



INSTITUTE OF FAMILIES

for Child and Youth Mental Health

we're better together

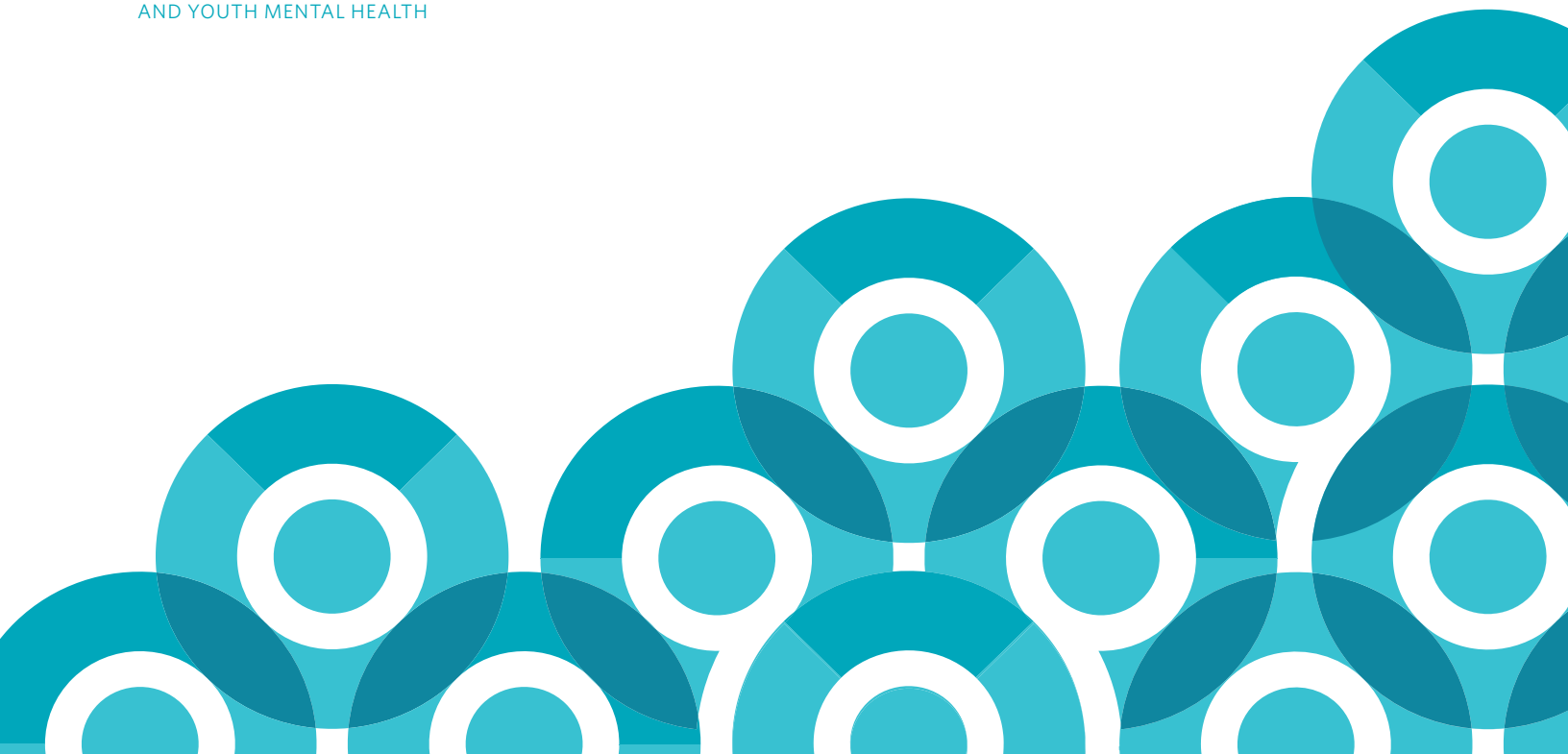
MAY 7TH, 2011 DATA SUMMARY

FAMILY SMART™ "CROSS COUNTRY DIALOGUE"

AUGUST 31ST 2011

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PLANNING COMMITTEE MEMBERS,
INSTITUTE OF FAMILIES FOR CHILD
AND YOUTH MENTAL HEALTH





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We would like to thank all those people who participated in our day together on May 7, 2011. The input provided by participants is invaluable to the work of the Institute of Families for Child & Youth Mental Health. This report has been produced by two members of our Planning Committee; Kate Dilworth and Brent Seal. We want to acknowledge and thank them both for the vast amount of time, energy and thoughtfulness that they committed in compiling the robust input that was provided by each of the sites. We look forward to future conversations and action for Family Smart™ and hope you will continue to join us in this work.

Keli Anderson

Jana Davidson

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RBC Foundation®



Giving a Voice to Families

Founded in 2009, the Institute of Families for Child & Youth Mental Health (IF) is a central coordinating organization that acts as the catalyst to facilitate the connection of families to health care providers, policy makers, educators, researchers, service providers and business across Canada.

IF is the national organization dedicated to linking families and systems to improve child and youth mental health in Canada.

IF Mission: To support child and youth mental health by creating and strengthening partnerships WITH families.

IF Vision: Families are flourishing as a result of being valued and engaged as integral partners for child and youth mental health.

Family Input Matters

Families are uniquely positioned to contribute to increasing the capacity of the mental health system of care through collaboration with service providers, policy makers, researchers, educators and other families based on their personal experiences and their motivation to improve outcomes for their own children and youth and other families.



Introduction

On May 7th 2011, 140 people in 7 settings across Canada participated in a facilitated conversation to learn about and provide input to the concept or philosophy of Family Smart™.

