



Children's Mental Health Ontario  
Santé mentale pour enfants Ontario



# **BREAKING POINT: A System Stretched Beyond its Limits**

*A report on Ontario's community-based  
children's mental health centres*

JUNE 7, 2016

**REPORT SUMMARY**

## Introduction

Ontario's publicly-funded community-based children's mental health services have significant potential to improve outcomes for children, youth and families experiencing mental health issues.

Children's mental health centres are the backbone of Ontario's community-based child and youth mental health system. They deliver a complex array of programs and services in the following areas:

- Targeted prevention
- Brief services
- Counselling and therapy
- Family capacity-building and support
- Specialized consultation and assessments
- Crisis supports and services
- Intensive treatment services (i.e. in-home, residential, section 23 and/or secure treatment)



On May 31<sup>st</sup>, 2016, over 100 mental health professionals attended an Open Space Conference in Toronto hosted by Children's Mental Health Ontario to discuss the following focus question:

**“What can we do to transform children's mental health services to meet the needs of the people we serve?”**

Participating in the conference were: leadership staff from community-based children's mental health centres; board members; child and youth mental health system partners; youth; and, parents. This report, *Breaking Point: A System Stretched Beyond its Limits - A Report on Community-Based Children's Mental Health Centres* is the culmination of the dialogue, themes and issues identified during the course of the day.

The conference took place at the mid-point of the implementation of Ontario's *Moving on Mental Health* (MOMH) strategy aimed at transforming the child and youth mental health system. Specifically, MOMH is designed to ensure that:

- Parents will know where to go for help, and know how to get services quickly.
- Funding will reflect each community's current and future needs.
- All Ontarians will know how well the system is working.

While strides have been made with MOMH, including the development of core service delivery plans and the identification of key performance indicators, child and youth mental health service providers have identified issues that require immediate attention, some of which are beyond the scope of MOMH. Additionally, two key reports, the Residential Services Panel of Experts Report (released in May) and the Auditor General Report (expected in December 2016) further reinforce the need for the child and youth mental health sector to come together as a collective to articulate the most pressing issues and immediate needs.

## Executive Summary

The emergent theme cutting across the conference was that the community-based child and youth mental health sector is stretched far beyond its limits. “Breaking point” is defined as: *the moment of greatest strain at which someone or something gives way*. While our publicly-funded community-based child and youth mental health agencies are determined and committed to delivering accessible, effective, and high quality child, youth and family-centred care, most agree that the sector has reached its “breaking point.” Agencies recognize that they must take a leadership role in improving services; however, they have been given a job that they are not sufficiently resourced to perform.

There is no clear justification for the level of government funding that children’s mental health centres receive. Rather, our centres simply receive this funding and are expected to meet the needs of the communities they serve. What we see in practice, though, is that there is an overwhelming gap between the current capacity of our sector due to insufficient government funding and the needs of children, youth and families of Ontario.



In an environment of persistent insufficient capacity, the sector is faced with a lose-lose proposition:

1. Serve as many clients as possible, even where that means being unable to always deliver care of the highest quality or necessary intensity.
2. Cut service levels, using the resources we have, to ensure that the care that we do deliver meets a sufficiently high standard of care.

Option 1 means we as a sector fail to meet the needs of children, youth and their families by not delivering the highest quality care possible. Option 2 means we fail to meet the needs of children, youth and their families by limiting their access to treatment even further. In either case, the children’s mental health system suffers – from community-based agencies to hospitals to schools– and, most importantly, our children, youth and their families suffer.

In our sector’s efforts to bridge this gap without the means to do so, access to timely, effective and quality care is compromised. We have heard from children, youth and families over and over again that the current system is failing them. We have also heard these same concerns from the Residential Services Panel, it’s what we anticipate hearing from the Auditor General’s report, and it’s what we have communicated in Children’s Mental Health Ontario’s 2016 Annual Report Card. And these issues challenge our ability to meet even core foundational principles, like health equity, resulting in particularly concerning consequences for diverse populations whose voices are often marginalized.

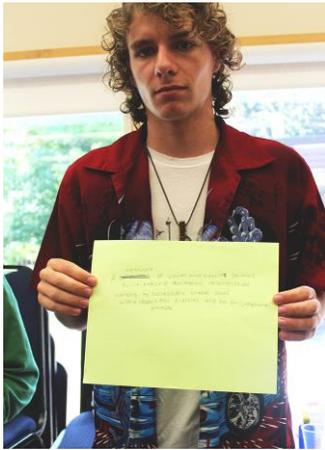
As we move forward, we must ensure that our sector is stable enough to not just withstand the transformation our sector is going through, but to truly evolve.

To do so, **we need to build an understanding of the mental health needs of children, youth and families in Ontario, the capacity required to serve them, and how to do it effectively.** Specifically, as articulated during

the conference and presented in this report, we need to:

- Identify the population needs for child and youth mental health care in community settings;
- Determine what levels of service will allow us to meet those needs and define the treatment outcomes;
- Engage with youth and caregivers to ensure services and treatment are client-centred;
- Evaluate what those services will cost;
- Develop a quality plan that guides us toward and ensures success in client experience and quantitative outcomes; and,
- Build the case for investment in our sector to deliver this care, by demonstrating that not only will quality of care improve significantly, but the province will more generally see returns on this investment.

