TIERS
IN BRIEF

MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

DRAFT

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Mental Health Services for Children and Youth: Tiers in Brief to Support System Planning

1.0 Tiers of Service

1.1 Tiers of Service Framework and Approach

Planning and coordinating children and youth health services is a major area of focus for Child Health BC and its collaborators (health authorities, ministries, non-profit organizations, school boards, etc). The Tiers of Service framework provides a tool to define and plan such services.

Utilizing a common language and methodology, the Tiers of Service framework:

- Recognizes that health services are one of several factors that contribute to child and youth well-being overall.
- Is informed by a review of frameworks/tools in other world-wide jurisdictions.
- Facilitates system planning for clinical services, knowledge sharing/training and quality improvement/research. The responsibilities and requirements for each of these three areas are defined within the Tiers framework.

Child Health BC is leading the use of the Tiers of Service approach to system planning for children's services. This is being done through:

Creation of a series of modules: For each of the major areas of health services - such as children's medicine, children's surgery, children's emergency care, children & critical care services and mental health services for children and youth - a Tiers of Service module has or is being created.

Self-assessment based on the modules: Once a module is finalized and accepted by key partners in the province, a self-assessment is completed. Child Health BC works with ministries, health authorities and other partners as necessary to complete this.

System planning and service planning based on self-assessment results: Using the self-assessment analysis, CHBC is committed to supporting provincial, regional and local planning in collaboration with other entities.

Mental Health Services for Children and Youth: Tiers in Brief to Support System Planning

Contents

HOW TO CITE THE MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH MODULE:

We encourage you to share these documents with others & we welcome their use as a reference. Please cite each document in the module in keeping with the citation on the table of contents of each of the three documents. If referencing the full module, please cite as:

Child Health BC. *Mental Health Services for Children and Youth.* Vancouver, BC: Child Health BC, DRAFT Apr 1, 2019.

Child Health BC acknowledges the principle authors, Olsen A, O'Donnell M, Davidson J, Thomas-Peter K, Williams, J & the contributions of the following groups: MH Module Development Advisory Group, Provincial MH Module Development Working Group, Task-Specific Working Groups, Provincial MH & Substance Use Working Group and Child Health BC Steering Committee. We would also like to thank Keli Anderson from FamilySmart for her valuable input. Appendix 1 lists the participants on each group.

1.2 BC's Child Health Tiers of Service Modules

Below are the Tiers of Service modules. Some have been completed and some are in development.

Clinical Services modules:

- Children's Medicine
- Children's Surgery
- Children's Emergency Department
- Children & Critical Care Services
- Child Development, Habilitation & Rehabilitation
- Children's Home-based Services (future)
- **Mental Health Services for Children and Youth**
- Substance Use Services for Children and Youth (future)

Clinical Diagnostic & Therapeutic Service modules:

- Children's Laboratory, Pathology & Transfusion Medicine
- Children's Medical Imaging (future)
- Children's Pharmacy Services (future)

Collectively, the modules and their components provide the foundation for provincial and regional/health authority planning of children's health services.

2.0 Mental Health Tiers of Service: Introduction

2.1 Module Development

The Mental Health (MH) Services for Children and Youth module is made up of three components:

- Setting the Stage for Tiers Development: Summarizes the data and literature used to create the module.
- Tiers in Brief to Support System Planning: Provides a high-level description of the tiers, including responsibilities and requirements. **(this document).**
- Tiers in Full to Support Operational Planning: Provides significant detail of key aspects of the module: (1) clinical service, (2) knowledge sharing/training, and (3) quality improvement/ research.

The MH Services for Children and Youth module was developed by a provincial interdisciplinary working group and topic-specific working groups comprised of a representative(s) from:

- Each of BC's regional HAs, child and youth psychiatrists, adult psychiatrists, pediatricians, a general practitioner, managers/leaders, social workers and registered nurses
- First Nations HA (FNHA)
- Ministry of Health (MOH)
- Ministry of Children and Family Development (MCFD)
- Child & Youth MH Teams (community-based)
- Patient/family representative (FamilySmart)
- Child Health BC (CHBC)

The document was informed by work done in other jurisdictions, mostly notably Queensland[1] and New South Wales.[2,3] B.C. data was used where it was available, as were relevant BC, Canadian and International standards, guidelines and reports (e.g., Accreditation Canada standards,[4] Provincial

Privileging documents,[5] Royal College of Physicians and Surgeons of Canada Objectives of Training documents for Psychiatry[6] and Pediatric Psychiatry,[7] BC Representative for Children and Youth reports [8-10] and a variety of other service standards documents[11-19]).

In addition to the MH Module Advisory Committee and the Provincial MH Module Development Working Group, feedback on the draft was provided by representatives from BC HAs, MCFD and other stakeholder groups. The final version was submitted to the Provincial MH & SU Working Group and the CHBC Steering Committee for acceptance.

2.2 Module Scope

This module focuses on clinical services provided to children and youth with mental health conditions +/- behavioural issues. While some health promotion and prevention activities are identified in the module to acknowledge the continuum of services, it is recognized that the scope of activities required to support the health and well-being of children and youth goes far beyond what is in this module. Further discussion of the needs and subsequent planning and action in this area is strongly supported.

For the purposes of this document, the term "mental health" includes concurrent disorders, as the interplay of MH and substance use (SU) is important in the continuum of MH services. A separate module with a substance-use specific focus will be developed.

Services are divided into 3 categories:

1. Hospital Inpatient Services (focus of this section is on the care provided after admission to an inpatient bed)
2. Community-Based & Ambulatory Services
3. Residential Services

The following services are not included in this document:

- Services provided to children who are incarcerated (beyond the scope of influence of the tiers of service initiative).
- Services provided in Emergency Departments (EDs) (discussed in Children's ED Services module).
- Services provided in Critical Care Units (discussed in Children's Critical Care Services module).
- Medical/surgical services provided to children who are on general inpatient or pediatric units (discussed in Children's Medicine and Surgery modules).

Mental Health services provided to children and youth who are on general inpatient or pediatric units are included in the current module.

2.3 Recognition of the Tiers

The *Child Health Tiers of Service Framework* includes 6 tiers of service. The Children's MH module recognizes 5 of the 6 tiers:

1. Hospital Inpatient Services: T2 - T6
2. Community-Based & Ambulatory Services: T3 - T6
3. Residential Services: T4-T6

Table 1: Overview of Child Health & Children's MH Tiers of Service

Tier	Child Health Framework Tiers of Service	Children's MH Tiers of Service
T1	Prevention, Primary & Emergent MH Service	Health Promotion & Prevention Service
T2	General Health Service	General Health Service
T3	Child-Focused Health Service	Child-Focused MH Service
T4	Children's Comprehensive Health Service	Children's Comprehensive MH Service
T5	Children's Enhanced & Regional Subspecialty Health Service	Children's Regional Subspecialty MH Service
T6	Children's Provincial Subspecialty MH Service	Children's Provincial Subspecialty MH Service

Note re Table 1: T1 & T2 services are *general* child/youth health services and not specific to mental health (MH). They are included to show the continuum of services but are grayed out to show the distinction.

2.4 Differentiation of the Tiers

"Acuity" and "complexity" with respect to mental health conditions are terms used to differentiate the tiers from each other.

- "Acuity" considers level of observation required, risk of harm/safety risk, functional status, recovery environment and engagement/understanding/awareness of condition.
- "Complexity" considers single vs multiple mental health and/or medical diagnoses, availability of care algorithms/protocols to direct treatment, predictability of condition, range of interventions required and functional limitations specific to mental health conditions.

Table 2 provides a summary of the relationship between "acuity," "complexity," relative frequency and tier of service. The hatched areas indicate active involvement and the white areas indicate limited or no involvement.

Table 2: Children Appropriate to Receive Services at Each Tier (Acuity, Complexity & Relative Frequency)

		General Health Service			Child-Focused MH Service			Children's Comprehensive MH Service			Children's Regional Subspecialty MH Service			Children's Provincial Subspecialty MH Service		
		T2			T3			T4			T5			T6		
Underlying Condition		**Acuity of Presenting Complaint**														
Complexity	**Relative Frequency**	Low	Mod	High	Low	Mod	High	Low	Mod	High	Low	Mod	High	Low	Mod	High
Low																
Mod	Common															
Mod	Uncommon															
High	Common															
High	Uncommon															

3.0 Mental Health Tiers of Service: Tiers in Brief

This section describes the **responsibilities** and **requirements** at each tier to provide a **safe, sustainable** and **appropriate** level of service.

