



Canadian Mental  
Health Association  
British Columbia  
*Mental health for all*

# Confident Parents Thriving Kids Behaviour Program

## Annual Report 2019–2020



CMHA BC thanks the Ministry for Children and Family Development (MCFD) for funding the Confident Parents: Thriving Kids program.

CMHA BC - Victoria office respectfully acknowledges the Lekwungen-speaking peoples, known today as the Esquimalt and Songhees Nations, and the WSÁNEĆ peoples, on whose territory we have the privilege to live and work.

CMHA BC - Vancouver office is privileged and grateful to be located on the traditional, unceded lands of the x̱məθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and səilwətaʔ (Tsleil-Waututh) Nations.

## **CONTENTS**

Overview **3**

Program delivery **3**

Closer look **4**

Response to COVID-19 **4**

Highlights **5**

Outline of interventions **6**

A brief history of PMTO **7**

Statistics **8**

Outcomes **11**

Caregiver testimonials **11**

Five year overview **13**

How you can help! **14**

## OVERVIEW

The Canadian Mental Health Association (CMHA) is a national charity that helps maintain and improve mental health for all Canadians. As the nation-wide leader and champion for mental health, CMHA promotes the mental health of all, and supports the resilience and recovery of people experiencing mental illness. In BC, mental health, substance use and addictive behaviour are within the scope of the organization. CMHA's BC Division provides mental health promotion and mental illness recovery-focused programs and services for people of all ages and their families.

Among these offerings, CMHA BC delivers Confident Parents: Thriving Kids, a family-focused phone-based coaching service effective in reducing mild to moderate behavioural and anxiety problems and promoting healthy development among children.

Since 2015, Confident Parents: Thriving Kids has been helping to empower parents and caregivers whose children aged 3–12 experience mild to moderate behavioural challenges. On March 28, 2019, CMHA BC officially launched a second program stream to help parents and caregivers with children experiencing anxiety challenges. Both the Anxiety and Behavioural streams of Confident Parents: Thriving Kids are telephone-based programs where trained

coaches support parents in learning skills that will empower them as the primary change agent for their child.

Through coaching support, guidance and learning materials, the program motivates parents and caregivers to develop and practice new skills and techniques as they move step by step through the program stream most suited to their family's needs. The program is offered at no cost to BC families, and coaches are available to speak with parents in a series of regularly scheduled coaching sessions during day, evening, and weekend hours to meet each family's needs.

This unique early intervention program is proven to promote healthy child development and reduce moderate behaviour or anxiety problems. Available across BC, it improves access and meets an important service delivery need within the broader context of child and youth mental health.

The Province's funding for this initiative supports planning, development, and implementation of the anxiety program as well as the stable provision of the existing behavioral program. Prior to this past fiscal year, the program was sustained through ad hoc funding that supported program development, implementation and outcomes monitoring/evaluation.

*"I am very grateful that I was able to connect with my coach via telephone at a time that was convenient for me and my family ... I think this is an excellent program and would definitely recommend it."* —program participant

## HOW IS THE PROGRAM DELIVERED?

Confident Parents: Thriving Kids is delivered free of charge to parents and/or caregivers via telephone in the privacy of their own homes with day, as well as some evening and weekend hours, available to accommodate the needs of busy families. Telephone delivery of the program enables caregivers to participate from anywhere in BC.

Trained coaches help parents and caregivers develop and practice effective skills. Coaches help keep participants motivated, answer questions, and support their step by step progress through the provided materials. Coaches do not provide counselling or work directly with the child, but work to empower parents to become the primary change agent for their child.

## A CLOSER LOOK AT THE BEHAVIOURAL PROGRAM STREAM

Confident Parents: Thriving Kids Behaviour (CPTK-B) provides preventive and early interventions for families of youngsters aged 3–12 with mild to moderate behavioural problems and teaches techniques to better set healthy limits, problem solve, and encourage pro-social behaviour. These skills help parents support their children to manage challenges such as uncooperative or disruptive behaviour, not completing tasks, aggression, or defiance.

Anti-social behaviours can develop through negative reinforcement from parents and peer groups. The Confident Parents program is aimed at helping parents develop positive parenting practices to curb negative behaviour patterns, as opposed to coercive parenting practices, which can exacerbate difficulties.

The Confident Parents: Thriving Kids Behavioural program is grounded in the Parent Management

Training—Oregon Model. The program is comprised of five dimensions:

1. Encouragement of positive behaviour
2. Systematic, mild consequences for negative behaviour
3. Monitoring of children's activities, peers, etc.
4. Problem-solving to prevent problems and address day-to-day family living issues
5. Positive involvement in children's interests, activities, and social development

Supporting components of this model include giving good directions, observing and recording behaviour, identifying and regulating emotions, fostering communication through cooperation, and promoting school success. The program teaches parents key positive parenting practices.

