

Addressing the Health Human Resources Challenges Facing Ontario's Community Child and Youth Mental Health System

Solutions for Today, Tomorrow, and the Future





OVERVIEW & SUMMARY

"The community child and youth mental health sector is ready to work with government to develop a Workforce Strategy."

Before the pandemic, there were already growing health human resources (HHR) pressures in the community child and youth mental health (CYMH) system. Workforce shortages impact the ability to efficiently deliver services and treatment for the children, youth, and families who need it. The consequences are serious and include, for example, long wait times for services/programs, and in some cases, program closures, a decrease in quality and continuity of care, and increases in preventable hospital visits.

In March 2022, Children's Mental Health Ontario (CMHO) released a [Workforce Report](#) recommending that the provincial government prioritize working with community CYMH providers to develop policies and strategies to support recruitment and retention as a part of a longer-term Workforce Strategy. The report recommended examining wages, compensation, and working conditions to improve retention and prevent turnover.

Since the report's launch, workforce pressures have continued and worsened in many cases. We are at a crisis point with increasing service volumes, significant staffing vacancies, chronic underfunding that does not match demand, and inequities in funding and salaries between the community mental health sector and education and hospitals.

Recognizing the urgency to address these challenges, CMHO launched a member-based HHR Working Group in Fall 2022 to identify and address the ongoing HHR challenges facing the sector and develop system and policy solutions focused on recruitment and attraction of mental health professionals to the sector, as well as retention of the workforce and preventing turnover (to other service providers, systems or sectors).

**Note: All quotes used in this report are from CMHO member agencies.*

Together with the HHR Working Group and our members, CMHO proposes the following broad strategic approaches to address the significant HHR issues facing the CYMH sector:

Remove barriers

that prevent the community CYMH sector from stabilizing, sustaining, and building the workforce.

Enable wage parity

in the community CYMH sector by developing strategies to address and mitigate the impact of salary and compensation gaps with other systems.

Improve recruitment and retention

through strategies and initiatives that attract people to the community CYMH workforce and prevent turnover into other service systems.

Support and build the CYMH workforce for the future

by initiating long-term HHR capacity planning for CYMH to address the continued demand for services in the community and the needs of the future.

The community child and youth mental health sector is ready to work with the government to develop a Workforce Strategy that addresses wage gaps with strategies to improve recruitment and retention.



OUR VISION

A stable, sustainable, and thriving community workforce able to provide accessible, equitable, and high-quality mental health services to Ontario's infants, children, youth, and families.

INTRODUCTION

The HHR crisis has impacted access to services across healthcare systems in recent years. Backlogs and interruptions in service delivery through the COVID-19 pandemic, coupled with insufficient workforce capacity across health and community care, have affected the ability to meet demand. At the same time, several external factors, such as inflation, the cost of living, and affordability, are creating added pressures for agencies and service systems, alongside stress and burnout among workers. The challenges across all health systems also exist in the CYMH sector and are further exacerbated by the growing demand for services and more complex and acute mental health needs in children and youth.^[1]

Before the pandemic, 28,000 children and youth were waiting as long as 2.5 years for community-based mental health care in Ontario ([CMHO Wait Times Report 2020](#)). CMHO members continue to report growing [needs and demand](#) while also experiencing unprecedented job vacancies across agencies. The combination of long waitlists, an increasing need for mental health services, a competitive labour market, and workforce shortages prompts important policy and system considerations for the CYMH service system. Simply put, kids cannot get care, and waitlists will only continue to grow if there aren't enough available professionals who are mentally healthy themselves to care for them (see call-out note).

IMPACT OF WORKFORCE SHORTAGES ON CHILDREN, YOUTH, AND FAMILIES

“HHR Challenges have had a significant impact on our ability to provide quality care to our clients, particularly considering the higher acuity of clients [...].”

Long waitlists

Children and youth are waiting too long for services. Waitlists have increased while programs have either closed, been suspended, or capped admissions, all of which have impacts on service navigation, experience, and quality of care and treatment.