Responsibilities and requirements are divided into the following sections:

3.1 Clinical Service
- 3.1.1 Service Reach & Focus (all settings)
- 3.1.2 Hospital Inpatient Services
- 3.1.3 Community-Based & Ambulatory Services
- 3.1.4 Residential Services

3.2 Knowledge Sharing & Transfer/Training

3.3 Quality Improvement & Research

Note:

1. The tier identified for a given service represents the highest tier of that service which is available at a site or for a designated geographic area under usual circumstances. While the expectation is that the requirements at each tier will align with the responsibilities, occasional exceptions may occur, usually due to geography and transportation, in which children/youth may be managed and/or interventions performed on a case-by-case basis by services that would not normally care for such children/youth. This scenario is usually for unplanned/emergent events and such events are not the focus of this document.
2. Throughout this document, the word *family* is meant to capture biological relatives including parents and siblings, and/or those who are identified as significant individuals in the child/youth's life.
3. Services common to all aspects of mental health service delivery include: Evidence-informed & Wise Practice, Trauma Informed Practice, Culturally Competent & Culturally Safe Practice, Person & Family Centered Care, Harm Reduction and Recovery & Strengths Based Care.

3.1 Clinical Services

T1 & T2 services are *general* child/youth health services and not specific to mental health (MH). They are included on this table to show the continuum of services but are grayed out to show the distinction.

3.1.1 Service Reach and Focus (all settings)

	Health Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T1	**T2**	**T3**	**T4**	**T5**	**T6**
Service reach[i]	Local community	Local service area / local health area.	Multiple local service areas / multiple local health areas.	Service delivery area (s)/ health service delivery area(s)	Region / health authority.	Province.
Service focus for all settings (target population)	Supports the health (including mental health) & well-being of infants, children, youth & their families. Refers as required.	Identifies children & youth with potential MH +/- behavioural concerns. Refers as required. In addition, Primary Care Providers (PCPs) diagnose & provide treatment for children & youth with common, low acuity/complexity MH conditions +/- behavioural concerns.	Diagnoses & provides treatment for children & youth with *relatively common, low to moderate acuity/complexity* MH conditions +/- behavioural concerns. Stabilizes & refers as required.	Diagnoses & provides treatment for children & youth with a *broad range* of *moderate acuity/complexity* MH conditions +/- behavioural concerns. Stabilizes & refers as required.	Diagnoses & provides treatment for children & youth with *relatively common high acuity &/or high complexity* MH conditions +/- behavioural concerns. Stabilizes & refers as required.	Diagnoses & provides treatment for children & youth with a *broad range* of *high acuity &/or high complexity* MH conditions +/- behavioural concerns. Focuses on children & youth with severe, complex &/or persistent MH conditions.

[i] "Service area" refers to MCFD geographical boundaries while "health areas" refer to MOH geographical boundaries.

3.1.2 Service Descriptions, by Setting

3.1.2.1 Hospital Inpatient Services

Notes:

1. T1 services are not included on the charts in this section because T1 refers to community-based services only.
2. T2 services apply only to rural and remote sites (in urban sites, "best practice" is to admit children and youth with MH conditions to a site which has pediatric &/or specialty child & adolescent psychiatry inpatient beds).
3. T2, T3 & T4 services are provided on general medical/surgical inpatient units or pediatric-specific inpatient units. T5 & T6 services are provided on specialty child & adolescent psychiatry inpatient units.
4. Refer to Appendix 2 for Referral Algorithms:
   (1) Children under Age 12 (1A - Non-certifiable; 1B - Certifiable); and
   (2) Youth Ages 12 to 18.9 Yrs (2A - Non-certifiable; 2B - Certifiable)

	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T2 Rural & Remote Only	**T3**	**T4**	**T5**	**T6**
	ED or General Inpt Bed	**Pediatric Inpt Bed**	**Pediatric Inpt Unit**	**Child & Adolescent Psychiatry Unit** *Child Psychiatry Beds are for Stabilization Only	**Child & Adolescent Psychiatry Subspecialty Units**
Service description	Short-term inpatient stays for children/youth up to age 18.9 yrs. Accommodated in a *non-pediatric-specific* bed on a *general* inpatient unit. Service focus is on stabilization & crisis intervention. Anticipated length of stay is <72 hrs. By 72 hrs, child/youth will be discharged home with appropriate community MH services or transferred to a higher tier. Applicable to rural/remote hospitals only.	Inpatient stays for children/youth up to age 16.9 yrs. Accommodated in a *pediatric-specific bed* on a *general* inpatient unit. Service focus is on stabilization & crisis intervention. Anticipated length of stay is <72 hrs. By 72 hrs, child/youth will be discharged home with appropriate community MH services or transferred to a higher tier.	Where no T5 specialized child & adolescent psychiatry unit exists *locally* (i.e., within the same community), inpatient stays for children/youth up to age 16.9 yrs. Accommodated on a *pediatric-specific* inpatient unit. Service focus is on stabilization & crisis intervention. Anticipated length of stay is <72 hrs. By 72 hrs, child/youth will be discharged home with appropriate community MH services or transferred to a higher tier (where T5 child & adolescent psychiatry unit exists *locally*, admission is arranged to this specialized unit).	Inpatient stays for children/youth up to age 18.9 yrs. Accommodated on a specialized *child & adolescent* psychiatry unit. Service focus is: • Children up to 11.9 yrs: Stabilization & crisis intervention. Length of stay may be >72 hrs. • Children 12 - 18.9 yrs: Stabilization & crisis intervention & ongoing treatment.	Inpatient stays for children/youth up to age 18.9 yrs. Accommodated on one of several *subspecialty child & adolescent psychiatry inpatient units.* Includes stabilization & crisis intervention & ongoing treatment for children/youth of all ages.

	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T2 Rural & Remote Only	T3	T4	T5	T6
	ED or General Inpt Bed	Pediatric Inpt Bed	Pediatric Inpt Unit	Child & Adolescent Psychiatry Unit *Child Psychiatry Beds are for Stabilization Only	Child & Adolescent Psychiatry Subspecialty Units
Service description cont'd		Clearly describable process exists for managing youth ages 17 - 18.9 yrs with MH +/- behavioural concerns on a general inpatient unit, adult psychiatry unit (where exists), pediatric bed &/or referral to T5 or T6.	Clearly describable process exists for managing youth ages 17 - 18.9 yrs with MH +/- behavioural concerns on a general inpatient unit, adult psychiatry unit (where exists), pediatric bed &/or referral to T5 or T6.		
Team support	Physicians, nurses & psychosocial, allied health & Indigenous providers (as available) come together over the *care of an individual child/youth*.	Same as T2.	Physicians, nurses & psychosocial, allied health & Indigenous providers work consistently together as a *pediatric interdisciplinary team.* Focus on children & youth with a broad range of pediatric conditions, including MH conditions.	Physicians, nurses & psychosocial, allied health & Indigenous providers work together as a *child & youth MH interdisciplinary subspecialty team*. Focus on children & youth with MH conditions.	*Multiple child & youth MH interdisciplinary subspecialty teams* are population &/or condition-specific (e.g., child, youth, eating disorders) and consistently work together. Teams have critical interdependencies with pediatric medical & surgical subspecialists.
MD support	Most responsible physician (MRP): If child in hospital, *FP/NP* on-call 24/7 & available on-site as needed. Pediatrician & general psychiatrist from *within the HA* available to discuss cases & provide advice by telephone 24/7.	MRP: *Pediatrician* on-call & available on-site as needed 24/7. General psychiatrist on-call for consultation & available on-site as needed 24/7.	Where no T5 child & adolescent psychiatry beds exist *locally*: • MRP is *pediatrician* on-call & available on-site as needed 24/7. • General psychiatrist or child & adolescent psychiatrist on-call for consultation & available on-site as needed 24/7.	MRP: *Child & adolescent psychiatrist* on-call & available on-site as needed, M-F. Outside these hours, child & adolescent psychiatrist OR general psychiatrist on-call & available on-site as needed.	MRP: *Child & adolescent psychiatrist* on-call & available for on-site consultation 24/7. Pediatric medical & surgical subspecialist MDs on-call 24/7 & available for on-site consultation as needed.

