Addressing Urgent Workforce Challenges in Child and Youth Mental Health

INTRODUCTION

In the Fall of 2021, CMHO surveyed its member agencies to gather data about the serious workforce challenges facing the community child and youth mental health sector amid growing demand and need for services. The survey data was collected in October 2021 immediately before the Omicron surge of COVID-19 sent waves across the health care system in Ontario causing lasting impacts. It provides a snapshot of shortages including vacancies, recruitment and retention challenges and related impacts for health human resources.

BACKGROUND

Health human resources (HHR) support the delivery of health care services across Ontario. HHR has been identified as a significant area of concern by CMHO member agencies. Prior to the COVID-19 pandemic, there was already growing pressure on the child and youth mental health system to build capacity and expand services to address long wait times and access. CMHO's 2020 wait times survey revealed that up to 28,000 children and youth were waiting as long as 2.5 years for services.[i] Demand has only increased over the course of the pandemic as youth, parents and service providers have reported greater and more serious mental health needs:

- 70% of children and youth are experiencing a deterioration in mental health during the COVID-19 pandemic.[ii]

- Nearly two-thirds of youth report that their mental health had worsen since the pandemic began.[iii]

- Those with pre-existing mental health concerns were particularly vulnerable for worsening mental health during the pandemic.[iv]

The community child and youth mental health (CYMH) sector provides specialized mental health care through inter-professional teams, including psychotherapists, social workers, psychologists and child and youth care practitioners, who work together to deliver treatment tailored to the unique needs of each child, youth and family.

CYMH agencies deliver a wide range of services **across the continuum of need**, including for mild-to-moderate-to-severe mental health issues requiring specialized consultation and treatment, ongoing psychotherapeutic interventions and various family supports. Any HHR staffing shortages in the sector puts strain on organizations impacting the ability to adequately staff the services, programs and evidence-based interventions that families rely on. Inadequate staffing within community based CYMH services will result in:

Preventable increases in hospitalizations and emergency department visits for child and youth mental health concerns	Increased wait times for community services, including specialized mental health treatment services for the most severe and significant mental health needs	Additional and disproportionate impacts for Black, Indigenous, and racialized children, youth and families who face barriers accessing services that are culturally relevant and safe

Urgent support is needed from government to support and stabilize health human resources in the community child and youth mental health workforce and address shortages. A focus should be placed on front-line direct service and clinical positions with the development of a workforce strategy for the sector.

KEY FINDINGS/OBSERVATIONS

Approximately 76% of CMHO members responded to the workforce survey through a series of both quantitative and qualitative questions. 92% of respondents indicated that they were experiencing vacancies currently in their agency, while 83% reported they were experiencing a staffing shortage. Key findings have been summarized around vacancies, recruitment and retention challenges, and impacts of HHR challenges.

Clinical Vacancies Account for the Majority of Vacancies Reported

The majority of staff vacancies reported are for clinical direct service/front-line positions.

Clinical staff are qualified mental health professionals, such as psychotherapists and social workers, that work in an interdisciplinary team and make assessments about a child/youth's mental health needs and provide clinical treatment and services. This can include brief services, counselling and therapy, crisis support services and intensive treatment services. Clinical staff also support and educate families through family capacity building and support.[v]

Agencies were asked to indicate how many positions were currently vacant among management, direct service/ front-line clinical and non-clinical and administration. There were **628 vacancies reported across 4 job types at the time of the survey**. Among responses, more than half (59%) account for clinical direct service vacancies and they commonly take an average of 8 weeks to fill. The full picture shows that 85% of all vacancies were for direct service / front-line vacancies, both clinical and non-clinical positions with the remaining in management and administration.

Vacancies by Job Type

- 6% Administration
- 9% Management
- 59% Clinical
- 26% Non-clinical
- Direct service / Front-line
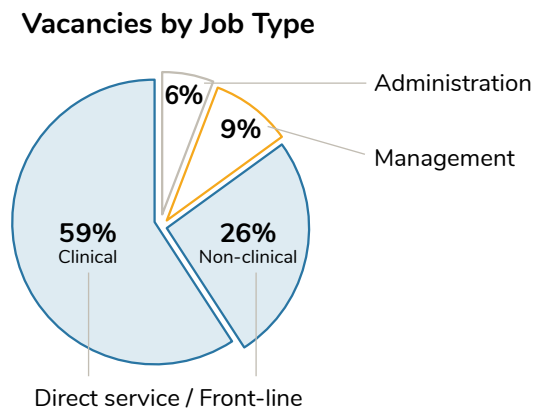
Top Recruitment and Retention Challenges

It has become increasingly challenging to attract and retain mental health professionals in the community CYMH sector. The effects of the pandemic coupled with increasing severity of mental health concerns have exacerbated pre-existing system issues like wage disparities with other sectors, burnout in care professions and retirement waves, for example. Without a sufficient workforce, children, youth and families experience longer wait times. Any service gap impacts access to treatment and mental health outcomes.

