



News Release

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REPRESENTATIVE CALLS ON NEW MINISTRY TO LEAD IMPROVEMENTS TO CHILD AND YOUTH MENTAL HEALTH SYSTEM

VICTORIA – British Columbia’s newly formed Ministry of Mental Health and Addictions should take the lead role in developing and implementing a comprehensive mental health system for children and youth in this province, recommends an investigative report released today by B.C.’s Representative for Children and Youth.

That system should offer a full continuum of mental health services, including prevention, early intervention, family support, emergency and acute care, and “step-down” services to prepare children and youth for life in the community after hospitalization, said Representative Bernard Richard.

Missing Pieces: Joshua’s Story investigated the life of a 17-year-old Lower Mainland youth who committed suicide on the grounds of BC Children’s Hospital (BCCH) while on a four-month stay at the Vancouver facility. A more comprehensive child and youth mental health system would have given this boy and his family a better chance in dealing with his debilitating mental illness, it concludes.

“Although this youth received services from a variety of social work, education and mental health professionals, there were significant gaps in his care,” Richard said. “Those gaps are systemic and they must be filled. Our child and youth mental health system must be made truly comprehensive – otherwise young people will continue to fall through the cracks.”

Among the gaps identified by the report are a significant lack of appropriate placement options in B.C. for children and youth with mental health concerns, a serious challenge for families to obtain long-term mental health services for their children, and a lack of a single point of accountability for child and youth mental health due to the fact services are delivered by a number of organizations that don’t always work well together.

The story of Joshua (a pseudonym used to protect the identity of the teen and his family) illustrates the danger of such systemic gaps. Joshua spent 122 days in BCCH, a stay that was extended in part because social workers and mental health professionals couldn’t agree on where he could safely live after discharge. This underscores an urgent need in B.C. for “step-down” services – those that would enable a child or youth to ease out of a hospital setting and prepare for a safe return to their community.

Joshua did not receive early intervention services that may well have altered his life trajectory. Some of the services he did receive were withdrawn whenever he exhibited signs of improving. In his teens, Joshua was twice hospitalized in an adult psychiatric ward because no appropriate facilities for youth were available at that time. And his complete withdrawal from school did not trigger a serious intervention – a sign that child welfare, health and education are not always working together the way they should for the benefit of young people in B.C. who have mental health concerns and their families.

Improvements to child and youth mental health will require a greater investment by government as a whole. The Representative recommends that the Ministry of Mental Health and Addictions lead the planning and implementation of a clear and comprehensive system in collaboration with the Ministries of Children and Family Development, Health and Education, whose budgets include funding targeted for child and youth mental health.

“Significant improvements to the system are required,” Richard said. “We must ensure that we learn from Joshua’s story and make those improvements.”

The report can be accessed at: <http://www.rcybc.ca/joshua>

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