

# Establishing Service Standards for Child and Youth Mental Health in Ontario

## Vision

All child and youth mental health services will be effective and efficient and will meet professional standards to achieve improved child and youth mental health and functioning at school, with peers and in the family.

## Background

One in five children and youth in Ontario has a mental health disorder that creates significant distress and impairs functioning at home, at school, with peers and/or in the community (Offord et al., 1989).<sup>i</sup> Mental health problems continue to grow among children and youth and researchers are predicting, "that by the year 2020, childhood neuropsychiatric disorders will rise proportionately by over 50 percent, internationally, to become one of the five most common causes of morbidity, mortality, and disability among children" (U.S. Public Health Service, 2000: 11).<sup>ii</sup>

In a climate of escalating demand for service and fiscal limitations it is more important than ever to ensure that the right child and youth mental health services are available to the right people at the right time. Service providers must strive to deliver high quality, effective services that are accountable to funders. Consumers of child and youth mental health services should expect a consistent level of accessibility and quality across Ontario, with sufficient flexibility to reflect the diversity of the province's communities. The time to set and measure achievement of standards to meet these objectives is now.

The need to improve the system of services for child and youth mental health in Ontario has been clearly established. In 2006, The Ministry of Children and Youth Services (MCYS) released its policy framework, 'A Shared Responsibility', following an extensive consultation process with support from Children's Mental Health Ontario (CMHO). The principles and goals set out in the framework document have been broadly accepted across the sector and within government, and have been incorporated in this paper. The recommendations from the final report of the Select Committee on Mental Health and Addictions have also been considered. As well, the Auditor General of Ontario conducted a value-for-money audit of the Children's Mental Health sector in 2008 and completed a follow-up progress report in 2010. The findings of the audit were reviewed and incorporated into this paper. Lastly, at the November 2010 CMHO conference, more than 60 participants engaged in small group discussions on the topic of establishing service standards and their suggestions also inform this paper.



## Guiding Principles for Standards

Service Standards for the child and youth mental health system must:

- be child, youth, family-centred and inclusive
- be clear and understandable
- encourage continuous improvement
- support evidence-informed practices
- promote effectiveness and efficiency
- promote accountability to all stakeholders
- be kept current and updated regularly

## Why are Standards Important?

Standards define broadly accepted principles, good practices and guidelines to shape, assess and measure quality. Standards are not ends in themselves but provide a means toward ensuring quality, consistency and accountability. Within a framework of ongoing quality improvement, standards communicate an aspiration or desired objective rather than a minimal expectation. They shape and promote growth, development and improvement. Standards must also be measurable so that improvement efforts can be tracked and monitored.

Setting and monitoring the achievement of standards across all funded child and youth mental health services is a practical, feasible way to measure achievement of the strategic goals and priority areas for action as outlined in the MCYS policy framework.

## The Role of Accreditation

Accreditation of all funded child and youth mental health services would establish a strong base of quality, effectiveness and accountability at the individual organization level for those children, youth and families who require intervention/treatment. Encouraging the accreditation of organizations with a role in child and youth mental health promotion/problem prevention, but whose primary mandate is not intervention/treatment, would create an excellent support base to reach the broader population at risk or those showing early signs of mental health problems.

Accreditation processes ensure that standards for quality and accountability are established, measured and met. The accreditation evaluation process is designed to assess an organization on the quality of its services, how effective it is in achieving and measuring service outcomes and whether it strategically manages its employees according to a well-understood mission. We believe that funders must take into account whether organizations are accredited in making



their funding determinations. The standards addressed in an accreditation process include governance, management and programs. Although service standards primarily focus on programs/services, high quality services must be provided within the context of quality governance and management systems which support service delivery.

For more than 30 years, CMHO has been a leader in the accreditation of agencies with a mandate to treat child and youth mental health problems. CMHO is working in partnership with four other accreditation programs to develop an independent, third party organization, the Canadian Centre for Accreditation (CCA), that will accredit community based health and social services in Ontario and across Canada.

While these accreditation initiatives can build a strong foundation of quality, effectiveness and accountability within community organizations, we also need to adopt benchmarks to measure improvement across the system as a whole.

