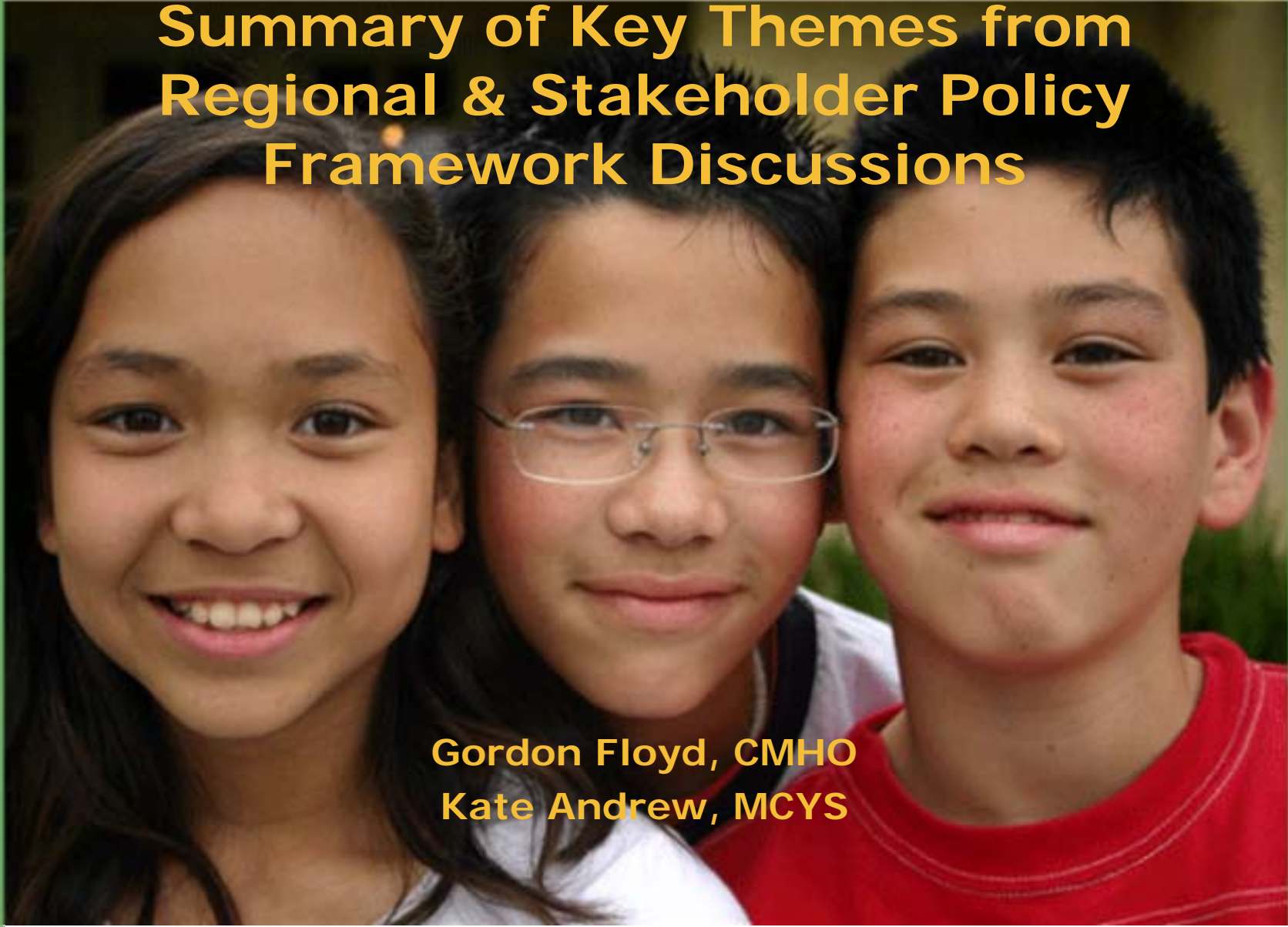




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Summary of Key Themes from Regional & Stakeholder Policy Framework Discussions



