

CMHO Summit 2005:
Framing Our Children's Policy:
Developing the Picture

Summary of Three Working Sessions



Children's Mental Health Ontario

Santé Mentale pour Enfants Ontario

On November 14th and 15th 2005, Children’s Mental Health Ontario (CMHO) hosted its annual Summit – *Framing Our Children’s Policy: Developing the Picture*. More than 300 people attended, representing a cross-section of the range of child and youth services across Ontario.

Summit attendees were asked to participate in three working sessions over two days: Each of these sessions was designed to address a topic that was both tied to a Summit objective, and identified as requiring further dialogue following October’s wrap-up of cross-provincial community discussions.¹

Participants were divided into a number of small groups to complete these exercises. An attempt was made to ensure that tables had a mix of individuals representing or working in different sectors. What follows are summaries of the work generated by participants during these three sessions.

Summary of Proposed Vision Statements for Child and Youth Mental Health in Ontario: Working session 1

Summit participants were asked to create a vision for the Child and Youth Mental Health system in Ontario. In their small groups they had access to a definition of ‘vision’ as well as several examples of vision statements for child and youth mental health in other jurisdictions. Vision statements – are by definition – broad in scope and represent positive expectations and what is desirable for the future mental health of children and youth. It was anticipated that there would be substantial overlap among the 30 or so visions that were generated during small group discussion, and this proved to be the case. As such, we extracted common threads that weave throughout most of the vision statements as an alternative to classifying them into themes.

Common **threads** include:

1. children and youth will have the opportunity to reach their potential
2. mental health is valuable to, and supported by society
3. everyone in Ontario has a role to play or can make a contribution
4. the system is focused on children, youth and families
5. services are well-tailored, holistic, culturally relevant, easily accessible, effective, innovative, timely, inclusive, broad in scope, appropriate, responsive
6. *nothing* should stand in the way of getting help

Vision Statements created by participants include:

1. Ontario believes that child and youth mental health is essential to the well-being of all individuals – and to this end – delivers an accessible and inclusive, integrated, equitable system of services.

¹ CMHO and the Ministry of Children and Youth Services collaborated to organize 14 stakeholder discussions, the purpose of which was to seek the range of views on key issues related to a child and youth mental health policy framework for Ontario. These discussions took place between September 30 and October 28, 2005 and were organized in 11 regional groups, with 20 to 22 participants from a range of children’s services providers at each (e.g., child and youth mental health, child protection, youth justice, developmental services, education, women’s shelters, hospitals, aboriginal services, etc). Three consumer discussions were also held including: a province-wide parent group; a province-wide youth group; and an Aboriginal leaders’ group.

2. Healthy children, youth, families and communities; a comprehensive and inclusive service system, supporting the well-being of all children, youth, families and communities in Ontario.
3. A system where all children and youth develop well in engaged communities where services are holistic, accessible, continuous, culturally-relevant, appropriate, effective, and innovative.
4. We envision an effective, sustainable mental health system that is accountable to all children, youth and families and their diverse needs.
5. Society will create the conditions under which children, youth and families will reach their full mental health potential.
6. Ontario society values a sustainable system that encompasses all aspects of a child/youth's life and in which all children and youth are entitled to achieve their fullest potential.
7. Children and youth mental health is a part of – and contributes to – a society that supports and enables children in the context of their family and community to reach their fullest potential.
8. Inclusive communities, responsible families and responsive services will work in partnership to create an environment that supports the optimum mental health of our children.
9. Ontario values and supports the well-being of all children, youth and families resulting in their optimal mental, physical and spiritual health.
10. A network that empowers, advocates for, and supports healthy children, strong families and caring communities when, how and where needed.
11. We envision a family-centred system that promotes the well-being of all children and youth (and family) through universal and specialized supports and services.
12. All children and youth participate fully within their families and communities by having their mental health needs met in a timely, effective and seamless manner.
13. The system must work with youth as well as for youth: engaged youth in identifying issues and solutions, personal responsibility and decision-making, individualized and culturally sensitive, provide youth with practical life-skills; focus on re-integration into regular community; more therapy, less medication; learn from and consult with youth who have resisted/rebounded from adversity/trauma; services should be where you are in the community; fewer words, more action.
14. All children and youth have access to a continuum (range) of mental health services that are: integrated, child/youth/family focused, seamless, strength-based, culturally responsive, include natural supports that are effective, timely and equitably accessible and support/enhance well-being and resiliency.
15. Our family- focused children and youth mental health system provides a continuum of services that are timely, effective, and easily accessible.
16. We envision a comprehensive child-centred mental health system that is adequately resourced to result in healthy and happy children, families and communities.

