

Ontario's Child and Youth Mental Health Strategy

Children's Mental Health Ontario Conference Breaking Down the Silos at Queen's Park

Ministry of Children and Youth Services
Ministry of Health and Long-Term Care
Ministry of Education

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Ontario's Child and Youth Mental Health Strategy

Purpose of this presentation:

- To provide background context and an overview of the first three years of the Comprehensive Mental Health and Addictions Strategy, which focuses on children and youth
- To provide information about next steps including strengthening services for children and youth and creating a more integrated and responsive system
- To elicit discussion

Ontario's Child and Youth Mental Health Strategy

- On March 29, 2011, the Ontario government announced their 2011 budget, which described investment in a Comprehensive Mental Health and Addictions Strategy, starting with children and youth.
- The budget announcement indicated that by 2013–14 funding to support the Strategy would grow to \$93 million per year, and would:
 - focus on strengthening services for children and youth
 - create a more integrated and responsive system
 - build awareness and capacity within the education system to support students and their families.
- On June 22, 2011, the Comprehensive Mental Health and Addictions Strategy was released, with over-arching principles to:
 1. Improve mental health and well-being for all Ontarians
 2. Create healthy, resilient, inclusive communities
 3. Identify mental health and addiction problems early and intervene
 4. Provide timely, high quality, integrated, person-directed health and other human services.

Ontario's Child and Youth Mental Health Strategy

- For the first three years of the Strategy, the Ministries of Children and Youth Services (MCYS), Health and Long-Term Care (MOHLTC), Training, Colleges, and Universities (TCU) and Education (EDU) will be working together with their sectors and communities to support children and youth who have mental health challenges to reach their potential and thrive.
- Individuals need timely access to services that meet their needs, and services need to be coordinated so people have easy access to the right mix of supports.
- Community-based services are critical to identifying early signs and symptoms and in facilitating access to the right supports and services.
- This is the case whether problems are first identified at school, in the family health team or physician's office, or when in conflict with the law. Identifying the early signs and getting people the help they need is critical to getting them back on track.
- By acting together, services can be transformed so that all Ontarians have timely access to a coordinated system of effective promotion, prevention, early intervention, and community support and treatment programs.

Ontario's Child and Youth Mental Health Strategy

- In 2006, MCYS released *A Shared Responsibility, Ontario's Policy Framework for Child and Youth Mental Health* (Policy Framework). Its four goals are:
 1. A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility.
 2. Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context.
 3. Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports.
 4. A child and youth mental health sector that is accountable and well-managed.
- Following release of the Policy Framework, MCYS and funded child and youth mental health (CYMH) services completed a 'mapping' exercise that took a "point in time" snapshot of CYMH services in Ontario for the 2007-08 fiscal year.
- Mapping showed that there is still much more to do to build a system in which services are more responsive, integrated, accountable and focused on what Ontarians need when they need it.

Ontario's Child and Youth Mental Health Strategy

- The Strategy followed the establishment of the Minister of Health and Long-Term Care's Advisory Group on Mental Health and Addictions created in October 2008, which comprised 24 members, including consumers, family members, people with lived experience, health care providers, researchers, and other ministries and sectors.
 - At a July 2009 Summit on mental health and addictions, the Minister of MOHLTC launched a discussion paper, *Every Door is the Right Door*
 - Five Theme Groups were established, comprised of consumers, providers, researchers and cross ministry representatives
 - A final report was released in December 2010
- In February 2009 the Select Committee on Mental Health and Addictions was formed which, following 18 months of activity, provided a number of recommendations to government.
- The Select Committee reported that one of the main problems in Ontario's mental health and addictions system is that there is, in fact, no coherent system:
 - Mental health and addictions services are funded or provided by at least 10 different ministries
 - Services are delivered by 440 child and youth mental health agencies, 330 community mental health agencies, 150 substance abuse treatment agencies, and approximately 50 problem gambling centres
 - Many people simply fall through the cracks, or give up in frustration because of the complexity of the system

Our priorities for the next three years

Fast Access to High Quality Services

- Build capacity in the community-based sector
- Reduce wait times
- Meet community needs
- Link education, child and youth mental health, youth justice, health care, and the community

Identify and Intervene Early

- Provide tools and support to those in contact with children and youth so they can identify mental health issues sooner
- Provide resources for effective responses to mental health issues
- Build mental health literacy and local leadership

Close Critical Service Gaps

- Increase availability of culturally appropriate services and serve more children and youth
 - in Aboriginal, remote and underserved communities
 - With complex mental health needs
 - At the key transition point from secondary to post-secondary education

Support System Change

- Support development of an effective and accountable service system for all Ontarians
- Build on efforts that promote evidence-informed practice, collaboration, and efficiencies
- Develop standards and tools to better measure outcomes for children and youth

OVERVIEW OF THE STRATEGY

Starting with Child and Youth Mental Health

Our Vision:

An Ontario in which children and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth reach their full potential.

