**Ridge Meadows Patient Journey Mapping Session| Report Back**

**What is Patient Journey Mapping (PJM):** It is a vehicle to engage youth and parents and their expertise as service and systems enhancements are considered, it is also a way for the families receiving services to tell the story of their journey through the service delivery system. It is an informative way to develop a better understand of the service delivery system’s response and to learn about services from the families perspective. Importantly, it provides an opportunity to identify ways to improve or enhance services/systems and to document best practices.

**Background:** Through phase one discussions with the Local Action Team, we were confident that we had a good understanding of the service gaps/barriers to child and youth mental health and substance use programs and services in Maple Ridge and Pitt Meadows; however, we felt the need to confirm our understanding with the parents and youth on our Local Action Team. As a group, we agreed to embark on the visioning and development of child and youth-focused centre and we knew the visioning for this project needed to be driven by the parents and youth. The patient journey mapping session helped us understand what type of environment, services and other considerations needed to be included in the centre.

**Rationale for the Composite Story:** As guided by our Collaborative Coaches and representatives from the FORCE Society, the intent of the PJM process is not to put individuals on the spot or to ask them to share their lived experiences but rather to develop mental health and substance use scenarios and ask the youth and parents to help interpret what they think might be going on, or what programs/services may have been helpful based on their own lived experiences.

**Ridge Meadows Composite Youth & Family:** This journey is about Molly. Molly is now 19 years old and currently lives with both parents. Molly does not have siblings. Her mom works a part-time job without any benefits and her father’s full-time job has been unstable for the past four years. Her mom struggles with anxiety and her father has some anger issues. Molly experiences both mental health and substance use challenges.

**Questions the LAT is interested in finding answers to through the PJM exercise:**

* Steps in the journey?
* Role of the provider and how each responded/facilitated?
* What worked well when you accessed help/support/services – what would you want more of?
* What was challenging/not helpful - what type of program/service/support would have been helpful at that time?
* What supports services would have been helpful for parent(s)?

# Session Insights

## Age: 6-8 years (Grades 1-3)

**Situation:** Molly is a quiet little girl that has a hard time making friends at school. When she is invited to play-dates or sleep-overs she often doesn’t go. During the day she feels like something is not quite right but is not sure what the feeling is or why she is having it. She has some nighttime fears and does not sleep well. Mom notices that Molly is quieter than the other kids and has a hard time fitting in but thinks this is just how Molly is and doesn’t seek any support at this time. Mom often asks Molly how she is doing and Molly tells her mom she is ok.

**Medical/professional help sought during this period**: None

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * Kids need to be equipped with ‘mental health/wellness’ language at a young age to express feelings. * Value in wellness education in younger years. * Sibling wellness needs to be considered/addressed. * Kids begin to interpret and take on emotions of others at a young age. | * Consider ‘mental health’ education opportunities and programs for young persons. * Explore positive parenting/role modeling education opportunities for adults. * Offer youth anxiety reducing activities/supplies (i.e. fidget toys, colouring, playdough). |

## **Age:** 9-10 years (Grades 4 & 5)

**Situation:** At school, she often spends her lunch-hours alone and is often uncomfortable joining in with other kids. Despite her social challenges, she is doing well academically. Molly’s Grade 5 teacher approaches Molly’s mom sharing her concern for Molly’s social development. At the beginning of the grade 5 school year, Molly receives news that her favourite Aunty (her mom’s little sister) is killed in a car accident. Molly is not sure how to express her feelings of loss for her Aunty and notices how distraught her mother is and sees her crying. Molly begins to have feelings of sadness and loneliness.

**Medical/professional help sought during this period**: Molly’s mom takes Molly to see their GP. GP refers Molly to a Pediatrician. Molly is on a 6 month waiting list to see Pediatrician.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * Parent was overwhelmed/did not feel supported. * When support is accessed, often the support period is not long enough and there is not always a natural extension of continued support (i.e. transition into peer support groups). * Support programs need to be offered when youth/parents aren’t in school/work. * Medical professionals need to treat/address the child’s primary condition (i.e.) mental health vs the secondary condition (i.e. weight gain). * Important that members of the care team are up front about their role. * More dollars need to go into prevention rather than intervention. * Great value in peer-to-peer support. * More age appropriate grief counselling is needed. | * Explore what parent support opportunities are currently available in Ridge Meadows for parents of youth and young adults and help promote. * Consider providing CYMHSU education opportunities for professionals (GPs, counsellors, etc.) * Focus education efforts on prevention. * Understand what grief counseling is currently available for youth and parents. |

## **Age:** 11 years (Grades 6)

**Situation:** Molly sees the Pediatrician. He is a male and Molly has a hard time connecting with him and sharing what she is experiencing or how she is feeling. Half the time, Molly doesn’t even know why she is feeling the way she does. Because of this, the Pediatrician is unable to make a diagnosis and talks to Molly and her mom about things like puberty blues and the importance of exercise and nutrition for mental health & wellness. The Pediatrician provides Molly and her mom with some literature and asks to see them again in 3 months.

