

A Summary of Discussions Regarding Ontario's Policy Framework for Child and Youth Mental Health

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Ministry of Children and Youth Services

Submitted by
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Introduction

Background

The Ministry of Children and Youth Services (MCYS) is developing a policy framework for Ontario's child and youth mental health (CYMH) services. This framework is a first step – and a critical foundation piece – in an ongoing process to address the mental health needs of children and youth in Ontario. Some of the next stages in this process will include, but are not limited to, the development of service standards, guidelines, meaningful outcome measures, and policy development and implementation.

MCYS distributed their *Child and Youth Mental Health Policy Framework Background Document* to all service providers and provincial organizations in August of 2005. The purpose of this document was to stimulate thinking about the development of an Ontario CYMH policy framework and to set the context for a series of cross-provincial community discussions – organized in collaboration with Children's Mental Health Ontario (CMHO). These discussions sought the range of views of diverse stakeholders on key issues related to a CYMH policy framework for Ontario. The policy framework that MCYS develops throughout the winter of 2006 will reflect the insights and themes that emerged from these community discussions.¹

Community Discussions

Fourteen community discussions were held between September 30 and October 28, 2005. The discussions were organized in 11 regional groups, with 20 to 22 participants from a range of children's services providers at each (e.g., CYMH, child protection, youth justice, developmental services, education, women's shelters, hospitals, Aboriginal services, etc). In addition, there were two consumer discussions: a province-wide parent group; a province-wide youth group; and a discussion with provincial Aboriginal organizations (see Appendix A).

The groups met for one day with facilitation and were asked to address the questions below. These questions were modified slightly for the youth group which met for a half-day session.

1. What should be the goals of Ontario's CYMH system?
2. What principles should guide the system?
3. What services should be provided to meet the mental health needs of Ontario's children and youth? What is your sense of the current priorities or emphasis of the CYMH system in Ontario? Are there services that would be more appropriately delivered at a regional or provincial level?
4. What do you see as the key issues and challenges regarding access to mental health services for children and youth involved with the CAS or the youth justice systems? What are your thoughts on options/strategies that might be considered by the government to address these issues and challenges?
5. What will success look like? Name one key positive outcome (benefit or change) that you would like to see as a result of the development and implementation of Ontario's CYMH policy framework?

¹ A broader group of stakeholders was invited to submit written responses to the Background Document or on the content of a policy framework directly to the Ministry. The policy framework that MCYS develops will reflect all input, including the 31 written submissions the ministry received and interministerial sessions held in November and December.

These questions were derived from issues identified in the *Background Document*. Participants were reminded that this exercise was the start of a policy framework development process – a piece of a bigger puzzle; that implementation would come later and was not part of the mandate of the policy discussions; that their input, not consensus or decisions, was being sought. The purpose was to engage people in a series of discussions which would serve as a catalyst for increased action in CYMH services.

Organization of This Report

This report summarizes feedback that was collected from over 300 services providers, parents and youth who participated in cross-Ontario community discussions. An open-discussion format was used at each of the 14 sessions to encourage participants to raise issues of relevance to them. Although distinct questions were posed, their purpose was to stimulate thinking and conversation about issues related to a CYMH policy framework – not to restrict responses to any one particular topic. The resulting discussions were rich, deep and broad, often ranging far and wide from the prompt and demonstrating the experience and passion of the participants. This type of back-and-forth flow occurred most notably when discussing goals, principles and services of a CYMH system (i.e., questions 1 through 3; see above). As such, the lion's share of this report is organized by themes and issues emerging from participants' responses to these questions. A theme became a theme only if an opinion, perception or thought was consistently raised at the majority of the community discussions.

The material in quotation marks and in the text boxes reflects the direct words of participants.

Emergent Themes

1. A Single Child and Youth Mental Health System in Ontario

Participants described Child and Youth Mental (CYMH) services in Ontario today as a non-system, labeling it fragmented, and describing it as a patchwork of services, rather than a system of care. Participants were careful, in making these observations, to distinguish the high quality of the people and of individual services in the sector from the absence of a comprehensive policy statement and service system for CYMH services.

It was noted that existing programs have developed without the benefit of program policy direction, and that CYMH services have done well in the absence of an articulated vision and policy framework. This absence has created issues around equity, quantity, quality, adequacy, and availability of, and accessibility to services.

Participants voiced their hope that the policy framework development process will ensure that programs are guided by a consistent framework, creating a foundation for services across existing sectors, and a systemic approach to CYMH in the province of Ontario.

"The goal is flexibility within a context of accountability."

Current service providers include hospitals, family physicians and paediatricians, community health centres, child protection services, Aboriginal organizations, youth justice services, early child development programs, child care, schools, adult mental health services, family violence services and shelters, youth employment centres, settlement organizations, cultural groups, faith communities, recreation programs, municipal social services and children's mental health centres.

Many participants observed that the big picture issue is not who is providing the services, but what the whole picture is going to look like. They articulated the need for a policy framework to:

- ensure that the system is able to meet the growing challenge of effectively and efficiently meeting increasing demand for services
- articulate the public commitment and resource allocation which will facilitate service providers' ability to put ideas into action
- present a comprehensive, systems strategy that cuts across sectors, jurisdictions and disciplines
- set an appropriate level of care to be provided in every community across the province

Participants recognized that CYMH services alone cannot do all the work – many other systems also contribute to outcomes for the CYMH network; that CYMH services move in and out of other systems; and that an effective integrative quality is currently lacking in some communities.

Some participants indicated that the policy framework should differentiate between what the service should be and who should deliver it – this is the opportunity to define services that can, and do flex to better serve children and youth. Other participants suggested that this is an opportunity to think beyond simply the coordination of services; it's time to think about community development and bringing systems together.

Most participants felt that this is a chance to get the mental health needs met no matter where the child/youth is located. The policy framework should recognize an inter-disciplinary approach, not get too narrow, and emphasize a network of services to promote and enhance a systems approach. The key to this approach is initially linkages and

partnerships, recognizing and managing the gaps and seams that currently exist between various services, sectors, and ministries.

At the same time participants don't want to make either the mental health needs of children, youth and their families or caregivers, or the CYMH services too generic. Expertise is required to effectively deal with CYMH concerns and the policy framework should reflect this. Participants advocated flexibility and open mindedness about the best approach to take.

Participants called for the policy framework to take a close look at how all the pieces fit with the reforms occurring in the broader child and youth services sector, and extended the quilt metaphor to call for a planned and pieced quilt, a quilt that makes the best use of all the pieces available.

The other transformations and reforms underway in child and youth services in Ontario have put, and are putting pressure on CYMH services with insufficient resources to deal with the additional pressures. This is recognized as a situation both of challenge and of opportunity. Participants expressed determination and belief that this time the changes will be done well.

One opportunity recognized is for CYMH to work more closely with child protection services. Child protection has an increasing number of children and youth in care, and is recognized as working with complex needs *"in the deep end of the pool."* This is seen as non sustainable as it is creating a huge deficit. *"The creative capacity of CYMH services to provide alternatives to residential services is a great opportunity."* Similar opportunities exist around the transformation underway in youth justice services.

Another issue mentioned around the simultaneous reforms is that priorities are being set elsewhere. For example, as there are cuts in school-based services, the CYMH system's caseload has become larger and more challenging. Clearly this upsets clinical priorities as services are driven by priorities in another system and become reactive and not preventive.

In the short term participants called for more formal collaboration among service providers in funding, planning and service delivery. Common data collection, shared information, common or integrated funding protocols, and common identification of desired outcomes, intensive case management and service coordination are means of beginning to bring a systems approach to CYMH services. Longer term strategies involve arriving at an overarching vision for CYMH services.

The longer term view points to a policy framework that provides the structures and foundation of our collective experiences and learnings from existing programs, successes and ongoing research evidence. The framework should not work towards the lowest common denominator, but build on what is working – the strengths of the service network. Participants saw this as a forward leaning process that is not to dwell on where we've been, but on where we need to go to meet the high social expectations we have for our children and youth.

Specific programs and services (service delivery models) may look different because of local needs and existing configurations. The principles in the framework and subsequent policy must ensure that key features of services are highlighted in each community.

It is unlikely that all programs will develop in the same way, or be delivered in the same way. A policy framework should describe the key components that should be available to children and youth across the province. The way in which components are designed and delivered may vary in different communities and services may evolve differently.

2. Coordination Within MCYS and Across Ministries

Better coordination of services may mitigate the need to expand the CYMH services mandate. Participants felt that this is happening on the ground at the local level but that there are barriers at the ministry level. They called for inter-ministerial and intra-ministerial cooperation, and top down support for the ground up creativity. Government leadership and local collaboration are both needed to break down the silos interfering with effective services for children and youth.

"Clients don't care who helps they just want the help."

CYMH services were viewed as essential as changes are made in child protection, youth justice and education and other parts of the child and youth services sector. As other sectors change, CYMH is expected to respond, and is forced to make choices between supporting the changes and continuing services. The policy framework initiative needs to be consistent with other transformations.

Participants viewed successful inter-ministerial collaboration as an essential step towards more effectively responding to children/youth's needs. Areas mentioned include health, health promotion, education, justice, community and social services, the arts and culture, and recreation.

More specifically, they called for the government to work on the following areas while developing the policy framework:

- formalize and support the role of early years programs, recreation programs and schools in early identification of mental health concerns
- engage schools and child development programs in case management and on-going support services
- support family physicians with evidence-based practices and timely access to community-based services
- improve transitions from intensive and emergency hospital services to community-based services and supports
- focus school services on mental health instead of behaviour
- amend the Safe Schools Act
- re-purpose youth justice beds for secure treatment
- eliminate the gaps in services for Ontarians between 16 and 21 years of age

Some of these points might be better framed as issues to be addressed parallel to the policy framework, but are not likely to be part of the framework. They are more accurately part of the next steps, of the implementation process.

Participants called for the system to deal with and facilitate partnerships and collaborative work. To ensure that service providers, wherever they are, work together in a coordinated manner and have an integrated service plan negotiated with the child/youth and family/caregiver, participants recommended formal mechanisms, variously called 'system navigation', 'case management' or 'case coordination'.

The hope was expressed that as working together becomes part of the culture, a truly collaborative culture will evolve in CYMH services leading to shared systems services. Dedicated resources are needed to make this happen. *"The expectation is that people can come up with creative solutions over time; this will take care, nurturing and feeding over the years."*

3. Equal Right to Timely and Effective Service

Participants were adamant that every child/youth deserves to have mental health services when needed. They called for non-discrimination in access to services, and mental health services that reflect, respond to, and demonstrate respect for the diversity of our society.

"If there is equal opportunity then there is an opportunity to be equal."

They were loud and clear in their call for *"timely and effective services for all children and youth"* regardless of economic status; geographical location, including remote and rural communities; family status; language; culture; gender; immigration status; legal status, including involvement with child protection or youth justice services; system involvement; and demographic characteristics, including above average population growth, ethnicity, age, and sexual orientation. The importance of 'timely' was reinforced by a parent's observation that *"my son wouldn't have tried to commit suicide if he'd gotten help when he first needed it."*

Participants observed that the experience is much different from community to community and from language-cultural group to language-cultural group; that there are different realities being experienced in Ontario. The question was raised as to whether the key issue is around language or cultural differences, or around corporate culture or quality of clinical interventions.

"Family culture may be perceived as a barrier; but is really a service provider problem in involving and engaging the families."

The importance of advocating for children, youth and their families or caregivers, and providing services in culturally sensitive and respectful ways was stressed. Participants were mindful of the need to understand the concept of 'family'; to be inclusive in conceptualizing family; to be sensitive to the use of language; and to acknowledge that many children and youth have multi-caregivers who may change over time.

