

Integration of Ontario's Child and Youth Mental Health System

Vision

Within 5 years, Ontario will have a fully integrated system of mental health services that offers children, youth, and their families timely access to a full spectrum of services that are readily available, easily navigable, and well-coordinated to meet their needs. Within this system:

- Families and community organizations (for example, sport, recreation, ethno-cultural, neighbourhood organizations) have the information and supports they need to respond quickly and effectively, and know where to turn for expert services when a child or youth has mental health needs.
- Community child and youth mental health agencies are adequately funded to provide a defined continuum of services that are integrated with broader mental health promotion and prevention efforts, linked to specialized regional services, and supported by clear provincial policies, system goals, planning, and enabling infrastructure.
- Education, health, child welfare, early childhood education, children's rehabilitation and youth justice personnel recognize they have a role to play and are equipped to identify and respond appropriately to children and youth with mental health issues. They are supported by professional training, clear systems and processes for screening and referral, and collaborative relationships with mental health service providers.
- Government policy frameworks include clear system goals and actions to achieve a seamless child and youth mental health system, supported by: integrated planning across ministries; dissemination of knowledge on what works; supporting infrastructure, standards, and tools; and funding arrangements that enable communities to implement solutions that best meet their needs.

Integration: The organization and delivery of services among organizations within the same and different sectors to optimize accessible, timely, and responsive services that effectively meet the full range of needs of clients and their families. In this context, integration refers to the service system as a whole, and involves provincial policy and funding frameworks and system-wide infrastructure, standards, and tools. It also includes varying levels of collaboration at the community level which, depending on the context, may include some or all of the following:

- **Improved communication** across diverse organizations, disciplines, and sectors;
- **Greater cooperation** through efforts to work jointly on a case-by-case basis;



- **Enhanced service coordination** ranging from informal to formal partnerships and protocols;
- **Joint planning** across organizations and sectors resulting in service modifications;
- **Organizational integration** involving mergers of two or more organizations.

Background

Only one in six Ontario children and youth with a mental health disorder receives some form of specialized mental health service.¹ Service gaps and excessive waiting lists arising from the historic under-funding of mental health services are contributing factors. Another cause is inadequate integration of services within the community mental health sector and across related sectors that serve children and youth (for example, education, health care, children's rehabilitation, child welfare, youth justice, public health, child care, sport and recreation, and also those that serve young adults with mental health disorders).

Many children, youth and families experience difficulty accessing services, navigating the complex array of providers in some communities, obtaining coordinated services and treatment from diverse providers, ensuring relevant information is shared appropriately to optimize treatment, and obtaining services that are timely, appropriate, and available for as long as they are needed. As well, certain populations are particularly under-served, such as children and youth who: are dually diagnosed; have complex needs or concurrent disorders; have unidentified mental health needs (for example, depressed or self-harming); live in low-income families; are members of racialized communities; are newcomers; are Aboriginal; require services in French; live in rural, remote or northern communities; and/or are becoming adults and have continuing mental health needs.

The goal of service integration is a system that serves all children and youth well, giving particular attention to filling critical service gaps and ensuring access to services for under-served populations. To succeed, each community must determine for itself what this will look like, set priorities accordingly, and have the flexibility and resources to make the changes it deems necessary, within appropriate provincial policy, governance, and funding frameworks.

In confronting this challenge, Ontario has the advantage of a broadly supported provincial policy framework, 'A Shared Responsibility', which offers a comprehensive blueprint to guide system improvements. Significant work is already underway and there have been many successes that communities can build on. The challenge now is to link current efforts and to put in place enabling supports that will accelerate progress. These supports are the primary focus of this paper.