	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T2 Rural & Remote Only	T3	T4	T5	T6
	ED or General Inpt Bed	Pediatric Inpt Bed	Pediatric Inpt Unit	Child & Adolescent Psychiatry Unit *Child Psychiatry Beds are for Stabilization Only	Child & Adolescent Psychiatry Subspecialty Units
MD support cont'd	Child & adolescent psychiatrist available by telephone from *within the HA* or via the Compass line[ii] days M-F. T6 child & adolescent psychiatrist available by telephone outside these hours.	Child & adolescent psychiatrist available by telephone from *within the HA* or via the Compass line days M-F. T6 child & adolescent psychiatrist available by telephone outside these hours.	Child & adolescent psychiatrist available by telephone from *within the HA* or via the Compass line days M-F. T6 child & adolescent psychiatrist available by telephone outside these hours.	Pediatrician/internal medicine specialist on-call & available as needed 24/7 for medical issues. Clearly describable process exists to access acute pediatric services 24/7.	
Minimum volumes			Based on a 3 year average, children/youth ages 0 - 18.9 yrs with a MH diagnosis: 50 inpatient discharges/yr AND 300 patient days/yr	Based on a 3 year average, children/youth ages 0 - 18.9 yrs with a MH diagnosis: 100 inpatient discharges/yr AND 2,000 patient days/yr	Based on a 3 year average, children/youth ages 0 - 18.9 yrs with a MH diagnosis: 450 inpatient discharges/yr AND 9,000 patient days/yr

[ii] Compass 1-855-702-7272. www.bcchildrens.ca/health-professionals/clinical-resources/mental-health/compass

3.1.2.2 Community-Based & Ambulatory Services

T1 & T2 services are general child/youth health services and not specific to mental health (MH). They are included on this table to show the continuum of services and are grayed out to show the distinction between general and MH services.

	MH Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T1	T2	T3	T4	T5	T6
	Community-Based	Community-Based	Community-Based	Community-Based	Community or Hospital Outpatient-Based	Hospital Outpatient-Based
Service description	*Individual providers* promote positive MH & well-being in all children & youth. Focus is on health promotion & prevention.	*Individual providers* identify children/youth with potential MH +/- behavioural concerns & offer education about managing symptoms. Provide general parenting support & assistance in accessing MH services. In addition, Primary Care Providers (PCPs) diagnose & provide treatment for children & youth with common, low acuity/complexity MH conditions +/- behavioural concerns.	*Community-based providers* assess, diagnose & treat children/youth with *relatively common, low to moderate acuity/complexity* MH conditions +/- behavioural concerns. Provide psychoeducation[iii], skill building & coaching to support recovery/ coping. Support access to follow-up care for MH &/or medical condition(s).	*Community-based interdisciplinary Child & Youth MH (CYMH) Teams* assess, diagnose & treat children/youth with a *broad range of moderate acuity/complexity* MH conditions/ concurrent disorders +/- behavioural concerns. Treatment includes therapeutic MH interventions with families.	*Community or hospital outpatient-based, interdisciplinary teams of subspecialty MH providers* assess, diagnose & treat children/youth with *relatively common high acuity &/or high complexity* MH conditions/concurrent disorders +/- behavioural concerns.. Medical co-morbidities may be present but are stable & can be managed by a pediatrician. Available treatments include Family Therapeutic Interventions (see glossary).	*Hospital outpatient-based, interdisciplinary, subspecialty MH teams* assess, diagnose & treat children/youth with a *broad range of high acuity &/or high complexity* MH conditions/concurrent disorders +/- behavioural concerns. Focus is on children & youth with severe, complex &/or persistent MH conditions. Medical co-morbidities often present & require monitoring/ treatment by one or more medical/surgical pediatric subspecialists. Available treatments include Family Therapeutic Interventions (see glossary).

[iii] Psychoeducation refers to a therapeutic intervention for children/youth/families that provides information & support to better understand & cope with a MH condition.

	MH Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T1	T2	T3	T4	T5	T6
	Community-Based	Community-Based	Community-Based	Community-Based	Community or Hospital Outpatient-Based	Hospital Outpatient-Based
Service description cont'd				Teams provide case management & service coordination for children/youth involved with the service.	Subspecialty MH teams/clinics must include but are not limited to: • Infant psychiatry (5 yrs old & younger) • Eating disorders • Externalizing behavioural disorders • Mood/anxiety • Neurodevelopmental disorders with co-morbid MH condition(s). Most children/youth/ families will return to T4 for ongoing follow-up after initial treatment. Case management & service coordination is provided by the T5 team for highly complex cases.	Most children/youth/ families will return to T4 or T5 for ongoing follow-up after initial treatment. Case management & service coordination is provided by the T6 team for highly complex cases.

	MH Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T1	T2	T3	T4	T5	T6
	Community-Based	Community-Based	Community-Based	Community-Based	Community or Hospital Outpatient-Based	Hospital Outpatient-Based
Service setting			Services may be provided in a range of settings such as child/youth's home, school or an office in the community.	Same as T3 plus: Where sufficient volumes exist within a geographical area (i.e., urban settings), dedicated MH teams provide short-term, assessment & crises intervention outreach services for children & youth (e.g., in home or in community settings). Where volumes are *insufficient*, a clearly describable process exists for providing short-term assessment & crises intervention services (e.g., virtual services from another geographic area, direct patients to go to local ED).	Services are provided in 3 settings: 1. Office or hospital outpatient-clinic(s): Team provides service from a common location. Service may be provided in-person or virtually. Appointments are pre-scheduled. 2. Home-based (where sufficient volumes exist): Team travels to the child/youth/family. 3. Day treatment (where sufficient volumes exist): Team provides service from a common location to a consistent group of children/youth/families. Service includes educational programming.	Services are provided in a broad range of hospital outpatient-based MH-focused subspecialty clinics. Appointments are scheduled & the team provides service from a common location (service may be provided in-person or virtually to the child/youth/family).

	MH Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T1	**T2**	**T3**	**T4**	**T5**	**T6**
	Community-Based	**Community-Based**	**Community-Based**	**Community-Based**	**Community or Hospital Outpatient-Based**	**Hospital Outpatient-Based**
Providers	Staff working in: • Public health units • Community health centres • Nursing stations • Schools & school-based programs • Early years centre staff • eHealth • HealthLink • Friendship centres • Indigenous Wellness centres	• Primary care providers • Teachers • School counsellors • Family & community services society staff • Indigenous providers • Service/family navigators	• Community-based pediatricians, psychiatrists, psychologists, clinical social workers & clinical counsellor. • Youth-specific health services (e.g., Foundry staff, drop-in youth clinic staff). • Specialized contracted family & community services society staff. Staff at community agencies may include SW/clinical SW, psychologist, clinical counselor, RN/RPN, & child & youth care worker.	Interdisciplinary teams that include: • Team Leader[iv] • SW Clinician • RPN/RN • Registered Clinical Psychologist • Clinical Counselor • Consistent child & adolescent psychiatrist or physician with special interest & expertise in MH integrated as part of the team. Some team members may be in virtual locations. Practice is exclusively or primarily in child & youth MH or, if not, team members have significant exposure to facilitate development of child & youth MH-specific expertise. Providers are members of an *interdisciplinary team* that work together to serve a defined population of children/youth/families. All team members are trained in an Indigenous Cultural Safety program.	Interdisciplinary subspecialty teams that include: • Team Leader / Clinical Director • Child & Adolescent Psychiatrist (s) • SW Clinician • Other professionals as relevant to the type of MH service provided (e.g., pediatrician, nutritionist, OT). Team members have "enhanced skills" (see glossary) in relevant specialty area(s) (e.g., infant psychiatry, eating disorders). All team members are trained in an Indigenous Cultural Safety program.	Same as T5 except the range of subspecialty services is broader.

[iv] Individual delegated to provide "clinical supervision" and team support in order to provide MH services within the community. Examples of activities include: creating opportunities for clinical skill building, integrating theory & practice, de-briefing critical incidents, addressing confidentiality issues & ethical dilemmas and enhancing self-reflection skills.

3.1.2.3 Residential Services

Tiers 1 to 3 are not shown as they do not apply to residential services.

