

Hansard (official transcript. Children's Mental Health Ontario's Presentation to 2011 Pre-Budget Hearings. Remarks by Bronwyn Loucks and Camille Quenneville. Feb 1, 2011.

"CHILDREN'S MENTAL HEALTH ONTARIO

The Chair (Mr. Pat Hoy): Now I ask the Children's Mental Health Ontario to come forward, please. Good morning. You have 10 minutes for your presentation. There could be up to five minutes of questioning. In this case, it will come from the government. I just ask you to identify yourselves for the purposes of our recording Hansard, and then you can begin.

Ms. Bronwyn Loucks: My name is Bronwyn Loucks.

Ms. Camille Quenneville: Good morning. My name is Camille Quenneville.

Ms. Bronwyn Loucks: Thank you, Mr. Chairman and members of the committee, for the opportunity to be with you today. As mentioned, I'm here representing Children's Mental Health Ontario as both a board member and as chair of the youth action committee at CMHO. But I'm really here today to tell you about my personal story and why I feel so compelled to advocate for a sustainable system of child and youth mental health services across Ontario.

I grew up in Chesley, Ontario, a small, rural community in Bruce county. Growing up, I seemed like a confident little girl, one who grew from a strong foundation of self, built from love of her family, her creativity and her academic pride. However, inside of me, different themes were emerging, and they were developing into strong currents that would manifest into an anxiety and an eating disorder. In grade 8, my treatment for anxiety and bulimia began. Looking back, I can only imagine what a shock and scare it was for my parents and friends to find a way to help me.

The Chair (Mr. Pat Hoy): If you could just move back a little bit, you're a little too close.

Ms. Bronwyn Loucks: Sorry.

Our family doctor worked hard to help find us services. There were no professional supports anywhere near where I grew up—no psychiatrists or psychologists. I was eventually treated in a residential facility in Owen Sound for three months, away from family and friends. This distance was, in fact, a relief. I was grateful not to have to face the stigma associated with mental health issues in my community.

My parents and I travelled all over looking for services, to London and Durham county, in addition to Owen Sound. Even with my parents' relatively sophisticated knowledge of the health care system and my family doctor, we struggled immensely. There was no clear or quick treatment path.

My story, while it contained many struggles for my family, friends and me, is really one of success. Beginning in grade 8, I received treatment, and was really unhealthy throughout all of my high school years. I remember those years as feeling overwhelmed, feeling as though I was moving through a tornado, thoughts whipping around me, muddling me up and confusing me. I eventually received treatment, and became involved with Keystone Child, Youth and Family Services in Owen Sound.

As a board member at Keystone, I was encouraged to become involved in a youth group called The New Mentality, at the time a partnership between the Provincial Centre of Excellence for Child and Youth Mental Health and Children's Mental Health Ontario. The New Mentality, a program I am still involved with and care very deeply about, brings together young people in a supportive environment to talk about mental health and to reduce stigma.

I am now in my fourth year at Queen's University, studying fine arts. In looking back, I am so grateful for the counsellors who I was fortunate enough to see on an ongoing basis, who allowed me to feel comfortable seeking their guidance and help. I am also so thankful to have been involved with The New Mentality, for being placed in a supportive environment and network which encouraged me to feel comfortable with myself, to overcome the guilt and stigma associated with mental illness and, ultimately, to heal.

However, throughout my involvement with The New Mentality, I have met and I continue to meet young people who are not nearly as lucky as me. They do not have supportive friends or families. They do not have an advocate in their family doctor or anyone else who can help them navigate the system and encourage them not to give up. They continue to struggle to get the help they need, regardless of where they live in the province. In fact, my voice here today represents the 10,000 young people waiting for mental health services in Ontario.

In front of you is the pre-budget submission from Children's Mental Health Ontario. You'll note the request for funding of \$200 million over the next four years. The board of Children's Mental Health Ontario determined that \$29 million of the \$50 million called for in funding for this year is needed to increase the capacity in the system and manage wait-lists.

Children's Mental Health Ontario collects data through the brief child and family phone interview, an intake tool used in our member agencies. This data has revealed that it takes, on average, six months before 90% of children and youth identified with a mental health issue have begun treatment. This is unacceptable and it is heartbreaking. These children and youth, my peers, are diagnosed and suffering from a wide range of social, emotional and behavioural issues. These include bullying, violence, defiance, ADHD, eating disorders, depression, self-harm, anxiety and addictions. These are incredibly painful illnesses that can, if left untreated, stop a child from advancing to furthering their education and fulfilling a dream, among other things. It is so hard to imagine a physical health issue being ignored or left untreated in the same manner as mental health issues in children and youth.

Along with the need to reduce wait times and provide more and efficient services to young people is the need to invest in evidence-informed practices. CMHO's member agencies are implementing evidence-informed practices as efficiently and effectively as possible, but need financial assistance and ongoing training and support to ensure that a uniform level of service is received regardless of where a child or youth lives and undergoes treatment in Ontario.