Guiding Principles

Integration of child and youth mental health services should be guided by the following principles:

- **Consumer-centred** – Children and youth, families, and their advocates are centrally involved in all aspects of service planning, decision-making, implementation and delivery.
- **Community led** – Local communities have the mandate, resources, flexibility and tools they need to adopt the integration and coordination solutions most appropriate to their capacities and needs. Such solutions are sensitive to and inclusive of the needs of communities of common interest that might require specialized services which cross geographic boundaries.
- **Integrated view of health and wellbeing** – Mental and physical health, and the determinants of health, are all important aspects of child and youth wellbeing.
- **Prevention and early intervention** – Integration efforts enhance promotion, prevention and early intervention, particularly in families, schools and community settings where children and youth spend their time.
- **Accessible** – Services, funding and policies foster equity of access to a full spectrum of available, appropriate and continuous services for all children and youth as long as they need them, including during the transition into adulthood.
- **Shared responsibility** – Consumers, child and youth serving professionals, and policy makers all view themselves as equal, respected, and mutually accountable stewards of an integrated service system.
- **System approach** – Provincial policies, funding, infrastructure, standards, and tools strengthen integration across the mental health system and related sectors at both community and provincial levels.
- **Evidence-informed** – Integration efforts are informed by evidence on what works and are fully evaluated. The evidence is systematically collected from the field, pilots and best practice reviews.

Goals, Strategies and Actions

Goal 1: Foster Mental Health Literacy and Promotion

Achieving a more integrated child and youth mental health system, and more effective prevention and early intervention, requires that mental health be recognized as an integral component of overall health, and that key parties have the necessary knowledge to promote mental health and wellbeing and to respond when a child or youth has mental health needs. To this end, it is important to:



Children's Mental Health Ontario
Santé mentale pour enfants Ontario

www.kidsmentalhealth.ca

1.1 Equip youth, families and community organizations to be effective first responders

With the right information, youth, families and community groups can actively promote mental health, spot warning signs sooner, help address minor problems, and connect children and youth with mental health needs to expert help. **Actions:** • Work with youth, families and community-based organizations that serve young people (for example, YWCA/YMCAs, Boys and Girls Clubs, sport and recreation organizations) to develop accessible information on mental health promotion, warning signs of mental health needs, what to do, and where to turn for help. Invest in effective dissemination strategies adapted to specific end user groups, particularly high risk groups and communities.

1.2 Make mental health literacy a core competency of all child and youth professionals

Primary care physicians and educators are often the ones to whom children, youth and families who are facing mental health issues turn, but they are rarely equipped to respond as effectively as they would wish. Many would welcome training to improve their knowledge and capacity, as would professionals in the child welfare, children's rehabilitation, youth justice, public health and child care sectors. More cross-disciplinary and cross-sector training opportunities could also help individuals build the knowledge, shared understanding and common language they need to respond effectively to the needs of children and youth and to collaborate more effectively.

Actions: • Develop mental health education materials and screening and early identification tools for target sectors and integrate these into professional education and training programs. • Establish inter-disciplinary training and practicums for child- and youth-serving professionals to support effective cross-sector collaboration. • Equip teachers, through training and collaboration, to respond effectively to children and youth who have mental health problems.

Goal 2: Make it Easier to Enter and Navigate the Mental Health Service System

Children, youth and families often find it challenging to access mental health services and frequently experience difficulty navigating the array of available providers and services. Once children and youth enter the service system, they often face long wait times for services, multiple assessments, and barriers to providers sharing information and coordinating treatment. To address these challenges, it is necessary to:

2.1 Help communities develop local access strategies that work

These will look different in every community depending on its size, the services available, the diversity of its population, and local mental health needs. Communities need to assess the



strengths and weaknesses of their current approach and, if access barriers exist, build consensus on what a more successful system would look like and how to get there. Families, ethno-cultural communities including francophone communities, and other communities of common interest need to be central in this process; peer-support models should be explored and attention paid to improving access for underserved populations. Tools, models, and resources are needed to help communities do this. **Actions:**

- Establish a target timeline for implementation of coordinated service access in communities where this has not yet been achieved, and provide knowledge resources and tools to accelerate community efforts. These should include information on effective access models and approaches that communities can adapt to their local context.
- Explore the use of peer-support models to help consumers access services (for example, the Parent Navigator program developed by Parents for Children’s Mental Health).