Aboriginal children and youth are often not seen to be on the CYMH agenda; they need to be, and be seen to be. Participants spoke eloquently of the desperate needs of Aboriginal children and youth, and the lack of services to ensure that their communities have what they need to be healthy. They emphasized that those writing the policy framework should keep this in mind as they strive to meet Aboriginal children and youth's needs. The discussion with provincial Aboriginal organizations also emphasized the need for a distinct Aboriginal mental health strategy that recognizes the inter-generational approach to mental health needs in Aboriginal communities.

Services need to be provided in French, within the francophone culture and within designated francophone areas. This was seen as another example where the issue of equal access to services ultimately comes down to resource availability.

Others spoke of the need for multicultural services which might be different from the traditional approaches in order to meet the needs of new immigrants and of refugees from war torn countries. New or different cultural sensitivities are required to effectively assist those children and youth who have experienced armed conflict, or have moved here from francophone African and Caribbean countries.

Participants emphasized that CYMH services must recognize and reflect the rural reality. Remote communities deserve services to help deal with distances, isolation, despair and poverty. They identified huge disparities in how long children and youth have to wait for care and what kind of care is available when they are done waiting. The result of this disparity is that children and youth living in different regions have quite different access to services. Participants were reluctant to accept this status quo.

"Living in Ontario means getting the care you need, when you need it, wherever you live in the province."

Participants mentioned other barriers to timely and effective services including outdated service delivery models, the 'most in need' criterion and stigma. Service delivery should reflect the needs of modern families, with participants suggesting 24-7 services beyond crisis intervention. It is very costly for families to meet our schedules currently; ideally, schedules should include greater flexibility around time of day, and day of the week.

"Service delivery models must meet the needs of modern families."

Stigma, including labeling and the use of language, was seen as one of the biggest barriers to accessing CYMH services. It prevents:

- children, youth and their families or caregivers from coming forward
- people from recognizing mental illness as a legitimate illness
- governments from investing in the system
- the system from demonstrating improved results

Youth participants were particularly sensitive to the effects of language. Similar concerns were expressed by many participants around the issue of access to CYMH services for children and youth involved with the child protection and youth justice systems. The sentiment that *"a child is a child no matter their system involvement"* was often expressed.

"Look at the youth, not at the problem."

Participants observed that CYMH services need to offer effective and timely response for many reasons – the most important being to ensure that the individual does not suffer unnecessarily. Mental health is a key component of overall health and well-being and the absence of positive mental health:

"Don't try to deal with me, let's work together."

- deprives people of the right to a safe and secure life
- contributes to marginalization and instability
- leads to a downward spiral from which it's difficult to recover

Participants made a moral case around the inherent 'fairness' involved with equal access for all, and a utilitarian case based on the general benefits for all of us in society. In this approach, mental health is viewed as a basic human need and entitlement. Promoting mental health *"is not just a noble thing to do. There is a solid business case that can be made."* Improving mental health of Ontario's children and youth will contribute to the overall health and prosperity of the province, and likely cost less in the long run than relying on a most-in-need crisis intervention approach.

"Services must be available to all children, youth and their families – regardless of severity of condition – be sustainable over time, and be funded to the level of need."

4. More Capacity at Multiple Levels

To summarize and paraphrase a clear, constant and consistent message from the various community discussions, we cannot claim that all that could be done is being done to reduce the impact of mental health problems on Ontario's children, youth, families, communities or economy. To date, a lack of political commitment and resources has meant that Ontario has not taken advantage of the significant number of resources and assets that could be available through a coordinated Ontario-wide strategy. In light of this, participants spoke of the need for "more, please...:"

- prevention programs
- screening and early identification
- early intervention (related to emergence of mental health needs, regardless of age; early stage and early age)
- support to teachers, physicians and 0-6 workers re: early identification/intervention
- services for Aboriginal, culturally-diverse and newcomer communities
- secure residential treatment beds for children and youth involved with child protection and/or youth justice services
- respite for children, youth and their families or caregivers
- support for the mental health needs of parents and siblings
- collaboration re: priority-setting, resource allocation, service planning and service delivery (e.g., more case management/service coordination)
- in-service training and professional development

Capacity building also involves taking a more creative, outside the box approach to services and service delivery. This may be as simple as expanding hours of service availability; or as complex as rethinking priorities and balances – focusing on determinants that influence mental health in order to build capacity in communities, families and individuals to achieve good mental health. Participants were willing to work both the demand and supply sides of the capacity equation.

The CYMH system needs to encompass a broad concept of wellness and timely response for those who need it. Even with a wellness, prevention, early identification and intervention approach, some children and youth will need intensive and continuing services.

Participants recognize that providing CYMH services is a business, and that we possess both the business skills to act in a coordinated manner, and the managerial skill-set to carry it off. They called for the development of a cross provincial 'community of practice' – an informal network where people can exchange tips and ideas, find solutions and build innovations with their colleagues in the CYMH sector.

Participants noted a capacity issue involving CYMH in that as a non-mandated service, it must remain within budget; whereas child protection and youth justice can go beyond budget as a means to access services. Part of this discussion addressed the large number (as high as 300 was suggested) of groups providing CYMH services from different pots of money. One participant noted the importance of avoiding jurisdictional and sectoral competition by utilizing a more cooperative and integrated approach.

In order to respond to service demands, CYMH needs to increase capacity at the front line level – supported by research, and knowledge of recent transformations within the broader child and youth services sector. Comments such as "If you build the beds they will come" demonstrate the undercurrent of pent-up demand for services and the need for expanded capacity. While participants articulated the need to build capacity as a priority, they recognize that it must happen within the context – and understanding – of concurrent reforms in child and youth services.

5. Service Delivery Within the Context of the Whole Child or Youth

Participants called for a holistic approach to service delivery, one which sees the whole child/youth who is at the core or centre of CYMH service delivery. Similarly, the role of CYMH services needs to be clearly situated within the broader system of services and supports for children, youth and their families or caregivers. We must look at the child/youth as a person first, and not take our first look in the context of services.

"CYMH services are serving a person not pieces of a person."

Participants outlined a holistic approach that will encompass child, youth, and family capacity building and support, including practical supports such as childcare and transportation as well as support for the mental health needs of parents and siblings. The goals are both to achieve wellness or well-being, and to treat mental illness or mental health problems. Service plans should consider and, where possible, address social determinants of health.

"For a family it's not an addictions issue, a mental health issue, or a problem to be dealt with, it's their child."

Services need to be wherever the individual is housed. Children/youth are in and out of school but CYMH services still have to be able to access them. Services should go to where the child/youth is – home, foster care, street, hospital. The message was to *"reach out and deliver out."* CYMH services are analogous to a conduit reaching from where the child/youth is to what the child/youth needs. *"It's about kids and families, not an individual agency's wants and needs."*

"As we transform the CYMH services system, we cannot look at mental health in isolation from other needs."

CYMH services and the healing involved need to happen within the community. *"To deal with the whole person, you need to consider context."* The Aboriginal medicine wheel approach is holistic. It includes the notion that the whole being has to be healed and services have to work together to make that happen.

Youth participants indicated that youth can be in 4 or 5 groups depending on presenting problems or diagnoses, and that they cannot be treated effectively in one group at a time. They were clear in their recommendations for a more holistic approach.

"No silos. Take a more horizontal approach. The issues are usually linked. The system should look like a clothesline."

Community participants talked about being driven by – and responding to – the needs of children/youth. If the process is driven by and responsive to budget and turf protection, it's wrong. The children/youth are more important than our respective systems. They described funding that is based on popularity and trends, and how trend chasing and making the diagnosis fit with the funding, may not reflect the child/youth's needs. If we are offering holistic service then we need to be able to budget holistically and focus on needs rather than service limits.

6. A Balanced and Broad Range of Interventions

Participants spoke of the need for a range of services so that service providers stop running after resources, and so that children, youth and their families or caregivers stop running after services. This range of services involves connectors and collaboration. Everyone – service providers, and children, youth and their families or caregivers – needs a clear picture of that range; a notion of “one stop shopping.” Families don’t care where the services come from; they need services when they need services.

In short, participants called for an inclusive range of integrated services involving:

- mental health promotion
- stigma reduction
- prevention programs
- risk reduction
- screening and early identification
- assessment
- residential and non residential treatment
- follow-up and transition supports
- sustained continuing care

Youth participants observed that children, youth and their families or caregivers shouldn’t be the ones who have to look for help, and called for more support before there is a problem. This was echoed and supported at service provider discussions when participants observed that we can’t wait until the children/youth get to the troubled or diagnosable level. Such effective early intervention may preempt the intensive work, or reduce its level of intensity. Participants referred to the tension between those who need services now and those who – if things are done differently – may never need intensive services.

Participants indicated that the part of the policy framework dealing with an effective, balanced and broad range of interventions should include the following features:

- conceptualization of human development as a continuum and management of transitions
- eligibility for service should extend from pre-natal to age 21
- FAS/FAE and youth addiction services should be part of the range of CYMH services
- issues such as suicide prevention, sexual abuse, eating disorders and dual diagnosis/complex needs should all be addressed within the range of CYMH services
- initiatives should enhance both formal and informal or grassroots services (youth participant)
- resources for more recreational, social and arts programs (youth, parent and service provider participants)

“Depth of services is as important as breadth of services.”

Participants voiced the need for priorities to be set on serving the needs of all children and youth by providing a range of services. There was a clear indication of the movement away from considering only those most in need. They recognized that even with early intervention, some will need continuing services. *“Continuity and effective mid range services can sustain children/youth in the community.”* Participants at several discussions observed that alternatives to traditional services – things such as art, music, and drama therapies – are often the first victims of budget cuts.

“If we focus too much on each end we’ll lose sight of the middle.”

A well tailored system involving a range of services and an element of timeliness was viewed as important. CYMH services work across other systems such as education, health

and MCYS, and need to be able to move in and out of those systems without barriers. There shouldn't be parallel systems in existence or development.

"Services need to be available to the level of need, not the level of funding. There needs to be robust, well funded CYMH services."

7. A Human Resources Development Plan

The effective treatment of CYMH problems requires both appropriate supports to affected children, youth and their families or caregivers, and professional services delivered by skilled service providers. Participants frequently called for the policy framework to encourage and foster the capacity of the system to attract and retain educated professionals. Employee engagement was seen as a critical success factor in CYMH work, and can be fostered by:

- creating critical mass by, for example, recruiting more child and adolescent psychiatrists
- promoting CYMH services as an employee of choice
- working with colleges and universities plus offering comparable compensation in order to improve the sector's ability to recruit and retain staff
- offering incentives for students to enter into child and youth mental health college and university studies and programs
- updating college/university curricula to reflect evidence-based practices
- supporting and respecting the mental health needs of workers in the system
- providing ongoing training of professionals in the field. Staff training and development should be supported provincially and delivered locally
- empowering staff to 'follow the kids' and deliver services across multiple systems

Participants felt and spoke strongly about this issue. Due to uncompetitive salaries some agencies have had to hire less qualified staff, and others have had to leave positions unfilled. Agencies have faced high staff turnover as people exit the sector in search of better salaries. Our children and youth need continuity of care from a solid, knowledgeable professional staff to get the services they deserve.

"If we continue to ignore the Human Resource capacity issue, we're building our house on a fault line."

There is a high human cost imposed upon those who work in CYMH services, and an even higher price paid by the children, youth and their families or caregivers attempting to obtain services.

It was a widely held observation or perception that investment in the people who do CYMH work, the front line workers, has not been a priority of late. There were demands to shift that priority so our people come back, front and centre. Issues raised include identifying a reasonable case load, describing a day's work, benchmarking, best practices and a comparative approach to HR. The success of our system depends on the health and well being of our employees which in turn has a serious impact and effect on outcomes. We need to recognize this factor.

