

Remarks by

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Check against delivery.

Good morning everyone.

I welcome this opportunity to thank you, Heather, and the other members of the Children's Mental Health Ontario Board, Executive Director Gordon Floyd and the CMHO team for your work on behalf of the sector.

I want to also recognize the great depth of experience and commitment that exists in this room.

You are the face of Ontario's children's mental health community, as family members, advocates, and service providers.

You are all dedicated to the well-being of our young people; and I know many of you are on the front line helping children and youth who are living with mental health challenges by providing the support they need.

Thank you for the difference you make in the lives of so many children and youth and their families.

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Our government established the Ministry of Children and Youth Services to help Ontario children to access the opportunities they need to reach their full potential, and to be able to do so in a timely, effective and compassionate way.

Studies suggest that approximately half a million young Ontarians have a mental health-related condition.

In Ontario, many of these young people have more than one exceptionality, which affects their ability to function adequately on a day-to-day basis.

The healthy development of these children and youth is the focus of everyone here today.

Indeed, child and youth mental health is a shared responsibility.

It is the responsibility of families, communities, health care professionals, educators, large and small service providers in the social service sector, and all levels of government.

As Minister of Children and Youth Services, I have had the opportunity to talk with children and youth about the challenges they face and the supports they need. I have also listened to their parents, their caregivers, their teachers and others... all of whom have taught me a great deal.

I have learned we share the same vision for child and youth mental health.

We envision an Ontario where mental health services are delivered in an integrated way within a system that places children, youth and their families at its very core ...

And where the system fits the needs of the child and family as opposed to the child and family being expected to somehow fit into the system.

We envision an Ontario where mental health services are offered in a cohesive, coordinated fashion that crosses each sector serving children and youth – complex special needs, health care, education, youth justice, child care and child protection ...

And where families can readily find the services they need when and where they need them without having to knock on multiple doors.

This child-focused system must be built on evidence-based practices — with outcomes measured so results can be continuously improved.

It must be inclusive, collaborative, and free of the stigma, shame and blame that so often characterize mental health conditions.

Within this vision, each child, each youth who needs support would be supported as the unique individuals they are — through every stage of their development and growth.

Today, I am pleased to release Ontario's policy framework for child and youth mental health that will help us realize our vision — and achieve these goals.

This framework is a first step in moving forward towards reform.

It's an important tool in building the integrated system we all want; providing strategic direction for improvements over the next ten years.

And it's the culmination of more than a year of discussion among a wide range of partners.

I want to thank you, Gordon [Floyd], and your team for your input and for organizing the community discussions that contributed to the development of the framework.

And I want to recognize and express my appreciation to everyone else who contributed to this effort.

As we look at ways to improve the current system of services it is absolutely essential that we start with and remain firmly focused on the needs of the child.

As a first step, we are asking you to work with your Ministry of Children and Youth Services' regional offices to map the services for children and youth offered across your communities to the continuum of needs contained in the framework. My ministry staff will be working closely with your agencies and with other partners on this.

This information will help us to develop the integrated approaches that will help families to easily navigate the system – and help our government to identify how best to direct future investments in the child and youth mental health sector.

I am grateful for the ongoing assistance of CMHO in collecting data through the Brief Child and Family Phone Interview tool. The ministry has used the results of the BCFPI reports to establish baseline data and identify areas for improvement.

In 2005, we found the average wait time for those who received services was 44 days, and that those who were still waiting for services at year end, had been waiting for 170 days.

Using the most recent BCFPI data, we'll be working with local service providers to improve access in communities where wait time pressures are identified as high, and to reduce wait times overall. As well, we will be moving toward web-enabling BCFPI to make it easier for you to use the tool effectively.

My ministry will also be expanding the use of BCFPI and the Child and Adolescent Functional Assessment Scale to include other sector agencies. This will help us to know who is waiting, what services they need, and what progress they have made - which will enable us to coordinate the services in ways that will provide the greatest benefit.

