A Child and Youth Mental Health and Addictions Framework for the Yukon

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How to Cite

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Contents

List of Figures and Tables

Abbreviations

CSP	Clinical Services Plan
CYFN	Council of Yukon First Nations
FN	First Nations
HSS	Health and Social Services
KDFN	Kwanlin Dun First Nation
MHS	Mental Health Services (the Agency)
NGO	Non Government Organizations
OOT	Out of Territory
YG	Yukon Government
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorders
PTSD	Post Traumatic Stress Disorder

Voices from the Yukon

"…I believe that the government itself should reach out more on mental health….they should bring it out in the open a lot more…."

[Youth]

"I think your kids bring you to your knees when there's problems with them. You are constantly looking at what kind of parent you were, whatever you did wrong…did I push him too hard, did I do this, did I ignore him, all that kind of stuff. But yeah, I was having a really hard time, time to focus, depression, all of those things."

[Family Member]

"We really… focus on professionals coming into our community and helping us but we need to get those professionals to help us develop the skills because we're the ones that need it."

[First Nations Participant]

"…here we are,…trying to deal with somebody's mental health … they are seeing someone else for trauma and someone else for addictions, and it's really hard to keep it all coordinated. And I thought to myself, if it's hard for you I wonder what it's like for the client."

[Service Provider]

"…we need to get through the silos to free up resources…let's open this thing up because we can't own mental health and addiction. This is ridiculous. We do not have the capacity to be everything for everybody. And there are certain things that we should not do."

[Policy Advisor]

Executive Summary

The Framework Development Process

- This framework was developed through a partnership of researchers from McMaster and Dalhousie Universities, and a working group from across Yukon HSS and Education departments, KDFN and the CYFN.
- The framework incorporates feedback from interviews and focus groups with nearly 100 people in the Yukon including the voices of young people with mental disorders, families, service providers, and policy makers from Whitehorse and rural Yukon that identified strengths and gaps in services.
- Key informants from elsewhere in Canada and other countries shared their approaches and advice with Yukon.
- General support and suggestions on a draft of the framework were received at a policy dialogue held in May 2014, which brought together young people with mental disorders, service providers, policy makers and individuals from three FN communities, and the CYFN.
- The proposed child and youth mental health framework espouses a needs-based approach that uses severity of mental health care needs as the metric for access to mental health care and for designing a framework to meet those needs.
- The starting point for all components of the framework is to first address the most serious/acute mental health care needs, and then continue down the spectrum of needs.

Framework Overview

The framework:

- is based on the best available evidence on what works when it comes to meeting the mental health and addictions needs of children and youth, combined with the experience and wisdom of practitioners, service recipients, program managers, and policy makers in the Yukon.
- lays out a vision for a comprehensive continuum of mental health and addictions care programming across the domains of promotion, prevention, treatment & ongoing care, and research & evaluation tailored to the Yukon context.[1]
- recognizes the importance of promoting mental well-being, preventing and providing care for mental health problems & providing evidence-based treatments for mental disorders.
- adopts an integrated approach to mental health and substance use disorders. Youth who present with a substance use disorder should be assessed for mental disorder and treated. Vice versa for youth with a mental disorder.
- is made up of several components:
  - Core Values
  - Common Language
  - Mental Health Needs
  - Comprehensive Programming
  - Service Delivery Model
- is informed by Evergreen, (Kutcher & McLuckie, 2010) Canada's national child and youth mental health policy framework.

Implementation Considerations

The framework:

- is intended to assist decision makers in strategic planning, priority setting and resource allocation.
- Emphasizes the need for collaborative processes across government departments, First Nations communities, agencies, and the private sector as they work toward common goals.
- is built upon and supports the notion that young people and their families must help shape all mental health and addiction care activities. A system of care must be based on and responsive to their needs.
- recognizes the importance of strengthening child and youth mental health services in all Yukon communities.
- allows children, youth and their families to receive care in their home communities to the greatest extent possible and establishes a rational and efficient means of ensuring that children and youth with more complex needs are able to access care from the most appropriate specialized services and providers.

Important Note: This approach will require transformative thinking, strong leadership and is achievable within the economic, cultural and socio-political realities of the Yukon. It is consistent with the Clinical Service Plan (CSP) (Health Intelligence, 2014)

[1]The framework does not attempt to address all of the social determinants of health such as income and poverty that influence child and youth mental health in the Yukon, which were beyond the scope of this work. The framework speaks to a few key social determinants, such mental health literacy, stigma, housing, and availability of mental health services and care across the territory.

Framework At A Glance: Putting the Pieces Together

About the Framework:

This section presents an overview of the framework in its entirety and illustrates how each of the components work together to address the mental health care needs of Yukon children and youth. **Components 1 and 2 are shown as rectangles** and form a foundation built on mutual understanding and shared values. **Components 3, 4, and 5 are illustrated as triangles** which outline population Mental Health Needs (**Component 3**), Comprehensive Programming required for a young person at each level of need (**Component 4**) and Service Delivery Model within the Yukon (**Component 5**).

While these components are represented as distinct they are in fact interconnected. Within each component, the most serious mental health care needs are represented first, regardless of the triangle's orientation or placement within the overall framework.

For example, young people with highest mental health needs make up the smallest proportion of population needs ("Mental Disorders" in **Component 3**) require the most intense and broadest array of programming ("Mental Health Services" in **Component 4**). These specialized services are delivered in Whitehorse and OOT by Mental Health Services (*MHS*) (**Component 5**).

In contrast, all people experience Mental Distress (**Component 3**); they can be assisted through a narrow range of programming (Promotion & Prevention in **Component 4**) that is available in all communities ("Across the Yukon" in **Component 5**).