2.2 Make case coordination a core funded service in every community

Children and youth often change treatment providers as their needs evolve, as they receive concurrent treatment from multiple providers, as they exit and re-enter the system over time, and/or as they require continuing services when they reach adulthood. As a result, ensuring treatment coordination, follow-up and continuity is challenging. Case coordination can be an effective solution for multiple and repeat service users if it is adequately resourced, supported by participating organizations, and embedded in existing organizations to minimize cost and leverage existing expertise and relationships. **Actions:**

- Include case coordination as a core funded child and youth mental health service in every community.
- Establish a threshold test to determine who requires the service.
- Embed case coordinators in community agencies using shared standards and training to ensure consistency of approach.
- Investigate the use of electronic mental health records to facilitate case coordination and involve service providers and consumers in this process.

2.3 Define and consolidate services within the community mental health sector

Implementation of effective linkages and integration processes requires clarity about the child and youth mental health services that need to be linked to, or integrated with, other services. This clarity is currently impeded by the absence of a distinct Ministry budget line for child and youth mental health and the consequent lack of a clearly defined continuum of child and youth mental health services that every community should be able to access. A distinct funding line for clearly defined services would also help consumers and communities identify which organizations are qualified and accountable to provide specialized child and youth mental health services. **Actions:**

- Establish a dedicated Ministry budget line to support a defined continuum of child and youth mental health services that should be available to every community and delivered by accredited child and youth mental health service providers.



Goal 3: Improve Service Integration with Other Sectors

Community mental health agencies are the primary locus for treating children and youth with mental health problems, but other sectors like education, children's rehabilitation, primary health care, public health, child welfare, youth justice, and child care play a critical role in mental health promotion, prevention, early identification, and helping to support treatment of children and youth with mental health needs in their care. To do this well, however, they need to have the requisite knowledge and skills, and effective partnerships and referral and treatment coordination mechanisms must be in place. Community mental health agencies need to be effective resources and partners to other organizations, and local processes must be established to enable all sectors to work together in a more integrated way.

3.1 Build local capacity for cross-sector service planning

Service integration barriers often arise from differences in priorities, culture, philosophy, language, systems, and knowledge levels, as well as from competition for mandates and funding among organizations and sectors. Well-designed and resourced processes to bring key stakeholders together and significant commitments of time and resources from participating organizations are needed to address these barriers. **Actions:**

- Support the establishment of community planning tables for children and youth, where these do not yet exist, that bring together child and youth-serving organizations and consumers to work on integrated strategies to achieve shared child and youth outcomes including mental health and wellbeing consistent with established provincial policies, outcome goals, and standards. Where possible, there should be relevant ministry participation at these tables.
- Empower community planning tables by providing them with access to: 1) evidence-informed knowledge resources on effective community planning models and practices; 2) flexible funding envelopes (population and needs based) that enable responsiveness to local priorities; 3) funding linked to specific system goals and outcomes; and 4) funding to support the actual planning process.
- Ensure these planning tables have an explicit link to adult mental health planning structures and mechanisms. Align provincial ministry regional boundaries to facilitate coordination and participation in local planning.

3.2 Establish parallel coordination mechanisms at the provincial level

Community planning and coordination can be enhanced and supported by creating a common framework of provincial outcome goals and success indicators for children and youth that cuts across education, health, and other sectors, with shared terminology that all sectors can build on and embed in policy and accountability frameworks. Improved communication among ministries, more joint planning, and more flexible parameters governing community use of provincial funding are also needed. **Actions:**

- Establish shared provincial child and youth outcome goals and success indicators to help align and foster collaboration across provincial



government programs. • Establish an inter-departmental government working group at the Director level to coordinate cross-sector planning and integrate policies and programs to improve targeted child and youth outcomes, including mental health and wellbeing. This working group should be supported by a reference group with representatives from relevant sectors, as well as broader consultations (for example, with community planning tables).

