

Advice for Children’s Mental Health Ontario: A Summary

This is the second summary in a series based on feedback of more than 200 participants who attended the Summit *Coming Together for an Integrated System*. When participants were asked “What advice do you have for Children’s Mental Health Ontario about building on the work of the Summit,” many of their recommendations for Children’s Mental Health Ontario (CMHO) were closely related to their new learnings (see Significant Learnings for Summit Participants: A Summary). That is, they translated these new learnings into actionable steps that they believe will further the objectives of the system of children’s mental health. Themes emerging from their responses are discussed below¹.

Many participants suggested that CMHO should play a role in nurturing and supporting existing *partnerships*, and in creating new ones where there are opportunities to do so. This advice is consistent with a frequently reported participant learning – i.e., it is necessary to link with service partners in order to bring about change in the children’s mental health system (see Significant Learnings for Summit Participants: A Summary). Participants advised CMHO to align with researchers and educators, develop collaborative initiatives with other associations of agencies serving children, and to continue building cross-sectoral and community partnerships. It is through these collaborative activities that we can tap into available resources, discover underutilized skills, and create a united front for the sector.

Partnerships: Examples of Participant Responses

“Develop collaborative approaches between service providers to create a continuum of services – build on expertise available in each agency & avoid duplications.”

“Build partnerships with other sectors – access new resources through these sectors – focus on changing services to meet changing needs of the communities – don’t create new services that will duplicate.”

“Support local member agencies in finding courage to partner more effectively with other sectors.”

Related to the theme of *partnerships*, participants urged CMHO to continue the momentum of the Summit by *engaging* its membership and other allied organizations in policy development and planning. They proposed several means by which CMHO can attract people and keep them engaged. Some of their suggestions include: involving members in ongoing dialogue; posting relevant information, data and research on CMHO’s website; and soliciting member

Engage Allies: Examples of Participant Responses

“Invite members to partner with CMHO committees as resources to build greater visibility of the work and also seize opportunities across province.”

“Keep Summit participants informed of what CMHO is doing and what we can do to help.”

“Use the collective wisdom of people who work & serve in CMH when developing policy, principles & values & seek ongoing feedback once these are implemented.”

¹ Themes were derived by applying a simple, thematic coding technique to participants’ responses.

agency participation on advisory committees, councils, and taskforces. These steps will ensure that agencies are well-informed and empowered to be equal partners in the change process. A number of participants also mentioned that CMHO should coordinate a follow-up conference as a way to draw people in and build on the momentum of the Summit.

As discussed in the summary of significant learnings, participants reported that they were leaving the Summit with an understanding of how advocacy and lobbying can be useful tools in influencing the direction and content of government policy decisions. It was not unforeseen, then, that many participants would strongly encourage CMHO to continue cultivating Ministry support for children’s mental health reform. Participants asked CMHO to consider advocating for a CMH Secretariat, increased resources for the sector, and a commitment to making children’s mental health a priority. Just as important as having support at the ministry level, participants also suggested that we need to be initiating dialogue with – and communicating our message to – the general public. One way to bring awareness of children’s mental health to the community is through ad campaigns.

Participants advised CMHO to ensure that it has a comprehensive and agreed-upon plan in place in order to effectively inform public debate and influence the decisions of public bodies. This plan should entail an articulated vision for the system – including objectives, principles, values, definitions and action steps. Participants also recommended that a CMH plan for the province should have a positive tone and be based on well-researched, accurate and balanced information.

Government Relations/Advocacy: Examples of Participant Responses

“CMHO must lobby to gain a voice in the government on a consultative basis and challenge the government to make effective CMHS a priority.”

“Meet more with Minister to direct policy & vision.”

“Build strong link with MCYS and get them to believe that creating a specific provincial policy framework for CMH is necessary.”

Raising Awareness: Examples of Participant Responses

“Make sure the thinking coming out of the Summit is presented broadly to the community.”

“Continue to change public impression of CMH.”

“Keep up with the public dialogue sessions – and loop back with government so that the feedback loop is complete.”

“Need to promote public service programs on TV to bring CMH to the public psyche.”

Policy/Definitions/System Planning: Examples of Participant Responses

“Need to push forward on building a vision for ON – of CMH & work together with new ministry.”

“Have a complete plan and policy before forging ahead.”