FIGURE 1: Framework Overview

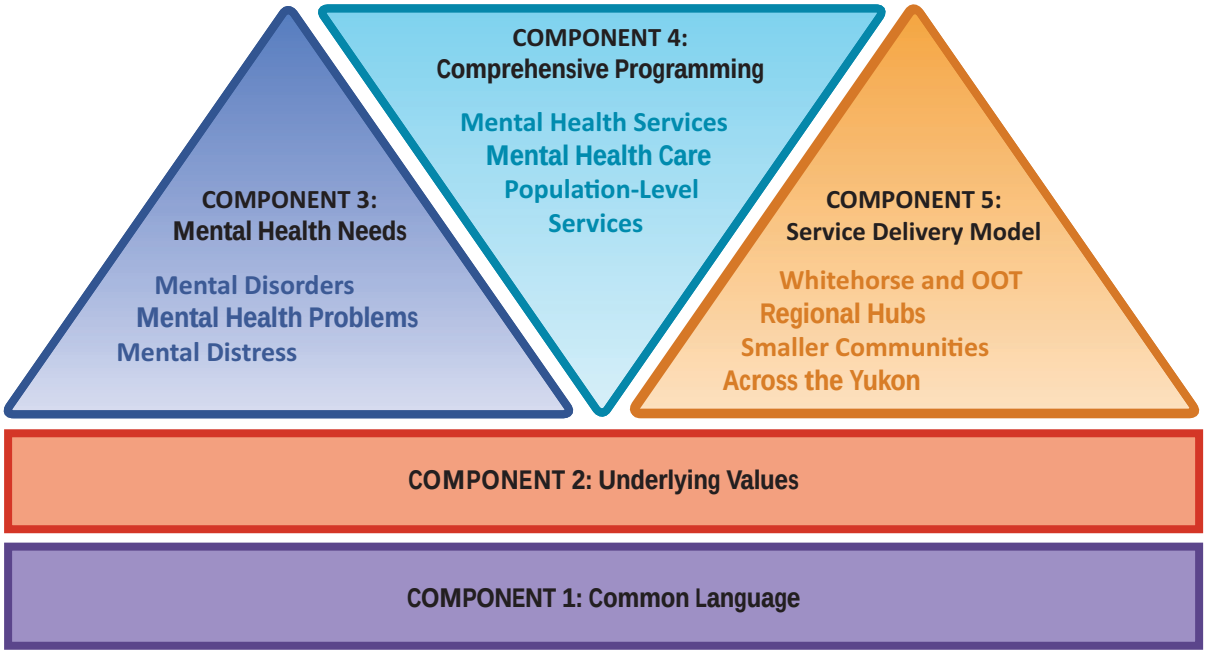


FIGURE 1 A common language and underlying values are the basis for a framework that outlines population mental health needs, services and programming at each level of need and service delivery throughout the Territory. Within each triangle the most serious mental health needs are presented first.

Navigating This Document:

In the pages that follow, the connection between the individual components and the overall framework is shown by the shaded area of the mini-figure at the top right of selected pages. When reading the document on-line, you can navigate to the component of interest by clicking on the corresponding shape in the 'Framework At a Glance' figure or the mini-figures in the rest of the document.

Component 1: Common Language

The framework uses familiar terms in very specific ways. For example, **mental health care** spans the spectrum of promotion, prevention, treatment and ongoing care whereas **mental health services** is a highly specialized component of mental health care. The Government of the Yukon delivers specialized mental health services through Mental Health Services (*MHS).* Component 1 defines these and other terms in order to build a common understanding across all departments, agencies, and providers that offer mental health care to Yukon children and youth.

Component 2: Underlying Values

The set of five values (child, youth and famly-centred; integrated/coordinated; aligned and accessible; builds capacity; evidence-based and acountable) proposed by a subgroup of the Yukon Working Group received widespread endorsement at the policy dialogue. Cultural competency was an additional value proposed by participants.

Component 3: Mental Health Needs

This component outlines mental health needs across the spectrum for children and youth, and addresses the complex relationship between mental health and addictions needs.

- Of all those who are receiving mental health care, ¼ have a diagnosable mental disorder and of those ¼ have a severe or complex presentation The remainder have a mild to moderate presentation. Mental Disorders are shown at the top of the triangle.
- The remaining ¾ of young people who are receiving mental health care have mental health problems that arise due to life circumstances (e.g. grief, problems in school) that are serious enough to require care such as counseling.
- The bottom of the triangle represents mental distress which is expressed by all children and young people in response to everyday challenges (e.g. losing homework, fight with a friend).

Component 4: Comprehensive Programs

- People with severe and complex mental disorders require the most comprehensive programming, such as assessment, treatment and wrap around services.
- Children and youth with mild to moderate mental disorders require a narrower range of services focused on treating or managing the disorder.
- Children and youth with mental health problems (e.g. grieving loss of a loved one) require access to support and counselling.
- Programs to prevent some mental health problems and mental disorders include a range of universal and targeted programs (e.g. mental health literacy, home visiting programs for young moms)
- Programs to promote mental well-being provide children and young people with opportunities to develop competencies, confidence and connection. These lie outside the health and social services and are typically associated with sports, recreation, the arts etc.

Component 5: Service Delivery Model

A cascading model puts mental health care, and the identification and referral of youth/families with mental disorders into each Yukon community, with telehealth support from regional hubs and specialized services in Whitehorse and beyond.

- The cascading model puts access to mental health care into each Yukon community and is consistent with Yukon's Clinical Services Plan.
- All health and social service providers will be able to identify children and youth with serious and complex mental disorders, and refer them to specialized mental health services.
- Health and social service providers with advanced training can provide assessment and treatment for mild to moderate mental disorders, and counselling support to youth with mental health problems.
- These services may be provided by local health and social services providers, itinerant providers located in regional hubs, or through telehealth.
- Consultative support to health and socials services providers is available through regional hubs, Whitehorse or out of territory experts.
- Promotion and prevention programs will be delivered by health and human service workers with basic training in all communities.
- The cascading model depends on four core elements: system-wide mental health competency training; telehealth linkages between small communities, regional hubs and specialty services; a common data set; and a website that offers facilitated mental health information and support.

Component 1: Common Language

The framework uses familiar terms in very specific ways that may differ from common usage.

Mental Health and Well-being

A child's capacity to successfully adapt to life circumstances that is developed in a manner appropriate to his or her age and capabilities. It does not mean the absence of negative emotional states. A person can be mentally healthy even while experiencing mental distress, mental health problems and/or mental disorder.

Mental Health Care

Spans the spectrum of promotion, prevention, treatment and ongoing care. It is provided in the community and is delivered across all health and human service provision organizations.

Mental Health Services

A **highly specialized component of mental health care** that is targeted to young people with severe and complex mental disorders, plus consultative support to primary care providers. The agency that offers these specialized services within Yukon is *Mental Health Services (MHS).* The Framework calls for an expanded *MHS* with new roles.

Mental Health Promotion

Programs, supports and services geared to fostering positive mental health and well-being for the population.

Human Services

A wide range of services that endeavor to improve the lives of youth and families offered by government and NGOs across education, social services, justice & recreation programs.

Primary Health Care

Refers to services at the first point of health system contact, which will vary in different communities. Primary Health Care services are not restricted to services provided by a physician or nurse.

Mental Disorders

Range in severity and arise from a complex interplay between genes and environment and are diagnosed by trained health care providers using internationally established and recognized criteria (DSM V and ICD 10) (American Psychiatric Association, 2013 ; World Health Organization, 2010).

Mental Health Problems

Are emotional, cognitive and behavioural difficulties associated with significant environmental stressors (such as loss of a loved one, family disintegration, etc.) and result in functional impairment.

Mental Distress

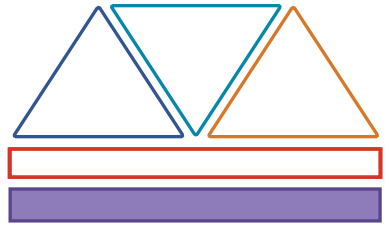
Experienced by everyone. It is part of mental health and is the expected response to usual life stressors and leads to adaptation and resilience.