Molly and her mom return home with the literature and talk about a plan to eat healthier and to make time for walks together. Life happens and plans fade. Molly’s father is unengaged. His job is not very stable and he often displays sudden bursts of anger. Molly is confused by her dad’s anger and because he doesn’t say anything she often wonders if she is the cause of her dad’s anger. Molly’s mom does not deal well with her husband’s anger and often retreats to her bedroom to watch TV alone.

**Medical/professional help sought during this period**: Molly is seeing a pediatrician but does not make a great connection.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * It is sometimes challenging for a youth to make a connection with a medical professional that is opposite gender. Youth history needs to be considered (i.e. if sexually abused, chances are the youth might not feel comfortable with opposite sex) * Youth and parents did not realize counselling was available via SD42 in elementary schools. * Vulnerability goes a long ways and professionals need to consider when it may or may not be appropriate to be vulnerable with youth (i.e. professional share a personal experience to humanize/bring some normalcy to the conversation. This is a big part of building the patient/professional relationship and helps build a sense of trust. Nobody is perfect. The message here: Be real.) | * Awareness of counselling available in elementary school needs to be raised. * Share this report back with professionals in the community. |

## **Age:** 12 years (Grades 7)

**Situation:** Molly continues to do well academically but thoughts of high school next year is making her feel anxious as she still doesn’t have any real solid friendships or a best friend to enter high school with. She is uncomfortable with the changes that are happening with her body and does not feel like she is developing as quickly as the other girls. She begins to develop an unhealthy body image. Molly begins seeking out a relationship with someone who could offer her some comfort and support.

**Medical/professional help sought during this period**: Molly does not want to go back to the male Pediatrician. They go back to their GP who then refers Molly to a female Pediatrician. After a 3 month wait to get in, Molly and her mom feel like they are starting all over again by having to re-share their story and answering all the same questions again.

Pediatrician refers Molly to CYMH for support. Molly and her mom find out there is up to a one year waitlist.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * More support for youth transitioning from elementary to high school is needed. * Differences in ways youth learn needs to be addressed. There needs to be more freedom/space and flexibility in the learning environment. * Lack of compassion by members of care team. * Affordability needs to be addressed. Not all families can afford $150+ counselling sessions. * Programs/services need to be accessed while youth/parents are on a waitlist. It is not acceptable to have individuals on a waitlist without support along the way. | * Consider mental health education opportunities for both youth and parents at transitional times (i.e. kindergarten, grade 8, graduation). * Identify/promote free/sliding scale counselling opportunities for families. * Identify/promote programs that can support youth/parents while on waitlist. |

## **Age:** 13 years (Grades 8)

**Situation:** Molly is now in high school and is finding her new environment very challenging. Her social anxiety is worse than ever and it’s becoming difficult for Molly to attend school. Molly recently created a Facebook and Twitter account and some of her experiences on the social networks have not been great. She attempted to friend a few people from her class who didn’t friend her back. On Twitter, when she followed a girl at her school, she received a tweet back that stated “Who is this and why the F&$K are you following me?” She has found a connection with her English teacher. She is a female and in her late 20’s and has been very encouraging for Molly and has been sharing some anxiety coping skills/resources with her.

**Medical/professional help sought during this period:** Frustrated with wait-list and need for help, Molly sees a private counsellor. Molly knows that the sessions are expensive and that her family can hardly afford. The meeting with Molly and her counsellor does not go well. In fact, Molly’s counsellor requests that Molly does not return.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * Cyber-bullying happens at all age levels. Adults need to be positive role models when it comes to social media. * Rather than being seen as an ‘attention-seeking’ opportunity, support needs to increase for youth/parents willing to talk and share their story. * When youth reach out, they need to feel valued, important and that they matter. * Supportive language is crucial for youth/parent wellness. What they are going through is a ‘big deal’ and not ‘just a phase.’ | * Identify/promote cyber-bulling education. * Promote positive role modeling campaigns (i.e. the FORCE’s what to say/not say) |

## **Age:** 14 years (Grades 9)

**Situation:** Molly’s teacher notices that she is wearing long sleeve shirts to school all the time, which is out of the norm for Molly. In casual conversation, Molly confides in her teacher that she has started cutting. Molly’s parents are having a difficult time understanding the situation. Molly’s dad is angry and telling her that what she is doing is ridiculous and needs to stop now. School counsellor encourages Molly to attend weekly drop in session for students struggling with MH&SU. Molly attends a couple of times and begins to develop a friendship with a girl who is experiencing a similar path.

