BETTER TOGETHER:

STRENGTHENING THE ONTARIO MENTAL HEALTH AND ADDICTIONS SYSTEM FOR CHILDREN, YOUTH AND THEIR FAMILIES

PROVINCIAL PRIORITIES REPORT

PREPARED BY:

THE CHILD AND YOUTH MENTAL HEALTH LEAD AGENCY CONSORTIUM

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NOTE FROM

THE CHILD AND YOUTH MENTAL HEALTH LEAD AGENCY CONSORTIUM PROVINCIAL PRIORITIES STANDING COMMITTEE

Better Together is the Child and Youth Mental Health Lead Agency Consortium's (LAC; the Consortium) fourth report on key system-level priorities. These priorities are integral to improving access, service experience, clinical outcomes and equity for our children, young people and their families.

As mental health service providers, we are acutely aware of two things. First, children and young people who struggle with untreated mental health and addiction difficulties will ultimately face challenging future trajectories with respect to their interpersonal relationships, education, employment and health outcomes. Second, Ontario is in the midst of a global pandemic that has had significant consequences on the health and well-being of children, young people and families. We are seeing those consequences manifested in increasing acuity, complexity, and demand on an already under-resourced and over-loaded child and youth mental health system.

Better Together heralds a simple and provocative message for all of us to work better together — to work in a way where funding investments promised and delivered produce the greatest return for the children, young people and families of Ontario.

Anchoring in work identified in PPR3 ***Realizing the Potential*** (2018), ***Better Together*** maintains our focus on improving service quality in four priority areas:

1) **Access to Services:** ensuring children and families can get to the mental health services they need, when they need it.
2) **Perception of Care:** adopting a standardized approach to integrating client experience and voice into quality improvement.
3) **Common Assessment:** implementing a common assessment tool that strengthens our ability to provide the right treatment at the right time, monitor progress and measure outcomes.
4) **Live-in Treatment:** building a system that can identify and treat our most complex and at-risk children and youth using an evidence-informed approach.

The solutions offered in this report are aligned with the four pillars identified in Ontario's Mental Health and Addiction Strategy — ***Roadmap to Wellness*** (March 2020). Further, this work directly addresses the systemic challenges identified by Ontarians to simplify access, reduce wait times, and adopt a province-wide standardized approach to child and youth mental health assessment and treatment.

As Lead Agencies charged with local system planning, our past efforts are validated by ***Better Together***. This report evolves our thinking on how we can continue to make progress within the larger provincial context of health transformation and the implementation of the ***Roadmap to Wellness***. ***Better Together*** highlights the following key messages.

- COVID-19 has had a relentless negative impact on the mental health of our children, young people and families, and on the organizations and professionals who provide services. As a fragile under-resourced system of services, the child and youth mental health system struggled to meet demand before the pandemic. With the pandemic, these challenges have been uncovered and amplified.
- This report substantiates the need for concrete action and investment. Investment and work to date in service planning and pandemic-driven innovation have contributed to some positive change. However, this has simply not been enough to sustain, let alone transform, a system established to meet the needs of some of our most important vulnerable Ontarians: our children and young people.
- ***Better Together*** looks to our children and youth's future. All of us — parents and caregivers, health service providers and educators, politicians and governments — are called to commit to an equitable, evidence-informed approach of providing the highest quality mental health treatment, at the earliest possible point in a young person's healing, equates to a better future for everyone.

Please join us in creating a stronger, more effective system of mental health services for all children, young people and their families in Ontario — a system that provides the right service in the right place at the right time for the identified need.

Whether you are a core service provider or a key system partner, an association or government agency, we look forward to partnering with you to implement these important and transformational changes.

Sincerely,

Diane Walker　　　　Monica Armstrong

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INTRODUCTION

Realizing the Potential, the third Provincial Priorities Report (PPR3) released in May 2018, represented a fundamental transition in the focus for the Child and Youth Mental Health Lead Agency Consortium (LAC): moving from planning at a systems level, to coordinated action at the service level. PPR3 identified **four critical priorities** that we believed required immediate attention, given that our services were being transferred to the Ministry of Health:

a) Improving access through the lens of availability, affordability, acceptability and appropriateness

b) Improving clients' service experience through a standardized measure of perception of care

c) Improving the quality and consistency of services through implementing a standardized common assessment

d) Improving outcomes for children and youth with the most complex needs through the re-designing of the Live-in Treatment System using both evidence and innovation

These four priorities have guided much of our change efforts since the release of *Realizing the Potential* and now form the foundation for this fourth PPR, ***Better Together***.

Making progress on these priorities has never been more challenging and important. Children and youth's mental health and addictions needs continue to increase, healthcare transformation is advancing, and the *Roadmap to Wellness* is being implemented — all during an ongoing global pandemic.

Leaders of the child and youth mental health system have been focused on improving outcomes through quality initiatives that improve access and navigation, build system capacity, and ensure common experiences for children, young people and families. While we know these initiatives are key to improving outcomes, the COVID-19 pandemic has further revealed why creating solutions through the provincial priorities work is urgent, timely and possible.

The consequences of the pandemic and the public health measures used to address COVID-19 are contributing to an increasing demand for mental health services. Rigorous research studies have clearly demonstrated that these consequences are significant and will continue to be felt across the lifespan of children and young people and their families, well after the pandemic subsides.

The costs of inaction to this generation of children and youth will continue into adulthood, having a profound impact on families, our health system and economy. We can change this trajectory by acting now.

The system must be prepared to meet increasing needs and accelerated demand, complexity and acuity of children's difficulties. We need to give close attention to the unmet needs of our most vulnerable and at-risk populations from the perspectives of social justice and social determinants of health. **Our goal is to use our resources effectively to build a better system that meets the needs of children, young people and families.**

As the Lead Agency Consortium (LAC), we recognize the commitment and professional expertise of key collaborators.

- The Ontario Ministry of Health (MOH)
- Mental Health and Addictions Centre of Excellence
- The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre)
- Children's Mental Health Ontario (CMHO)
- Core service providers and key cross-sectoral partners

We believe that only by working together will we find the capacity to implement, evaluate and monitor necessary changes in a more structured way. In partnership, rather than individually, we can effectively remove barriers and enhance and optimize services. Together, we can judiciously use the recently announced investments for community-based services and secure treatment, in tandem with anticipated future investments.

The challenges, opportunities and recommendations in this report will inform the work of all those with a major stake in system change. This report invites all of us to work better together on behalf of the infants, children, young people, families, and communities we serve.

WHY THIS REPORT MATTERS

Realizing the Potential (May 2018) provided a comprehensive overview of children and youth's mental health needs within the system of services, and how our four priorities aligned with the data.

Better Together continues this work in the context of the COVID-19 pandemic, where we are witnessing an amplification of the actual mental health issues and a magnification of the contextual issues impacting the mental health of children, young people and families. So, what does the data tell us about the mental health of children and young people before and within the current pandemic context?

1 Mental health problems are too common. Most children and young people don't receive the treatment they need.

One in five children and youth in Ontario will experience a mental health problem, and of those, five out of six will not receive sufficient treatment.[1] As of 2020, pre-pandemic, the wait for mental health services was as high as 30 months, and in some parts of the province the needed treatment services do not exist at all.[2] Findings from the Offord Centre, the Centre, and CAMH show that since the pandemic, the **mental health of children, youth and families has been impacted. Those with pre-existing conditions are almost exclusively doing worse.** At the time of writing, demand for services is increasing and is expected to continue to do so.[3]

1 The Mental Health of Children and Youth in Ontario: A Baseline Scorecard, 2015.

2 CMHO Wait Times report, 2020.

3 CMHO & Ontario Centre for Excellence in Child and Youth Mental Health, 2020.

2 The most pervasive mental health disorders have increased in recent decades. This increase will likely continue to be augmented by the consequences of the pandemic.

