



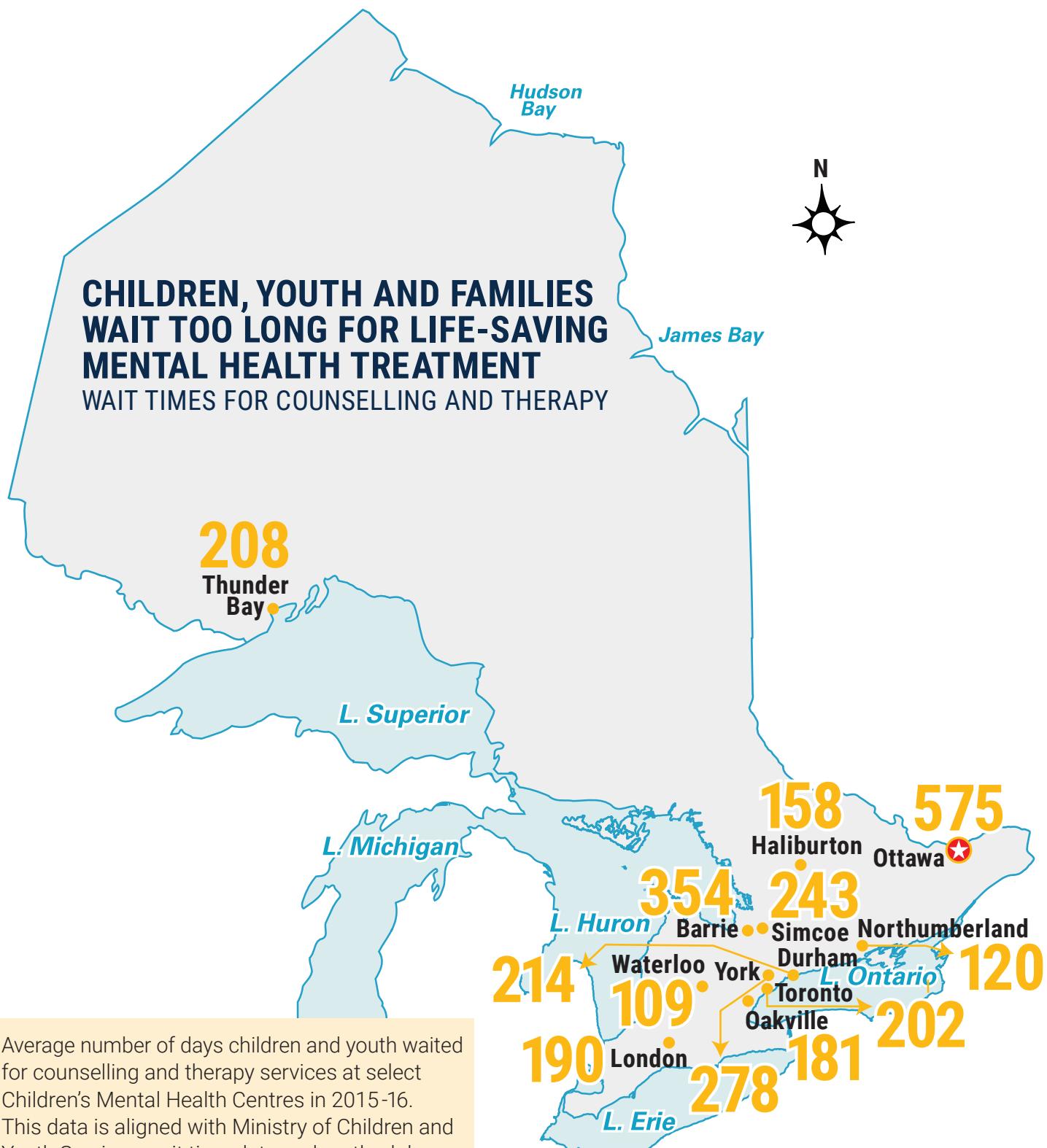
## OUR KIDS DESERVE BETTER: Improving Mental Health Outcomes for Ontario's Children and Youth

### 2017 PRE-BUDGET SUBMISSION

“ We have to wait for weeks, months—sometimes years—for support that we need right now. We need this to change. We want to help, because our voices are important and needed in this conversation. ”

*Youth Action Committee of Children's  
Mental Health Ontario and The New Mentality*





Children's Mental Health Ontario (CMHO) works to identify and develop solutions to important policy issues affecting the child and youth mental health sector. We represent close to 100 accredited child and youth mental health centres that provide treatment and support to infants, children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services for those with complex and/or persistent mental health and addictions issues.