	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
	T4	**T5**	**T6**
Service description	*Residential placement* in a foster family, kinship or group home for children and youth in Ministry of Children & Family Development (MCFD) care. Placements are not specific to children/youth with MH conditions +/- behavioural concerns. Placement examples: • MCFD-contracted specialized foster family placement • MCFD contracted agency-based & staffed residential resource (e.g., group home) • MCFD-contracted family-based home with agency contracted to provide support MH assessment & treatment services required while in T4 residential placement are provided through community-based & ambulatory services (see Community-Based & Ambulatory Services section).	*Residential assessment & treatment* service provided in a specialized, staffed group home. i.e., MCFD-contracted Complex Care Community Residential Resource. Service focuses on behaviour stabilization & on teaching children/youth/families about techniques for managing challenging behaviours at home.	*Residential assessment & treatment service* provided in a community-based, facility setting. Includes a *step-up/step-down unit.* Service is provided to children & youth with: • Complex MH presentations with a behavioural component (e.g., Crossroads Unit at the Maples) • Complex MH presentations without a behavioural component (e.g., Dala Unit at the Maples) • Complex neurodevelopmental disorders with co-morbid MH condition(s) (e.g., Provincial Assessment Centre) • Eating disorders (e.g., Looking Glass) • Complex & severe co-occurring emotional, MH, developmental &/or behavioural needs (e.g., Complex Care Unit at the Maples) • Complex & severe co-occurring emotional, MH, developmental &/or behavioural needs who are transitioning out of hospital care & requiring additional support before returning to their family ("step-down" service). May also be utilized by children experiencing an escalation in symptoms as a way to avoid hospitalization ("step-up" service). Provides case consultation to T4 - T6 residential service providers for complex cases (i.e., Provincial Outreach Service).
Service setting	Foster family, kinship, or group home.	Specialized group home.	Facility.
Providers	Caregivers have specialized training & experience.	Specialized group home staff work together consistently to provide care to a group of children/youth living in residence. Staff has access to an *interdisciplinary, subspecialty MH team.*	Physicians, nurses & psychosocial, allied health & Indigenous providers work together consistently as a *child & youth MH interdisciplinary subspecialty or population specific team* (e.g., complex MH presentations, neurodevelopmental disorders, eating disorders).

3.2 Knowledge Sharing & Transfer/Training

Health Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
T1	**T2**	**T3**	**T4**	**T5**	**T6**
Facilitates access to learning activities that support the maintenance of provider competencies in *health promotion* (including MH) for children/youth/families.	Same as T1.	Same as T2.	Same as T3 plus: Facilitates access to regional and provincial learning activities that support the maintenance of provider competencies in *child & youth MH* relevant to the setting & population served. Provides child & youth MH educational experiences/placements for a broad range of undergraduate, graduate & post-graduate students. Specific experiences are negotiated between the site & applicable learning institution.	*Hospital inpatient & community-based & ambulatory services:* Same as T4 plus: Provides regional/HA learning activities that support the maintenance of provider competencies *in child & youth MH* relevant to the setting & population served. e.g., rounds. *Residential services:* Same as T4.	*Hospital inpatient & ambulatory services:* Same as T5 plus: • Provides *provincial* learning activities that support the maintenance of provider competencies in child & youth MH relevant to the setting & population served. e.g., workshops & conferences, on-line best practice guidelines/courses, topic-based consultation on the management of low frequency, high complexity MH conditions). • Designated by UBC as a training site in child & adolescent psychiatry for medical students, pediatric residents, general psychiatry residents & child & adolescent psychiatry subspecialty residents & fellows. • In conjunction with UBC, develops model for training child & adolescent psychiatry residents & fellows in BC. *Residential services:* Same as T4 plus: • Organizes *provincial* learning activities that support the maintenance of provider competencies in child & youth MH relevant to the setting & population served. e.g., workshops & conferences, on-line best practice guidelines/courses.

3.3 Quality Improvement & Research

Health Promotion & Prevention Service	General Health Service	Child-Focused MH Service	Children's Comprehensive MH Service	Children's Regional Subspecialty MH Service	Children's Provincial Subspecialty MH Service
T1	T2	T3	T4	T5	T6
Participates in relevant regional & provincial MH improvement initiatives.	Same as T1 plus: Clearly describable processes in place to appropriately refer cases involving children & youth with MH conditions +/- behavioural issues for quality & safety review. Physicians & staff with child & youth MH expertise & others as appropriate (e.g., young people & families) are included in the review.	Same as T2.	*Hospital inpatient services:* • Same as T3. *Community-based services (CYMH):* Same as T3 plus: • QI structures & processes in place to specifically review & improve the quality & safety of child & youth MH, including case reviews. • Establishes structures & processes to track child & youth specific MH quality indicators at a regional & provincial level. *Residential services:* • Same as T3.	*Hospital inpatient & community-based & ambulatory services:* • QI structures & processes in place to specifically review & improve the quality & safety of child & youth MH, including case reviews. • In collaboration with T6, structures & processes are in place to track regional/provincial child & youth specific MH quality indicators. • Leads/participates in regional/provincial child & youth MH improvement initiatives. • Participates in research related to child & youth MH care. *Residential services:* • QI structures & processes in place to specifically review & improve the quality & safety of child & youth MH, including case reviews. • Structures & processes in place to track regional/provincial child & youth specific MH quality indicators. • Participates in regional/provincial child & youth MH improvement initiatives.	*Hospital inpatient & community-based & ambulatory services:* • In collaboration with T5, structures & processes are in place to track regional/provincial child & youth specific MH quality indicators. • Leads provincial child & youth MH improvement initiatives. • Leads & supports others to conduct child/youth MH - related research. • Provides subspecialty child & youth expertise for T2-T5 case reviews, as requested. *Residential services:* • QI structures & processes in place to specifically review & improve the quality & safety of child & youth MH, including case reviews. • Structures & processes in place to track provincial child & youth specific MH quality indicators. • Leads provincial child & youth MH improvement initiatives.

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Appendix 1: Groups/Individuals Contributing to Development of the Child & Youth Mental Health Tiers of Service Module

Child Health BC would like to acknowledge the many health care professionals and service providers who contributed to the development of this module by sharing their expert opinion and by acting as reviewers.

MH Module Development Advisory Group[v]

Child Health BC

- Dr. Maureen O'Donnell (Executive Director)
- Janet Williams (Project Lead)
- Angela Olsen (Project Coordinator, seconded from BCCH MH Programs)

BC Children's Hospital/PHSA

- Sarah Bell (Executive Director of MH Programs)
- Dr. Jana Davidson (Chief of Psychiatry, MH programs)
- Kate Thomas-Peter (Program Director of Projects, Quality Improvement & Evaluation)

Ministry of Children & Family Development

- Joanne White (Prov Director of Practice)
- Martin Bartel (Director of Operations CYMH - Service Delivery Branch)
- Janet Campbell (Coast Fraser Regional CYMH Co-Ordinator – Practice Branch)

Provincial MH Module Development Working Group[vi]

Interior Health

- Carla Mantie – Manager, Practice Lead for MH & SU
- Dr. David Smith – Medical Director, Child & Adolescent Psychiatrist
- Dr. Jeff Peimer – Emergency Physician

Fraser Health

- Stan Kuperis - Director, MH & SU Services,
- Dr. Shruthi Eswar – Child & Adolescent Psychiatrist, Division Lead, Child, Youth, Young Adult
- Dr. Aven Poynter – Pediatrician, Doctors of BC

Vancouver Island Health

- Shannon Moffat – CHBC Regional Coordinator
- Dr. Carol-Ann Saari – Child & Adolescent Psychiatrist (previously FHA) & Past President of the BC Psychiatric Association
- Dr. Wilma Arruda – Pediatrician
- Dr. Fawad Elahi – Child & Adolescent Psychiatrist, North Island
- Elaine Halsall - Manager Child, Youth & Family MH (retired end of January 2018)
- Susan Gmitroski - Manager Child, Youth & Family MH (took over from Elaine Halsall Jan 2018)

[v] 10 meetings, June - December 2017.
[vi] 6 meetings, including 2 full day meetings, March - December 2017

Vancouver Coastal Health

- Lizzy Ambler – Operations Director, CYMH & SU
- Dale Handley – Clinical Planner, Youth MH & SU Services, Carlile Centre

PHSA

- Kristen Catton – BCCH – SW Professional Practice Leader
- Cynara Radley –BCCH – Senior Practice Leader

First Nations Health Authority

- Erika Mundel - Snr Policy Analyst, MH & Wellness
- Pam Watson – Program Consultant

Child Health BC

- Yasmin Tuff – Project Lead

Other Key Stakeholders

- Keli Anderson – FamilySmart
- Karen Tee – Director, Operations & Planning, Foundry (previously FHA)

Plus members of the MH Module Development Advisory Group.

