


QI Power Hour

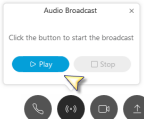
DESPERATELY WAITING: ADVOCATE'S REVIEW OF MENTAL HEALTH & ADDICTION SERVICES FOR YOUNG PEOPLE IN SASKATCHEWAN
With DR. LISA BRODA & MARCI MACOMBER



1



Welcome to QI Power Hour

Connect to audio using **Audio Broadcast**:




Click the button to start the broadcast

Do you have questions about connecting to audio? Use the **chat function** to message the Host, QI Power Hour, for assistance.





2



QI Power Hour

DESPERATELY WAITING: ADVOCATE'S REVIEW OF MENTAL HEALTH & ADDICTION SERVICES FOR YOUNG PEOPLE IN SASKATCHEWAN
With DR. LISA BRODA & MARCI MACOMBER




3

TREATY 6 TERRITORY & HOMELAND OF THE METIS

HQC is situated on Treaty 6 Territory and the Homeland of the Métis.

We pay respect to the treaties that were made on this land and acknowledge the harms and mistakes of the past. We are committed to move forward in partnership with Indigenous Nations in the spirit of reconciliation and collaboration.






Connect to Audio using Audio Broadcast

4


Access past QI Power Hour sessions

Past QI Power Hour webinars (with download links)


<p>Health Networks in Saskatchewan (QI Power Hour)</p> <p>Nov 15, 2019 at 9:00 AM</p> 	<p>Citizen Science in Public Health Policy: Leveraging the Power of Ubiquitous Tools</p> <p>Oct 25, 2019 at 9:00 AM</p> 	<p>The Costs of Poverty in Saskatchewan: Why Do They Matter and How Do We Calculate Them? (QI Power Hour)</p> <p>Sep 6, 2019 at 9:00 AM</p> 
---	---	---

[Visit our website to view past sessions!](#)

Connect to Audio using Audio Broadcast



5




Sign up for the QI Power Hour email newsletter

Receive notices about upcoming sessions and details on how to register straight to your in your inbox.

[Visit: bit.ly/hqc_subscribe](https://bit.ly/hqc_subscribe)

Connect to Audio using Audio Broadcast



6

Spread of QI Power Hour across SK

7

Connect to Audio using Audio Broadcast

7

Spread of QI Power Hour across SK

8

Connect to Audio using Audio Broadcast

8

Spread of QI Power Hour across SK

9

Connect to Audio using Audio Broadcast

9

Spread of QI Power Hour across Canada

10

Connect to Audio using Audio Broadcast

HEALTHCARE QUALITY CENTRE

10

Spread of QI Power Hour across Canada

11

Connect to Audio using Audio Broadcast

HEALTHCARE QUALITY CENTRE

11

Spread of QI Power Hour across Canada

12

Connect to Audio using Audio Broadcast

HEALTHCARE QUALITY CENTRE

12

Spread of QI Power Hour worldwide

13 *Connect to Audio using Audio Broadcast*

13

Webex tool: chat function

Chat functions:

- Share **questions, comments,** and **ideas**
- Click on the message bubble icon to access the chat
- Send to **Everyone**

14 *Connect to Audio using Audio Broadcast*

14

QI Power Hour

DESPERATELY WAITING: ADVOCATE'S REVIEW OF MENTAL HEALTH & ADDICTION SERVICES FOR YOUNG PEOPLE IN SASKATCHEWAN

With DR. LISA BRODA & MARCI MACOMBER

15 *Connect to Audio using Audio Broadcast*

15

Health Quality Council

QI Power Hour

September 23, 2022

16

Who We Are:

- The Advocate for Children and Youth is an Independent Officer of the Legislative Assembly of Saskatchewan.
- The Advocate leads a team of professionals to advocate for the rights, interests, and well-being of children and youth in Saskatchewan.
- Our mandate is defined by *The Advocate for Children and Youth Act*.

What We Do:

- Advocacy
- Investigations
- Public Education
- Research and Advice

These functions are all interconnected and support the overarching goal to influence systems to improve the lives of the young people in Saskatchewan.

17

Our Vision

The rights, well-being and voices of children and youth are respected, valued, and supported to assist young people to reach their full potential.