Participants suggested that a more comprehensive Human Resources approach was required, one which would recognize:

- the work people are doing collaboratively and creatively to provide effective and efficient services
- career path development opportunities
- the importance of investment in staff to ensure system sustainability
- that more balance within careers involving prevention work as well as intensive interventions would reduce burn out

There were two threads running through the discussion on HR issues. Participants recognized the quality of the people working in CYMH services. One participant noted that *"The majority of staff is here because of passion... for the work and for the kids."* Others commented on the need for on-going training and learning. A youth participant summed up this approach: *"Workers are often not trained and supported properly. They need to support young people rather than deal with young people."*

8. Accountability and Continuous Improvement: Evaluation of Services and the CYMH System

The thesis running through this theme is that knowing what to measure and how to measure it can make a complicated world much less so. Participants perceived that the CYMH service system knows what works for children/youth and what doesn't. This knowledge is experience based, and supported with standardized measurement of individual child and youth outcomes (e.g., pre, post and follow-up use of BCFPI and/or CAFAS) and system-wide outcome measurements (e.g., suicide rates, school expulsions, youth crime, etc.). Effective use of this knowledge will lead to continuous improvement at both the service provider and system levels.

The CYMH services system can use research data to create tiered mechanisms to meet the needs of children, youth and their families in Ontario. The data has been consistent over time, and across communities and jurisdictions which will allow the framework to design the system based on what we know. Participants were clear that there exists a strong knowledge base that could be more effectively and efficiently utilized.

"CYMH is unique. Kids have different needs than adults. There is a unique body of knowledge and skills attached to it."

The shift towards increased and ongoing evaluation is not an event, but a process of ongoing improvement. As researchers better understand the problem, the system can design better ways to intervene and better ways to effectively set policy for CYMH services in Ontario. As we find out what works and what doesn't, we can fund the things that work and not the things that don't. Participants recommended that there be:

- a provincially consistent way of collecting and sharing data, so decisions are data driven
- inclusion of front line workers in the data collection
- service standards, achievable through accreditation
- data collection and accountability for use of psychoactive medications (youth participant)
- a close look at parts of the province that are ahead of the rest of the province

Participants were careful to draw our attention to some caveats with respect to evaluation:

- the focus needs to be on positive outcomes
- best practice research is often counter intuitive
- this is not an exercise in data collection
- information and data collection may not have positive outcomes for clients initially
- collecting (new) data is not synonymous with having new knowledge

We need good outcome data that informs so that we can develop learning organizations and effective communities of practice based on identified strengths and internationally available research on promising and best practices. The overall outcome is *"a culture of informed and educated professionals serving kids."*

This approach demands standardized outcome measurement tools to establish a base line so we can develop success measures. Participants recognized the importance of these tools but observed that agencies are having difficulty with resources and expertise for pre and post measures and research. The way forward is more complex than simply providing the tools and resources to use them. Supervision at a clinical level is essential in a clinically appropriate best practices approach. Many of our service delivery models are too traditional. We need to look more closely at promising practices and innovations, and developing paradigms.

"The exciting stuff is out there. We need to get into our services, to encourage innovation and assess it."

Participants addressed the effects of moving toward a culture of change, assessment and evaluation, and of constant improvement from the point of view of what is best for children, youth and their families or caregivers. One participant's comment summarizes much of this approach. The policy framework can foster accountability and improving performance based on a tripod of:

- service standards (e.g., accreditation)
- improving mental health outcomes for our children and youth by determining the effectiveness of mental health approaches, services, and programs and feeding the results back so as to improve the performance of the system as a whole
- an organic, living policy that reflects the findings of ongoing consultations, knowledge of best practices, and lessons learned

CYMH services ought to be based on practical, scientifically sound and socially acceptable methods and technology. These are routinely evaluated through research and practice, the results of which are used to make ongoing improvements in services.

A unifying approach to facilitate knowledge formation and transfer across the sector requires:

- developing an evidence based information platform
- identifying and implementing priority areas for investment, including prevention, refocusing the balance, system monitoring and analysis, standards, clinical practice guidelines, human resource planning, and research

It's likely to be a long and winding road to a systemic Ontario-wide CYMH policy framework. The strategy proposed is an achievable public response. It will support improved management of CYMH services across jurisdictional boundaries, and deliver significant and measurable gains to Ontario's children, youth and their families or caregivers.

CAS/Youth Justice Involved Children and Youth

Following the morning's considerations of goals, principles and services of Ontario's CYMH system, participants were asked: What do you see as the issues and challenges regarding access to mental health services for children and youth involved with the CAS or youth justice systems? Participants represented a variety of sectors and understandably, not all of had an understanding of some of the historical tensions that exist among child protection, youth justice and CYMH. As such, this lead-in question set a context for the ensuing discussion.

Issues

Participants identified a series of issues which at first glance may seem unrelated, but closer analysis shows a degree of interconnectedness. The range of issues identified by participants includes:

- by the time you get to child welfare and/or youth justice involvement, there is a lack of client cooperation and resistance
- capacity
- collaboration
- complexities of needs
- coordination of services
- disconnect between what CAS wants, and what CYMH is able to provide
- geographical placements
- inter-ministerial issues around health and education
- queue jumping
- reintegration
- safety concerns as a barrier to service access
- suspensions from school makes things worse for the kid; keeping them in school makes things worse for class mates
- transitional age

Child protection and youth justice representatives were vocal in identifying a perceived lack of responsiveness on the part of CYMH services. Many participants believe that child protection and youth justice have the most troubled children/youth. These children/youth are very expensive to serve, and achieving positive treatment outcomes is challenging: Their needs are complex and severe, and the duration of treatment service can be long. If more of these children were to be served, the feeling among participants is that children in the broader community – whose needs may be just as great – would not get served.

"One cannot overemphasize the complexity and variety of needs of these youth, and the difficulty of meeting these needs."

Child protection and youth justice demand timely access for these children/youth. CYMH cites a capacity issue around its inability to respond quickly, noting that this is frustrating for both the service provider and the service receiver. Because CYMH has limited resources, priorities and controls about who gets served must be set. The issue of equal access to services is really about resource availability – not entitlement. CYMH participants called for increased resources, given that child protection and youth justice clients could feasibly consume all the available CYMH services.

Many participants recognized the access issue as one of resources, commenting that somebody needs to provide services and it seems like CYMH is the default system. CYMH would like to be able to meet the

"We need some strength behind us and we will be here for child welfare and youth justice kids."

needs of children/youth who are in the child protection and youth justice systems but they are lacking resources to do so.

This capacity issue is exacerbated by the situation where CYMH services – a non-mandated service – must stay within budget, and child protection and youth justice can go beyond budget as a means to access services. As mentioned earlier, CYMH is under funded which inhibits its ability to provide timely access. As such, these other mandatory programs are developing their own systems for meeting the mental health needs of their clients. Different sectors are providing CYMH services from different pots of money.

Participants perceived that a parallel CYMH system was developing in Ontario, in part because CYMH is unable to provide long-term services for children/youth who are growing up in care. CYMH services may be more cost efficient and more effective, but the quantity of these services isn't keeping pace with population growth and increasing demands. As a result, child protection and youth justice are purchasing services. The capacity of community-based CYMH centres needs to be strengthened: If more services were available within this system, then families might not end up in the position of having to relinquish care of their children/youth.

Strategies

Following discussion of the above issues, participants were asked: "What are your thoughts on options/strategies that might be considered by the government to address these issues and challenges?" The ensuing discussion was at times circuitous – and the strategies suggested were often not without their own issues and challenges – but four themes emerged:

1. By virtue of involvement with child protection and/or youth justice systems, the child/youth deserves prioritized access.
2. There should be a single access mechanism route based on need.
3. Child protection and youth justice should be able to purchase necessary services.
4. The picture is complicated by lack of access to, or availability of local residential services.

1. Prioritized access for children and youth involved with the child protection and youth justice systems

By virtue of their involvement with the child protection and/or youth justice system, a child or youth should be granted preferential access to CYMH services, based on need.

- the decision to take a child/youth into care is not taken lightly – only those with serious needs are involved
- being taken into care is traumatic in and of itself, and would be the 'just in time' time for treatment
- some of these children and youth do not have a family
- priority access might help to pre-empt parental abandonment
- child protection and youth justice perceive a lack of responsiveness and timely access for their children and youth

2. Prioritized access for children and youth based on individual need

This is the obverse of the first strategy suggested, and maintains that access to CYMH services should be based on the needs of a child/youth, not those of a sector.

- access decisions to CYMH services should be needs-based as assessed by the CYMH experts
- involvement with child protection and youth justice is a potential indicator of need for CYMH services, but not the only indicator of need
- children and youth involved with child protection and youth justice are entitled to the same services without barriers based on their guardianship
- prioritized access based on system involvement:
 - is discriminatory
 - sets up two access mechanisms – duplication, overlaps and gaps
 - may encourage child abandonment as a means of accessing CYMH services

"More emphasis and resources for prevention services and early identification and intervention could keep kids out of the child protection and youth justice systems."

3. Purchase of CYMH services

Some participants suggested that the best way to deal with the pent up demand for CYMH services is for child protection and youth justice to purchase these services:

- ultimate accountability based on marketplace
- increases capacity of CYMH service system
- avoids dual system with its potential overlaps, gaps and duplication
- solves the problem of timely response
- subsidizes the CYMH system

Other participants expressed the following caveats:

- potential conflict with service provider being funder
- potential distortion of service decisions
- may be perceived as queue jumping

4. Local availability and accessibility for residential services

This discussion was complicated by widely held perceptions of a shortage of local community based residential services when children/youth are taken into the child protection or youth justice systems. Children and youth are being moved outside of their home communities to access residential services.

- these placements are often short term and transitory in nature, making it difficult for CYMH services to follow
- removal from home school and community removes natural support systems increasing the need for CYMH services
- system should remove children/youth from their community as infrequently as possible
- problem solve locally and devote a wider range of resources to present a wider range of options inside each community to keep more kids at home

Participants recommended the following:

- clarify and resolve whether priority access is based on level or need or system involvement
- create local community child and youth services networks—single community planning table—coordinate the transformations
- increase CYMH capacity
 - More emphasis on and resources for health promotion, prevention and early intervention
 - Provide alternatives to replace out of community placements in residential beds

Success

Each community discussion ended with participants being asked to identify and name one key positive outcome (i.e., benefit, change) that they would like to see as a result of the development and implementation of Ontario's CYMH policy framework. Participants were encouraged to articulate any success that was meaningful to them – whether it be a success for children, youth and their families or caregivers, for society or for services providers. Discussion took place as a go-around where each person had an opportunity to share their one success, uninterrupted by others. Participants' responses were collated and categorized into several themes that are outlined below.

Services – Timely, Accessible, Appropriate, Range of

Throughout the days' discussions, excessive wait times and long waitlists were identified as serious challenges for children, youth and their families or caregivers who are in need of service. When asked to name one key success, it is not surprising that many participants spoke to the elimination of these challenges: They stated that success for them would be that *"Ontario's children, youth and their families or caregivers would receive services when they needed them."*

Although providing more services can help reduce wait times and make it possible for more children and youth to be served, participants emphasized that the best way to meet needs is to provide (timely) services that are also 'smarter' and 'well-seamed' so that children/youth do not fall between the cracks. Participants advanced the discussion of timely services to also include services that are: 1. easily accessible; 2. appropriately matched to needs and culture; and 3. more plentiful and wide in scope – including prevention, early intervention and specialized services.

Network Formation – Partnering, Collaborating, Cooperating

A large number of participants mentioned successes that were classified into the theme of 'network formation'. Participants called for:

- an increased collaborative response across sectors and ministries.