17. The child and youth mental health system is one that embraces community responsibility to provide a service continuum that keeps children at the focus and is accessible, holistic and accountable.
18. The well-being of all children and youth is embraced as a priority in the provision of an inclusive, accessible continuum of services in collaborative partnerships.
19. A child and family-centred, multi-service sector that builds capacity through high quality responsive, accessible, accountable, integrated, innovative continuum of services enabling all children to reach their potential.
20. The right service, time, place, seamless access, client-driven, celebrating diversity, utilizing community systems, supporting hopes and dreams of all youth and families.
21. A flexible, accessible, adequately funded system that effectively responds to the mental health needs of children, youth, their families and the community in a timely fashion.
22. All children, youth and families have timely access to comprehensive, effective and integrated supports – planned and delivered in their home communities.
23. Provide a seamless, multi-disciplinary, holistic, well-resourced, accessible community/child/youth and family sensitive system for 0-21 years of age. Services are based on coordinated collaboration that is locally planned, and provincially supported and funded, and includes research, evaluation, IT and staff development.
24. To ensure all children, youth, and families have timely access to an integrated, quality mental health system.
25. We envision a CYMH health system that ensures each child, youth and family has the right to timely access to responsive and integrated services that promote well-being and foster dignity.
26. Le système de santé mentale intègre ses actions avec les partenaires afin que chaque enfant s'épanouisse dans une famille bénéficiant de l'appui nécessaire pour l'accompagner dans son développement optimal.
27. A well-integrated CYMH system that promotes a comprehensive range of services that are responsive and flexible to the needs of children, youth and families to enable optimal mental health; creating thriving, resilient and productive communities.
28. All children, youth, families and communities receive timely access to integrated and accountable mental health services which promote mental, physical, emotional and spiritual health, and which strengthen and build the capacity of families and communities.
29. Enable children and families to reach their full potential through building community capacity. All child and youth-based services focus on effective integration, culturally-sensitive and strength-based individualized approaches.
30. A child/youth centred service incorporating/supporting/acknowledging concepts of community responsibility, the importance of developing self-efficacy and capacity; culturally-responsive; individually-centred, and sustainable.
31. A holistic strengths-based system builds sector and community capacity to provide children, young people and their families services based on needs. Utilizing a multi-

disciplinary approach in collaboration with local communities, children, young people and their families will be supported to improve and sustain their well-being while enhancing hope.

32. We envision an infant/child/youth mental health system as being holistic, universally accessible, culturally sensitive that focuses on wellness and includes family and community supports, is sustainable and results-driven in an integrative system.
33. A community in which everyone with a role to play in a child's life has the knowledge and the commitment to actively contribute to the child's resiliency, hope, belief in self, capacities, and well-being, in the normal experiences of every day life.
34. This vision will manifest itself like a well-established perennial garden. It will include a diverse and culturally-sensitive selection of plants that will work harmoniously together, tended and cared for by gardeners who are sensitive and responsive to its needs, at all stages of the garden's and plants' development. It is a garden where the seeds can be transplanted and sowed in a new space to be shared by all.

Summary of Proposed Priorities for Creating a Seamless System of Child and Youth Mental Health in Ontario: Working session 2

At the Summit's second working session, participants were asked to consider three questions in their small groups: What is needed to create a seamless system? How would we achieve this? What mechanisms should we put in place? Following appropriate time for discussion, each group returned one key piece of advice or priority. These were reviewed and classified into seven themes that appear below along with the original wording.

