MAJOR ISSUES

- Emerging Populations
  - Immigrants
  - Disruptive Disorders
  - Autism Spectrum
  - Cognitively Impaired
**MAJOR ISSUES CON’T.**

- Services to Aboriginal Communities
  - Onsite relationships with First Nations

- Increasing Centralized Intake Service Volume

**MAJOR ISSUES CON’T**

- Additional Resources to Support Telehealth
  - Lack of rural Child & Adolescent Psychiatrists

- Transition from Child & Adolescent to Adult Mental Health Services

- Lack of Information Technology

**NEW DEVELOPMENTS/ TRENDS**

- Rural Child & Adolescent Psychiatry
  - Situation Worsening

- Significant numbers of admissions from Northern Manitoba

- Changing demand from School Divisions for mental health services

- Increasing demand for resources from Child & Family Service and Youth Justice System organizations
RECENT CHANGES

- Amalgamation of St. Boniface Child & Adolescent Mental Health Services
  - Tourette's Service to MATC
  - Anxiety Disorders and Trauma Services to HSC

---

RECENT CHANGES

- Day Treatment Service at MATC (120 Tecumseh) renamed to Intensive Community Re-Integration Service (I.C.R.S.) as of October 1, 2013. Focus of the service will be shorter term with increased involvement of the family, school and community.

---

RECENT CHANGES

- Treatment will occur at MATC and the education component will remain with the community school.
- Goals will be established for the treatment process and will be used as the measure to determine length of stay.
CENTRALIZED INTAKE (CI)

958-9660

WHO ARE THESE SERVICES FOR?

Children and adolescents (age 3 years up to 18 years) experiencing emotional or behavioural concerns as well as symptoms of mental illness who are living in the Winnipeg region.

Parents, families or caregivers seeking consultation and support services.

CENTRALIZED INTAKE

- Single entry point to improve access
- Parental Consent, if Under 16, required
- Allows more effective resource utilization
- Calls are responded by a Mental Health Clinician
CENTRALIZED INTAKE

Who Can Refer to Centralized Intake?

Parents, caregivers, doctors and/or counselors can make referrals.
Self-referrals can also be made.
Centralized Intake always contacts the legal guardian when the client is under 16 years.

YOUTH ADDICTIONS CENTRALIZED INTAKE (YACI)

1-877-710-3999

ROLE OF YOUTH ADDICTIONS CENTRALIZED INTAKE (YACI)

- To provide a single entry point for families or community agencies across the province to call for information on youth addiction resources
- To assist families in accessing appropriate community or residential addiction services or where appropriate, re-direct to other appropriate resources
ROLE OF YACI (Cont’d)

- To assist parents/guardians in determining appropriateness of applying for an apprehension order under the Youth Drug Stabilization (Support for Parents) Act
- To assist parents/guardians in completing the application for apprehension

YACI EXPERIENCE

January 2011 – January 2012

- Over 570 calls received
- Over 381 files opened for purpose of screening, assessment and referral
- 80% of calls coming from Winnipeg
- Approximately 35% of the calls resulting in a file being opened are coming from Child and Family Services
- 50/45 ratio of females to males
- Substances most commonly used:
  1. Cannabis
  2. Alcohol
  3. Prescription Pills
  4. Cocaine/Crack

YACI EXPERIENCE

- Referrals to mandatory stabilization is the most common disposition – 62%
- Approximately 20% referred to AFM community-based services
- Remaining youth referred to variety of services including residential treatment, family therapy, C&A mental health, Child & Family services etc.
RURAL AND NORTHERN TELEHEALTH SERVICE (RANTS)

Psych consult model
Rural and Northern Telehealth Service - April 2010
Staffing:
- 2 Mental Health Clinicians (April & Nov)
- 2 Child and Adolescent Psychiatrists (April & August)
- 1 Program Manager
- .5 Support staff

Utilize existing equipment and staffing resources within each of the communities

TELEHEALTH AT MATC
GOALS OF THE SERVICE

- To improve access to psychiatric and mental health services
- To improve communication and follow-up upon discharge from Health Sciences inpatient unit
- To improve treatment for mental health clients in remote First Nation communities
- To impact positively on services for suicidal children and youth

GUIDING PRINCIPLES

- Community-focused approach
- Sustainable
- Culturally safe
- Collaborative
- Capacity Building
- Mental Health Promotion
- Evidence Based and Evidence Informed

Questions