

CHILDREN'S MENTAL HEALTH ONTARIO

Pre-Budget Submission 2007



Introduction

In 2005, Children's Mental Health Ontario (CMHO) collaborated with the Ministry of Children and Youth Services (MCYS) to embark on the development of a policy framework for Ontario's system of child and youth mental health services. Input from more than 300 government and community partners was gathered through CMHO-organized, province-wide discussions that were held during the fall of 2005. We are pleased to report to the Standing Committee on Finance & Economic Affairs that this past November, MCYS released *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*.

As its name suggests, *A Shared Responsibility* emphasizes the need for coordinated care – that families/caregivers, communities, service providers, government and all child- and youth-serving sectors are collectively responsible for the healthy development of Ontario's children and youth. This *Framework* applies to all Ontario children and youth up to the age 18, and provides strategic direction for ongoing improvements over the next decade.

About Children's Mental Health Ontario

Children's Mental Health Ontario is an association that promotes, supports and strengthens a sustainable system of mental health services for children, youth and their families. Our membership includes more than 80 community-based children's mental health centres which are the backbone of Ontario's mental health system for children and youth. These agencies provide support to families, and treatment to young people who present with a range of social, emotional and behavioural problems including: bullying, violence, defiance, ADHD, eating disorders, depression, self-harm, anxiety and addictions. Many of these children and youth experience significant impairment in functioning within their families, schools and communities, and may also be involved with child welfare or the youth justice system.

Moving Ahead

A Shared Responsibility is well researched and formulated but its success in achieving its vision – **"an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being and where children and youth grow to reach their full potential"** (p. 6) – depends on funding that is commensurate with its strategic goals and priority action areas. The child and youth mental health system requires increased funding to effectively implement activities that support the directions set out in the *Framework*.

In Feb, 2003, the Standing Senate Committee on Social Affairs, Science and Technology embarked on a three year study of mental health, mental illness and addiction in Canada. Following cross-Canada hearings, Senator Michael Kirby – Chair of the Committee – stated that "If mental health services generally are the orphan of the health care system, then children's services are the orphan of the orphan."¹ His observation was that children's mental health services are the "most neglected piece" of the Canadian health care system.² Children's mental health can no longer be left out of the health care conversation. We need to talk about it, and fund it appropriately "because just like cancer and heart problems,

¹ Senator Michael Kirby quoted in *Children's Mental Health Services Neglected: Kirby* (Aug 30, 2005), *CMA Journal*, 173(5).

² *Ibid*

mental illness and addiction can be fatal.”³ Please help MCYS follow-through on its commitment to “effect[ing] change” for Ontario’s children and youth.⁴

CMHO has identified 3 major areas for investment that are consistent with the directions set-out in the *Framework*.

Funding Requirements for 2007-2008 - \$40 million



One Third of Funds Used to Serve More Children and Youth

Focus of Funds

- Immediately serve 2,000 more children and youth. For an investment of \$5,000,000, we will fund 100 permanent child and youth workers at \$50,000 each, serving an average caseload of 20.
- Provide children and youth with a stable system of mental health services through an expansion of short term crisis and respite services, increasing funds for the deep end of the system and those most in need.

Explosive Growth in Needs

- Over the past 30 years, the suicide rate among 15-19 year olds has increased nearly fivefold for males and threefold for females (*Canada Yearbook*, 1999: Statistics Canada)
- Doctor visits for paediatric depression more than doubled from 1995 to 2002 (Stafford, R. et al., 2005. Depression Treatment During Outpatient Visits by U.S. Children and Adolescents. *Journal of Adolescent Health*, 37: 434-442)
- Conduct disorder is one of the most common diagnoses of mental disorder made in young people ... The prevalence of the disorder has increased five-fold over the past 70 years in western countries (Briefing: *Mental Health of Children and Adolescents*. WHO European Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions," Helsinki, Jan 12, 2005)
- In the Toronto District School Board, referrals for assessments for special education services including speech and language and psychology have risen 18.5% from 2001 to 2004 (*Vital Signs*, 2005: Toronto Community Foundation)
- By 2020, childhood neuro-psychiatric disorders will rise by more than 50% internationally to become one of the five most common causes of morbidity, mortality, and disability among children (2005: WHO)
- Immigration, migration, changes in family structure, alterations in future opportunities for employment and the continuing stresses of conflict all impact on child and adolescent mental health (Briefing: *Mental Health of Children and Adolescents*. WHO European

³ Gordon, A. (Jan 22, 2007). *Kids' Mental Health Troubles Ignored: Timely, accessible services lacking, advocates warn*. Toronto: Toronto Star.