“Get a draft circulated to participants for feedback, finalize and send to Minister.”

“Solidify the objectives, values & work with government policy analysts to develop a plan for CMH that receives cabinet approval.”

Participants reported that the Summit reinforced their commitment to providing services that are child/youth focused and that have been proven to be effective in reducing symptoms and improving functioning (see Significant Learnings for Summit Participants: A Summary). In keeping with this learning, participants asked CMHO to play a larger role in bringing empirical data to the field of practice to ensure that agencies are providing services to clients that best meet their needs. Participants asked CMHO to promote and/or offer training opportunities in areas like evidence based practices, outcome measurement and program effectiveness.

Outcomes/Evidenced Based Practices: Examples of Participant Responses

“Really start looking at & collecting data on effectiveness.”

“Launch research & perhaps develop research strategies.”

“Make Best Practices training more available & accessible.”

A Summary of Participants' Comments about the Summit

Participants were asked if they had any general comments about the Summit and suggestions for future events hosted by Children's Mental Health Ontario. Below is a summary of their responses, organized into themes by frequency of occurrence. Themes appear in the left-hand column, and examples of responses are in the right.

POSITIVE FEEDBACK (147 Comments)

General words of praise, well-planned, well-organized, good time management, etc. (68)

"Great job. Much improved over previous years"
"Well-organized and presented"
"Great job. This is my first. I'll be back"

Praise for choice of speakers and their presentations (32)

"Congratulations to those who selected the speakers"
"Great speakers"
"Excellent, thought-provoking speakers"

Praise for mix of participants – at tables, at conference; Praise for conference format (18)

"Good mix of participants – CMH, health/non CMH, etc. Inclusive – partners working together"
"It was good to hear people from other sectors in the small groups"
"Enjoyed meeting colleagues at table, being mixed with others from different agencies"

Praise for atmosphere, focus, culture of the Summit (e.g., practical, inclusive, open) (13)

"You did a great job in providing an open structure that allowed for dialogue, provocative discussion and which harnessed good ideas from membership."
"It was great not to have 'title' on name cards (felt more inclusive and less hierarchical)"
"Overall, more positive direction rather than a pre-occupation on what we don't have"

Inspiring, stimulating, helpful, informative, exciting, challenging, interesting (12)

"2 days of stimulating discussion"
"exciting, challenging"
"stimulating discussion"

Timely, appropriate (4)

"Wonderful event! It responded to current need"
"The field needed this opportunity to take inventory of where we are at!"

NEGATIVE FEEDBACK (30 Comments)

Logistics & miscellaneous (21)

"Chairs not comfortable for all day sitting"
"Questions need to be asked with microphones, not on cards as presenters are able to water down questions and not answer more difficult parts of question"

Minister-related (5)

"Needed greater Ministerial participation (active)"
"Minister should have been available to listen to second day panel and advice"

Day 1-related (4)

"Day 1 – question sessions became redundant"
"The first day was a little long and intense"
"A little long on day 1 with lots of listening required for lengthy amounts of time"

SUGGESTIONS (54 Comments)

Conferences and participation should be diverse, inclusive, cross-sectoral, intersectoral (22)

"Seems to have been some omissions of co morbidity of MH and developmental and physical health (e.g., chronic illness)"
"Build on broadening the group – there was a severe lack of ethnic agency or staff involved in this Summit"
"Where were our Aboriginal agencies in this group?"

Take-away feedback, follow-up feedback (10)

"To leave with something concrete (e.g., next draft of the objective statements based on the feedback)."
"The interactive aspect could have been strengthened with greater direct participant feedback"

Organization of tables (8)

"Would have preferred a process that allowed broader exposure, not all at one table with one group"
"More opportunity to work with others would be nice. It was good to be in small groups but nice to mingle more"

Setting the stage (3)

"More time up front providing a context for the 2 days and the rationale for why it was laid out in this particular way"

Different location (5)

"Moving the Summit out of TO occasionally would be nice"
"Location – it might be better to have an event in downtown TO, closer to other activities/events"

Need time to delve into panelists' presentations (4)

*"Time to meet with presenters in evenings
More time for discussing presentations amongst summit participants would be valuable"*

Provide networking opportunities (3)

"Some opportunity for participants to attend a social activity together"
"Have a dinner so networking doesn't get lost"

Summary of Participants' Feedback on Proposed Policy Objectives, Principles and Values

On Day 1 of the Summit – *Coming Together for an Integrated System* – participants took part in a working session that was designed to engage them in the process of policy development for Ontario's System of Children and Youth Mental Health Services. Each table of participants reviewed a list of eight proposed policy objectives and 10 proposed principles and values¹ for the system. Participants were asked to: determine whether their group accepted, in general, each of the objectives, principles and values proposed; and document any recommendations they had for modifying the list.

