



CHILDREN'S MENTAL HEALTH ONTARIO

Pre-Budget Submission 2011



Introduction

At Children's Mental Health Ontario,

Our *Mission* is to champion the right of every child and youth in Ontario to mental health and well-being.

Our *Vision* is an Ontario where every child and youth grows up mentally healthy.

Our *Vision* for Children's Mental Health Ontario is as the primary catalyst in *both* strengthening Ontario's child and youth mental health agencies and enhancing mental health services for children, youth *and* their families in Ontario.

Our membership includes 90 community-based mental health centres which are the backbone of Ontario's mental health system for children and youth. These agencies provide support to families, and treatment to young people who present with a range of social, emotional and behavioural problems, including: bullying, violence, defiance, ADHD, eating disorders, depression, self-harm, anxiety and addictions. Many of these children and youth experience significant impairment in functioning within their families, schools and communities, and may also be involved with child welfare or the youth justice system.

We strive to provide the best service possible for children and youth facing mental health issues. As the Auditor General noted in his 2008 review of children's mental health centres, 75 per cent of the children and youth who receive treatment show significant signs of improvement.

Background

In 2009, the CMHO pre-budget submission recognized the impact of the global economic crisis, and supported the province when it stated that it needed to "protect the quality of our public services as we manage our finances."

While the recession has hit hard for everyone, it has merely compounded years of under-funding and inaction in our sector. Our services were not protected. We have lost capacity at an alarming rate, which has continued a trend going back to the early 1990s.

Community-based child and youth agencies have received only two base increases since 1992. We have watched each subsequent year as our staffing declines, our service capacity declines, and we ultimately serve fewer children, young people and their families. On an ongoing basis in Ontario, more than 2,000 young people identified with a mental health issue have been waiting more than a year for treatment.

A mother speaks of how difficult it was watching her son being punished at school for disruptive behaviour while she struggled to find help for his mental illness. A star athlete, he was often excluded from team events, given detentions and even suspended. In adolescence, things got worse. He quit school and continues to struggle in life. His mother contends that if he got the right help when he was younger, his life would be different, saving his family heartache and taxpayers a lot of money...

An Environmental Scan

Our agency leaders routinely inform families that it will take on average 7.5 months for them to receive service. They provide any immediate assistance possible for the young people and their families to cope during their wait time.

They work hard at motivating their overburdened staff who have historically been inadequately compensated. Very often, staff move to other sectors, (education, child welfare, hospital) where the pay and benefits are considerably better, after they have been well trained at our agencies.

Our agency leaders manage staff cutbacks. In our most recent survey, 66% anticipated having to reduce staff, averaging 2.74 FTEs, or enough staff to treat approximately 2,000 children across the province.

The leadership of our agencies struggles to manage the administrative burden placed on them of an ever increasing appetite for statistical and other information, with no regard for the decrease in administrative staff to accomplish these tasks.

They work hard to find ways to reduce expenditures, to meet the annual increases in operating costs without the accompanying dollars to manage those increases.

Those running rural agencies cope with a lack of other professionals in their community – no psychologists, no pediatricians – their agency becomes the de facto “all things to all people.” This challenge is compounded by a population that is already above the provincial average for risk factors.

Our leaders work with their Boards of Directors who are routinely frustrated at finding themselves acting as fundraisers rather than the job they signed on for - a volunteer on a governing body wanting to help the children, youth and families in their community.

They reach out to their elected officials to paint a true picture of the state of affairs in their agency, only to find an empathetic ear and a failure to act.

At the same time, they continue to strive for excellence in service delivery, by implementing evidence informed practices, finding new ways to provide more and better service with less money and fewer resources.

The difference now, after many years, is that the public is beginning to take notice, and they don't like what they see. The child and youth mental health community is no longer alone.

Educators are beginning to speak up about the difficulty in getting help for kids with mental health issues. They are speaking publicly about how hard it is to manage a classroom when the young people they are trying to teach are not coping.

Parents across the province are speaking out about the difficulty of trying to find help for their kids, their frustration in navigating the system, and about their experience when they are in crisis and land in emergency rooms, waiting endlessly, only to be shuffled around and eventually out the door to a community-based system that is already overtaxed and can't immediately help. Parents are now less burdened by the stigma that used to keep them silent. They want their voices heard.

The Mental Health Commission of Canada is shining a spotlight on the subject – publicly – and engaging citizens to think about mental health in the same light they consider their physical well being.

The adult-based mental health community is talking about the need to reach young people, so that they can be treated and their care managed, giving them a chance to lead a normal life and keeping them out of the mental health system – for good.

The media is taking note of the crisis. No longer are mental health stories relegated to the back pages, or connected only to violent criminal activity (as false a connection as that is). They are talking about the shortage of services, the inequity in the sector, and the tragedy of youth suicide.

But perhaps the loudest cry for help and the strongest evidence of how bleak the system is, comes from those who silence their own voices. Young people who take their lives. Teen suicide happens at an alarming rate in this province – an average of 2- 3 times every week. It is unconscionable that as a society we would allow this to continue.

Funding Requirements

Children's Mental Health Ontario requests \$50 million in annualized new funding in the 2011-2012 provincial budget, and an additional investment of \$50 million for each of the following three years for a total investment of \$200 million.

