



Children's Mental Health Ontario
Santé Mentale pour Enfants Ontario

Children's Mental Health Ontario Pre-Budget Presentation to

The Hon. James Flaherty
Minister of Finance
March 19, 2001

Children's Mental Health Ontario is a non-profit, independent organization representing 90 children's mental health centres which serve 150,000 children and youth and their families each year. Over 8,000 more children with critical needs, however, remain on waiting lists. These children are found in every community in Ontario across all economic strata. We're talking about future taxpayers whose future is in jeopardy.

The nature of their problems means that, until they become a significant risk to themselves or others, the children are hidden and their problems are hidden. Yet the facts are:

- One in five of Ontario's children has a mental health problem.
- Canada's youth suicide rate increased 400% in the last 30 years. Our youth suicide rate is the third highest in the industrialized world and suicide is the second leading cause of death in youth 15-24, after accidents.
- In the last ten years, Statistics Canada figures show an increase of 121% in the incidence of youth violence.
- A recent study from the Institute of Clinical Evaluative Sciences reported an increase of 19 percent of Ontario's adolescents are seeking help for mental health problems in the last decade.
- According to Ontario's Office of Child Advocacy, 80% of young offenders have mental health needs.
- The Ontario Government Task Force on Strict Discipline identified mental health problems as a prime cause of deviant behaviour.
- The Canadian Institute of Child Health says in its most recent report that emotional and behavioural problems and early learning difficulties have the greatest impact in lowering life quality and reducing life chances of Canadian children and youth.

- Serious emotional disturbance - a mental health problem that severely disrupts a person's ability to function socially, academically, and emotionally - affects one in every 20 young people at any given time.
- Only one in six of the children with mental health problems are receiving the help they need from the formal care and treatment system.

Without treatment, the problems escalate and become chronic, translating into a direct cost for the government and a drastic loss to Ontario's economic base.

As you make preparations for your upcoming budget, we appreciate the opportunity to speak with you on behalf of children and youth with mental health problems and their families.

MAKING THE BEST USE OF GOVERNMENT'S INVESTMENT

Last year, government made a \$20 million investment in mental health services for children. This Four Point Plan investment provided funding for:

Mobile crisis response service - a 24-hour crisis response program to help children, youth and their families access necessary services (telephone advice and consultation, service at the crisis scene, a short-term bed in a facility, arranging for community-based services) immediately.

Intensive service - a longer-term service, operated by children's mental health centres collaboratively with schools and hospitals, aimed at high-risk children and youth, many of whom have been affected by violence, are isolated and unable to function effectively in school.

Telepsychiatry - a program which uses technology to provide consultation and training to mental health professionals, targeted especially to remote areas in Ontario.

Information systems- standardized instruments to document the nature and the extent of the problems across Ontario, and to measure the benefits of our services.

THE WORKLOAD HAS BECOME UNMANAGEABLE AS THE CRISIS DEEPENS

This welcome investment has allowed children's mental health centres to serve more children. Meeting the objectives of the Four Point Plan, however, has added to the already extraordinary pressure on the basic infrastructure that supports all children's mental health services. Since 1993, government's investment in core funding for children's mental health services has declined by eight percent. The additional cost of living increase, plus unfunded pay equity and WSIB means that children's mental health centres are facing a reduction of 20 to 25 percent in actual real dollars since 1990. Recruiting and keeping

qualified staff is managers' biggest challenge when salaries in community-based children's mental health services are up to 30 percent lower than in hospitals and government services.

At the same time, children's mental health centres are maintaining their administrative costs within the 10 percent guideline. We have been able to keep these costs under control by increasing efficiency, using part-time employees and searching for funds from other sources.

IMPACT ON THE CHILDREN

Children's mental health agencies provide critical community-based services which keep families together, keep children in school and help troubled children reach their potential and lead productive lives. Without treatment, these children often end up in jail, on the street, or in hospital emergency rooms.

But to continue providing these services, agencies must be able to attract and keep experienced professionals. Experienced front line workers are leaving the field, and even new graduates are being forced to choose other fields of study for economic reasons. Employee turnover over the past eight years has averaged anywhere from 10 to 40 percent, with the most significant turnover occurring over recent years. This erosion leads directly to working environments in which there is less creativity, imagination and innovation, and to situations where less experienced staff are caring for more troubled youth. With less after-care and follow up, gains achieved during treatment or residential care are lost.

