

# **Towards a Mental Health Policy for Ontario's Children and Youth**

**The Province of Ontario will provide accessible, integrated, and quality services for children and youth. These services will promote wellness and improve mental health by:**

- promoting children and youth mental well-being and reducing stigma**
- promoting resiliency and reducing the risk of children and youth developing mental health problems**
- reducing the impact of mental health problems in children and youth and promoting recovery**
- supporting research, training, and education in children and youth mental health**
- implementing system-wide approaches for children and youth mental health to optimize their well-being**
- providing effective transitions for youth who require adult mental health services**

## **Why is a mental health policy for children and youth so urgently needed?**

### **Split jurisdiction for children's mental health has failed Ontario's children.**

In 1979, community-based children and youth mental health services were moved to the Ministry of Community and Social Services. However, many children and youth mental health services located in or governed by hospitals remained with the Ministry of Health. As a result, there is split jurisdiction over the spectrum of these services.

This split jurisdiction has created funding inequities and impeded referral and service coordination. Planning across ministries has been sporadic and ineffective. Differences in regulations and access have created service distortions and hindered service development. Moreover, mental health services for children and youth have not been a priority for either ministry. As a result, there is no coherent service system to meet the mental health needs of Ontario's children and youth.

### **Children and youth mental health services are assumed to be readily available and capable of "picking up the slack" within the children and youth service system.**

As other children and youth sectors tighten or change their mandates, it is assumed children and youth mental health providers have the capacity to fill the resulting service gaps. While children and youth mental health services have the expertise to treat and support children, youth, and their families, lack of coordinated planning in this sector has overwhelmed their modest capacity. As a result, thousands of children and youth languish on waiting lists, remain out of school, move deeper into the youth justice system, turn to drugs, or become pregnant as a result of a system not responsive to their needs.

- **Child welfare** reform has drastically increased the number of abused and neglected children and youth coming into care, with a corresponding increase in those identified as needing mental health treatment.<sup>1</sup> At the same time, child welfare agencies have reduced their prevention and family support services, expecting children and youth mental health services and early childhood initiatives to fill the gap.
- Restructuring of **public education** through the education funding formula has caused school boards across the province to cut back on "non-classroom" school support services, including social work, psychology, and child and parent supports. Special education services to children and youth with mental health challenges have been slashed. As a result, families and schools have turned to their local children and youth mental health services to fill the void. The zero tolerance policy for violence in

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<sup>1</sup> Leschied A., Whitehead P., Hurley D., Chido D. (2003). *Protecting Children is Everybody's Business, Investing the increasing demand for Services at the CAS of London Middlesex.*

schools has also contributed to the number of troubled young people and their desperate families turning to children and youth mental health services for help.

- Ontario has not implemented the new *youth justice* legislation's diversion provisions to create community-based alternatives to correctional placements for troubled youth. This has increasingly resulted in police, young offender service providers, and the courts looking to local community-based children and youth mental health services to meet the treatment needs of these youth.
- *Early childhood initiatives* of the past several years have increased supports to parents and children in the first few years of life. These initiatives, while very positive, have resulted in more children being identified in need of assessment and remediation services. Children's mental health services have had difficulty keeping pace with this increased demand.
- *Adult mental health reform* within the Ministry of Health and Long Term Care raised serious questions about the availability of assessment and treatment services for children and youth. Do they have similar rights as adults to service? How should the unique service needs of children and youth be addressed? What ongoing supports should be provided to children and youth growing up with a mentally ill parent? In the end, mental health reform did not address these questions—children and youth mental health providers have been left to struggle with these issues largely on their own.
- Even though it was clearly not part of their mandate, the *Hospital Restructuring Commission* found it necessary to address the critical shortage of psychiatric beds for children and youth—many turn up in emergency departments or are placed on pediatric wards because of no other alternatives. With a critical lack of resources and few links between hospital emergency and inpatient services and community-based treatment services, seriously mentally ill children and youth do not receive the assessment, treatment services, and supports they need.