Easily accessible

"The seamless access thing – flow so that a kid doesn't have to wait unduly."

"Families will land at the right place no matter who they call. Fewer families will be falling between the cracks."

"To have one place or contact where a kid or family can go to access a network of supporting services that is flexible and responsive."

Appropriately matched to needs/culture

"Culturally appropriate and sensitive for all cultures within our communities."

"Reintegrating/repatriation of Aboriginal children back into their families and their communities."

"CYMH services need to reflect and respond to diversity of our society – sexual orientation, culture, language, geography."

More plentiful/wide in scope

"24/7 services."

"More recreational and social programs."

"Early intervention services to keep kids in their own families."

"Offer support and service to those not yet mentally ill."

- a framework upon which we can build a child and youth service system with clear distinct components, and well established protocols for the components to work together.
- the community working together locally to drive early intervention.
- improvement in continuity and/or extension of care or treatment.
- successful interministerial collaboration to respond to children/youth's needs.

'Network formation' is multi-layered and encompasses many different ways – or levels at which – partnering, collaborating and cooperating might occur. Participants would like to see collaborations like:

- interministerial collaboration
- sector, system partnerships (e.g., those with child protection, youth justice, health, education, developmental services, etc.);
- service delivery partnerships (e.g., collaborative service delivery approaches between service providers; formal service protocols or agreements)
- intra-agency partnerships (e.g., knowledge transfer down to front-line workers)
- community partnerships

Participants also indicated several practical consequences of partnering, collaborating and cooperating – the most important being that silos between systems would be broken-down and children and youth would no longer be bounced from one system to another. Some additional benefits include:

- the breaking-down of funding silos
- the reduction in duplication of services
- the enhancement of communication across sectors

"We get away from silo thinking. Families don't come to the agency asking for a service they come with a problem. They don't care who provides the intervention, they want help for their child/youth"

Funding and Resources

Many participants said that success for them would be a change in the way – or in the amount of – funding and resources infused into the sector. They emphasized that the sector needs *more* money in order to better meet the needs for service, and to make "*all of these dreams come true.*" They also want to ensure that funding is put in place to accommodate future increases in demand for services.

- The system has the funding behind it to make it happen.
- Not having to rob one program to save another.
- More money for more services. Let's not make a grand document, and then have an outcome of nothing more for families.

Many participants would like resources to be allocated differently, or leveraged in more creative ways. Still others indicated that they would like to see some transparency and fairness in the way funds are distributed. They also mentioned that we need to ensure that money is built-in to the system so that we are prepared to deal with future, potentially greater needs of children and youth. Below is a sample of some of the comments related to this issue:

- Funding would be broad and not tied to a label – label only gives access to that piece of services and the child/youth suffers label stigma – rationalization of funding at systemic level and multi year – avoid silos and artificial transition points.
- Equitable funding on population basis.
- Take advantage of funding going into Best Start.

- CYMH plan falls out of the framework, so that in advance of potentially new money, that there are agreed upon priorities (accompanied by an on-going planning process).
- We don't know if we are using our children and youth funding across the whole system most effectively. We need agreed local outcomes and pooling of money.
- Multi year funding base.
- Get politicians to think of broad sense of funding of CYMH – go to the broad subject of CYMH and they can distribute the money into different pieces.
- Need to recognize that there is a lot of money across systems which can be spent more wisely, but should not be shrunk.

Outcomes-Focused System that Delivers Evidence Based Practices

Participants emphasized that all CYMH services should be grounded in evidence based research. This would allow the system *"to know better what works for children and youth and what doesn't"* and as a result, to deliver programs and services that not only meet needs but have the greatest impact. Participants also mentioned that the system should be incorporating evaluations into program planning and improvement by applying lessons learned and building on past successes.

Many participants called for the development of meaningful child and youth outcomes and indicators of success. The processes for development of these should include extensive involvement from front-line workers, clinical experts, children, youth and their family or caregivers, and people who represent culturally diverse viewpoints.

They indicated that they would like to have access to standardized outcome measurement tools (in order to establish a base line of results) but noted the importance of having *flexible* outcomes that accommodate variation within communities.

Stigma Reduction and Recognition and Support of the Importance of Mental Health

For many participants, their one success would be a reduction in the stigma that is associated with mental health problems in children and youth. Closely related to this, participants hoped that one day there will also be more support – at community and government levels – for the notion that social, emotional and behavioural well-being is an integral part of healthy child/youth development. Many also called for mental health to be given the same priority as physical health:

- Mental health be de-stigmatized and normalized and de-pathologized.
- Families or caregivers with children/youth with MH issues accept their children/youth as having a MH issue.
- Political recognition of importance of CYMH.
- Taking the stigma out of MH, it being viewed just as any other illness.
- Mental health becomes as important as physical health – service available without question.
- CYMH services a priority and on equal footing with physical health.
- Visible successes of this policy so that CYMH can have an increased public and political emphasis and priority.

Holistic and Child/Youth/Family Centred

A commonly-heard description of success was that children and youth must be kept at the focus of the system, and valued and respected as an important resource in Ontario.

Participants advanced this notion in practical terms by stating that services must be child and youth focused. Moreover, participants spoke to the interplay between the 'physical' and the 'emotional' in development and well-being, and argued that the system should offer high-quality services that treat the *whole* child/youth – taking into consideration all of the social factors in a young person's life that can influence his/her mental health (e.g., poverty, education, gender, ethnicity, etc.). Below are examples of participants' statements that were classified into this theme:

- Deal with the child/youth and not the problem.
- Maintain view that every child/youth and family is unique.
- See children/youth as resource; Respect for children and youth.
- All decisions driven by the needs and experiences of the child/youth.
- System fits the child/youth; we make it work for the child/youth.
- Individualize each person in their own special way.
- CYMH policy framework should acknowledge the role of poverty, housing, violence, addictions, eroding of school-based services ...have on CYMH.

Healthy(er) Communities

Many participants envision success as 'communities being healthier'. A healthy community would have: fewer children and youth with mental health problems, more children and youth reaching their potential, and reduced family burnout/breakdown. A number of people made reference to a deeper sense of 'healthy' by proposing that entire communities would take responsibility – and have the capacity and resources in place – for 'growing' healthy children and youth. Participants hope to see:

- a decrease in the number of referrals of children and youth for mental health problems. (The identified needs and outcomes have improved so children and youth can function on an everyday basis.)
- a reduced number of children and youth with mental health needs because we have healthier families and communities and because things are being identified closer to onset.
- healthier children and youth positively contributing to their community, and feeling positive and hopeful about the future.
- Children and youth with MH problems develop into contributing citizens, connected to caring and nurturing families or caregivers.
- Children/youth grow up to raise the next generation of resilient children and youth.
- healthy communities that can support and sustain vulnerable people with the least number of external interventions and the most number of community based services.
- that all of our clients are our collective clients – when public funds go to agencies there are no barriers – children and youth in need are our collective clientele.
- the capacity of children, youth and their family or caregivers, agencies and the province can grow; need will never exceed capacity.
- the village of Ontario rais[ing] our children and youth to be healthy and productive.

Appendix A: Schedule for Provincial Policy Discussions

September 30	Toronto
October 4	Chatham
October 7	Sudbury (teleconference with Thunder Bay, Sioux Lookout, Kenora and Sault Ste. Marie)
October 14	Mississauga
October 17	Hamilton
October 18	Stratford
October 19	Kingston
October 21	Uxbridge
October 24	Toronto
October 24	Toronto (provincial Aboriginal organizations)
October 26	North Bay
October 27	Toronto (parent)
October 28	Ottawa (bilingual)
October 29	Toronto (youth)

Appendix B: Participant Amendments to Goals

The policy discussions began with a broad question about system goals. To advance discussion on this topic, participants were provided with a list MCYS's goals for the entire children's services sector and were: (1) asked to discuss how these goals could be made to work for the CYMH system and (2) prompted to modify, and add to or delete from this list:

1. Balances investments between early intervention and critical services
2. Promotes child growth and parenting capacity
3. Provides seamless, family- focused services with clear points of access
4. Defines accountabilities, roles, responsibilities
5. Focuses on outcomes
6. Has common standards, timely data collection and reliable evaluation
7. Is sustainable over time

Below is a compilation of participants' suggestions for modifying each of the seven goals, as well as any additions that they offered.

1. Balances investments between early intervention and critical services

- There is a problem with first goal. It feels like a constraint goal. Where's is the promotion of community mental health and well being?
- Concerns with 1 – need early and more intensive balance – critical is a bad word because it makes prevention not critical – need to strengthen our language and our commitment to prevention – prevention is often the first thing to be tossed out the window.
- Balance is relevant.
- Balance between early and on-going.
- Balance investments across a continuum of services (don't just focus on the two ends of the continuum).
- Balance? Does it go just to the ends of the continuum, with not much in the middle?
- Early identification should be added to the first goal.
- Early intervention may preempt the intensive work or reduce the level of intensity.
- Can't wait until the child/youth gets to the troubled, or diagnosable level.
- Tension between those who need us now and those who if we do differently may never need us.
- Even with early intervention, some will need continuing services. If we focus too much on each end we'll lose sight of the middle. Need continuity and range of service.
- Believe there is a need for balance between early and critical intervention.
- But does this mean that money needs to go in both directions? Can we do both?
- The Framework should balance interventions and investments, intensive interventions and early needs. This balance needs to be reflected in funding and resources. Don't wait for crisis.
- What do we mean by early intervention? Need to clarify because early intervention can be at age 17, for example first episode of psychosis. 'Early' should not be equated with chronological age.
- Unclear about meaning about 1 – balance, early intervention, critical services.
- Need to identify the in-between services.
- Framework needs to address the needs of children/youth who have mental health problems, but also needs to provide for children/youth who may end up developing problems down the road.
- There is no investment in our sector – our timbers are bending, our framework is crumbling. This sector in general is crumbling. Don't just talk about sustainability, but also recognize our crumbling sector.

- Continuity of Care – prevention is essential but also must have a response for those in need/in crisis.
- Analogy for a system ‘waterfall,’ focusing on those who have fallen over in the waterfall, we need a balanced focus to be sure we not only prevent children/youth from going over the edge but also from even entering the water.
- Provide services for children after age 6 (e.g., Autism).
- Transitional services for children/youth 0-21 – transition to adult services – seamless system.
- Add to 1: intensive but not necessarily residential.
- Alternatives to residential being as or more helpful – community based programs.
- Add universality and health promotion, early identification – parents with MH, service provisions for sibling needs, focus on prevention.
- Children/youth with complex needs will continue to have huge needs regardless of treatments/supports available; we must always preserve these services for this group.
- Early intervention, professionals need to interconnect.
- There has been a theme that resources and the pinch on resources is making the decisions. Not a sense of the overall range of services required across sectors. There should be sanctioned and funded prevention services, sanctioned and funded early intervention services, and sanctioned and funded treatment services.
- CYMH is not just after there is a problem. We have a responsibility to get to them early – promotion and prevention.
- Impact of poverty and need for early intervention and prevention on CYMH system – social determinants of health need to be addressed – system based on research and knowledge that is available – now we make people sick and then try to fix them.