Northern Health

- Jennifer Begg – Executive Lead, Child & Youth Health
- Mary Morrison – Manager, Youth Services & Eating Disorders
- Dr. Dmitri Zanozin – Psychiatrist
- Dr. Bill Abelson – Pediatrician
- Michelle Lawrence – Executive Lead, MH & SU (joined Nov 2017)
- Dr. Rachel Boulding – Child & Adolescent Psychiatrist, Medical Director of APU

Ministry of Health

- Kelly Veillette – Manager, MH & SU (until May 2017)
- Michelle Wong – Director of Community SU & Child & Youth (as of May 2017)

Ministry of Children & Family Development

- Sandy Wiens –Prov Director of Policy (retired summer 2017)
- Rob Lampard - Prov Director of Policy (from Sept 2017 to replace Sandy Wiens)
- Jody Al-Molky –Maples, Director of Nursing, Quality Assurance & Training
- Lise Erikson – ED Service Branch, South Vancouver Island
- Louise Rogers –Team Leader CYMH Northeast Service Delivery Area

Task-Specific Working Groups

For those who were also on the Provincial MH Module Development Working Group, titles are not repeated below.

1. Community-based & Ambulatory Services[vii]

- Karen Tee
- Dr. Carol-Ann Saari
- Dr. Aven Poynter
- Carla Mantie
- Dr. Jeff Peimer
- Dr. Jana Davidson
- Martin Bartel
- Janet Campbell
- Louise Rogers
- Janet Williams
- Angela Olsen
- Kate Thomas-Peter

[vii] 2 meetings, April-May 2017.

2. Residential Services[viii]

- Jody Al-Molky
- Lise Erikson
- Mary Morrison
- Kim Williams (Clinical Operations Manager, Looking Glass Residence)
- Shannon Gillin (MCFD Child & Youth with Special Needs Consultant for Van Coastal)
- Kate Thomas-Peter
- Janet Williams
- Angela Olsen

3. Inpatient Services for Children & Youth With Acute MH Needs[ix]

- Dr. Wilma Arruda
- Jennifer Begg
- Dr. Aven Poynter
- Dr. Bill Abelson
- Susan Gmitroski
- Dr. Carol-Ann Saari
- Dr. Jeff Peimer
- Dr. Jana Davidson
- Deb Chaplain – Director Child, Youth & Family, VIHA
- Dr. Crosbie Watler – Psychiatrist, VIHA
- Dr. Rodney Drabkin – Child & Adolescent Psychiatrist, VIHA
- Dr. Paul Dagg – Psychiatrist, Medical Director MH & SU, Interior Health
- Dr. Tom Warshawski – Pediatrician, Pediatric Medical Director, Interior Health
- Dr. Rummy Dosanjh – Physician, Doctors of BC
- Dr. Maureen O'Donnell
- Janet Williams
- Angela Olsen
- Kate Thomas-Peter

Presentations of module drafts for introduction/feedback

June 20, 2017 - Ministry of Children & Family Development (ministry representatives):

- Dr. Maureen O'Donnell (presented in conjunction with the Child Development, Habilitation & Rehabilitation module)

Dec 1, 2017 - Child Health BC Steering Committee:

- Drs. Maureen O'Donnell and Jana Davidson, and Janet Williams
- Membership includes pediatric operational and medical leads from all regional health authorities and representatives from PHSA (BC Children's Hospital, Sunny Hill Health Centre, Perinatal Services BC, Population & Public Health), First Nations Health Authority, Ministry of Health, Ministry of Children and Family Development, Ministry of Social Development and Poverty Reduction, Principals Association, Canadian Child and Youth Health Coalition, Child and Family Research Institute, Society of General Practitioners of BC, BC Pediatric Society, and, the University of British Columbia.

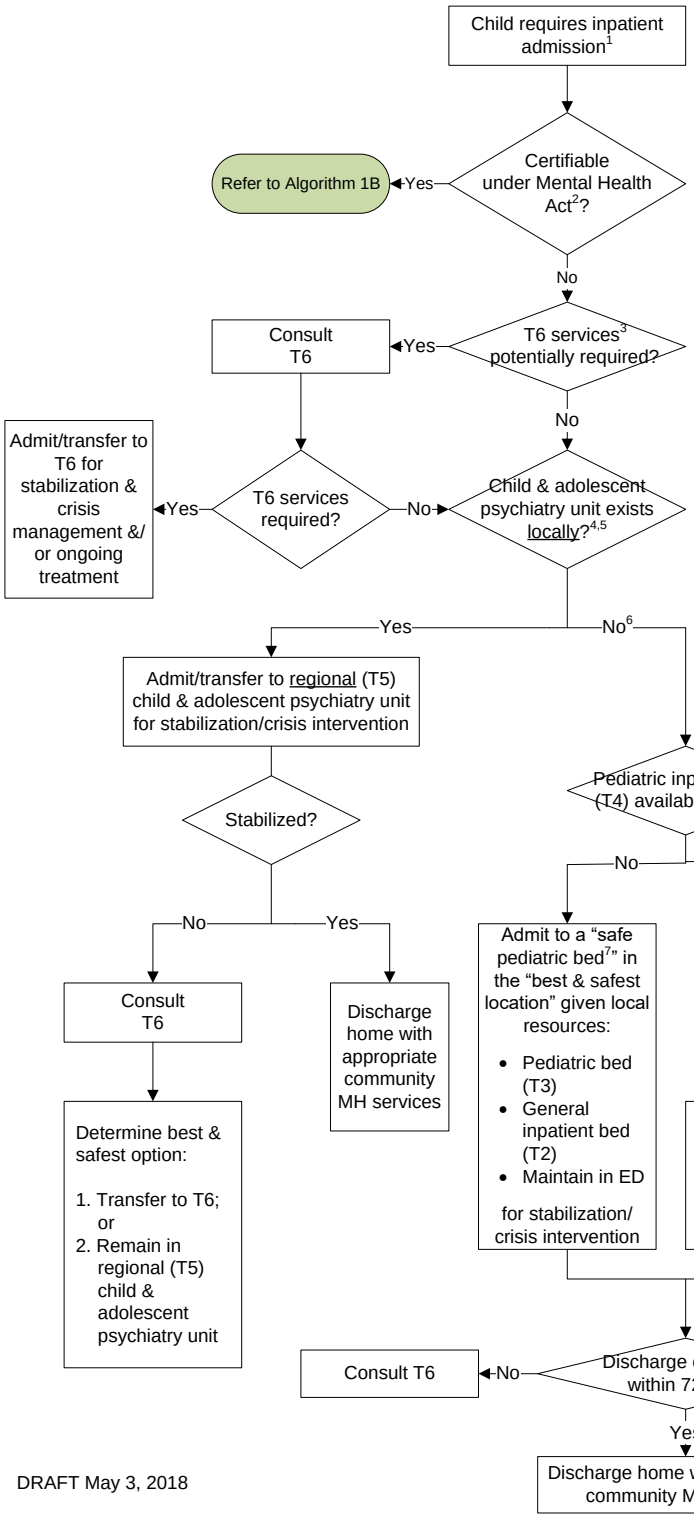
Dec 6, 2017 - Provincial MH and Substance Use Collaborative Working Group:

- Drs. Maureen O'Donnell and Jana Davidson
- Membership includes mental health operational and medical leads from all regional health authorities and representatives from PHSA (BC Children's Hospital & BC Mental Health & Substance Use Services), First Nations Health Authority, Ministry of Health, Ministry of Mental Health & Addictions and Ministry of Children and Family Development.

[viii] 2 meetings, April-May 2017.
[ix] 2 meetings, January-February 2018.

Appendix 2: Desired Future State Referral Algorithms

Children Under Age 12 with MH Conditions Requiring Inpatient Admission: 1A - Not Certifiable



[1]Assumes all other community-based/ambulatory treatment options have been exhausted.

[2]Certifiable:

- Suffers from a mental disorder that seriously impairs his or her ability to react appropriately to his or her environment or to associate with others;
- Requires psychiatry treatment in or through a designated facility;
- Requires care, supervision & control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the protection of the person or for the protection of others, and
- Cannot be suitably admitted as a voluntary patient.

[3]Focus of T6 services:

- Severe, complex &/or persistent MH conditions; &/or
- Services required from multiple medical subspecialties.

[4]Locally = Service exists in the same community.