Facilitated sessions were held in:

- 1) Moncton New Brunswick
- 2) Halifax, Nova Scotia
- 3) Kingston, Ontario
- 4) Saskatoon, Saskatchewan
- 5) Sherwood Park, Alberta
- 6) Kelowna, British Columbia
- 7) Vancouver, British Columbia

During the course of the day there were three breakout sessions that offered the opportunity for participants to engage in small group dialogue and provide input with respect to the following:

- 1) Why are you here today to participate in the conversation about Family Smart™?
- 2) Please provide feedback on the Vision and Mission of the IF's Family Smart™.
- 3) From your perspective, please provide examples or your ideas of what it means to be Family Smart™ in the context of Child and Youth Mental Health.

The following document summarizes the aggregate feedback received from all 7 sites across the country. For the purposes of this document the data from all 7 sites has been pooled and analyzed as follows.

Breakout session Number 1: Why are you here today to participate in the conversation about Family Smart™?

Breakout session Number 2: Please provide feedback on the Vision and Mission of the IF's Family Smart™.

Breakout session Number 3: Provide examples or your ideas of what it means to be Family Smart™ in the context of Child and Youth Mental Health.

*Feedback on the May 7th Format and Facilitation

Participants were also given the opportunity to provide written feedback on the process of the day and each of the seven sites submitted feedback on the format of the “cross country” Family Smart™ session. The evaluation summary is contained in a separate document that has been shared with the May 7th organizers and facilitators.

(Please Note: The data from each of the seven sites has been labeled to allow for the potential for site-specific analysis)



Breakout Session Number 1

“Why are you here today to participate in the conversation about Family Smart™?”

There were 6 main reasons people identified as to why they chose to participate in the May 7th dialogue

- 1) To join the movement
- 2) To reduce stigma
- 3) Because I am a family member
- 4) Because there is a lack of support
- 5) To learn
- 6) For empowerment

1) To Join the Movement

- Want to be ambassadors for change – or have them in our communities
- Want to be a part of National Day/Movement
- Building Community & Preventing Isolation
- Family Smart™ is a ‘no-brainer’
- To Advocate for Children’s Mental Health issues and services and to secure better funding
- Because I believe it’s possible to create a transformation by putting families at the center
- Campaign in Schools
- To have a *Voice*
- Create links within our “village” – “It takes the whole village to raise a child”
- Interest in there being a long-term focus that will be coordinated through a National Body
- Want to Make a Difference/Contribution
- Want to broaden definition of mental health beyond a traditional medical model
- See the advantage of a National Movement
- Shaping institution of ‘Family Smart™’ Policy
- How are we (parents, employers, society) helping?
- We want to make mental health matter



2) To Reduce Stigma

- Taboo topic, people would rather ignore the issue due to fear/unknown
- Diagnosing functional needs/not just deficit needs
- RS through strategies like being more sensitive to language e.g., mental health ‘challenges’ is less intimidating than mental health ‘disorders’
- Chinese/Asian – secrecy about MH Issues – Stigma & Shame
- Don’t want people to be afraid of or avoiding mental health discussions, awareness, etc.
- Help progress de-stigmatization
 - # of those affected likely higher because people don’t report (stigma)
- Decrease Isolation
- Mental Health like Physical Health – everyone has it
- Universal Awareness
- We want people with MH Challenges to want to seek help
- Increase community understanding

3) Because I’m a Family Member

- To learn what I can do to help my son
- Looking for support to parents/families
- Navigation/How do families get support?
- Share my experiences
- Empowerment
 - Self as a parent
 - Other parents/families
- Survival – What’s the best way of managing his challenges so he’s successful?
- Parent wants better education of mental illness
- Family Partnership with Community (Awareness & Education)
- Like to see families at the center of care
- Use lived experience to collaborate with professionals



4) Because there is a Lack of Support

- Children and families need access to mental health services and they aren't getting it. Including foster families and other alternate caregivers
- Hard to access services as Educator in system & wider community
- Schools do not have individual counselors to deal with MI (Saskatoon)
- Lots of professionals lacking training in specifics of MH for children
- No support for families, kids
- More communication between schools and parents needed
- Lack of Services: even more significant for individuals w dual diagnosis, specifically w/ intellectual disabilities. In NB Very Poorly served, if at all
- Prof vs. Parents/Families. Generally in NB Parents/Families are Not listened to – this includes the school system
 - Partnerships need to be 'Real' not 'Token'
- Why are the schools not better equipped to handle children with MH Challenges?
- Because teachers don't seem to know how to deal with MH Challenges
- Need better awareness in school. Foster better links between parents and schools
- Better resources for families and youth affected by Mental Illness
- Wanting there to be more services earlier i.e. treatment, information, support, resources, education & prevention programs for children/youth and their families and service providers
- Need for family based earlier intervention
- Where's the Tool Set for parents, family, teachers, etc. to identify mental challenges early and begin to address them
- Want to see significant supports available to 'minor' MH Challenges (e.g. ADHD, Anxiety, etc.) not just 'major' issues (e.g. Paranoid schizophrenia, etc.)
- More support for students in high school (school generally)
- Because it's a two-tiered system and some can't afford help
- The situation gets worse without treatment for the whole family
- Because Mental Challenges affect learning abilities & different approaches are needed (the solution isn't home-based schooling)



5) To Learn

- To learn what I can do to help my son
- To find ways to have better information about children’s mental health and CMH services readily available to families
- To find out why we can’t get better help for families
- To find more support for a parent with disabilities
- To find out more about the F.O.R.C.E.
 - How I can relay information about ‘Family Smart™’ into my profession and relay into the community
- To learn more about IF
- Listen to different perspectives to identify the gaps in service, awareness, information, skills
- Here to learn/listen
- To network, learn about more resources in community
- To learn how F.O.R.C.E./IF can contribute support
- What can overcome communication difficulties between parents/school/other service providers
- To Further our own knowledge
- How do you identify/recognize mental illness?
- To better understand the ‘Big Picture’
- To create sustainable systemic structures- common language, values practices and beliefs