## Core Elements

1. Accreditation as a requirement for government funded organizations with a specific mandate to provide child and youth mental health intervention/treatment.
2. Accreditation as a recommendation (where there is an available, appropriate accreditation program) for organizations that receive funding for children's services and play an important role in the children's services system but whose primary mandate is not treatment. These organizations may support children with mental health problems, or deal with child and youth mental health promotion or problem prevention, but their primary mandate may be, for example, recreation, child care, education, physical health or mentorship rather than mental health treatment.
3. System-wide benchmarks for child and youth mental health intervention/treatment services in these areas:
  - a. Service accessibility, for example, reducing the time from referral to first clinical contact, limiting wait times, and implementing strategies to support outreach to and inclusion of diverse underserved or marginalized populations (such as, First Nations, LGBTTIQ youth, francophone youth and some ethno-cultural groups). Measurement and improvement in these areas is crucial for the success of the system. It is not sufficient to have effective services if barriers to access prevent their uptake by those in need.
  - b. Client engagement, for example, attendance/participation in services, level of direct and indirect client service time, program completion, implementation of a standardized province-wide client satisfaction tool. Measurement and improvement in these areas will promote learning and innovation across the system to ensure that service participants, including underserved or marginalized



populations, are meaningfully engaged in a productive therapeutic relationship. Successful engagement is an essential condition for achieving better outcomes.

- c. Outcomes measurement and use of evidence-informed practices (for example, regular evaluation of programs and services including outcomes measurement, the level of evidence-informed program implementation). Services must reflect the best evidence and most current knowledge available. The field of child and youth mental health has an evolving knowledge base, and success in this area will require investment in professional development, resources for measurement, data analysis, program innovation and evaluation and careful management of evidence-informed program implementation processes.

## Recommendations

### Accreditation

- a. A long-term plan should be implemented to ensure that all organizations providing child and youth mental health intervention/treatment become accredited using a relevant, rigorous and objective process. The accreditation program developed and delivered by Children's Mental Health Ontario features standards that are relevant to child and youth mental health intervention/treatment, quality improvement processes, evidence-informed practices, and best practices in management and governance. Building on this base, by April 2013 these standards and the accreditation process will be operated by an objective, third party organization – the Canadian Centre for Accreditation.
- b. A strategy should be implemented to assess the feasibility of promoting participation in a relevant accreditation process for those organizations that receive some government funding for other children's services, including child and youth mental health promotion or problem prevention. Existing accreditation programs designed for services such as recreation/sports and mentoring should be examined.

### Benchmarks

A task force should be established by MCYS to identify and implement system-wide benchmarks to measure, monitor and support continuous improvement in the areas of access, engagement and the use of evidence-informed practices. Significant stakeholder participation will be a critical success factor and should include consumers, parents, and service providers, along with quality improvement and program evaluation experts.

### Funding

The success of an effective strategy for continuous improvement in the child and youth mental health system in Ontario will require some investment. New funding will be needed to add



resources dedicated to quality improvement processes at the organizational level (including accreditation). Additional resources will also be necessary for measuring and reporting on system-wide benchmarks, implementation of evidence-informed practices, and for program evaluation. Steps must be taken to ensure that these crucial activities enhance and improve organizations and the system as a whole and do not erode the level of child and youth mental health services in Ontario.

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<sup>i</sup> Offord DR, Boyle MH, Fleming JE, Monroe Blum H, Rae Grant N. Ontario Child Health Study: summary of selected results. *Can J Psychiatry* 1989;34:483–91.

<sup>ii</sup> U.S. Public Health Service, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000.



## APPENDIX A - Excerpts related to the provision of service to underserved populations

### Core Elements

3. System-wide benchmarks for child and youth mental health intervention/treatment services in these areas:
  - a. Service accessibility, for example, reducing the time from referral to first clinical contact, limiting wait times, and **implementing strategies to support outreach to and inclusion of diverse underserved or marginalized populations (such as, First Nations, LGBTTIQ youth, francophone youth and some ethno-cultural groups). Measurement and improvement in these areas is crucial for the success of the system. It is not sufficient to have effective services if barriers to access prevent their uptake by those in need.**