Put Children, Youth and Families at the Heart of the System

- Don't put kids in the system, we build systems around children with the families being the first system
- Parent advocates in every community
- Recognize and validate need for parental supports
- Post-traumatic stress of parent and impact on child
- Build the system around child and family, not the other way around
- Focus on youth and their interests, rather than getting the job done
- Creative philosophy of treating child as a whole person, in context of their life, family and community

Legislated Mental Health Services

- We need to have mandated services (i.e., needs-based funding)
- Child and youth mental health will require legislation to ensure appropriate ongoing funding

Inter-Ministerial Collaboration

- Diffusion of boundaries between ministries dealing with children at the micro, mezzo, and macro levels
- Put in place formal mechanisms that bring all provincial ministries to the same table

- Build trust, communication channels and funding flexibility that promotes collaborative partnerships among ministries
- Start by making the various ministries seamless: age, child, and youth needs, co-terminus boundaries, allocation processes and evaluations, accountability and common planning

Funding Collaboration at the Provincial Level

- Multi-ministerial approach, committed resources from each sector to facilitate a seamless system from the perspective of children and their caregivers
- Demonstrate collective responsibility on an inter-ministerial basis for service delivery to children, youth and families
- Develop a sustainable multi-year plan for child and youth mental health based on a fair and equitable funding formula
- Get away from silo funding and thinking model that currently breeds competitiveness and divisiveness rather than community collaboration

Invest and Reward Collaboration at Community Level

- Fund the work of managing formal relationships and collaborations
- Reward collaboration across silos and across organizational boundaries
- Recognize that it takes work to 'knit' the seams together and invest in that work
- Co-ordinate service access, service planning, and service delivery. Stop talking and do!
- There will always be seams, it is more about managing change, relationships and transitions across the life span
- Ensure that there are tables for coordination and planning of services at all levels: local, regional and provincial

Service Coordination and Support

- Help youth, children, and families navigate the system
- Make it friendly and focused on them and their needs
- All communities must have: single point of access to the system, a service coordination capacity including protocols to engage other sectors and highly specialized services. All of this must take place within a context of common terminology and 'tell me your story once'.
- Put more money into the system and provide coordination and support to provide customized services around client-defined needs. And NOW!
- Notion of 'neutral' case manager (i.e., without organizational alliances)
- Use a system navigator who is jurisdictionally neutral and can assist on a case, community and sector level.
- Create case managers to bridge silos and transitions: case manager to be assigned to a family when their first child enters system and to remain with the family throughout years of service from any and all systems. Role is to assist, advocate for, and broker for seamless services across silos and coordinate services, increase self-efficacy of family to reduce need for case management

Tools, Tools and More Tools

- Commonly identified goals and outcomes
- Common set of definitions
- Common assessment tools that serve multiple service providers
- Tool that looks at developmental assets of the child, youth and family

- Protocols for service delivery
- Integrated data/information management systems

How Does Mental Health Fit Within the Broader Context of Child and Youth Services? Results from working session 3

For this session, participants were asked to review one of three scenarios that highlighted key issues and/or challenges that need to be addressed in developing a child and youth mental health policy for Ontario. Specifically, there are (at least) three sectors which regularly relate to children's mental health centres and with whom strong and collaborative relationships are required in order to meet the needs of children and youth. For the purposes of this exercise, one-third of Summit participants were assigned a scenario depicting relationships with child welfare; another third focused on a scenario with education; the final third, with youth justice. Participants were asked to explore the causes and challenges within the scenario and to submit one key piece of advice or priority to address these challenges.

Scenarios

(1) When Philosophies Collide: A mismatch of partners' expectations, clients' needs and models of intervention

Imad is a social worker at the local children's aid society. One of his clients, a 12-year-old boy named Yousef is a classic case of a child who's been bumped around in the system more than is desirable. In the past two years, he has been through six foster families, largely because his ability to socialize is somewhat limited and his coping skills are minimal.

Thanks to much pushing on Imad's part, several assessments, and a long waiting period, Yousef was finally placed in the local children's mental health centre's residential treatment program. Imad is relieved that the child will get the full-time specialized care that he requires.

