

Sharing Success



Our Mandate | To promote and facilitate research on key transitions in the development of children and youth

Our Mission | To improve the health and well-being of all children and youth

Our Vision | The BC Child and Youth Health Research Network is a vibrant collaborative research community that creates and sustains responsive relationships among researchers, decision-makers, service providers and children, youth and their families. We foster excellence in multi-disciplinary health research, training and knowledge exchange to improve the health and well-being of all children and youth.

CYHRNet: Supporting research and sharing success

The Child and Youth Health Research Network is making a significant difference in the lives of children and youth.

We connect individuals with a shared passion for child and youth health and facilitate cooperation between service providers, decision-makers and researchers working to improve the lives of this vulnerable population.

We engage children, youth and their families about the issues affecting them.

We are also committed to supporting our researchers and enabling them to conduct the innovative, interdisciplinary research that will positively change child and youth health practice and policy. This newsletter includes just a few examples.

We are proud of what our members are doing and we are proud of our role in their achievements.

Indeed, we at CYHRNet are very proud to be 'Sharing Success'.

Self-Injury in Youth: APA calls book a 'must-have'

Psychiatrist Dr. Mary Kay Nixon was gripped from the start with her young patients' wrenching tales of self-harm. Touched by their willingness to talk about a behaviour they generally hid from the world, Dr. Nixon went looking for more insight into why teenagers hurt themselves. She soon realized little research existed on the subject.

That was almost 15 years ago. Today, the situation is changing. With CYHRNet's support, Dr. Nixon is working to ensure much more is known about non-suicidal self-injury in adolescents.

Dr. Nixon is now team leader of the Interdisciplinary National Self-Injury in Youth Network Canada (INSYNC). INSYNC, a network of researchers, students and clinicians working toward a better understanding of adolescent self-injury, was established by a CYHRNet seed grant to Dr. Nixon in 2005.

In 2007, CYHRNet provided further support to assist in INSYNC's growing research dissemination and networking activities.

This allowed INSYNC to connect with the community at large through the launch of a network website. Located at www.insync-group.ca, the INSYNC website

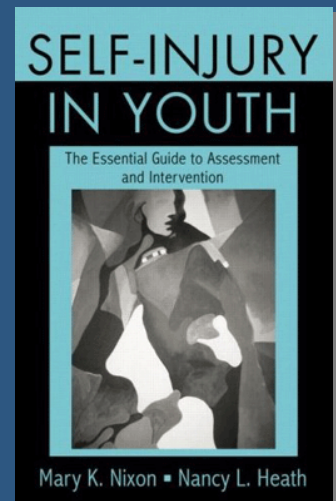
provides self-injury information not only to fellow researchers and practitioners but also to youth and their families.

CYHRNet's support also helped INSYNC prepare a successful application for a \$25,000 Social Sciences and Humanities Research Council (SSHRC) Cluster Grant and enabled INSYNC to network with other youth self-injury researchers through presentations at national and international conferences.

Perhaps the most significant outcome of CYHRNet's support, however, was the 2008 publication of the book *Self-Injury in Youth: The Essential Guide to Assessment and Intervention* – the first evidenced-based multi-author, multi-discipline publication aimed at providing up-to-date information about understanding and treating self-injury in youth.

The book offers practical approaches to assessment and intervention, and a soon-to-be-published review by the American Psychiatric Association calls *Self-Injury in Youth* a 'must-have' for all clinicians working with youth who self-injure.

Self-Injury in Youth is published by Routledge Press and is available to order on common Internet-based book purchasing sites.



Self-Injury in Youth: an evidence-based, multi-discipline publication that aims at providing the most up-to-date information regarding understanding and treating self-injury in youth. Published with CYHRNet support.

Injury Indicators Development Team receives \$75,000 CIHR Operating Grant

Injury is the leading cause of death and disability among Canadians and kills more children and young people than all other causes combined. Yet, says Dr. Ian Pike, a principal investigator with the Canadian Injury Indicators Development Team, injury often takes a back seat to less serious health concerns because people believe that injuries are accidents which can neither be predicted nor prevented.