As an example of how we can serve kids well, I would like to recognize the value of telepsychiatry, which I think you will agree is a creative solution for increasing

access and reducing wait times for kids in underserved, remote and rural areas – and for getting them the help that they need when they need it.

I recently learned of a 13-year-old Francophone girl with a history of self-harming behaviour, suspected substance abuse and gang involvement, who was doing poorly in school and had a long history of acting out.

This girl was in residential treatment but would not participate in psychological evaluations. She eventually agreed to be interviewed by a telepsychiatric consultant.

The consultant found she met the criteria for ADHD-Inattentive Subtype, provided recommendations for medication and discussed therapy approaches with her clinicians.

Today, this teenager is achieving in school and is making solid progress.

I know that many of our Aboriginal children and youth in northern or underserved communities have also benefited from this service, with 25 per cent of our current telepsychiatry consultations being provided to these children and youth.

So I am pleased to announce today, an expansion of Ontario's telepsychiatry program.

We will be expanding our network to include two new hubs – one in London and another in Ottawa – to join the current Hospital for Sick Children program. These new hubs will be providing service to 10 new sites over the next year.

Our government will invest \$600,000 more in the telepsychiatry program this year, growing to \$1.5 million more annually in 2007-08. This will more than double our current investment in the program, to \$2.4 million annually.

With this investment, the program will help more children, youth and their families get the services they need in their own communities. This expansion will lead to approximately 500 more consultations with children and youth each year, bringing the capacity of the program to just under 1400 consultations annually.

And we will continue to work together with your sector to ensure that children and youth, regardless of where they live in this province, can have the opportunity to access the services they need.

Better service integration in the child and youth mental health sector is also a primary goal of our government as we move forward.

I know many agencies across the province are already working with their communities and other sectors on service integration. And we've seen some fantastic results.

I met recently with children's mental health service providers in York Region as well as parents whose children have received support.

I heard about the good work the region is doing in integrating all human services, and the programs that have been developed to ensure the healthy development of children and youth.

I was impressed with the Triple P - Positive Parenting Program, which gives parents, particularly parents with very significant challenges, the tools and knowledge they need to raise a well-adjusted child. I know that the COPE program has also had great success in supporting parents to promote positive behaviours at home through structured, effective and consistent parenting techniques.

And I know many students across York Region have benefited from an initiative called COMPASS (Community Partners with Schools).

COMPASS is an innovative approach that evolved from a partnership between service providers and school boards.

And it helps teachers identify students who may have mental health issues early, so the kids can get the help they need before their problems escalate.

There are many other examples of communities that are also progressively leading the way in placing the interest and the needs of the child and family first.

The 'Whatever It Takes' program, a joint effort of East Metro Youth Services and The Griffin Centre in Toronto, shows us how the needs of children and youth can be better met through the effective coordination of services that clearly place the interest of the child ahead of all other considerations.

This innovative program creates and coordinates treatment and support plans for children, youth and families by drawing on services from providers across different service sectors. It facilitates access to intensive, specialized services and supports, and promotes a shared sense of responsibility in responding to complex service situations.

Ontario's Southwest Region offers another strong example of integration.

Its mental health agencies and community partners had heard from parents and caregivers across the region about how very complicated it was to get the information and support they needed for their children.

They listened. They got together. And they did something about it.

In a first-class example of putting the kids and their families first by building a system that fits *their* needs, the region developed a new integrated children's mental health services model that has made a real difference to local families.

Regardless of which agency a family approaches first — agency collaboration and better communication means they're connected quickly to services that will be of the greatest benefit to their child.

The model also enabled a closer examination of service requirements. As a result, the region has reshaped its service delivery to better meet demand.

Grey Bruce, which was an early proponent of service integration in Ontario, offers another great example of success.

Back in 1999, Grey County and Bruce County began collaborating with their local school boards and together they developed WRAP — the 'Working to Reinforce All Partners for Children Program'.

This unique program brings a range of services directly to high-risk children and youth in their schools, including assessments, counseling, mental health interventions and family supports. And it has helped a number of students over the years.