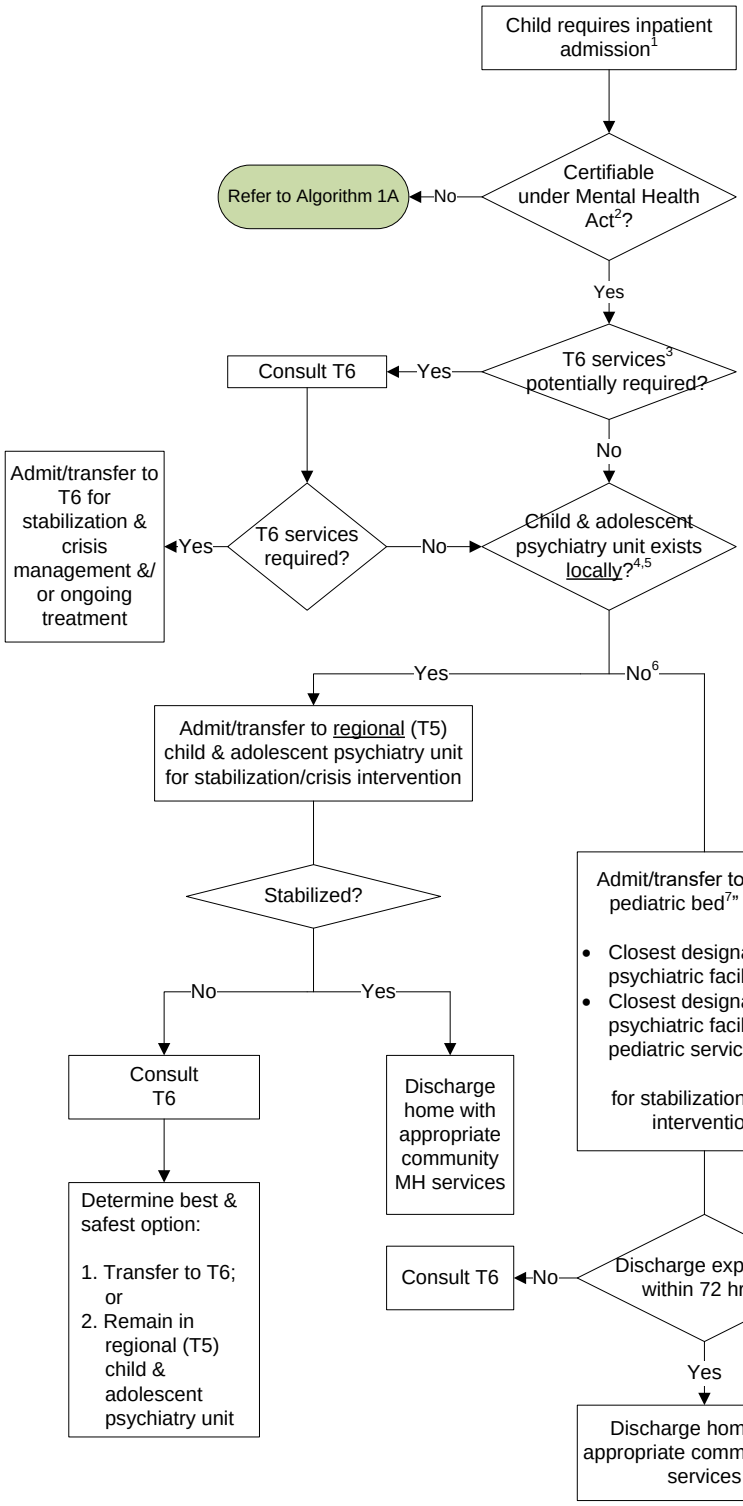
[5]Child psychiatry beds are intended for stabilization only.

[6]Telephone consultation with a child & adolescent psychiatrist (CAP) is encouraged when considering inpatient admission. Consultation is available 24/7: (a) RACE line (days M-F); & (b) T6 (outside these hours).

[7]"Safe pediatric bed:" All hospitals that admit children must take steps to ensure the environment is as safe as possible for children & youth. This includes a physically safe and psychologically comfortable environment & having staff available with skills relevant to the age and needs of children/youth. See "glossary" in the Tiers modules for specifics.

DRAFT May 3, 2018

Children Under Age 12 with MH Conditions Requiring Inpatient Admission: 1B - Certifiable



[1]Assumes all other community-based/ambulatory treatment options have been exhausted.

[2]Certifiable:
- Suffers from a mental disorder that seriously impairs his or her ability to react appropriately to his or her environment or to associate with others;
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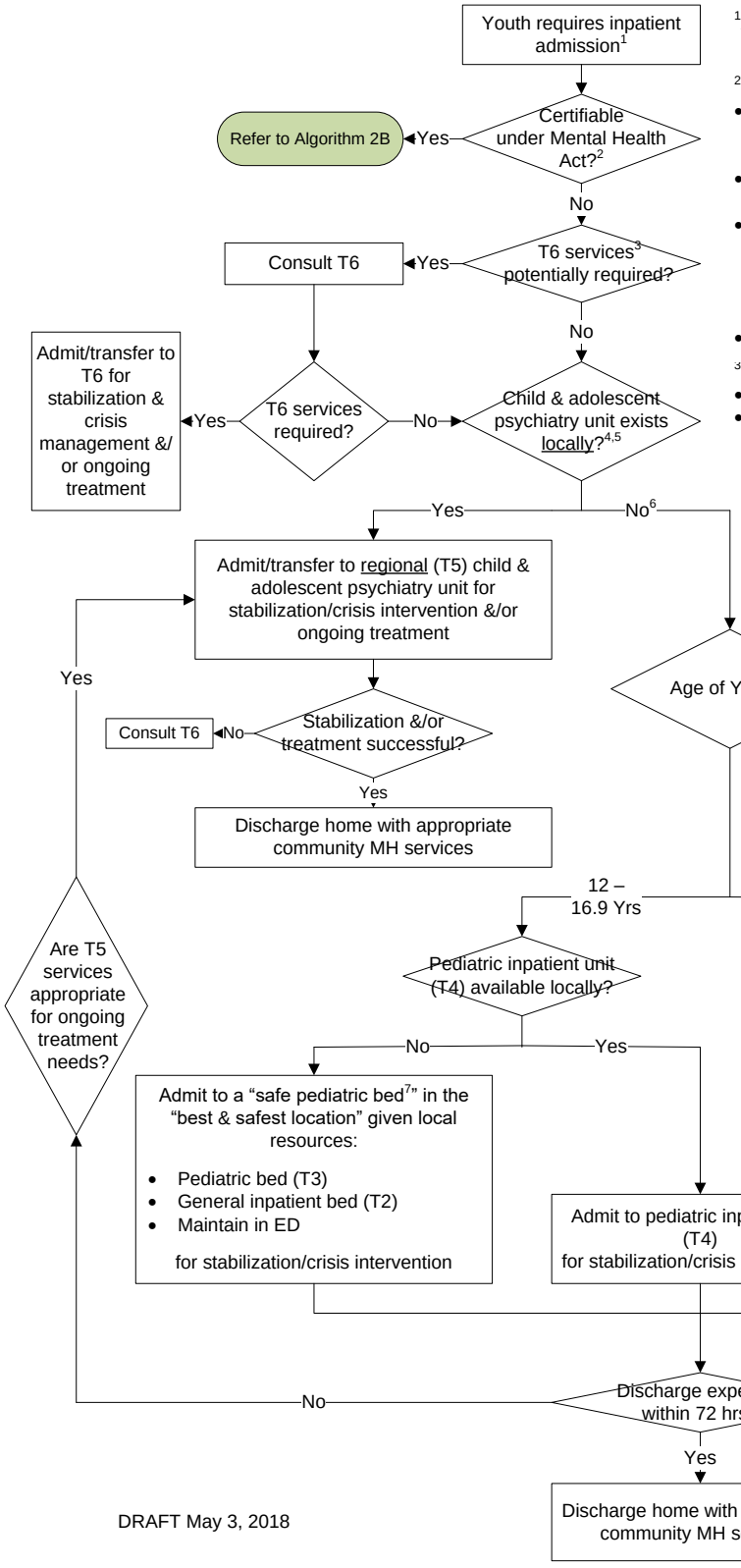
[7]"Safe pediatric bed:" All hospitals that admit children must take steps to ensure the environment is as safe as possible for children & youth. This includes a physically safe and psychologically comfortable environment & having staff available with skills relevant to the age and needs of children/youth. See "glossary" in the Tiers modules for specifics.

DRAFT May 3, 2018

Youth Ages 12 to 18.9 Yrs with MH Conditions Requiring Inpatient Admission: 2A - Not Certifiable



[1]Assumes all other community-based/ambulatory treatment options have been exhausted.

[2]Certifiable:

- Suffers from a mental disorder that seriously impairs his or her ability to react appropriately to his or her environment or to associate with others;
- Requires psychiatry treatment in or through a designated facility;
- Requires care, supervision & control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the protection of the person or for the protection of others, and
- Cannot be suitably admitted as a voluntary patient.