92% of respondents reported that wage discrepancies exist in their local area between CYMH and other sectors. The most frequent factors reported impacting both recruitment and retention were wages/salary and total compensation. These factors are partially due to compensation disparities with other sectors within and outside of the healthcare system. The average estimate of the wage/salary discrepancy (%) reported between CYMH and other sectors for direct service clinical positions ranged from 19% to 34%. The average estimated wage discrepancy reported with schools and hospitals was relatively similar around 20%.

Top 3 Recruitment Challenges	Top 3 Retention Challenges
• Wages/Salary	• Wages/Salary
• Total compensation (including vacation/sick days, pension, bonus)	• Total compensation (including vacation/sick days, pension, bonus)
• Lack of individuals with the required professional training or designation to support services/programs	• Staff leaving the sector to deliver private clinical services

Impacts of HHR Challenges

When asked to describe the impact of HHR challenges the effects are clearly intertwined across staff, services and children, youth and families served.

The impacts of HHR challenges among agencies, and in particular on staffing, has been amplified in the current COVID-19 pandemic. At the same time, high rates of vacancies in the sector create access barriers to the community mental health services that children, youth and families rely on. Prior to the pandemic, CMHO members were already reporting significant shortages and vacancies. Survey results additionally indicated impacts such as:

- Increased severity of need; number and acuity of needs are higher among those seeking services.

- Continuity and quality of services or programs if delays are experienced accessing services.

- Staff shortages lead to other staff having to work additional hours to manage higher client volumes and more serious caseloads, leading to increased stress, burnout and absenteeism.

It is critical to recognize the commitment of mental health care professionals in community CYMH across Ontario who have been providing front-line mental health supports throughout the pandemic. Child and youth mental health centres have developed responsive models to provide families with timely access to service, yet we also know that added pressures on the workforce means that kids may not getting the right level of care when they need it. These impacts are further exacerbated for underserved regions and populations that already have inequitable access to services due to regional differences in system and workforce capacity and lack of qualified mental health professionals who are representative of the populations they serve and trained to provide culturally safe, trauma-informed care.

RECOMMENDATIONS

Action must be taken over the short term to address urgent workforce challenges and stabilize the community child and youth mental health sector. Solutions must address staffing shortages in direct services, prevent system fragmentation and build capacity across the sector through the development of a workforce strategy. From a system of care perspective and lifespan approach to care, addressing these challenges will have far-reaching impacts both for the health care system and for the children, youth and families who need mental health support and treatment.

Immediately Address Staffing Shortages and Develop a Workforce Strategy in CYMH

A strong and supported community child and youth mental health workforce must incorporate strategies, investments and initiatives that build capacity and prevent any further staffing shortages.

Start by eliminating barriers, such as Bill 124 that limit wage increases. This would enable community child and youth mental health to attract and importantly, retain health human resources in community and begin to address wage gaps and compensation in the community sector.

The government should prioritize working with community CYMH to develop policy and strategies that support **recruitment and retention as a part of a workforce strategy.**

To enable systems building and improvement, it is critical that the system is designed, optimized and improved to support the mental health needs of children, youth and families. Addressing system barriers that prevent integration and seamless connection to community services requires a commitment to avoiding duplication and reducing fragmentation across service systems.

It is critical to apply a systems of care approach to solutions. **Government should ensure policies and strategies remove barriers to help agencies strengthen capacity overall and build their workforce.** Developing a workforce strategy is an important part of building access, equity and quality in community and should focus on:

- **Recruitment and attraction.** Ensure mental health professionals are entering the sector including the development of strategies to attract qualified candidates to work in the sector and training to meet the diversity of needs across the continuum including for those with higher tier needs. Strategies should consider geographic, cultural and linguistic needs of a community, and culturally relevant and safe and trauma-informed approaches.

- **Retention and turnover.** Examine wages, compensation and working conditions to improve retention and prevent turnover. Strategies should consider work arrangements, work type and the impact of stress and burnout in the context of shortages and capacity building to meet needs over the long-term.

- **Targeted strategies and actions to remove barriers and build capacity to enable:**

  - Development & growth for staff.
  - Awareness building of the community CYMH sector.
  - Additional training & incentive approaches.
  - Building innovative partnerships & seamless connections.
  - Succession planning to support the diversity of the CYMH workforce.
  - Continuous needs assessment and improvement through implementation.

> Taken together a commitment to these actions will not only address the immediate challenges facing the child and youth mental health sector related to HHR shortages, but will build equity and access over the long term towards high-quality mental health services in community child and youth mental agencies.

i. Children's Mental Health Ontario. (2020). Kids Can't Wait: 2020 Report on Wait Lists and Wait Times for Child and Youth Mental Health in Ontario.

ii. New research reveals impact of COVID-19 pandemic on child and youth mental health (sickkids.ca)

iii. https://cmho.org/wp-content/uploads/Return-to-school-during-COVID19-Evidence-summary-for-community-service-providers.pdf

iv. https://cmho.org/wp-content/uploads/Return-to-school-during-COVID19-Evidence-summary-for-community-service-providers.pdf

v. http://www.children.gov.on.ca/htdocs/English/documents/specialneeds/mentalhealth/pgr1.pdf