The majority of respondents agreed with each of the proposed objectives, principles and values, although some concerns were raised including:

- Language used is imprecise and each term can have different meanings;
- Language used should be positive (e.g., 'build on strengths' instead of 'reduce problems');
- Objectives, principles and values should be logically ordered and collapsed into a smaller number;
- Objectives, principles and values lack context – specifically, there is no mention of underlying assumptions, or the actions that must be taken to achieve these objectives. (e.g., we first need to agree on appropriate treatment outcomes before we can begin to improve them);
- Every objective, principle and value should include the phrase "all children, youth, and families."

Each proposed policy objective, principle and value appears below in its original form – as presented at the Summit – followed by a compilation of participants' recommendations and comments. The Board of Children's Mental Health Ontario will be considering a restatement of policy objectives, principles and values and will be drawing heavily on participants' recommendations to complete this work.

Proposed Policy Objective

Reduce incidence of mental health problems in children and youth

Participant Feedback:

Restate this objective in a positive way with a stronger emphasis on prevention, intervention and families. Suggested modifications include:

¹ Principles and values are the forces that guide the actions of the system and its members. They include qualities, beliefs and rules of behaviour to which members of the system are committed. These principles and values will enable us to move towards achieving our objectives.

- “Promote the healthy development of children, youth and families”
- “Improve functioning of children and youth”
- “Strengthen/build resiliency in children/families to reduce the incidence”
- “Maximize the capacity of all children, youth & their families to achieve their potential”
- “Promote mental health of children and youth”
- “Enhance resiliency”

Participants believe this objective is “ too broad for small community agencies – and that it should be a shared objective with all ministries, municipalities.”

Proposed Policy Objective

Reduce stigma associated with children and youth mental health problems

Participant Feedback:

Rarticulate this objective so that it conveys:

(1) a positive tone

- “Increase understanding and awareness”
- “Promote mental health awareness”
- “Create a perspective & environment of acceptance and tolerance”

and

(2) reflects an action (i.e., the means by which stigma can be reduced)

- “...through increased public education”
- “...by reducing labelling”
- “...through increased positive community mental health awareness”

Proposed Policy Objective

Increase early identification of mental health problems in children and youth

Participant Feedback:

Include a reference to integration/partnering in this objective. (Participants emphasized that early identification must be shared with other sectors in order to be successful.)

- “Ensure integration of various systems – healthy babies, early years, parent infant, best start”

- “Need to educate many sectors-has to be cross-sectoral”
- “Broaden circle of referrals to include non-medical experts, e.g., family, day care, open access to care”

Note: Increasing early identification will increase demand on services.

- “identification must dovetail with sustainable services”
- we “must ensure capacity to provide services”

Proposed Policy Objective

Enhance access to mental health services for children, youth and their families

Participant Feedback:

Comments intersect with the issue of mandated CMH services. Strengthen this objective by replacing “enhancing access” with:

- “ensuring access”
- “ensuring availability”
- “guaranteeing access”

Note: There were many comments about the complexity of ‘enhanced access’ – both in terms of its definition and how it can be achieved. Does enhanced access mean that services are provided in a timely manner? Does it refer to the delivery of *appropriate* services? Can it be achieved through integration, through lobbying, etc.?

Proposed Policy Objective

Eliminate gaps in locally-provided core services

Participant Feedback:

We can’t eliminate gaps until we: (1) define core services; and (2) identify gaps. This objective overlaps significantly with ‘provide a sustainable continuum of services’ – combine them.

Proposed Policy Objective

Provide a sustainable continuum of services

Participant Feedback:

Sustainability is contingent on several factors that should be expressed in this policy objective:

- continued adequate funding
- ongoing funding that is adjusted annually
- ongoing and long-term
- a well-coordinated system
- better coordination across sectors

Similar to ‘enhanced access’, the term ‘continuum’ evokes different interpretations among participants. Is the continuum anchored by age groups (from birth to 18, for example) or is it anchored by services (e.g., from prevention to residential)?