Rapport challenges

Children and youth are forced to retell their stories to several counsellors and rebuild relationships due to the turnover in the CYMH sector; this means that trust may be broken each time they have to start over with a new clinical provider. At times, youth then leave service with unmet needs.

Increasing acuity

Children's lives are on the line: We are seeing higher levels of acuity as children and youth struggle with timely access to services. These challenges leave families in extremely vulnerable and devastating situations. In some cases, children and youth have lost their life while struggling to get the help they need (see [news article from Brantford](#)).

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“You feel like you are failing as a parent because you can’t keep your child alive on their own, but the people who are supposed to be helping aren’t responding.”

”

“When staff resign, the client’s services need to be paused as we don’t have the staff capacity to transfer the files. This results in the length of time a file is open increasing. Files that would be open 3-4 months are now open at least 8 months.”

CONTEXT SETTING: COMMUNITY CHILD AND YOUTH MENTAL HEALTH WORKFORCE

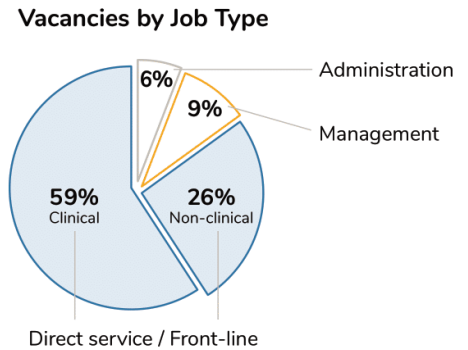
Community CYMH agencies deliver government-defined core services through a stepped-care model across the continuum of mental health needs for infants, children, youth, and their families. These community providers have an important role in delivering wraparound care and are an important referral resource to and from primary care and hospitals. Reaching almost 140,000 kids and families each year, community agencies receive public funding to deliver these core services with a current funding envelope of over \$470 million.[\[2\]](#)

The sector employs over 4,000 child and youth mental health professionals, including psychotherapists, psychologists, social workers, and child and youth care practitioners, who work together to deliver treatment tailored to the unique needs of each child and family. This includes moderate-to-severe mental health issues that sometimes require specialized consultation and treatment, ongoing psychotherapeutic interventions, and various family supports.

While recent sector investments have been welcome, the lack of substantial base funding increases coupled with decades of chronic underfunding and recent legislative decisions (e.g., Bill 124) have amplified HHR challenges and shortages in the community affecting the ability to recruit and retain staff (see below). Additionally, offering funding for CYMH positions at school boards has created retention issues for our sector because of the inability to compete financially with these roles (i.e., compensation package, including pensions, time off work during school breaks and summer vacation, etc.).

CMHO'S 2021 MEMBER SURVEY ON HHR

As noted in our [2022 Workforce Report](#) (based on member survey data from Fall 2021), the top challenges related to recruitment and retention include wages/salary, total compensation, lack of candidates, and staff leaving for other sectors. As it relates to vacancies by job type, the majority of staff vacancies reported were for direct/front-line services, both clinical and non-clinical.



90%

of respondents reported that wage discrepancies exist in their local area between CYMH and other sectors.

83%

of respondents reported they were experiencing staffing shortages at their agency at the time of the survey.

27%

or between 19% and 34% is the average estimate of the wage discrepancy reported between CYMH and other sectors (including private practices) for direct service clinical positions.

20%

is the average estimated wage discrepancy reported with schools and hospitals.

85%

of job vacancies in both clinical and non-clinical settings are for direct service/front-line positions.

8 WEEKS

is the average minimum time it takes to fill a vacancy, though some agencies have positions that have remained unfilled for over a year.

Ultimately, any HHR staffing shortages in the sector impact the ability to adequately staff the services, programs, and evidence-based interventions on which families rely.

Actioning a robust Workforce Strategy with the recommended short and long-term recommendations will result in significant positive impacts for the CYMH sector and the system partners we work with, including acute care, primary care, and the education system.

Most importantly, understanding and addressing workforce challenges in the community CYMH sector means that children, youth, and families will receive high-quality, equitable, and accessible mental health support and treatment. Knowing that 70% of mental health and addiction issues begin in childhood [3], getting kids and families the right care they need at the appropriate time is ultimately a key determining factor for their overall health, well-being, and success in the long term.

