

# PREVENTING HOSPITALIZATIONS AND DEATH

## Ensuring Youth in the Justice System with Complex Mental Illness Can Access Treatment Matched to their Level of Need

“When [justice-involved youth] fail to get the help they need, they are at very high risk of landing in hospitals – including at SickKids and CHEO – in crisis. Longer-term, these untreated or under-treated mental health and addiction issues will have a lifelong impact on the health outcomes of these youth and create higher costs for social, justice and health care systems.

”  
Ronald Cohn, CEO SickKids  
& Alex Munter, CEO CHEO

Youth justice kids are at a very high risk of mental health issues. **25% of justice-involved youth** have serious and complex mental illness that requires intensive treatment<sup>1</sup>. These are youth that are living in secure custody/detention and struggling with life and death issues of suicidality, dangerous aggression and severe emotional and psychological challenges.

With the announced closure of the only provincial program at Kinark's Syl Apps Youth Centre providing treatment for these youth, the immediate impact is increasing risk of suicides and hospitalization at a time when pressure on hospitals must be reduced. These risks can be mitigated by ensuring the most ill and high risk youth continue to receive the mental health treatment they need at Syl Apps. Regular youth justice facilities do not provide specialized and comprehensive mental health treatment. Eliminating this provincial resource would set Ontario back decades and put us out of step with international leading practices.

### WHAT YOUTH JUSTICE PROVIDES IS NOT TREATMENT

The existing supports and resources within youth justice secure custody/detention facilities are not treatment and are no replacement for treatment of severe and persistent mental illness. See Appendix B for a summary of expert concerns and Appendix C for an analysis of the supports in youth justice facilities. Just as you wouldn't expect your local primary care provider to care for a child with cancer, youth justice facilities and the supports within are not a substitute for treatment of complex and chronic mental illness.

### PROFILE OF THE 25% OF JUSTICE-INVOLVED YOUTH WITH COMPLEX MENTAL ILLNESS

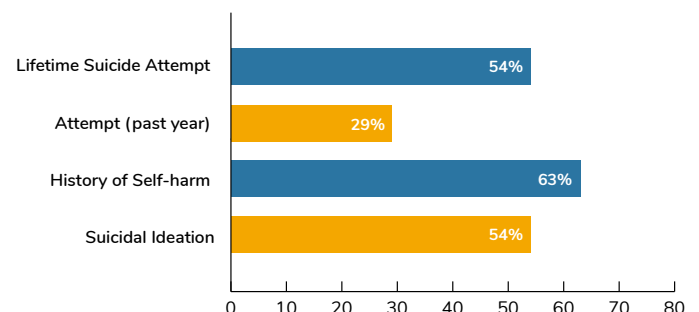
Of the youth that have complex mental illness, data shows they have high rates of suicidality (**over half have attempted suicide**), serious self-harm and aggression towards others. Many have concurrent developmental issues, furthering the complexity of their needs. **The majority are racialized, 35% are Crown wards, 10% are from the north.**

### SAYC Client Clinical/Risk Profile

April 1, 2018 – March 31, 2020

#### RISK FACTORS IDENTIFIED

- 79% of clients reported using at least 1 illegal substance
- 25% had a substantial severe drug problem
- A history of suicide and self-harm is prevalent among SAYC clients



#### Aggressive/Volatile Behaviour

- 76% were charged or convicted of a violent offence
- 68% had a previous criminal record
- 66% had a previous record of violent offences
- 59% had a history of aggressive/volatile behaviour, including assault on authority figures

<sup>1</sup> 2021 Deloitte International Leading Practices Review

The profiles of these youth are almost indistinguishable from the profiles of the youth in the Ministry of Health's (MOH) secure treatment program, who have a different referral source. While we appreciate the recent expansion of this MOH program, the highest risk youth in secure custody/detention are unable to access this program.

## HEALTH EQUITY ISSUES

As noted, the majority of children and youth in the youth justice system are Black, Indigenous and racialized. Many end up in this system due to chronically untreated and under-treated mental illness. These kids have been failed and oppressed by multiple systems.

## RISKS OF DENYING MENTAL HEALTH TREATMENT TO THESE YOUTH

**Short term:** youth end up in hospital causing added pressure on a system under significant strain and higher costs to government, higher use of restraints and isolation in youth justice facilities that cannot manage their needs, risk of death by suicide, peer-on-peer violence and harm to others.