# Executive Summary

Right now in Ontario, more than 12,000 children and youth are waiting to access mental health services. In fact, in some parts of the province, there are shocking wait times of up to 18 months. In its recent audit of child and youth mental health services in Ontario, the Auditor General

of Ontario noted that these substantial wait times are a key public health issue. Youth with serious mental illness and addictions are waiting far too long for treatment which has a profound impact on their families, classmates, teachers, family doctors and local hospitals. We know that treating mental illness early results in better outcomes at school and reduced hospital admissions. And without treatment, children and youth suffer and, tragically, some die by suicide.

The reality is that the Ontario government has not allocated sufficient resources to meet the needs of the growing number of children and youth seeking treatment for mental illness. As a result, hospital visits have skyrocketed for children and youth with mental illness. Since 2006-07, there has been a 54% increase in emergency department visits and a 60% increase in hospitalizations for children and youth seeking treatment for mental health issues in Ontario. And once they are discharged, far too often they face lengthy wait times for appropriate treatment in the community.

But we have a plan that could make Ontario a global leader in child and youth mental health: ensuring that children and youth receive high-quality treatment when and where they need it. Children and youth know the best solutions and this submission is based on a province-wide, youth-led, year-long consultation documented in a report from the Youth Action Committee of The New Mentality and Children's Mental Health Ontario: *Waiting for Change*. Now we urge the government to work with us to make crucial changes that will save lives.

On behalf of Children's Mental Health Ontario's members and partners, we urge the government to make crucial investments to:

- 1 Ensure that no child or youth waits more than 30 days for mental health and addictions treatment**
  - \$35,630,000
- 2 Expand specialized youth mental health and addictions centres to ensure that children and youth get the treatment they need**
  - \$47,020,000
- 3 Retain the highest skilled staff caring for our most vulnerable children**
  - \$34,000,000
- 4 Develop quality standards to deliver the best mental health and addictions services**
  - \$1,500,000

Accredited child and youth mental health centres need immediate and strategic investments to **significantly shorten wait times for services, build capacity to meet growing demand for services, recruit and retain qualified staff and clinical experts, and introduce quality improvement initiatives**. This will result in: a significant reduction in emergency and hospital admissions; timely access to treatment at child and youth mental health centres, and improved service quality. Most importantly, this will improve outcomes for children and youth and will save lives.

**“**There cannot be wait lists—we can't wait until youth are in crisis to give them the help they need. When our kids need care, they should be able to access it immediately.”

*Nicole German, mother of Maddie German Coulter who died by suicide April 11, 2015 in North York, Ontario*

# Introduction



As many as one in five children and youth in Ontario experience some form of mental health problem at any given time; however, five out of six of those kids do not receive the specialized treatment services they require. We know that 70% of adult mental illnesses begin in childhood and by the age of 40, half of all Ontarians will have struggled with a mental health problem. There is also good evidence as to which infants and young children are at high risk for developing mental health problems, and to whom we should be targeting interventions. Mental illness impacts us all. Over the past decade, social stigma has declined rapidly and more people are seeking help;

but the child and youth mental health care system has not kept up with the growing demand for services.

We know that the consequences of mental illness can be fatal: suicide is the second leading cause of death among young people in Canada.

