

BULLETIN

Closure of child psychiatry inpatient program at BC Children's Hospital puts vulnerable children at risk, say youth and family counsellors

July 19, 2013

Families and advocates for children with serious mental health challenges are speaking out against a month-long closure of the child psychiatry inpatient unit at BC Children's Hospital.

The month-long closure from July 19 to August 19 is to allow for a redesign of the treatment model used at the unit. The program is being redesigned from a 24/7 inpatient program to a Monday to Friday day program. The redesign includes reducing the number of Youth and Family Counsellors (YFCs) from the health care team working with the children aged 5 to 12 years old and their families.

In a management document circulated to staff, the change in program says "A day treatment model will improve the quality of care for children and their families through consistency in staffing and a focus on relationship development. This is in keeping with evidence-based practice and with a focus on attachment theory and trauma informed care."

Five counsellors will be removed from the program, and will be replaced by a part time nurse. As a result of the reduced service through the closure of the weekend and nights in the program, nurses will be rescheduled to cover the day program.

HSA, the union that represents the YFCs, says members are stumped by the change.

"Youth and Family Counselors have been working in the program for years, and are at a loss to explain how removing them from the team improves the treatment plan," said Val Avery, vice president of the Health Sciences Association of BC.

"There has been no consultation with front line staff or allied health professionals regarding changes to the program, and there has been no public forum for discussion of program changes and their impact on families," she said.

While the program plan is supposed to increase the nurse to patient ratio, counsellors say that adding more nurses at the expense of counsellors trained and experienced in cognitive-behavioural interventions, crisis management, therapeutic support, parent education, and other skills will contribute to a decline in outcomes for children in the program.

"It takes a whole team to provide the kind of services and treatment that these children need," Avery said.

Staff say the continuous process of program redesign without evaluation and staff training has resulted in an increase in threat of emotional and physical violence to patients, families, and staff. In 2012/2013, there were more than 300 reports of behavioural safety related events.

The YFCs are concerned the changes will impact the children, families and community support teams because

of the reduction of services available to families who depend on the mental health services at BC Children's Hospital. Among the changes will be a reduction in the level of assessments and treatments provided by the in-patient program.

Nurses who work in the program are also concerned about the elimination of the YFCs.

"YFCs are a valuable resource... and bring a skill set that nurses do not possess. As the registered nurses (RNs) and Registered Psychiatric Nurses (RPNs) we oppose these changes," nurses who work in the program said in a July 2 letter to management.

Sally Comin's son was referred to the program 10 years ago at the age of 7, having been bounced around from a number of community resources. When all those resources were exhausted, her son ended up at BC Children's Hospital. It was there that they learned more about his challenges and strategies for managing and coping with them.

"If it wasn't for the youth counsellors, who observed him, worked with him, and came up with a behaviour program that we were able to use at home, we would have lost him to foster care," Comin said.

"He formed a relationship with one of the counsellors, and that trust and consistency was essential. As is the overnight stay. You can't observe everything in a three-hour daytime visit," she said.

The service reduction comes on the heels of a scathing report of the Representative for Children and Youth on the status of mental health services for youth and families. The report lambastes the lack of acute care in hospitals and inadequate supports for families and caregivers. The report also sheds light on a fractured and confusing system of care and a "distinct lack of provincial leadership and accountability."

Tara Skobel, spokesperson for the Child and Youth Care Association of BC, notes that the YFCs play an important role in the multi-disciplinary care vulnerable young people receive. It is the YFC's role to deal with the behaviours, the emotions and social aspects of the children's stay in the hospital.

"It is concerning that the specialized skill set and education that professional Child and Youth Care workers bring to this important resource will be lost in this re-design, particularly at a time when we are hearing more and more about the need for more supports for British Columbia's vulnerable young people," she said.

Skobel said the change to a day program effectively eliminates what is often a 'last-resort' option for families who don't have the ability or resources to commute from outlying areas to the west side of Vancouver for the program.

"The planned shift from a 24/7 program to a day program will inevitably reduce access to the program for families who live outside the Metro Vancouver region, the program - which is already limited to 10 spots - will be inaccessible and for the families who are suffering because of a lack of resources, this will be a significant blow."

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Link to Still Waiting: First-hand Experiences with Youth Mental Health Services in BC, April 2013 (Report of the Representative for Children and Youth):

<http://www.rcybc.ca/Images/PDFs/Reports/RCY-CYMHreport-Apr2013.pdf>

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