⁴ *A Shared Responsibility: Ontario's Policy framework for child and youth mental health* (2006). Toronto: Ministry of Children and Youth Services.



One Third of Funds Used for Prevention and Early Intervention

Focus of Funds

- Expand parent and family support services and materials, improve access to services in every culture and community.

Early Treatment Works

- ... intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability ... New understanding indicates that ... early identification and intervention can sharply improve outcomes, and that longer periods of [mental health problems] have cumulative effects and can limit capacity for recovery (Shonkoff, J.P. & Phillips, D.A., 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academies Press)
- Controlled trials indicate the effectiveness of family-based interventions for physical child abuse and neglect; conduct problems, including ADHD; emotional disturbance, specifically anxiety, depression, and grief; toileting problems; and psychosomatic concerns ... (Hoagwood, K. et al., September 2001, *Evidence-Based Practice in Child and Adolescent Mental Health Services, Psychiatric Services, 52:1179-1189*)
- The strongest support for the effectiveness of outpatient treatment comes from a series of ... nine meta-analyses published between 1985 and 1995 ... the treatment is highly effective ... (*Mental Health: A Report of the Surgeon General, 1999: U.S. Surgeon General*)
- Children respond well to treatment because they adapt readily and symptoms are not yet entrenched (Kuzmich, K., June 1998. *Depression in Teens* in *Mental Health Matters*. Brant County: CMHA)

If Left Untreated, the Consequences can be Fatal

- Suicide is the 2nd leading cause of death among 15 to 19 year olds (24% of all deaths; leading cause is accidents) (*Canada Yearbook, 1999: Statistics Canada*)
- Each year, on average, about 110 children and youth in Ontario commit suicide – more than two each week [Canada-wide statistics pro-rated @ 38%] (2003: Statistics Canada)
- Conduct disorder ... is associated with adult criminality, marital problems, poor employee relations, unemployment and poor physical health. Conduct disorder can predict educational underachievement, substance use and dependence, anxiety, depression and suicide (Briefing: *Mental Health of Children and Adolescents*. WHO European Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions," Helsinki, Jan 12, 2005)
- [C]hildren's emotional and behavioural problems and associated impairments are most likely to lower their quality of life and reduce their life chances. No other set of conditions is close in the magnitude of its deleterious effects on children and youth ... Children with these disorders are at a much greater risk for dropping out of school ..."



One Third of Funds Used to Provide Children and Youth With a More Stable System of Mental Health Services

Focus of Funds

- Provide stability to the current system by retaining staff and existing services.

Budget Shortfalls

- Budgets for Ontario's child and youth mental health services have been decreased or frozen every year since 1993, except for a 3% increase in 2004⁵
- Every year, higher costs are paid for by reducing services in the form of: program closures (services cut in entirety), program reductions (services scaled back), staff reductions (layoffs), maternity leaves left unfilled, supervision ratios increased (*Brief Advocacy Survey*, Dec 2006: Children's Mental Health Ontario)
- Agencies have reduced services in order to operate within their historical base funding allocation (2003: Ontario Provincial Auditor)

How Agencies are Coping

- One agency in London, Ontario recently announced plans to eliminate staff and close programs beginning in April 2007. 120 children (a year) with behavioural and emotional disorders will be affected by these cuts: day treatment programs at three schools will not be offered in the fall; an out-patient services satellite office will close at the end of March; The Early Years Intervention Program will close in June 2008; areas of intensive family services and volunteer coordination services will be reduced.
- One agency will be laying off its entire staff and management group for 3 days prior to March 31st in an attempt to balance its budget. The deficit is a result of uncompensated inflationary pressures.

Conclusion

Children's Mental Health Ontario is grateful for the opportunity to draw attention to the urgent and growing needs of children and youth with mental health problems across the province. Services cannot be maintained in the face of another year of frozen base funding. It is inevitable that waiting lists for children's mental health treatment will continue to grow unless there is new funding to cover at least the cost of inflation. Far too many children are being left untreated. On behalf of the half million Ontario children and youth with mental health problems and their families, we urge you to provide an immediate increase in funding to our sector. Children with mental health issues simply cannot be left out again.

⁵ Sources: CMHO member surveys; Statistics Canada CPI data