[3]Focus of T6 services:

- Severe, complex &/or persistent MH conditions; &/or
- Services required from multiple medical subspecialties.

[4]Locally = Service exists in the same community.

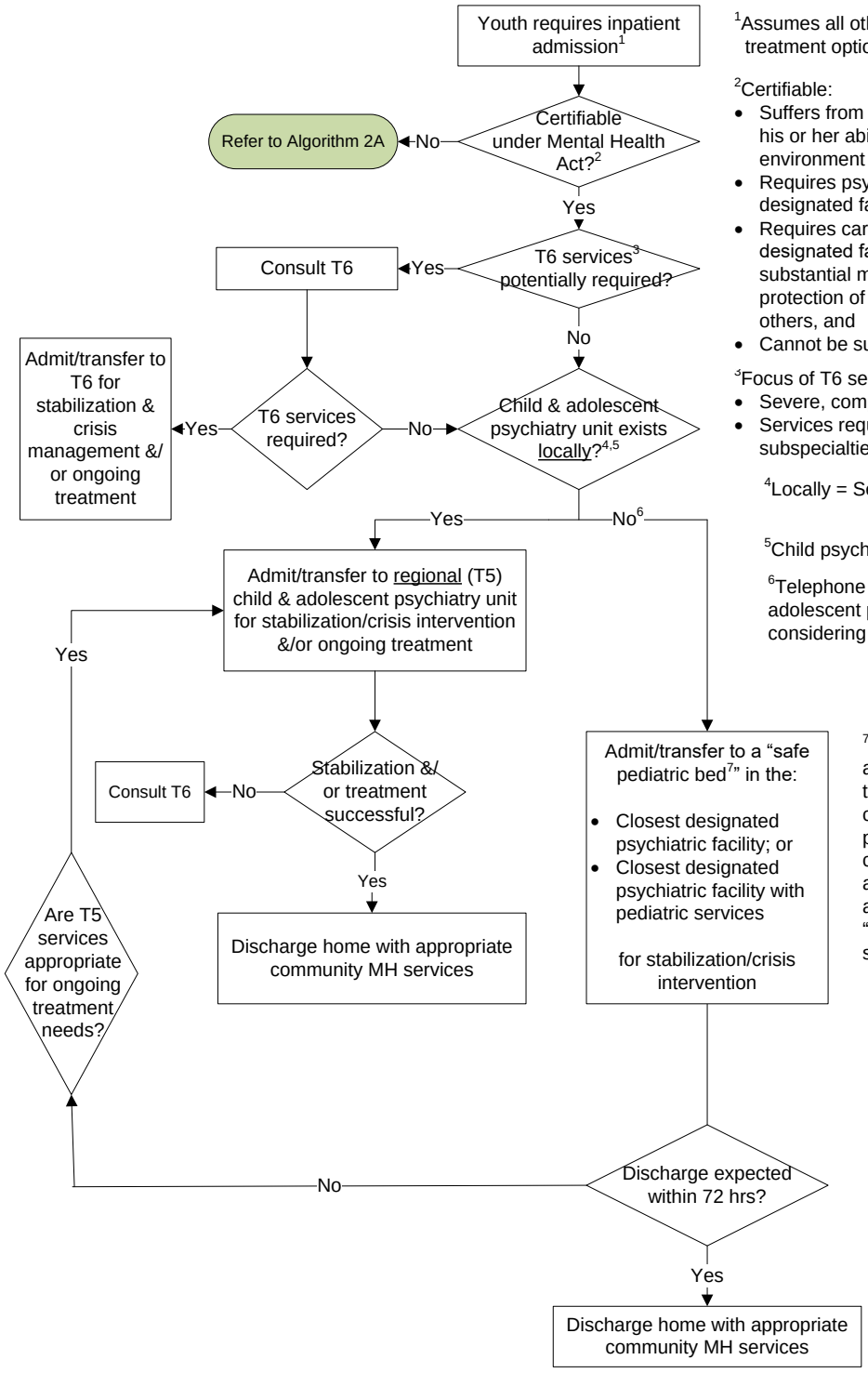
[5]Child psychiatry beds are for stabilization only.

[6]Telephone consultation with a T5/T6 child & adolescent psychiatrist (CAP) is encouraged when considering inpatient admission.

[7]"Safe pediatric bed:" All hospitals that admit children must take steps to ensure the environment is as safe as possible for children & youth. This includes a physically safe and psychologically comfortable environment & having staff available with skills relevant to the age and needs of children/youth. See "glossary" in the Tiers modules for specifics.

DRAFT May 3, 2018

Youth Ages 12 to 18.9 Yrs with MH Conditions Requiring Inpatient Admission: 2B - Certifiable



[1]Assumes all other community-based/ambulatory treatment options have been exhausted.

[2]Certifiable:

- Suffers from a mental disorder that seriously impairs his or her ability to react appropriately to his or her environment or to associate with others;
- Requires psychiatry treatment in or through a designated facility;
- Requires care, supervision & control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the protection of the person or for the protection of others, and
- Cannot be suitably admitted as a voluntary patient.

[3]Focus of T6 services:

- Severe, complex &/or persistent MH conditions; &/or
- Services required from multiple medical subspecialties.

[4]Locally = Service exists in the same community.

[5]Child psychiatry beds are for stabilization only.

[6]Telephone consultation with a T5/T6 child & adolescent psychiatrist (CAP) is encouraged when considering inpatient admission.

[7]"Safe pediatric bed:" All hospitals that admit children must take steps to ensure the environment is as safe as possible for children & youth. This includes a physically safe and psychologically comfortable environment & having staff available with skills relevant to the age and needs of children/youth. See "glossary" in the Tiers modules for specifics.

DRAFT May 3, 2018

Appendix 3: Glossary

Types of Beds/Units

Regional child & adolescent psychiatry unit

Programming focuses on (1) stabilization and crisis intervention for children & youth up to age 18.9 years; (2) ongoing treatment and discharge planning for youth ages 12 - 18.9 yrs; Anticipated length of stay for children up to 11.9 years old is <72 hrs although may be longer in specific situations. Anticipated length of stay for youth may be several weeks.

Child psychiatry stabilization bed

Programming focuses on stabilization and crisis intervention for children up to age 11.9 years. Anticipated length of stay is <72 hrs. Bed is located on a regional child & adolescent psychiatry unit or on a provincial child psychiatry unit.

Provincial child psychiatry unit

Programming focuses on (1) stabilization and crisis intervention; (2) ongoing treatment & discharge planning for children up to age 11.9 years. Anticipated length of stay may be several weeks.

Provincial adolescent psychiatry unit

Programming focuses on (1) stabilization and crisis intervention; (2) ongoing treatment & discharge planning for youth ages 12 - 18.9 years. Anticipated length of stay may be several weeks.

Safe pediatric bed (extracted from CHBC Children's Medicine module)

All hospitals that admit children must take steps to ensure the environment is as safe as possible for children & youth (<16.9yrs). For a T2 service, this includes:

- Physical safety:
  - Area is physically safe for children & youth with any potentially dangerous equipment or sharps, ligature risks, medications, chemicals or fluids out of reach or in locked cupboards. Windows if present must have safe guards to allow for minimal opening.
  - Ability to position bed near the nursing station for appropriate level of observation, as required (e.g., children/youth with mental health conditions).
  - Physical separation of children & youth from adult patients is recommended. If physical separation is not possible, children & youth are not in the same area/unit as adults who are under the influence of, or withdrawing from alcohol or chemical substances, known sex offenders, a danger to themselves or others and/or are confused and/or wandering.
  - Furniture meets appropriate safety standards for children & youth, with appropriate size of beds for smaller children.
- Psychological comfort:
  - Parents/primary caregivers are able to stay with their children & youth 24/7 during hospitalization.

- Self-served food and drink is in close proximity.
- Knowledgeable staff:
  - Sufficient "RNs with pediatric skills" are allocated each shift to ensure adequate supervision and care (includes adhering to a daily routine) relevant to the age and nursing needs of child.
  - Criminal record checks are required as part of the credentialing and/or hiring process for all staff and physicians (as per legislation).
- Equipment and supplies:
  - Pediatric emergency equipment and supplies are in close proximity (refer to Appendix 1 in the Medical Tiers in Full document for a non-exhaustive list of equipment and supplies).

Additional requirements for a T3/T4 service:

- Psychological comfort:
  - Access to child-friendly bathrooms.
  - Space for changing diapers (if appropriate to the clinical specialty).
  - Facilities for breastfeeding and breast milk storage (if appropriate to the clinical specialty).
  - Safe space(s) and age-appropriate facilities/equipment for children and youth to play/be entertained/have exercise. e.g., age appropriate media, arts/crafts books and board games, supervised use of courtyard, if available.