### **Children and youth experiencing mental illness can be effectively treated.**

Great strides have been made over the past decade to develop evidence-based treatment, as well as pharmacological interventions, for childhood mental illness. However, for these treatments to be effective, children and youth need early intervention to be accurately assessed and diagnosed, and promptly receive the required treatment. Just as modest pruning and staking of a young tree sets the course of that tree's development for the next century, it is critical that mental health services be readily available to children and youth to ensure successful intervention.

## What needs to happen?

**Ontario needs children who have the emotional and social skills to complete their education, function collaboratively in the workplace, and be productive, contributing members of their community.**

Children's mental health problems are best dealt with early, before they become entrenched and the spiral of school problems and antisocial relationships is established. If children's and youth's mental health treatment needs are unnecessarily ignored, they become handicapped and fall behind their peers in social and emotional development. Living in modern society requires sophisticated problem solving skills, the capacity to deal with change, and the ability to interact effectively one-on-one and in groups. Children and youth who do not develop healthy emotional and social skills will not reach their potential as contributing members of Ontario society.

**Children and youth are entitled to mental health treatment services.**

Simply stated, children and youth have the same right to treatment for mental illness as they do for cancer, accident trauma, or child abuse. Just as children with developmental disabilities were once relegated, with shame, to a life in the shadows, children and youth with mental illness are left to languish in the margins due to the stigma surrounding mental illness. This situation is no longer tolerable. However, there is a vacuum in government policy that frustrates the efforts of children and youth mental healthcare providers.

- Legislation under the former Ministry of Community Family and Children's Services (MCFCS) has only *non-residential* or *residential* services classifications. These classifications are totally inadequate to support the diverse and creative spectrum of mental health services provided in communities across Ontario.
- There is no child and youth-specific legislation in the Ministry of Health and Long Term Care (MOHLTC).
- There is a stark contrast between MCFCS and MOHLTC vision documents:

**MOHLTC business plan – “A health system *that promotes wellness and improves health* through accessible integrated and quality services at every stage of life and as close to home as possible... Our goal is a system that *ensures everyone in the province has access to quality health care services—services to which they are entitled—at every stage of their lives.*”**

**MCFCS vision – “...a service system in which *children are safe and people most in need* receive support... *Designated groups of children* will have**

*access to a system of supports and services to promote healthy growth and development.”*

**An integrated policy framework is needed to clarify roles and responsibilities in the treatment and support of children and youth with mental health problems and their families.**

There are currently vast areas of overlap—as well as significant gaps—in system capacity between education, child welfare, community-based mental health, hospital, and other health-related mental health services, developmental services, early years services, and youth justice services. With everyone and no one in charge, ***clarification is needed regarding who has lead responsibility*** for public education, primary prevention, early intervention services, screening, assessment, treatment, complex case management, crisis services, residential treatment, psychiatric care, family support, school support, and respite services for children and youth with mental health problems and their families.

Not only is role clarity important, but ***systemic changes are required*** to develop the flexibility to respond to the individual needs of Ontario’s children and youth, regardless of their challenges. It is not acceptable for children and youth with complex needs to be passed back and forth between service sectors; service delivery must be seamless for children, youth, and their families. Community-based and hospital-based children and youth mental health services play a pivotal role within this system of care.

Children and youth mental health services need to shift from being the “default” service to being the “glue” in a coordinated child and youth-focused service system. Schools, recreation and sports programs, daycares, family violence shelters, and other services all have critically important roles to play in supporting child and youth well-being and reducing the risk for families, children, and youth vulnerable to mental health problems. These ***service providers need to be supported by a strong, integrated children and youth mental health service sector*** to help them meet the needs of all children in their care. They also need children and youth mental health services to be there when children, youth, and their families need more help than they can provide. Children and youth mental health service providers need to be able to respond with assessment and remediation services for children, youth, and families with complex needs. Children with serious mental illness must have programs available to them that provide needed safety, structure, and treatments.