These new investments will address the historical funding shortfall; provide resources to manage agency waitlists and increase capacity in the system; allow for necessary infrastructure investments, including the recruitment and retention of staff; and assist in the development of a strategy to combat youth suicide.

Since 1992, inflation has increased by 35.94% according to the Bank of Canada. In that same time period, budgets for child and youth mental health services have risen by 8% (2004, 2007). At the same time we have had reductions in our budget in 1992 of 1%, and in 1996 of 5%. That leaves an almost 33.94% gap in inflationary funding for the child and youth mental health sector over the past 18 years – a 33.94% loss in service capacity to meet the needs of children and youth in Ontario. At the same time, demand for services has been increasing – up by 13.4% in the 2005-2009 period alone.

Waitlists and Increased Capacity

It's hard to explain the chasm between physical and mental health funding. Mental Health accounts for about 12 percent of the burden of illness in Ontario but receives less than 6 percent of the funding. It's also difficult to understand why the mental health acute care system continues to receive annualized funding increases and the community-based system does not. This historical precedent has disenfranchised children, youth and their families across Ontario. It has forced those families that are able, to manage the economic burden of finding private care because their child in crisis cannot wait for service in the community-based system. Worse, it has not allowed any option for those who cannot afford to go elsewhere, except to wait for service while their mental health deteriorates.

Through its data collection from the Brief Child and Family Phone Interview (BCFPI), Children's Mental Health Ontario has determined that on average, it takes 6 months before 90% of children and youth identified with a mental health issue have begun treatment. This is simply unacceptable. These children and youth are diagnosed as suffering from a wide range of social, emotional and behavioural problems including: bullying, violence, defiance, ADHD, eating disorders, depression, self harm, anxiety, and addictions. It's hard to imagine a physical health issue being ignored or left untreated in the same manner as mental health issues are routinely.

Timely access to children's mental health services is often critical for ensuring the best possible outcomes. Children and youth who are struggling with their mental health are vulnerable, and long wait times often results in their condition deteriorating.

Every week in Ontario, two to three young people take their lives. Many more attempt suicide and end up in hospital emergency rooms. We may never know their motives, but we do know that whatever support was available to them, it wasn't enough.

Funding focused specifically on early intervention with children and youth who are depressed is urgently needed, along with public awareness and outreach to communities in crisis over youth suicide.

Across the province there has been a surge in demand for urgent care services in the wake of child or youth suicides. The Children's Hospital of Eastern Ontario reports demand so

high for their 19 psychiatric beds that they recently had to close the unit for voluntary admissions. The St. Clair Centre for Child and Youth in Sarnia has seen unprecedented numbers of referrals of young people in crisis. Lanark County is still reeling from the events of last June, when four young people took their lives in a short period of time. This small community continues to come together in large numbers to try to cope with this crisis.

We must shine a spotlight on this issue, and encourage young people to speak up if they're struggling – to teach them there's no shame in needing help - and to find ways to reach out before it's too late. And we must be able to provide help to them when they ask for it, before their hope runs out.

We propose an immediate investment of \$29 million to manage the wait list crisis in the accredited community-based child and youth mental health agencies. We must be able to treat more children and youth immediately after diagnosis and before their problem progresses too far.

Funding should be directed at increasing the administrative and professional capacity needed to serve more children, youth and their families to immediately reduce wait times, and continue to improve the capacity in each agency.

The funding will provide for on average 4 FTEs (3 professional and one administrative staff) in each of the accredited child and youth mental health agencies. CMHO would request that agency size be taken into consideration when allocating staff.

Focus on Evidence-Informed Programs

Children's Mental Health Ontario requests an increase in funding of \$11 million for investment in evidence-informed programs across the province. We request that the Ministry of Children and Youth Services, in concert with accredited community-based child and youth mental health agencies and the Centre of Excellence for Child and Youth Mental Health, determine which programs receive funding. We respectfully recommend that excellence, innovation and a regional balance be taken into consideration, along with particular attention to areas of high need – specifically youth suicide among First Nation children and youth.

Funding must focus on dedicated resources to allow for ongoing training and support.

System Infrastructure

Children's Mental Health Ontario proposes an immediate investment of \$10 million to enhance the infrastructure of the system – and to assist with the day-to-day operation of accredited mental health agencies.

A) The policy framework "**A Shared Responsibility**" was released by the Ministry of Children and Youth Services in 2006. The 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.

The Ministry of Children and Youth Services announced the framework with great fanfare more than four years ago, as a document reached in partnership with the sector, designed to guide their focus in reforming and investing in child and youth mental health. Since that time, there have been no announcements, and no practical progress in implementation. The child and youth mental health sector continues to strongly support the goals outlined in the framework. We continue to express our interest in helping to achieve those goals. It would be helpful if the Ministry could reaffirm their commitment and outline a plan of action to achieve these goals.

B) The burden of **pay equity** continues to weigh heavily, without any recognition from the province to fund this obligation.

C) We respectfully request financial assistance to address **infrastructure support** dedicated to the availability of better information technology and database management.

Conclusion:

We are grateful for the opportunity to articulate the needs of our sector. The \$200 million requested in this submission will only begin to stabilize the accredited community-based agencies serving the mental health needs of children and youth in Ontario. We cannot continue to try to do more with less, to continually manage in crisis mode, to fundraise to cover core services and to meet the ever increasing demand on our doorstep. Children, young adults and their families deserve better in this province.