After six months, Imad is informed that Yousef has completed his placement at the centre and will need a new foster family. The centre's residential staff pointed out that Yousef had completed all the treatment goals negotiated at the beginning of the placement. Imad is disappointed that the treatment ends and doubts that it is sufficient. He reflects on the plethora of needs and wonders about the competency of any organization that would discharge such a vulnerable boy.

This is second time of late that the centre discharged a client who still had severe needs. In fact, they recently refused to treat a 9-year-old female client of his because they argued that neither the child nor the parents were engaged and working hard to succeed in the treatment plan. Imad and his superiors wondered if they had the child and family's best interests at heart or whether they simply wanted to clear their caseloads.

(2) Who Gets to Decide What a Child/Youth Needs: The long road from identification to treatment plans

Bryan is acting out at school and is currently home with his third suspension. His parents are starting to think that further action is required – especially since they heard from a neighbour that other children are scared of their son. The principal schedules an appointment with himself, Bryan, his parents, and the school support worker.

At the meeting, the school support worker and principal convince Bryan's parents that he needs individual therapy, preferably at the local children's mental health centre where they are expert at dealing with these issues. They explain that Bryan will need to see a therapist for a few months at least in order to get his behaviour under control. The school makes a referral. At the same time, Bryan's mom visits the family physician with Bryan and explains the situation. The physician supports the school's actions and suggests that a child psychiatrist is probably best-placed to help Bryan.

A few weeks later, when Bryan's family arrives for their appointment at the children's mental health centre, the story is completely different. They are frustrated and surprised to hear that the first step is a full assessment, not immediate therapy. Furthermore, upon reading Bryan's file and meeting with him, the counsellor makes it clear that a psychiatrist is unnecessary as other therapies are available.

Bryan's parents walk away confused and furious with this latest experience. They feel that they are not getting the services that their son needs, and that they've been pushed away, after waiting all this time.

(3) Who Says Yes or No? Medication, consent and voluntary participation for youth

Mira is Susanna's grade nine teacher. She recently walked into the girls' bathroom at their school to find Susanna engaged in sexual activity with one of her classmates. Mira is very preoccupied by Susanna's seeming lack of concern about the consequences of her risky behaviour and is looking to get the 13-year-old some additional support.

Susanna lives with her father who reacted excitedly to the situation and brought his daughter to their family physician. Mira also called the local children's mental health centre and explained the situation and Susanna's conduct. She requested a referral for Susanna. When the mental health centre counsellor first called to set up an appointment for Susanna, both the young woman and her father refused to go saying the physician had addressed the situation by prescribing Focusyn.

A few weeks later, Mira noticed that Susanna's behaviour had changed – and not for the better. Her medication was reducing Susanna's ability to interact and seemingly understand the risks of her behaviour. Mira's concerns were confirmed when one of Susanna's friends approached her about Susanna mixing booze and recreational drugs with her prescribed medication.

Mira was furious that the situation was escalating and contacted Susanna's father again. This time, he jumped at both the physician and Mira, saying now that counselling was a priority. Again, the children's mental health centre was called and an appointment was scheduled.

Susanna's father signed the consent form but Susanna refused. She stated that she did not want to participate – that her life was her business – and talked about going off her meds. Although her father was now desperate for help, he was also confused about who could ensure that Susanna was taken care of. The different consent rules only confused him more. And, with the centre constrained in its ability to treat an unwilling youth, he accused the counsellor of refusing to do anything for tough cases and denying help to a youth in need.

Key Priorities/Advice of Summit Participants

- Every child, youth and family should have access to an in-school team of professional and non-professional helpers. The team uses a child and family centred wraparound approach to develop healthy schools and healthy communities.