Alternate phrasing: “Ensure availability of a sustainable, complete and flexible continuum of quality and effective services.”

Proposed Policy Objective

Improve treatment outcomes for children and youth with mental health problems

Participant Feedback:

Most comments reflect the need for measurement. That is, in order to improve outcomes, we need to:

- establish a base-line; promote best practices
- define outcomes, what are we trying to achieve?
- establish standards of service for wait lists, treatment outcomes
- first develop standards; training & research
- have a measurement of progress
- have consistent measurements (that are sound), need a standardized view of what are improved treatment outcomes
- establish base-line; promote best practices – how are we doing now?

Proposed Policy Objective

Increase integrated delivery of mental health services for children and youth with early childhood, education, child welfare, health, youth justice, and adult mental health services

Participant Feedback

We need to define and operationalize the term ‘integration’.

Alternate phrasing: “Establish coordinated, collaborative, and equitable delivery of mental health services for children and youth with early childhood, education, child welfare, health, youth justice, adult mental health, public health, recreations, municipalities, developmental services.”

Proposed Principle and Value

Equitable access by all consumers (i.e., children, youth and their families)

Participant Feedback:

Alternate phrasing suggestions: “Barrier-free, priority-based, timely and equitable access BY children, youth and their families *regardless of* age, language, culture and location.”

Proposed Principle and Value

Family-focussed: maximum efforts to keep children at home

Participant Feedback:

The system should be:

- child-centred (in the context of family)
- family-directed
- family-cultured

Maximum efforts to:

- keep children at home (‘kinship systems’)
- optimize the connection between child and family
- keep families together
- provide a family environment for children

Accomplish this by: supporting parents, supporting caregivers, supporting children, building family capacity, educating and empowering families.

Proposed Principle and Value

Community-based: built on existing strengths and services

Participant Feedback:

Community-based services should:

- be delivered in local communities as close to home as possible
- build on already existing services
- take a holistic view and build on strengths of families

Proposed Principle and Value

A balanced continuum from prevention to specialized services

Participant Feedback:

Alternate phrasing: “A continuum of services that is appropriate, responsive (to community/local needs), comprehensive, effective , complete and outcomes-based.”

Anchors for the continuum: least intrusive to most intrusive services; prevention to specialized services?

Proposed Principle and Value

Minimal use of residential services

Participant Feedback:

Replace ‘minimal use’ with: appropriate use, targetted use, optimal use, selective use, careful use, only-when-necessary use, or short-term use of residential services.

Proposed Principle and Value

Integration among child-serving systems

Participant Feedback:

Alternate wording: “Collaboration, coordination, integrated planning among child-and youth-serving systems with the objective of seamless service for clients.”

The challenge here is to operationalize ‘integration’ in practical terms. Does it mean shared services, does it mean amalgamation? At what level is integration required?

Proposed Principle and Value

Collaboration among multi-disciplinary teams

Participant Feedback:

Alternate phrasing: “Collaboration, coordination, joint responsibility and leadership among multi-disciplinary teams, community partners and agencies.”

Collaboration must be operationalized in practical terms.

Proposed Principle and Value

Case management support and advocacy for consumers

Participant Feedback:

Replace ‘consumers’ with ‘children, youth and families’.

Participants see ‘case management’ as a function or a service, not a principle.

Proposed Principle and Value

Accountability based on outcomes to children, youth and their families

Participant Feedback:

Agreement on ‘the principles of accountability’ and ‘outcomes’ but more information is required. For example, accountability to whom?

Proposed Principle and Value

Culturally-appropriate service delivery (i.e. within the child’s context)

Participant Feedback:

Suggested phrasing: “Service delivery that is culturally-appropriate, respectful of diversity and/or cultural issues and culturally sensitive (within the child and family context).”

Context includes: race, religion, gender, orientation, social economic status, language, rural/urban.

Significant Learnings for Summit Participants: A Summary

On October 4th and 5th, Children's Mental Health Ontario hosted a Summit – *Coming Together for an Integrated System* – to launch the process of transforming the system of children's mental health services through policy reform. This participatory event brought together more than 300 players from many parts of the child and youth services sector including the education system, Children's Aid Societies, the youth justice system and children's mental health treatment agencies – all of whom serve children with mental health issues.