That is now changing, thanks in part to the work of Dr. Pike and his team.

The team developed 34 injury indicators designed to help researchers compare injuries between groups and places over time and better inform practice and policy. The work also inspired a parallel project contracted by Health Canada's First Nations and Inuit Health Branch to develop injury indicators for First Nations and Inuit children and youth.

However, this was only the beginning.

During the indicator development process, it was noted that although effective injury prevention interventions are ongoing, very little is known about injury prevention policies at the population level. In 2007, CYHRNet recognized the promise in these unanswered

research questions, awarding grant preparation funding to the team.

The team put forward an application for a CIHR-IHDCYH Operating Grant, proposing collaborative work with stakeholders to investigate the practicality and utility of policy indicators, including regulations on child restraints, graduated driver licensing, bicycle helmets and compliance with CSA playground standards, as well as the presence of coordinated pediatric trauma services.

"Our ability to meet and to develop, what we believe to be, a very competitive grant was possible because of the support of CYHRNet," said Dr. Ian Pike following the application process.

Indeed, with CYHRNet's support Dr. Pike and the Canadian Injury Indicators Development Team were successful, receiving a CIHR Operating Grant for \$75,000 in March 2008.

With continued funding from CYHRNet and a successful letter of intent, the injury prevention team and their user group partners have been invited to submit a CIHR Strategic Teams in Applied Injury Research (STAIR) grant application.



Listening to Vulnerable Youth: Report allows youth to be heard province-wide

When researching how to best support youth in their transition to adulthood, there are no opinions more relevant than those of the youth themselves.

In November 2008, CYHRNet recognized this with the publication of *Listening to Vulnerable Youth: Transitioning to Adulthood in British Columbia*.

Our well-attended 2007 conference on Transitions to Adulthood showed growing agreement that youth in transition to adulthood are falling through the cracks. As access to child health, education and welfare services ends and access to adult services begins, marginalized youth experience a 'safety net gap' which can have lifelong consequences. For these reasons, CYHRNet has made transitioning to adulthood a research priority.

From January to November 2008, researchers conducted individual interviews and group discussions with 75 youth, ages 14 to 28, from diverse locations in BC. The resulting report, a collaboration between the Centre for Community-Based Youth Health Research, the McCreary Centre Society and CYHRNet, bears the fruit of these conversations, allowing youth to explain, in their own words, the challenges they face as well as their recommendations about how we can help.

"The popular view is that it's too late to intervene with young people who are having difficulties in life once they hit their late teens," said CYHRNet Co-Director and report co-author Dr. Bonnie Leadbeater. "But these youth do not want to be written off as a bad investment."

Responding to this report, Steve Arnett, executive director of the Nanaimo Youth Services Association, confirmed its findings. With the support of caring mentors and service providers, Arnett said, he has witnessed many youth successfully turn their lives around.

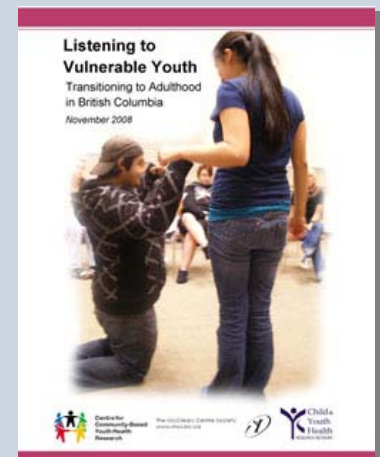
"BC cannot afford the social cost of failing to appropriately invest in the successful transition, integration and participation of all of

its youth and young adults in the community," Arnett said. "They represent an available, valuable energy for progress, renewal and continued revitalization of civil society."

In the words of one of the youth in the report: "I am a youth and I count. I'm smart, motivated and I dream."

Listening to Vulnerable Youth: Transitioning to Adulthood in British Columbia has been distributed widely to researchers, policymakers, clinicians and community agencies – allowing vulnerable youth to have their voices heard.

The report has been featured on Victoria news radio and both the Ministry of Children and Family Development and the Office of the Representative for Children have requested further information.