2. Promotes child/youth growth and parenting capacity

- Broaden to ‘promote child/youth growth and development’.
- Add healthy child/youth development; de stigmatization.
- 2 is vague should talk about the healthy development of ALL children/youth; framework needs to focus on all children/youth.
- Building capacity in children, youth and their families or caregivers to deal with adversities – coping.
- To address the identified mental health needs and to build resilience and capacity for children, youth and their families or caregivers.
- Helping make children/youth’s lives better – children/youth have a demonstrated ability to cope better with everyday life.
- Prevention – raising healthy children/youth – put resources there – outside stuff determinants impact on mental health – what critical factors for success need to be put into place so CYMH system can do its job.
- Need information that is not illness specific, broad based information and awareness campaign – for early identification.
- Parenting capacity and the linkage between parental mental health and that of the child/youth; does parent/caregiver have access to supportive adult mental health services; timely and coordinated synchronized approach; integration and connectedness.
- Support for families/caregivers – network for families/caregivers while they ‘wait’ and are in crisis – ‘safety net’ for families/caregivers – first step once put on waiting list – form of entry to system.
- Exercise deals with CYMH and should include community capacity in # 2.
- Prevention lies with youth, our future parents.
- We need to create capacity in each community.
- Be careful of parenting capacity which has a specific meaning in child protection. We should maybe consider a move to ‘strength based’ as it refers to parents/caregivers.

3. Provides seamless family focused services with clear points of access

- Are services available for children/youth who have no family?
- Some children/youth are not with families.
- Accessible services for Youth without families.
- Seamless? CYMH services move in and out of other systems – integrative quality is currently missing – child welfare transformation and CYMH transformation are very different – need to go down the same road in the same way – whole system of child and youth services should flow and flex within itself to better serve children/youth.
- Seamless or well tailored is very important – we are not doing that now – clear points of access are also important – people don't know how to access the services.
- Awareness and knowledge of services need to be accessible and readily available.
- A system that is understandable by the children, youth and their families or caregivers who use it, and manageable by them.
- Re access – the urban response is not necessarily the rural response – need to recognize the needs and characteristics of the rural communities – travelling to the city is not always the answer – part of community capacity – can look very different within and between regions – system needs to be supportive so that people may access from many different ways – barriers extend beyond geography – the gatekeeper role is getting more complex – we need to make it more user friendly – too complex too professional – rapidly changing service environment – better communication for all service providers – we need to get into their environment.
- Integration is as important as 'seamless'.
- Access to system easier – not the wait list issue, but finding and getting on the wait list is an issue.
- Holistic family approach, services should be extended to family and siblings even if their child/youth is not currently receiving treatment; CYMH system also has to serve families/caregivers.
- One system – seamless/integrated.
- May have a seamless service, but an important issue for parents/caregivers is access -- need services to access.
- All partners work as a team; system needs to be open and navigable.
- Need a road map – stages/times of access to system – 'highway with on-ramps' e.g., crisis accessibility at various points, networks as needed, fluid entry into system (multiple access points, interconnected highway).
- Accessibility – easy – when service is needed someone provides it.
- Accessibility around culture, language, geography, timeliness – diverse needs, diverse populations.
- Keep families intact..
- Access and availability both need to be included
- What does 'seamless and family focused' mean? Not measurable. As others are.

4. Defines accountabilities roles and responsibilities

- Include the word 'priorities' in this goal.
- Lack of partnership between ministries (e.g., education, youth justice); there is a need for more cross – ministry activities and cooperation.
- There isn't a parental rights (charter), or clearly set and defined rights and duties – current responsibilities and rights are blurred and contradictory.
- Community service providers should be accountable once they have been contacted.
- Accountability: a comprehensive CYMH system to meet the needs of every child/youth in Ontario.
- We need flexibility to deal with outcomes, and to change if the outcomes are not what we could get. This should be part of accountability, and responsivity, as they relate to range of services.

- Accountability is important within CYMH sector – needs to cut across sectors – child protection, health, education, public health...
- Core services lead to accountability.

5. Focuses on Outcomes

- If we don't look at outcomes we will get stuck on outcomes – start with outcomes and look at gaps – if we start at capacity we're doomed.
- How do we define success in terms of outcomes.
- Should we not have a definition of what kinds of outcomes we're going for? What are the outcomes we'd like to see for children, youth and families? Some have already been looked at in the determinants of health. CHEO – middle childhood framework. What are some of the outcomes we'd like to see? Outcomes should be focused on the needs of children/youth, in the broader context. Make it explicit in this framework.
- Need to get more specific about outcomes – currently a confusing situation.
- Define few and appropriate outcomes.
- Too global, goals need to be more focused and written in measurable terms to measure outcomes at community, system and child/youth level.
- System changes need to translate to better outcomes for children/youth.
- System build on an action knowledge base – operate on what we know – we know how to predict around risk factors – know how to change – needed at every stage of the continuum.
- Build not just a focus on outcomes, research, best practices, promising practices , but act on it.
- Focus needs to be on positive outcomes – best practice research is often counter intuitive – not data collection – information and data collection may not have positive outcomes for clients – data is not synonymous with knowledge.
- Outcomes – agencies are having difficulty with resources and expertise for pre and post measures and research, but that capacity should exist within the system.

6. Has common standards timely data collection and reliable evaluation

- Access and range of services needs to be universal across the province.
- Crucial piece of involving education in the process so children/youth can function well in the school system – integration – clear points of access – common priorities, standards and outcomes – capacity and availability and amount of services.
- Need to develop common standards that are evidence based.
- Construct our system on a research base.
- Flexible services within standards – collaboration within a framework can make things happen – avoid one size fits nobody strategy – quality but flexible for local situations.
- Reduce waiting time.
- No value added to a lot of data collection.
- Got to do something with data – data should improve programming accountability within agency.
- Use the research data to create tiered mechanisms to meet the needs – the data is consistent over time, and across communities and jurisdictions – design the system based on what we know.

7. Is sustainable over time

- Don't agree with sustainable over time – does this mean frozen funding – we need better, different, more funding.
- Sustainable for what?

- The concept of sustainability, is a double edge sword, as high needs children/youth may require more intensive levels of support. Sustainability focus may interfere with responding to high needs.
- Cost containment (sustainability) in one system bumps things over to another system. So if CYMH isn't supported, that bumps children/youth over to the child protection system.
- What does sustainable mean? According to what? Is it what government can afford (or what they think they can afford). There aren't enough resources available to deal with children/youth who have mental health problems. There are severe children/youth who are sitting on the wait list. We don't have established waiting times, relative to the struggle or diagnosis of the child/youth for the CYMH system. We need to be thinking about this.
- Sustainability: what does it mean?
- Sustainability is not based on existing services but needs to be much broader. Services need to be available to the level of need, not the level of funding. Needs to be a robust, well funded CYMH system.
- Consider the sector's ability to recruit and retain staff – work with colleges and universities plus comparable compensation.
- Needs to be a broad concept – expand it; make it clear.
- Feedback loops – fluid and change and react to environmental change.
- Sustainable over time – adequate resources are the key.
- Need to allow for the changes that will occur over the years to come.
- The framework itself needs to be sustainable over technological, demographic changes...
- Sustainable goes beyond the funding envelope; over life time; geographically.
- We need to commit to a dynamic system that can change based on feedback.
- Ensure that there is sufficient availability of services.
- There is a need to expand 'sustainable over time' to address the issue of the child/youth becoming an adult; they're an adult longer than a child/youth; there is not a smooth transition; make explicit a smooth transition to adult mental health system; continuation may be a better word.
- Not just system sustainability but sustainable for the child/youth.

Additions

- Integrate into the broader children/youth services – common goals for the whole sector – then within the context of the broader children/youth system decide what should CYMH services do.
- Wording needs to reflect partnerships and coordination between sectors; network of partnerships to promote/address/enhance systems approach.
- Missing piece in the 'goals' is around 'communication', 'collaboration' (interagency).
- Better functional integration within ministry and across ministries with health, education and youth justice. Elimination of barriers caused by different mandates in different services across the children/youth sector.
- Lack of partnership between ministries (e.g., education, justice) = more cross – ministry activities/collaboration.
- Issue of integration – children/youth services, health, well being system? Mental Health can get lost in the mix; need to keep a strong mental health perspective within an integrative approach as we do all the transformations.
- There are common goals here with the child protection system reform, and we do need to look for and make the links.
- Gaps and stressors in the system become relationship or integrations issues. We can start by looking at capacity, values, and outcomes and then look at linkages and integration pieces.
- Integrated can be available in a decentralized, multi services environment with community based services.

- There is no mention of partnerships with other ministries. Partnerships are needed with education and health. There needs to be a goal on interministerial, cross sector collaboration.
- Services be responsive, timely and appropriate.
- Until we deal with the issues of cultural competence, we are missing something very important. Make reference to this in the framework.
- Reduce stigma.
- 'Mental' health may be too narrow in perception and understanding. We need to consider the effects of language, labeling and terminology on stigma.
- Need a statement about children/youth – healthy children/youth, including mental health, and healthy development.
- CYMH is not just after there is a problem. We have a responsibility to get to them early. Promotion and prevention.
- Prevention of mental health issues needs to be an explicit goal.
- Really important to include transitional age youth as a consideration and a goal.

Observations

- Goals seem to be a mixed bag of system features and system components.
- UK work p. 26 goals from point of view of universal and targeted check 'em out – B R O A D.
- Services need to be available to the level of need, not the level of funding.
- Clarity of definitions: Difficulty with what these words mean. There needs to be clear definitions. Early intervention sounds 'young child' focused. What does seamless mean (is it from agency to agency)? Does family-focused mean traditional family? Are outcomes financial in nature? Need clear definitions for these terms.
- If our goals do not look unique to CYMH we have a problem. We're not getting our transmission fixed.
- Vision should be specific to CYMH services – needs to be very clear – promote healthy social and emotional development of all children/youth and increase awareness and understanding of mental health.
- Definition of Mental Health is needed.
- For who; what; range; roles and responsibilities; scope of mental health issues and problems.
- How different cultures look at mental health; immigrants; trauma; settlement; diversity.
- A critically important point from ministry, community and service provider perspective is to define Mental Health – should this be done from a clinical or a developmental milestone approach? We have a good concept of healthy children/youth but the real question is the role of CYMH services vs. public health vs. child protection.
- What is the mental health system? What is it trying to achieve? Let's take a step forward and do this.
- Need to define what we mean. Make it clear what we are talking about. There is need for a common language and understanding.
- Target population? Troubled children/youth, who are not coping well? Not enough \$ to be everything for everyone.
- Mental illness system or mental health system?
- Need a health, wellness focus.
- BROAD focus on health, not illness.
- To get a common vision we need to define what we mean by CYMH in Ontario
- Common definition is the starting point, the brass ring.
- See the whole child/youth – a holistic approach; it's the same child/youth so we need a continuity of services; label currently determines the level of support – nested doll metaphor – child/youth is at the centre.
- Let's not define where we want to go based on where we've been.
- If we are talking about a different way of looking the system, or a new system we may be too hung up with the existing system.

Appendix C: Participant Amendments to Principles

Following the discussion of goals for the CYMH system (see Appendix A above), participants were asked What principles should guide the system? They were provided with a list of principles from MCYS's *Background Document* as a starting point for discussion:

Proposed Principles²

1. Child and youth mental health services respond to the mental health needs of children from 0 to 18 years of age and should facilitate a smooth transition into adulthood.
2. Children and youth have unique needs that are different from adults.
3. Services are provided to children and youth regardless of their gender, race, religion, ability, family structure, culture, legal status, language, spirituality or sexuality.
4. A child and youth mental health system that uses the least intrusive options that are appropriate to the mental health needs of the child or youth.
5. Services are child and youth focused and supportive of active family involvement.
6. Services build on child, youth and family strengths.
7. Services recognize the strength and importance of resilient and safe families.
8. Children and youth, their families, communities, schools and governments all have a role to play and in achieving optimal mental health for children and youth.
9. Children, youth and their families have input into services they receive and decisions that affect their lives.
10. Services must be affordable and sustainable for the future.
11. Service system that is fair, equitable and transparent, providing equal treatment for equal circumstances.
12. Services build on the strengths of the current system of services and build based on internationally recognized best practices
13. The policy framework will be provincial and will recognize the value and importance of regional and community implementation to be responsive to local conditions.
14. A child and youth mental health system will balance the need to be responsive to those with greatest need with a longer term commitment to invest in prevention and identification of those at risk.