There is a catastrophic impact on children and youth when they fail to get the help they need; they experience the negative consequences throughout their lives. In the short-term, 26% of kids with mental health issues have substantially lower achievement at school. This hinders their ability to pursue and succeed in post-secondary education, which limits career prospects and ultimately has the effect of reducing income throughout their lives. So, not only is the human cost high, but the individual economic cost is also substantial. Improving a single child's mental health from moderate to high has the potential to generate lifetime savings of \$140,000. And through this unfortunate process, the manifestation of untreated mental health issues can negatively affect other students and teachers, and create a greater burden on our social, health, and criminal justice systems in the short and long-term.

Since the introduction of *Moving on Mental Health and Patients First*, the Ontario government has voiced a commitment to improving child and youth mental health. However, the fact is, in the last 25 years, there have only been two base funding increases for child and youth mental health centres: 3% in 2003 and 5% in 2006. But during this time, inflation has risen by nearly 53%. Meanwhile over the last several years, demand for child and youth mental health services has grown by 10% per year.

To enable community-based child and youth mental health centres to meet the growing demand for services, reduce costly hospital visits, and dramatically improve outcomes for children and youth, **the Ontario government must make child and youth mental health a funding priority.**

## Quick Facts on Child and Youth Mental Health

- 70% of mental health problems have their onset during childhood or adolescence.
- Canada's youth suicide rate is the third highest in the industrialized world and suicide is the second most common cause of death among youth ages 15-24 in Canada.
- Ontario's per capita investment in health care was found to be \$1,361 versus just \$16.45 for mental health.
- In fact, the Mental Health Commission of Canada estimates that the cost of mental illness in Ontario every year is close to \$20B.
- Symptoms of child and youth mental health problems usually start in early childhood, and significant mental health problems can and do occur in young children.

# Children's Mental Health Ontario's Plan to Improve Mental Health Outcomes for Ontario's Children and Youth

## 1 Ensure that no child or youth waits more than 30 days for mental health and addictions treatment

Evidence indicates that the most effective treatment for children and youth experiencing mental health and addictions issues occurs quickly and close to home. Some children and youth will require a few counselling sessions while some with more severe issues will require more extensive treatment over a longer period. However, Ontario has not allocated the resources needed to ensure adequate access to treatment in the community-based sector. Years of underfunding have resulted in **lengthy wait times in many areas of the province meaning children with significant mental health issues are denied timely access to life-saving treatment**. These children then risk becoming more ill or suicidal. Right now, we estimate that there are over 12,000 kids waiting for long-term psychotherapy or intensive treatment. And this number is on the rise.

In addition to lengthy wait lists, parents, youth and community-based service providers have expressed frustration about navigating an uncoordinated system. And too often, once the appropriate services are found, children and youth are then forced to wait weeks, months, and sometimes years.

**“**The system of mental health care has been poorly co-ordinated. There are many primary care physicians (who) actually don't really know who to call, or aren't well versed in what services are available in the community or what the right services are for their particular patient.**”**

*Dr. Catherine Zahn, president and CEO of the Centre for Addiction and Mental Health*

Ontario has the opportunity to dramatically reduce wait times and ensure children and youth receive timely access to life-saving mental health and addictions treatment by:

- **providing more than 12,000 children and youth with counselling or structured psychotherapy at accredited child and youth mental health centres**
- **ensuring every community in Ontario offers weekly walk-in or quick access services**
- **defining wait time standards**
- **developing a coordinated referral system among community-based service providers, primary care providers, schools and hospitals**
- **establishing family and peer support services throughout the course of treatment, including while children and youth are waiting to receive treatment**
- **committing to early intervention in infancy and early childhood**

An investment of **\$35,630,000** will dramatically reduce wait times, improve service delivery, enhance system coordination and save lives.