Listening to Vulnerable Youth: Transitioning to Adulthood in British Columbia is available online at www.cyhrnet.ca

Hands-on graduate course helps UVic students make world 'a better place'

The idea that some of the greatest learning happens outside the classroom is not new. What is quite pioneering, however, is applying this concept to provide students hands-on research training and experience – while earning course credits.

Such is *GS500: Practicum in Applied Health Research and Knowledge Transfer*. The interdisciplinary graduate course co-funded by CYHRNet and the University of Victoria was offered during the Fall 2007 and 2008 semesters as a demonstration course for distribution to other universities.

Developed in partnership with University of Victoria's office of knowledge transfer and the Vancouver Island Health Authority and co-taught by Dr. Wayne Mitic (Ministry of Health) and CYHRNet Co-Director Dr. Bonnie Leadbeater, the course allows students to work directly on applied health research projects in the field.

"This class is about doing something real that matters to the community," said Dr. Leadbeater. "The students' work isn't just being graded; it's being used to help make the world a better place."

Psychology PhD student Rachel Yeung was one of seven students enrolled in the Fall 2007 semester. The course allowed Yeung to collaborate with Victoria General Hospital pediatric intensivists on a needs assessment survey to examine parental satisfaction of care received.

"I took this course because I wanted the opportunity to work collaboratively within the community on a project with the potential to be ongoing," explained Yeung. "This experience allowed me to apply my knowledge in research design and methodology to a real-life problem and learn directly from health practitioners working in the field."

Yet, the students aren't the only ones reaping the benefits. Peter Kirk, VIHA's director of research and academic development, explained that by "building VIHA's research capacity, the students are helping the organization to conduct



From left, PhD student Rachel Yeung and pediatric intensivists Raphael Beck and Amanda Barclay.

more research which will ultimately benefit the people of Vancouver Island."

Using GS500 as a model, the University of Victoria has gone on to establish two similar service learning courses in collaboration with the Ministry of Children and Family Development and with the Ministry of Environment. Both are scheduled to begin in January 2009.

"These courses are a great way to connect students with real-life questions around policy and program development," said Laura Milne, University of Victoria's Knowledge Mobilization Coordinator. "It's an extremely rewarding experience for the students, and the practitioners and decision-makers get a practical piece of research that they can put to use."

Research at work: Mental Illness, Addictions and Homelessness Task Force

Overcoming the gap between researchers and policymakers is mutually beneficial – allowing decision-makers to implement research-based policy and researchers to translate their knowledge into action. Still, it is a rare occasion when academia meets city hall.

But when Victoria Mayor Alan Lowe established the Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness in the summer of 2007, CYHRNet saw an opportunity to close the divide.

CYHRNet contributed \$4,500 to the task force led by Dr. Perry Kendall, Medical Officer of BC. CYHRNet Co-Director Dr. Bonnie Leadbeater also accepted a position on the Task Force Expert Panel which spent three months retrieving and analyzing data and exploring the social and health needs of Victoria's homeless population. The CYHRNet funding allowed the expert panel to meet face-to-face to review best practices in addressing the multiple problems of addictions and homelessness.

"The involvement of researchers in the expert panel afforded

decision-makers access to a large body of research and promising practices and gave researchers/knowledge experts an opportunity to apply what is known to the real-life daunting problem of how to house 1200 homeless people," said Dr. Leadbeater.

"Building these relationships creates the possibility for overcoming silos and creating the collaborations needed to solve the very complex social problems that affect our most vulnerable children, youth and families."

The Task Force presented its report in October 2007, calling for a supported 'Housing First' approach with assertive engagement and treatment, coordinated funding, an integrated service delivery model and a target of 1,550 net new units over the next five years.

And as a prime example of how research can inspire action, the Greater Victoria Commission to End Homelessness was established in February 2008 with a mandate to implement the recommendations of the 2007 Task Force.



Dr. Bonnie Leadbeater, fourth from right, and the task force's expert panel. The task force's report is available online at www.victoria.ca/cityhall/tskfrc_brcycl.shtml