Substance Use Disorders

A group of disorders diagnosed based on criteria set out in the DSM V. Substance use disorders are categorized by substance (e.g., alcohol use disorder; opioid use disorder) and range from mild to severe.

Substance Misuse

Refers to the use of substances with the potential for harm because of the way they are used **or the circumstances in which they are being used**.



Substance misuse may have negative impacts on cognitive functioning, judgment, the ability to make decisions, and may lead to high risk activities, legal and/or financial problems and relationship problems.

Wrap Around Model of Care

Requires that youth with severe and/or complex mental disorders who need additional supports be assigned a case manager in *MHS*. This worker links therapeutically with the youth and family to meet agreed upon goals and outcomes and coordinates care from human services providers to meet the youth's needs.

Policy Dialogue Feedback

Concern was expressed by some participants at the policy dialogue that terms such as mental health problems and mental disorder carry negative connotations and contribute to stigma. The ensuing discussion stressed the importance of using these terms in order to deal directly with stigma. Otherwise suggested terms such as 'brain health disease' would soon become equally stigmatized.

Component 2: Underlying Values

Establishing Common Values

A subcommittee of the Yukon Working Group prepared the following list of core values. Key pad voting was used at the policy dialogue to assess the acceptability of these values to the larger stakeholder group. The results of voting are shown in **Figure 2.**

In addition to voting on each value separately, dialogue participants were asked: "To what extent do you agree or disagree that overall these values capture what is essential to guide development and implementation of the framework?"

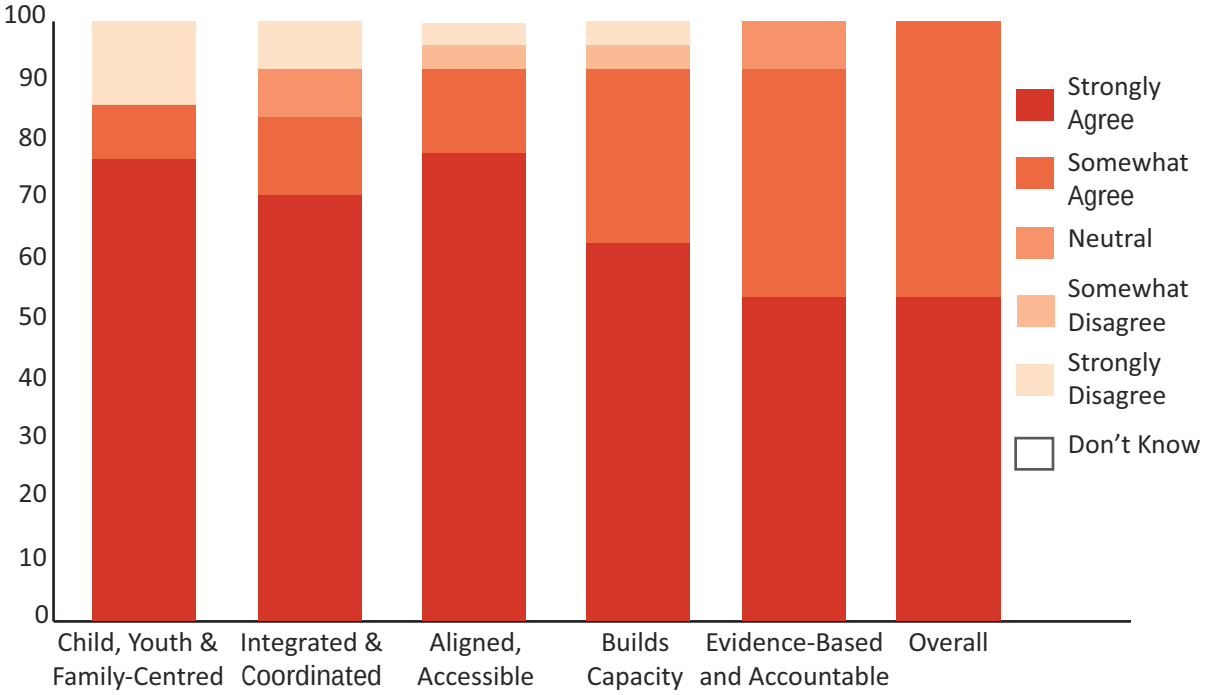
Child, Youth and Family-centred

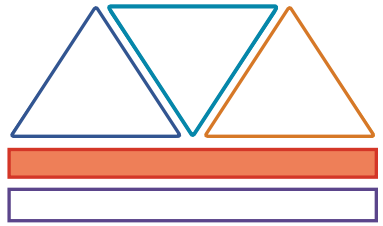
Services and supports respect and enhance the evolving capacity of children and youth to make decisions and master skills; develop their needs, talents, interests and strengths; foster positive relationships; allow for cultural safety/expression; and respect the role of families in raising children.

Integrated and Coordinated

A shared vision and goals provide the foundation for integration and coordination within Health and Social Services; across agencies, governments & sectors.

FIGURE 2: Support for Framework Values Among Policy Dialogue Participants*





Aligned, Accessible

Children and youth have access to opportunities, supports, programs, care and services that match their diverse needs.

Builds Capacity

The capacity of service providers and communities is continually enhanced to enable children and youth to receive appropriate support based on evidence-based practices in their home community wherever possible.

Evidence-based and Accountable

Decisions related to mental health are grounded in the best-available scientific knowledge and practices. Learning through reflection and evaluation is a continuous process.

Policy Dialogue Feedback

Strong support for and agreement with the subcommittee's proposed values was shown. An additional value, cultural competency, was suggested for inclusion by dialogue participants. Additional work is required to determine how to incorporate this important underlying value.

*Some participants indicated they confused the number for strongly agree with strongly disagree; therefore the extent of support is likely greater than indicated here [notably for child & family centred]