**“**I was on the wait list for psychiatric care for two years.**”**

*Shannon Nagy,  
Youth Action Committee*

**“**I essentially gave up on trying to access mental health services because they were not available when I needed them the most.**”**

*Nicole D'Souza, Youth Action Committee*

**“**Youth are sick of waiting.**”**

*Travis Franklin,  
Youth Action Committee*

## 2 Expand specialized youth mental health and addictions centres to ensure that children and youth with the most severe issues get the treatment they need

Hospitals play a crucial role in providing acute care to children and youth with mental health issues in crisis situations or when they require the intensity of resources or services only available in hospitals. However, as hospitals focus more on providing acute care and are incentivized to reduce length of stay, they report that there are insufficient treatment options in the community upon discharge. Because kids don't get the treatment they need in the community, we've seen hospital and emergency department admissions for children and youth with mental health disorders increase dramatically. Since 2006-07, there has been a 60% increase in hospitalizations and 54% increase in emergency department visits for children and youth seeking treatment for mental health issues in Ontario. In fact, 38% of **children and youth who seek treatment in hospital emergency departments will do so three or more times**. This indicates that the current system is not working. And it costs the government \$145M each year.

To reduce wait times for the most complex children and youth, and in doing so, prevent these costly admissions and re-admissions to hospitals, Ontario needs to build more intensive treatment capacity in our communities. Children, youth and families need access to inter-professional teams—including psychiatrists, psychologists, nurses, social workers, child and youth workers, and a range of other providers—working collaboratively to deliver treatment that is tailored to the needs of each child or youth. In some parts of the province, there are specialized youth mental health and addictions centres but they require more clinical staff to provide timely access for children, youth and families. In other parts of the province, like Northern Ontario, there is virtually no intensive treatment available. Many kids must travel to southern Ontario for services. **Investment by the government in these specialized youth mental health and addictions centres will enhance access to care, allow for earlier intervention, and result in better clinical outcomes and direct savings to hospital care. The cost of the most intensive community treatment ranges from \$600-\$800 per day versus \$2,360 per day for in-patient hospital care.**

**An investment of \$47,020,000 to scale up existing accredited specialized mental health centres and create new ones in currently underserved areas will dramatically reduce costly hospital admissions and vastly improve outcomes for children and youth.**

• Specialized Youth Mental Health and Addiction Centres – Regional	<b>\$16,255,000</b>
• Specialized Youth Mental Health and Addiction Centres – Community	<b>\$18,525,000</b>
• Specialized Youth Mental Health and Addiction Centres – Northern	<b>\$12,240,000</b>

### A Mother's Love Isn't Always Enough To Prevent Suicide

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**“**It wasn't until she tried to take her life that we were finally provided with the care she had needed all along. But even then it was only for a short period of time. As soon as she started to feel better, she was discharged from treatment in hospital, without support to ensure that all the progress she made wasn't lost.**”**

*Nicole German, mother of Maddie German Coulter who died by suicide April 11, 2015, while waiting for treatment*

### 3 Retain highly qualified staff caring for our most vulnerable children

Attracting and retaining qualified and passionate staff in the community mental health and addictions sector is critical to improving outcomes for children and youth. Without specific allocations for compensation and professional development, **many highly qualified and experienced staff are leaving the sector** for higher wages in the hospital and education sectors. **For example, average wages for community-based social workers (MSW) are 34% lower than salaries in hospitals for the same work and can be as much as 50% lower. In schools, the gap is even greater – up to 57%.** This gap must be closed to retain the high-quality staff that the children, youth and families deserve when seeking treatment.

To ensure the sector is equipped to treat children and youth with severe and/or complex mental health needs—from infancy until adulthood—we must retain staff with **specialized clinical expertise in child and youth mental health and addictions. An investment of \$34,000,000 to retain skilled staff will help ensure children and youth receive the best possible mental health treatment.**

### 4 Develop quality standards to deliver the best mental health and addictions services

**“**Ensuring that children and youth in Ontario have access to high-quality mental health care and services (no matter where they live), requires evidence-based measurement and reporting on how well the system is performing. This type of routine performance reporting helps identify and drive needed improvements at the service and system levels.**”**

*Dr. Joshua Tepper, President and CEO, Health Quality Ontario*

CMHO members are all accredited child and youth mental health centres with a commitment to quality in every area of their services. Accreditation is a key dimension of delivering high-quality services but there are other dimensions as well; **it is crucial that investments are made in quality improvement initiatives.** In its 2016 value-for-money report, the Auditor General of Ontario made several recommendations related to quality improvements in the child and youth mental health sector. CMHO recommended that the government develop a provincial quality strategy, in partnership with CMHO, child and youth mental health centres, other key stakeholders and children, youth and families. This strategy should include:

- provincial service standards (e.g., admissions, wait times, client experience, client outcome standards)
- comprehensive performance measurement
- resourcing to support the strategy

The development of quality standards for child and youth mental health combined with participation in Health Quality Ontario's E-QIP quality improvement initiative will help ensure children youth and families receive access to quality mental health treatment. **An investment of \$1,500,000 this year will develop and enhance the quality improvement capacity, knowledge and skills of the accredited child and youth mental health centres.**

# Conclusion

The 2017-18 budget offers an opportunity to significantly increase the ability of accredited child and youth mental health centres to meet the needs of children and youth, ages 0-24, and their families. With wait times of more than one year for services, the mental well-being of children and youth can quickly deteriorate and they can become acutely ill, which forces them to use hospitals as a first point of access. When they cannot receive the care they need in their communities after being discharged, they continue to return to hospitals in a state of crisis and, sadly, sometimes they die by suicide. Ultimately, untreated mental illness not only can have a profound impact on individuals' lives in the short-term, but it can have a significant and long-lasting negative impact throughout the rest of their lives.

**Strategic investments to reduce wait times at accredited child and youth mental health centres, increase access to intensive treatment, hire and retain highly skilled clinical staff, and improve quality will substantially improve mental health outcomes for children and youth in Ontario. These investments will also save the province hundreds of millions of dollars in hospital costs in the short-term, and potentially many billions of dollars in a range of health and social costs in the long-term.** CMHO and its members look forward to working with our partners in government to support the mental health needs of children and their families across the province.

“ After my daughter’s suicide attempt where she was found hanging in our garage, she was on life support for 11 days, and in hospital for over a month. It is a year later and we still have not seen a psychiatrist or are receiving treatment, **we just wait...** ”

*Family Member, The Position of Families on Transformation of the Child and Youth Mental Health System, Parents for Children’s Mental Health*

“ Families feel it often seems they needed to be in crisis in order to get help. ”

*Summary of family consultations, August 2016, Centre of Excellence for Child and Youth Mental Health*

“ The single most debilitating factor for families and children and youth who require mental health treatment remains the wait lists and access to service. ”

*Family Member, The Position of Families on Transformation of the Child and Youth Mental Health System, Parents for Children’s Mental Health*

“ It is good that children and youth are more likely to seek help when they are struggling with mental illnesses and addictions. However, it is imperative that we have a system in place where children and youth, and their families, have access to services in addition to Emergency Departments. ”

*Dr. Paul Kurdyak, Medical Director, Performance Improvement, CAMH, and Program Lead for the Mental Health and Addictions Research Program, ICES*

## APPENDIX A - Detailed Program Information

### 1. Ensure that no child or youth waits more than 30 days for mental health and addictions treatment

Children and youth, ages 0-24, and their families need fast access to treatment appropriate to their needs. Some will need a few counselling sessions and children and youth with moderate to severe issues will need more extensive services that last for a longer time, which may include:

- Counselling
- Structured psychotherapy
- Mental health assessment
- Family capacity building and support
- Care coordination/service navigation

The lead agency in each service area in the province has identified service gaps and can ensure that funds are invested in the right programs based on local community needs. Lead agencies report needs such as: crisis support programs, walk-in clinics with extended weekend and evening hours, targeted early intervention for infants and young children at high risk for developing mental health problems, and additional psychotherapy for those kids with the most severe issues. Investment will also facilitate the development of outcome measurement data to ensure that the highest quality programs are being delivered.

As such, we recommend providing 12,000 infants, children, youth or families—the estimated number of clients currently waiting for services at child and youth mental health centres in Ontario—with an average of 12 sessions of high-quality evidence-informed counselling or psychotherapy, case coordination, or mental health assessment at accredited child and youth mental health centres.