Parents are provided with an accompanying manual and supporting materials including a video, reward tokens, and an incentive chart, which they work through with their coach. The intervention is designed to work incrementally, assisting parents in developing and practicing each skill before learning new strategies. To this end, parents are assigned home practice assignments after each session to increase their competency in each skill.

*“[The program] is wonderful! Direct access for parents, convenient to be done at home and no meetings out.”*  
—Pediatrician from Duncan

## RESPONSE TO COVID-19

Since the onset of COVID-19 in mid-March 2020, the CPTK-Behaviour team equipped its full staff complement with the necessary technology to enable delivery of 3,029 coaching sessions from home to families throughout BC. This compares to 1,859 sessions during the same time period last year delivered by 13 coaches.

As of June 10, 2020, our 18 coaches are engaged in active coaching relationships with a total of 328 families, with an additional 60 families slated to begin sessions shortly.

Referral rates have remained high, with 566 referrals received from March to June 10, 2020. During this

time, we've seen a 12% increase in referrals, compared to 509 referrals received during the same time frame last year.

We have also worked to engage with our families through a series of newsletters. Tailored newsletters have been sent to current and past participating families to provide support and PMTO-related content during this time. These have been well received by families who reached out in appreciation to share their experiences. In order to continue engagement, additional newsletters have also been created for families who are on the waitlist or paused with sessions postponed due to COVID-19.

## PROGRAM HIGHLIGHTS

Throughout the past year, the program has focused on creating and sustaining process improvements, stabilizing staffing levels, increasing both referrals and the internal capacity to manage them, and building capability for full community transfer of the Parent Management Training Oregon Model (PMTO) to the province of BC. This focus on building our infrastructure is intended to support continued telephone-based delivery by CMHA BC, as well as allow for a seamless and linked collaborative service delivery model with the Ministry of Children and Family Development, the Ministry of Health, health authorities, and others who serve mental health needs of families and children.

- In September of 2019, in response to increased program demand, staff turnover, and as a part of fulfilling our commitment to expand capacity to deliver PMTO within the community, CPTK-B hired and began training seven new coaches. Coaches receive an intensive initial training of 84 hours before they are able to begin working with families over the phone, and then continue through a series of learning opportunities and reviews over the following 12–18 months as they proceed toward becoming fully certified.
- Increased program demand coupled with some staff turnover led to the hiring of two new full-time Intake Coordinators as well as some short term temporary support to reduce a growing waitlist.

This team has been able to substantially reduce our intake wait time from two months to 1–2 weeks, despite the 12% increase in referrals within the last quarter. We have also embarked on work to review and improve our intake processes.

- CPTK-B is grounded in the evidence-based model GenerationPMTO developed at the Oregon Social Learning Center (OSLC) and implemented through Implementation Sciences International, Incorporated (ISII). ISII's implementation approach follows a Full Community Transfer philosophy, in which ISII trainers and mentors train identified key leaders within implementation sites to conduct PMTO practice independently over time. CPTK-B is moving toward the goal of Full Community Transfer and achieved an important milestone this fall in training a cadre of 5 of our current staff in becoming trainers for new coaches. All five have been certified by ISII with their inaugural training having been delivered to the seven new coaches hired in September.
- CPTK strives to be a low-barrier program and, as such, to improve awareness and access to our programs throughout the province, particularly in more rural and remote communities. It is of note that in the past year we have doubled our reach to communities within Northern BC
- In the previous fiscal year, many coaches reached or surpassed the milestone of delivery of 1,000 or more coaching sessions to BC families.



New CPTK-B coaches during a training session



CPTK-B coaches and the number of sessions delivered during this past fiscal year (left to right): Renée (1,407), Mridula (2,463), Mike (1,784), Danielle (1,901), and Soomin (1,851).

Since then, others joined them with high number of sessions: Mia (1,088), Stephanie (1,031), Henry (1,237), and Shivani (1,141)

## OUTLINE OF INTERVENTIONS— BEHAVIOURAL PROGRAM

### BRIEF OFFERING

This brief offering is designed for parents with children exhibiting mild presenting behaviours and who have the ability to quickly grasp and apply new concepts, as indicated by their family impact and functioning scores in the intake interview. The brief intervention covers the five core parenting practices, and provides parents with role-play support and home practice assignments.

### ENHANCED BRIEF OFFERING

For parents who have completed the brief intervention and have still not seen a significant improvement in their child’s behaviour or are experiencing specific problem areas, they are eligible to participate in one of three enhancement modules designed to supplement the content learned in the brief intervention.

Enhancement modules include school success, dealing with siblings, and emotional regulation. Parents will continue with the same coach after the brief intervention and move into the enhancement module that is most relevant to their context.