Our inability to recruit and keep skilled front line staff and managers undermines government's investment and reduces the level of service to those children, youth and their families who need it the most. Unfortunately, the children's sector seems to garner attention only during highly publicized public tragedies.

Service providers need the resources and flexibility to use their skills to maximize the benefits to families. The children's mental health sector needs government to provide an immediate enhancement to base funding of \$50 million to continue to provide services and attract qualified professionals to deliver these services.

GENERATING POSITIVE OUTCOMES WITH YOUNG CHILDREN

In recent years, successful early identification of children with mental health problems through government initiatives such as Healthy Babies, Healthy Children and Preschool Speech and Language have resulted in increased referrals for treatment services for very young children. Since many children's mental health agencies have an excellent track record in serving these children, we are experiencing a rapid increase in demand for service. Children's mental health centres are willing and able to work with government to develop three kinds of programs based on the best of existing models: Intensive Services to

High Risk Children; Consultation to Schools, Child Care and Informal Settings; and Infant Mental Health. In light of the evidence of the impact of intervention for children under the age of seven described in Dr. Fraser Mustard's Early Years Study, we are recommending that \$30 million be allocated to children's mental health centres to develop and implement programs in selected areas of the province to meet the needs of infants and pre-school children with mental health problems and their families.

THE NEED FOR SAFE SCHOOLS

In Ontario, the effects of children's emotional and behavioural problems are showing up in schools, in the form of either increased aggression or depression and poor school performance.

Children's Mental Health Ontario, in collaboration with the Ontario Public School Boards Association and the Ontario Catholic School Trustees Association, has a solution which will help keep our schools safe and our children learning, using the specialized knowledge of mental health workers from community-based children's mental health centres and building on existing, effective partnership models. These programs would help students with mental health problems to change their behaviour, prevent incidents which disrupt the classroom and take pressure off the teachers and school principals. The proposal includes:

- Review effective models of early intervention and treatment that are currently in place where children's mental health centres provide a mental health worker in the school, giving students access to immediate, informal, on-the-spot mental health service.
- Place mental health workers in elementary and secondary schools in a variety of communities across Ontario. These professionals will have experience in the field of children's mental health and be employed and supervised by accredited children's mental health agencies which will be accountable for the quality of service.
- In addition to working with individual high risk students and their families, the mental health workers would support classroom teachers and guidance counsellors in their work with these children.
- Allocate \$30 million to implement a range of programs which reflect the elements of the effective models. **WHO ARE THE CHILDREN AND YOUTH WE SERVE?**

The children and youth we serve have emotional or mental health problems. The signs and symptoms vary from depression, suicidal behaviour, defiance and aggression to psychosis and/or substance abuse.

Without treatment, they cause chaos in the classroom, stress their parents to the breaking point, and contribute disproportionately to violence in our communities. Without treatment their problems become more severe and they become a danger to themselves or others. Left untreated, these children grow into adults who need frequent support, constant supervision, protection or detention.

WHAT ARE CHILDREN'S MENTAL HEALTH SERVICES?

Our services include intensive community-based mental health treatment with children and their families, community education, crisis intervention, day treatment and residential treatment programs. We consult regularly with schools, child protection agencies, childcare centres, police and others who work with children but are not mental health specialists.

The preventative approach is effective. When resources permit us to identify children at risk or in the early stages of difficulty, staff at children's mental health centres can make the best use of public funds. For example, children whose mental health needs cannot be met often end up in young offenders' facilities, where costs are up to \$100,000.00 per year. The cost per child in a mental health centre averages \$2,000 to 3,000 annually.

Treatment works. Results of standardized testing from July 1998 to June 1999 of children with mental health disorders shows that treatment at any age resulted in up to:

- 62% reduction in the prevalence of aggression, violence, opposition to authority and hyperactivity
- 76% reduction in the prevalence of severe anxiety, worry, depression and low self-esteem.
- 65% reduction in poor social relations at home, at school or with friends

(Effectiveness of Ontario Children's Mental Health Centres: Results from Standardized Testing, 1997- 98)

We would be happy to meet with you or your staff to discuss these proposals in greater detail.

For more information, contact:

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