Below is a compilation of participants' suggestions for modifying each of the 14 principles, as well as any additions that they offered.

1. Child and youth mental health services respond to the mental health needs of children from 0 to 18 years of age and should facilitate a smooth transition into adulthood.

- Continuation is better than transition in #1.
- Opportunity to look at the needs of young people beyond the age of 18 – adult system is not in the position to address needs of those without highest needs – become adult, become parents with out supports – adults are hindered by policy – some, not at highest level of needs, need supports to be better parents – could be an expansion of CYMH system.
- The term 'mental health' is too narrow. We need to be more generic, and use inclusive language and should refer to concurrent symptoms. Services should be more holistic. Not all services come from children's mental health centres. We should promote a client centred, holistic approach. Need to put the links into place.
- Principle need to focus on health not just mental illness – reduction of risk of harm and poverty.

² *Principles excerpted from page 8 of the Child and Youth Mental Health Policy Framework Background Document, August 2005, Ministry of Children and Youth Services.*

2. Children and youth have unique needs that are different from adults.

- Children/youth able to seek services even if their families or caregivers don't agree.
- This principle makes allusions to individual and unique differences. Need to make it clearer that the services must be flexible, unique and individual to meet children/youth's needs. We need stronger wording around tailored services.
- Recognize the extraordinary needs of children/youth coming to the mental health table from child protection, youth justice, refugee communities, and victims of war. Not everyone comes from the same context.

3. Services are provided to children and youth regardless of their gender, race, religion, ability, family structure, culture, legal status, language, spirituality or sexual orientation.

- There should be universal access when children/youth need it.
- Take 'regardless of' out, and replace with 'sensitive to'.
- 'Regardless of' should be deleted. Go with all children/youth, recognizing all these things
- We have a real two tiered system. People with money don't access the publicly funded system. They go elsewhere (e.g., employee assistance programs), where there are no wait lists. The reality of the publicly funded system is we are really serving the poor. Principle 3. should say 'regardless of economic condition'. Services should be universally available.
- Income should not be brought into it. The principle should just say all children/youth should have access to the mental health services they need, regardless of where they obtain them (public vs. private).
- For institutional mental health, we don't see ourselves as targeting the poor. It is just based on need for service.
- The reality for children's mental health centres is the poor get the public system with its wait lists, and there is a lot of research that says this. Those that can afford it, go elsewhere. So we don't have a fair, equitable system.
- Add cultural milieu to the mix – language, culture, community.
- Add geographical location to reflect rural reality.
- Ethnicity, language and cultures need to be built in – enhance the responsiveness of services.
- Add regardless of family immigration status to # 3 – can be a big barrier to services.
- Outreach and going to where the children/youth are – schools, detention centres, rec halls, streets...
- ...is missing economic status.
- ...human rights code: educate people. Sponsored refugees may not be able to access primary health care. Increases child and youth vulnerability which impacts directly on mental health.
- Add spirituality.
- Services must be available to all children, youth and their families or caregivers, regardless of severity of condition, be sustainable over time and funded to the level of need.

4. A child and youth mental health system that uses the least intrusive options that are appropriate to the mental health needs of the child or youth.

- 'Least intrusive' is problematic. Drop 'least intrusive' as it should be provision at the level that is appropriate for the needs of the child/youth given the mental health concern. 'Least intrusive' may not be not enough to address the need. Residential, day

treatment, hospitalization can be exactly what is required, though they are currently devalued because they are seen as 'intrusive'.

- Challenge the notion of least intrusive – move to most appropriate – need to deal with language.
- Least intrusive is vague and scary and having many things which can lead to denial of services.
- Least intrusive – movement across the continuum needs to fluid.
- Least intrusive is language from child protection and youth justice and does not apply in voluntary services – presumptive –our work is negotiated with children/youth and their families or caregivers.
- 'Least intrusive based on the child/youth's needs' can still be misleading. Intrusive is in the legislation but works against many of the other principles like accessible and timely and equitable.
- Least intrusive BAD.
- What does least intrusive mean?
- One person says that: We focus on residential care and treatment without diverting children/youth to community supports.
- Another person offers a definition to the group: Least intrusive is meant to be anything that doesn't disrupt the family first. Whatever is appropriate to meet the needs of the child/youth and that is the most connected to the environment of the child/youth. As a last resort, the child/youth comes out of the family.
- Challenge the notion of least intrusive – move to most appropriate – need to deal with language.
- Least intrusive – residential treatment away from home community is not good or helpful
- There needs to be balance between intrusiveness and appropriateness. Go to 'appropriate services in the least intrusive manner'.
- do we need to say least intrusive?
- Use BCFPI and CAFAS for most appropriate – stay away from intrusive.
- Least intrusive does not work – children/youth come through the system least intrusively and keep getting worse – diagnosis and prognosis help us to gear services to the child or youth and their family or caregivers, and their needs.

5. Services are child and youth focused and supportive of active family involvement.

- The system is flexible and responsive to the changing needs of children/youth and their families or caregivers. Services are individualized and respectful of, and reflective of, family culture and needs.
- Stronger – supportive is not strong enough – challenge of trying to treat the child/youth in isolation of the family or caregivers – ultimately if we don't treat the parents or caregivers we are doomed to fail.
- Look at extended family; certainly works for Aboriginal families; find someone who can support the family or caregivers.
- Extend the definition of family.
- Keep children, youth and their families or caregivers in perspective.
- Conceptualizing families or caregivers as partners in the process means more than simply having input.
- How does this fit with # 5? Even stronger wording is needed. Partnership is a bigger word and concept. Children, youth and their families or caregivers are valued for their partnership.
- 5 and 6 lump together child and youth and family or caregivers.
- Need to go to family-centred system, or family oriented system.
- Strengthen and make a separate principle.

- How does family focus fit with the comorbidity of family mental health issues and CYMH issues?

6. Services build on child, youth and family strengths.

- Build on strengths and enhance capacity.
- 5 and 6 lump together child and youth and family or caregivers.
- Need to go to family-centred system, or family oriented system.
- Strengthen and make a separate principle.
- How does family focus fit with the comorbidity of family mental health issues and CYMH issues?

7. Services recognize the strength and importance of resilient and safe families.

- Not only family, but family in the extended community sense.
- There is a family so we need to support healthy families for long term sustainability.
- Safe families?
- Eliminate the stuff about resilience. It may be labeling the family and is repetitive and judgmental.

8. Children and youth, their families, communities, schools and governments all have a role to play in achieving optimal mental health for children and youth.

- For principle number 8, when you list things you leave things out. What about hospitals, physicians, churches and spirituality. What about all Ministries and municipal government.
- Delete 'and'.
- Are we talking about integration? What are all the sectors that are included – hospitals, private practice practitioners?
- Community needs to be beefed up to include business as having responsibility to support external stuff which supports mental health.
- add faith communities.
- There has to be some way that we ensure that there is an integrated process for working with the educational system. We never get to the stage of recognizing the link between education and mental health.
- doesn't stress integration enough.
- Inclusive language guidance and support to ensure that language leads to a broader integrated system – avoid rigidity – need to engage children, youth and their families or caregivers in a much more inclusive manner – are lacking an overarching policy frame work – too much happening in isolation.

9. Children, youth and their families have input into services they receive and decisions that affect their lives.

- Conceptualizing families or caregivers as partners in the process means more than simply having input.
- How does this fit with # 5? Even stronger wording is needed. Partnership is a bigger word and concept. Children, youth and their families or caregivers are valued for their partnership.
- Need to address the issue of consent and add it to the 'input' part. The concept involves full disclosure, and informed consent, and the capacity to consent.

- There needs to be a collaborative approach with children, youth and their families or caregivers, giving them a voice in the development of services. Not just their own services, but in system design. The same is true for communities. Community input should be added wherever possible. We are all in this together. Need to recognize the other members of the family. Everybody has a mental health focus.

10. Services must be affordable and sustainable for the future.

- Increased clarity is needed. Services should be affordable for whom? The client? The provider? The Ministry?
- Not sure about services being affordable.
- Some felt this should be eliminated. It might mean we provide only what we can afford: short term intervention for a limited number.
- Affordable is worrisome – short run or long term – individual or social costs.
- We should keep affordable out of any statement of principles.
- Affordability? budget or quality services – fiscal responsibility and accountability are ok BUT – an unusual principle as stated – delete affordability and look at the service that should be provided.
- Add based on rational funding formula, based on research supported needs...missing the research based piece for proven effectiveness – research based best practices.
- We need a principle of investment in children now to provide long-term benefit for the Province of Ontario. This can take the edge off affordability.
- Alberta talks about fair and equitable and adequate funding – right up front.
- Services be affordable..etc..drugs are expensive for families – should be covered by OHIP, drugs for children/youth are largely experimental – trial and errors.

11. Service system that is fair, equitable and transparent, providing equal treatment for equal circumstances.

- Equitable access to resources.
- Alberta talks about fair and equitable and adequate funding – right up front.
- Need to be based on child/youth's level of need.
- Every child/youth has equal access to the full range of services that the province offers.
- Add timely; use wait time.
- Equity – focus on local solutions to keep children close to home.
- What do we do about 'equal treatment for equal'? We need to define or delete this term? 'Individualized' concept may deal with this.
- Access to what? Does it matter if you know where to go, if there is nothing to go to?
- 14 and 11 are in conflict. Fairness and equity vs. most in need.
- Equity a big issue – not all services may be in community X, but a child/youth in X should have access to the full spectrum of services – rural reality.

12. services build on the strengths of the current system of services and build based on internationally recognized best practices.

- Encourage and foster the capacity of the system to attract educated professionals.
- Build on current strengths of current system and internationally available research on best practices?
- Do we have any current strengths? Which research?
- Don't want to carry on the problems inherent in current system.
- P 6 list of concerns(in Background document) needs to be balanced and connected to # 12 – balance strengths of current system.
- How to accommodate and bring staff up to speed. System sustainability. HR ongoing learning. Appropriate expertise. Ensuring appropriate Human resources right now and in the future.

- How can we include holistic, tradition practices in the 'best practice' notion? Who will define best practices? How inclusive will the notion be? This is probably an implementation issue.

13. The policy framework will be provincial and will recognize the value and importance of regional and community implementation to be responsive to local conditions.

- Don't 'recognize' – 'address' it.
- Need to recognize that early identification and maintenance of children/youth with mental health problems may occur in the education system. The education system now does not have a role in mental health intervention that is recognized by MOE, but the reality is that many children and youth with mental health problems are in schools appropriately, and being maintained with special education resources.

14. A child and youth mental health system will balance the need to be responsive to those with greatest need with a longer term commitment to invest in prevention and identification of those at risk.

- Assessment is missing.
- Get rid of 'most in need' and put emphasis on all children.
- 14 and 11 are in conflict. Fairness and equity vs. most in need.
- Piece missing: where is the early intervention and the earliest intervention?
- Reverse the statement – would allow us to invest in the deepest end; moves us away from least intrusive; both are important, but reverse the emphasis.

General comments

- Need a brief policy framework: 3 or 4 overarching principles to guide the policy development process, and then more for the service delivery stuff.
- Uncertainty around whether statements are principles or goals.
- Concern was expressed around language with 'mental'.
- Values might a better word than principles – without values you have nothing – seamless, integrated, multi service.
- Development of CYMH services policy framework needs to be inclusive of other transformations.