### FULL OFFERING

The full intervention is designed for parents with children exhibiting more moderate presenting behaviours or who self-report significant concerns in terms of family impact and functioning. These parents require a more robust offering to address the comprehensive nature of the issues they are experiencing. The full intervention also covers the five core parenting practices, but delves into greater depth in each one, and allows for more time for the parent to develop competency in learning and applying the skills. Further, the supplementary content from each of the enhancement modules is also covered.



## A BRIEF HISTORY OF PMTO

The Oregon Social Learning Center (OSLC) has been developing and testing theory-based interventions since the 1970s. The goal has been to treat, reverse or prevent conduct problems in both children and youth. As their research of the Parent Management Training Oregon (PMTO) model gained international respect, OSLC established a network of affiliated organizations to enable other service providers and governments to implement the model.

In 1999, the Norwegian government approached OSLC with a request to develop the first nationwide implementation. OSLC deployed staff to train a set of specialists in Norway with the goal of establishing an empirically supported treatment program to serve families in every municipality through the nation. Both the national child welfare and child mental health systems were involved in this massive undertaking. In 2001, they founded Implementation Sciences International Incorporated (ISII), a non-profit corporation, to spearhead this initiative. ISII's goal is to provide professional training in the PMTO model and associated methods. Since then, ISII has trained mental health professionals worldwide in a number of implementations across the globe, including Iceland, the Netherlands, Uganda and Denmark, as well as a number of state-wide implementations such as Michigan and Kansas, as well as community system implementations in New York City, Minnesota, and Utah. Further, their work has served in the development of a prevention program for parents in Mexico City. Beyond the original scope of the program,

pilot projects have also tested service provision for parents who have lost custody of their children for maltreatment, mothers in shelters because of domestic violence or homelessness, as well as adaptations for immigrant parents.

The PMTO model is unique in that it provides full community transfer from the purveyor (ISII) to the community site. This offers the community site opportunities to scale the program at a system-wide level without cumbersome licensing fees or cost structures. The approach includes thorough training of a progenitor generation of practitioners and then selecting key leaders from this group in order to begin establishing an infrastructure for long-term program growth. This approach has a robust evidence base to back its efficacy. Looking at the Norwegian implementation, ISII originally trained and certified 29 therapists. Research was conducted ten years after their certification and demonstrated that 92% were still certified and practicing PMTO. Further, more than 400 certified PMTO therapists had been trained independently of ISII and were actively providing the program for parents (Forgatch & DeGarmo, 2011).<sup>1</sup>

1. <http://www.isii.net/2015SITEFILES/history.html>



**PMTO**

Implementation Sciences  
International, Inc.

*"I am grateful for the opportunity to participate in this program. The program itself was very structured, which was useful for learning parenting skills. The progression of steps and different parenting strategies worked beautifully to keep the focus. I appreciated the expectation that we were to "shine the light" on positive behaviours and actions, and now, I try to embody those words in my daily life beyond parenting. Although the program was a lot of work, it is worth the effort because of the all positive changes we have experienced. I am especially grateful for the phenomenal coach, who was kind, understanding, and so patient with me. It was a wonderful experience."*

—program participant

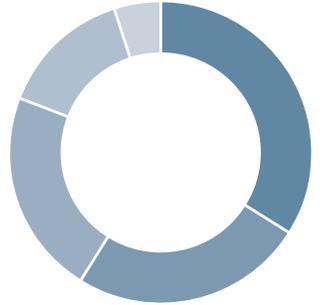
## BEHAVIOUR PROGRAM REFERRAL STATISTICS



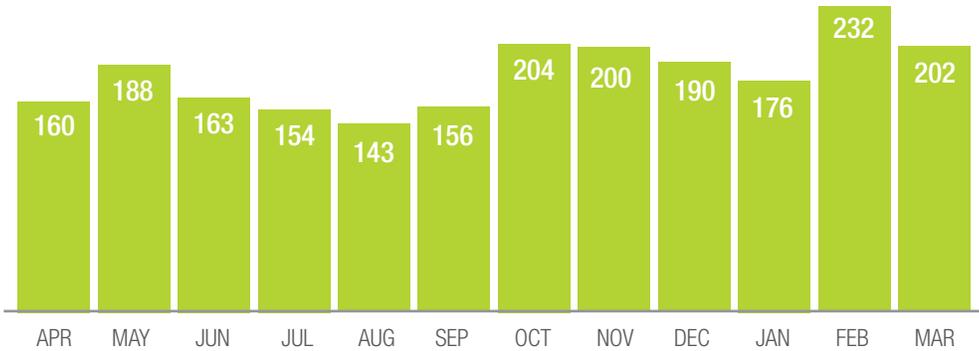
**2,168 families referred**  
by 735 primary health care providers.  
311 of these primary health care providers referred multiple participants to the program.

