doctors of BC sees a clear role for physicians to raise awareness of mental health and mental illness among transition-age youth in British Columbia. In developing this policy paper, it was discovered that many youth do not realize that family physicians are a resource for mental as well as physical health concerns. Doctors of BC recognizes the importance of raising awareness of the role that physicians can play, alongside other health care providers, in addressing the mental health needs of youth. Individual physicians can play their part by initiating conversations about mental health with their transition-age youth patients.

Many organizations in British Columbia, and across Canada, are doing excellent work developing and promoting mental health information, tools, and resources for youth, families, schools, and workplaces. Doctors of BC seeks to raise awareness of available tools and resources by developing and promoting a web site information hub for physicians, youth, and their families.

This policy paper has been written to help raise awareness about mental health among transition-age youth, their families, and physicians, with a particular focus on those youth who are not already being treated within the mental health system. Doctors of BC has made a number of commitments and recommendations in this paper to support its policy of raising awareness in three areas: youth mental health in general, how to recognize mental illness, and where to get help when it is needed. It is hoped that these commitments and recommendations will increase the number of transition-age youth in BC who seek assistance for their mental health concerns.

# Doctors of BC Policy

Doctors of BC identifies the period of transition as youth mature into adulthood as critical in terms of mental health development, and is committed to raising awareness in three areas: youth mental health in general, how to recognize mental illness, and where to get help when it is needed.

To support this policy, Doctors of BC has identified the following commitments and recommendations.

## Commitments

Doctors of BC commits to:

- a. Creating and promoting a web site information hub to raise awareness of existing mental health tools and resources available to transition-age youth and their families, physicians, teachers, and peers.
- b. Raising awareness of the role that physicians can play, alongside other health care providers, in addressing the mental health needs of transition-age youth patients.
- c. Encouraging physicians to initiate conversations about mental health with their transition-age youth patients to increase awareness of the role that physicians can play in addressing mental health concerns.
- d. Encouraging physicians to undertake continuing medical education related to youth mental health, such as the Practice Support Program's Child and Youth Mental Health module, where relevant to their practice.
- e. Raising physician awareness of transition-age youth mental health resources, services, and specialists in their region.

## Recommendations

Doctors of BC recommends that:

- a. Physicians, families, and schools encourage transition-age youth in BC to use available mental health tools and resources to take stock of their mental health.
- b. Where transition-age youth are concerned about their own mental health, they visit their family physician or other appropriate mental health care provider.
- c. Health Authorities continue to strengthen their efforts to regularly and effectively inform all primary care physicians in their region about available mental health programs.
- d. The BC Ministry of Health, Health Authorities, and the Ministry of Children and Family Development continue their efforts to address capacity issues within the mental health system to ensure that youth receive access to the right mental health services at the right time.

# 1. Introduction

The transition from adolescence to adulthood is exciting for young British Columbians and a time when many youth feel positive and happy about what lies ahead. However, it is important to recognize that this time of transition can also be overwhelming for youth who face numerous pressures and challenges.

While every youth will follow a different path, some common challenges may include graduating from high school, moving away from home, entering the workforce or post-secondary education, and possibly starting a family.

The transition-age period is an ideal time for youth, their families and communities to take stock and ask, “how well prepared is this youth to enter society as an adult”? For most, but unfortunately not all youth, there is a support network at home and at school to help them reflect on this question. A range of different factors influence the answer to this question, but a youth’s overall health and well-being will play a crucial role in this preparedness. Mental health is of particular importance, given the potentially overwhelming nature of growing up and becoming an adult.

The Mental Health Commission of Canada (“the Commission”), in its recent Mental Health Strategy,<sup>1</sup> called on all Canadians to become more engaged in mental health issues and take action locally, regionally, and nationally to improve mental health. All sectors of society need to be involved in implementing the Commission’s strategy, including governments, health care providers, educators, and community organizations.

At a provincial level, the British Columbia Ministries of Health and Children and Family Development are of the same view as the Commission, noting in the *Healthy Minds, Healthy People* mental health and substance use plan that all levels of the public and private sector must work in collaboration with community partners to promote and sustain a mentally healthy population.<sup>2</sup> Complementary to this provincial plan is *A Path Forward: BC First Nations and Aboriginal People’s Mental Wellness and Substance Use 10 Year Plan*, which also notes the importance of all British Columbians collaborating to address the mental wellness of First Nations and Aboriginal people.<sup>3</sup>

Doctors of BC takes these “calls to action” seriously and has carefully considered the role that physicians can play in improving the mental health of British Columbians. A decision was made to focus on youth as they transition to adulthood and independence, as this age group provides an opportunity to engage in early intervention and treatment. The particular strategic direction in the Commission’s Mental Health Strategy that resonates with Doctors of BC is to: “*promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.*”<sup>1</sup>

Physicians can take action by:

1. Increasing overall understanding of mental health among transition-age youth.
2. Increasing understanding of how to recognize mental health problems and illness in transition-age youth.
3. Increasing understanding of how transition-age youth can get support if they need it.

These three actions provide a framework for this policy paper and the associated mental health communications initiative. Section 2 describes the policy gap and opportunity, explains what is meant by “transition-age youth” and sets out some limitations to the scope of this paper. Section 3 includes information on what is meant by mental health, and describes the physician’s role in increasing mental health awareness. Section 4 focuses on how to recognize mental health problems. The distinction between sections 3 and 4 is deliberate as Doctors of BC wishes to emphasize that mental health is something that should be discussed with all transition-age youth, even those who may never suffer from a mental illness. Section 5 includes information on how transition-age youth may get help for mental health problems.

## Stakeholder Engagement

On December 5, 2013, Doctors of BC held a forum in Vancouver with key stakeholders to gain insight into the experiences of other organizations in promoting mental health awareness to youth in BC (See Appendix A for a list of forum participants). A facilitated group discussion covered the following key questions:

1. What are the biggest barriers to building awareness among youth about mental health and/or mental illness? And what are the barriers to youth taking action to get help?
2. What has your organization done that has proved successful in reaching out to youth in BC in relation to mental health?
3. How can physicians, in collaboration with health partners, help build awareness of mental health issues among youth, and motivate them to seek assistance where appropriate?

Doctors of BC subsequently met with the two “Youth in Residence” from the F.O.R.C.E (Families Organized for Recognition and Care Equality) Society for Kids’ Mental Health to seek their views on these issues.

This stakeholder input was extremely informative and the feedback provided at both of these meetings has informed this policy paper and the accompanying communications component. In some instances, important issues were raised by stakeholders that do not fall within the scope of this particular policy paper or the mandate of Doctors of BC. However, key discussion points that are out of scope have been recorded later in Section 2.

## 2. Identifying the Policy Gap and Opportunity

### Who are “transition-age youth”?

For the purposes of this policy paper, Doctors of BC considers “transition-age youth” (also referred to as “youth” in this paper) to fall within the ages of 15 to 24 years. This age range is often used by researchers looking at the health and social issues facing youth as they transition to adulthood. The definition of “youth” used by the United Nations Educational, Scientific and Cultural Organization (UNESCO) is closely tied to the concept of transition. They say that “youth is best understood as a period of transition from the dependence of childhood to adulthood’s independence and awareness of our interdependence as members of a community.” Although UNESCO states that “youth” is a fluid category and there is no fixed age group, the United Nations uses the 15 to 24 age group when collecting statistics on youth.<sup>4</sup>

Doctors of BC considers that the 15 to 24 age range makes sense from a “life stage” perspective. It is fair to say that from the age of 15, youth start to become young adults and make decisions about their future. It is a time when students may enter their senior years of high school, and think about post-secondary education and/or entering the workforce. Setting the upper limit of the age range at 24 years is appropriate, given that many youth continue on to several years of post-secondary education and may continue to live with their parents during this time, thereby delaying some of the major steps towards independence.

