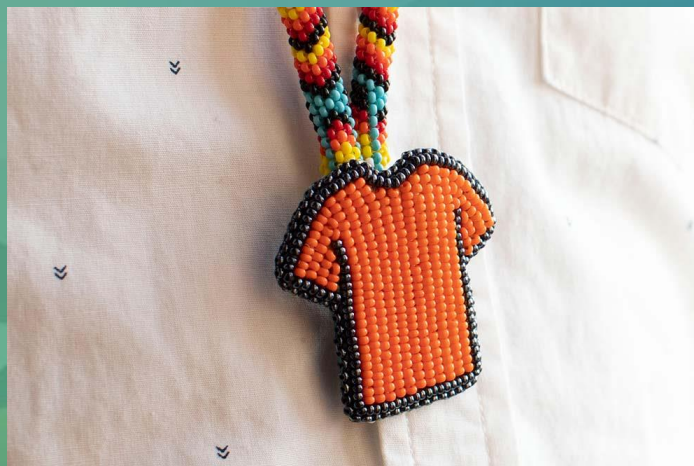


Engagement and Relationship Building with Children, Youth and their Families

Child Health BC Provincial Pediatric Mental Health Education Webinar #1 of 3
September 29, 2022



Government of Canada

***KUU-US Crisis Line at 1-800-588-8717 or
the BC CrisisLine at 1-800-784-2433***



Housekeeping

- Attendees are automatically muted and cameras are turned off
- Please submit questions for the speakers through the “Q&A” function and vote for the questions you want answered
- Please submit technical questions through the “Chat” function
- The webinar will be recorded and the link will be available on the Child Health BC website under Formal Learning

Next Webinar

OCTOBER 6, 2022 / 12-1pm PST

Provincial Pediatric Mental Health Education Webinar Series:

SCREENING AND ASSESSMENT FOR PEDIATRIC MENTAL HEALTH CONDITIONS

Who is the session for?

Health care providers working in hospitals (emergency department, general and pediatric inpatient units) across BC. However, the sessions are open to all health care providers regardless of place of work.

What will you learn in the session?

Participants will:

- Build on current knowledge regarding components of the Mental Status Exam specific to children/youth
- Review pediatric mental health initial screening and assessment tools to identify focus of intervention/treatment
- Understand the importance of a collaborative approach and team communication

It will consist of a short presentation, followed by case based discussion and question period. The session will be recorded for later viewing.

How do I join the session?

No registration is required. We recommend that you join using a computer, tablet or smartphone. Join the virtual training session by clicking on the link below.

Join the Virtual Education Session here:

<https://phsa.zoom.us/j/49882651963?pwd=a3prRUI3ejJlZHB5Z1RSZ0xPNGJodz09>

Webinar ID: 698 8265 1963

Password: 876847

Can't join by computer or mobile device? Join by telephone:

1-833- 955-1088 (Toll-free)



Speakers:

Kyle Taylor,

BC Children's Hospital

Dr. Marilyn Thorpe,

First Nations Virtual Psychiatry
Service

Speakers



*David Beagley, OT
Island Health*



*Hali McLennan, MSW
BC Children's Hospital*



*Dr. Jennifer Russel, Child &
Adolescent Psychiatrist
BC Children's Hospital*



*Melissa Suzuki, MSN, RN
Fraser Health*



Learning Objectives

Engagement & Relationship Building

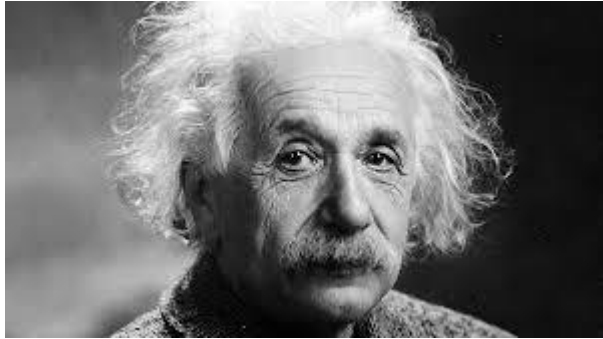
- Build on current skills to engage & build rapport with children and youth with mental health conditions
- Recognize/Understand the importance of engaging with family/caregiver as active participants in child/youth's care
- Review confidentiality and consent practices as it applies to children, youth and their families

Learning Objectives



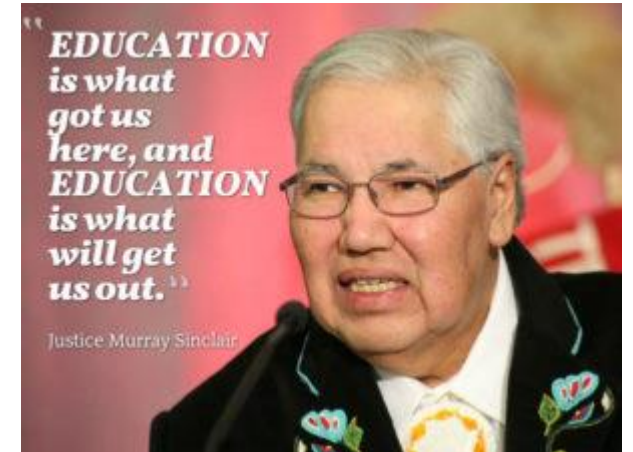
This webinar is intended for health care providers working in hospitals (emergency, inpatient units), however, it is recognized that providers working with children and youth with mental health and/or substance use issues may also benefit by attending