Prevalence of the most common mental health disorders in young people, like anxiety and depression, have increased by almost 50 percent over the past 30 years.[4] Even before Covid-19, the 2019 Ontario Student Drug Use and Mental Health Survey's (OSDUHS) *Mental Health and Wellbeing* report saw significant upward trends in youth experiencing serious psychological distress and suicide ideation.[5]

First-wave pandemic data suggests profound impacts on children and young people, both in new emerging mental health-related challenges and exacerbation of pre-existing mental health conditions.[6] Also, we are seeing a number of pandemic-related red flags related to child and youth mental health.

- Canadian opioid deaths are estimated to have increased by 50 percent.[7]
- There are significant increases in the use of mental health help and wellness lines across the lifespan.[8]
- The number of young people experiencing eating disorders is increasing.[9]
- Adults are drinking alcohol more due to boredom and stress, and family violence has increased.[10]
- Transgender and gender-diverse youth are more affected by mental health challenges during the pandemic than cisgender youth, reporting more mental health and substance use service disruptions, less social support from families and a larger proportion of unmet needs.[11]
- Sixty-nine percent of Canadian service providers working with young people experiencing homelessness or unstable housing reported significant increases in substance use and overdoses, coupled with corresponding decreases in available services. Further, 65 percent reported significant increases in demand for mental health services.[12]

4 Ontario Child Health Study, 2014.

5 Centre for Addiction and Mental Health. Ontario Drug Use and Health Survey, 2019.

6 Radomski et al., 2020a and 2020b.

7 Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic, January 28, 2021.

8 Krugel, L, December 3, 2020.

9 Kupfer, M. January 18, 2021

10 PHO Rapid Synthesis, January 11, 2021.

11 Hawke, L. D, et al., 2020.

12 Thulien et al., 2020.

3 Investing in community-based care, particularly in intensive treatment services, will yield a higher return on investment.

Emergency and inpatient hospital data over the last decade shows that while emergency presentations are down 22 percent for all other conditions, presentations for child and youth mental health issues are up over 70 percent.[13] Interestingly, during early pandemic days, Public Health Ontario noted that children's use of tertiary care mental health services (Emergency Department and hospitalizations) decreased substantially, yet there was a corresponding increase in illness severity at presentation.

Observable trends suggest **that tertiary hospitals are now seeing increases in demand as well as inpatient admissions to specific programs 14 and visits for mental health reasons.** People are turning to the hospitals because there is no other option. With the right investment plan, children, young people and their families would have timely access high-quality, high-intensity mental health treatment when they need it.

- We know that investing early in community-based children's services provides a substantial return on investment of 125 percent.[15]
- We know that improving a child's mental health from moderate to high can lead to lifetime savings of $140,000.

13 CMHO, 2018.

14 Kupfer, M., 2021.

15 Mental Health Commission of Canada, March 2017; Toronto Public Health, January 11, 2019; Canadian Policy Network, 2011

4 Mental health and addictions are vastly underfunded compared to physical health services, even though the disease burden of mental health problems is substantially greater.

Research shows that 70 percent of mental health problems have their onset during childhood or adolescence. In 2014 Ontario's per capita investment in healthcare was found to be $1,361 compared to a mere $16.45 for mental health.[16] The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases. This includes years lived with less than full function, and years lost to early death.[17]

When we look at these statistics through the lens of the pandemic, we see that our health system's response to the physical health threat of COVID-19 has been swift, integrated and well funded. This response to protect and serve Ontarians is an appropriate one in a time of crisis. We also recognize that the government's one-time supports that have been provided to manage this crisis and children's mental health services have been substantial and helpful.

Our fear is that the marked historic disparity between physical health funding and mental health funding could widen as the pandemic retreats. **Further investment in community-based and cost-effective children's mental health will be needed to successfully navigate pandemic aftershocks and heal from the trauma our children and families have experienced**.

For many years now, the LAC has been working diligently to improve the system of child and youth mental health services at the local and provincial levels. The structure and organization of the system has been strengthened and serves as a role model for other health sectors. However, progress for Ontario families is not sufficient because of limited investments and a lack of coordinated efforts. The needs are staggering, and demand continues to grow due to the pandemic.

Our sector's ability to mobilize and respond to impact of the pandemic reflects our commitment to children, young people and families, our leadership, and the organization of the child and youth mental and addictions system.

Despite ongoing resource challenges, the sector has shown remarkable adaptability, innovation and determination.

16 Lurie, S., 2014

17 Ratnasingham et al., 2012.

Better Together is about refocusing our collective efforts in targeting system changes and investments that have a positive return on investment: for children, young people and families, and for health system sustainability. We can be _reactive_ and have increased acute-service costs and poorer outcomes, or _proactive_ by intervening earlier with substantial cost savings and better outcomes.

The tri-partite partnership of the LAC, CMHO and the Centre has enabled the system to respond in an agile, mission-focused way that has made real-time differences for children, young people, families and staff. The sector has successfully responded to COVID-19 by continuing operations, advocating for resources, quickly pivoting to providing virtual services, evaluating changes in the moment, sharing provincial knowledge and resources, and deepening regional expertise through Lead Agencies.

These are remarkable achievements. However, the pandemic has highlighted that the system has stretched and adjusted beyond its maximum capacity. Our system is not equipped to meet the increasing needs of our communities. The COVID-19 pandemic has reinforced that implementing the provincial priorities is more important than ever, both now and in the future.

Aligned with and supporting the _Roadmap to Wellness_, the four provincial priorities areas, if implemented, can galvanize sustainable change and produce higher-quality service systems.

Partnerships have developed and deepened to move the system improvements forward through collaboration across Lead Agencies and core service providers, with the support of the Centre and CMHO. Providing adequate funding, removing barriers, and optimizing service delivery and system organization are critical to building sufficient capacity in frontline services, and in supporting the work required to move the continuous quality improvement agenda forward.

The chapters in this report are presented according to each of the four priorities: access; perception of care; common assessment; and live-in treatment. Our efforts to date have been led by respective working groups who have spearheaded the execution of recommendations from ***Realizing the Potential*** (PPR3). These chapters provide an overview of the context, the work to date, what things will look like when we are successful, and the next steps to move forward together.

CHAPTER 1

ACCESSING CHILD AND YOUTH MENTAL HEALTH SERVICES IN ONTARIO

WHY THIS MATTERS TO CHILDREN, YOUNG PEOPLE AND FAMILIES

Access to mental health services is a complex concept that is often difficult to define.

To clients and families, it is as simple as getting the right services where and when they are needed. Access is a process that covers:

- **pre-contact** (I know who to call for service).
- **contact** (my first response to my request for service and intake).
- **contact to service** (I get the treatment that I need in a timely fashion; what happens between when I am eligible at the agency and when I get service; includes wait times to get the service).

Good mental health services are built upon a positive relationship between provider and client. No matter how old you are, who you are, what you have or where you live, everyone should be able to access the full range of mental health services, treatments, and supports[18] as soon as the need for these services arises.[19] However, every day across the province, people of all ages are facing barriers to getting the help they need, or simply giving up because the current system is too complex to navigate.[20]

Key considerations in access include availability, affordability, acceptability, and appropriateness. Since PPR3, we have expanded "access" to include "appropriateness." This allows for considerations related to cultural competency, clinical capacity, fit between clinician and client, and matching service level and modality to client need.

KEY POINTS

Half of Ontario's parents face challenges in getting the right mental health services for their children and young people at the right time, in the right place, and at the right cost.

Ontario's child and youth mental health system is difficult to navigate. Even when connected to services, families often encounter long wait lists and various burdens (for example transportation costs, time away from work, inadequate or costly childcare).