Our Purpose

To amplify the voices and perspectives of children and youth and influence to improve their lives.

18

Our Priorities

- Children and youth voice
- Reconciliation
- Prevention
- Public awareness




19

State of Youth Mental Health in Saskatchewan


- From 2010 to 2021, 235 children and youth aged 0 – 19 years died by suicide, with an average of approximately 20 suicides in this age group per year.¹
 - Indigenous children and youth are substantially over-represented.
- 38.6% of Gr. 7 – 12 students reported depressive symptoms in the last year.²
- 23.4% of Gr. 7-12 students reported having considered suicide in the past year, with 9.7% (977 youth) having attempted suicide at some point.³
- 38% of children and youth in Saskatchewan report a decline in their mental health as a result of the pandemic.⁴

1. Saskatchewan Coroners Service. (2022). *Suicides by Year, Sex and Age Group, Saskatchewan, 2005-2021*. Retrieved from <https://suicides.sask.ca/annual-reports/> (PDF). This is preliminary data as not all death investigations had been concluded at the time of reporting.
2 & 3. Saskatchewan Alliance for Youth & Community Well-being. (2020). *Thinking Health, Thinking Communities Report – 2019 Survey Findings*. Retrieved from <https://www.thinkinghealth.ca/wp-content/uploads/2020/08/Thinking-Health-2019-Survey-Findings-2020-08-20.pdf>
4. Makajane, Dr. N. & Hsu, Dr. T. (2021). Preliminary results from the UN, Wear On—Children, youth, and families in Saskatchewan during the first year of the COVID-19 pandemic. (UNHS 1-2). Are the well-being? Special Issue: Taking the Pulse of COVID-19 in Saskatchewan. In P. Smith, Saskatchewan, SC: PHS&U & University of Saskatchewan.

20

And yet...

- 1 in 3 youth (31.8%) who have self-harmed reported not knowing where to go to get help.¹
- Less than half of youth who experience depressive symptoms (42.7%) or considered suicide (48.3%) within the last year reported ever having seen a therapist or mental health counsellor.²
- Significant wait times for ER service, mental health counsellors & child psychiatrists.
- ACY continues to receive/identify issues with access to services through advocacy, investigations and research.



1 & 2. Saskatchewan Alliance for Youth & Community Well-being. (2020). *Thinking Health, Thinking Communities Report – 2019 Survey Findings*. Retrieved from <https://www.thinkinghealth.ca/wp-content/uploads/2020/08/Thinking-Health-2019-Survey-Findings-2020-08-20.pdf>

21

Scope of this Work

491 participants

- Children and youth
- Parents/caregivers
- Health
- Child welfare
- Education
- Corrections
- Community
- Police/judges

Research Questions

- What has been working in the child/youth mental health and addictions system?
- What barriers or challenges exist?
- What are some suggestions for improvement?



22

Underlying Factors

Abuse and Neglect
 "I realized that usually those who abuse children [were abused or have mental health issues] as well. But those mental health issues are things that can cause...it just creates a cycle, because then those children get depression, anxiety, trauma. And then they're screwed up for life too."
 - Youth

Community Violence
 "Violence is becoming normal, we see it every day, it's just here. [...] What are we doing to address that in terms of mental health and addictions?"
 - Health

Intergenerational Trauma
 "My addictions are what I'm dealing with it the most right now. And all of it stems from like residential schools - and, like, my dad going to residential schools and becoming an alcoholic."
 - Youth

Lack of Support for Mental Health & Addictions Issues
 "If you're too afraid to tell your parents, then I feel like that's the biggest barrier between you and getting help."
 - Youth

Poverty
 "People always say to eat healthy. Because if you don't eat healthy, it affects your mental health and stuff [...]. Making healthy food more expensive than junk food doesn't send a good message."
 - Youth


Instability within the Child Welfare System
 "And then I was in foster care [...] since probably younger than five, and then I would be moving almost every year."
 - Youth

23

"I believe the majority of kids arriving with us are not mentally ill - or not significantly primarily mentally ill. They have that as part of a larger social issue. Which then raises the question for me, if the majority of children turning up in our emergency room are suicidal, coming from socially deprived backgrounds, are these appropriate referrals to specialized child psychiatry units?"
 - Psychiatrist