A Decolonizing Approach to Education



**"We cannot solve our problems with the same thinking we used when we created them."
Albert Einstein**

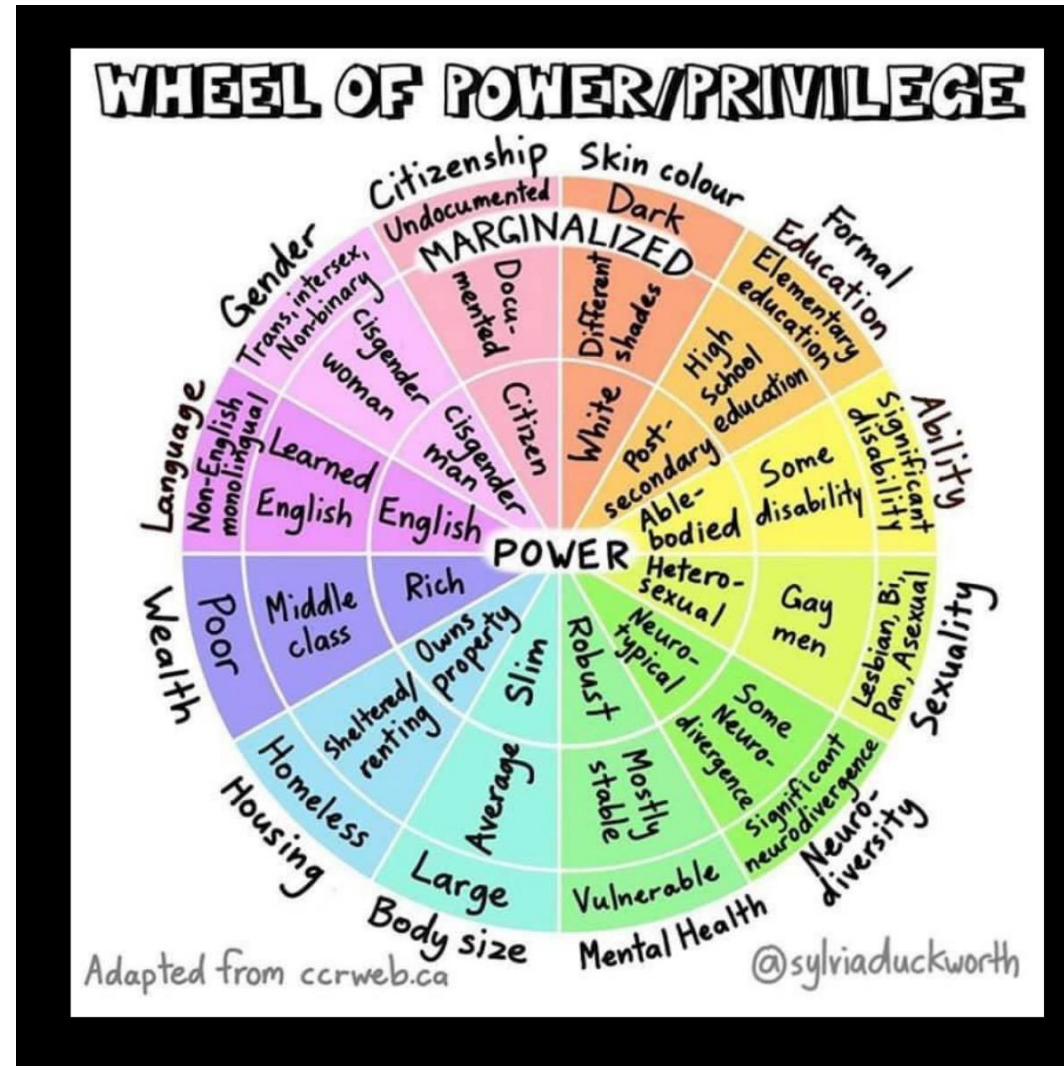
**"The masters tools will never dismantle the masters house."
Audre Lorde**



Justice Murray Sinclair



Power & Privilege: Intersectionality



Confidentiality & Consent

- There is no age of consent. It is based on a clinical decision whether a person can make their own care decisions. Providers assess that the individual understands what the situation is, the pros/cons of treatment and pros/cons of choosing not to receive treatment.
- People are presumed capable until assessed incapable of giving consent. For example, someone who is actively experiencing an episode of psychosis may not be able to provide their own consent to treatment.
- Important to be aware of differing ideas of informing sharing, particularly between child/youth and family/care-giver.
- Any provider must disclose information to authorities if they believe that a child is at risk of harm. This includes risk of suicide as well as acts of harm from someone else, such as abuse. Providers must also disclose information if they believe the child may harm someone else.

*“As a youth mental health patient, it made all the difference for my team to **a)** Acknowledge that I wasn't able to have a choice in some decisions (instead of leaving it unsaid), and **b)** Work with me to find smaller things that I could make decisions about. Sometimes, being included in my treatment looked like choosing where I wanted to have a session with my psychiatrist, or being able to tell my team that I didn't want to make any choices about my care at all.”*



Case Discussion

A youth is brought to hospital stating he is thinking about and has a plan to complete suicide tonight.

Questions



...and please complete the feedback survey!