**Medical/professional help sought during this period:** Teacher shares information with school counsellor who contacts parents and recommends they see their GP and provides them with some cutting resources. Molly did not want her parents finding out about her cutting. Mom feels like they have already gone down the GP path and is feeling very frustrated and not sure where to turn and is getting lost in information on Internet and just wants her daughter to get better.

|  |  |
| --- | --- |
| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| * ER/Hospital/Psych ward physicians/RNs need to be made aware of the negative/hurtful impacts their language/gestures/environments have on youth. * Youth feel alone. This is an important time in a youth’s life for others to be reaching out and watching out for them. * Parents need resources (education/peer support) to better understand what youth are going through and why they are doing what they are doing. | * Share report back with RMH Executive. * Identify/promote youth support and mentorship groups. * Identify/promote parent support groups. |

## **Age:** 15 years (Grades 10)

**Situation:** The cutting continues and Molly starts to self-medicate with marijuana – halfway through the school year, she is blazing before and after school. Due to Molly’s emotional state and lack of motivation, she is barely attending class. Her relationship with her parents is severely stressed and her parents are fighting often. Molly decides it will be better to stay with her friend or in a youth shelter – anything would be better than staying at home right now. At the beginning of summer break, Molly’s anxiety and depression skyrockets and she attempts suicide. Molly finds herself in the ER and is admitted to the psychiatric ward where she stays for one week. Molly returns home.

**Medical/professional help sought during this period:** Before leaving the hospital, Molly undergoes a psych assessment and is prescribed an anti-depressant by the psychiatrist and is referred to CYMH. With suicide attempt, Molly gets moved up on CYMH waitlist and has first appointment booked.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * Even though youth know they shouldn’t be self-harming/medicating, they are going to do it anyway. * Suicide is a real thought and often attempted by youth struggling with mental health & substance use. * Talking to parents about what is really going on can be very hard to do (even when parents are supportive). * It came up again that ER/Hospital/Psych ward physicians/RNs made very inappropriate comments, for instance, “If you told your parents, you must be looking for attention.” | * Identify/promote suicide education for both youth and parents. * Identify/promote family communication education opportunities |

## **Age:** 16 years (Grades 11)

**Situation:** Molly reluctantly returns to school. Her medication is making her feel horrible and she has zero motivation. She struggles through her grade 11 year. The friend she was getting high with is no longer attending the same school. Molly continues to get high but mostly only on the weekends now and occasionally after school when she is alone. She is no longer cutting but continues to struggle with the urge to cut.

**Medical/professional help sought during this period:** Molly is continuing to see a counsellor at CYMH -- she has an okay connection with her counsellor but Molly is not really sure if the visits are helping. Molly sees GP for prescription refill. He changes prescription again. As Molly does not like going to see her GP for prescription refills, she attempts to call in instead when she needs a refill and her prescription is refilled over the phone.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * The psychiatric ward at Ridge Meadows Hospital was a terrifying experience for some youth (mix of genders and ages in rooms). * Youth were not able to go outside or use their cell phones when they were in the psychiatric ward at RMH – for many youth, their cell phones are their lifelines. * Better chance of getting a bed at the Surrey Memorial Hospital Adolescent Psychiatry Unit (APU) if you stay in the RMH psychiatric ward; however, staying in the RMH psychiatric ward can be a traumatizing experience in itself. * Youth who had inpatient or outpatient experience at the Surrey APU report a much more positive, supportive environment – one where members of the care team worked together and with the family. | * Gather information on what made APU a positive experience and share in report back to RMH, MP and MLA. |

## **Age:** 17 years (Grades 12)

**Situation:** Molly is tired of trying to find an anti-depressant that agrees with her and decides to stop taking them completely and does not let anyone know of her decision. The pressure of grade 12 and what she is going to do after grade 12 is weighing heavily. Her anxiety returns. Molly graduates and the thought of looking for a part-time job is scary and overwhelming.