6) For Empowerment

- Because I believe it's possible to create a transformation by putting families at the center
- Family Partnership with Community (Awareness & Education)
- Mental Health of Children needs to be recognized
- Collaboration of: Resources, Skills, Tools, Knowledge
- Empowerment
 - Self as a parent
 - Other parents/families
- Find the Universal ideas that everyone shares
- Proactive/Preventative/Universal awareness
 - Social emotional wellness
 - Effective 'life & relationship skills' for parents & children at home & schools
- Empower parents – they have power & make a '+' difference with everyday tools/skills available
- Give Children Tools within school – 'Life & Relationship Skills'
- Help parents find help – get treatment going
- Early warning signs – awareness for new parents
- Family based early intervention
- Education for school staff
- World wide Mental Health Education
- To be proactive not reactive
 - Prevention, early detection
- Navigation/How do families get support?
- To find ways to better engage youth at risk and entire families of children/youth with MH Challenges I the treatment process from beginning
- To promote more effective services through more consistent delivery of best practices across all services
- To have better collaborations and integration of services across sectors



- Family lens – is it time to have it catch on/be embraced by government – influence policy & practice → branded/known
- Family engagement – how to make services work for families?
- Innovation comes from engaging as equals & listening to each other, so events like this are crucial
- Collaborate to fill gaps (info, services, etc.)
- Prevention/Early Intervention
 - How to develop more support for youth
- Coordination of systems – services treatment and assess gaps
- Accessible support for individual parents and families experiencing mental health challenges
- Access to professional help
- Need ‘System Navigators’
- Bridge the gap between families and professionals
- Each child needs to develop their FULL potential regardless of their limitations – it’s a fiscal responsibility
- Increase community understanding
- ‘Family Smart™’ emphasizes the necessity to work together
- Smooth transition from youth to adult services



Breakout Session Number 2

“Please provide feedback on the IF Family Smart™ Vision and Mission.”

Mission

Include Language Such As

- “Empowered/Empowerment”, “Equal Partners”, “Integral Partners”, “Active Partners”, “Raise Awareness”, “Early Intervention”, “Reduce Barriers” “Mental Wellness”

Mission Format

- “Shorter & Simpler” family friendly with an engaging tone
- Clearer understanding of what ‘Family Smart™’ means
- Family Smart™ should not be part of the Mission- It should be an objective

Mission Reworded

- “To transform the mental health of children, youth and families by locating themselves at the center of policies, practices, services and research in Canada using the Family Smart™ criteria as one of the guidelines.”
- “To raise awareness and ensure everyone has information and access to effective Canadian Mental Health services”
- “Families are flourishing valued and engaged as a result of location themselves at the center of their own mental health strategy”
- Mission of Family Smart™ should be broad in scope beyond just Child and Youth Mental Health to also include government and business activity

Mission Comments re: what the IF should be

- Greater focus on Children and Youth
 - Need to be included
- “Child & Youth Family Smart™” or “Youth and Family Smart™” or “Family Smart™” – “Youth Smart” – “Child Smart”
 - “Some youth isolated in Child Welfare and/or Justice System”



- “Need to start using mass media”
 - “Interesting, Meaningful, Relevant”
- “Mission will have to reflect both official languages – not just a translation”
- “Different languages need to be reflected and not just translated”
- “Keep the ‘standards of excellence’, ‘seal of approval’”
 - Tell us how – guidelines, suggestions
- “Have something inspirational – a motto”
- “Make sure mission is ‘including’ professionals, service providers, policy makers so they are enthusiastic about meeting ‘Family Smart™’ criteria”
- “Use active voice: ‘are viewed’, not ‘should be viewed’”
- “Mental Health is understood to be part of one’s general health (incorporated into society’s view of health)”
- “Include the thoughts/actions that IF could & can do to support orgs. & Individuals who wish to receive the Family Smart™ designation but are not there yet or don’t have resources to get F.S. designation”
- “Review/Access current MH services, ID shortfalls and prioritize where \$ and effort should go to increase success for children, youth and families”
- “Coordinating or creating easily accessible tool kits & info for parents, professionals, children & youth, etc.”
 - “Family Friendly Language”
 - “Where to go for Help”



Vision

Include Language Such As

- Families “Valued”, “Engaged”, “Equal/Integral Partners”, “Empowered”

Vision Format

Vision Reworded

- “Families are flourishing; valued and engaged as the result of locating themselves at the center of their own mental health care strategy”

Vision Comments re: what the IF should be

- “Should include concept of empowerment of families”
- “Something about Communities”
- Not all children have families that engage
- “We like ‘Families Flourishing’ and the word ‘Valued’”
- “Flourishing” is not clear...use “empowered”
- “Should include that people with mental health challenges are recognized and valued by society and the helping sectors. Mental Health should be incorporated into general health in society”



Breakout Session Number 3

“Please provide examples or your ideas of what it means to be Family Smart™ in the context of Child and Youth Mental Health”

Participants provided a rich set of feedback and ideas to begin the process of defining “What is Family Smart™?” The ideas shared on May 7th have been categorized broadly into the following 6 Family Smart™ Criteria Domains.

- 1) Values Driven and Attitudinal
- 2) Relational
- 3) Valuing Inclusion and Partnership
- 4) Informational/Empowerment
- 5) Operational Characteristics – The Service or Care Experience
- 6) Honoring Diversity

There is also a small section of examples related to the concept of Family Smart™.