Mental health services should be available, affordable, acceptable and appropriate in meeting the needs of children and young people across the province.

The work in this priority area directly supports the ***Roadmap to Wellness*** (March 2020) by establishing the foundational elements required to reduce wait times and enhance and coordinate access to services.

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18 Mental Health Commission of Canada (2016). A Mental Health Strategy for Canada: Youth Perspective.

19 CMHA National (2018). Child and Youth – Access to Mental Health Promotion and Mental Health Care.

20 Select Committee on Mental health and Addictions (2010). Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians.

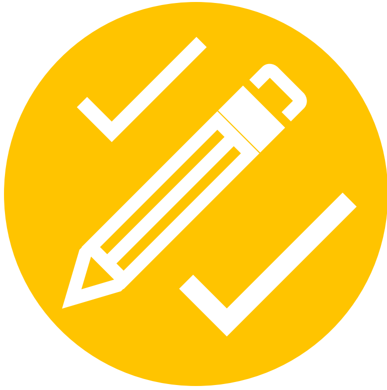
HOW THE COVID-19 PANDEMIC HAS AMPLIFIED THIS PRIORITY

The pandemic has accelerated the need to integrate virtual care options into service delivery quickly. While this is a viable option for some, it doesn't work for every child or young person, since there are a number of barriers to access. Barriers include a lack of affordable and available equipment, absence of high-quality internet (for virtual therapy and online learning), technical challenges, lack of staff capacity, and lack of fit between need and virtual modality.[21]

"The mental health of young people has been affected by COVID-19, and these challenges will likely continue to be experienced post-pandemic. Lifestyle changes (like physical distancing and the shift to online learning) have created unique pressures for youth that influence their ability to cope, maintain their emotional and social well-being or seek mental health support. As life returns to a new normal in the coming months, we expect that there will be a surge in demand for child and youth mental health services. Strategic service planning is critical, especially with an already strained mental health system."[22]

21 Danseco, E. Kurzawa, J. & Krygier-Bartz, M. (2020) An evaluation of Ontario's transition to virtual child and youth mental health service delivery in response to COVID-19: Final report. Ottawa, ON: Ontario Centre of Excellence for Child and Youth Mental Health).

22 COVID-19 pandemic: Snapshot of young Ontarians' mental health needs.



REALIZING THE POTENTIAL (PPR3) RECOMMENDATION #1

Strengthening consistent, evidence-based approaches to improve access is an immediate and urgent priority. In *Realizing the Potential* (PPR3) we recommended that integrated service teams be established specifically for children and young people, working within the framework of access which incorporates availability, affordability and acceptability (the three "A's").

Lead Agencies are well placed to advise the transition to mandated integrated service teams because of their extensive knowledge of local service systems, familiarity with promising practices within and outside of their service areas, and commitment to ongoing knowledge translation activities within the Consortium.

WHAT WE HAVE ACHIEVED SINCE PPR3 AND MOVING FORWARD IN 2021

- Refined the definition of access: expanded the three "A's" to include appropriateness.
- Developed a common framework to guide related discussions: this was a critical first step. Access is defined and measured in different ways across the province, making it difficult to gain a clear understanding of current access issues and potential solutions for resolving these.
- Identified first two areas of focus: availability (wait times); and acceptability (drawing on OPOC data to understand the extent to which services are acceptable to the client). With the arrival of the pandemic, it became necessary to refine our focus even further.

WHAT SUCCESS LOOKS LIKE

- **Standardized access mechanisms into, through, and out of the mental health and addictions system that are predictable, responsive, and sensitive to needs.**
- **Young people and families will know where to go for service, how long it will take to get that service, and that the service will meet their needs.**

The core problem with looking at access issues is that there is no consistency in how access to service is understood and measured across the province. When agencies are measured against a "provincial average," this number is meaningless because the data used to drive this average is gathered inconsistently.

Our work aligns with the Core Service Definition work that was completed in 2017, which resulted in recommendations being put forward to government regarding how the Ministry Program and Guidelines might be edited to enable a more consistent application of "Brief Services" across the province. The goal was to improve the ability to measure and interrupt wait times when accessing services.

One of the outcomes of this current work will be a recommendation to adopt an edited definition of "brief services." We encourage Lead Agencies to readjust their application and measurement in alignment with the revised definition, as needed within their service area.

While many models appear to be successful in improving access at the local level, a consistent set of principles and evaluative criteria have not been established or applied. Consistency would help agencies understand which models could potentially be leveraged or spread to improve access to mental health services across the province.

NEXT STEPS

1. The working group will use the developed definition and framework to gather information on how "brief services" is defined and how wait time data on this service is gathered and reported across all 33 child and youth mental health service areas in Ontario. This information will help to better understand how these services are being used.

2. Key steps in this work include: 1) design and distribute a survey to understand which model of brief service is being delivered and how related wait times are reported; 2) analyze data collected; and 3) use findings to achieve consensus on how wait time data is reported by model type.

3. We will collaborate with the Mental Health and Addictions Centre of Excellence to align our efforts to establish a common understanding of access and the required data collection and reporting practices.

CHAPTER 2

PERCEPTION OF CARE

WHY THIS MATTERS TO CHILDREN, YOUNG PEOPLE AND FAMILIES

Being client-centered is a fundamental principle that guides service delivery in Ontario's community-based child and youth mental health sector. Client satisfaction surveys are commonly used to assess the extent to which care is client-centered. However, surveys designed to understand client perception of care **ask directly about the care experience** an individual or family member receives in relation to current expectations of high-quality standard practice.

Perception of care, then, is recognized as an important indicator of quality of care. Surveys that assess perception of care can inform continuous quality improvement and bring about necessary changes to service delivery like enhancing access, quality of care, client-centeredness and safety.

Using a common perception of care tool across the child and youth mental health system standardizes how agencies obtain client feedback and gives voice to the young people and families accessing services. For agencies, using a validated tool and proven approach to implementation can identify areas for service improvement without having to create ad hoc measures and processes.

When a common tool is used, information gathered across agencies is standardized, provides insight into potential improvements across the province, and ensures consistent language related to perception of care. Gathering and analyzing this information provides high-level insights into how the whole system is functioning. These insights are particularly important as our community-based agencies engage in ongoing efforts to ensure high quality, evidence-based care throughout the COVID-19 pandemic.

Currently, most service providers across Ontario do not use a standardized tool to assess perception of care. Instead, they use a home-grown tool or worse yet, no tool at all. Having a mandated, standardized perception of care tool that works across the lifespan contributes significantly to our ability to continuously improve and measure quality of care. A standardized tool provides insight in key areas such as access, clients' rights, environment, discharge planning, client-centeredness, and safety — locally, regionally and provincially.

Being client-centered is a core principle of our system. As mentioned above, client satisfaction surveys are commonly used to measure the extent to which care in child and youth mental services are client-centered. Client satisfaction is seen as a measure of the client's reaction to the services received. However, client **perception of care measures ask more directly about the care experience in relation to current quality standards of what should be expected as standard practice**.

Research shows that respondents are more willing to report infrequent exposure or use of a practice than to express dissatisfaction with this aspect of their care. Using a common perception of care tool across the child and youth mental health system standardizes how agencies obtain client perception of care feedback and gives voice to the young people and families accessing services.

KEY POINTS

Asking about the care experience means we address the key elements of access to service. Ensuring what services are being provided, and how they are provided, is consistent with what Ontario families find most effective.

Perception of care is an essential indicator of quality care and client-centred services. Standardized tools are necessary to monitor findings across jurisdictions.

Service users are more likely to accurately report their experience of care as opposed to expressing dissatisfaction with their care. Perception of care surveys give voice to Ontario families who are accessing child and youth mental health services.