Each young person in the program receives an individualized plan and the help they need to build constructive peer relationships, improve their school performance, and stay in school.

And in doing so, they gain the opportunities they need to thrive and to achieve their full potential.

Ontario's Southeast Region offers another excellent example of consolidation and integration.

Back in 1996, many in the community believed the array of small agencies that were in place was not serving families as well as they could. Community consultation and discussions over a period of two years resulted in a new regional structure that eliminated the 18 agencies providing services and created four new locally-based agencies.

Today, Pathways for Children and Youth, Open Doors, Child and Youth Wellness Centre and Children's Mental Health Hasting & Prince Edward, along with Youth Hub and KAIROS, provide localized, flexible services that are responsive to their community's needs in the Southeast Region.

In that region, the amalgamation of small agencies has eliminated fragmentation in the system and resulted in a network that has proved effective in identifying needs and issues, and introducing new initiatives and programs.

I am sure there are other fine examples of service integration around the province.

As we continue to work together, in the interest of the children and youth that we exist to serve, our objective must be to continually ensure that we are working collaboratively to provide integrated systems of service delivery.

Our government does not underestimate the challenge that lies ahead.

Building a cohesive system will be an ongoing process that will evolve over time, involving new partners, a broadening knowledge base and careful allocation of resources.

It will demand cooperation and commitment on all sides.

But from what I am hearing from many of you, there is enthusiasm over the direction in which we are moving in children's mental health.

And there is the determination to achieve the best possible results for our children and youth.

Our government has already spearheaded important change.

As well as disseminating information on evidence-based practices, our investments in the Provincial Centre of Excellence in Children and Youth Mental Health at the Children's Hospital of Eastern Ontario, are helping us to better measure outcomes and to drive advances in knowledge and understanding of mental health disorders.

We are making significant new investments in child and youth mental health. Those investments have already helped create or expand more than 200 programs in communities across Ontario.

And while I recognize that for over a decade, base funding for the children's mental health sector had been frozen, which means funding has not kept pace for costs such as staff compensation, the non-program specific increases that our government has announced should indicate that we recognize the pressures that exist.

I also know that to effectively provide high quality mental health services for children and youth, and their families, service providers need facilities that are appropriate, adequate in size, safe and secure. Agencies within the sector have identified a number of pressing capital needs and I want you to know that our

government is listening. We will have more to announce on this in the coming months.

We're working to give each child the best possible start in life, including identifying young children who need extra support earlier.

We have also increased our annual investment in Ontario's children's treatment centres, and as a result, 4,800 more children with complex special needs are now receiving services.

We continue to improve the continuum of services we provide children and youth with autism and their families.

And we're strengthening the child protection system and have created new opportunities for children and youth in under-served communities.

We've come a long way. As a government, we inherited a lot of lost ground which we are working hard to recover. And I know we still have a long way to go.

The policy framework for child and youth mental health is an important step towards the creation of a system that best meets the needs of the children and youth we exist to serve.

I think you agree that to serve children and youth and their families best – we must work together, collaboratively and in cooperation with each other.

And by working together – families and caregivers, service providers, educators, communities and government – we will build on each others dedication to our children's healthy growth in every area, including mental health.

I want to applaud once more the wonderful, cooperative work that is already being done by some of the agencies that are represented here today.

Coordinating services with education and health partners...establishing protocols with school boards and hospitals...looking for opportunities to create a single point of access or to integrate services...these are all ways to build a system that better meets the needs of children and their families – one that puts the needs of children, youth and families first, and at the very centre of available supports.

Many of you have seen Susan Hess' quilt, which so appropriately and sensitively depicts successful situations- those with the child at the centre, connecting with service providers and supports that are also reaching out to, and connecting with, one another.

Our government will support efforts to build a more connected, and more responsive child and youth mental health system in communities and regions across the province.

And we will be particularly supportive of community models that embrace change, in the interest of the children and youth they serve.

Thank you.