- Every child, youth and family have access to a 'hub team' of professional/formal and non-professional/informal helpers (i.e., school based, public health based, etc). The team uses a child and family centred wrap-around approach to foster the development of healthy families, healthy schools, and healthy communities.
- The school approach would involve multidisciplinary cooperation and strategy development. The parents of the child need to be informed of their choices for action and supported in their choice. Schools should/could be the initial phase of parent/student assistance. There needs to be increased communication across the jurisdictions of child care.
- Have a well known and trusted key point of access with formal protocols that spell out clear process, roles, expectations and ways to evolve based on changes.
- Service coordination and education across systems; start with the family – listen and ask what's going on; what do you need; what's working? There needs to be a single point of access function ideally located in schools.
- Communication, education and collaborative planning which centres on the best interests of the child.
- Mandate (as equal responsibility) multi-sector, inter-ministerial service planning and funding at local and regional levels to address the needs of children, youth and families.
- Using the child and family as the hub of treatment, develop services that meet needs on an ongoing basis. This could include flexible funding and mandates. To the extent that all communities embrace this approach, our system will change.
- Formalize a flexible, responsive family centred agreement with child and youth mental health sector, education, health, youth justice to ensure timely and coordinated planning and application of required community services.
- Build the service around the child. Accountability lies with the child not the system. Case coordination/system navigation must be available at any point of entry to ensure access to a continuum of services to meet the holistic needs of the child/family and to promote collaborative service planning.
- A system that puts the needs of children, youth and families at the centre and supports them through collaboration that is informed by the same standards and principles that they are all aware of and working from in the best interests of the child/youth. That is, a Child and Youth Mental Health Act that enshrines common principles and standards.
- We need a coordinated, multi system, child/youth centred approach to identify and respond appropriately to the needs of the child/youth.
- The Youth needs to always be the focus of any planning that affects them, as well as being engaged from the beginning. Whoever identifies the problem needs to work closely with the youth and ensure they get the help they need.
- The Youth needs to be the absolute focal point of their own solution. Primary care providers (teachers) and parents need to be consistent and informative.
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- in their solutions, keeping the youth's best interest as the centre.
- The key piece of advice is funding all parties, across sectors, for a service navigator/advocate, accountable to each part of the system, with children and youth at the centre of the system. Protocols will be understandable by all.
- Build strong working relations with any and all stakeholders with ongoing communication and problem resolution.
- Communication is key from the child/parent, frontline, management to board. We need to understand the 'inner workings' of each other's system to truly collaborate and problem solve in the best interests of the client.
- Protocols are needed to address roles, mutual responsibilities and routes of access. Protocols need to be developed to provide alternatives to suspension. Early identification and diversion programs and community partner education will help.
- Educate collateral players in extending their understanding of CYMH and their role in collaborative interventions – CMHO at the macro level, and agencies at the mezzo/micro levels – and develop community specific protocols to ensure local collaborative work.
- There needs to be the creation of funded service hubs located where the client is that allow for the ability for consultation; proper assessment of the client's needs; access to the appropriate interventions and that determine the level of response. Due to financial costs the hub could be on-site or virtual in nature.
- Create and ensure coordinated efforts at the system and case level which respond to newly identified mental health problems and which are reflective of community values and norms. Sometimes it's a system issue; sometimes, a specific case.
- Connect knowledge bases from different sectors to educate school personnel and family physicians. Clear accountability within the school. A clear mechanism in place for communication/consultation with the vice principal. Don't overreact. Listen to the child/youth, and don't embarrass or alienate them.
- Need for a philosophical shift to a common vision, common understanding of child and youth mental health issues, common language across all sectors, and at all levels (family, front line, labour, management, funders).
- There needs to be both legislative direction as well as sharing from across communities regarding best practice.
- Increased effort needs to be placed on initiating and supporting grass roots/local community planning mechanism which portrays each community's unique needs, gaps and opportunities for the whole child and youth mental health system and their partners.
- Impliquez tous les partenaires (formels/informels) pertinents dans l'appui vers l'atteinte d'objectifs et le maintien des acquis.
- Through training, information sharing, and ongoing communication, all stakeholders will support children, youth and families to access and navigate necessary services.

- Responsible service providers organize themselves into a coherent system; develop an informed referral system; and educate and empower parents and youth to be part of a team.
- There has to be a general good will across systems to work together. Less ego and more action. Drop the defenses and keep your eye on the ball.
- Actively listen to the parents and child/youth until the story is finished. Make no assumptions and do not jump to conclusions. Take a collaborative strength based approach to working with the child/youth and family.
- A neutral conflict mediational approach.
- Establish inter-ministerial (education, health, MCYS) protocol frameworks from which local communities develop intervention/care maps and role definitions to support the child/youth and family.