THEMES	<p>Provide fast access to high quality service</p> <p>Kids and families will know where to go to get what they need and services will be available to respond in a timely way.</p>	<p>Identify and intervene in kids' mental health needs early</p> <p>Professionals in community-based child and youth mental health agencies and teachers will learn how to identify and respond to the mental health needs of kids.</p>	<p>Close critical service gaps for vulnerable kids, kids in key transitions, and those in remote communities</p> <p>Kids will receive the type of specialized service they need and it will be culturally appropriate</p>			
INDICATORS	<ul style="list-style-type: none"> • Reduced child and youth suicides/suicide attempts • Educational progress (EQAO) • Fewer school suspensions and/or expulsions • Higher graduation rates • More professionals trained to identify kids' mental health needs • Higher parent satisfaction in services received • Decrease in severity of mental health issues through treatment • Decrease in inpatient admission rates for child and youth mental health • Fewer hospital (ER) admissions and readmissions for child and youth mental health • Reduced Wait Times 					
INITIATIVES	<p>Improve public access to service information</p>	<p>Pilot Family Support Navigator model Y1 pilot</p>	<p>Implement <i>Working Together for Kids' Mental Health</i></p>	<p>Implement standardized tools for outcomes and needs assessment</p>	<p>Enhance and expand Telepsychiatry model and services</p>	<p>Provide support at key transition points</p>
	<p>Funding to increase supply of child and youth mental health professionals</p>	<p>Increase Youth Mental Health Court Workers</p>	<p>Amend education curriculum to cover mental health promotion and address stigma</p>	<p>Develop K-12 resource guide for educators</p>	<p>Hire new Aboriginal workers Implement Aboriginal Mental Health Worker Training Program</p>	<p>Improve service coordination for high needs kids, youth and families</p>
	<p>Reduce wait times for service, revise service contracting, standards, and reporting</p>	<p>Outcomes, indicators and development of scorecard</p>	<p>Implement school mental health ASSIST program and mental health literacy provincially</p>	<p>Provide designated mental health workers in schools</p>	<p>Expand inpatient/outpatient services for child and youth eating disorders</p>	<p>Hire Nurse Practitioners for eating disorders program [part of New Nurses Initiative]</p>
			<p>Implement Mental Health Leaders in selected School Boards</p>	<p>Provide nurses in schools to support mental health services [part of New Nurses Initiative]</p>	<p>Create 18 service collaboratives</p>	<p>Plan/Evaluation</p>

A System of Services for Children and Youth

- The first three years of the Strategy focus on strengthening services for children and youth.
- However, reform of how services are delivered is needed to build an effective, efficient and accountable system.
- The focus will remain on children and youth.
- Positive outcomes for children and youth and evidence will drive reform.
- Provincial and local leadership are needed to create effective pathways to service.

Eating Disorders Expansion

- Eating disorders are unique among serious mental illnesses (e.g., no unusual public behaviours) and has a highest mortality rate of any mental illness (ranging between 18 and 20%).
- Eating disorders require specialized medical treatment that is not available from mainstream community mental health programs.
- Inpatient stabilization is often required as first steps in the treatment of severely ill clients.
- Ontario has been sending people with eating disorders out of country due to lack of services in the province.
- Expansion is necessary due to increasingly long waiting lists and high unmet demand primarily in the GTA.
- Six hospitals are receiving additional funding to increase their inpatient, outpatient and day treatment programs in addition to an access co-coordinator.
- 19 new nurse practitioners are being funded to complement the additional 14 nurse practitioners funded last year.
- With these investments, Ontario expects to see earlier and easier access to eating disorders programs across the province.
- Total new funding is \$9M.

Service Collaboratives

- Service Collaboratives will improve access to services and better integrate the sectors that provide support to Ontarians living with mental health and addictions issues.
- Groups of service providers from diverse sectors will come together to identify and improve processes at key transition points in the system:
 - between children/youth and adult services
 - between hospital-based/emergency and community services
 - between the justice system and community mental health and addiction programs
- The Centre for Addiction and Mental Health (CAMH) is facilitating the process working in partnership with the Ministries of Health and Long-Term Care, Children and Youth Services, Education, Training, Colleges and Universities, Attorney General and Community Safety and Correctional Services as well as community service providers and partners to plan and implement the initiative.
- A total of 18 Service Collaboratives will be established over the next 3 years with 4 of them having a specific focus on the justice system.

Strategy Scorecard and Evaluation

- The government has asked the Institute for Clinical and Evaluative Sciences (ICES) to facilitate development of both the scorecard and strategy evaluation.

Scorecard

- ICES is working with experts and other stakeholders to develop performance indicators for monitoring progress on the strategy and outcomes for clients, starting with children and youth.
- The indicators will focus on the continuum of mental health and addictions services and the social determinants of health such as education, justice, social services, housing and employment.
- The performance measures will be adaptable within the context of the Comprehensive Mental Health and Addiction Strategy to encompass outcomes for adult mental health and addictions services.
- Performance measures will be publicly reported as the strategy moves forward.