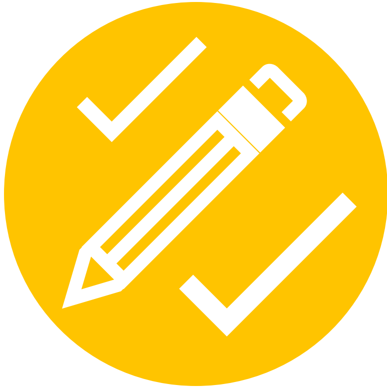
Findings from a standardized Perception of Care tool together with the Common Assessment tool will be essential in informing the ***Roadmap to Wellness***, work on improving quality, and expanding services.

WHAT SUCCESS LOOKS LIKE

- **Explicit opportunity is given for clients and caregivers to provide feedback on areas they perceive the service is doing well and areas where service improvements can be made.**
- **Service improvements are shaped by feedback provided through perception of care measures.**

HOW THE PANDEMIC HAS AMPLIFIED THIS PRIORITY

There are growing concerns related to access to care generally and more specifically for marginalized groups, including Black, Indigenous, People of Colour and LGBTQ2S+. Given the increasingly complex context, using a standardized validated tool to assess the client perception of care is critically important. This type of tool will provide us with a clear sense of areas for service improvement and ensure an ongoing commitment to high-quality care.



REALIZING THE POTENTIAL (PPR3) RECOMMENDATION #2

In ***Realizing the Potential*** (PPR3), we recommended that the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) be mandated and implemented annually across child and youth mental health agencies for children aged 12 and older. We recommended also that the Consortium continue to partner with CAMH to refine the caregiver version of the OPOC-MHA for clients younger than 12.

WHAT WE HAVE ACHIEVED SINCE PPR3 AND MOVING FORWARD IN 2021

- Conducted and analyzed findings of the 2019 OPOC Demonstration Project
  - Findings from the 2019 OPOC Demonstration Project provided the LAC with the first province-wide glimpse of how our clients and their caregivers perceive care. We were also able to assess resources required to administer the OPOC in an ongoing way, and tracked challenges and success factors that enabled implementation.
  - Findings from the OPOC Demonstration Project showed that with proper resourcing, the OPOC-MHA is well suited to be implemented with young people 12 and older. Results from the tool can be used as a common indicator across services in Ontario to inform quality improvement within the sector. For clients under the age of 12, the caregiver version of the OPOC-MHA has strong potential to reflect the perception of care of these clients, with some further refinement of the tool.
- Reviewed learnings and success factors that enabled this work
  - Endorsement from the LAC, who confirmed the value of the tool and the value of gathering provincial data to inform local and provincial decision-making
  - Clear resourcing and strong support from the LAC
  - OPOC-MHA providing a clear voice to young people and families, with the potential to inform service delivery
  - A strong partnership with CAMH Provincial System Support Program (PSSP)
- Established priorities for next steps
  - Work with partners at CAMH to continue implementing the OPOC in the 13 demonstration sites
  - Work with partners at CAMH to scale up the OPOC-MHA across the remaining 19 service areas

NEXT STEPS

The Centre, CMHO and CAMH — in collaboration with representatives from each of the LAC — will be working with an Implementation Coach to: 1) ensure ongoing implementation of the OPOC-MHA in the existing 13 Lead Agencies; and 2) scale up this implementation to include Lead Agencies in the remaining 19 service areas.

Partners laid the necessary foundation for ongoing work that began in November 2020. With support from the Centre, the Implementation Coach will do the following.

1. Work in collaboration with CAMH to provide required training, implementation support and coaching to 18 Lead Agencies new to OPOC-MHA implementation, along with any of the 13 agencies from the demonstration project who request support (December 2020–March 2021).
2. In May 2021, lead a 30-day OPOC-MHA data collection blitz across all 31 Lead Agencies in counselling and therapy, along with intensive services (intensive home-based, community day treatment, and residential treatment).
3. Analyze the aggregate data from the blitz, including OPOC-MHA data and the lessons learned throughout the implementation. Report on findings in the next Provincial Priorities Report produced by the LAC (June–August 2021).
4. Partner with the Mental Health and Addictions Centre of Excellence and the Ministry of Health as we scale up the roll-out of the OPOC, review findings from the survey, and identify and address barriers to implementation.

WHAT SUCCESS LOOKS LIKE

- **Children, young people and families complete a common assessment that enables better triage and service planning that fits their needs.**
- **Because all agencies use the same assessment tool, clients and families will not need to re-do different assessment tools as they transition across different services or agencies, and their needs can be assessed over time, even as they transition into adulthood.**

CHAPTER 3

COMMON ASSESSMENT

WHY THIS MATTERS TO CHILDREN, YOUTH AND FAMILIES

An assessment tool should include the key components of screening, assessment, outcome measurement and follow-up that can be used across the lifespan. This tool does not replace, but rather complements, those secondary assessment tools within specific program streams to ensure appropriate service planning.

An evidence-based, validated Common Assessment Tool is a key building block, as it:

- allows for comparison of data across multiple systems and, eventually, helps e-systems to “speak” to each other.
- facilitates care pathways as children and youth transition from one service to another, or as they age into the adulthood.
- ensures consistency in language across the province.
- increases evidence-based and evidence-informed practice.
- helps identify future allocation and priorities for service within the organization, service area and province.

KEY POINTS

The Consortium recommended a mandated Common Assessment tool in ***Realizing the Potential***.

Continuing to use non-standardized assessment and evaluation tools across Ontario will seriously hamper efforts to identify service system improvements and investments, make informed comparisons across the province and implement evidence-based practices.

A systematic use of a standardized assessment tool is essential to supporting appropriate access to services.

Standardized assessment and measurement supports the implementation of the ***Roadmap to Wellness*** — evaluating outcomes, improving access processes, and expanding evidence-informed treatments.

HOW THE PANDEMIC HAS AMPLIFIED THIS PRIORITY

Throughout the COVID pandemic, the child and youth mental health sector has experienced an increase in need and demand for services. COVID has created different challenges for children, young people, families and caregivers. An evidence-based screening and assessment tool is crucial to ensuring the child, young person or family member can access the right service, at the right place and time.

Currently, the sector is overwhelmed with long wait times that continue to increase during the pandemic. An efficient and effective screening and assessment tool to inform the appropriate service and treatment plan will reduce wait times, while ensuring that our children, youth and families have the outcomes needed for healthier communities.

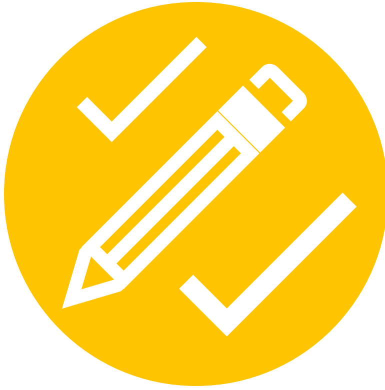
Implementing interRAI — a recognized evidence-informed, comprehensive assessment system — across the province will support the ***Roadmap to Wellness: A Plan to Build Ontario's Mental Health*** and Addictions. The Roadmap was built based on feedback from extensive consultations in communities across Ontario.

Some of the challenges facing mental health and addictions services include:

- long wait times.
- uneven service quality between providers and regions.
- fragmentation and poor coordination.
- lack of evidence-based funding.
- absence of data, which limits effective oversight and accountability.

These themes align with the system-level challenges facing our mental health and addiction system. Recognizing these challenges, the government, through the *Roadmap to Wellness*, has identified an urgency to address support wait times, fragmentation, lack of quality and uneven data.

The implementation of interRAI across the sector addresses the key challenges outlined in the *Roadmap to Wellness* and builds the foundations for system transformation. Specifically, this priority establishes a cohesive and standardized approach to screening and assessment for child and youth mental health. This approach will improve wait times, increase and streamline quality between providers and regions, improve coordination, and enhance data, all while developing oversight and accountability. Implementing interRAI will support the *Roadmap to Wellness* through the creation of a provincial data and quality strategy for child and youth mental health and addiction services.