## PROGRAM REFERRALS BY REGION

- Fraser 34%
- Vancouver Island 25%
- Vancouver Coastal 22%
- Interior 14%
- Northern 5%



## PROGRAM REFERRALS PER MONTH



## WAITING LIST AT JUNE 1, 2020

### 56 families for intake assessment

Families contacted with 1–2 weeks of referral receipt

### 139 families for coaching services

Families waiting 1–4 months, with average wait time of 2.4 months



## 1,166 completed intake BCFPI assessments

## 9,095 coaching sessions completed

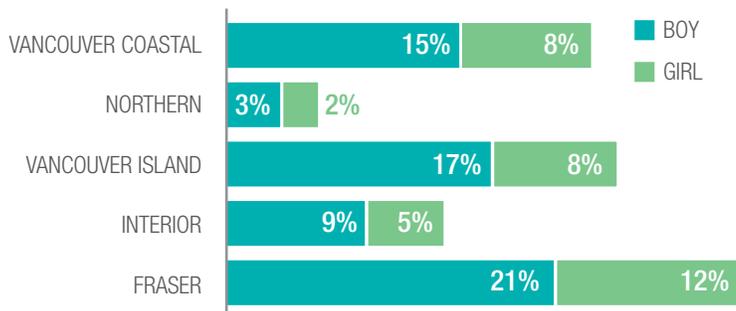
4,346 of these from the brief program  
3,901 of these from the moderate program  
848 of these were enhancement sessions

## CHILD'S GENDER



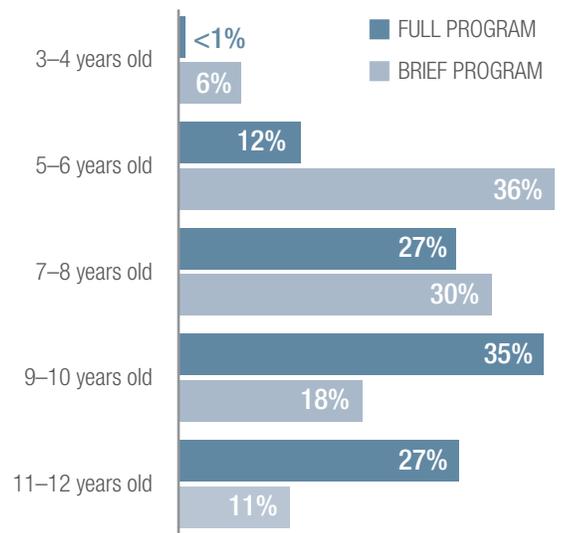
**Brief program:**  
Girl: 18% Boy: 45%  
**Full program:**  
Girl: 16% Boy: 21%

## GENDER BREAKDOWN BY REGION\*

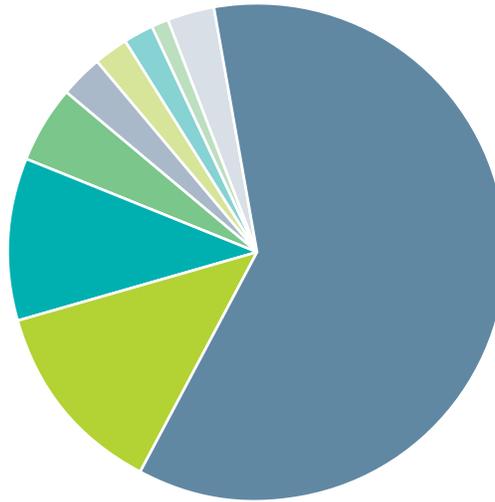
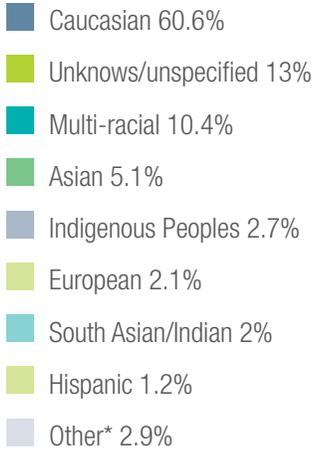