General Comments regarding Family Smart™ Criteria or Philosophy

Getting to Family Smart™

- What support will organizations be offered to help them get to this level?
- What is the culture of an organization for Family Smart™ to take hold?
- Use Family Smart™ to Advocate for Families
- “Family Smart™ is the ambassador. They assess/review current MH services; identify shortfalls, priorities where money and efforts go. Advocate, lobby, etc. for increased recognition of importance of MH and need for increased funding etc.”

Accountability and Evaluation

- How will organizations be held accountable?
- Need for an Evaluation Process and Accountability in place for Family Smart™
- Beware Family Smart™ becomes an advertising tool for organizations to seek funding – this is part of accountability process to ensure they are Family Smart™ and sustain Family Smart™ practices

Evolving Criteria and Keeping Current

- What is defined as Family Smart™ in 2021 will be different from 2011



1) Values Driven and Attitudinal

A Family Smart™ society places Child and Youth Mental Health as a key priority. Child and Youth Mental Health is a value that permeates on a national, local and system (health, education) level and the commitment to this value is evidenced by a positive societal attitude towards mental health and illness, absence of stigma, optimism, hope, adequate resourcing and a long term commitment to Child and Youth Mental Health.

- In order for relationships to happen at all let alone work there has to be a core value within the community that C and YMH is a priority and supported (municipal, cultural)
- Share value of mental health across systems, institutions, communities (absence of stigma)
- Shared value of genuine relationships and communication between:
 - 1) Peers (for parents and kids)
 - 2) Kids and safe adults other than parents
 - 3) Agencies and families
 - 4) Policy makers and front line workers
- Create a culture of optimism – Try to talk openly in society. (X% of people dealing with something to greater or lesser degree – identify a strength)
- Increase community understanding to an acceptance of mental issue as they are present from birth to death
- Adequate funding is required to ensure capacity within the CMH system.
- Long terms solutions are priority requiring long term strategies
- That necessary services are funded as needed by families (e.g. High cost of some services)
- Absence of stigma – education for everyone- students within the curriculum, schools, emergency services, teachers, government officials etc.
- Provide opportunities for kids, with or without a mental disorder, to perform in their particular strengths. Create success opportunities. Strengths based approach.
- Mental health services should build on the child/youth resiliency by focusing on their own and their extended family's strengths and resources
- Aligned values- you don't give up on your students, we don't give up on your child
- Giving up wasn't an option- persisted in trying new approaches “what do you need” treat mental health like any other health issue
- Treat mental health as we do other health issues “casserole for mental health
- Shaping & institutionalization of 'Family Smart™' policy



- Shared value of the importance of mental health – understanding it, supporting it, etc. – within the community (municipal, cultural, national, etc.)
- Related core element is the absence of stigma around mental health
- Need awareness, stigma reduction for peers, ‘peer education’
- Need accurate representations of mental illness in the media
- Need collaboration with actors/public figures, make engaging
- Youth, family members work directly with policy-makers
- Need broader base of input
- Need to know it’s ok to ‘talk about it’- Community champions
- Need ACTION, TIMELINESS
- ‘Market the Green Ribbon-Child and Youth Mental Health sticker (green) for the car and fridge magnet for awareness

2) Relational

Family Smart™ environments are places where relationship is valued and fostered. Trust is built through leadership that creates a culture of hope, compassion, patience, empathy and collaboration. Families’/caregivers experiences are welcomed, genuinely heard and validated and children and youth are involved in the decisions about their care and self-determination is a central value. Families/caregivers feel listened to, respected, free from blame and embraced from the outset in their child’s care and support.

- Listening someone cared
- Experienced professionals who care
- Respect for child’s involvement in their own care and self determination
- Respectful relationships
- Opportunity for restitution
- Valued
- Instill sense of hope
- Build trust – trust patient assume competence
- Support development of relationship at the beginning – proactive
- First name basis with teachers



- Compassion, not blame
- Relationships, connections, belonging
- Safe – emotionally, physically, psychologically – from judgment, blame
- Welcome
- Curious, Caring
- You Matter – Validation
- Non-judgmental (not blaming)
- Made to feel like if it fails, it wasn't because I failed
- Needs are which enable trust to be built between systems & youth/parent/family
- Trust is nurtured when youth/parent/family are listened to, validated & believed about their unique experience. Remember these are working relationships between professional & youth/parent/family that are bi-directional
- Inclusivity, compassion, respect, having flexibility & creativity
- Validation
- Being heard
- Acceptance/patience/empathy
- Ongoing support for & validation of parent/care provider/siblings. Understanding context of family by: listening, believing what family shares, inviting family in, no blame or stigma, not blame but provision of opportunities for learning
- Research – to work with & understand the family journey over time
- Adequate time & process to fully understand the individual & family – not 10 min office conversation. F.S. = observing in real life environments (e.g. Daycare)
- Meet where their needs are, enabling systems & families to develop trust
- Trust is nurtured when people are listened to, validated & believed that youth/parent/family are known as experts of their experience
- Validation of family/youth's experience
- From the position of 'not knowing' → curiosity towards family/youth
- Seeking help does not equal giving up their power
- Care giver/service providers be careful how they handle information because it is someone who wants to seek help & is disclosing very personal info



