



CHILDREN'S MENTAL HEALTH ONTARIO

Child and Family Services Act Review – Submission 2010



Children's Mental Health Ontario champions the right of every child and youth in Ontario to mental health and well-being. Our membership includes more than 85 community based mental health centres that are the backbone of Ontario's mental health system for children and youth. These agencies provide support to families, and treatment to young people who present with a range of social, emotional and behavioural problems, including: bullying, violence, defiance, ADHD, eating disorders, depression, self harm, anxiety and addictions.

Many of the children and youth served by our agencies experience significant impairment in functioning within their families, schools and communities, and may also be involved with child welfare or the youth justice system. To put this in specific terms, the same child coming into the care of the state is also likely to be in need of mental health supports, and may have had involvement with the youth justice system; yet, the province does not lead the effort to coordinate these services or support them in an appropriate manner.

Coordination of services

The Child and Family Services Act should reflect an asset based approach for all children, wherein the best interests of each child are considered. The vision of the Ministry of Children and Youth Services, described in its 2008 – 2012 strategic plan outlines principles that reflect this notion, including a system that is child and family centred, strength based, developmentally appropriate, and individualized (*Realizing Potential, our Children, our Youth, our Future, Ministry of Children and Youth Services, Spring 2008, pg. 3*). The reality, however, is that each sector within the Ministry is governed differently, funded differently, and legislated differently – making it difficult to coordinate the needs and best interests of the children and youth who are being served by more than one sector.

The following strategic goals set out in the MCYS strategic plan (*pg. 5*) capture the direction they would like to proceed:

- Every child and youth has a voice,
- Every child and youth receives personalized services,
- Everyone involved in service delivery contributes to achieving common outcomes,
- Every child and youth is resilient,
- Every young person graduates from secondary school.

The reality is that the systems that support Ontario's children and youth operate – in large part – without regard to one another, and do not coordinate care in a manner that would suggest the needs of children and youth are paramount.

Non-mandated service

Child and youth mental health is not a mandated service in Ontario: It is without a legislative framework and has a stagnant funding system, as the Provincial Auditor referenced in his review of the sector in 2008:

“Unlike the Ministry’s other two main service streams for children and youth – the Child Welfare system, which is governed by the Child and Family Services Act, and the Youth Justice program, which is governed by the Youth Criminal Justice Act – where services are mandated in legislation, child and youth mental health services are promulgated through the awareness of professionals and advocates who recognize the mental health needs of children and youth and their families’ struggles with mental health disorders. As a result, children’s mental health services can be provided only up to the system’s capacity, which is determined largely by the amount and allocation of ministry funding rather than need.” *(2008 Annual Report, Office of the Auditor General of Ontario, pg. 129)*

Child and youth mental health agencies in Ontario are chronically under-funded. Since 1992, our budgets have been reduced by 35% in inflationary losses alone. The result of this funding reduction is a significant loss of programs and staff across Ontario, and a complete inability to meet the increasing needs of children and youth with mental health issues who seek help from our member agencies. Perhaps one of the most significant losses is the inability to treat children and youth early, and reduce the likelihood of ongoing issues throughout their lives. Early intervention and prevention is some of the most important work that can be done to reach the goals set out in the MCYS strategic plan, and yet we have little or no ability to do so.

The consequences of not meeting the needs of children and youth suffering from mental health issues, as cited by the Auditor, include: “poor academic achievement, conflict with the law, substance abuse, and inability to live independently or hold a job. Many of these problems continue into adulthood and often affect the next generation.” *(2008 Annual Report, Office of the Auditor General of Ontario, pg. 129)*

Children's Mental Health Ontario worked with the Ministry of Children and Youth Services in developing the policy framework, *A Shared Responsibility*, and we have partnered with MCYS in its implementation since its release in 2006. We strongly believe in the importance of reaching the vision set out in this framework: "We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential" and its goals:

- 1.) A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility.
- 2.) Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context.
- 3.) Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports.
- 4.) A child and youth mental health sector that is accountable and well managed."

Implementation of the policy framework will increase the ability of mental health agencies to: partner more cohesively with other sectors; implement the goals of the MCYS strategic plan; reach out to young people who live on reserves; and fill the service gaps that exist across the province. Children's Mental Health Ontario will continue to partner with, and strongly encourage the Ministry of Children and Youth Services to implement the framework.