\* Families who completed at least 1 session (N= 1562) during the fiscal year

## CHILD'S AGE BY PROGRAM TYPE COMPLETED

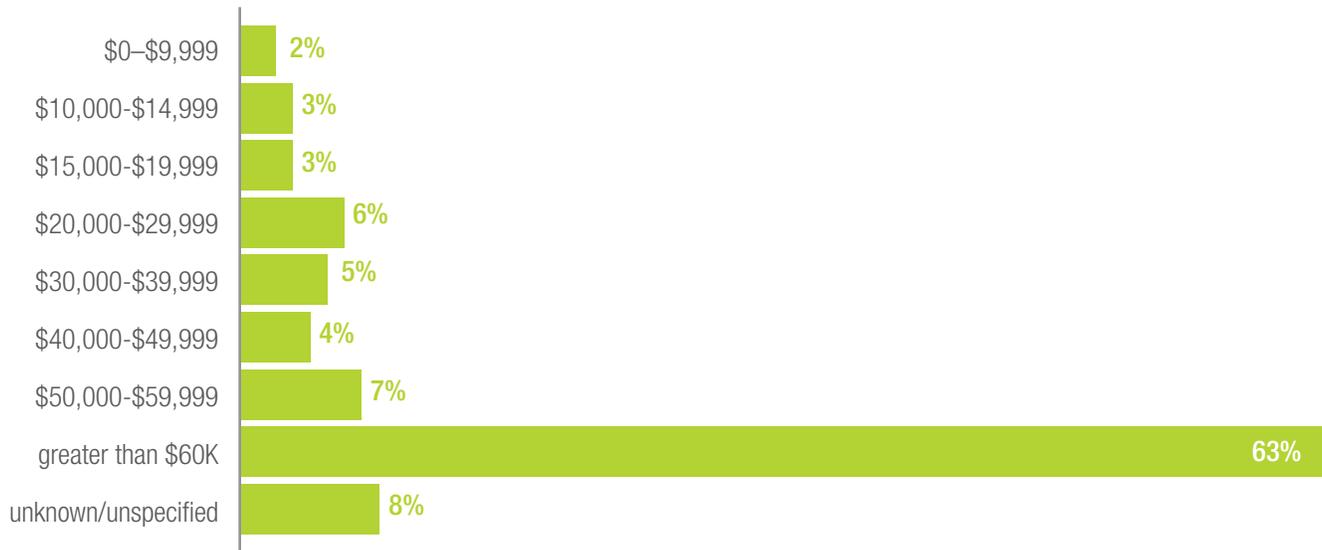


## SELF-REPORTED ETHNICITY



\* Includes:  
 Indigenous/Métis/Cree/European  
 African  
 Middle Eastern  
 Caribbean  
 Chinese  
 Persian  
 Cambodian  
 Egyptian  
 Iranian  
 Filipino  
 Israeli  
 Jewish  
 Lebanese  
 Russian  
 Turkish

## HOUSEHOLD INCOME LEVEL



*“Our coach was a huge part of our success. She was so supportive and helpful and delivered the program in such a positive and caring way that my husband and I felt very comfortable sharing our struggles and talking about some of the challenges we have experienced. [Our coach] handled our questions professionally and encouraged us along the way to implement the program at home. We had a very positive experience working through a difficult time with our family thanks to our coach and the tools and resources we were provided.”*

—program participant



## DOCTORS WHO HAVE REFERRED TEN OR MORE PARTICIPANTS FROM APRIL 1, 2019 TO MARCH 31, 2020

- 45 Pediatrician from Coquitlam—Fraser
- 43 Pediatrician from Maple Ridge—Fraser
- 35 Pediatrician from Campbell River—Island
- 28 Pediatrician from Abbotsford—Fraser
- 28 Pediatrician from Abbotsford—Fraser
- 24 Pediatrician from Cranbrook—Interior
- 23 Physician from Nanaimo—Island
- 20 Pediatrician from Penticton—Interior
- 18 Pediatrician from Richmond—Coastal
- 17 Pediatrician from Vancouver—Coastal
- 17 Pediatrician from Abbotsford—Fraser
- 17 Physician from Victoria—Island
- 17 Pediatrician from New Westminster—Fraser
- 16 Pediatrician from Maple Ridge—Fraser
- 16 Physician from Delta—Fraser
- 15 Pediatrician from Victoria—Island
- 14 Pediatrician from Victoria—Island
- 14 Physician from Victoria—Island
- 14 Pediatrician from Maple Ridge—Fraser
- 13 Pediatrician from Langley—Fraser
- 13 Pediatrician from Vancouver—Coastal
- 13 Pediatrician from Surrey—Fraser
- 12 Pediatrician from Kelowna—Interior
- 12 Pediatrician from Penticton—Interior
- 12 Pediatrician from Langley—Fraser
- 12 Pediatrician from Shawnigan Lake—Island
- 12 Pediatrician from Nanaimo—Island
- 11 Physician from Kelowna—Interior
- 11 Pediatrician from Vancouver—Coastal
- 11 Pediatrician from Cranbrook—Interior
- 11 Physician from Burnaby—Fraser
- 11 Psychiatrist from Richmond—Coastal
- 10 Pediatrician from Richmond—Coastal
- 10 Pediatrician from Nanaimo—Island
- 10 Pediatrician from Burnaby—Fraser
- 10 Psychiatrist from Williams Lake—Interior