Component 3: Mental Health Needs

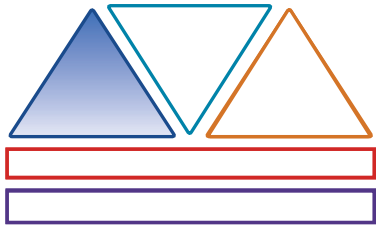


FIGURE 3: Mental Health Needs Across the Population

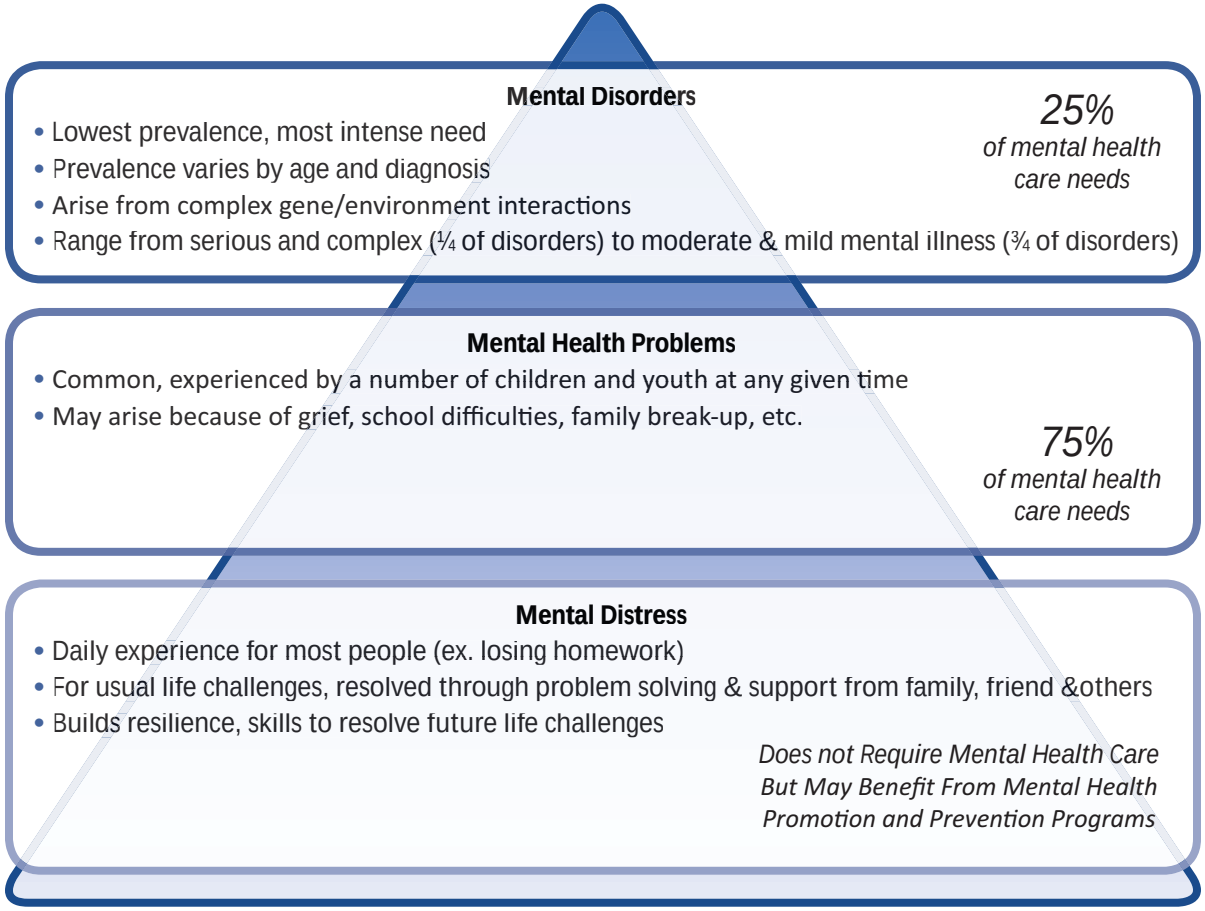


FIGURE 3 illustrates the range of mental health needs and their prevalence across the general population of children and youth. The most intense care needs are for those with mental disorders, shown at the top of the figure, followed by the less intense care needs of those with "mental health problems".

Understanding Mental Health Needs

A child and youth mental health framework must address mental health care for a broad spectrum of needs across the population as shown in **Figure 3.** The most intense care needs are for those with mental disorders, shown at the top of the figure, followed by the less intense care needs of those with "mental health problems" to consideration of needs of those experiencing "mental distress".

Important Note: People do NOT progress through a spectrum of these difficulties, beginning with distress and ending up with disorders. Rather, it is possible to be in more than one of these categories at the same time. For example a young person, may have schizophrenia (mental disorder); be grieving loss of a perent (mental health problem) and be upset because of losing his or her homework (mental distress).

Mental Disorders

At any given time 10-15% of the population of children and youth will experience a mental disorder. Note that the prevalence of mental disorders among children increases with age. Estimates of prevalence of mental and substance use disorders based on epidemiological data and expert opinion are presented in Table 1.

• Mental disorders form the smallest proportion of population mental health care needs and are represented as the top, smallest portion of the triangle. Of these, ¼ are serious or complex disorders and ¾ are mild and moderate mental disorders.

Severe and Complex Mental Disorders

This category includes psychotic illnesses and bipolar illness, and depending on severity and complexity may include depression, PTSD, anxiety disorders, eating disorders, substance use disorders, and autism spectrum disorders among other disorders. Complexity varies depending on co-morbidities and particular circumstances of the young person.

Mild to Moderate Mental Disorders

Depending on severity, this category typically includes mild to moderate depression, anxiety disorders, ADHD, and may include some eating disorders and substance misuse.

Mental Health Problems

At any given time, a number of young people will be experiencing a mental health problem, and everyone will experience a mental health problem at some time in their life. Mental health problems represent ¾ of total mental health care needs.

Mental Distress

Is experienced on a daily basis by everyone, is part of mental health and is necessary for optimal growth and development, including the development of resilience. By using their own problem solving skills and getting support from parents, other adults and peers, young people resolve mental distress and learn new skills that can be applied in future life challenges (e.g. losing homework, resolved when homework is found, learn to put homework in a better spot next time). People who avoid or do not learn how to embrace and resolve developmentally appropriate usual life stresses or "mental distress" may go on to develop difficulties coping that require future mental health care interventions.

Mental Health Promotion, Prevention and Mental Health Literacy Needs

Are present across all of these populations. Mental health promotion and prevention needs also have a range of intensity, with universal needs for everyone, and specific needs for different high risk populations.

Understanding the Relationship Between Mental Health and Addictions

• The relationship between mental health and addictions needs is complex and exists across a spectrum of needs. It is important that a mental health and addictions framework recognizes the complex relationship between mental health and addictions needs.

• People with a substance use disorder often have a concurrent mental disorder (such as alcohol use disorder and depression) and some people with a mental disorder have a concurrent substance use disorder. Some mental disorders increase the lifetime risk for developing a substance use disorder (e.g. ADHD and social anxiety disorder).

TABLE 1: Estimated Prevalence of Mental Disorders in Children & Youth[1]

Mental Disorders	Rate per Hundred
Psychosis	1-3
Depression	4-6
ADHD	3.5
Conduct/ODD[2]	5
Anorexia Nervosa	<1
Bulimia Nervosa	1-2
Substance Use Disorder	3-5

[1]**Note:** these rates vary across the age span, with many disorders emerging after puberty so that some disorders will show increasing rates at older ages.

[2]**ODD** = Oppositional Defiance Disorder

Policy Dialogue Feedback

Policy Dialogue participants found the overview of population needs as presented in the triangle to be very instructive. This serves as basis for understanding mental health system responses as spelled out in Components 4 and 5.