The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO and the Ministry of Child and Youth Services, in conjunction with CMHO member agencies, can determine which programs should be funded and expanded. CMHO has requested that this work be undertaken with particular attention paid to excellence, innovation and regional balance across Ontario. A total envelope of \$11 million is requested for this effort.

Finally, \$10 million is requested to immediately focus on system infrastructure, to encourage the implementation of the policy framework, which was completed more than

four years ago by the Ministry of Child and Youth Services, and to address the lack of database management and information technology capabilities, which informs practices.

The requested injection of \$50 million this year will significantly improve services for young people who continue to wait, and the full implementation of \$200 million over four years will address the chronic lack of programs and services available to my peers.

Thank you so much for your kind consideration in allowing me to tell my story here today. I really have faith that we can do better as a province, and I'm sure that you do too. We stand with all of our child and youth-serving colleagues, especially those who serve kids with extraordinary needs to ensure that they have a future all Ontarians desire.

Camille and I look forward to your questions.

The Chair (Mr. Pat Hoy): Thank you. The questioning will go to the government. Ms. Pendergast.

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Ms. Leeanna Pendergast: Thank you, Bronwyn, for your presentation, and Camille, for being here.

Bronwyn, I want to thank you for your personal stories. Those are always the ones that become so meaningful. It takes the words off the page. Thank you for that, and I congratulate you for your studies in fine arts.

There's so much I have to ask about, I have such limited time, and I want to let you speak. We heard throughout the province as we travelled last week, from provincial advocacy groups and from mental health organizations, about a lot of things, but an underlying theme is children's mental health and to support and fund children's mental health.

I wanted to go through some of the particulars of what you're asking for in terms of \$24 million to manage a wait-list. What would that look like? The \$11 million for evidence-informed programs: What does that look like?

But in case I run out of time, I really want to start with saying that we hear you. The government has a committee that's just finished, as you know, their tour of the province and presented a report to the minister on mental health in the province. Children's mental health plays a large role in that report. Also as a high school vice-principal, I was at seven different high schools, two rural. My largest concern was supports for children's mental health in schools and that co-operation with schools.

I'm concerned about the wait-list comments that you make. You said a six-month wait-list for service when identified. I'm going to ask you, as a vice-principal now, what work are you doing in terms of those who haven't been identified? I mean, I see a lot of requests for money for programs that exist, but what supports are there for community groups, parents or schools for the identification process, because that seems to be a huge area of concern?

Ms. Camille Quenneville: There were a number of questions in there. I'm going to tackle the last one.

Ms. Leeanna Pendergast: Sorry.

Ms. Camille Quenneville: No, I'm grateful for that.

I just want to start by saying I agree with you. I don't ever recall a time that I've been associated with this cause where there has been as much attention as there has been certainly in the last year through the media, certainly through MPPs and your work here at Queen's Park, the select committee and the minister's advisory committee. We know we're on the radar. I think the issue is that something has to be done. There seems to be an identification; as you point out, everyone's come to the table and agreed that this needs to be tackled. I think we just need to get there at this point.

To answer your initial question about what we're doing for kids who aren't identified, that's probably the biggest hurdle that we face, because we know that one in five children across Ontario is going to struggle before they're 18 with a diagnosable mental health issue. Bronwyn pointed out the litany of different diagnoses that exist. The difficulty is, to be quite frank with you, that the wait times within our agencies are so long that it's really a detriment to identifying more kids because all you're doing is warehousing them on longer wait-lists. So there's a reluctance on behalf of educators to talk to their community provider because they realize that, in many cases, that's a dead end. There's a reluctance on the part of GPs and family doctors for the same reason.

Our concern is the immediate 10,000 that we know of who really, really need treatment, and then to work to reduce the stigma to get those people to come forward to try and get help. Part of the difficulty is that parents don't want to actually accept that there may be an issue with their child. It's most frequently, as you would know, their teacher who will come to the parent and say, "There's something happening with your child in the classroom." The difficulty then is what to do about it because the supports aren't there.

If I may, I'd like to touch on your question about the \$24 million with regard to wait-lists. That's to build capacity within the system. That's looking at adding services directly into the 90 community-based mental health agencies that are accredited in Ontario. It's providing dollars for social workers, for psychologists and, on a good day because they're so rare, child psychiatrists to be able to do that work locally in communities. There are three professionals, if you will, and one administrative staff that make up the \$24 million in total.

The additional \$5 million, for a total of \$29 million in that area, goes directly to talking about and dealing with youth suicide, which is becoming an increasingly significant issue in our communities. It has always been very much under the radar, if you will. Lately, there's been a lot of attention paid to this issue. It continues to be an example of what happens when the system completely fails and these kids don't get the help they need.

The Chair (Mr. Pat Hoy): Thank you for your presentation."