Additions

Entitlement

- A principle that speaks to the entitlement of children and youth to mental health services in Ontario.
- Children and youth have entitlement to services.
- Services should be a right and not a privilege.
- Children and youth with identified mental health needs have to receive the mental health services. This works for protection.
- There should be universal access when children and youth need it.
- Every child and youth has the right to mental health services – mandated.
- Mental health should be valued as much as physical health.
- Mental health needs are as important, significant and impairing as physical problems.
- We need a principle of investment in children and youth now to provide long-term benefit for the Province of Ontario. This can take the edge of affordability.

Inclusion

- Inclusion of all children/youth in a community or service instead of segregation or stream focused; everyone should have their place.
- Inclusion – doesn't matter if you are coming from child protection, youth justice, development services-- everyone is included – extend to diversity of culture and language.
- Need to have 'all' children and youth with mental health problems included. Children/youth who have autism or dual diagnosis need mental health services.

Definitions/Terminology

- It is a problem to use terms that have multiple meanings. What do we mean by 'prevention' or 'most in need'. More description and less jargon is required.
- Mental health services needs definition. We have to be selective and communicate appropriately about what we mean by mental health services. Need to define far better than we have before. What is it for? Other sectors send us children, youth and their families or caregivers who have severe mental health problems. That has to be our priority. We have to define our 'slice' first, so we know what we are talking about. Then we can look more broadly at what others do that is a mental health intervention. And more broadly again at factors contributing to mental illness, and the roles other systems have in supporting mental health and well being.
- The scope of CYMH services needs to be defined. If it's too wide, it makes it hard to define appropriate outcomes, and the divisions with other child and youth services are too blurred.
- Whom are we addressing--20 % of population, or 5%, or 1 %? This needs to be dealt with in the statement of principles.

Integration

- Integration of services needs to get in there.
- There could be a commitment to a collaborative system function. On a provincial level and on a local level.
- Partnerships need to be reflected in the principles. CYMH needs to be recognized and addressed through a shared platform (everyone buys in, everyone understands their role in a CYMH intervention).
- Better integration of services may mitigate the need to expand the mandate – its happening on the ground but the barriers are at the ministry level – needs to be top down as well – interministerial cooperation.
- There has to be some way that we ensure that there is an integrated process for working with the educational system. We never get to the stage of recognizing the link between education and mental health.
- Need conflict resolution mechanism.
- Make advocate's office rights and responsibilities explicit in the principles. Mechanisms are in place. Service resolution should be built into system.
- Recognize that the CYMH system alone cannot do all the prevention work – many other systems also contribute to outcomes.
- Partnerships should be put in place to recognize the common ground, but not to homogenize the unique nature of our communities.

Transitions

- Smooth transition into adult services.
- need to smooth children/youth into adulthood and adult services. For transitions on to the next level there is 'no place to go' now.

- Transition into parenthood is equally critical. Need to support at risk parents with pre-natal programs.
- Smooth transition from one geographic area to another including across provinces
- Developmental approach which recognizes all transition points
- Children/youth are sacred and need to be treated with respect and honour.
- Need for mental health promotion and stigma reduction that hopefully could be funded.

Introduction to Appendices D, E and F: CMHO Summit 2005 Working Sessions

CMHO hosted its annual Summit entitled *Framing Our Children's Policy: Developing the Picture* on November 14th and 15th 2005. More than 300 people attended, representing a cross-section of Child and Youth services across Ontario. Attendees were asked to participate in three working sessions over the two-day Summit: Each of these sessions was designed to address a topic that was: (1) tied to a Summit objective and (2) identified as requiring further, more in-depth dialogue following the wrap-up of the 14 cross-provincial community discussions at the end of October.

Participants were divided into a number of small groups to complete the exercises. An attempt was made to make sure that tables had a mix of individuals representing or working in different sectors. What follows in Appendices C, D and E are descriptions of the work generated by participants during these three sessions.

Appendix D: Summary of Proposed Vision Statements for Child and Youth Mental Health in Ontario: Working Session 1, CMHO 2005 Summit

Summit participants were asked to create a vision for the CYMH system in Ontario. In their small groups, they had access to a definition of 'vision' as well as several examples of vision statements for CYMH in other jurisdictions. Vision statements are, by definition, broad in scope and represent positive expectations and what is desirable for the future mental health of children and youth. It was anticipated that there would be substantial overlap among the 30 or so visions that were generated during small group discussion, and this proved to be the case. As an alternative to classifying visions into themes, we instead extracted common threads that weave throughout most of the visions. The originally-worded visions of each group appear below.

Threads

1. children and youth will have the opportunity to reach their potential
2. mental health is valuable to, and supported by society
3. everyone in Ontario has a role to play or can make a contribution
4. the system is focused on children, youth and their families or caregivers
5. services are well-tailored, holistic, culturally relevant, easily accessible, effective, innovative, timely, inclusive, broad in scope,
6. nothing should get in the way of help

Vision Statements

- Ontario believes that CYMH is essential to the well-being of all individuals – and to this end – delivers an accessible and inclusive, integrated, equitable system of services.
- Healthy children, youth, families and communities; a comprehensive and inclusive service system, supporting the well-being of all children, youth, their families or caregivers and communities in Ontario.
- A system where all children and youth develop well in engaged communities where services are holistic, accessible, continuous, culturally-relevant, appropriate, effective, and innovative.
- We envision an effective, sustainable mental health system that is accountable to all children, youth and their families or caregivers and their diverse needs.
- Society will create the conditions under which children, youth and their families or caregivers will reach their full mental health potential.
- Ontario society values a sustainable system that encompasses all aspects of a child/youth's life and in which all children and youth are entitled to achieve their fullest potential.
- CYMH is a part of – and contributes to – a society that supports and enables children/youth in the context of their family and community to reach their fullest potential.
- Inclusive communities, responsible families and responsive services will work in partnership to create an environment that supports the optimum mental health of our children/youth.

- Ontario values and supports the well-being of all children, youth and their families or caregivers resulting in their optimal mental, physical and spiritual health.
- A network that empowers, advocates for, and supports healthy children/youth, strong families or caregivers and caring communities when, how and where needed.
- We envision a family-centred system that promotes the well-being of all children and youth and their families or caregivers through universal and specialized supports and services.
- All children and youth participate fully within their families and communities by having their mental health needs met in a timely, effective and seamless manner.
- The system must work with youth as well as for youth: engage youth in identifying issues and solutions; personal responsibility and decision-making; individualized and culturally sensitive; provide youth with practical life-skills; focus on re-integration into regular community; more therapy, less medication; learn from and consult with youth who have resisted/rebounded from adversity/trauma; services should be where you are in the community; fewer words, more action
- All children and youth have access to a range of mental health services that are: integrated, child/youth/family focused, seamless, strength-based, culturally responsive, include natural supports that are effective, timely and equitably accessible and support/enhance well-being and resiliency.
- Our family- focused CYMH system provides a continuum of services that are timely, effective, and easily accessible.
- We envision a comprehensive child/youth-centred mental health system that is adequately resourced to result in healthy and happy children/youth, families or caregivers and communities.
- The CYMH system is one that embraces community responsibility to provide a service continuum that keeps children/youth at the focus and is accessible, holistic and accountable.
- The well-being of all children and youth is embraced as a priority in the provision of an inclusive, accessible continuum of services in collaborative partnerships.
- A child/youth and family-centred, multi-service sector that builds capacity through high quality responsive, accessible, accountable, integrated, innovative continuum of services enabling all children/youth to reach their potential.
- The right service, time, place, seamless access, client-driven, celebrating diversity, utilizing community systems, supporting hopes and dreams of all children, youth and their families or caregivers.
- A flexible, accessible, adequately funded system that effectively responds to the mental health needs of children, youth, and their families or caregivers and the community in a timely fashion.
- All children, youth and their families or caregivers have timely access to comprehensive, effective and integrated supports – planned and delivered in their home communities.
- Provide a seamless, multi-disciplinary, holistic, well-resourced, accessible, community-based child/youth and family sensitive system for 0-21 years of age. Services are based

on coordinated collaboration that is locally planned, and provincially supported and funded, and includes research, evaluation, IT and staff development.

- To ensure all children, youth, and their families or caregivers have timely access to an integrated, quality CYMH system.
- We envision a CYMH health system that ensures each child, youth and their family or caregivers has the right to timely access to responsive and integrated services that promote well-being and foster dignity.
- Le système de santé mentale intègre ses actions avec les partenaires afin que chaque enfant s'épanouisse dans une famille bénéficiant de l'appui nécessaire pour l'accompagner dans son développement optimal.
- A well-integrated CYMH system that promotes a comprehensive range of services that are responsive and flexible to the needs of children, youth and their families or caregivers to enable optimal mental health; creating thriving, resilient and productive communities
- All children, youth, and their families or caregivers and communities receive timely access to integrated and accountable CYMH services which promote mental, physical, emotional and spiritual health, and which strengthen and build the capacity of families and communities
- Enable children, youth and their families or caregivers to reach their full potential through building community capacity. All child and youth-based services focus on effective integration, culturally-sensitive and strength-based individualized approaches.
- A child/youth centred service incorporating/supporting/acknowledging concepts of community responsibility, the importance of developing self-efficacy and capacity; culturally-responsive; individually-centred, and sustainable.
- A holistic strengths-based system builds sector and community capacity to provide children, youth and their families or caregivers services based on needs. Utilizing a multi-disciplinary approach in collaboration with local communities, children, youth and their families or caregivers will be supported to improve and sustain their well-being while enhancing hope.
- We envision a CYMH system as being holistic, universally accessible, culturally sensitive that focuses on wellness and includes family and community supports, is sustainable and results-driven in an integrative system.
- A community in which everyone with a role to play in a child/youth's life has the knowledge and the commitment to actively contribute to the child/youth's resiliency, hope, belief in self, capacities, and well-being, in the normal experiences of every day life.
- This vision will manifest itself like a well-established perennial garden. It will include a diverse and culturally-sensitive selection of plants that will work harmoniously together, tended and cared for by gardeners who are sensitive and responsive to its needs, at all stages of the garden's and plants' development. It is a garden where the seeds can be transplanted and sowed in a new space to be shared by all.

Appendix E: Summary of Proposed Priorities for Creating a Seamless System of Child and Youth Mental Health in Ontario: Working Session 2, CMHO 2005 Summit

At the Summit's second working session, participants were asked to consider three questions: What is needed to create a seamless system? How would we achieve this? What mechanisms would you put in place? After discussing these questions in their small groups, each group returned one key piece of advice or priority. These priorities were reviewed and classified into seven themes that appear below along with the original wording submitted by each small group. The number of bullets under each theme reflect the relative weight given by the groups.

1. Put children, youth and families at the heart of the system

- Don't put children/youth in the system; build systems around children and youth with the families being the first system.
- Parent advocates in every community
- Recognize and validate need for parental supports.
- Post-traumatic stress of parent and impact on child/youth
- Build the system around the child/youth and their family or caregivers, not the other way around.
- Focus on children/youth and their interests, rather than on getting the job done.
- Creative philosophy of treating child/youth as a whole person, in context of their life, family and community

2. Legislated mental health services

- We need to have mandated services (i.e., needs-based funding).
- CYMH services will require legislation to ensure appropriate ongoing funding.

3. Inter-ministerial collaboration

- Diffusion of boundaries between ministries dealing with children and youth at the micro, mezzo, and macro levels
- Put in place formal mechanisms that bring all provincial ministries to the same table.
- Build trust, communication channels and funding flexibility that promotes collaborative partnerships among ministries.
- Start by making the various ministries more coordinated: age, child, and youth needs, co-terminus boundaries, allocation processes and evaluations, accountability and common planning.