Component 4: Comprehensive Programming

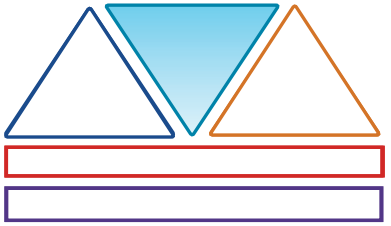


FIGURE 4: Comprehensive Programming Elements

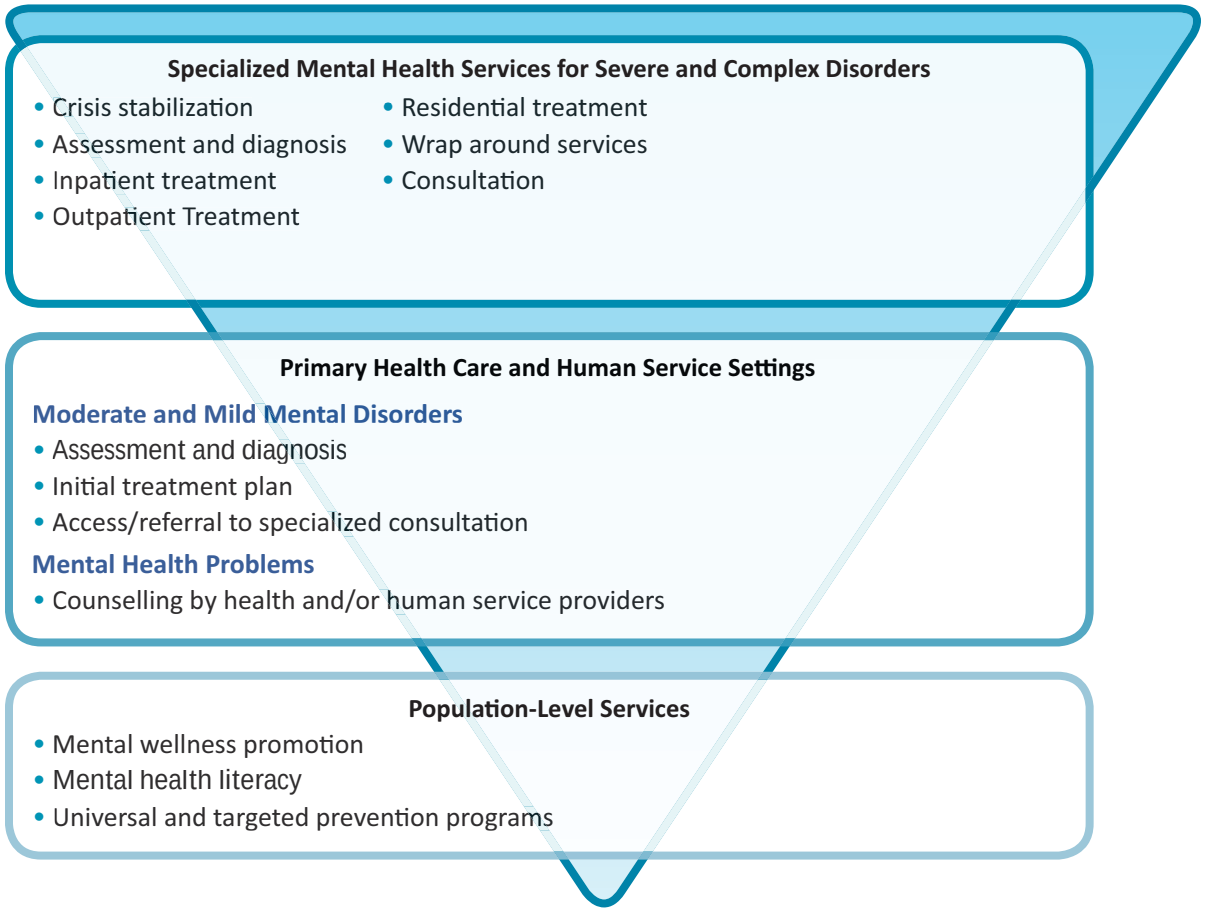


FIGURE 4 The top of the triangle represents the broad range of programming required for the small number of people with intense needs, and the bottom of the triangle represents population-level promotion and prevention.

Aligning Needs With Programs & Treatments Across the Continuum

Important Note: While the proposed model is couched in terms of mental health needs it is understood that references to mental health needs and mental health care are inclusive of addictions and co-occurring mental health and addictions needs.

• Interventions for mental disorders and mental health problems must be aligned with the needs of young people and families. **FIGURE 4** illustrates how mental health care and mental health services align with the full range of mental health needs that were described in **FIGURE 3**.

• These interventions must be provided in a timely way by the most appropriate provider.

Specialized Mental Health Services

Severe and Complex Disorders

Young people with any serious and/or persistent mental disorders such as addictions, psychotic disorders and autism spectrum disorders are examples of young people and families that have complex care needs and may require wrap around services such as support workers, housing, supportive housing, respite and therapeutic foster care, vocational rehabilitation, individualized learning plans, and enhanced parenting support. In this approach, the family is supported by a case worker who coordinates services & reports to MHS.

• Other young people with severe mental illness will not require these additional supports, but will require mental health services. Mental health services must offer stabilization during acute crises, inpatient and outpatient treatment when required, with community-based follow up, assessment, diagnosis and ongoing care.

• Young people with medical and surgical illnesses being treated in hospitals that have co-morbid mental disorders may require consultation/liaison services (psychiatric/mental health consultations).

• Less severe mental health and addictions problems may require a brief stabilization service and ongoing community based care.

• Residential treatment may be required for Substance Use Disorders (SUDs) and for youth with substantial functional impairments.

Primary Health Care and Human Service Settings

Mild to Moderate Mental Disorders

• Assessment, diagnosis, and ongoing care for mild to moderate disorders can be provided in primary health care with rapid access to speciality support and consultation through *MHS*.

Mental Health Problems

• Mental health care for mental health problems can be provided using counselling interventions either in primary health care or human service settings that are linked to community health and human services providers

Population-Level Services

• Encompass the whole population of children and youth with varying intensity.

Mental Distress

• May benefit from Mental Health literacy and social emotional learning programs that are universally available.

Targeted Mental Health Promotion and Prevention

• Programs provide support for those at higher risk. For example, targeted programs can provide support for young mothers, beginning in the pre-natal period and continuing to child's age five; screening to help identify those at risk, plus evidence-based post-natal support (home visitor model) and skills development for parents.

Universal Mental Health Promotion and Prevention, Mental Health Literacy and Self-care

• Examples of mental health promotion and prevention programs include: social emotional learning programs for elementary school children, as well as school mental health literacy curriculum for junior high and high school students that includes knowledge about mental health, mental illness, and treatments; decreases stigma and increases help-seeking efficacy.

Responding to the Complex Relationship Between Mental Health and Addictions

• As much as we might like to place the categories of mental health and addictions needs and system responses into the columns and rows of a table or chart, this is not possible.