Safe pediatric unit (extracted from CHBC Children's Medicine module)

In addition to the requirements for a safe bed, a "safe pediatric unit" includes:

- Physical safety:
  - Children & youth are cared for on a dedicated pediatric inpatient unit(s).
  - Pediatric unit is functionally separate from adult patients, preferably with a door that can be closed (but not locked) and not opened by young children.
  - Regulated hot water temperature and secure electrical outlets are present on the unit.
- Psychological comfort:
  - Bedside sleeping facilities and ideally a kitchenette with fridge and microwave are available for parents/primary care givers.
  - Youth-friendly facilities/activities are available.

Staff Competencies

Registered Nurse (RN) with "pediatric skills"

- Demonstrates a broad understanding of growth & development. Distinguishes between normal & abnormal growth & development of infants, toddlers, children & youth.
- Understands the psychological impacts of care provision (including hospitalization) at different developmental stages (infant, toddler, preschooler, school aged & youth).
- Understands how to provide a physically & psychologically safe environment appropriate to the age & condition of the child.
- Demonstrates understanding of the physiological differences between infants, children & adults & implications for assessment & care.
- Assesses a child's normal parameters, recognizes the deviations from the normal & acts appropriately on the findings.
- Demonstrates knowledge of common pediatric conditions & their management.
- Demonstrates understanding of fluid management in an infant & child.
- Calculates & administers medications & other preparations based on weight based dosages.
- Assesses child & family's knowledge & provides teaching specific to the plan of care & condition or procedure.
- Communicates effectively & works in partnership with children & families (children & family-centered care).
- Aware of & accesses pediatric-specific clinical guidelines & protocols.
- Responds to patient deterioration/acute urgent situations in an appropriate & timely manner.
- Commences & maintains effective basic pediatric life support, including 1 & 2-rescuer infant & child CPR, AED use & management of airway obstructions.
- Provides referrals to public health nursing, nutrition & utilizes contact with the child & family to promote child health. e.g., immunization, child safety.
- Assesses pain & intervenes as appropriate.
- Initiates & manages peripheral IV infusions on children. Consults expert clinicians as necessary. Identifies & manages complications of IV therapy.

References:

- NSW's Guidelines for Care in Acute Care Settings[20]
- BC Children's Pediatric Foundational Competencies on-line course[21]
- BC Children's CAPE tools (2008-2010)[22]

RN/Registered Psychiatric Nurse (RPN) with "child & youth MH skills"

- Demonstrates in-depth knowledge of diagnosis & treatment of child & youth MH conditions, including concurrent disorders.
- Perform comprehensive MH nursing assessment which includes Mental Status Exam
- Ability to identify risks & create care-plans to mitigate/avoid risk (i.e. harm to self/other, running away, self-neglect & violence).
- Includes families in all aspects of service delivery & treatment of their child/youth.

- Knowledge of common medications used in pediatric MH, side effects & their use in treatment of pediatric MH conditions.
- Ability to respond to acute or emergent MH &/or medical situations in an appropriate & timely manner. Includes CODE procedures, use of crash cart, conflict resolution & use of physical behaviour management skills.
- Ability to provide milieu management/engagement, de-escalation, relationship building, collaborative problem solving & culturally sensitive & respectful care.
- Knowledge of guidelines for the use of seclusion & restraint & utilizes it appropriately.
- Knowledge of relevant legislation regarding consent, confidentiality, rights, duty to report (Infants Act, MH Act, FOIPA Act, CF&CS Act), its implications for nursing practice, & utilizes it appropriately.
- Supports & helps to mentor & coach newly graduated nurses.

References:

- ONCAIPS (2015) Collaborative Provincial Child & Adolescent Inpatient Mental Health Standards[18]
- NSW Child & Adolescent Mental Health Services Competency Framework (2011)[3]
- Canadian Standards for Psychiatric Mental Health Nursing (2014)[23]

"Enhanced child & youth MH skills" (refers to RNs/RPNs & other health professionals on the interdisciplinary team)

- Demonstrates in-depth expert knowledge in assessment, diagnosis & treatment in a specific area of clinical care (e.g., children, youth, eating disorders, complex neurodevelopmental disorders).
- Provides supervision and/or education & training for less experienced staff and peers in the delivery of care.

References:

- ONCAIPS Collaborative Provincial Child & Adolescent Inpatient Mental Health Standards (2015)[18]
- NSW Child & Adolescent Mental Health Services Competency Framework (2011)[3]

Therapeutic interventions

Family therapeutic Interventions

- Evidenced based interventions that seek to change the system of interactions between family members, parent/child or an intimate couple. e.g., Family Therapy, coaching.
- Family Therapy is generally used when the family system is seen as contributing to one family member's difficulties (such as a child/youth). There are many different approaches. A therapist attempts to match the approach(s) with the type of MH issue identified & family situation. Examples: Systemic Family Therapy, Emotion-Focused Therapy, Solution-Focused Therapy, Experiential Family Therapy.
- The number of sessions varies. May only occur during a time of crisis, or, may continue until the family reports improved wellness and improvements in relationships &/or family functioning.

References:

- Calgary Family Therapy Centre website[24]
- Centre for Addiction & Mental Health website, About Therapy section[25]

Land-based Interventions

- Treatment services, typically provided to clients within their own traditional territories & communities, which predominantly take place in wilderness environments.
- Services are provided via integrated teams of health professionals which include Elders & traditional healers.
- Examples: Land-based seasonal activities, cultural art & teachings, language, & storytelling.

Reference:

- Land-based Healing Program (2014)[26]

Traditional Wellness & Healing

- Encompasses medicines, ceremonies, practices, & knowledge inherent to First Nation peoples, found worldwide in Indigenous communities.
- Traditional healing practices are understood to lead to better long term wellness.
- First Nations Health Authority (FNHA) has a Traditional Wellness Strategic Framework & suggests that integrated approaches to health care (i.e. combined traditional & mainstream approaches) can result in more favorable outcomes.

References:

- First Nations Health Authority Summary Service Plan (2016/17)[27]
- First Nations Health Authority Traditional Wellness Strategic Framework (2014)[28]

Other

Certifiable/certification

- When a child/youth requires immediate treatment necessary to avert serious health consequences & risk of death, the patient can be admitted involuntarily to a designated facility[10] & treated under the Mental Health Act (MHA) if they meet specific criteria.
- The MHA authorizes involuntary psychiatric admission to a designated facility for people who meet the following criteria:
    - The patient is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others;
    - The patient requires psychiatric treatment in or through a designated facility;

[10] A designated facility is a provincial mental health facility designated under the *Mental Health Act*, a public hospital or part of it, designated by the Minister of Health.

  - The patient requires care, supervision & control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or for the protection of others, and
  - The patient cannot be suitably admitted as a voluntary patient.
- Involuntary detainment & psychiatric treatment can occur as a life-saving measure if voluntary admission & consent to treatment is not possible. One Medical Certificate (Form 4) is required to provide legal authority for an involuntary admission for a 48-hour period. A Medical Certificate is completed by a physician who examines a person & finds that the person meets the involuntary admission criteria of the MHA. http://www2.gov.bc.ca/gov/content/health/health-forms/mental-healthforms
- For further guidance, refer to the Guide to the Mental Health Act: http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf

Reference:

- Guide to the Mental Health Act, April 4, 2005[29]

Safety Plan

- A plan that is completed in collaboration between service provider(s) & the child/youth/family with a focus on keeping (selves & others) safe.
- This process is frequently used in outpatient & community settings, but may also be implemented in inpatient/residential environments, particularly when granting privileges & passes.
- Includes description of warning signs that indicate worsening mental status &/or increasing behavioural issues (i.e., things child/youth says or does, increased isolation, increased conflict, decreased self-care), coping skills unique to child/youth &/or actions to prevent escalation (i.e., going for a walk, creating art, listening to music, phoning a friend, having a snack, having a rest), who social supports are (i.e., friends, family member, spiritual/cultural community), & identified professional supports to contact (i.e., MH clinician, school counselor, PCP, 911, crisis lines).
- Also identifies potential risks in the home/residential environment such as medications & sharp objects, &, plans to eliminate the risks.

References:

- CAMH Suicide Prevention & Assessment Handbook (2015)[30]
- Kelty Mental Health: Pinwheel Education Series – Suicide & Safety Planning (2014)[31]