- Quantify feelings to each other (0-10) – it helps kids to feel comfortable & supported without judgment
- Need to hear from teens through media teens use
- Meet youth where they are
- Recognizing care-givers' not blood related relatives, recognition by doctors, teachers, principals, and the support role they play, need education practices, and training courses
- Professionals not thinking that "I" know what is best-not being territorial over our areas and willing to collaborate
- Need feedback –need people to feel comfortable enough to engage, need positive and negative feedback, e.g. First Nations youth, homeless youth
- Parental involvement as managers of their Child's care
- Respect for Childs involvement in their own care and self determination
- Supportive environment for the family and from the workplace
- Circle of support honors the parent's knowledge of his or her own child. Recognize parents as experts. Ensure the family is valued and the center of the support. Not the add on
- Inclusiveness of the child/youth and family
- Family Smart™ needs to include all formal and informal support systems
- Honoring cultural and family traditions while abiding by Canadian laws, Human Rights and the Rights of the Child
- To be aware of both family and community dynamics
- An excellent approach is collaborative, family inclusive and consistent
- Reciprocal feedback, updates people. Let them know their voices are heard



3) Valuing Inclusion and Partnership

Family Smart™ environments value and promote relationship with families/caregivers children and youth and also genuinely value their inclusion and partnership in their journey with Mental Health. This inclusion and partnership is characterized by children, youth and their family's involvement in the care journey, taking the time to hear individual family member stories and ensuring that family experience, context and culture are embedded in approaches to mental health.

In Family Smart™ environments families are embraced as equal partners and all stakeholders work collaboratively and across systems of care, sharing knowledge and tools necessary to support and empower families, caregivers, children and youth. Family Smart™ environments afford adequate opportunities for dialogue, support, knowledge sharing and skill building amongst all partners and ensure families, children and youth have equal voice.

Family Smart™ research seeks to work with families and promote further learning with respect to the family experience over time.

- Respect for child's involvement in their own care and self determination
- Parental involvement as managers of their child's care
- Healthy boundaries and learning from mistakes
- Admitted to med ward little family involvement provided, children's hospital far more family involvement
- Immediate family involvement
- Being able to share family story and let it influence the plan of care
- Including families throughout process of care
- Professionals not assuming they are experts – plan needs to be arrived at with input from all (daughter being valued as an expert – staff consulted with her around equipment for resource room)
- Connecting support networks for/with families
- Keeping family members in the loop during mental health processes
- To have a say that connects working together (collaboration) to increase community connection & understanding
- Necessity to work together
- Collaboration
- Working together (family, youth, teachers, counselors, administrators)



- Families, across the system of care are engaged and consulted
- Connectedness
- Stepping outside isolation and gaining knowledge by connecting with other families with lived experiences
- Sharing tools/strategies with each other
- Treating each other as equal partners
- Appropriate inclusion of family members in the decision making process
- Children, youth or families actively engaged in collaborative & interactive processes across the system
- Seeking help does not equal giving up power
- Valuing relationships/close & extended
- Family & youth driven
- Ongoing support for & validation of parent/care provider/siblings. Understanding context of family by: listening, believing what family shares, inviting family in, no blame or stigma, not blame but provision of opportunities for learning
- Research – to work with & understand the family journey over time
- Families should be invited into and offered the opportunity to meet/engage with the professionals/programs their child & youth are involved in. This offer should be ongoing even if family doesn't initially engage. "The door should always be open and families need reminders the program is there to support them"
- Working relationships between professionals, youth, parents & families happen when there is bi-directional partnership, knowledge exchange & skill development
- Family driven Rx instead of family/youth fitting into prescribed Rx. Creative way of delivering services
- Giving family/youth that control. Be the partner. Ex. Listen to family/youth → absorb their inputs → present several options → 'which option(s) work for you?'
- Need to hear from teens through media teens use
- Collaboration/conversation, outreach – Teachers parents, doctors, consult with youth
- Youth without guardians need a voice
- Parental involvement as managers of their Child's care



- Parental input needs to be validated by the belief that their input is required for policies and therapy
- Respect for Child's involvement in their own care and self determination
- Supportive environment for the family and from the workplace
- Collaboration of professionals, family and child
- Letting the child determine goals
- Circle of support honors the parent knowledge of their own child. Recognize parents as experts. Ensure the family is valued and the center of the support. Not the add on
- Neighborhood, agency & health representatives who have history &/or role in the child's life be recognized as part of the support team
- Inclusiveness of the child/youth and family
- To be aware of both family and community dynamics
- An excellent approach is collaborative, family inclusive and consistent
- Child & Youth mental health challenges should always be seen in the context of their family
- Taking direction from the people that are seeking support
- Using formal and informal supports



4) Informational/Empowerment

Family Smart™ attitudes, environments and approaches promote Family/Caregiver and child and youth capacity building and resiliency. This capacity building and resiliency is facilitated by activities that promote Mental Health literacy through preventive information and education such as mandatory school mental health curriculums, resources and tools to manage transitions, with information that is meaningful and uses language that does not lay blame or guilt and is in a variety of formats that are relevant and accessible to adults, youth and children. Parents, youth and children are further empowered through peer mentoring models that afford the opportunity for shared skill development, learning from lived experience and a sense community.

In Family Smart™ environments relevant stakeholders partner in learning and create learning systems where professionals have the opportunity to learn from those with lived experience. Family Smart™ systems learn by actively promoting feedback and ensuring the engagement of voices of niche groups such as First Nations and homeless youth.