## What can we learn from others?

This policy framework for children and youth mental health builds on the 2002–2003 work of the Children’s Mental Health Policy Framework Working Group, a joint initiative of the Ministry of Community, Family and Children’s Services, Integrated Services, and Ministry of Health and Long Term Care, Mental Health Branch. The working group was comprised of representatives from both ministries, field and policy staff, a representative from the Ministry of Education, and service providers and members of the Ontario Psychiatric Association and Children’s Mental Health Ontario. Although the work was cut short by the provincial election, a wealth of information was collected and reviewed. A preliminary logic model that reflects the elements of this framework was developed.

An Ontario policy framework for children and youth mental health builds on the work of other jurisdictions:

- The United States’ *Surgeon General’s Report on Children’s Mental Health* takes a similar approach to the one we are proposing for Ontario. They formulated a broad approach that includes health promotion, risk reduction, remediation, research, and training as key elements of an effective strategy for child and youth mental health.<sup>2</sup>
- British Columbia developed a *Children and Youth Mental Health Plan* (February 2003), and also adopted the broad approach favoured by the American Surgeon General:

To better meet the mental health needs of children, new approaches and additional resources are urgently needed. Because the challenge is too large to be met solely by increased clinical services, coordinated approaches are required on several different levels. First, more timely and effective treatment and support services are needed for children with serious mental illness. Second, programs are needed to reduce risk and prevent and mitigate the effects of mental illness. Third, new efforts are needed to improve the capacities of families and communities to prevent and/or overcome the harmful impact of mental illness in children. Finally, better systems are needed to coordinate services, monitor outcomes, and ensure public accountability for policies and programs. The long term goal is to improve mental health outcomes for all children in British Columbia.<sup>3</sup>

In Ontario, *The Linked Research Unit* at McMaster University reached similar conclusions about the need for a comprehensive and integrated approach to supporting children and youth mental health.<sup>4</sup>

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<sup>2</sup> U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services, National Institutes of Mental Health. <http://www.surgeongeneral.gov/library/mentalhealth>

<sup>3</sup> *Child and youth mental health for British Columbia*. February 2003. [www.mcf.gov.bc.ca/mental\\_health](http://www.mcf.gov.bc.ca/mental_health)

<sup>4</sup> *Sewing the Seams. Effective and Efficient Human Services for School Aged Children*. Report prepared for the Integrated Services for Children Division, Government of Ontario. April 2001. <http://www.fhs.mcmaster.ca/slru/paper/wp0101.htm>

## **The next steps for children and youth mental health**

- 1. Unite the sector** — Bring the stakeholders together and provide the political leadership needed to address the policy, funding, and service issues for child and youth well-being. End the split jurisdiction for children and youth mental health.
- 2. Adopt a broad policy framework** — Adopt a policy for children and youth mental health that ensures accessible, integrated, quality services that promote wellness and improve mental health outcomes by:
  - promoting children and youth mental well-being and reducing stigma
  - promoting resiliency and reducing the risk of children and youth developing mental health problems
  - reducing the impact of mental health problems in children and youth and promoting recovery
  - supporting research, training, and education in children and youth mental health
  - implementing system-wide approaches for child and youth mental health to optimize their well-being.
  - providing effective transitions for youth who require adult mental health services
- 3. Ensure a system-wide approach to service provision** — Provide leadership across ministries to support children and youth service providers (education, health, child welfare, youth justice, etc.) to develop the necessary system links. These links include policy coordination, planning, and inter- and intra-sector problem resolution to eliminate barriers to coordinated service provision.
- 4. Enhance the system support capacity of children and youth mental health** — Support and enhance the capacity of the children and youth mental health sector to assist other children and youth services to promote and support child and youth well-being. Child and youth mental health service providers should:
  - work in partnership with other children and youth service providers to help them incorporate effective mental health promotion strategies into their everyday work
  - work in partnership with other children and youth service providers to implement targeted prevention programs for children and youth at risk of poor mental health
  - support other children and youth service providers to do their jobs by ensuring timely access to children and youth mental health services for children, youth, and families needing specialized services to lessen the impact of mental illness and promote recovery
  - provide research and training to improve the effectiveness of all those who work with children and youth to promote their well-being