Without this necessary framework, child and youth mental health services continue to be delivered and funded at the whim of each successive government, without regard to the documented need that exists across the province. This has led to an inability to meet the needs of children and youth due to inequitable and unstable funding, a patchwork of services, and an inability to retain staff. The Child and Family Services Act in its current form does not regulate child and youth mental health services, and while the framework is not legislated, it will provide the backbone for the "system".

The needs of our on reserve aboriginal neighbours

Arguably the greatest crisis in mental health needs exists with aboriginal people living on reserves. The suicide rate is an epidemic – among aboriginal youth in Canada, it is 6 times higher than the average youth suicide rate (*The Toronto Star, Tackling the Issue of Teen Suicide*). Young people are without hope, and don't believe they have a future. Mental

health and addiction issues are rampant. Sadly, there is a serious shortage of professionals to serve the mental health needs of young people on reserves.

Kinark Child and Family Services has advocated for, and served the First Nations people on reserves in the far north of our province. They have built lasting relationships of trust, which are so critical for success in treatment. Dr. Dick Meen of Kinark has travelled to these remote areas to treat young people. Some communities with epidemic suicide rates had never received psychiatric services until Dr. Meen began helping them. Kinark staff and leadership (Executive Director Peter Moore) have had a presence on the reserves because they were concerned about the plight of their young people and their mental health needs. These efforts have been outside of the considerable responsibilities of Kinark, without being sanctioned or directly funded by the Ministry – it was simply done to meet what was, and is still, an increasingly alarming situation facing young aboriginal people in the north. Their efforts however, cannot continue without the necessary funding.

Moreover, jurisdictional responsibilities have to date sidetracked any ability to permanently better the lives of aboriginal people. The federal and provincial governments both have responsibilities, as do the band councils on reserve. However the governance structure as it exists is not beneficial for anyone, most importantly the young people who are in need of supports and services. The needs of these young people are severe and immediate. In no other area have we collectively and so fundamentally lost our way as a province. The suffering of young people living on reserve must be addressed immediately and in a lasting way, so that the current patchwork of services and providers is replaced with a structured service delivery plan with clear lines of authority and accountability.

In Alberta, there has been recognition of the unique needs of aboriginal children and youth. A principle dedicated to unique cultures was included in their three year action plan for children's mental health. It states "partnerships are fostered with aboriginal communities and ethnic groups because concepts of mental illness and the origins of children's emotional and behavioural difficulties vary across cultures." (Children's Mental Health Plan for Alberta, Three Year Action Plan 2008, pg. 3).

It's important to recognize the unique cultural needs of aboriginal peoples. In doing so, we would strongly recommend that the Ministry of Children and Youth Services immediately construct a task force to review its relationship both with the federal government for programs provided on reserve, and with the leaders of band councils concerning the delivery of programs and funding. This review must lead to fundamental change in the

manner in which services are delivered, with responsibility and accountability set out for each party involved. Furthermore, this review should include the work that Kinark Child and Family Services has undertaken and how it can serve as a model of leadership and collaboration.

Stigma Reduction

Children's Mental Health Ontario and its member agencies have worked hard for many years to reduce the stigma associated with child and youth mental health issues. When a child is in obvious need of assistance, our agencies are there to help. Section 117 of the Child and Family Services Act however, states that "The court may order that a child be committed to a secure treatment program only where the court is satisfied that (a) the child has a mental disorder." A diagnosis of a "mental disorder" will stick for life, regardless of the outcome of treatment. Young people should have the opportunity to get the help they need without having to submit to a stigmatizing label that they will carry throughout their lives. We respectfully request that you re-examine this clause and review the necessary criteria for young people to seek treatment or be admitted to secure treatment programs.

Conclusion

Children's Mental Health Ontario is grateful for the opportunity to draw attention to the urgent and growing needs of children and youth with mental health problems across the province. We hope that the province will consider our request for a review of the need and delivery of child and youth mental health services on reserve, move to implement *A Shared Responsibility*, the policy framework for child and youth mental health, and consider a process in which all sectors within this ministry can work together to better serve children and youth under the Child and Family Services Act.