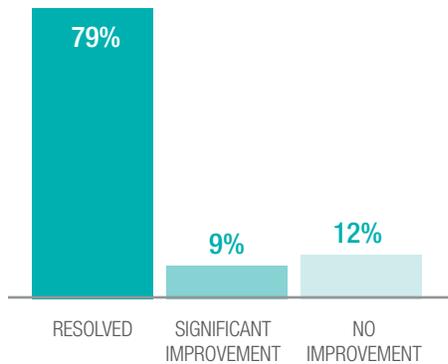
## SOME OF THE MATERIALS SENT TO PROGRAM PARTICIPANTS



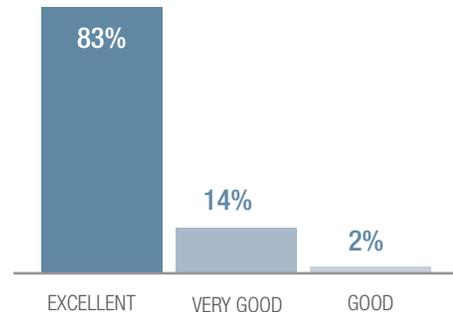
## BEHAVIOUR PROGRAM OUTCOMES

626 families completed the program, with 521 of these completing the BCFPI discharge assessment

### BCFPI PRE AND POST MEASUREMENTS\*



### PARENT SATISFACTION IN OVERALL QUALITY OF THE PROGRAM\*



\* N= 521 for Brief Child and Family Phone Interview pre and post measurements

## CAREGIVERS SHARE WHAT THEY ENJOYED MOST ABOUT THE PROGRAM

*“Strengthening directions was very helpful. I loved the weekly call format and the timing was great for me. The program guide layout was wonderful. I loved how the coach guided me through the process collaboratively when reviewing the materials and also checking in on the previous week to see what worked and why.”*

*“I really appreciated our coach. She was bright, cheery, friendly, supportive, encouraging, kind and understanding. She helped me feel heard, and I so loved it when she had me participate in our phone calls during scenarios.”*

*“...changing my thinking and behaviour is what worked the best. [Also] changing how I approached situations.”*

*“Learning to use awesome tools to help my kids have more structure with chores and school ... It was helpful getting positive feedback from my coach on my approach and parenting technique ... I feel a lot more confident.”*

*“The most helpful aspect of the program is the coach’s positive and encouraging statements. I feel that this has helped me to regain the confidence needed in the raising of the children ... My coach not only went through the course material with me, she also helped me understand that I could be a successful single parent ... We are going places and learning to trust again.”*

*“The most helpful part was that the program was easy to understand. The program was very fun and interesting. I believe the tools provided to me will help me be a better parent to my children moving forward.”*

*“Everything that I intuitively knew was transformed into small, easy, real life scenarios and solutions—right down to exactly what to say. For someone who questions their every parenting decision, this was a real life changer.”*

# REFERRING TOWNS AND CITIES—BEHAVIOURAL PROGRAM

## INTERIOR

Angelmont  
 Armstrong  
 Barriere  
 Baynes Lake  
 Beasley  
 Beaverdell  
 Big Lake Ranch  
 Blind Bay  
 Bonnington  
 Canal Flats  
 Canoe  
 Chase  
 Clearwater  
 Cranbrook  
 Creston  
 Elkford  
 Enderby  
 Falkland  
 Fernie  
 Golden  
 Grand Forks  
 Grindrod  
 Invermere  
 Jaffray  
 Kaleden  
 Kamloops  
**Kelowna**  
 Keremeos  
 Kimberley  
 Lake Country  
 Lumby  
 Merritt  
 Moyie  
 Nelson  
 Okanagan Falls  
 Oliver  
 Osoyoos  
 Oyama  
 Peachland  
 Penticton  
 Princeton  
 Radium  
 Robson  
 Rossland  
 Salmo  
 Salmon Arm  
 Sorrento  
 Sparwood  
 Summerland  
 Tappen  
 Trail  
 Vernon  
 Westbank  
 Williams Lake  
 Winlaw

## VANCOUVER ISLAND

Blackcreek  
 Bowen Island  
 Brentwood Bay  
 Campbell River  
 Chemainus  
 Cobble Hill  
 Colwood  
 Comox  
 Coombs  
 Courtenay  
 Cowichan Bay  
 Cumberland  
 Duncan  
 Errington  
 Gabriola  
 Halfmoon Bay  
 Hornby Island  
 Kingcome  
 Ladysmith  
 Lake Cowichan  
 Lantzville  
 Malahat

Mayne  
 Mesachie Lake  
 Mill Bay  
 Nanaimo  
 Nanoose Bay  
 Parksville  
 Port Alberni  
 Port Hardy  
 Port McNeill  
 Qualicum Beach  
 Quathiaski Cove  
 Saanichton  
 Salt Spring Island  
 Sayward  
 Shawnigan Lake  
 Shirley  
 Sidney  
 Sooke  
 Ucluelet  
**Victoria**  
 Youbou

## FRASER

Abbotsford  
 Agassiz  
 Burnaby  
 Chilliwack  
 Coquitlam  
 Delta  
 Hope  
 Langley  
 Maple Ridge  
 Mission  
 New Westminster  
 Pitt Meadows  
 Port Moody  
 Rosedale  
**Surrey**  
 Whistler  
 White Rock