Over the course of two days, Summit participants had opportunities to hear from Ontario's children's service partners as well as from individuals representing the children's mental health systems of Britain, the United States and British Columbia.

Following two days of stimulating presentations and dialogue, participants were asked to report back on their "two most significant learnings from the Summit." More than 200 participants provided feedback and below is a summary of themes and messages that emerged from their responses¹.

Frequently articulated by participants was the learning that our system of children's mental health services is *Ready for Change*: Participants recognized that the sector is primed for change and that now is our window of opportunity to bring about this change. Participants also expressed an awareness of existing strengths and capacities within the sector that could be harnessed to re-vitalize children's mental health services – strengths like openness, hope, energy, dedication and enthusiasm.

Ready for Change: Examples of Participant Responses

"There is hope for an improved CMH system."

"The Aha moment that we really are going into a real government change around mental health services to children."

"This is a window of opportunity to reflect on the big picture, plan strategically and initiate major positive reform and partnership now."

The next theme – *Go Big or Go Home* – is closely related to the theme above. Participants realized that it's not sufficient to simply 'tinker' with the system. Rather, system transformation requires big, bold changes.

Go Big or Go Home: Examples of Participant Responses

"Need to make bold changes to get things going, not little steps."

"Change needs to occur in a big leap rather than incremental steps."

"Comprehensive change is more useful than incremental."

¹ Themes were derived by applying a simple, thematic coding technique to participants' responses.

Perhaps the most important participant learning within the context of ‘change’ is that specific foundations (or prerequisites) must be in place for change to occur. More specifically, participants learned that system change cannot proceed without:

- public awareness (e.g., “We must publicize/market the theme of CMH.”);
- definitions (e.g., “There is a lack of clarity about what CMH should be,” “We continue to be everything to everyone without having defined what ‘everything’ means to CMH.”);
- vision/plan (e.g., “We need a formal plan that addresses present and future needs,” “The importance of visioning the change and not getting stuck.”); and
- funding/capacity (e.g., “Without the funding we cannot make services more accessible,” “Project funding is one of the biggest destabilizers.”)

Bridging the Gap with Policy Development

A large number of reported learnings could be marshaled together under the theme *Importance of Policy*. This theme is significant because it parallels one of the main goals of the Summit – that is, to begin developing, with our colleagues inside and outside government, a comprehensive policy framework for children and youth mental health services. Participants left the Summit with a better understanding of how policies are formulated and implemented and the critical role policies can play in transforming the system of children’s mental health services.

Importance of Policy: Examples of Participant Responses

“Setting policy is a great beginning to improvement for CMH.”

“We need to be more organized in policy development if we want to move ahead.”

“The importance of creating a solid policy framework for CMH.”

Importance of Government Leadership, Support and Involvement and *Working with Government to Effect Change* were two commonly-stated learnings among participants, both of which align with the above-stated goal of the Summit. Many of their responses demonstrated a new appreciation for the importance of having a leader in government who is committed to reforming the children’s mental health system. Responses also reflected an understanding that having government endorse an agenda for children’s mental health is crucial in moving that agenda forward.

Importance of Government Leadership, Support and Involvement: Examples of Participant Responses

“Importance of leadership, commitment and \$ at government level to change the system – our plan has to be sanctioned, endorsed.”

“We need a leader of CMH in the government to champion reform.”

“ON needs a government-appointed Director of CMH (like BC) who has the sole responsibility of reshaping CMH services in ON.”

Participants were energized by the idea that the sector can – through lobbying and advocacy efforts – influence government to keep children’s mental health on the agenda. They recognized the importance of being active with policy makers in shaping public policy. As one participant stated: “Policy needs to be driven from the ground up; we need to stop waiting for the ‘word’ from government.”

**Working with Government to Effect Change:
Examples of Participant Responses**

“Excited by the potential of CMHO to move the policy agenda”

“The importance of sophisticated lobbying.”