REALIZING THE POTENTIAL (PPR3) RECOMMENDATION #3

In *Realizing the Potential*, the Consortium recommended that the interRAI[23] be mandated for all child and youth mental health services across the province, where clinically relevant. InterRAI is seen as a crucial enabler to measure and improve service quality, increase system efficiency (as it decreases multiple assessments), and ensure there is system accountability to children, young people, families and funders.

WHAT WE HAVE ACHIEVED SINCE PPR3 AND MOVING FORWARD IN 2021

A literature review, along with a common suite of tool evaluations, was completed based on the following criteria: availability, quality, affordability, and acceptability. Through qualitative and quantitative reviews, the recommendation was made that all Children's Mental Health Providers use the interRAI suite of tools for common screening and assessment for mental health issues.

- We identified PPR/LAC leadership designate(s) to support our PPR3 recommendation.
- We determined a government relations strategy and key messaging, and created meeting opportunities within the Ministry.
- Collaboration was leveraged and experts were engaged from CMHO, the Centre, and the Child and Parent Resource Institute (CPRI).
- We conducted a survey to determine current state, including how the interRAI is being used in each service organization across the province.
- Two priorities were determined to support the mobilization of this priority:
    - Design a communications strategy
    - Define an implementation plan through a pilot

After we defined our implementation plan and created our communications strategy, the impact of COVID paused progress and work on the PPR was halted from March through September 2020. The COVID pandemic was, and continues to be, a significant challenge in moving forward with the PPR work.

Another key challenge in mobilizing this provincial priority is the absence of a Ministry mandate related to a common suite of tools in the sector. Also missing is dedicated funding to mobilize the implementation of interRAI across the sector.

23 Specifically, the inter-RAI ChYMH (Child and Youth Mental Health) version.

NEXT STEPS

1. We will continue to advocate with the Ministry through LAC to support the priority of mandating the interRAI across the sector and providing the necessary resources for implementation.

2. We will continue to consult with CPRI or other experts to support an evidence-informed implementation plan.

3. We will move forward with the implementation plan, which includes:
    - implementing a communications strategy to introduce and focus the work with:
        - Lead Agencies.
        - core service providers.
        - clients and families.
    - identifying diverse Lead Agencies and care service providers that currently use interRAI to pilot the recommended suite of tools.
    - informing the pilot project by reviewing implementation and application of the suite and recommended standards.
    - identifying and supporting training needs across the sector.
    - initiating the pilot for 12 months, with quarterly reviews of data and feedback from users.
    - creating lessons learned for a larger implementation strategy.

4. We will partner with the MOH and AMHO to implement a mandated common assessment tool to:
    - address barriers to implementation.
    - review and act on lessons learned for the larger implementation strategy.

CHAPTER 4

LIVE-IN TREATMENT SERVICES

WHY THIS MATTERS TO CHILDREN, YOUNG PEOPLE AND FAMILIES

Live-in Treatment Services[24] (previously referred to as residential treatment) is defined as "treatment within a 24 hour a day out of home placement by an inter-professional, multi-disciplinary team making therapeutic use of the daily living milieu." These services often help children and young people at the most vulnerable times in their lives. If provided in an evidence-based, clinically sound manner, live-in treatment services can have a significant positive impact.

Currently, live-in treatment services in Ontario are a patchwork mix of public and private providers. The government has no view into who is delivering what services to whom, or with what outcomes. Young people who require intensive treatment in a live-in setting face confusing and fractured service pathways, long wait lists, services far from home, and limited follow-up post-treatment. Most concerning is that services are determined by the availability of treatment or bed capacity rather than the young person's assessed needs.

The impact of this situation is that the needs of young people are frequently unmet. This can result in lack of school success, breakdown of critical relationships in community and at home, and poor outcomes in adulthood such as substance use issues, employment and education challenges, and involvement in the criminal justice system. In far too many cases, some of these young people are dying by suicide.

KEY POINTS

In Ontario, the fragmented approach to live-in treatment services is built on a foundation of confusing and inconsistent definitions and practices. This inconsistency raises serious concerns in terms of equity of access, safety, outcomes, and the sound use of expensive resources within the system.

Young people with complex needs can benefit substantially from a well-designed, evidence-based, provincial system of live-in treatment services.

There is a nexus of expertise within the LAC and core service providers to address these issues.

This priority is clearly aligned with the ***Roadmap to Wellness***. Improving service quality works to improve access to services, reduce system fragmentation, smooth out uneven quality, integrate evidence-based practice, and build an evaluation framework into the live-in treatment system.

24 This model has historically been referred to as residential treatment, but the Consortium has elected to use a new term that better reflects the model and philosophy.

HOW THE PANDEMIC HAS AMPLIFIED THIS PRIORITY

The COVID-19 pandemic has brought to light and aggravated the existing problems in live-in treatment for children and young people. The need for standards to improve the quality of live-in treatment is an even more substantive priority now.

The impact of COVID-19 on live-in treatment, and our responses to it, underscores the critical importance of developing a system that can appropriately respond to children and young people with the most complex needs, as a group and individually.

A survey of live-in service treatment providers across the province (33 respondents) highlighted the following issues.

- No provincial or regional planning for capacity or quality means individual organizations make their own decisions regarding continuing, enhancing, reducing or closing services.
- There is no clarity or consistency in how these decisions were made, and how decision-making was evaluated.
- Inconsistency in standards and disparities are noted across the province with respect to infection prevention and control, shared bedrooms, physical plants, and visitation policies.
- There is a lack of access to personal protective equipment (PPE).
- Staff report a lack of access to clinical resources.

As the pandemic continues, its impact on the mental health of children and young people has never been more apparent. Not only is the demand increasing, but the acuity of need is also growing, and many children and youth are presenting in crisis to hospitals and Emergency Departments. The need for intensive services is now amplified, making live-in treatment services a priority.

REALIZING THE POTENTIAL (PPR3) RECOMMENDATION #4

In *Realizing the Potential*, we recommended that the government work in partnership with Lead Agencies and core service providers across Ontario to design and implement a live-in treatment service system that is standardized across the province. The system needs to be well-integrated within the broader child and youth mental health system (including transitions across the lifespan). It should be evidence-based, with clear clinical pathways, and meet the needs of children, young people, and families.

WHAT WE HAVE ACHIEVED SINCE PPR3 AND MOVING FORWARD IN 2021

- Three working groups are working concurrently on these topics:
  - **Clinical Profiles:** establishing a clinical profile of children and young people who require, and will benefit from, live-in treatment services.
  - **Defining tiers:** defining required tiers of service and their respective clinical, program and staffing models.
  - **Communications strategy:** designing and implementing a broad communications strategy to engage a wide range of stakeholders and interested partners.
- Following several briefings of senior MOH staff, we received endorsement and support from then Assistant Deputy Minister ADM of MOH — Mental Health and Addictions Division. MOH has recently indicated that it will be moving forward on "residential treatment," fueled and motivated by the research and recommendations outlined in the live-in treatment chapter of Realizing the Potential.
- We conducted a survey of the 48 providers of live-in treatment services across Ontario in December 2020. The feedback helped us to understand the impacts of the COVID-19 pandemic on provision of services, and what adaptations have been made.

WHAT SUCCESS LOOKS LIKE

- **Timely access (available, affordable, acceptable) to evidence-based models of live-in treatment services that align with identified needs and is available as close to home as possible.**

CLINICAL PROFILES

The Clinical Profiles working group concluded that there is no robust literature to inform the questions we were posing, given the range of clinical presentations of children and young people in live-in treatment and the scarcity of data available on their outcomes. In addition, focusing only on the current clinical presentations of children and young people in live-in treatment provides no information about the *clinical profile* of those who are currently not in live-in treatment but who could potentially benefit from this type of treatment.