The term “transition-age youth” has been deliberately chosen for this policy paper and should not be confused with the term “youth in transition” which is often used as a descriptor for youth who are in specific transitional situations. These situations include youth who are transitioning out of a pediatric system into an adult system, whether within health care, justice, or social services. Doctors of BC has chosen a more general term that covers all youth as they transition from adolescence to adulthood and begin to face greater life challenges. As noted earlier, these challenges may include moving away from home, embarking on higher education, entering the workforce, and becoming financially independent. This transition period can be even more challenging for those youth who suffer from mental health problems, particularly if there has been no diagnosis or treatment.

### What is the Policy Gap and Opportunity?

Estimates of the percentage of transition-age youth in British Columbia who suffer from some form of mental illness range from 12 to 20%.<sup>5,6</sup> However, the majority of those affected will not seek professional intervention.<sup>7</sup> This is due to a number of factors, including a lack of understanding about mental health and how to recognize mental health problems, a lack of awareness about where to seek assistance and how to navigate the mental health system, and the stigma attached to mental illness.

The most common mental disorders experienced by transition-age youth, including depression and anxiety, can be properly diagnosed and effectively treated in a primary health care setting.<sup>8</sup> This provides an opportunity for physicians to become more involved in mental health awareness initiatives aimed at youth and their families. By initiating discussions about mental health, physicians can help youth and their families identify when it is appropriate to seek assistance, and effectively diagnose and treat identified issues early, positioning youth to tackle the challenges of this transition time as smoothly as possible.

The most common mental disorders experienced by transition-age youth can be diagnosed and treated in a primary health care setting.

Early intervention and treatment of mental health issues among this age group will benefit youth and their families and may also provide an opportunity for physicians to engage with youth on other health issues of particular relevance to their age group. Discussions related to healthy lifestyle choices, physical activity, healthy eating, and, where appropriate, smoking cessation, substance use, safer sex, and avoidance of high-risk behaviour will enable physicians to improve the health of youth as they transition to become productive members of society.

As youth transition to independence, it is important they learn how to look after their own mental health and how to seek assistance as appropriate. However, it must be recognized that this learning process will take time and most youth will need the support of adults within their families, schools, and communities to understand mental health and recognize mental illness.

In addition to the role that families, schools, and communities can play, there is also an opportunity for Doctors of BC to provide policy direction, including commitments and recommendations, to better equip primary health care physicians and others to meet the mental health needs of transition-age youth.

## What are the Challenges and Limitations?

It is well recognized that there is room for improvement in BC's mental health care system and that there are difficulties with access to integrated services, particularly as youth transition to adult mental health services. Systems issues were raised by a number of participants at the stakeholder forum and it was noted that significant work is being undertaken by other organizations and working groups to address these concerns. Doctors of BC is supportive of this work and any recommendations aimed at increasing timely access to integrated mental health care.

Social, cultural, and environmental factors can have a significant impact on youth mental health. In particular, family and school connectedness have been identified by youth as the two protective factors most consistently associated with positive mental health.<sup>9</sup> Doctors of BC recognizes the important role that community connectedness can play in the overall well-being of youth, but thorough consideration of social, cultural, and environmental factors is beyond the scope of this paper. However, physicians can help ensure their patients have an understanding of the role community relationships can play in their overall mental health. As well, physicians can keep apprised of appropriate community resources available to their youth patients.

In our stakeholder consultation it was noted that it is equally important to discuss mental health with children, and we were asked why the paper is focusing on transition-age youth. While normalizing conversations about mental health with children as early as possible is beneficial, Doctors of BC chose to focus on the youth age group as research shows many chronic mental illnesses manifest during the transition-age period.<sup>10</sup> It is also considered that a targeted initiative is likely to be more effective.

While a decision was made to limit the scope of this paper to mental health only and not cover substance use issues, Doctors of BC recognizes that mental health problems and substance use may be triggered by the same factors, or that mental health problems may influence the development of substance use problems or vice versa.<sup>11</sup> It should be noted that in 2009, Doctors of BC (then the British Columbia Medical Association) released a detailed policy paper on addictions care in BC.<sup>12</sup>

This policy paper is focused on raising mental health awareness among transition-age youth and also addresses the importance of early identification and treatment of mental health problems. The paper is targeted at physicians assisting youth who are not currently in the mental health system. The paper does not address the many systems-related issues faced by youth with mental health issues who have already been diagnosed and are being treated. The paper also does not attempt to change existing clinical practice or substantially alter the role of physicians in primary mental health care.

## 3. Increasing Understanding of Mental Health

### What is mental health?

Mental health is described by the World Health Organization (WHO) as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”<sup>13</sup> Importantly, the WHO has also stated that mental health is more than just the absence of mental illness.<sup>14</sup>

The concept of “positive mental health” has been the subject of much research, with one author describing it as “having a purpose in life, positive relations with others, experiencing personal growth, social acceptance, social coherence, and making contributions to society.”<sup>15</sup> The ability to solve problems, use coping strategies, and demonstrate resilience is also an important indicator of positive mental health.

What constitutes “positive mental health” will vary for each individual and can be influenced by cultural norms. However, certain elements have a universal importance to mental health, including social competence and coping, and the capacity to work and love over time.<sup>16</sup> This is closely tied to a concept coined by Erik Erikson, a pupil of Sigmund Freud, in which he famously stated that the richest lives attempt to achieve an inner balance between three realms: work, love and play.

These concepts of positive mental health are reinforced by the results of the BC Adolescent Health Survey, conducted by the McCreary Centre Society in collaboration with the provincial government and the public health system, and with the cooperation of BC’s school districts. A key finding from the 2013 survey showed that students who reported higher school and family connectedness were more likely to describe their mental health as good or excellent. A “school connectedness” scale was created and youth were asked how much they felt a part of their school, how well they got along with others at their school, and how much they felt cared about at school. Family connectedness involved having fun with your family, and feeling that members of your family understand and pay attention to you.<sup>17</sup>

The WHO notes that people can experience positive mental health even if they have a mental illness. The Mental Health Commission of Canada has stated that having positive mental health can contribute to recovery from mental illness, where “recovery” refers to living a satisfying, hopeful, and contributing life, even when there are ongoing limitations as a result of mental health problems.<sup>1</sup>



Mental health is more than just the absence of mental illness.

## Why is positive mental health important?

Achieving and maintaining positive mental health is important from both an individual and societal perspective. The “intrinsic value” of mental health has been described as:

- Essential for the well-being and functioning of individuals.
- An important resource for individuals, communities, and nations.
- An indivisible part of general health, contributing to the functions of society, and affecting overall productivity.
- Of concern to everyone as it is generated in our everyday lives in homes, schools, workplaces, and leisure activities.
- Contributing to the social, human, and economic capital of every society.<sup>14</sup>

In terms of the impact on productivity, a 2011 study on behalf of the Mental Health Commission of Canada estimated that mental health problems and illnesses account for more than \$6 billion in lost productivity costs due to employees missing work (absenteeism) and lower productivity while working (presenteeism). In addition to this, it is estimated that the direct cost to the Canadian economy of all mental illness (including dementia) is over \$42 billion per year.<sup>6</sup> This is largely consistent with an earlier study which calculated that the total economic burden of mental illness in Canada is \$51 billion per year.<sup>18</sup>

Mental health can also have implications for physical health and behaviours that impact on overall health. Research suggests that the morbidity and mortality from certain physical conditions is higher among people with long-term mental illness.<sup>19</sup> People with mental health problems are also more likely to have lifestyle risk factors that impact on their physical health, such as smoking, substance use, poor diet, and lack of regular exercise.<sup>20</sup>

Maintaining positive mental health is important throughout one’s life, but is particularly important when faced with stress, change, and new challenges; the transition from youth to adulthood will certainly include change, new challenges, and potentially, stress. From society’s perspective, it is of benefit for transition-age youth to have positive mental health so that they can develop and become productive members of society. However, before that can happen, youth must be equipped with knowledge about mental health and have skills and coping strategies to deal with the transition to independence.