“Role of CMHO in advocacy for policy changes”

“Effectiveness of voluntary lobby groups in keeping CMH on government agenda”

On Day 2 of the Summit, participants were presented with information – the history of, the political context for, the challenges facing – children’s mental health systems in jurisdictions outside Ontario. The most common learning derived from these presentations was *We can Learn from Other System Models*. It was validating for participants to hear that the challenges and opportunities facing children’s mental health systems abroad were similar to those experienced locally. Participants felt reassured that there are systems out there that DO work; systems that we can learn from and adapt to Ontario’s context.

**We can Learn from Other System Models:
Examples of Participant Responses**

“What others around us are doing, what their successes have been and what challenges we can avoid.”

“We are not alone in managing the struggles in CMH – same issues across board-nationally & internationally.”

“Lessons learned from other areas can facilitate/assist our directions.”

Participants reported that there are two priority areas of change for our children’s mental health system. The first of these areas is *Partnerships/Integration*. More specifically, participants reported that they were leaving the Summit with a new awareness of partnering opportunities and a better understanding of how linking with other children’s mental health service providers and with partners in the larger children’s services sector (e.g., education, CAS, youth justice, etc.) can ease access to services, bridge gaps, and improve outcomes for children. Participants also recognized that coming together with service partners is important for a variety of activities including policy development, system

**Partnerships/Integration: Examples of
Participant Responses**

“That there is a real push among service providers in CMH in ON towards organizing a comprehensive network of services in ON.”

“We need to develop a CMH strategic plan in tandem with our counterparts in other sectors – ask more questions before we chart our course.”

“We are all struggling with the same issues, we need to form partnerships.”

planning and service delivery.

The second priority area that participants recommended for change was the sector's use of *Evaluation/Outcomes*. Participants learned that the children's mental health sector should be providing services that are child/youth focused and that have been proven to be effective in reducing symptoms and improving functioning. They reported learning the importance of providing feedback to clinicians, implementing evidence based practices, and collecting data on client outcomes.

Evaluation/Outcomes: Examples of Participant Responses

"The importance of evidence-based practices."

"Measurement is the foundation of improvement."

"Don't lose sight of the essential need to evaluate the effectiveness of what we do."

"That we need good measurement tools so that we can demonstrate our impact on serving youth."

More reports from the Summit will be posted in coming weeks as they are completed.

Strengths of the System: A Summary of Participants' Perceptions

Participants discussed at their tables what they perceive to be the current strengths of the Children's Mental Health System. Each table was asked to document and submit their perceptions which were then distilled into eight themes that are discussed below.

Open to Change

The sector is open to change, hopeful and has a positive attitude (15 comments)

"spirit of good will"
"interest/willingness to take on opportunities"
"new hope/optimism"

Support from New Ministry

We have the ear and backing of a new ministry (15)

"Min policy makers are listening"
"an opportunity with the new Min & ministry"
"positive movement on public agenda"

Skilled and Committed Staff

Our colleagues in the Children's Mental Health System are passionate, skilled, knowledgeable, and are strongly committed to the work that they do (19)

"amazing, passionate, caring staff/sector"
"strong commitment to knowledge base"
"people/staff – caring, competent, knowledgeable"

Strong Partnerships and Networks

We have strong partnerships, networks and collaborations in place. This infrastructure will assist us in future partnering endeavors (19)

"good pockets of collaboration"
"good examples of collaboration do exist"
"strong willingness to collaborate"

Leadership by CMHO

The system has a provincial association that oversees the quality and consistency of services delivered to clients. CMHO is taking a leadership role and mobilizing the system politically (19)

"CMHO is creating a political presence & moving to strengthen advocacy"
"accreditation, quality, consistency"
"existence of an org to promote & lobby for CMH"

Creative and Innovative

The system adapts to the resources that are available and offers creative and innovative programming (11)

“resourcefulness & creativity (doing more with less)”
“survived through creativity & innovation”
“system is adaptive”

Child and Family Centred

The system is responsive to local community needs and offers a wide range of programs that are child and family centred, and respectful of the diversity and strengths of clients (14)

“commitment to geography, culture, language, diversity”
“affinity to children/youth”
“not homogeneous - responsive to local community needs”
“multifaceted programs & services”

Focussing on Outcomes

The system is committed to increasing its use of evidence based practices and outcome measurement to both strengthen its accountability and improve outcomes for children and families (12)

“on the road to research & evidence based practices”
“skilled staff & beginnings of outcome measurement & expectation & EBP”
“trend toward EB/Best Practices, desire for self-improvement”