Accordingly, the group began to focus on *processes* to identify those children and young people who are appropriate for live-in treatment services. The focus was to examine available standardized tools and assessments that would support a focus on placement decisions rooted in identified needs, rather than availability of beds. The group has identified an opportunity to build an Ontario database to track the profiles of children and young people in live-in treatment, and document outcomes using standardized criteria and measures.

We have not yet done sufficient exploration and assessment to recommend a tool, although at least one shows some early potential. Ultimately, this work would allow us to improve the match between client need and referral to live-in treatment service when appropriate, and contribute Ontario data to literature to build a tool.

DEFINING TIERS

The Defining Tiers working group has started to think about how a tiered system might work "on the ground" and to debate designs featuring more versus fewer tiers. The distinction between "treatment" and "therapeutic care or group care" was a recurring theme, fueled in part by the current insufficient delineation in the sector.

The challenge to define care versus treatment is due in significant part to the lack of a clear understanding in the sector as to which children and young people require — and will potentially benefit from — intensive treatment in an out-of-home setting. The work related to defining and screening for appropriate clinical presentations, as above, will help determine and define the tiers. This work will ultimately support placing young people in an environment that is best able to respond to their mental health and addictions needs.

The group flagged the importance of being able to clearly define what the milieu contributes to successful outcomes when children and young people receive intensive treatment in a live-in treatment setting rather than in home or in school. While this may be somewhat different in different tiers of the model, it will be critical to establish expectations of both clinical and milieu supports at each tier and to identify what is common to all tiers.

This group feels it is important to answer the question: Is live-in treatment a sub-set or type of group or congregate care, or is it in fact completely different? This discussion has significant implications for regulation, licensing, resourcing, and ultimately the design of a system that is seamless, effective and efficient.

COMMUNICATIONS STRATEGY

The Communications Strategy working group has begun to flesh out a comprehensive communications strategy to engage a broad range of stakeholders that include:

- live-in treatment service providers (transfer payment and private)
- providers of other types of intensive services
- young people and families
- core service providers:
  - education, special needs
  - child welfare, youth justice
  - adult mental health and addictions

Providers of child and youth mental health day treatment have expressed a strong desire to also redesign day treatment services. It will be critically important to **effectively collaborate**, and optimally, align our respective initiatives. Engagement will be required to span the duration of this multi-year work.

This working group has developed a plan for communication with stakeholders based on what they need to know and what we need to know from them, as well as the frequency and modes of communication. In a change management effort such as this, where we are driving towards fundamental re-design, it is vitally important that there be **transparency and ongoing open and inclusive dialogue** with those most directly affected by the design of the system. This includes current live-in treatment providers, children, young people and families, government, and other child and youth mental health providers. Targeted discussion and debate with others — many whose sectors are also engaged in their own transformation initiatives — will be focusing on a "no surprises" approach, driving towards alignment and endorsement of our final design.

NEXT STEPS

The Ministry of Health has endorsed the importance of strengthening live-in treatment and intensive services in Ontario. The recent investment in expansion of secure treatment beds is evidence of that.

As this work continues, we will be seeking opportunities to work closely with MOH and align our strategies.

Sector activity will focus initially on the clinical profiles, to inform further discussion and design of the tiers. We will analyze and select a tool or tools to pilot test and then conduct pilot testing. We will also leverage that work to develop an evaluation framework for this redesigned system, including identifying critical performance metrics with relevant measures of outcomes for our clients.

1. Our work will further focus on establishing a joint working table with government on strengthening live-in treatment to align and optimize our work.
   - This work could include developing a plan, design, and required investments to address the missing tier of community treatment elements between hospitals, secure treatment and current live-in models. The plan would demonstrate, as proof of concept, service models and processes (articulated under Clinical Profiles) referral pathways, "hub and spoke" with partnerships, and role clarity with hospitals. The goal is for children and young people with very complex needs to be appropriately treated in the community.

2. Core clinical treatment would be strengthened by expanding the hiring and training of clinical staff to improve and apply evidence-based clinical rigor to delivering intensive counselling and therapy, based on current regional approaches.

3. The system clearly requires a province-wide approach to standardized services, supported by regional planning and quality initiatives. This approach would support moving to provincial and regional intake mechanisms to address inequities and inconsistent practice.

OUR FINAL THOUGHTS MOVING FORWARD

Realizing the Potential emphasized the urgent support and investment needed in community child and youth mental health to build a quality system that:

- improves access.
- includes the voice and experience of clients in system improvements.
- measures clinical outcomes, and
- strengthens live-in treatment services.

Better Together validates and evolves our thinking on how we continue to make progress, in the context of health system transformation, the implementation of the *Roadmap to Wellness*, and the consequences of the COVID-19 pandemic. This work is particularly important in ensuring that the recent and future investments in child and youth mental health and addictions services are targeted to increasing access and addressing priority issues.

We believe progress on ***Better Together*** is possible only through formalized collaborations across the LAC, the Ministry of Health, and other partners with a major stake in system change. This collaboration would include the Ontario Centre of Excellence for Child and Youth Mental Health ("The Centre"), Children's Mental Health Ontario (CMHO), key cross-sectoral partners, and core service providers.

At the foundation of our work is the engagement of young people and families. **As such, it is crucial to have investment and support from these key players as each of the LAC working groups move forward on activities in our priority areas.**

Access: We need to reach consensus on wait time data, standardized processes and reporting by service type, and have this consensus reflected in our practices and reporting. This will improve flow and timely access for clients using data-informed decision making.

Perception of Care: We need to scale implementation of the OPOC from the initial 13 Lead Agencies to the remaining 19 Lead Agencies' areas, so that we can **improve services based on the experiences and voices of people using our services.**

Common Assessment: We need to support the mandated use of the interRai across the child and youth mental health and addictions sector, and provide the necessary resources for implementation. This will ensure that there is a **standardized approach to service matching, measuring clinical outcomes and determining if the clients are benefitting from the services we provide.**

Live-In Treatment Services: We need to complete the work on clinical profiles to inform the design of tiered services, and initiate development of an evaluation framework for the live-in treatment system. Designing and implementing a broad communications strategy to engage a wide range of stakeholders will promote transparency and encourage meaningful dialogue. Furthermore, we need to quantify investments required, including the development of required human resources to improve clinical rigor in delivering intensive treatment. These elements will contribute **to a consistent, effective model of treatment for clients with the most complex needs, with equitable access across the province.**

As part of our strategy, the Lead Agencies will broadly disseminate ***Better Together*** to:

- support government engagement with key ministries in the four priority areas.
- enhance core service providers' dialogue and action on priorities across organizations and local service areas.
- continue capacity-building and focus on support for priorities through local planning tables and provincial system partnerships with Parents for Children's Mental Health, Addictions and Mental Health Ontario, School Mental Health Ontario, and Empowered Kids Ontario.
- build broader community understanding of the priorities, and the importance of child and youth mental health.

Better Together reflects three important lessons.

- First, we know that Covid-19 has exposed long-standing issues in our service system.
- Second, we know that action is needed now to both stabilize and strengthen our system's capacity to provide high-quality care.
- Third, we know that together, we have the will and the capacity to collaboratively generate measurable improvements.

The costs and consequences of the COVID-19 pandemic to this generation of children and young people will continue into adulthood, having a profound impact on our communities, our health system, and our economy.

We can change this trajectory by working better together, with a laser focus on the priority areas and identified solutions.