Youth must be equipped with knowledge about mental health and have skills and coping strategies to deal with the transition to independence.

## Existing mental health awareness programs for transition-age youth in BC

There are numerous mental health awareness programs targeted at transition-age youth in British Columbia. Many of these programs are delivered in the school and post-secondary environment, which is understandable given research shows that these settings are often the most effective.<sup>21</sup> There is, however, a need for programs to also be delivered outside the school setting in order to reach marginalized youth who are not in the education system. The Mental Health Commission of Canada has stated that children and youth are best reached through broad programs that promote mental health for all, complemented by targeted prevention programs for those at highest risk.<sup>1</sup>

Stakeholders who attended the Doctors of BC forum noted that peer-to-peer and community-based programs that foster a sense of connectedness are also particularly effective. The First Nations Health Authority reported that building relationships through activity (whether recreation, arts, life skills training, or cultural activities) is an effective approach for youth in particular.

This paper does not attempt to list all available mental health promotion programs, or the numerous mental health tools and resources that are available. However, the following examples provide insight into the types of promotion activities targeted at youth in BC:

- **Promoting Mental Health in BC Schools: Summer Institute:** this annual event organized by the Kelty Mental Health Resource Centre and the BC School Centred Mental Health Coalition brings teachers, students, parents, school staff, and community partners together to exchange knowledge and ideas for fostering health and school environments that enhance student mental health and well-being, and to learn practical information and strategies for addressing mental health challenges.
- **BC Healthy Minds/Healthy Campuses:** a partnership between the Canadian Mental Health Association BC Division, the University of Victoria Centre for Addictions Research of BC, and BC Partners for Mental Health and Addictions Information. The initiative aims to improve overall mental health, and reduce suicidal behavior and substance use harms among students on BC campuses. Activities include an annual provincial summit, exploring opportunities for maximizing student voices in campus mental health promotion activities, and maintaining an online space where initiatives and strategies can be shared.
- **Next Steps:** an interactive youth-friendly workshop facilitated by the McCreary Centre Society, based on the results of the 2008 BC Adolescent Health Survey. Students learn about youth health and protective factors, and how to design and deliver a project to improve youth health in their community. The workshop can be run at participating schools or in the community.
- **The First Nations Health Authority** is involved in, or supports, various gatherings, events, and programs such as Nation-based and regional forums for mental wellness and substance use, and youth empowerment and resiliency programs offered through schools and health centres, for example “Young Warriors” and culture camps.

- **Balancing our Minds Youth Summit:** this annual event, organized by BC Mental Health and Substance Use Services in partnership with the Vancouver Canucks, is a free, one-day workshop for high school age youth in BC to learn about mental health and wellness and engage in activities and dialogue.
- **UBC Thrive:** an annual week-long series of events encouraging University of British Columbia students, staff, and faculty to build positive mental health. The program is based on what it means to “thrive” at UBC, which includes engaging with the community, maintaining a healthy social support system, prioritizing body and mind, and coping effectively with life’s challenges.
- **Mental Health Works:** this initiative of the Canadian Mental Health Association (supported by its BC Division) addresses issues related to workplace mental health. While the resources are not specifically directed at youth, the “employee supports” are useful for anyone embarking on their first job/career. The resources include advice on how to speak to employers and colleagues about mental health problems, how to manage the culture in a workplace, and where to find help.

It is also worth noting that all BC secondary school students enrolled in Grade 10, 11, or 12 must complete Planning 10 and the Graduation Transitions program. This is intended to prepare students for a successful transition to life after secondary school. It encourages students to take ownership of their own health and learning; create a plan for their growth and development as skilled, healthy, knowledgeable, participating citizens; and exhibit attributes of a model BC graduate. The personal health component includes developing a long-term personal healthy living plan appropriate to their lifestyle that describes emotional health management, positive health choices, sound nutritional habits, and regular exercise routines. Doctors of BC is supportive of this program and encourages schools to ensure that these modules are offered within a classroom environment where students can benefit from examining health issues in a meaningful way with consistent teacher guidance.

It is not well known among youth that family physicians can assist with mental health needs.

### The physician’s role in increasing mental health awareness

Physicians play an important role in promoting health among all Canadians and are seen as a preferred source of health information.<sup>22</sup> As part of regular checkups, or other visits, physicians can offer information and advice to patients encouraging healthy lifestyles, including information about positive mental health. Integrating discussions about mental health with physical health may help to normalize conversations about mental illness.

A key message from the stakeholder forum was that stigma related to mental illness may be reduced if physical health and mental health are not viewed as being separate. As noted earlier, one of the barriers to youth seeking assistance with mental health problems is a lack of knowledge about mental health. Physicians can help to increase mental health literacy by asking youth about stress levels at school or in the workplace, relationships with their family and friends, how connected they feel to their community, and whether they are getting enough sleep. Those few moments of conversation between a physician and their youth patient were described by a number of stakeholders as being invaluable in terms of raising awareness about mental health.

Even where a youth is not experiencing a mental health problem, simply asking these types of questions will increase overall awareness about mental health and highlight the fact that their physician is able to help if problems arise in the future. Youth who were consulted during the development of this paper noted that it is not necessarily well known among youth that family physicians can assist with mental health needs.

#### **DOCTORS OF BC COMMITS TO:**

- *Creating and promoting a web site information hub to raise awareness of existing mental health tools and resources available to transition-age youth and their families, physicians, teachers, and peers.*
- *Raising awareness of the role that physicians can play, alongside other health care providers, in addressing the mental health needs of transition-age youth patients.*
- *Encouraging physicians to initiate conversations about mental health with their transition-age youth patients to increase awareness of the role that physicians can play in addressing mental health concerns.*

At the stakeholder forum, significant discussion took place about the role that physicians can play, in collaboration with health partners, to help build awareness of mental health issues among youth, and motivate them to seek assistance where appropriate. A key learning from that discussion was that youth have identified, through a McCreary Centre project,<sup>23</sup> suggestions to improve mental health services in BC, many of which do not fit with the way that most physicians' practices operate, or with current physician compensation models. For example, youth would like to see more community centres targeted at their particular age group, where they could access a range of integrated services outside typical clinical hours. Other suggestions included better use of technology by health providers, such as mobile phone applications and text messaging. These types of systems/service changes were described by stakeholders as meeting the needs of youth "where they are at."

Doctors of BC appreciates that there is potential for youth mental health services to be more targeted to their specific needs. However, as noted earlier, it is beyond the scope of this paper to comment on the existing role of physicians within the mental health system, or make specific recommendations on how to improve that system.

## 4. Recognizing Mental Illness

Sometimes youth with mental health concerns will require professional intervention and treatment.