Evaluation

- Each of the Strategy initiatives will be evaluated individually, in addition to an overall assessment of the Strategy's impact.
- An evaluation framework is in development that will identify specific areas for study, including the Strategy's effects on specific sectors and government priorities.
- Outcomes will be measured using both quantitative and qualitative research methods.

Next Steps

- New supports and services are starting on the ground. Not all the initiatives will be implemented at the same time, and details of how investments will impact specific communities will be provided as soon as they are confirmed.
- The first initiatives being launched are the targeted increase/new mental health workers, mental health workers for students and expansion of the Youth Mental Health Court Worker program.
- As the Strategy unfolds, a range of organizations will be involved and impacted, and more information will be available to you in the coming months, especially in regards to individual agencies and communities.
- We will continue to work with you and with our partners across sectors to implement the initiatives within the Strategy.

For Discussion:

1. In general, what are your reactions to what you have heard in this presentation?
2. How ready are service providers to make the kinds of changes that might be necessary? (challenges, facilitators)
3. What opportunities do you see for yourselves in the days ahead?
4. Where do you think more time will be required/more patience will be necessary to achieve the kinds of results expected?

Appendix A: Provide Fast Access to High Quality Service

Description:

- Put in place supports to help families find information and access services more easily while at the same time, providing more high quality services and reducing wait times.

Activities:

MCYS (Lead Ministry):

- Improve public access to information by implementing a web portal, directory, and telephone support service to help kids and families find the right kind of service.
- Provide direct support to families to navigate the system, starting with pilots in four selected communities.
- Provide resources to hire more workers in community-based child and youth mental health agencies through a targeted funding increase so that services will be available to respond more rapidly to the needs of more kids – the increase will be targeted to those agencies that present the best opportunities for increasing quality services.
- Provide resources to hire more youth mental health court workers to divert youth from the justice system to appropriate community-based services.
- Develop and implement an integrated wait-time strategy to make sure kids are waiting for the right type of service; enhance quality by training workers on the use of best practices, including use of short-term brief therapies.
- Build foundations for long-term transformation of the service system through incenting agency consolidation and efficiencies, introduction of standards, performance measures and enhanced accountability.

MOHLTC (Lead Ministry):

- Develop a suite of outcomes and indicators that can be reported upon (e.g., a scorecard) and explore the alignment of outcomes and indicators across child and youth mental health, education, and health sectors.

Appendix A: Identify and Intervene in Kids' Mental Health Issues Early

Description:

- Provide key professionals in community-based mental health agencies, health providers, and schools with tools to identify children and youth with mental health issues earlier, help them find the right services and work together more effectively.

Activities:

MCYS (Lead Ministry):

- Implement *Working Together for Kids' Mental Health* provincially, so that key adults in schools and in agencies will use effective tools for early identification and work collaboratively to meet the needs of kids and families.
- Implement standardized tools to support intake and triage functions in community-based agencies as well as track and monitor outcomes .
- Allocate resources for hiring designated mental health workers to provide services to students attending schools to address mental health needs, including needs at transition points such as elementary to secondary and to prevent youth suicide.

EDU (Lead Ministry):

- Amend the education curriculum to promote healthy development and mental health.
- Develop a K-12 Resource Guide/Website which will provide teachers with information on the early signs of mental health issues, and preventative actions they can take.
- Implement a school mental health ASSIST program to help schools establish appropriate school-based delivery of mental health programs and services.
- Hire Mental Health Leaders in 15 diverse school boards, and provide support for mental health literacy training for all educators in the province.

MOHLTC (Lead Ministry):

- Place 144 nurses with mental health and addictions expertise through Community Care Access Centres to provide direct services in schools to children and youth with mental health issues.

Appendix A: Close Critical Service Gaps

Description:

- Close critical service gaps for vulnerable kids and those in remote communities and increase the availability of culturally appropriate and specialized services and develop specialized training for Aboriginal mental health workers to address issues such as child and youth suicide and to support families.

Activities:

MCYS (Lead Ministry):

- Enhance and expand child and youth Telepsychiatry services to more rural, remote areas and under-served communities through expansion of technology, linkages with telemedicine, and increasing the number of service access sites.
- Providing workers to streamline and coordinate the service experience and assist with navigation across services/systems for children and youth with complex mental health needs .
- Provide resources to hire new Aboriginal mental health and addiction workers in high risk Aboriginal communities and develop/implement an Aboriginal Mental Health Worker Training Program to increase the supply.

TCU (Lead Ministry):

- Provide services to youth at the significant transition point from secondary to post-secondary school education settings.

MOHLTC (Lead Ministry):

- Create 18 Service Collaboratives to support coordinated services for children, youth and adults, including a focus on transitions from in-patient to out-patient settings; between health and justice systems and from child-serving to adult services.
- Expand inpatient/outpatient services for eating disorders to meet the needs of more children and youth with complex needs, including hiring of 14 Nurse Practitioners with specialized expertise.