- Individual and Family Empowerment, Empowering yourself, Feeling empowered
- Take time to find good helpful info and pass it on to kids/youth in nondirective way
- Building resiliency, mentorship leadership training – help kids realize their potential
- What does child and youth want, what are their goals what motivates and inspires them is the motivator a carrot or a seed
- Peer mentorship between parents
- Daughter strengths sought allowed to be expresses in tangible way
- Seeking strengths and finding way to exercise that strength in meaningful ways to encourage contribution
- Mental health literacy for youth
- Provide necessary information e.g. medication side effects and adequate follow-up
- People need information education experientially and cognitively
- Support education for frontline RCMP, teachers
- Training church and conference personnel to look after children – so families no isolated
- Review written information distributed- most resources foster guilt
- Solution focused – families as solutions
- Well trained, professionals (incl. teachers) – knowledge about mental health



- Education on how to influence political ideology to motivate implementation of change/training from above
- Process of empowerment that requires partnership, knowledge exchange & skill development
- More public education/awareness on mental health for all including teachers, GP's, polices, general pubic, workplace (diverse types, wide distribution)
- Empowering children/youth/families/professionals/public
- Empowerment through partnership & knowledge exchange & skill development
- Having a variety of information forms available for diverse needs (DVD, internet, printed sheets, workshops, etc.)
- Don't look at problem, seek the solution
- All post-secondary & especially professional schools (teaching, nursing, OT, etc.) should provide opportunity for students to learn from families, youth, those affected by mental health challenges
- Take preventative steps – provide resources & tools to prepare (e.g. Struggle with transitions → knowing other transitions ahead of time → prepare)
- Family/Youth feel and are in control in a safe environment
- Education to policy makers, agencies, service providers on Family Smart™. Include this education in professional schools (education early on)
- Education for families – they will look for it only if they know it
- More training needed
- Need incentives to participate, need to get information out to youth, missing that link connecting youth to resources, e.g. smart phones
- Provide opportunities for kids, with or without a mental disorder, to perform in their particular strengths. Create success opportunities. Strengths based approach
- Recognizing care-givers' not blood related relatives, recognition by doctors, teachers, principals, and the support role they play, need education practices, and training courses
- Need to make sure youth are getting right and meaningful information
- Need strategy to try it out-need to use 'teen' languages, interact with users
- Need to know what we've done right, and what we need to improve



- Need feedback-need people to feel comfortable enough to engage, need positive and negative feedback, e.g. First Nations youth, homeless youth
- As part of school curriculum the topic of mental health
- Need awareness, stigma reduction for peers, ‘peer education’
- Need understanding of symptoms
- Reciprocal feedback, updates people. Let them know their voices are heard
- A comprehensive mental health curriculum should be taught in all schools to
- More consistent knowledge about best practices is required across all services and sectors
- Being aware to use language that is simple/commonly understood language
- Taking direction from the people that are seeking support
- Adults need resources that help them to deal with their issues “sensitive multigenerational issues”
- Mental Health curriculum in schools
- Mandatory training for professionals dealing with kids with mental health issues
- Threatened to sue the system and got accommodation
- Immediate information and contact numbers especially for first time families – who to contact where to get emotional support



5) Operational Characteristics – the Service or Care Experience

Family Smart™ services are designed and supported to adapt to and meet the needs of recipients, not service providers. Care in Family Smart™ environments is person centered, supportive, flexible and provided in safe environments free from judgment and blame. The experience of care in a Family Smart™ environment is to be “met where family and individual needs are at” with a respect for choice, culture, language and individual and family approach to mental health.

Family Smart™ systems have a centralized resource for information and referral, actively encourage and welcome feedback, involve families throughout the care journey and provide comprehensive services and continuity of care that meet families where they are at throughout all life’s stages.

- Actions led to improvement
- Supportive environment for the family and at work
- Ability to leave workplace and more time
- Safer policy around criteria to receive services
- Multiple changes and continuing to be invited back by a service
- Want an experience of consistent quality of care
- Referral needs to be easy fast with supports right in the school
- Continuity of support services throughout life – agencies communicate, work together, need to be well known, not have to repeat story
- Policy makes people controlling money need to understand that this is long term, slow moving and all about relationships
- Centralized reputable location that is well known convenient that can guide you to where you need to go for support and answer questions
- All services do not always have to be involved – who has been involved with the child “forever” – recognizing them
- Need ways to ensure policy influences consistency of care
- Provide necessary information e.g. medication side effects and adequate follow-up
- Putting family needs first
- Including families throughout process of care
- Opportunities for physical activity



- Eat lunch with teacher
- Accessibility – parking (costs and availability), convenient places to meet, convenient times
- Safe – emotionally, physically, psychologically – from judgment, blame
- Being Proactive
- Comfortable
- Little things
- Choice
- Needs are which enable trust to be built between systems & youth/parent/family
- Going to their home. Be hospitable & culturally open – context matters
- To cater to the individual needs of families/individuals within the family
- Choices
- Flexibility – cultural, professional of choice, meeting people where they are at, not bound by geography, change resources when not satisfied, keep with resource when they are working
- Ongoing support for & validation of parent/care provider/siblings. Understanding context of family by: listening, believing what family shares, inviting family in, no blame or stigma, not blame but provision of opportunities for learning
- Families should be invited into and offered the opportunity to meet/engage with the professionals/programs their child & youth are involved in. This offer should be ongoing even if family doesn't initially engage. "The door should always be open and families need reminders the program is there to support them"
- Adequate time & process to fully understand the individual & family – not 10 min office conversation. Family Smart™ = observing in real life environments (e.g. Daycare)
- Meet where their needs are, enabling systems & families to develop trust
- Have a system of file sharing – avoid parents giving information over & over again
- Multiple services – planning meeting/transfer meetings
- Case manager/service/coordinator
- Connection to services before a crisis
- Multiple ways to connect families with families with lived experience
- Person-centered care approach where youth/family → based on family/youth's goals → develop plan → evaluation → adjustment → interventions. Health care system responds to family