While increasing overall understanding of mental health is likely to be of benefit to the majority of the targeted youth audience, it is unlikely to be sufficient to address the needs of youth who are experiencing difficulty with mental illness. Research shows that a significant proportion of these youth do not seek professional intervention or treatment.

The following discussion explains what mental illness is, as distinct from mental health; the prevalence of mental illness among transition-age youth; the importance of early detection and intervention; and the role that physicians can play.

### What is mental illness?

Mental illnesses (or disorders) are disturbances of normal brain function that lead to defined syndromes.<sup>24</sup> The term “mental health problem” is also commonly used, but this is typically reserved for functional impairments that do not meet diagnostic criteria for a specific mental disorder.

For the purpose of this paper, Doctors of BC is following the approach of the Mental Health Commission of Canada in its Mental Health Strategy, where it does not make a distinction between mental illnesses and mental health problems. The Commission states: “mental health problems and illnesses” refers to the full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently.<sup>1</sup>

### An overview of the most common mental illnesses

This paper does not attempt to provide a comprehensive explanation of the mental illnesses affecting youth, and it should be noted that there are significant resources available for youth and their families that provide considerable detail regarding particular mental disorders (see Appendix B). Brief descriptions of the most common disorders are provided below.

- **Anxiety Disorders:** there are many types of anxiety disorders, but two of the most common affecting transition-age youth are Social Anxiety Disorder and Generalized Anxiety Disorder.
- **Social Anxiety Disorder** results in severe anxiety in social situations that can lead to distress, avoidance, and significant deterioration in overall function. Severe cases can result in isolation to the point where the individual rarely leaves home, does not have contact with friends, and stops attending school or work.

- **Generalized Anxiety Disorder** results in anxiety around everyday events and responsibilities, with the distress and worry being excessive, unrealistic and/or unhelpful, and persisting for at least six months. Symptoms may include feeling tense, irritable, having frequent muscle aches and pains, and difficulty concentrating due to the intensity of the worried thoughts and feelings.<sup>25</sup>
- **ADHD** is a neurodevelopmental disorder with symptoms including hyperactivity, impulsivity, and inattention and is sometimes associated with severe impairment in functioning at school, in social settings, and at work.<sup>26</sup>
- **Depression:** There are multiple types of depression, but the three most common affecting transition-age youth are:
  - **Major Depressive Disorder (MDD)** involves either (a) an intense and persistent low mood or (b) a lack of interest or pleasure in the things that an individual usually likes, every day for at least two weeks. In addition, the individual must have at least five of the following symptoms that must significantly interfere with normal life:
    - Gaining or losing a significant amount of weight
    - Sleeping much more or much less than usual
    - Extreme restlessness or lack of movement noticed by others
    - Feeling really tired or lacking energy
    - Feeling worthless or inappropriately guilty
    - Extreme difficulty concentrating or making decisions
    - Frequent thoughts of death or suicide, suicide plan, attempted suicide
    - Feeling hopeless
  - **Dysthymic Disorder** is similar to MDD but is less severe. Typically the affected person will be able to function on a daily basis, but will still have problems with a depressed mood and suffer from many of the symptoms above.
  - **Seasonal Affective Disorder (SAD)** is a type of depression that only occurs at certain times of the year, typically when there is less sunlight. This would need to happen for more than one year in order to be diagnosed.<sup>27</sup>
- **Conduct Disorders** cover a range of behavioural and emotional problems that result in adolescents having great difficulty following rules and behaving in a socially acceptable way. Behaviours may include aggression to people and animals, destruction of property, deceitfulness, lying, or stealing, and serious violation of rules.<sup>28</sup>

A key theme running through the mental disorders just described is the impact they have on a youth's ability to function properly in at least one area of their life. In considering whether a youth may be affected by mental illness, it can be useful as a first step to think about the Erikson "work, love, play" concept described earlier. Consideration can be given to whether there has been a significant change in a youth's ability to successfully function at school, university or work, and/or a significant change in their ability to maintain healthy relationships with friends and family, and enjoy extra-curricular activities. In many cases, a youth will not be equipped with the skills and knowledge to recognize whether there is a problem, and will need the support of adults within their families, schools, and communities who should also be looking for these signs and considering the same issues. This is particularly true for youth in the care of the Ministry of Children and Family Development who require special attention given they may not have the same support networks as youth who live with their families.

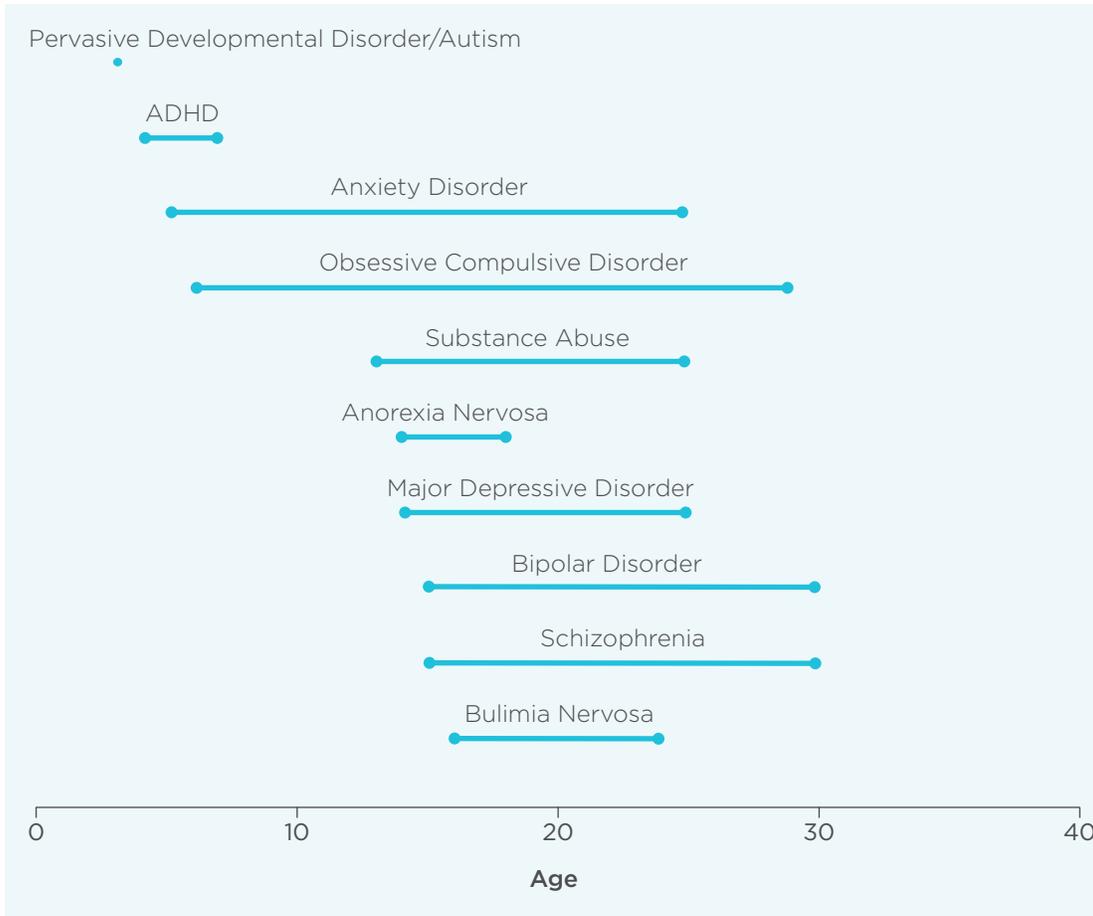
### Prevalence of mental illness among transition-age youth

Estimates of the prevalence of mental illness among transition-age youth in British Columbia range from 12 to 20%. Research conducted on behalf of the British Columbia Ministry of Children and Family Development states that the overall community prevalence for mental disorders in children and youth is 12.6%.<sup>5</sup> Additionally, a recent study conducted on behalf of the Mental Health Commission of Canada estimates that approximately 20% of the Canadian population (any age) has a mental illness in any given year.<sup>6</sup> The "transition-age youth" age group relevant to this paper overlaps with the age populations addressed by both of these studies.

