

## Out of control: Solving the child and youth mental health crisis

**T**he scenario is all too familiar. It is Friday night. I am on call and asked to see 11-year-old “Jenna,” who has been brought to the emergency department by her mother because she is “out of control.” Jenna was raging at home, throwing things, destroying her room, hitting, kicking, and biting, and threatening to kill herself. This behavior has increased over the past few weeks and her mother is worried that Jenna will commit suicide or harm her little brother.

Now in the ER, Jenna is tearful but cooperative. She is systemically well, with no history of chronic illness. Her mother refuses to take her home because someone has to “fix” this. Is she psychotic, depressed—perhaps she has an anxiety disorder? Is she truly suicidal? Jenna requires stabilization and observation and, though she does not need an acute care bed, she cannot go home either. Consequently, Jenna is admitted, by default, to the general pediatric ward with one-on-one nursing care. The child and youth psychiatrist is consulted and Jenna is referred to the Child and Youth Mental Health Team but, as it is Friday evening, she remains in hospital until Monday morning when these services become available.

Here are some facts:

- Approximately 20% of children and youth experience mental disorders that cause significant distress and impair their day-to-day functioning.<sup>1</sup>
- Suicide is the second-leading cause of death among 10- to 24-year-olds.<sup>2</sup>
- Canada has the third worst suicide rate in the world for 15- to 19-year-olds.<sup>2</sup>
- 40% to 50% of office visits to pediatricians are for mental health problems.<sup>3</sup>
- Approximately 140 000 BC children and youth are currently experienc-

ing mental disorders.<sup>4</sup>

- Only 5% of children and youth receive any form of psychological care and a mere 1% to 2% are treated by mental health specialists.<sup>5</sup>
- Every \$1 spent on psychological services yields a savings of \$5 in medical costs.<sup>5</sup>
- The average cost of treating children’s mental health problems in community-based agencies is less than \$2500 per child per year. The cost of a pediatric hospital bed is more than \$2500 per day.<sup>2</sup>

Mental health services provided to children and youth in BC are fragmented, largely due to the ministerial split of duties. The care of children and youth falls under the jurisdiction of the Ministry of Children and Family Development (MCFD) but they also receive mental health services from physicians, hospitals, and schools. MCFD services are provided Monday to Friday, 8:30 a.m. to 4:30 p.m. Children and youth requiring services outside of these hours default to the medical system and are often, like Jenna, inappropriately hospitalized, receiving treatment from emergency and family physicians and pediatricians who often have limited training and expertise in mental health issues. As we know, MCFD is widely known for its Child Protection Services and, as a result, many families refuse to access important non-protection services that MCFD offers such as child and youth mental health.

MCFD Minister Tom Christenson recently delivered a progress report on the Child and Youth Mental Health Plan that was implemented in 2003.<sup>4</sup> Significant accomplishments have occurred in the last 5 years; however, more needs to be done:

- Improve collaboration and coordi-

nation of services provided by all components of the mental health team to include not only the MCFD services but also services provided by physicians, hospitals, and schools.

- Make child and youth mental health services consistent and coordinated between communities.
- Work to remove child and youth mental health’s current stigma as being synonymous with Child Protection Services.
- Use multidisciplinary teams, since they are more successful than individual interventions in responding to the mental health needs of children and youth.<sup>5</sup>
- The Ministry of Health must develop recruitment and retention strategies to increase the number of child and youth psychiatrists. Remunerate physicians appropriately.
- Develop therapeutic (and cost-effective) respite beds for children and youth to avoid inappropriate admission to an acute care bed.
- Continue developing and implementing prevention and early intervention strategies ensuring that more children and youth will receive appropriate and timely care.

Mental health problems are “arguably the leading health problems that children face after infancy.”<sup>6</sup> The situation is critical, and the suffering of patients and their families is significant. If we do not adequately address the child and youth mental health crisis, we will continue to fail thousands of young British Columbians like Jenna.

—Wilma Arruda, MD  
Chair, Child and Youth  
Committee

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## from the archive

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The computer has had a dramatic impact on the physicians' use of records in day-to-day practice. We now use our medical records as an integral part of our daily routine. Systematic record-keeping is easy and not a tedious chore. The record is at your fingertips instantly when on the telephone. Seeing someone else's patient offers no difficulty because of the format and continuity of records and the fact that the computer printing is always legible.

Consequently, we feel our quality of care is improved. Certainly, our memory for what is happening to the patient is much better. It is possible to review systematically and logically in moments a complicated history spanning many months. This aids diagnosis, ongoing treatment, and is a useful teaching aid. To date, the computer has brought us full circle—back to the initial enjoyment of practising medicine.

## cohp

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### References

1. Child and Youth Mental Health: Population Health and Clinical Service Considerations, A Research Report Prepared for the British Columbia Ministry of Children and Family Development, April 2002.
2. Gibson, J. Northern Life. 2 May 2008.
3. Canadian Pediatric Society.
4. Child and Youth Mental Health Plan for B.C.—Progress Report 2008, MCFD.
5. Strengthening Primary Care, CPA.
6. Dr Charlotte Waddell, director, Children's Health Policy Centre, SFU.

## pulsimeter

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### BCMJ getting greener

The bag that the next issue of the *BCMJ* will be mailed in is biodegradable. The bags are made of the same plastic resin that most polyethylene or polypropylene bags are made of, but is combined with a compound (made by ECM Biofilms, Microtech Research) that makes the plastic biodegrade. The plastic has the same strength and durability of other bags, but when disposed of is metabolized into inert biomass by the microorganisms found in landfills. Unlike other plastics that need sunlight to degrade, these plastic bags will degrade in darkness, in both aerobic and anaerobic environments. In addition, the end products of biodegradation are safe for soil-dwelling organisms (such as earthworms), plants, and the water supply in general. Go to [www.ecm.biofilms.com](http://www.ecm.biofilms.com) for details, or [www.ecm.biofilms.com/report.pdf](http://www.ecm.biofilms.com/report.pdf) for the full ecological assessment.

## gpssc

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flow sheets still happen," she says. "It just takes place in a more relaxed setting, which reduces anxiety and leads to better and broader education."

The GPSC, a BCMA/Ministry of Health joint committee, administers approximately \$100 million annually through the Full Service Family Practice Incentive Program, which is designed to support improvements in primary care. These include:

- Complex care
- Facility and community case conferencing
- Prevention
- Chronic disease management
- Community Based Mental Health Initiative

## Guide to drive

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the *BC Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* (the Guide) to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at [Drivesafe.com](http://Drivesafe.com), on the public side of the BCMA web site, and at the SGP web site.

Chapters available to date include Diabetes, Peripheral Vascular Disease, Vestibular Disorders, Hearing, Renal Disease, Respiratory Disorders, Psychiatric Disorders, Musculoskeletal Disorders, and Cardiovascular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

—John McCracken, MD  
Medical Consultant, OSMV

- Family Physicians for BC (FPs4BC)
- Maternity Care for BC (MC4BC)

Through the Practice Support Program, GPSC offers training modules in advanced access, group medical visits, managing patients with chronic diseases, and patient self-management.

For more information on the GPSC, visit [www.bcma.org](http://www.bcma.org) and for PSP, visit [www.practicesupport.bc.ca](http://www.practicesupport.bc.ca).

—Liza Kallstrom  
Lead, Change Management and Practice Support