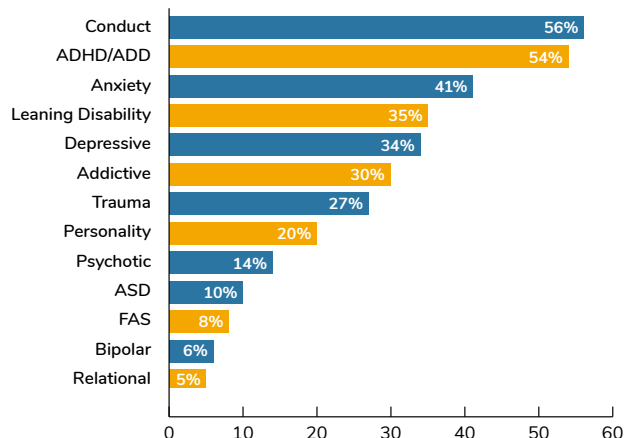
**Long term:** these youth end up in adult corrections, more complex adult mental health and addiction issues, high cost to the system and to their communities

## TREATMENT REQUIRED TO MEET THIS LEVEL OF NEED AND COMPLEXITY

Regular in-person and individualized treatment by a team of regulated health professionals is required for this level of intensity and complexity. It requires a team of nurses, psychiatrists, social workers, psychologists and therapists working closely with youth workers. Daily interactions support the achievement of treatment goals. Given the high rates of self-harm, suicidality and aggression, all staff play key roles in keeping youth safe while minimizing the use of physical restraints and/or secure isolation. They closely monitor youth who are prescribed psychotropic and other medications. This intensive level of care is not replicable in a cost-efficient way in each youth justice facility.

## MENTAL HEALTH DIAGNOSES

- Clients presented with an average of 4 diagnoses



### Prescribed Psychotropic Medications

- 85% had at least one prescription at intake
- On average, clients were prescribed 2.1 medications
- Antipsychotic, stimulant, antianxiety, and antidepressant medications were the most common prescriptions

**\$2500**

Cost of Hospitalization  
Per Day

**\$1245**

Cost of Syl Apps Program  
Per Day

## RECOMMENDED SOLUTION AND NEXT STEPS

While we support the aims of further reducing the utilization of youth jails through prevention and early intervention, there are many very ill youth in the court system right now and in the years to come who will need a chance to turn themselves around with our help. It is inefficient and inequitable to deny these acutely ill youth access to treatment. To ensure these youth can access mental health treatment matched to their level of need, we recommend the following next steps:

- MCCSS and MOH immediately re-open admissions to address hospital pressures and implement a 60 day stay/extension to the closure notice for the secure custody program at Syl Apps Youth Centre (SAYC) which is set to come into effect April 30, 2021.
- During this extension, MCCSS and MOH collaborate on a plan to transfer this health care program from MCCSS to MOH, including the development of clinical criteria for referral so all parties are confident that children and youth are accessing appropriate care.



## APPENDIX A: BACKGROUND AND CONTEXT ON THE PROGRAM BEING CLOSED BY MCCSS THAT OFFERS SPECIALIZED MENTAL HEALTH CARE TO YOUTH IN THE YJ SYSTEM

Since 2009 Kinark's Syl Apps Youth Centre (SAYC) has played a key role in provision of mental health treatment in a secure setting to these youth. SAYC is funded by MCCSS/ YJD for 24 treatment beds until April 30<sup>th</sup> of this year. It is the only facility in the province that provides secure intensive mental health services to this population. Ontario's other secure custody/detention facilities are designed to provide rehabilitative programming to reduce youth re-offending. Youth are referred to SAYC from these facilities when they require mental health treatment.

SAYC also houses two other secure mental health programs funded by MOH: eight (growing to 20+) beds for youth secure treatment (ST) and the sole forensic mental health program for youth (found unfit to stand trial or not criminally responsible because of their mental health status). The three SAYC programs share clinical and program capacity.

SAYC clients are very ill and very high risk, regardless of program stream. The clinical needs and risks of SAYC ST clients are more similar to those of the youth justice (YJ) youth than they are to any other child and youth mental health population, including those in hospital adolescent inpatient units. Admissions to secure treatment must meet the test of an independent court process under the *Child, Youth and Family Services Act* where the court scrutinizes the intensity of the youth's clinical needs and risks, the availability of less intrusive treatment to address their needs and the ability of the program to address their assessed needs.

Bed utilization for the SAYC YJ program has been between 75-80% over each of the last three years (considered full capacity). Frequently, the YJ program maintains a waitlist for admission. When a youth is placed on a waitlist, the referring facility generally sends the youth to hospital or to extended secure isolation. As documented by provincial inquests and reviews, prior to the creation of the specialized SAYC treatment program, the YJ system's response was characterized by excessive use of secure isolation, physical restraints and excessive transfers between facilities.