4. Funding collaboration at the provincial level

- Multi-ministerial approach, committed resources from each sector to facilitate a seamless system from the perspective of children, youth and their families or caregivers
- Demonstrate collective responsibility on an inter-ministerial basis for service delivery to children, youth and their families or caregivers.
- Develop a sustainable multi-year plan for child and youth mental health based on a fair and equitable funding formula.
- Get away from silo funding and thinking model that currently breeds competitiveness and divisiveness rather than community collaboration.

5. Invest and reward collaboration at community level

- Fund the work of managing formal relationships and collaborations.
- Reward collaboration across silos and across organizational boundaries.
- Recognize that it takes work to 'knit' the seams together and invest in that work.
- Co-ordinate service access, service planning, and service delivery. Stop talking and do!
- There will always be seams; it is more about managing change, relationships and transitions across the life span.
- Ensure that there are tables for coordination and planning of services at all levels: local, regional and provincial.

6. Service coordination and support

- Help children, youth and their families or caregivers navigate the system.
- Make it friendly and focused on them and their needs.
- All communities must have: single point of access to the system, a service coordination capacity including protocols to engage other sectors and highly specialized services. All of this must take place within a context of common terminology and 'tell me your story once'.
- Put more money into the system and provide coordination and support to provide customized services around client-defined needs. And NOW!
- Notion of 'neutral' case manager (i.e., without organizational alliances)
- Use a system navigator who is jurisdictionally neutral and can assist on a case at the community and sector levels.
- Create case managers to bridge silos and transitions: case manager to be assigned to a family when their first child enters system and to remain with the family throughout years of service from any and all systems. Role is to assist, advocate for, and broker for seamless services across silos and coordinate services, increase self-efficacy of family to reduce need for case management.

7. Tools, tools and more tools

- Commonly identified goals and outcomes
- Common set of definitions
- Common assessment tools that serve multiple service providers
- Tool that looks at developmental assets of the child, youth and their family or caregivers
- Protocols for service delivery
- Integrated data/information management systems

Appendix F: How Does Mental Health Fit Within the Broader Context of Child and Youth Services? Results from Working Session 3, CMHO 2005 Summit

For this session, participants were asked to review one of three scenarios that highlighted key issues and/or challenges that need to be addressed in developing a CYMH policy for Ontario. Specifically, there are (at least) three sectors which regularly relate to children's mental health centres and with whom a strong and collaborative relationship is required to meet the needs of children and youth. For the purposes of this exercise, one-third of Summit participants were assigned a scenario depicting relationships with child protection; another third focused on a scenario with education; the final third, with youth justice. Participants were asked to explore the causes and challenges within the scenario and to submit one key piece of advice or priority to address these challenges.

Scenarios

1. Who gets to decide what a child/youth needs: The long road from identification to treatment plans

Bryan is acting out at school and is currently home with his third suspension. His parents are starting to think that further action is required – especially since they heard from a neighbour that other children are scared of their son. The principal schedules an appointment with himself, Bryan, his parents, and the school support worker.

At the meeting, the school support worker and principal convince Bryan's parents that he needs individual therapy, preferably at the local children's mental health centre where they are expert at dealing with these issues. They explain that Bryan will need to see a therapist for a few months at least in order to get his behaviour under control. The school makes a referral. At the same time, Bryan's mom visits the family physician with Bryan and explains the situation. The physician supports the school's actions and suggests that a child psychiatrist is probably best-placed to help Bryan.

A few weeks later, when Bryan's family arrives for their appointment at the children's mental health centre, the story is completely different. They are frustrated and surprised to hear that the first step is a full assessment, not immediate therapy. Furthermore, upon reading Bryan's file and meeting with him, the counsellor makes it clear that a psychiatrist is unnecessary as other therapies are available.

Bryan's parents walk away confused and furious with this latest experience. They feel that they are not getting the services that their son needs, and that they've been pushed away, after waiting all this time.

2. Who says yes or no? Medication, consent & voluntary participation for youth

Mira is Susanna's grade nine teacher. She recently walked into the girls' bathroom at their school to find Susanna engaged in sexual activity with one of her classmates. Mira is very preoccupied by Susanna's seeming lack of concern about the consequences of her risky behaviour and is looking to get the 13-year-old some additional support.

Susanna lives with her father who reacted excitedly to the situation and brought his daughter to their family physician. Mira also called the local children's mental health centre and explained the situation and Susanna's conduct. She requested a referral for Susanna. When the mental health centre counsellor first called to set up an appointment for Susanna,

both the young woman and her father refused to go saying the physician had addressed the situation by prescribing Focusyn.

A few weeks later, Mira noticed that Susanna's behaviour had changed – and not for the better. Her medication was reducing Susanna's ability to interact and seemingly understand the risks of her behaviour. Mira's concerns were confirmed when one of Susanna's friends approached her about Susanna mixing booze and recreational drugs with her prescribed medication.

Mira was furious that the situation was escalating and contacted Susanna's father again. This time, he jumped at both the physician and Mira, saying now that counselling was a priority. Again, the children's mental health centre was called and an appointment was scheduled.

Susanna's father signed the consent form but Susanna refused. She stated that she did not want to participate – that her life was her business – and talked about going off her meds. Although her father was now desperate for help, he was also confused about who could ensure that Susanna was taken care of. The different consent rules only confused him more. And, with the centre constrained in its ability to treat an unwilling youth, he accused the counsellor of refusing to do anything for tough cases and denying help to a youth in need.

3. When philosophies collide: a mismatch of partners' expectations, clients' needs and models of intervention

Imad is a social worker at the local children's aid society. One of his clients, a 12-year-old boy named Yousef is a classic case of a child who's been bumped around in the system more than is desirable. In the past two years, he has been through six foster families, largely because his ability to socialize is somewhat limited and his coping skills are minimal.

Thanks to much pushing on Imad's part, several assessments, and a long waiting period, Yousef was finally placed in the local children's mental health centre's residential treatment program. Imad is relieved that the child will get the full-time specialized care that he requires.

After six months, Imad is informed that Yousef has completed his placement at the centre and will need a new foster family. The centre's residential staff pointed out that Yousef had completed all the treatment goals negotiated at the beginning of the placement. Imad is disappointed that the treatment ends and doubts that it is sufficient. He reflects on the plethora of needs and wonders about the competency of any organization that would discharge such a vulnerable boy.

This is second time of late that the centre discharged a client who still had severe needs. In fact, they recently refused to treat a 9-year-old female client of his because they argued that neither the child nor the parents were engaged and working hard to succeed in the treatment plan. Imad and his superiors wondered if they had the child and family's best interests at heart or whether they simply wanted to clear their caseloads.

Key Priorities/Advice of Summit Participants

- Every child, youth and their family or caregivers should have access to an in-school team of professional and non-professional helpers. The team uses a child and family centred wraparound approach to develop healthy schools and healthy communities.
- Every child, youth and their family or caregivers have access to a 'hub team' of professional/formal and non-professional/informal helpers (i.e., school based, public

health based, etc). The team uses a child and family centred wrap-around approach to foster the development of healthy families, healthy schools, and healthy communities.

- The school approach would involve multidisciplinary cooperation and strategy development. The family or caregivers of the child need to be informed of their choices for action and supported in their choice. Schools should/could be the initial phase of parent/student assistance. There needs to be increased communication across the jurisdictions of child care.
- Have a well known and trusted key point of access with formal protocols that spell out clear process, roles, expectations and ways to evolve based on changes.
- Service coordination and education across systems; start with the family or caregivers – listen and ask what’s going on; what do you need; what’s working? There needs to be a single point of access function ideally located in schools.
- Communication, education and collaborative planning which centres on the best interests of the child/youth.
- Mandate (as equal responsibility) multi-sector, inter-ministerial service planning and funding at local and regional levels to address the needs of children, youth and their families or caregivers.
- Using the child/youth and their family or caregivers as the hub of treatment, develop services that meet needs on an ongoing basis. This could include flexible funding and mandates. To the extent that all communities embrace this approach, our system will change.
- Formalize a flexible, responsive family centred agreement with CYMH sector, education, health, child protection, and youth justice to ensure timely and coordinated planning and application of required community services.
- Build the service around the child/youth. Accountability lies with the child/youth not the system. Case coordination/system navigation must be available at any point of entry to ensure access to a continuum of services to meet the holistic needs of the child/youth and their family or caregivers and to promote collaborative service planning.
- A system that puts the needs of children, youth and their families or caregivers at the centre and supports them through collaboration that is informed by the same standards and principles that they are all aware of and working from in the best interests of the child/youth. That is, a Child and Youth Mental Health Act that enshrines common principles and standards.
- We need a coordinated, multi system, child/youth centred approach to identify and respond appropriately to the needs of the child/youth.
- The child/youth needs to always be the focus of any planning that affects them, as well as being engaged from the beginning. Whoever identifies the problem needs to work closely with the child /youth and ensure they get the help they need.
- The child/youth needs to be the absolute focal point of their own solution. Primary care providers (teachers) and parents need to be consistent and informative in their solutions, keeping the child/youth’s best interest as the centre.
- The key piece of advice is funding all parties, across sectors, for a service navigator/advocate, accountable to each part of the system, with children, youth and

their families or caregivers at the centre of the system. Protocols will be understandable by all.

- Build strong working relations with any and all stakeholders with ongoing communication and problem resolution.
- Communication is key from the child/parent, frontline, management to board. We need to understand the 'inner workings' of each other's system to truly collaborate and problem solve in the best interests of the child/youth.
- Protocols are needed to address roles, mutual responsibilities and routes of access. Protocols need to be developed to provide alternatives to suspension. Early identification and diversion programs and community partner education will help.
- Educate collateral players in extending their understanding of CYMH and their role in collaborative interventions – CMHO at the macro level, and agencies at the mezzo/micro levels – and develop community specific protocols to ensure local collaborative work.
- There needs to be the creation of funded service hubs located where the child/youth is that allow for the ability for consultation; proper assessment of the child/youth's needs; access to the appropriate interventions and that determine the level of response. Due to financial costs the hub could be on-site or virtual in nature.
- Create and ensure coordinated efforts at the system and case level which respond to newly identified mental health problems and which are reflective of community values and norms. Sometimes it's a system issue; sometimes, a specific case.
- Connect knowledge bases from different sectors to educate school personnel and family physicians. Clear accountability within the school. A clear mechanism in place for communication/consultation with the vice principal. Don't overreact. Listen to the child/youth, and don't embarrass or alienate them.
- Need for a philosophical shift to a common vision, common understanding of CYMH issues, common language across all sectors, and at all levels (family, front line, labour, management, funders).
- There needs to be both legislative direction as well as sharing from across communities regarding best practice.
- Increased effort needs to be placed on initiating and supporting grass roots/local community planning mechanism which portrays each community's unique needs, gaps and opportunities for the whole CYMH system and their partners.
- Impliquez tous les partenaires (formels/informels) pertinents dans l'appui vers l'atteinte d'un but et le maintien des acquis.
- Through training, information sharing, and ongoing communication, all stakeholders will support children, youth and their families or caregivers to access and navigate necessary services.
- Responsible service providers organize themselves into a coherent system; develop an informed referral system; and educate and empower children, youth and their family or caregivers to be part of a team.
- There has to be a general good will across systems to work together. Less ego and more action. Drop the defenses and keep your eye on the ball.

- Actively listen to the child/youth and their family or caregivers until the story is finished. Make no assumptions and do not jump to conclusions. Take a collaborative strength based approach to working with the child/youth and their family or caregivers.
- A neutral conflict mediational approach.
- Establish inter-ministerial (education, health, MCYS) protocol frameworks from which local communities develop intervention/care maps and role definitions to support the child/youth and their family or caregiver.