If we as a sector succeed, we will be able to design a system that will meet the needs of Ontario’s children and youth. Such a system would grow using tools like standardized mental health assessments and be resourced appropriately to ensure access to interdisciplinary care. Such a system would properly match client needs to services, building a continuum of care that supports them along their journey and as they transition into adulthood. Such a system would meet the needs of the clients with the most complex mental health issues. Such a system would be able to concurrently manage child and youth mental health and addictions issues. And such a system would deliver appropriate care to populations that have been marginalized—including Indigenous populations, Francophone Ontarians, racialized communities, young parents and their infants, lesbian, gay, bisexual, trans, queer and two-spirited young people.



Success requires support from the government through meaningful collaboration and strategic investments. The reality is, only so many services can be delivered and these services can only meet a certain standard without additional investment in our sector.

Importantly, success in doing this will also require true collaboration and engagement with all stakeholders. We must have the voice of youth and families lead us in understanding their needs. We must ensure the voices of youth and families are reflected in program planning and system design. We must rely on guidance from diverse populations to build a system that will meet everyone’s needs. We must leverage the experience and expertise of children’s mental health centres, clinical leaders and researchers.

It is also important to remember that the community-based child and youth mental health system is part of a larger system – when one part of the system collapses, the burden amasses elsewhere. In this case, the data shows that as wait lists in the community continue to grow, emergency department visits and hospitalizations for children and youth seeking treatment are also growing at an alarming rate. By failing to make investments in the community based children’s mental health system, the government is incurring substantially heavier costs in hospitals.

Mental health is a complex interplay of health and social services. Treatment is delivered through a lens of biology, psychology and social factors and individual plans of care are designed to deliver the specific and individualized outcomes each child, youth and family needs. And we know that early intervention can prevent crisis; however, our province’s current approach to improving the child and youth mental health system is stop-gap and short sighted as evidenced through the disturbing number of children currently waiting for treatment. The current system waits until children and youth are in crisis.

While we applaud the provincial government's public commitment to building a provincial system of care through *Moving on Mental Health* and the Lead Agency model, service providers, administrators, children, youth and their families continue to tell us that without stabilization and increased capacity in the sector, it is impossible to realize the promise of transformation. Children, youth and families are expecting real, and immediate change, and we cannot fail them. The community-based child and youth mental health sector is calling on government to work collaboratively to enact immediate, meaningful, and strategic change. The government has indicated reluctance to invest further in the system until there is more clear definition of needs and outcomes; however, it has failed to invest in fundamental infrastructure and capacity building to define those same needs and outcomes.

Analysis of the issues, concerns, priorities, and desired actions articulated by participants during the conference have revealed the following required actions to truly transform the child and youth mental health system and improve outcomes for children and youth:

1. Immediate investments to stabilize the sector and reduce wait times, enhance service quality and improve outcomes for children, youth and families. This will include both programs that have immediate impact but also those that strengthen the foundations of community based service delivery like investments in capacity planning, quality improvement, data management, information technology. We estimate \$65M in additional annualized funding is required just to stabilize the system.
2. Investments to build a clear vision of the broader children's mental health system, including population needs, specific roles, responsibilities, and outcomes for children's mental health centres. This must also include the development of a strategic plan to execute the vision.
3. Once the system planning is completed, outcomes are agreed upon, and required investment is determined, provide adequate resources to children's mental health centres to deliver defined outcomes and hold them accountable.

## Common Themes from the Day

### Vision, Planning and Coordination

- Ensure there is a clear and commonly held vision for child and youth mental health and families within the community-based sector, but also beyond to encompass the entire system, from education to family physicians to hospitals to child psychiatry.
- The children's system has evolved organically without a plan but there needs to be a plan now.
- Urgent need to identify what "treatment is", define our services, identify the value proposition, and articulate our impact. Once we can identify clearly what we do, we can also measure it.
- Need to take a population health approach for assessing demand in the province.

### Youth and Family Engagement

- System structures must be client-focused and weave youth and family engagement into every action: "Nothing about us without us".

### Quality Improvement

- We need to determine common measurements (qualitative and quantitative) tracking both the client experience and clinical outcomes.
- Agree to and implement the use of a standardized assessment tool that leads to consistent treatment and the ability to collect and compare data.
- Government needs to support the use of standardized assessment and evidence-based practices, as well as data collection and practice evaluation.
- Call upon government and Health Quality Ontario to put out training materials for our sector.
- A quality inspectorate will not improve quality; invest in quality improvement will.

### Investment in Services

- It is impossible to maintain service levels without government investment in quality and staffing.
- For the same price as one night in the ER, you can provide a youth with not only a night in a community bed but also a case worker and a plan of continuing care, etc.—we can deliver more resources for the same price or less.
- The wrong kids are in the programs because there is nowhere else to put them.

### Transitional Aged Youth

- The model of maturity of young people (brain development) doesn't match ending at 18-- extend the age of youth able to be served within CYMH system. Make it possible to keep youth where they are.