• Some people with a mental disorder will increase their use of substances to help them deal with the symptoms of the mental disorder (for example: nicotine for anxiety; alcohol for anxiety/depression). Furthermore, this may interfere with medications they are taking.

• A young adult who misuses substances (ex. binge drinking) may increase their risk for mental disorders, which may then require a system response.

• With these scenarios in mind, it is critical that clinicians understand the complexity of the relationship between mental health needs and addictions. Youth who present with a substance use disorder should be assessed for mental disorder and treated. Vice versa for youth with a mental disorder.

Important Note: in addition to meeting the treatment needs that vary across the population, Component 4 addresses the programming required to promote the mental well-being of Yukon children and youth, to improve mental health literacy and prevent mental illness wherever possible. Mental health literacy and self-care programs to promote mental health will involve a mix of universal programs for all children and youth and targeted programs to populations at varying risk levels.

Component 5: Service Delivery Model

FIGURE 5: A Cascading Service Delivery Model

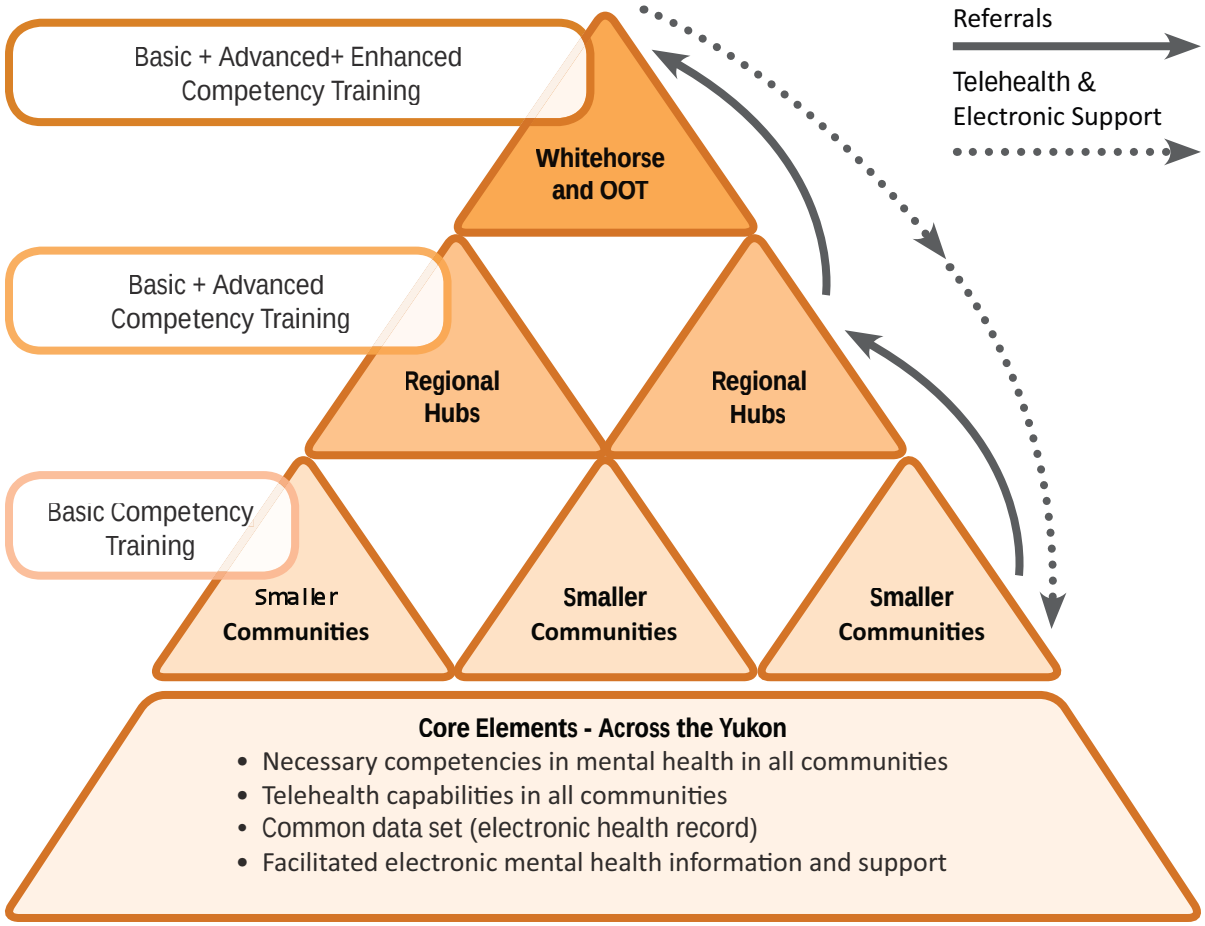


FIGURE 5 The cascading model brings mental health care by health and human services providers with training in basic, advanced and enhanced mental health competencies to communities, regional hubs and provides access to specialized services in Whitehorse and OOT. It rests upon competency development, telehealth, a common database and electronic information and support as core elements.

A Cascading Model of Service Delivery for the Yukon

FIGURE 5 presents a cascading model of mental health care delivery for the Yukon context that is consistent with the Clinical Services Plan (Health Intelligence, 2014). The model maximizes the use of existing health and human service providers with capacity to deliver mental health care across the full range of needs. **The model puts mental health promotion, prevention, support, and the competencies for identification and referral of young people with mental disorders into each community.**

- In this model, **mental health care** must be integrated into all aspects of health and human services offered by the territorial government, FNs governments, NGOs, and private sector practitioners. It cannot exist independently of health care and cannot be viewed as nor act as a separate and unique entity. **Mental health care competencies must be part of the toolkit of every health care provider and human services worker.**

- The cascading model rests upon four core foundational elements which are essential to its success that are detailed in Section 5.1.

Whitehorse and OOT

• Located in Whitehorse, the most specialized mental health services for children and youth with severe and persistent mental disorders and complex needs will be provided by existing *MHS* staff with linkages to out of territory child and youth psychiatrists and specialists. In addition, *MHS* staff, pediatric and psychiatric physicians, private psychologists and other practitioners, and interested family physicians will receive enhanced competency training in the area of child and youth mental health. This creates a pool of providers who can provide consultation to health and human service providers across the territory. An expanded *MHS* will supervise training in mental health competencies as discussed on the next page.

Important Note: Several consistent messages emerged from the interview data. There were concerns about:

(i) the capacity of existing specialized services to meet the needs of children and youth with mental disorders;
(ii) the lack of mental health care where there is no diagnosed/diagnosable mental disorder;
(iii) The frequency of itinerant services.

There was a clear message that young people, families and educators in communities outside Whitehorse need more timely and consistent availability of services.

Regional Hubs

• Regional hub mental health care will be provided in primary health care settings by existing primary care providers and/or by human services workers with **advanced** competency training.