## VANCOUVER COASTAL

Bella Coola  
 Brackendale  
 Furry Creek  
 Garibaldi Highlands  
 Gibsons  
 Lions Bay  
 North Vancouver  
 Pemberton  
 Port Moody  
 Powell River  
 Richmond  
 Roberts Creek  
 Sechelt  
 Squamish  
**Vancouver**  
 West Vancouver

## NORTHERN

Baker Creek  
 Burns Lake  
 Charlie Lake  
 Dawson Creek  
 Fort Fraser  
 Fort Nelson  
 Fort St. James  
 Fort St. John  
 Fraser Lake  
 Gitwinksihlkw  
 Hazelton  
 Houston  
 Hudson's Hope  
 Kispiox  
 Kitimat  
 Masset  
 New Hazelton  
 Port Edward  
**Prince George**  
 Prince Rupert  
 Quesnel  
 Sandspit  
 Smithers  
 Taylor  
 Telkwa  
 Terrace  
 Thornhill  
 Vanderhoof

**159 towns, cities, and communities have been referred to the program**

### NORTHERN

**28 referring cities, towns and communities**  
comprising 5% of total referrals across the province

### VANCOUVER COASTAL

**16 referring cities, towns and communities**  
comprising 22% of total referrals across the province

### INTERIOR

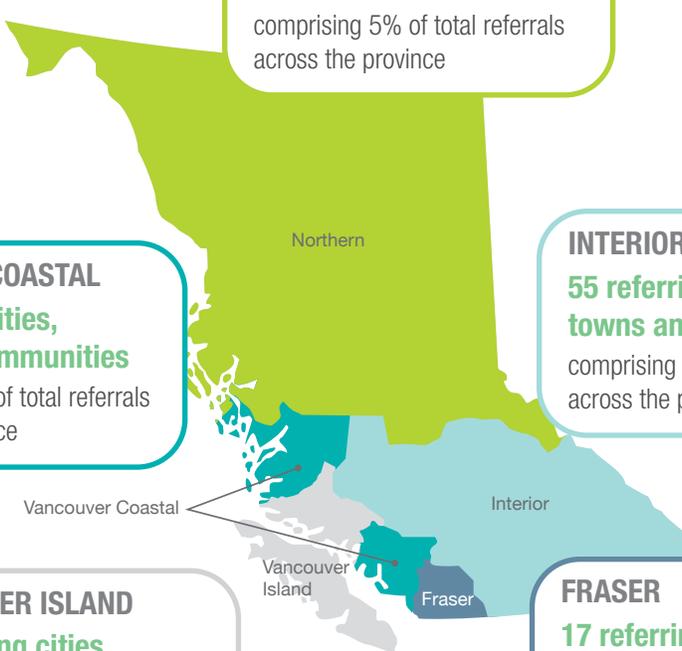
**55 referring cities, towns and communities**  
comprising 14% of total referrals across the province

### VANCOUVER ISLAND

**43 referring cities, towns and communities**  
comprising 25% of total referrals across the province

### FRASER

**17 referring cities, towns and communities**  
comprising 34% of total referrals across the province



\*Highest numbers of referrals shown in **BLUE**

## FIVE YEAR OVERVIEW—SINCE PROGRAM INCEPTION IN 2015

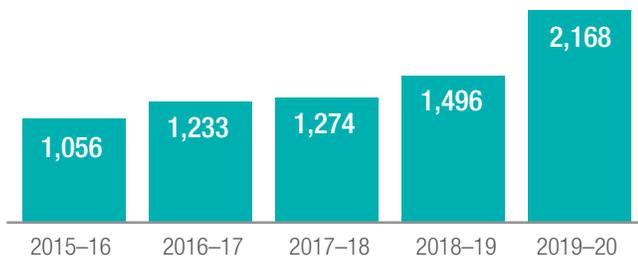
### CHILD'S GENDER AND INTERVENTION TYPE



Brief program: Girl: 26% Boy: 74%

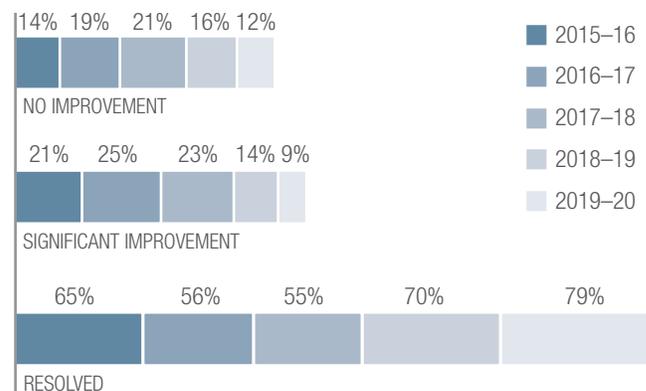
Full program: Girl: 35% Boy: 65%

### REFERRALS



Over 1800 Primary Care Practitioners have made referrals to the CPTK-B program.