Goal 4: Build an Evaluation and Innovation Culture

As knowledge about child and youth mental health accumulates, consumers, professionals, and policy-makers can increasingly access current information and learn together about innovative approaches. To do this well, however, the system's capacity to identify successful innovations and to build upon these successes must be improved. Many communities are creating and implementing innovative approaches to integration but there is not yet a systematic way to capture, disseminate, and learn from their successes.

4.1 Invest in evidence-informed practices

Integration initiatives need to be monitored as they unfold and their impact must be evaluated to understand which approaches are most effective. One size will not fit all but communities can benefit from more information about diverse models that have worked elsewhere. To be sustainable, however, monitoring, evaluation, and knowledge dissemination functions need to be treated as regular and important costs of doing business and built into government funding levels and organizational budgets. **Actions:** • Ensure adequate funding for monitoring and evaluation of integration initiatives and build these costs into government and organizational program budgets. • Invest in a systematic process to identify and disseminate effective service integration approaches. These should be drawn from the field as well as the research literature.

ⁱ Offord DR, Boyle MH, Fleming JE, Blum HM, Grant NI. Ontario Child Health Study. Summary of selected results. *Canadian Journal of Psychiatry* 1989 Aug; 34(6):483-91.



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

Vision

Within 5 years, Ontario will have a fully integrated system of mental health services that offers children, youth, and their families timely access to a full spectrum of services that are readily available, easily navigable, and well-coordinated to meet their needs. Within this system:

- **Families and community organizations (for example, sport, recreation, ethno-cultural, neighbourhood organizations) have the information and supports they need to respond quickly and effectively, and know where to turn for expert services when a child or youth has mental health needs.**

Background

Many children, youth and families experience difficulty accessing services, navigating the complex array of providers in some communities, obtaining coordinated services and treatment from diverse providers, ensuring relevant information is shared appropriately to optimize treatment, and obtaining services that are timely, appropriate, and available for as long as they are needed. **As well, certain populations are particularly under-served, such as children and youth who: are dually diagnosed; have complex needs or concurrent disorders; have unidentified mental health needs (for example, depressed or self-harming); live in low-income families; are members of racialized communities; are newcomers; are Aboriginal; require services in French; live in rural, remote or northern communities; and/or are becoming adults and have continuing mental health needs.**

The goal of service integration is a system that serves all children and youth well, giving particular attention to filling critical service gaps and ensuring access to services for under-served populations. To succeed, each community must determine for itself what this will look like, set priorities accordingly, and have the flexibility and resources to make the changes it deems necessary, within appropriate provincial policy, governance, and funding frameworks.

Guiding Principles

- **Community led – Local communities have the mandate, resources, flexibility and tools they need to adopt the integration and coordination solutions most appropriate to their capacities and needs. Such solutions are sensitive to and inclusive of the needs of communities of common interest that might require specialized services which cross geographic boundaries.**



- **Accessible** – Services, funding and policies foster equity of access to a full spectrum of available, appropriate and continuous services for all children and youth as long as they need them, including during the transition into adulthood.

Goals, Strategies and Actions

Goal 1: Foster Mental Health Literacy and Promotion

1.1 Equip youth, families and community organizations to be effective first responders

With the right information, youth, families and community groups can actively promote mental health, spot warning signs sooner, help address minor problems, and connect children and youth with mental health needs to expert help. *Actions:* • Work with youth, families and community-based organizations that serve young people (for example, YWCA/YMCAs, Boys and Girls Clubs, sport and recreation organizations) **to develop accessible information on mental health promotion, warning signs of mental health needs, what to do, and where to turn for help. Invest in effective dissemination strategies adapted to specific end user groups, particularly high risk groups and communities.**