• The hub-located mental health services providers will be available for on-site consultations and provide collaborative care for youth referred by communities.

• Each hub will be supported by a telehealth consultation service from Whitehorse and will be able to refer to Whitehorse for most complex mental health needs.

Smaller Communities

• Community based providers (YG, FN, NGO and identified community leaders) will receive basic competency training and will provide basic mental health care. Depending on interest, availability and skills set, advanced training may also be offered.

Youth health centres in schools enable young people to easily access a range of services including primary health care, public health services and basic mental health care. Integrating health services can also play a role in reducing stigma.

Implementing Promotion and Prevention Across Services

• Universal and targeted promotion and prevention programs will be offered by a range of primary health care, health and human service providers with appropriate training across all of these sites and within schools.

• With basic competency training, teachers, student support and administrative staff in schools, and youth service organization workers (e.g. recreation workers), can act as gatekeepers to identify and refer children and youth who require mental health care.

• Peer mental health educator programs for youth are recommended. Peer mental health literacy education programs can be useful but peer support/mentoring or peer counseling programs are not recommended.

TABLE 2: Core Foundational Elements

Core Foundational Elements	Promotion	Prevention	Treatment & Ongoing Care	Research & Evaluation
Competency Development	√	√	√	√
Telehealth Consultation			√	
Common Data Set			√	√
Facilitated Electronic Mental Health Information and Support	√	√	√	

5.1 Core Foundational Elements:

1. Competency Development

• Mental health competency development is required for all health and human service workers in communities, regional hubs and Whitehorse at three different levels - **basic, advanced, and enhanced** with each level building upon the content of the previous one.

• The exact level of competency needs in each community will be determined according to community size, existing resources, strengths and needs. This may range from basic competencies only in small communities to all three levels of competencies in Whitehorse.

Basic Competencies

Training will include but not be limited to:

- Understanding mental disorders & treatments
- Crisis intervention and management
- Identification of mental disorders in youth
- Understanding when and how to consult with a mental health professional
- Engaging young people and families on the pathway to mental health care
- Effective support and problem solving
- Knowledge of referral sources and procedures
- Telehealth use capabilities
- Substance misuse harm reduction strategies
- Culturally informed, evidence based interventions

Advanced Competencies

Will include the basic training described above and will also include, but will not be limited to:

- Assessment and Diagnosis
- Development, intervening and monitoring of first-line treatment plan
- Engaging youth and families in treatment
- Use of consultation (collaborative care)
- Understanding triage and referral strategies and processes
- Cognitive behavioral therapy
- Basic psychopharmacology

Enhanced Competencies

Will include but not be limited to the advanced training described above plus:

- Acute inpatient care
- Psychiatric crisis management
- Advanced psychopharmacology
- Multiple evidence based psycho-therapeutic options
- Wrap around care/case management
- The ability to train individuals in the basic and advanced competencies
- Non-residential addictions interventions

2. Telehealth Consultation

• Optimal use of existing telehealth consultation capacity in all Yukon communities should include two forms of support:

  - Rapid Access – where a provider can access a consultation within 15 – 30 minutes
  - Usual Access – where a provider can access a consultation within 24 – 48 hours

• Small communities should be linked via this service to regional hubs. Regional hubs should be linked to Whitehorse mental health services. This can be rolled out rapidly in rural and remote settings to link small communities to the larger regional hubs.

• In addition, when telehealth is used in service provision, there is a strong preference for an initial face-to-face consultation.

3. Common Data Set

• Data base development using a user-friendly application would be built on existing health databases and inputs/outputs and be available through electronic links from each community and regional hub. A number of simple to apply, yet valid process and outcome indicators will need to be chosen and evaluation tools assessed.

4. Facilitated Electronic Mental Health Information and Support

• Mental health care information and support for young people, families and mental health care providers will be available through a newly-developed Yukon-specific website with links to existing "best in class" youth mental health websites – such as "teenmentalhealth.org" or "keltymentalhealth.ca".

• The website will contain location and contact information for mental health care in each community throughout the Yukon and immediate telephone access to helplines through a 211 type number or Kids Help Phone.

• The website could include a monitored web-based chat capability using a question and answer format with a 24-hour response time supported by a mental health service provider in Whitehorse.

Policy Dialogue Discussion - Additional Programming Options

Enhanced programming options that span the spectrum of promotion and prevention, treatment and ongoing care, research and evaluation were presented and discussed at the policy dialogue.

Enhanced Treatment & Ongoing Care

The following options for enhanced treatment services and supports were identified:

1. OOT support can be enhanced by developing a network of specialists to offer 24/7 support (rapid and usual access) augmented by rotating residency placements in Whitehorse.

2. A three-bed community crisis intervention centre could be established in Whitehorse on a trial basis with the possibility of being replicated in individual communities. The purpose is to stabilize young people in crisis and conduct an initial assessment, provide a step down option from the hospital, and provide respite for parents. This strategy is expensive and would require considerable development and planning, additional staff, and additional staff training.

3. During basic competency training, community-based providers (primary care or human service workers working for YG, FNs, NGOs and identified community leaders) will be assisted to develop community-specific plans for responding to individual and family crises. The purpose of a mobile crisis team would to use community-based resources to manage crises before they escalated to a level requiring a crisis bed or hospitalization in another community where possible.

4. Housing needs were also recognized: **(i)** supportive housing for youth with severe and complex mental disorders and substance abuse; **(ii)** crisis, short term and stable housing for at-risk youth who do not have a stable housing situation; and **(iii)** stable housing options for young people more generally.

Enhanced Promotion & Prevention

Suggestions included options for enhanced prenatal and parenting programs, on the land First Nations programming, school-based, as well as family support programs. Dialogue participants prioritized supports for children and families from infancy through the high school years as follows:

1. Support for parents to improve mental health of infants and preschoolers up to age five, which was seen to be particularly important in First Nation communities;
2. Social emotional learning in schools for middle school children;
3. Mental health literary for young people in secondary school.

School-based programming would be adapted to realities in different communities and supplement existing programs. These promotion and prevention measures should be consistent with the Wellness Plan for Yukon's children and families (Yukon Government, 2014).

Enhanced Research & Evaluation

The group was in agreement about the importance of establishing a consistent approach to evaluating program effectiveness, and setting standards across all mental health care services as enhancements to the framework recommendation of a common data set.

Emphasis was placed on the importance of selecting a small number of mental health care (clinical and system) indicators and creating an annual scorecard on how well those indicators have been achieved. Note that suicide rates should not be chosen as an indicator of effectiveness of mental health care as they reflect complex factors beyond the provision of mental health care.

Policy Dialogue Feedback

There was support for options to encourage families to work together to advance mental health literacy, promote mental wellness, and advocate for the mental health needs of children, youth and families throughout the Yukon. It was recommended that the mandate of an existing family NGO be expanded.