When the mental health needs of high-risk youth are unmet, it creates significant risk for the youth, for family and for others around them – in facilities and in communities. It greatly increases the likelihood that they will re-offend in the community, as mental health issues have been identified as key contributors to criminality, at significant cost to themselves, their families and their communities. It increases the likelihood that they will require treatment in the adult mental health and addiction system, hospital and community and require other costly social supports.

SAYC provides youth with regular in-person and individualized treatment by a team of regulated health professionals: nurses, psychiatrists, social workers, psychologists, therapists working closely with youth workers. Daily interactions support the achievement of treatment goals. Given the high rates of self-harm, suicidality and aggression, all staff play key roles in keeping youth safe while minimizing the use of physical restraints and/or secure isolation. They closely monitor youth who are prescribed psychotropic and other medications.

In 2019 the government created the Mental Health and Addictions Centre of Excellence to "Establish a central point of accountability and oversight for mental health and addictions care" and "Be responsible for standardizing and monitoring the quality and delivery of services and clinical care." All other intensive mental health treatment for children and adults, including mental health treatment for adults in correctional facilities, is under the purview of MOH to ensure quality, consistency and to reduce fragmentation and inefficiencies.

## APPENDIX B: EXPERT CONCERNS OVER ELIMINATING THIS TREATMENT PROGRAM FOR YOUTH IN THE YOUTH JUSTICE SYSTEM

Providers, clinicians, academics, former Ontario senior public officials, provincial associations and other subject matter experts have expressed concern about the closure of the program at Syl Apps and the need to provide mental health treatment under the purview of the Ministry of Health.

- **Dr. Ronald Cohn, President and CEO of SickKids** and **Alex Munter, President and CEO of CHEO** wrote Ministers Elliott, Tibollo and Smith: The decision to eliminate on-site mental health services in the youth justice system for seriously ill young people at Syl Apps Youth Centre (SAYC) will result in poorer outcomes for this population already at risk of mental health crisis admissions to hospitals, placing increased pressure on stretched pediatric acute care health services. Accordingly, we are writing to request that admissions to SAYC be immediately re-opened and these programs be transferred to the administration of the Ministry of Health. This will allow an integrated approach to meeting the mental health needs of this population that seeks to avoid unnecessary hospital admissions.
- Sara Dias, Co-Chair, **Provincial Human Services and Justice Coordinating Committee (HSJCC)**: These youth have complex needs that cannot be met at other youth justice centres and without treatment, may continue to be involved with the criminal justice system as adults. The Provincial HSJCC urges your ministries to work together to continue funding mental health treatment for youth in custody with complex and chronic mental health issues at Syl Apps Youth Centre.
- The independent **Residential Services Expert Review Panel** struck by MCYS in 2015 to conduct a system-wide review of the province's child and youth residential services system responded to the proposed closure of the specialized program: We are appalled by the elimination of the specialized 24 bed capacity for the treatment of young people at Syl Apps Youth Centre. This program has saved lives; its closure may result in preventable child death. Syl Apps is the only evidence-based, intensive, secure residential treatment program in Ontario for young people struggling with life and death issues of suicidality, homicidal ideation and severe emotional and psychological challenges.
- The **Child and Youth Mental Health Lead Agency Consortium** wrote to government: These very high-risk youth are chronically suicidal and sometimes psychotic. They have major mental illness, and they harm themselves and others. They require a full spectrum of evidence-based interventions, including frequently complex psychopharmaceutical treatment. These are the youth who cannot be effectively supported in 'mainstream' youth justice facilities. They cannot be effectively supported in our community programs. Neither are adequately resourced to address these needs... The Lead Agency Consortium is calling on both of you to give leadership to the development of new treatment pathways for youth in the youth justice system, so these highly marginalized and at-risk youth receive the specialized treatment they require, within the context of the developing child and youth and lifespan mental health and addictions system.
- **Children's Mental Health Ontario** made a public statement expressing grave concern: This unilateral action has cut access to the only available and evidence-based complex and intensive mental health program to some of the provinces hardest to reach youth who are in desperate need of the services. There is nowhere else for these adolescent boys and girls, who are disproportionately Black or Indigenous, to receive the proven clinical treatment required to meet their needs... Without SAYC,

youth with complex mental health issues in the Ontario youth justice system will not have equitable access to the mental health services that other youth in the community do.