In many cases,  
a youth will need  
the support of  
adults within their  
families, schools,  
and communities.

The following tables set out the age of onset of major mental disorders and the prevalence of mental disorders in children and youth in BC. The first table\* shows that the vast majority of mental disorders begin prior to age 25. This is supported by research suggesting that approximately half of all mental disorders start by the mid-teens and three quarters by the mid-twenties.<sup>10</sup>

### Age of Onset of Major Mental Disorders

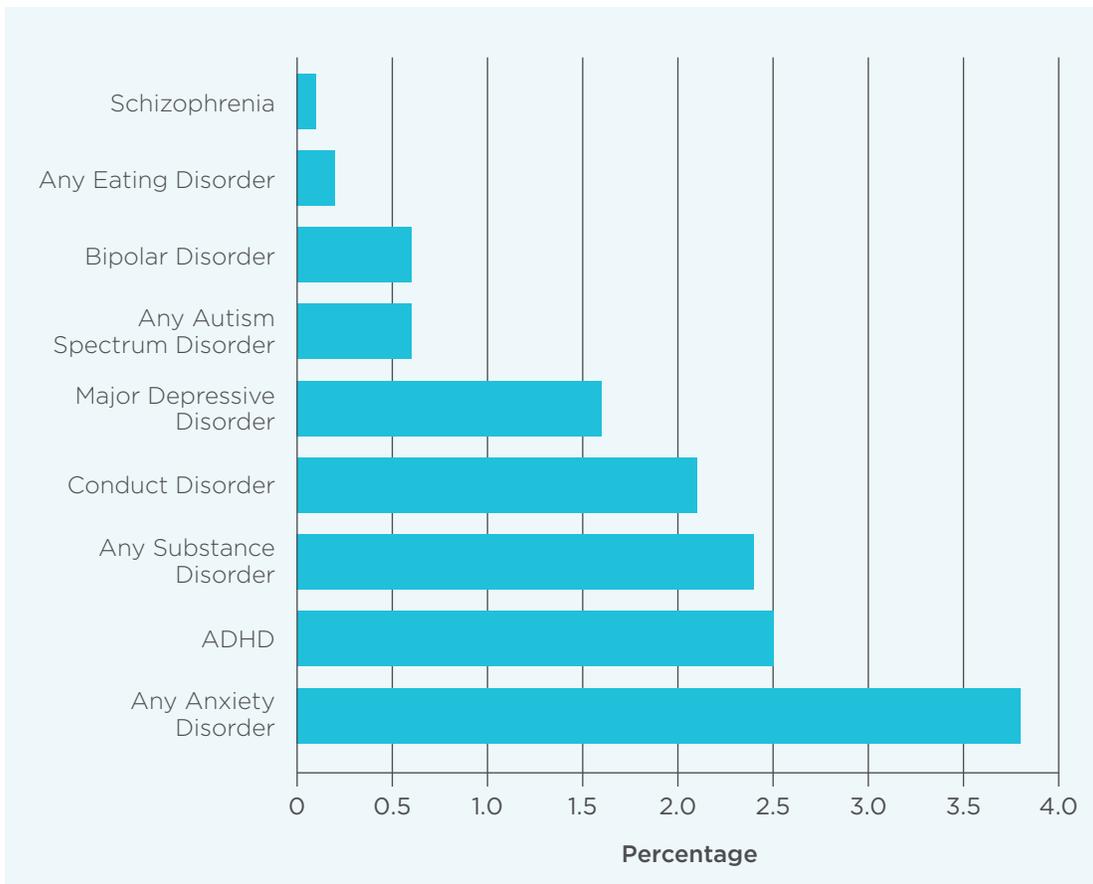


Source: DSM IV, 2000

\* The information in this table has been sourced from the *Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV)*. It should be noted that in the most recent edition of this manual, *DSM V*, the age of onset for ADHD extends to 12 years of age.

The second table shows that a range of mental illnesses and mental health problems can affect transition-age youth. The most common illnesses include anxiety disorders, depression, ADHD, substance use, and conduct disorders. Other mental illnesses that are much less common include schizophrenia, autism, bipolar, and eating disorders. Research shows that comorbidity of mental disorders is significant.<sup>5</sup>

### Prevalence of Mental Disorders in Children and Youth in BC (%)



Source: Waddell C, Shepherd CA, Schwartz C, Barican J. *Child and youth mental disorders: Prevalence and evidence-based interventions*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University; 2013.

## Mental health service utilization by transition-age youth

Transition-age youth in Canada significantly underutilize mental health services, including consultation with health professionals, social workers, support groups, help lines, and alternative health care providers. Research indicates that only 25% of young Canadians with some form of mental health problem will seek assistance.<sup>7</sup> Even youth with serious mental illnesses appear to be underutilizing services, with one Canadian study estimating that approximately 40% of adolescents and young adults with major depressive disorder had not used any mental health services.<sup>29</sup> This rate was even higher for adolescents and young adults with suicidal tendencies, with approximately 50% not accessing any mental health services.

There is a range of different reasons why so many transition-age youth do not seek help for mental health problems. These include a lack of mental health literacy, a lack of knowledge about how and where to seek help, and the stigma attached to mental health issues.

## Why is early detection and intervention important?

The transition years are a critical formative period where brain structure and function can be shaped by both favourable and adverse experiences.<sup>30</sup> If mental illness develops during this time, and the majority of them do, it has the ability to seriously limit a young person's potential. Mental illness can impact school performance and the ability to hold down a job and maintain relationships. One author has described the negative effects of mental illness as a "spiral of dysfunction and disadvantage that is difficult to reverse."<sup>31</sup>

Early detection and treatment of mental illness in youth is an important preventive strategy that can reduce prevalence, cost, and morbidity by preventing the progression of illness. If this can be achieved, it will also minimize the collateral damage to social, educational, and vocational functioning.<sup>31</sup>

## The physician's role in early detection and intervention

The Mental Health Commission of Canada's Mental Health Strategy includes the following as a key strategic direction: "provide access to the right combination of services, treatments and supports, when and where people need them."<sup>1</sup> One of the priorities of this particular strategy is to expand the role of primary health care in meeting mental health needs. The Commission states that, "there are important reasons to provide mental health care in primary health care settings...since our mental and physical health are connected, they should be addressed together." They also note that, "people are more likely to consult their family physician about a mental health problem or illness than any other health care provider."



Many transition-age youth do not seek help for mental health problems, often due to a lack of understanding about how and where to seek help.

Doctors of BC is supportive of this strategic direction, and notes that the majority (approximately 80%) of mental illnesses in young people can be diagnosed and effectively treated in primary care.<sup>8</sup> It is recognized that not all physicians will have the same level of experience and expertise in dealing with youth mental health problems and illnesses. However, all physicians are trained to ask the appropriate questions, recognize warning signs and symptoms, and make referrals to appropriate mental health specialists where necessary. The Rapid Access to Consultative Expertise (RACE) program, a joint initiative of the Shared Care Committee and the BC Ministry of Health, helps to connect family physicians with various specialists, including child and adolescent psychiatrists. When using RACE, family physicians can speak directly with specialists for timely guidance and advice, and can seek assistance with a plan of care.