### PROGRAM OUTCOMES



### PROGRAM MILESTONES

- The program was featured in the Fall 2015 edition of the Children's Health Policy Centre's publication, *The Children's Health Policy Centre's*, focused on promoting positive behaviour in children. In particular, it highlighted the effectiveness of the Parent Management Training—Oregon Model which underpins the Confident Parents program.
- On June 27, 2017, CMHA BC was the proud recipient of the 2017 BC Health Care Awards Gold Apple for Top Innovation Affiliate for Confident Parents: Thriving Kids. The award is presented to projects that have brought forward a fresh approach to sourcing solutions to challenges in the health field.
- In 2018, the electronic version of the Brief Child and Family Phone Interview (BCFPI) was piloted. All families served by the program participate in a BCFPI to help determine the most appropriate program stream and services. Parents can now choose whether to answer and submit this interview online or proceed with a telephone interview. 80% of families now engage in this way. This initiative has resulted in a significant reduction in wait time from referral to intake assessment, from 8 weeks to 1 week

### UBC research partnership

To further measure the impact of the behavioural program stream, CMHA BC partnered with researchers at the University of British Columbia to evaluate the effectiveness of phone-delivered PMTO in reducing disruptive behaviours among children aged 3–12.

- Findings derived from available data suggest that the delivery of the interventions is positive for parents.
- Parenting improves along with parents' views of their children's behaviour.
- Further, it appears that the number of sessions completed has some influence on the changes parents report. Even when the intervention length is accounted for, there are some indications that changes in the parents and children are related to the number of sessions that parents complete. While reported findings need to be interpreted cautiously given the small number of parents who completed all of the surveys, the changes detected suggest that the program is achieving the intended for changes.

## HOW YOU CAN HELP

### LEARN

Learn more about the work we do in CMHA BC's monthly e-news, Mind Matters. Sign up for free at [www.cmha.bc.ca](http://www.cmha.bc.ca)

### JOIN

#### ARE YOU A CONFIDENT PARENTS: THRIVING KIDS BEHAVIOURAL PROGRAM PARTICIPANT WHO HAS COMPLETED A MINIMUM OF 6 SESSIONS?

Do you have an interest in sharing your perspectives and experiences to help our program grow? For more information, please contact Dammy Albach at [dammy.albach@cmha.bc.ca](mailto:dammy.albach@cmha.bc.ca) or toll-free at 1-800-555-8222 ext. 2714

### DONATE

Your contribution to CMHA BC's Dr. Jean Moore Fund for Child and Youth Mental Health supports programs like Confident Parents: Thriving Kids. The fund honours Dr. Jean Moore, a lifetime volunteer, advocate and educator. Dr. Jean Moore has served on numerous boards and committees for CMHA in Alberta and BC, and her volunteer activity has spanned the local branch, provincial and national levels of CMHA. CMHA BC is truly fortunate to benefit from the wisdom, commitment and dedication of one of the most outstanding volunteers in Canada. In recognition of Dr. Moore's passion for improving child and youth mental health, donations to this endowment fund will help enhance, through innovation, the lives of children and youth living with or at risk for mental illness.



**DONATE TODAY AT [WWW.CMHA.BC.CA/DONATE](http://WWW.CMHA.BC.CA/DONATE)**

## ABOUT MENTAL ILLNESS IN CHILDREN AND YOUTH

Many mental illnesses—between 50% and about 70%—show up before the age of 18

About 6% of kids experience an anxiety disorder at some point

Attention-deficit/hyperactivity disorder (ADHD) affects close to 5% of BC children at any given time

Conduct disorder affects about 3% of BC children

About 3.5% of young people in BC experience depression

Only one in four kids and teens in Canada who need mental health treatment get it



*About one in seven  
young people in  
BC will experience  
a mental illness at  
some point*

source: Heretohelp (2014) "Mental Illnesses in Children and Youth."  
[www.heretohelp.bc.ca/factsheet/mental-illnesses-in-children-and-youth](http://www.heretohelp.bc.ca/factsheet/mental-illnesses-in-children-and-youth)



**Canadian Mental  
Health Association**  
British Columbia  
*Mental health for all*



## ABOUT CMHA BC

The Canadian Mental Health Association (CMHA), BC Division exists to promote the mental health of British Columbians and support the resilience and recovery of people experiencing mental illness.

We're part of one of the oldest voluntary organizations in Canada. Together with 14 CMHA branches throughout BC, we help over 100,000 people each year.

*Together, CMHA shares a national vision of "mentally healthy people in a healthy society."*

## Confident Parents Thriving Kids

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