- Joanne Lowe, **VP of Mental Health and Addictions at the Children’s Hospital of Eastern Ontario (CHEO) and CEO of Youth Services Bureau** wrote to MCCSS saying: in the absence of the specialized mental health services that had been available at Syl Apps, I anticipate an increasing level of youth requiring hospitalizations and intensive services. The Syl Apps closure has indeed created a gap in the province that should be concerning for us all.
- Dr. David Day, noted **child and youth clinical psychologist and academic**, writes: Providing specialized services for high risk/need youth, SAYC has been able to offer the high intensity clinical services that the research would suggest is needed to reduce the risk of re-offending among justice-involved youth with severe mental health problems, facilitating the process that would enable them to be put back onto a normative developmental pathway. Closing this facility would leave an enormous gap in the armamentarium of services available to young people and is simply not consistent with the research evidence.
- **Former Deputy Minister and family court judge** George Thomson wrote: Syl Apps Youth Centre has had success with those facing severe emotional and psychological challenges. It makes perfect sense to me to reduce the number of open and secure custody beds across the province. However, it is a very different thing to close an essential treatment facility which receives referrals from other youth centres that are unable to meet the complex, intensive treatment needs of a small number of young persons in their care. If the rationale is that somehow these youth can be absorbed into the rest of the system, the fact that referrals to Syl Apps are required seems to me an answer to that. I think it is wrong to assume this specialized treatment can be provided by fragmented clinical resources in the community. General secure custody facilities are simply unable to serve those with the most acute and complex mental health needs.
- **Youth Justice Ontario**, the provincial association for youth justice providers wrote: We know that the rates of mental health issues in the youth justice population are as high as 90 per cent, with one quarter requiring a specialized, significant and immediate treatment response. Sadly, there is now nowhere else for these adolescent boys and girls, who are disproportionately Black or Indigenous, to receive the proven clinical treatment required to meet their needs.
- Howard Sapers, the former **Correctional Investigator of Canada and Ontario Independent Advisor on Corrections Reform** wrote: A recent study by the Office of the Correctional Investigator of Canada (OCI) found that 57% of prisoners aged 18 – 21 in federal custody had spent time in provincial youth custody, the majority had spent a period of their life in care and almost all had mental health and substance misuse histories. Nearly 40% of this population was Indigenous and 12% was Black. The OCI study laments the lost earlier opportunities to intervene that could have prevented further harm, criminalization and victimization. Treatment at Syl Apps can save lives, save downstream costs and contribute to community safety.

This is not the time to reduce forensic treatment capacity. There is not an oversupply of clinical resources for youth with complex needs and post-pandemic demands are predicted to increase. I am aware of the Government of Ontario commitment to improve both access to mental health care and the outcomes for patients. These goals will be supported by keeping the SAYC program open.

## APPENDIX C: ANALYSIS OF YOUTH JUSTICE SYSTEM SUPPORTS

Many youth in the youth justice system have mild to moderate mental health issues - experts note up to 90%. In the past youth justice has made investments in mental health supports to address mild-moderate issues, primarily in communities, not in the secure facilities. We applaud those necessary investments, but they are not treatment. 25% of youth in the youth justice system require intensive treatment because they have severe and persistent mental illness.

YOUTH JUSTICE SUPPORTS	WHAT IS IT?	GOAL	IN COMMUNITY OR IN CUSTODY/DETENTION	IS THIS TREATMENT?
<b>Youth Mental Health Court Worker</b>	This program provides supports to Youth Justice Court for youth aged 12-17 with mental health needs who are in conflict with the law	Steer youth from the justice system to community-based mental health resources, help facilitate access to those programs, co-ordinate court-ordered assessment	Community	No
<b>Section 34 medical or psychological assessment reports</b>	Under s. 34 of the YCJA, a judge may order a psychological report to guide sentencing decisions	Enable the sentencing to be informed by an assessment of the youth's maturity, stage of development, mental health issues etc	Either – the assessment is done wherever the youth is pending sentencing, in community or in detention	No
<b>Intensive Support and Supervision</b>	An alternative to custody sentence for youth with mental health issues convicted of serious offences	Provision of intensive community supervision and support is intended to divert youth from custody	Community	Yes, but only available for youth NOT in custody or detention
<b>Community Support Teams</b>	Voluntary support and counselling in community	To facilitate early return to home communities and reduce re-offending	Community	Limited, primarily rehabilitative supports
<b>Mental Health and Specialized Programming</b>	Not clear, possibly the name of a policy unit in YJD.	policy	Neither	No
<b>Ongoing training and education</b>	Training opportunities for front line staff and clinicians in the directly operated facilities. This likely includes but is not limited to MHA (would include cultural competency, gang behaviour etc). Includes things like <i>Mental Health First Aid</i> .	Build capacity of facility staff in MHA.	Directly operated custody/detention	No