- Care giver/service providers be careful how they handle information because it is someone who wants to seek help & is disclosing very personal info
- Kids should be included in IVP (Individual Education plan) process at older ages. Goals identified then the ‘how to get there’ process decided – i.e. Anxiety attack – getting up and going for a walk helps
- Primary MH Facilitator with a ‘1’ – file record of all services/ assessments providing a collaboration of services with a perspective of long term services.
- Spectrum of Best practice services from promotion/ prevention thru to intervention
- A system that can adapt to the family need rather than expecting families to adapt to system requirements. (No Barriers)
- Need strategy to try it out-need to use ‘teen’ languages, interact with users
- Understanding time/technology/terms/needs are evolving
- Improve, update services, even ones that ‘work’ ‘expiry date’
- Re-evaluate constantly
- Support the family when c/youth admitted to local hospital. Often no supports are offered to the family
- Working to develop children requires long term planning & vision. No quick fixes. Give kids opportunities to try and try again. Be willing to trust kids again, to demonstrate commitment & support to them over the long term. Patience
- Educators and others who work with kids have knowledge of warning signs for mental health challenges and who to refer to. These referrals can be made to individuals working within the school
- Response is timely-services offered in a timely, flexible, creative (thinking outside the box) and accessible manner
- Professionals not thinking that “I” know what is best-not being territorial over our areas and willing to collaborate
- There should be one primary mental health facilitator for each youth/family and one “file” that is a comprehensive record of all assessments and services that have been provided. This will result in better coordination and collaboration across agencies and sectors
- Ensure early identification and intervention by providing comprehensive mental wellness check-ups for all children by their family physician (as part of physical check-ups) and by broad mental health screening within schools



- A full spectrum of services from promotion and prevention to intervention should be available to all youth and families
- The intensity of the services provided should match the level of need and/or risk
- Services should be provided from the perspective of long-term service being available if needed instead of from the perspective of sporadic service for acute incidents. Services should stick with youth and families for as long as they are needed
- Follow-up contacts should always be made after service has ended
- There should be seamless connection between children's mental health and adult mental health both for those youth who need to transition to adult services and for those children whose parents are involved with the adult mental health system
- More consistent knowledge about best practices is required across all services and sectors
- Collaboration across sectors should be improved with greater clarity of roles
- Outreach and support for crisis
- Being able to think outside the box
- Timely services – as a teacher need hands on support with the work with children
- Examining doctor can admit patient not just a psychiatrist
- Early intervention to occur at as young an age as possible
- No one should be vulnerable or at risk from getting services (i.e. fear of child welfare intervention)



6) Honoring Diversity

Family Smart™ systems, services policies and research have a values base, approach and design that is open and sensitive to diversity be it cultural, gender, developmental, generational or individual and family/caregiver difference and uniqueness. Family Smart™ systems are free of barriers, embrace strengths based approach, adapt to diversity and facilitate creative and family defined and driven approaches to mental health.

- Look through a youth lens
- Leveling the playing field (reducing inequality)
- Identify strengths...give choice. E.g. printing or writing assignments
- Looking at & meeting individual needs
- Identify strengths (look at the whole person/picture)
- Gender differences & how we learn, react and act
- Medical definition of family needs to be more broad, not just biological
- Having a variety of information forms available for diverse needs (DVD, internet, printed sheets, workshops, etc.)
- Patient/family care – looking holistically
- Recognize gender differences
- Validation of family/youth's experience
- Family driven Rx instead of family/youth fitting into prescribed Rx. Creative way of delivering services
- Look for strengths & what's been working
- Giving family/youth that control. Be the partner. Ex. Listen to family/youth → absorb their inputs → present several options → 'which option(s) work for you?'
- Meet youth where they are
- A system that can adapt to the family need rather than expecting families to adapt to system requirements. (No Barriers)
- Need incentives to participate, need to get information out to youth, missing that link connecting youth to resources, e.g. smart phones
- Need to share personal stories, e.g. to write love on her arms
- Family Smart™ needs to include all formal and informal support systems honoring cultural and family traditions while abiding by Canadian laws, Human Rights and the Rights of the Child



- Children have rights independent of families
- Cultural sensitivity-unique community and multi-cultural values and beliefs in regards to mental health should be considered
- Adults need resources that help them to deal with their issues “sensitive multigenerational issues”

The following examples were provided by participants as being aligned with the philosophy of “Family Smart™”