Gordon Floyd, CMHO
Kate Andrew, MCYS



Policy Discussions

- ❑ MCYS background paper for policy framework discussions released in Aug., 2005
- ❑ CMHO and Ministry collaborated to organize 14 stakeholder discussion groups (Sep. 30 – Oct. 28)
- ❑ Participants in 11 regional groups; 20-22 from range of children's service providers
- ❑ Three consumer groups: province-wide parent group; province-wide youth group; Aboriginal leaders' group
- ❑ Most discussion groups met for one day with facilitation and were asked a series of questions
- ❑ MCYS received about 20 written submissions from individuals and agencies before Nov. 1st deadline

Fall
2004

Spring/
Summer
2005

August
2005

Fall
2005

Winter
2005/06

Spring 2006
& Ongoing



Policy
Development
& Research

MCYS/CMHO
Community
Discussions

2004 Budget
CYMH
Investments

Previous
Documents &
Initiatives

*MCYS
Background
Document*

Advisory
Group

*Ontario Child
and Youth
Mental
Health Policy
Framework*

CMHO
Summit 2004

CMHO
Summit 2005

Implementation

Cross-
Jurisdictional
Research

Children,
Youth,
Families,
Service
Providers,
Other Sectors

- *Service Guidelines*
- *Service Standards*
- *Outcomes for Children & Youth*



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THEMES





1. Creation of a Single Child & Youth Mental Health System in Ontario

- ❑ more formal collaboration among service providers in funding, planning and service delivery
- ❑ requires a shared vision for the system and clarity re: roles
- ❑ service providers include children's mental health centres, hospitals, family physicians & paediatricians, child welfare agencies, aboriginal organizations, youth justice services, early child development programs, schools, adult mental health services, family violence services & shelters, youth employment centres, some recreation programs, municipal social services, etc.
- ❑ local flexibility and creativity: community system planning and (perhaps) resource allocation
- ❑ more collaboration re: priority-setting, resource allocation, service planning and service delivery (e.g., more case management/service coordination)
- ❑ child protection, youth justice, education, etc. should be able to purchase assessments and treatment services from children's mental health centres



1. Quotes

- ❑ “need to look at how all the pieces fit together with everything that is going on elsewhere — we need a quilt that makes the best use of all the pieces”
- ❑ “build on what’s working – several parts of the province have gone through significant restructuring
- ❑ “we need connectors and collaboration — we all need that clear picture, one stop shopping — families don’t care where the services come from”
- ❑ “the whole system of kid services should flow and flex within itself to better serve kids”
- ❑ “there should no longer be parallel systems”



2. Coordination Within MCYS and Across Ministries

- ❑ including Health, Health Promotion, Education, Justice, Comm. & Social Services, Recreation, etc.
- ❑ re-purpose youth justice beds for secure treatment
- ❑ formalize and support the role of early years programs, recreation programs and schools re: early identification
- ❑ engage schools and child development programs in case management and on-going support services
- ❑ eliminate the gaps in services for Ontarians between 16 and 21 years old
- ❑ 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
- ❑ re-focus school services on mental health instead of behaviour
- ❑ amend the Safe Schools Act



2. Quotes

- ❑ **“leadership around collaboration has to come from the Ministry as well as the communities”**
- ❑ **“the creative capacity of CYMH services to provide alternatives to residential services is a great opportunity IF we can keep the two transformations aligned”**
- ❑ **“the CYMH caseload in the schools has moved from the disturbed to the disturbing”**
- ❑ **“the key is linkages – recognize and manage the gaps and seams between various services, sectors and ministries”**



3. Equal Right to Timely & Effective Services

- ❑ stigma (including labelling and use of language) is the biggest barrier to accessing child and youth mental health services
- ❑ regardless of geography (including remote, rural communities), culture, language, demographic characteristics (including above-average population growth, ethnicity, age, etc.) or legal status (including involvement with child welfare or youth justice services)