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APPENDIX A: MEMBERSHIP –

PPR STANDING COMMITTEE:

Diane Walker (Co-chair)
Monica Armstrong (Co-chair, Lead Agency)
Brenda Clarke
Hélène Fournier
Jaime Brown
Joanne Lowe
Kerry Smuk
Kim Moran
Linda Dugas
Patrick Dion
Sue Barnes
Terra Cadeau (Co-Chair, Access Work Group)
Purnima Sundar (Co-Chair, Access & Perception of Care Work Groups)
Cathy Paul (Co-Chair, Live-in Treatment Work Group)
Cynthia Weaver (Co-Chair, Common Assessment Work Group)
Mamta Chail-Teves (Co-Chair, Common Assessment Work Group)

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Staff from the Lead Agencies and Core Service Providers
The Lead Agency Community of Practice
Ontario Centre of Excellence in Child and Youth Mental Health
Children's Mental Health Ontario

APPENDIX B: ADDITIONAL DATA

The following provides a more detailed overview of the data on child and youth mental health in Ontario as shared in Realizing the Potential, together with available research and data on the impact of the pandemic on mental health needs. We need to bear in mind that this data captures only the needs as of late summer and early fall 2020.

IMPACT OF THE PANDEMIC: AMPLIFICATION OF NEED AND EMERGING NEEDS

Overarching findings from the Offord Centre, the Centre of Excellence and CAMH are that most children, young people and parents have had their mental health affected during the pandemic. Children and young people with pre-existing conditions are almost exclusively doing worse since the pandemic began.

- Youth at were less likely to report excellent or very good mental health than other age groups.
- Youth aged 15–24 reported the greatest decrease in mental health of any age group during COVID-19.[25]
- Fifty-nine percent of parents noticed negative behavioral changes in their children since the pandemic began.[26]
- Demand for service is increasing and is expected to continue to do so. In a recent survey of Ontario youth during the pandemic, about 30 percent of those surveyed said they were getting help for a mental health concern at the time, and 92% of the remaining participants felt certain services might be helpful in the future.[27]
- Public Health Ontario's rapid research synthesis notes that research to date is based mostly on convenience samples: "*As such, families from diverse ethnicities or racialized communities, who are more likely to experience greater social and health inequities which may be exacerbated during the pandemic, are systematically underrepresented.*"[28]

25 Statistics Canada, COVID-19 Report: Impact on Mental Health, 2020.

26 Addictions and Mental Health Ontario, 2020.

27 Radomski et al, 2020.

28 PHO Rapid Synthesis, January 11, 2021.

Data gathered and analyzed during the first wave of the pandemic demonstrated profound impacts on mental health for children and young people.

- Over two thirds of children and adolescents experienced deterioration in at least one mental health domain. Children and adolescents with and without psychiatric diagnoses experienced deterioration, with increased rates in those with a pre-existing diagnosis.[29]
- Findings from a youth and adult survey indicated that nearly two-thirds of youth said that their mental health had gotten worsen since the pandemic. This is consistent with research from other jurisdictions, including the U.K., where a national survey identified self-reported declines in mental health by four in five youth.[30]
- Young people were more likely to report a decline in mental health during the pandemic if they were: older, female, employed, from Northern Ontario, had few economic resources, or were already receiving mental health services.[31]
- Of significant concern is that Canadian opioid deaths are estimated to have increased by 50 percent during the early COVID period.[32] We not yet fully understand what the impact of the pandemic will be broadly on substance use issues for youth.
- Kids Help Phone received 4.2 million calls and messages in 2020, compared to 1.8 million the year before. This is consistent with increases in the use of adult crisis lines. The Canada Suicide Prevention Service, a national network of crisis lines, says there was a 200 percent increase in calls and texts between October 2019 and the same month this year.[33]

Public Health Ontario's rapid synthesis on impacts on children and youth notes that health service utilization of tertiary care services (Emergency Department visits and hospitalizations) decreased substantially during the early months of the pandemic. However, it was reported that illness severity increased, and visits for mental health reasons increased in the later weeks of the pandemic. Some parents may have delayed care for their children due to fear of acquiring COVID-19 infection in the hospital.

- There have been 20–30 percent spikes in mental health referrals since the pandemic began, including suicide attempts and self-harm.
- There has been a 63 percent spike in in-patient admissions to the eating disorders program at CHEO.[34]

29 Tombeau, K, December 8, 2020.

30 Hasking et al., 2020.

31 Radomski et al, 2020.

32 Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic, January 28, 2021.

33 Krugel, L. 2020.

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Research from the early phases of the pandemic is highlighting the significantly higher impacts on at-risk groups.

- Transgender and gender-diverse youth are more greatly affected by mental health challenges during the COVID-19 pandemic than cisgender youth — they report more mental health and substance use service disruptions, less social support from families, and a larger proportion of unmet needs for service (63 percent versus 28 percent for cisgender youth)[35]. This is of particular concern given that LGBTQ2S youth are 2 to 5 times more likely to engage in self-harming behaviours.[36]
- A June 2020 report of Canadian service providers working with youth experiencing or with a history of experiencing homelessness indicated that 69 percent identified concerns with significant increases in substance use and overdoses, coupled with corresponding decreases in available services. Further, 65 percent reported significant increases in demand for mental health services.[37]

FROM *REALIZING THE POTENTIAL*:

The need is significant, and treatment needs are not being adequately met.

- As many as 1 in 5 children and young people in Ontario will experience some form of mental health problem.
  - 5 out of 6 of those kids will not receive the treatment they need.
- Prevalence of the most common mental health disorders in young people, like anxiety and depression, have increased by almost 50 percent over the past 30 years.[38]
- One in four Ontario parents have missed work to care for a child with anxiety. This is significantly higher among the one in two Ontario parents who have had concerns about their child's anxiety.
- Ontario's per capita investment in healthcare was found to be $1,361 versus just $16.45 for mental health.[39]
- Black Youth are significantly under-represented in mental health and treatment-oriented services and overrepresented in containment-focused facilities.
- First Nations youth die by suicide about 5 to 6 times more often than non-Indigenous youth.
- LGBTQ2S youth face approximately 14 times the risk of suicide and substance abuse than heterosexual peers.
- Young people living in the lowest income neighbourhoods have the highest rates of suicide, emergency department visits for deliberate self-harm, acute care mental health service use, and treated prevalence of schizophrenia.

35 Hawke et al., 2021.

36 Hasking et al., 2020.

37 Thulien et al., 2020.

38 Ontario Child Health Study, 2014.

39 Mental Health Commission of Canada, March 2017; Toronto Public Health, January 11, 2019; Canadian Policy Network, 2011

WE CAN MAKE A DIFFERENCE ACROSS THE LIFESPAN IF WE INTERVENE EARLY.

- Seventy percent of mental health problems have their onset during childhood or adolescence. The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.[40]
- Investing in early childhood services provides a return on investment of 125 percent.[41]
- Improving a child's mental health from moderate to high can lead to lifetime savings of $140,000.

WE KNOW WHAT NEEDS TO CHANGE.

- Parents have told us where the gaps are, and this is supported through the Consortium's analysis of 3-year action plans. Half of Ontario parents who have sought mental health help for their child said they have faced challenges in getting the services they needed. The primary reason cited was long wait times (65 percent). Other challenges include: services don't offer what my child needs (38 percent); don't know where to go (26 percent); and don't offer services where I live (14 percent).
- Because of the maturity of the Lead Agencies and Consortium, our system is well-positioned to make strategic, data-driven recommendations, ensuring the optimization of enhanced mental health funding investments from both the provincial and federal governments.
- Getting children and young people into effective and timely interdisciplinary child and youth mental health services in the community helps to reduce hospital ED visits and inpatient admissions.

