

SUMMIT ON CHILDREN'S MENTAL HEALTH

PANEL: Better Links for Better
Outcomes: Ontario Children's
Service Partners

Health Perspective

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HOT BUTTON ISSUES

Systemic Issues

- prevalence of psychiatric illness in children and youth
- demand for service vs available resources ('orphan of the orphan')
- public demand to see a DOCTOR
- fragmented, under-resourced system
- barriers – community-based vs hospital/academic health science centre
- few health promotion and illness prevention programs
- few best and most promising practices, lack of standardized, evidence-based approaches

HOT BUTTON ISSUES

Physician Issues

➤ **recruitment**

- GP's and paediatricians that do child and youth mental health
- child and adolescent psychiatrists (numbers decreasing in Canada)
- recruitment challenging for all mental health professionals

➤ **education**

- GP's & paediatricians
- adult psychiatrists
- child & adolescent psychiatrists – consider work profile change

➤ **remuneration**

- GP's & paediatricians
- adult vs child and adolescent psychiatrists

*strong iterative relationship between the three above

HOT BUTTON ISSUES

SUMMARY

- 1) Lack of integrated system
- 2) Shortage of child and adolescent psychiatrists
- 3) Recruitment challenging for all mental health professionals

LESSONS LEARNED

Systemic

- development of integrated service systems
- maximize resources and invest in what the literature profiles as best and most promising practices
 - **finding the balance**
 - broad continuum of mental health services
 - across disciplines
 - between community-based & specialized services
 - across sectors
 - child welfare
 - youth justice
 - child & youth mental health

cont'd

LESSONS LEARNED

Systemic (cont'd)

- extend reach to more children & youth with mental health problems
- family centred care & empowerment
- public health provides significant health promotion, illness prevention and early intervention through 0-6, early years programs

LESSONS LEARNED

Systemic (cont'd)

Are the stars finally lining up for child & youth mental health?

- MCYS
 - kudos
 - great opportunity with children & youth at risk
 - programming
 - 1st funding increase in 12 years
- CMHO reorganization
- OCHN-CMHO telepsychiatry initiative
- Provincial Centre of Excellence for Child & Youth Mental Health at CHEO

LESSONS LEARNED

PHYSICIANS

- access most appropriate mental health professional in the multidisciplinary team
- change profile of child & adolescent psychiatrists
 - 1:1 SMI
 - community/liaison & indirect services
 - education
- NO LESSONS LEARNED re ↑ the number of child & adolescent psychiatrists

WORKING TOGETHER SUGGESTIONS

SYSTEMIC

- break down ‘pseudo walls’ – community-based & hospital/academic health science centre mental health services for children & youth – and promote integrated systems
- clarify roles of each discipline within the multidisciplinary team (overlapping & expert contributions)
- develop best and most promising practices, standardized and cost effective approaches to care wherever feasible

WORKING TOGETHER SUGGESTIONS

SYSTEMIC (cont'd)

- new approaches to education of all mental health disciplines
 - across full continuum of mental health services
 - integrated teaming in areas of professional overlap
 - respect expertise of different professional groups
 - balance across the continuum of mental health services requires equivalent funding

WORKING TOGETHER SUGGESTIONS

PHYSICIANS

- influence curriculum & exposure of family practice & paediatric residents to child & youth mental health
- continuing education for GP's & paediatricians
- work aggressively together to significantly increase the number of child & adolescent psychiatry trainees
- consolidate new work profile for child & adolescent psychiatrists