

INFORMATION BRIEFING NOTE

TITLE: Provincial Health Services Authority (PHSA) proposed new service model for Child and Adolescent Mental Health programs at BC Children's Hospital

PURPOSE: To provide information and outline the implications of proceeding with the proposed service model changes including a Section 54 notice

BACKGROUND:

BC Children's Hospital Child and Adolescent Mental Health programs provide comprehensive, tertiary interdisciplinary assessment, diagnosis and treatment. Direct patient care is shared by nurses and Youth and Family Counselors (YFCs). Therapeutic counseling is provided by psychology, psychiatry and social work. There are four child and youth mental health programs at the site:

Child Inpatient Unit:

- 10 bed 24/7 care for children; most children go home with their families on therapeutic passes over the weekends

Adolescent Inpatient unit:

- 10 bed 24/7 care for adolescents; some adolescents go home for therapeutic passes over the weekends

CAPE Unit

- 6 bed 24/7 short stay stabilization unit

Eating Disorders Inpatient Unit

- 14 bed 24/7; some children and adolescents go home for therapeutic passes over the weekends

Based on a program review, the PHSA is proposing to make two changes.^{s.13}

The YFCs provide developmentally supportive counseling and psychosocial assessment and also work with families/caregivers. However,^{s.13}

s.13, s.17

The second change relates to the Inpatient Child Unit and involves a shift to an intensive Day Treatment Program (DTP) with the option for overnight care (24/7) as clinically indicated. There is evidence that intensive DTP is as effective as inpatient admissions for acute psychiatric disorders and is becoming a leading practice in other centers such as the Children's Hospital of Eastern Ontario, a Centre of Excellence in mental health for children and youth.^{s.13}

The change
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will involve parenting training which will require refining the roles of each team member, the supportive/ therapeutic groups, and family therapy. The program redesign involves increased staff/family interaction and increased primary staff consistency to build the therapeutic relationships these children need.

DISCUSSION:

Under the general changes, the nursing ratio will increase to each patient, and the YFC ratio will decrease accordingly. This represents an increase in intensity of care for these tertiary level children who undergo assessment, medication management and therapy while on the unit. [s.13](#), [s.17](#)

With regard to the Child Inpatient Unit, although the program will become primarily an intensive day treatment program, there will be 24/7 capacity for children who require overnight hospitalization. Under the current program, almost all families have at least one guardian/parent present throughout the course of their child's stay, and the program is effectively closed on the weekends as children do go home. Parents and siblings of children from outside the lower mainland are accommodated at local hotels, residences or the Easter Seal house. A national comparison shows most provinces do not have a dedicated inpatient child psychiatry unit. PHSA indicates they will be leading the way in providing trauma-informed, developmentally sensitive care to children under age 12. They will still be caring for the most complex children, maintaining the 10 bed capacity, and ensuring that when children require overnight nursing care it will be provided. They anticipate that 40 - 60 percent of children will stay overnight.

Given the number of staff impacted, a Section 54 notice is required to be issued to the BC Nurses Union (BCNU) and the Health Sciences Association. PHSA anticipates the BCNU will be pleased with the increased number of nursing positions and the changes to their schedules, more level workloads, nursing support on night shifts and alignment with medication administration. The Health Sciences Association reaction will likely not be positive given the loss of YFC positions.

ADVICE:

[s.13](#)