**Medical/professional help sought during this period:** Molly continues to see her Counsellor at CYMH although she feels she doesn’t have a great connection with her but isn’t sure how to ask to see a different Counsellor. Molly feels like she could share more than she actually is if she had a different Counsellor.

| **Discussion insights/learns from youth & parents:** | **Considerations for the LAT:** |
| --- | --- |
| * Age of Consent is an issue for the parents – not knowing what is going on and not knowing how a parent can help/support their child is a horrible feeling. * Parent panic sets in when they don’t know how to support their child or understand why their child is doing what he/she is doing (i.e. cutting). * Youth can be very good at hiding what’s really going on. * Youth and families need waitlist support – to go home with reading materials or a list of websites to visit is not enough – people need to connect with people. * Some good experience with Cognitive Behavioural Therapy. * Discomfort with reaching out for help came up for both parents and youth. | * Educate families on signs of mental wellness/support/healthy relationships. * Educate families on mental health behaviours (i.e. cutting). * Help build conscious circles/environments of support for youth & families and youth with weak or no family support – could include community mentors, friends of the family, professionals, people from youth and family organizations. * Focus on prevention at young ages. * Talk to RMH regarding an ER. system navigator for admission to discharge support. * Consider organizing a CBT support group. |

The Ridge Meadows LAT planned to cover ages 18 and 19 as well; however, ran out of time at the PJM session. At a later date, the PJM participants may regroup to discuss experiences regarding aging out of the system as it is a major issue for youth struggling with mental health and/or substance use issues.

# Composite Story/Session Notes

For Local Action Teams that are interested in planning and conducting a patient journey mapping session, please feel free to use the template below and revise as needed with scenarios that are relatable to your parents and youth.

At the actual patient journey mapping session, the number of participants in the room was limited to 25 people. This included the parents, youth, support persons and facilitators. The list of attendees was shared with the parents and youth prior to the session. If there was an individual on the list the parents or youth did not have a positive relationship with or felt they may be triggered by, we were prepared to speak with the individual and request that he/she not attend.

The location and the set-up of the room was chosen/designed by the parents and youth to ensure maximum comfort.

Please note that green text in the attached denotes a youth voice, and red text denotes a parent voice.