Doctors of BC recognizes that as more physicians refer patients to specialists, this has the potential to place further strain on an already overburdened mental health system. However, work is currently underway to address some of these capacity issues and, in any event, this should not be a reason to stop referring patients to much needed treatment.

It is important that all physicians have knowledge of mental health resources and specialists in their region. Health Authorities, with input where appropriate from the Ministry of Children and Family Development, could assist by ensuring that information about mental health programs is effectively communicated to all primary care physicians in their region on a regular basis.

As just noted, mental and physical health are connected. Physicians are able to recognize whether a patient's mental health concerns are in fact representative of a physical health issue, or vice versa. For example, the symptoms of some thyroid conditions are similar to those of depression, such as irritability, sleep disturbances, and major weight changes. As well, some anxiety disorders include symptoms suggestive of physical health issues such as nausea and abdominal distress.

Child and youth mental health has been an area of focus for the General Practice Services Committee (GPSC), a collaborative of Doctors of BC and the BC Ministry of Health, through its Practice Support Program (PSP). The PSP has developed a detailed learning module on child and youth mental health that addresses how family physicians identify, assess, manage, and treat children and adolescents with mental health disorders. The aim of the program is to improve physicians' knowledge and their collaboration with patients, families, pediatricians, mental health services, psychiatrists, school counsellors and psychologists, and various non-government and government agencies. Comprehensive tools and resources for physicians, which include screening and assessment tools, are available on the GPSC website. Preliminary data shows a high degree of success for the training module with 91% of physicians indicating that it had improved their practice and 94% indicating that it had improved patient care.<sup>32</sup>



## Success Story

For some physicians, learning new skills to treat patients can be a game changer. That's the case for Kelowna family physician Dr Jim Ketch. Learning how to more effectively treat patients with mental health issues has definitely changed his practice for the better.

Dr Ketch learned valuable skills through the Practice Support Program Child and Youth Mental Health module. The module enables physicians to screen patients more thoroughly for mental illness and to diagnose conditions that can be difficult to detect.

“Before I took this training, I had nothing,” says Dr Ketch. “Now when school counsellors refer children to me, I have tools. I can assess them and figure out what to do. These mental health tools can also be used by my patients. So now they can be empowered to change the way they cope with life stressors and reduce their anxiety and depression.”

Dr Ketch notes that adults and youth approach him differently for mental health issues. “With adults it often takes more convincing to get them to use some of the tools. At first, adults may want pills to make them better, and they're less receptive to other options. But once we get into it, they feel much better using the techniques they have learned. With adolescents, their brains are mouldable at this age, and they can take control of their thoughts and emotions. I can show them some ways of dealing with thoughts and emotions, and they can see the successes. But for all of my patients, these are tools they can use for the rest of their lives.”

Dr Ketch says these treatment techniques are changing the way physicians think about treating their patients. “It's changing the paradigms. We have to teach old docs new tricks. This module will give doctors more confidence, more tools for treating patients other than just medication. This treatment approach is not for every patient, but those who are open to it have lots of success.”



Doctors of BC encourages physicians, where relevant to their practice, to undertake continuing medical education related to youth mental health, such as the PSP's Child and Youth Mental Health learning module.

Significant work is underway in BC's Interior Health Authority region to increase timely access to child and youth mental health and substance use services. This work is being carried out by the Child and Youth Mental Health and Substance Use Collaborative, a joint initiative of Doctors of BC and the Ministry of Health's Shared Care Committee, the Interior Health Authority, and the Ministry for Children and Family Development. One of the objectives of the Collaborative is to increase the number of family physicians in the Interior who have completed the PSP Child and Youth Mental Health learning module. It is intended that the work of this Collaborative will be picked up and used as a model across other regions in BC in the coming months.

#### **DOCTORS OF BC COMMITS TO:**

- *Encouraging physicians to undertake continuing medical education related to youth mental health, such as the Practice Support Program's Child and Youth Mental Health module, where relevant to their practice.*
- *Raising physician awareness of transition-age youth mental health resources, services, and specialists in their region.*

#### **DOCTORS OF BC RECOMMENDS THAT:**

- *Health Authorities continue to strengthen their efforts to regularly and effectively inform all primary care physicians in their region about available mental health programs.*

## 5. How to Get Support for Mental Health Problems

A range of mental health resources and services are available to youth and their families in BC, including those provided by health authorities, government agencies, community organizations, and individual counsellors, psychologists, physicians, and other health care providers. Doctors of BC considers that GPs, particularly family physicians who understand the familial and longitudinal context, are an excellent resource for youth who are concerned that they may be suffering from some form of mental illness.

In some cases, the GP will act as a first point of contact and may need to refer the youth to additional services. In many cases, the GP will be able to diagnose and effectively treat the youth's mental illness. It is therefore recommended that transition-age youth visit their GP or family physician if they wish to discuss concerns about mental illness or mental health in general.

Not all people in British Columbia are attached to a GP or family physician. This is a major concern, given the benefits of receiving longitudinal primary care. Almost all stakeholders who were consulted during this policy development process noted the lack of a family physician as a barrier to youth receiving treatment for mental health concerns. Doctors of BC is working in collaboration with the government of BC to address this serious issue through initiatives such as "A GP for Me." There are also rural programs, including the "Rural Retention Program" and the "Rural GP Locum" program.

Although family physicians and GPs are an important resource for youth, it is recognized that not all youth will feel comfortable speaking to a physician. There may be more suitable resources, such as youth chat lines and peer support groups. Appendix B provides a list of mental health resources for youth and their families. These resources are also available via Doctors of BC's youth mental health microsite, Open Mind BC ([openmindbc.ca](http://openmindbc.ca)) as this is a more effective way to connect with youth, who typically access information online.

### DOCTORS OF BC RECOMMENDS THAT:

- *Physicians, families, and schools encourage transition-age youth in BC to use available mental health tools and resources to take stock of their mental health.*
- *Where transition-age youth are concerned about their own mental health, they visit their family physician or other appropriate mental health care provider.*

Doctors of BC acknowledges that many youth and their families find it difficult and confusing to navigate BC's mental health system. It can be particularly difficult for youth as they transition from the pediatric to the adult system due to the different approaches in each.

Pediatric health care in BC is family focused, relies on developmentally appropriate care with significant parental involvement in decision-making, and is prescribed within a multidisciplinary team. Conversely, adult health care is patient focused and investigational, requiring autonomous, independent consumer skills with few interdisciplinary resources. This transition can be a shock for any youth who is used to the pediatric health system, but is particularly trying for youth with mental health problems due to their increased vulnerability. Doctors of BC recently made a number of recommendations and commitments relating to youth with existing physical conditions transitioning from pediatric to adult health care in its policy paper, *Closing the Gap: Youth Transitioning to Adult Care in BC*.<sup>33</sup> In addition, the Shared Care Committee, a collaboration of Doctors of BC and the Ministry of Health, has developed a “Youth Transitions” initiative that aims to improve the transition from pediatric care for youth and young adults.

As noted earlier, this policy paper does not attempt to address the issues and concerns relating to BC’s mental health system. Instead, the intent of this paper is to raise awareness about mental health among transition-age youth and their families, particularly those who are not already being treated within the system. Having said that, Doctors of BC is highly supportive of the work being undertaken by other organizations to improve the system, and any recommendations to increase timely access to integrated mental health care in BC.