40 Centre for Addiction and Mental Health (2019).

41 Mental Health Commission of Canada, March 2017; Toronto Public Health, January 11, 2019; Canadian Policy Network, 2011

APPENDIX C: CHILD AND YOUTH MENTAL HEALTH PLANNING, POLICY AND COORDINATION

In 2014 and 2015, a phased process was undertaken to identify Lead Agencies in all service areas across the province through calls for interested organizations. At this time, the five functions of Lead Agencies were identified as:

- Leadership
- Planning
- Service Delivery/Service Alignment
- Performance Measurement
- Financial Management

Through this phased process, 31 Lead Agencies were identified for the 33 Service Areas.[42] The newly identified Lead Agencies came together provincially and formed an entity called the Child and Youth Mental Health Lead Agency Consortium (the Consortium). Local service area planning began, with the earliest Lead Agencies beginning planning in 2014 and the most recently identified Lead Agencies starting their local planning work in 2016.

Each Lead Agency undertook to lead local planning efforts to build a stronger mental health system for children, young people and families in its service area. But while Lead Agencies' efforts are focused locally, many of the opportunities and challenges they experience are similar. Lead Agencies recognize that they also have a role in planning for a stronger provincial child and youth service system. This provincial leadership has been a focus of the Consortium from its inception.

42 In two instances, one Lead Agency is overseeing two Service Areas.

In summer 2016, MCYS removed the expectation that each Lead Agency would hold the MCYS child and youth mental health funding for its service area and contract with core service providers for the delivery of services.

In 2018, responsibility for the child and youth mental health services was transitioned from MCYS to Ministry of Health and Long-Term Care (MOHLTC).

For the last three years, the Child and Youth Lead Agency Consortium, representing the Lead Agencies from 33 service areas across Ontario, has provided annual Provincial Priorities Reports (PPRs) to the Ministry of Children and Youth Services (MCYS), and now the Ministry of Health and Long-Term Care (MOHLTC).

The work of the Lead Agencies is central in improving system quality and accountability to children, youth, families and funders by bringing together key stakeholders, on an ongoing basis to plan, implement and evaluate service offerings in their service areas.

FIGURE 1: OVERVIEW OF CHILD AND YOUTH MENTAL HEALTH SYSTEM EVOLUTION

OPEN MINDS, HEALTHY MINDS	IDENTIFICATION OF LEAD AGENCIES	LOCAL SERVICE PLANNING / PROVINCIAL COORDINATION	PLANNING USED TO INFORM ACTION AND INVESTMENT
MCYS 2012 Policy Framework Moving on Mental Health Crucial element: lead agencies responsible for planning and delivery of community child and youth mental health services	**2014–15** MCYS undertook phased approach to identification of lead agencies in 31 of 33 service areas Core lead agencies' functions: Leadership, Planning, Service Delivery/Service Alignment, Performance Measurement, Financial Management*	2014–2016 local service planning initiated as lead agencies were identified 2016 Lead Agencies created the Child and Youth Mental Health Lead Agency Consortium to provide provincial leadership	**2017–19** Transition to MOHLTC Production / Action of Provincial Priority Reports Development / implementation of local 3-Year Action Plans

A key responsibility of each Lead Agency is the development of an annual Core Services Delivery Plan and a Community Mental Health Plan for their service area that is submitted to the government to inform annual service contracting. The Plans reflect the expertise that the Lead Agencies, and the Consortium, have developed in collaborative engagement of community partners to improve outcomes of children and youth accessing mental health services. While these Plans are unique to each area, many service areas are experiencing similar opportunities and challenges. Factors such as geography, size and needs of the population in service areas may cluster regionally and impact the process of developing inclusive and comprehensive planning and implementation.

APPENDIX D: WHAT SUCCESS LOOKS LIKE

These goals were identified in *Realizing the Potential* and continue to be relevant to *Better Together*.

ACCESS

FOR CHILDREN, YOUTH AND FAMILIES:

- Have standardized access mechanisms into, through, and out of the mental health system that are predictable, responsive, and sensitive to their needs.
- Know where to go for service, how long it will take to get that service, and that the service will meet their needs.

FOR AGENCIES:

- Have clear expectations of their role in the system, access points to their services, and what key performance indicators (KPIs) they are working to address.
- Can access support from their Service Area Lead Agencies on promising practices that can positively impact access.
- Receive support in contributing to OHTs.

FOR THE CHILD AND YOUTH MENTAL HEALTH SYSTEM:

- Establish and consistently apply standardized and benchmarked core services across the province: the value proposition for each core service is clear.
- KPIs are in place to measure service availability, affordability and acceptability.
- Ontario Health Teams provide real-time input to provincial monitoring on KPIs and adjustments can be made systematically to address barriers to service.
- OHTs focus on ensuring timely access to the right services to reduce the need for more intensive services.
- Pressures felt elsewhere in the system are reduced. Left untreated, the experience of symptoms may increase to the point of crisis which results in an overreliance on EDs of the acute care hospitals).
- Experience of establishing standardized access mechanisms and service benchmarks.
- OHTs will inform the structural changes needed in the system to facilitate access.

PERCEPTION OF CARE

FOR CHILDREN, YOUTH AND FAMILIES:

- Explicit opportunity for clients and caregivers to provide feedback on areas they perceive the CYMH service is doing well and also areas where service improvements can be made
- Service improvements are shaped by feedback provided through perception of care measures

FOR AGENCIES:

- Have access to a validated tool and implementation process that has been proven to work, rather than developing in-house, ad-hoc approaches
- Can identify areas for service improvement and good practices

FOR THE CHILD AND YOUTH MENTAL HEALTH SYSTEM:

- Standardized way of gathering perception of care data in the child and youth mental health system from clients and families
- Information gathered through this standardized tool contributes to a culture of data-driven decision making: system-level areas of improvement can be identified and addressed locally, regionally and provincially
- Creates consistency in language across the province
- Informs evidence-based practice

COMMON ASSESSMENT

FOR CHILDREN, YOUTH AND FAMILIES:

- Children, youth and families complete a common assessment that enables better triage and service planning that fits their needs
- Because all agencies utilize the same assessment tool, clients and families will not need to re-do different assessment tools as they transition across different services or agencies, and their needs can be assessed over time, even as they transition into adulthood

FOR AGENCIES:

- Staff time will be more efficient because duplication in assessment will be minimized
- Assessment needs can be matched to services and appropriate care pathways in a standardized and consistent way
- Transitions through services and organizations will be streamlined
- Provides clarity to client population and needs served within the agency and within individual programs

FOR THE CHILD AND YOUTH MENTAL HEALTH SYSTEM:

- Evidence based informed practice and care pathways will be informed by data and trends at all service area levels
- Future allocation priorities will be identified using service-area level data
- A consistent language, data analysis strategy will inform provincial decision-making
- A foundation for e-collaboration will be established to facilitate information sharing across organizations.

LIVE-IN TREATMENT SERVICES

FOR CHILDREN, YOUTH AND FAMILIES:

- Timely access (available, affordable, acceptable) to evidence-based models of live-in treatment services that matches with their identified needs, and is available as close to home as possible

FOR AGENCIES:

- Consistent understanding in what LITS are, what's available in their Service Area, and how to access that service
- LITS receive support and have clear expectations in what they provide to their clients and how to assess their fidelity to evidence-based models

FOR THE CHILD AND YOUTH MENTAL HEALTH SYSTEM:

- Consistent, equitable and adequately funded tiered model for LITS is established and understood across the system
- Children and youth outcomes are measurably improved through the support they receive in LITS
- Clinical effectiveness is optimized by ensuring the right staff is matched with the right type of LITS
- KPIs in place to measure service availability, affordability and acceptability
- Access to LITS placement is facilitated through OHTs and OHTs are accountable for the outcomes of children and youth in LITS placements.

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THE CHILD AND YOUTH MENTAL HEALTH
LEAD AGENCY CONSORTIUM