Goal 2: Make it Easier to Enter and Navigate the Mental Health Service System

2.1 Help communities develop local access strategies that work

These will look different in every community depending on its size, the services available, the diversity of its population, and local mental health needs. Communities need to assess the strengths and weaknesses of their current approach and, if access barriers exist, build consensus on what a more successful system would look like and how to get there. **Families, ethno-cultural communities including francophone communities, and other communities of common interest need to be central in this process; peer-support models should be explored and attention paid to improving access for underserved populations.** Tools, models, and resources are needed to help communities do this. *Actions:* • Establish a target timeline for implementation of coordinated service access in communities where this has not yet been achieved, and provide knowledge resources and tools to accelerate community efforts. These should include information on effective access models and approaches that communities can adapt to their local context. • **Explore the use of peer-support models to help consumers access services (for example, the Parent Navigator program developed by Parents for Children’s Mental Health).**



APPENDIX B

Summary of Recommended Actions

Goal 1: Foster Mental Health Literacy and Promotion

1.1 Equip youth, families and community organizations to be effective first responders

- Work with youth, families and community-based organizations that serve young people (for example, YWCA/YMCAs, Boys and Girls Clubs, sport and recreation organizations) to develop accessible information on mental health promotion, warning signs of mental health needs, what to do, and where to turn for help. Invest in effective dissemination strategies adapted to specific end user groups, particularly high risk groups and communities.

1.2 Make mental health literacy a core competency of all child and youth professionals

- Develop mental health education materials and screening and early identification tools for target sectors and integrate these into professional education and training programs.
- Establish inter-disciplinary training and practicums for child- and youth-serving professionals to support effective cross-sector collaboration.
- Equip teachers, through training and collaboration, to respond effectively to children and youth who have mental health problems.

Goal 2: Make it Easier to Enter and Navigate the Mental Health Service System

2.1 Help communities develop local access strategies that work

- Establish a target timeline for implementation of coordinated service access in communities where this has not yet been achieved, and provide knowledge resources and tools to accelerate community efforts. These should include information on effective access models and approaches that communities can adapt to their local context.
- Explore the use of peer-support models to help consumers access services (for example, the Parent Navigator program developed by Parents for Children's Mental Health).



2.2 Make case coordination a core funded service in every community

- Include case coordination as a core funded child and youth mental health service in every community.
- Establish a threshold test to determine who requires the service.
- Embed case coordinators in community agencies using shared standards and training to ensure consistency of approach.
- Investigate the use of electronic mental health records to facilitate case coordination and involve service providers and consumers in this process.

2.3 Define and consolidate services within the community mental health sector

- Establish a dedicated Ministry budget line to support a defined continuum of child and youth mental health services that should be available to every community and delivered by accredited child and youth mental health service providers.

Goal 3: Improve Service Integration with Other Sectors

3.1 Build local capacity for cross-sector service planning

- Support the establishment of community planning tables for children and youth, where these do not yet exist, that bring together child and youth-serving organizations and consumers to work on integrated strategies to achieve shared child and youth outcomes including mental health and wellbeing consistent with established provincial policies, outcome goals, and standards. Where possible, there should be relevant ministry participation at these tables.
- Empower community planning tables by providing them with access to: 1) evidence-informed knowledge resources on effective community planning models and practices; 2) flexible funding envelopes (population and needs based) that enable responsiveness to local priorities; 3) funding linked to specific system goals and outcomes; and 4) funding to support the actual planning process.
- Ensure these planning tables have an explicit link to adult mental health planning structures and mechanisms. Align provincial ministry regional boundaries to facilitate coordination and participation in local planning.



3.2 Establish parallel coordination mechanisms at the provincial level

- Establish shared provincial child and youth outcome goals and success indicators to help align and foster collaboration across provincial government programs.
- Establish an inter-departmental government working group at the Director level to coordinate cross-sector planning and integrate policies and programs to improve targeted child and youth outcomes, including mental health and wellbeing. This working group should be supported by a reference group with representatives from relevant sectors, as well as broader consultations (for example, with community planning tables).

Goal 4: Build an Evaluation and Innovation Culture

4.1 Invest in evidence-informed practices

- Ensure adequate funding for monitoring and evaluation of integration initiatives and build these costs into government and organizational program budgets.
- Invest in a systematic process to identify and disseminate effective service integration approaches. These should be drawn from the field as well as the research literature.