#### DOCTORS OF BC RECOMMENDS THAT:

- *The BC Ministry of Health, Health Authorities, and the Ministry of Children and Family Development continue their efforts to address capacity issues within the mental health system to ensure that youth receive access to the right mental health services at the right time.*



Physicians have a role to play in helping youth overcome barriers to seeking help for mental health problems.

## 6. Conclusion

Too many transition-age youth in British Columbia do not seek help for mental health problems. This is of major concern, given that untreated mental illnesses have the ability to seriously limit a young person's potential. There are a number of barriers that prevent help-seeking behaviour among transition-age youth, including a lack of understanding about mental health, a lack of awareness about where to seek assistance, and the stigma attached to mental illness. Doctors of BC believes physicians have a role to play in terms of helping youth overcome these barriers.

Physicians are seen as a preferred source of health information by Canadians.<sup>22</sup> However, one of the key findings during the stakeholder consultation process was that many youth in British Columbia do not know that they can speak to their family physician about mental health problems. Physicians should therefore initiate conversations with their transition-age youth patients about mental health. This will help raise awareness of the importance of mental health, and also help youth to understand that physicians can address more than their physical health concerns. Also, where physical and mental health are seen as related, this can help reduce stigma attached to mental illness.

Doctors of BC recognizes that family physicians are just a part of the solution in terms of raising awareness about mental health and assisting with mental health concerns. Family physicians work alongside a range of mental health providers, including counsellors, psychologists, pediatricians, psychiatrists, youth workers, and others. Not all transition-age youth will choose to speak to their family physician about their mental health concerns, but it is important that youth are aware of the range of resources available and have access to information about mental health that is tailored to their needs. As part of its overall commitments in this paper, Doctors of BC has created and made available a website information hub named Open Mind BC ([openmindbc.ca](http://openmindbc.ca)) that is comprised of an abundance of excellent tools and resources provided by a range of mental health organizations in BC and across Canada.

## References

1. Mental Health Commission of Canada. Changing Directions, Changing Lives: The Mental Health Strategy For Canada; 2012.
2. British Columbia Ministry of Health and British Columbia Ministry of Children and Family Development. Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia; 2010.
3. First Nations Health Authority, British Columbia Ministry of Health, and Health Canada. A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan; 2013.
4. UNESCO. Social Inclusion and Youth: What Do We Mean by "Youth"? Accessed 18 July 2014. [www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition](http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition).
5. Waddell C, Shepherd C, Schwartz SC, et al. Child and youth mental disorders: Prevalence and evidence-based interventions. A Research Report for the British Columbia Ministry of Children and Family Development; 2013.
6. Risk Analytica for the Mental Health Commission of Canada. The Life and Economic Impact of Major Mental Illnesses in Canada; 2011.
7. Bergeron E, Poirier L, Fournier L, et al. Determinants of service use among young Canadians with mental disorders. *Canadian Journal of Psychiatry* 2005;50:629-636.
8. Kutcher, S. Child and Youth Mental Health and Pathway to Care. Presentation at: Family Medicine Forum; 2012 Nov 15-17; Toronto, ON.
9. McCreary Centre Society. Making the right connections: Promoting positive mental health among BC youth; 2011.
10. Kessler RC, Amminger P, Aguilar-Gaxiola, S et al. Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry* 2007;20:359-364.
11. Centre for Addiction and Mental Health. A Family Guide to Concurrent Disorders. Accessed 18 July 2014. [www.camh.ca/en/hospital/health\\_information/a\\_z\\_mental\\_health\\_and\\_addiction\\_information/concurrent\\_disorders/a\\_family\\_guide\\_to\\_concurrent\\_disorders/introduction/Pages/relationship\\_subuse\\_mhproblems.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/concurrent_disorders/a_family_guide_to_concurrent_disorders/introduction/Pages/relationship_subuse_mhproblems.aspx).
12. British Columbia Medical Association. Stepping Forward: Improving Addiction Care in British Columbia; 2009. [www.doctorsofbc.ca/health-care-services-access-care/stepping-forward-improving-addiction-care-bc](http://www.doctorsofbc.ca/health-care-services-access-care/stepping-forward-improving-addiction-care-bc)
13. World Health Organization. Mental Health: strengthening our response (Fact sheet No. 220). Accessed 18 July 2014. [www.who.int/mediacentre/factsheets/fs220/en](http://www.who.int/mediacentre/factsheets/fs220/en).
14. World Health Organization. Promoting Mental Health: Concepts, Emerging Evidence, Practice (Summary Report); 2004.
15. Keyes CLM. Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *American Psychologist* 2007;62:95-108.
16. Vaillant GE. Mental health. *American Journal of Psychiatry* 2003;160:1373-1384.
17. McCreary Centre Society. From Hastings Street to Haida Gwaii: Provincial Results of the 2013 BC Adolescent Health Survey; 2014.
18. Lim KL, Jacobs P, Ohinmaa A et al. A new population-based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada* 2008;28:92-98.
19. Osborn DP. Topics in review: the poor physical health of people with mental illness. *Western Journal of Medicine* 2001;175:329-332.
20. Kendrick T. Cardiovascular and respiratory risk factors and symptoms among general practice patients with long-term mental illness. *British Journal of Psychiatry* 1996;169:733-739.

21. Smith-Fowler H, Lebel M, and Social Research and Demonstration Corporation. Promoting youth mental health through the transition from high school - Literature review and environmental scan; 2013.
22. Canadian Institute for Health Information. Health Care in Canada; 2003.
23. McCreary Centre Society. Take me by the hand: Youth's experiences with mental health services in BC; 2013.
24. General Practice Services Committee Practice Support Program. Child and Youth Mental Health Module: The Lifespan and Mental Disorders, an overview and useful tips for primary care practice; 2011.
25. Bagnell A, Kutcher S, Garcia-Ortega I. Identification, Diagnosis and Treatment of Adolescent Anxiety Disorders: A Package for First Contact Health Providers; 2011.
26. British Columbia Medical Association. Your Attention Please: Improving Access for ADHD Patients, a Policy Paper by BC's Physicians; 2009. [www.doctorsofbc.ca/health-care-services-access-care/your-attention-please-call-improve-access-care-adhd-patients](http://www.doctorsofbc.ca/health-care-services-access-care/your-attention-please-call-improve-access-care-adhd-patients)
27. Kutcher S, Bruce V, Whynacht A. Transitions: A resource for students transitioning from schools to universities; 2013.
28. American Academy of Child and Adolescent Psychiatry. Conduct Disorder: Facts for Families (no. 33); 2013.
29. Cheung AH, Dewa CS. Mental health service use among adolescents and young adults with major depressive disorder and suicidality. *Canadian Journal of Psychiatry* 2007;52:228-232.
30. Kroes G, Watling J and the Policy Research Initiative. Healthy Transitions to Adulthood: Moving to Integrated Mental Health Care. 2008.
31. McGorry PD, Purcell R, Hickie IB, et al. Investing in youth mental health is a best buy. *Medical Journal of Australia* 2007;187:S5-S7.
32. Weirnerman R, Campbell H, Miller M, et al. Improving mental healthcare by primary care physicians in British Columbia. *Healthcare Quarterly* 2011;14:36-38.
33. British Columbia Medical Association. Closing the Gap: Youth Transitioning to Adult Care in BC, A Policy Paper by BC's Physicians; 2012. [www.doctorsofbc.ca/health-care-services-access-care/closing-gap-youth-transitioning-adult-care-bc](http://www.doctorsofbc.ca/health-care-services-access-care/closing-gap-youth-transitioning-adult-care-bc)