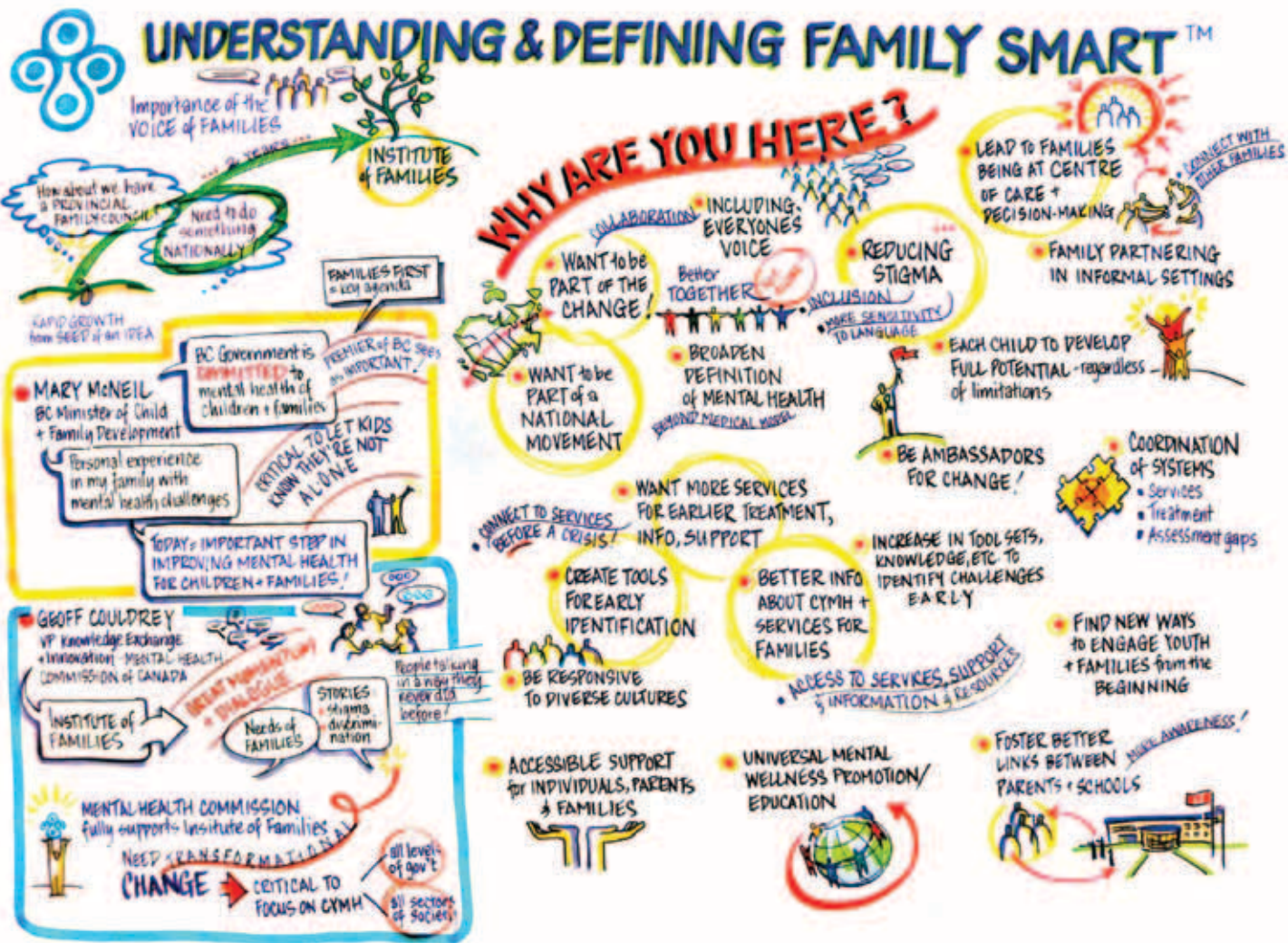
- Neutral person trusted safe adult outside immediate family for kid to talk to relationship – nonjudgmental
- Extended medical covering family counseling
- In home family counseling
- Individualized client centered ways of delivering school/education programs for children/youth to increase self esteem success empowerment recognition and increased participation
- Public advertisement campaign e.g. on healthy relationships
- Public figures endorsing FS “speaking about FS’ and mental health in the public domain
- Public figures promoting mental health as a family affair
- Family Smart™ policies should trump other policies that prove to be barriers (i.e. school usage as a community resource – could use strategically)
- Not waiting for crisis
- Ability to intervene early
- Youth in residence – would look different in different settings
- Parents in residence and youth in residence- payment, respect, value
- Movie theatre times of families with children with challenging behavior
- Change the law...at 12 years old child allowed to speak for self whether capable or not
- Promotion mental health prevention mental illness
- Going to their home. Be hospitable & culturally open – context matters
- More public education/awareness on mental health for all including teachers, GP’s, polices, general pubic, workplace (diverse types, wide distribution)



- Access to support for family even when individual not ready or choosing support
- That necessary service is to be funded as needed by families (e.g. High cost of some services)
- Case manager/service/coordinator
- Person-centered care approach where youth/family → based on family/youth's goals → develop plan → evaluation → adjustment → interventions. Health care system responds to family
- Sensitivity training for all service providers
- Child and Youth Mental Health sticker (green) for the car and fridge magnet for awareness
- Recreation therapy, occupational therapy groups with patients, work with families, e.g. horseback riding, motivational, focus on healthy living, meetings, takes your preferences in mind, structure in treatment
- Need doctors taking interest in patients, make them feel valued, recognizing effect on family
- Mental Wellness checkup for all children at Early Developmental stages with additional screenings in schools and including MH curriculum in the school systems to build resiliency and strength in family units
- Teen health centers more effective, need consultation with youth need to cater education packages to needs of youth and families
- International mental health story-telling day
- Staff education
- Need a model for use within the IF. Model of "Village of Attachment" by bringing leaders on to the same page as Guides, Orienteer and Educators. Leaders from the top bottom and sides are responsible for holding the system together and focused. They do this by networking with each other and pushing the support of a healthy village. Recognize nature and nurture- nature of human development and its anomalies, the role of nurturing the development of all children and youth by focusing on the network of adults responsible for nurturing. (Nature, Nurture Network) based on work of Neufeld's attachment theory as the core of the village. Leaders have an understanding of the attachment model
- Parent chat model (Stan Kutcher) support in hospital
- Anonymous public forum/parent support line
- Should have suggestion boxes in waiting rooms, surveys, should be anonymous, need facilities to be comfortable, reduce red tape, create stimulating environment, giving permission to criticize



- Checklists – how do you know you or your friends need help
- Extended health/medical coverage should include family therapy, 1-1 C&Y therapy etc.
- Include child & youth clinical designation beyond just psychologists. F.S. designation for therapists?
- Peer support between treatment
- Parenting groups
- Advocates
- Art/music
- ** Kids have access to strong, long-term relationship with a trusted, safe adult who is empathetic and nonjudgmental of their situation. In addition to supportive parents
- A central, reputable, easily accessed hub for information, direction and support around acquiring appropriate mental health supports/interventions. This is consistent from community to community – a Family Smart™ Center in every community so if you move across the country you know exactly what agency to look up. This hub could be a team of people, an actual office, an online resource directory or all three (all 3 preferred)







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