"The majority of our cases are not psychiatry-related. It is a lot of social stressors. A lot of behaviour due to maladaptive coping skills."
 - Psychiatrist

"It's not always a psychiatrist or a physician that is needed. It's often more basic things like community supports at the place of...the point of performance. At the point of where the kids live, schools, communities. There are the social determinants of health that have such an impact on why there will be higher incidences of difficulties in certain neighborhoods than compared to others. [...] It's very expensive to have a specialist see one child at a time and very relatively cheap to see lots of kids sooner and much less cost, not highly specialized medical professionals."
 - Pediatrician



24

Situating Mental Health and Addiction in a Child Rights Context

United Nations Convention on the Rights of the Child (UNCRC)

- Article 3: the best interests of the child
- Article 6: life, survival and development *to the maximum extent possible*
- Article 24: the highest attainable standard of health and access to health care services
- Article 2: non-discrimination
- Article 12: child and youth voice

Children's rights are:

- Indivisible and interdependent
- Universal and inalienable



The right to health includes physical, mental and social well-being.

The realization of this right is the responsibility of all child-serving systems.

25

Themed Findings



- Reactive vs Proactive System
- Navigating MH & A Services
- Access to culturally-appropriate services for Indigenous youth
- Hospital and acute-care services – psychiatric inpatient units & detox/inpatient addiction treatment
- Lack of integrated services
- Need for increased knowledge, tools and capacity
- Improving the transition from youth to adult mental health and addictions services
- Overall impacts of other systems on child and youth well-being


26

Recommendations



1. Youth Advisory Councils implemented within the health system
2. Decrease wait times for counselling and psychiatry supports for children and youth (MHAAP Rec #2)
3. Expand Mental Health Capacity Building across the province
4. Increase the presence of mental health counsellors and Elders within schools
5. Expand outreach-based (ongoing) mental health services
6. Adopt a consistent approach to consent based on the evolving capacities of the child
7. Health system to provide in-home support services to families caring for children with significant mental health or addictions needs


27



Recommendations (cont.)

8. Develop and implement 'middle-tier' care
9. Evaluate the current detox and addictions treatment model against evolving needs of youth
10. Expand culturally-appropriate services for Indigenous youth
11. Improve transitions from child to adult mental health and addictions services
12. Prioritize completion of the electronic MHAIS
13. Implement an integrated service delivery model throughout all child-serving systems
14. Develop and implement a provincial Children's Strategy


28



A Closer Look: Making Services More Accessible to Young People

- Embedding more services in schools (Rec #4)
- Expand outreach in mental health services (Rec #6)
- In-home support (Rec #7)
- Middle-tier care (Rec #8)
- Expand and enhance culturally-appropriate services for Indigenous Youth (Rec #10)

29



A Closer Look: "Big" Recommendations

- Youth Advisory Councils (Rec #1)
- Integrated Service Delivery (Rec #13)
- Provincial Children's Strategy (Rec #14)

30

Moving Forward



- Coordinated government response
- All recommendations accepted by government
- Next steps – meeting with ministries and health authorities to set the stage for implementation

31

Contact Us

500 – 350 3rd Avenue North
Saskatoon SK S7K 6G7

Toll Free: 1-800-322-7221
Phone: (306) 933-6700
Fax: (306) 933-8406

Email: contact@saskadvocate.ca
Website: www.saskadvocate.ca





32

Do you want |❤️Q| socks?


Become a QI Power Hour speaker!

[Visit our website to learn more!](#)



33

Connect to Audio using Audio Broadcast



33

Post webinar survey

In the spirit of quality improvement, we will be sending out a survey after the webinar.

You may see this message, but don't be alarmed, our survey is on a trusted site!

External Site

The host or presenter would like Webex Meetings to open a website on your computer. Click is not responsible for the content or availability of external sites. We recommend that you make sure the website content is from a trusted source. If you view this page or go to this site, you will be subject to the privacy policy and terms and conditions of the destination site.
Destination site: <https://www.surveymonkey.com/MSICCBH>

Continue

34

Connect to Audio using Audio Broadcast