## Appendix A: Stakeholder Forum Attendees

### Doctors of BC Youth Mental Health Stakeholder Forum

Thursday, December 5, 2013 – Doctors of BC Offices, Vancouver, BC

#### Chair

**Dr Lloyd Oppel**, Chair, Doctors of BC Council on Health Promotion

#### Participants

**Ms Keli Anderson**, Founder, FORCE Society; President and CEO, National Institute of Families for Child and Youth Mental Health

**Ms Laurie Birnie**, Co-Chair, BC School Centred Mental Health Coalition

**Dr Rex Bowering**, Child and Adolescent Psychiatrist, Island Health

**Dr Jana Davidson**, VP Medical Affairs, Children's & Women's Mental Health

**Mr Ron Duffell**, Director, Healthy Minds, Healthy People Directorate, BC Ministry of Health

**Ms Tanis Evans**, Manager, Child and Youth Mental Health and Addictions, Older Adult Mental Health and Stepping Stones Concurrent Disorders Program, North Shore, Vancouver Coastal Health

**Ms Michelle Fortin**, Co-Chair, BC Alliance on Mental Health and Addiction

**Dr Peter Froese**, Executive Director, Federation of Independent School Associations in BC (FISA BC)

**Ms Patty Hambler**, Student Development Officer – Wellness, Student Health Service, University of British Columbia

**Mr Dave Harry**, Project Director, Child and Youth Mental Health Collaborative, Shared Care Committee

**Ms Michelle Horn**, Manager, Kelty Mental Health Resource Centre, BC Mental Health & Addiction Services

**Mr David Lewis**, Counsellor, Langley School District

**Dr Alisa Lipson**, Pediatrician, Oakridge Pediatrics

**Mr Dave MacKenzie**, Executive Member, BC School Counsellors Association

**Ms Joanne MacMillan**, Senior Policy Analyst, Mental Health and Substance Use, Integrated Primary and Community Care Branch, BC Ministry of Health

**Dr Steve Mathias**, Psychiatrist, Vancouver Coastal Health

**Ms Jennifer McCrea**, Director, Care Team, BC Ministry of Education

**Ms Diana Mogensen**, Provincial Resource Teacher/Case Manager Eating Disorders In-Patient Unit at BC Children's, Mental Health Building, BC Teachers' Federation (BC Teachers Promoting Mental Health in Schools)

**Ms Sherri Mohoruk**, Superintendent, Safe Schools, BC Ministry of Education

**Dr Jean Moore**, Co-Chair, BC Alliance on Mental Health and Addiction

**Mr Jonathan Morris**, Director, Public Policy, Research & Provincial Programs, Canadian Mental Health Association BC Division

**Ms Lisa Pedrini**, Manager, Social Responsibility & Diversity, Vancouver School Board

**Ms Debbie Saari**, Director Child and Youth Mental Health Policy, BC Ministry of Children and Family Development

**Mr Stephen Smith**, Director, Mental Health Promotion and Prevention of Mental Disorders, BC Ministry of Health

**Dr Todd Sorokan**, Pediatrician, BC Pediatric Society

**Mr Blake Stitilis**, Planner, Policy and Planning, First Nations Health Authority

**Ms Shannon Stone**, Mental Health Program Consultant, First Nations Health Authority

**Ms Valerie Tregillus**, Lead, Inter-Divisional Strategic Council, Interior Health/Divisions of Family Practice

**Ms Kim Weatherby**, Directorate of Agencies for School Health (DASH) BC

**Ms Kelly White**, Wellness Centre Coordinator, UBC Student Health Services

**Ms Michelle Wong**, Director of Evaluation and Strategic Directions, BC Office of the Representative for Children and Youth

#### **Project Group Members**

**Dr Lloyd Opper**, General Practitioner, and Chair

**Dr Shao-Hua Lu**, Psychiatrist

**Mr Richard Mason**, Consultant

**Ms Stephanie Stevenson**, Executive Director, BC Pediatric Society

#### **Doctors of BC Staff**

**Ms Marisa Adair**, Executive Director, Communications and Public Affairs

**Ms Linda Grime**, Executive Assistant, Economics & Policy Analysis

**Ms Kate Saunders**, Policy Analyst, Economics & Policy Analysis

**Ms Sharon Shore**, Senior Manager Communications & Media Relations

**Ms Helen Thi**, Policy Researcher, Economics & Policy Analysis

**Ms Deborah Viccars**, Director of Policy, Economics & Policy Analysis

# Appendix B: Mental Health Resources for Youth and Families\*

## Self-help Tools and Information

**Open Mind BC (Doctors of BC Resource)**  
openmindbc.ca

**Kelty Mental Health Resource Centre**  
keltymentalhealth.ca

**Collaborative Mental Health Care**  
shared-care.ca/toolkits

**Teen Mental Health**  
teenmentalhealth.org

**Here to Help - BC Partners for Mental Health and Addictions Information**  
heretohelp.bc.ca

**Canadian Mental Health Association British Columbia Division**  
cmha.bc.ca

**Canadian Mental Health Association**  
cmha.ca/mental-health/your-mental-health/youth

**Mind Check**  
mindcheck.ca

**Dealing with Depression – Ministry of Children and Family Development**  
mcf.gov.bc.ca/mental\_health/teen.htm

**Anxiety BC - Youth**  
youth.anxietybc.com

**eMentalHealth.ca**  
ementalhealth.ca

**mindyourmind.ca**  
mindyourmind.ca/toolbox

**Walk Along**  
walkalong.ca

## Chat-lines and On-line Forums

**Youth in BC**  
youthinbc.com

**youthspace.ca**  
youthspace.ca

**Kids Help Phone**  
kidshelpphone.ca/Teens/Home.aspx

## Health Authorities and Government

**BC Mental Health and Substance Use Services**  
bcmhsus.ca

**Fraser Health – Mental Health Services**  
fraserhealth.ca/your\_care/mental\_health\_and\_substance\_use/mental\_health\_services

**Vancouver Coastal Health – Mental Health Services**  
vch.ca/your\_health/health\_topics/Mental%20Health%20Services

**Vancouver Island Health – Mental Health Services**  
viha.ca/mhas

**Interior Health – Mental Health Services**  
interiorhealth.ca/YourCare/MentalHealthSubstanceUse/Pages/default.aspx

**Northern Health – Mental Health Services**  
northernhealth.ca/yourhealth/mentalhealthaddictions.aspx

**First Nations Health Authority**  
fnha.ca/wellness/wellness-for-first-nations/mental-wellness-and-substance-use

**Ministry of Children and Family Development**  
mcf.gov.bc.ca/mental\_health/index.htm

**Healthlink BC – Mental Health Directory**  
find.healthlinkbc.ca/search.aspx?q=Mental+Health

## Community Organizations

**The F.O.R.C.E. Society for Kids' Mental Health**  
forcesociety.com

**Institute of Families for Child and Youth Mental Health**  
instituteoffamilies.ca

**Mood Disorders Association of BC**  
mdabc.net

**British Columbia Schizophrenia Society**  
bcss.org

**British Columbia Alliance on Mental Health/Illness and Addiction**  
bcalliance.org/Home/tabid/780/Default.aspx

**BC School Centred Mental Health Coalition**  
schoolmentalhealth.ca

\* Please note that this is not an exhaustive list of all mental health resources in British Columbia.

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Vancouver BC V6J 5A4  
[doctorsofbc.ca](http://doctorsofbc.ca)

 [@doctorsofbc](https://twitter.com/doctorsofbc)

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**of bc**   
Better. Together.