|  |  |  |
| --- | --- | --- |
| **Age** | **Scenario** | **Treatments** |
| **15 years**  **Grade 10**  **7:45pm** | The cutting continues and Molly starts to self-medicate with marijuana – halfway through the school year, she is blazing before and after school.  Due to Molly’s emotional state and lack of motivation, she is barely attending class.  Her relationship with her parents is severely stressed and her parents are fighting often. Molly decides it will be better to stay with her friend or in a youth shelter – anything would be better than staying at home right now.  At the beginning of summer break, Molly’s anxiety and depression skyrockets and she attempts suicide. Molly finds herself in the ER and is admitted to the psychiatric ward where she stays for one week.  Molly returns home. | Before leaving the hospital, Molly undergoes a psych assessment and is prescribed an anti-depressant by the psychiatrist and is referred to CYMH.  With suicide attempt, Molly gets moved up on CYMH waitlist and has first appointment booked. |
|  | * Was on med. Was doing badly. Tried to take my own life (OD) * Realized that what I had done was not what I was supposed to do * Told my parents I had tried to OD. It wasn’t easy * Nurse asked “why”. I told her “I’m not comfortable.” She said “if you told your parents, you must be looking for attention.” * Parents were very supportive |  |
| **16 years**  **Grade 11**  **8:00pm** | Molly reluctantly returns to school. Her medication is making her feel horrible and she has zero motivation. She struggles through her grade 11 year.  The friend she was getting high with is no longer attending the same school. She continues to get high but mostly only on the weekends now and occasionally after school when she is alone.  She is no longer cutting but continues to struggle with the urge to cut. | Molly is continuing to see Counsellor at CYMH -- she has an okay connection with her counsellor but Molly is not really sure if the visits are helping.  Molly sees GP for prescription refill. He changes prescription again.  As Molly does not like going to see her GP for prescription refills, she attempts to call in instead when she needs a refill and her prescription is refilled over the phone. |
|  | * MR Hosp. not a good place for me. I had a history of sexual trauma. Terrified to be in adult psych ward. Dr was “off.” “I’m sorry” * Youth asked Dr to contact counselor, but she wouldn’t. I stayed for a week. I tried to get into Surrey. Everyday I waited. If you’re not in hospital, then it’s a HUGE waitlist. * Some of the guys in there were scary. * Alone. No support. Not allowed to contact anyone. * They wouldn’t let me outside. * I had an opposite experience. They said “get out” * Before that, I tried going to Children’s hospital. I tried to go in. I needed the psych ward. The rejected me. I was 17. Confusing information. * Surrey took me as an outpatient. They were the best place * What stood out?   + We pulled favours   + I knew folks. Asked them to do a favour.   + Psychiatrist on APU saw her on an outpatient basis   + Psychiatrist sat down with me, my family and my psychologist   + Talked about best options. Could talk about it with my parents * Clinicians doing the best they can. I know them personally * We feel guilt * We need to prevent from severity * Significant increase in demand / anxiety and intensive mental health * 200% increase at BCCH in weeks/months after Amanda Todd died * If you’re ever faced by a professional who refuses to speak to parents or other professional, that is unprofessional behaviour. Feel free to remind them. (It’s not uncommon) * I can get that message to my colleagues * What tables co-exist that can help? * What can we do in the system? Innovative practices do exist * Appreciation for the struggle of professionals who have high workloads * Professional relationships are leading to the patient care collaboration required * Group support program is really good * When you come to MLA, it’s “how” you were told the info. Needs to be compassionate. We can’t offer any more, but we can offer it with compassion. * There is a new Psychiatrist in ER Hosp. she is interested in making things better. Psych unit is not a favourable place. It’s worth speaking out. Things can/do change. * MCFD: teams trying to be as creative as possible with support offered to clients. |  |
| **17 years**  **Grade 12**  **8:15pm** | Molly is tired of trying to find an anti-depressant that agrees with her and decides to stop taking them completely and does not let anyone know of her decision.  The pressure of grade 12 and what she is going to do after grade 12 is weighing heavily. Her anxiety returns.  Molly graduates and the thought of looking for a part-time job is scary and overwhelming. | Molly continues to see her Counsellor at CYMH although she feels she doesn’t have a great connection with her but isn’t sure how to ask to see a different Counsellor.  Molly feels like she could share more than she actually is if she had a different Counsellor. |
| **Discussion** | * What would help? * Age of consent: need more work there. Felt pushed away. Was my daughter’s biggest advocate, but I didn’t know how to communicate * Didn’t know what she was going through * No education re: cutting * Could have had help sooner * Would panic, make her take her shirt off * My beautiful baby is hurting her beautiful body * Nothing stopping you from engaging clinician to learn how to support your child * You’re going to have to wait and put your feelings on hold. * Need **waitlist support** * Need to connect with a person * Reading isn’t enough * Really great thing: CBT – strategies are good for everyone. Parents are the backbone   CBT group: learning together, building skills together.  What can we do for a child whose parents aren’t there?   * Recognize negative coping behaviours. Cutting became an emotional release. Didn’t recognize it as a negative coping mechanism. If you see it as negative, you can change it * It is the only thing that helps a little bit * Reaching out was foreign to me. I never had that kind of support. It was my parents who were doing it (abusing me).   Informing youth re: strategies  Scared to death. My daughter hits herself   * More resources for counselors. * I don’t love driving to White Rock, but we make it work * Parents were supportive, but they didn’t know HOW * Need more education in school * Better care at MR Hospital |  |
|  | * How do we empower families to advocate? * Family Centered Care – Professions * Medical * Families as educators * How do we educate families on signs / support? * There is an overall lack of GP help! (Connections / counseling/ diagnosis / support) * Building a conscious circle of support for family & youth. Could include community mentors, friends of the family, professionals, people from youth & family organizations * Focus on prevention at young ages * Ongoing short education on “mental health behviours” (i.e. cutting) * ER system navigator from admission to support & community plan after discharge   Problem solving:   * creative respite * follow up after services * introduce counselors to students at schools * redesigning professional boundaries |  |
|  |  |  |
| **18 years** | Over the summer, Molly is successful at finding a part-time job but continues to struggle with both depression and anxiety. During her last visit with her Counsellor they talked about sessions ending when Molly turns 19.  As she is not very connected to either her mom or dad, the thought of not having a support person outside of her family is freaking her out. | Molly is continuing to see her Counsellor at CYMH but has been told that once she turns 19 she will no longer be able to access CYMH services. |
| **19 years** | Molly wants to save up for a car and to go back to school but her anxiety and depression increases and she is often experiencing panic attacks. As a result, Molly is unable to increase her hours at work – mentally she is not able to take on any more responsibility at this time.  Because of her age, Molly is no longer eligible for the CYMH program and is without professional support.  Molly doesn’t know where to turn next. | Molly goes back to see her GP to talk to him about options. Unfortunately the only professional help options are paid options and Molly is no longer on her father’s extended benefit package.  Her GP adjusts her anxiety medication and talks to Molly about some anxiety coping skills – all of which Molly has heard before and is already practicing. |