3. Quotes

- ❑ **“if there is equal opportunity then there is an opportunity to be equal”**
- ❑ **“a child is a child no matter their system involvement”**
- ❑ **“most in need is like only dealing with terminal cancer in the physical health system”**
- ❑ **“my son wouldn't have tried to commit suicide if he'd gotten help when he first needed it”**



4. More Service Capacity

- more prevention programs
- more screening and early identification
- more early intervention (related to emergence of mental health needs, regardless of age)
- more support to teachers, physicians and 0-6 workers re: early identification and early intervention
- more services for aboriginal, culturally-diverse & newcomer communities
- more secure residential treatment beds for children and youth involved with child welfare and/or youth justice services
- more respite for children/youth and parents/families
- more support for the mental health needs of parents and siblings



4. Quotes

- ❑ **“the issue around equal access is resource availability, not entitlement”**
- ❑ **“the depth of the services is more important than the breadth of the continuum”**
- ❑ **“services should be provided to the level of need, not the level of funding”**



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

- ❑ holistic approach will encompass the child/youth, 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), and community development (to provide on-going support)
- ❑ 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
- ❑ the role of children's mental health centres needs to be clearly situated within the broader system of services and supports for children and families



5. Quotes

- ❑ **“as we make what is not now a system a system, we cannot look at mental health in isolation from other needs”**
- ❑ **“for a family it’s not an addictions issue, a mental health issue, or a problem to be dealt with, it’s a child”**
- ❑ **“child and youth mental health services are serving a person not pieces of a person”**
- ❑ **“reach out and deliver out”**



6. A Balanced and Broad Continuum (Range) of Interventions

- ❑ from mental health promotion (re: stigma) and prevention programs, through risk reduction efforts, screening and early identification, assessment, both non-residential and residential treatment, to follow-up (multiple transition supports) and sustained continuing care
- ❑ eligibility for service should extend from pre-natal to age 21
- ❑ FAS/FAE and youth addiction services should be part of the children's mental health service continuum
- ❑ dual diagnosis/complex needs should all be addressed within the children's mental health service continuum



6. Quotes

- ❑ **“early intervention may preempt the intensive work, or reduce the level of intensity; we can’t wait until the kids get to the troubled, or diagnosable level”**
- ❑ **“if we focus too much on each end, we’ll lose sight of the middle”**
- ❑ **“the policy should think of human development as a continuum and manage transitions”**



7. A Human Resources Development Plan

- effective treatment requires professional services delivered by skilled service providers
- appropriately-qualified and competitively-remunerated staff
- updated college/university curricula that reflect Evidence Based Practices
- more child & adolescent psychiatrists
- in-service training and professional development
- support the mental health needs of workers in the system
- what is a reasonable caseload?
- staff must be able to deliver services across multiple systems



7. Quotes

- ❑ **“we need a continuity of care—staff has been de professionalized — they’re not paid enough — there’s too much turn over — we need a solid, knowledgeable, professional staff”**
- ❑ **“we need a sufficient level of qualified resources—tie in with colleges and university and professional schools”**
- ❑ **“resources need to be invested in our staff – this is part of a sustainable system”**



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

- ❑ standardized measurement of child & youth outcomes (e.g., pre, post and follow-up use of BCFPI)
- ❑ system-wide outcome measurements (e.g., suicide rates, school expulsions, youth crime, etc.)
- ❑ service standards (e.g., accreditation)
- ❑ research re: effectiveness & emerging / promising practices
- ❑ knowledge transfer & implementation support re: Evidence Based Practices
- ❑ continuous improvement at both the service provider and system levels



8. Quotes

- ❑ **“a culture of informed and educated professionals serving children and youth”**
- ❑ **“CYMH is unique. Kids have different needs than adults”**
- ❑ **“encourage innovation and assess it”**
- ❑ **“construct our system on a research base”**
- ❑ **“outcome data that informs so that we can develop learning organizations and communities of practice”**



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