**\$32,400,000**

Investment is needed to implement models that improve the way clients flow through services. Examples of such models include, the Choice and Partnership Approach (CAPA) and the LEAN principles applied in health care. We recommend facilitating such change, by training 88 accredited child and youth mental health centres, at \$35,000 each.

**\$3,080,000**

Investment is required to define wait times for specific programs at a provincial level, through data collection, data analysis and public reporting. Working in close consultation with Health Quality Ontario and other health care experts, we recommend developing a plan to measure and publicly report wait times.

**\$150,000**

**Total \$35,630,000**

### 2. Expand specialized youth mental health and addictions centres to ensure that children and youth with the most severe issues get the treatment they need

Scaling up innovative specialized youth mental health and addictions programs that are delivering strong outcomes for children and youth is a good investment. This plan would leverage the services of existing specialized youth mental health and addictions centres within the province to build an enhanced suite of programs, including 24/7 care, day treatment programs (partial hospitalization), in-home treatment, respite, family support and capacity building, and care coordination with inter-disciplinary teams of psychiatry, psychology, social work, and other professions, to serve children and youth ages 0-24. The lead agency in each service area in the province has identified service gaps and can ensure that funds are invested in the right programs based on regional and community needs. The investment will also enable the collection and analysis of assessment and outcome data at both a local and provincial level.

Investment in specialized youth mental health and addictions centres at the regional level is essential to ensuring that children and youth with the most severe issues are able to access the most intense mental health treatment, including step-down care from hospital or emergency department care as required.

**\$16,255,000**

Properly resourcing specialized youth mental health and addictions centres at the community level will allow children and youth, ages 0-24—who are at high risk for developing mental health issues or who are experiencing significant mental health issues—together with their families, to access the mental health treatment they need close to home, including step-down care from hospital or emergency department care as required.

**\$18,525,000**

There are insufficient intensive treatment options in Northern Ontario, meaning that children and youth living in Northern Ontario who require specialized youth mental health and addictions services are forced to either go without, or leave their communities and travel south to parts of the province with the level of care required. Developing specialized youth mental health and addictions centres in the North, to serve children and youth, ages 0-24—who are at high risk for developing mental health issues or who are experiencing significant mental health issues—together with their families, can address this problem.

**\$12,240,000**

**Total \$47,020,000**

### **3. Retain the highest skilled staff caring for our most vulnerable children**

Child and youth mental health centres care for the most complex and severely mentally ill children and youth. Highly experienced staff are leaving child and youth mental health centres for increased wages in the hospital and school sectors. Wages are as much as 50% lower in the community sector. It is of crucial importance that these staff are paid equitably to retain their experience.

Resources are needed to close the wage gap for 2,500 child and youth workers, social workers, and other clinical staff.

**Total \$34,000,000**

### **4. Develop quality standards to deliver the best mental health and addictions services**

The Auditor General of Ontario made a number of recommendations in its 2016 value-for-money audit. CMHO recommended that, to address these recommendations comprehensively, the government develop a provincial quality strategy, in partnership with CMHO, child and youth mental health centres, other key stakeholders, and children, youth, and families. The quality plan would include:

- provincial service standards (e.g., admissions, wait times, client experience, client outcome standards)
- comprehensive performance measurement
- resourcing to support the strategy

Working with Health Quality Ontario, the development of a provincial quality plan will ensure that the standards are based on the best evidence and aligned with adult mental health and general health care standards for hospitals and primary care to ensure coordination across sectors.

**\$500,000**

The Excellence through Quality Improvement Project (E-QIP) is a collaborative initiative of Addictions and Mental Health Ontario, Canadian Mental Health Association - Ontario, and Health Quality Ontario. Together these organizations are supporting Ontario's community mental health and addiction service providers to make care better by enhancing a sector-wide culture of quality improvement. Child and youth mental health centres should be included in E-QIP.

**\$1,000,000**

**Total \$1,500,000**

**Total Funding Required (Annualized \$113,120M, One time \$5,030M)**

**\$118,150,000**