"…I'm not convinced that we are doing enough upstream work in the Yukon, I think we could probably with minimal amount of money really have… folks in the schools for catching kids before they really have a diagnosable mental health problem and resolving a lot of issues there."

[Policy Advisor]

The Way Forward

• This framework is a basis for joint planning of child and youth mental health care in the Yukon. It supports collaborative action in setting goals, managing budgets, conducting evaluations and research, and transparent reporting.

• Mental health care must be easily accessible and available throughout the entire health and human services systems, not compartmentalized within mental health services if it is to meet the needs expressed by Yukon Stakeholders (Mulvale and Kutcher, 2014).

• Children, youth and families in every community will have expanded programming to promote early childhood development, socio-emotional learning, mental health literacy, self-help resources and more timely and appropriate responses to mental health and substance use problems and disorders.

• This approach will require transformative thinking, participant understanding of and adherence to a new way of working and the establishment of structural and funding approaches that do not fit existing frameworks.

• All mental health care activities must be shaped and co-directed by young people and families, to help develop a system of care that is based on, aligned with and responsive to their needs. This will require meaningful participation of young people and families in all aspects of planning, delivery and evaluation.

• Adherence to best available scientific evidence to guide all interventions, and ongoing evaluation will continuously determine what is working well and what is not working well. The willingness and mandate to change what is delivered as new and better evidence becomes available and as evaluation results become known is required to make this framework a living document.

• A general consensus on both the overall direction of the reforms needed to achieve these goals and a willingness to eschew existing self-interest and traditional ways of operating amongst people and organizations that currently are involved in the delivery of health and human services is needed.

• Priorities and timelines will need to be set, new and existing programs require development, and evaluations of expected outcomes must reflect economic, cultural and socio-political realities.

Important Note: This is transformative change and requires leadership and political will to achieve it. Creating a Yukon that can facilitate the optimal development of young people and their families and effectively, sustainably and cost-effectively provide for their mental health care needs is a reachable goal. Success will not be measured by saying what should be done but by doing what should be done.

Potential Next Steps

1. Establish an implementation committee that includes YG, FNs, CYFN, NGOs, private practitioners, family members and service recipients.

2. Reallocate and expand existing training resources toward mental health competency development throughout the Health and Human Services Workforce under the guidance of an expanded *MHS* as follows:

i. Basic Competency Development: Work with communities outside Whitehorse to identify health and human service workers in each community who would be best placed, with appropriate training to deliver basic mental health care.

ii. Advanced Competency Development: for existing primary health care and health and human services workers in selected regional hubs in Yukon.

iii. Enhanced Competency Development: in child and youth mental health treatment for mental health clinicians, pediatricians, psychologists, psychiatrists, and interested family physicians within Whitehorse.

3. Review existing telehealth capacities in communities throughout the Yukon to offer rapid mental health consultation between communities, regional hubs, and specialist services in Whitehorse and OOT.

4. Pursue research to develop elements for a common data set tailored to Yukon circumstances.

5. Develop a web application to offer specialized support to families, children, and health and human service providers throughout Yukon, in line with the framework recommendations.

6. Review OOT placements for youth with behavioral disorders and interventions offered to this population. Consider the development of cost-effective "in territory" evidence-based interventions and modify the use of resources for OOT placements based on this review.

References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

2. Health Intelligence Inc. and Associates (2014) A Clinical Plan for Yukon Territory: Final Report.

3. Kutcher, S. and McLuckie, A. for the Child and Youth Advisory Committee, Mental Health Commission of Canada. (2010). Evergreen: A child and youth mental health framework for Canada. Calgary, AB: Mental Health Commission of Canada.

4. Mental Health Commission of Canada (2010). Evergreen: A child and youth mental health framework for Canada. A Project of the Child and Youth Advisory Committee of the Mental Health Commission of Canada. Calgary, AB: Mental Health Commission of Canada.

5. Mulvale, G.; Kutcher, S.; Randall, G.; Wakefield, P.; Longo, C.; Abelson, J.; Winkup, J.; Wishart, J. (2015) Final Research Report: A Child and Youth Mental Health and Addictions Framework For the Yukon. Research Report, McMaster University; Hamilton

6. World Health Organization. (2008). ICD-10: International statistical classification of diseases and related health problems (10th Rev. ed.). New York, NY: Author.

7. Yukon Government (2014). On the path together: Wellness Plan for Yukon's Children and Families. Department of Health and Social Services.

Appendix 1: Integration of Mental Health and Addictions Services

As discussed in Component 3 and 4 of the framework, the relationship between mental health and addictions is complex and exists across a spectrum of needs. It is therefore critical that clinicians understand the complexity of this relationship and develop competencies to assess and treat people who present with a substance use disorder for the presence of a mental disorder and vice-versa as part of standard clinical practice. At a minimum, this will require strong links between mental health and addiction services in order to best meet the needs of youth and families in the Yukon. For these reasons, the title of the Framework is "A Child and Youth Mental Health and Addictions Framework for the Yukon."

At the same time, the proposal and the study in their origins were focused on mental health care and did not include addictions or FASD. Yukon HSS Alcohol and Drug Services (ADS) along with other HSS programs and community agencies were included in the research because they offer some form of mental health care services to children and youth in the Yukon. Although beyond the scope of this project, Yukon may wish to explore in future work how to more explicitly integrate addictions treatment and care as appropriate throughout the full spectrum of mental health services and mental health care, including promotion, prevention, treatment and ongoing care as well as research and evaluation.

The following are a selection of recently published Canadian resources on the topic of service provision for youth with concurrent mental health and addictions needs and for youth with substance use disorders. Note that the first two proposed models that are highly consistent with the cascading model of service delivery recommended in the framework. They place a particular focus on competency development and entry to the system through a range of community and specialized care services. This list of resources is by no means exhaustive and is intended as a starting point for further investigation of how to best integrate mental health and addictions services in the Yukon.

Resources and Suggested Readings

1. Watson, GK., Carter, C., Manion, I (2014) "Pathways to Care for Youth with Concurrent mental health and substance use Disorders", Ontario Centre of Excellence for Child and Youth Mental Health.

http://www.excellenceforchildandyouth.ca/sites/default/files/concurrent_sa_and_mh_disorders_policy_paper_final.pdf

2. Addiction and Mental Health Collaborative Project Steering Committee. (2014). Collaboration for addiction and mental health care: Best advice. Ottawa, ON: Canadian Centre on Substance Abuse.

http://www.ccsa.ca/Resource%20Library/CCSA-Collaboration-Addiction-Mental-Health-Best-Advice-Report-2014-en.pdf

3. "Childhood and Adolescent pathways to Substance Use Disorders", Report in Short, Canadian Centre for Substance Abuse, June 2014.

http://www.ccsa.ca/Resource%20Library/CCSA-Child-Adolescent-Substance-Use-Disorders-Report-in-Short-2014-en.pdf