WHAT ARE THE CURRENT KEY CHALLENGES?

With vacancies and shortages identified as a significant area of concern by members, CMHO convened a HHR Working Group (between Fall 2022 to Spring 2023) **to identify and gain further insights into the workforce challenges** that were impacting recruitment and retention in CYMH and identified the following top challenges:

Regional, contextual, and external factors

Foundationally, a number of regional, contextual, and external factors were identified as challenges for retaining and recruiting staff. This is especially exacerbated for communities or populations where there are existing service gaps, for example, in Northern, rural or remote areas, or for equity-deserving populations.

Other external factors, such as the housing affordability crisis, also impact the ability to hire workers, especially as the cost of living increases. In addition, this issue of affordability is not limited to traditionally costly housing markets but is found across the province.

“We have experienced difficulties in hiring clinicians (registered social workers with a BSW) over the past 3 years and more specifically bilingual and Indigenous social workers and our positions in rural areas.”

Salary caps and compensation barriers

In an environment with unprecedented inflationary pressure and increasing service demand, the existence of Bill 124, *Protecting a Sustainable Public Sector for Future Generations (2019)*, which capped increases to salary rates and to existing or new compensation, created added pressures and exacerbated HHR shortages. Because Bill 124 created compensation barriers by putting caps on salary increases, the ability of community to attract and retain staff has been restricted. At the same time, staggered moderation periods presented further challenges and exacerbated wage discrepancies by creating inequities within the sector based on when moderation periods were started and completed.

"There have been significant financial implications due to high vacancy rates, which have led to increased costs associated with recruitment, onboarding, and training of new staff. And also led to high agency costs and the indirect costs of not providing quality of care to children, youth, and families."

Vacancies and compensation barriers

Vacancy rates currently range from 8–30% (based on recent member feedback in May 2023). Notably, where rates are low, this is largely due to reductions in staff in an effort to balance budgets—a financial implication of Bill 124 and current bargaining and compensation negotiations. Vacancies for clinical roles, especially for specialized positions or skills, persist, and increasingly positions remain unfilled for over a year. This has resulted in the closure of programs, such as Live-in Treatment (LIT) programs. At one organization, 100 percent of unfilled vacancies from 2022 are for psychotherapists.

Uneven incentives and wage enhancements in other sectors

In large part, the incentives and wage enhancements put in place by the government (including the Ministry of Children, Community, and Social Services (MCCSS) and Ministry of Health (MOH)) to support and build the healthcare workforce, such as wage enhancements for personal support workers, have largely not included the community mental health and addictions sectors. While a temporary pandemic pay for frontline workers was broadly put in place early in the pandemic, there were challenges with eligibility across settings and sectors, creating inequities, particularly for multi-service agencies and programs or services funded by different ministries.

"The \$3 an hour has been an ongoing issue as MCCSS has made the wage enhancement permanent for staff working in a Complex Special Needs setting. It is an equity issue as staff in the LIT funded by MOH do not receive."



“We know for sure that our MOH funded staff will come to the bargaining table in the next month expecting catch up increases as well as increases to match the additional \$3/hr that their peers got in our MCCSS funded program. We will be using the 5% base funding increase towards wages in hoping to retain staff and avoid any more staffing reductions.”

Recruiting and retaining qualified CYMH professionals

Recruitment challenges identified include the inability to identify a sufficient number of candidates with the required skills, experience, specialization, or training coming into the field, as a few examples. Also, a lack of awareness about the CYMH sector, including understanding the diversity of needs within the child and youth population, can impact whether CYMH is considered as a career path. For example, one CYMH agency has been unable to find a qualified candidate who would accept the role and salary after a two-year search.

Retention challenges and turnover are also increasing and are primarily driven by the loss of staff to other sectors, often due to wage disparities (see below section: Wage disparities). Members also identified working conditions/stress/burnout as a major factor. This can be due to the current shortages that agencies are facing, but also, many members are reporting increased acuity and complexity of the needs of children and families accessing services. Finally, many professionals are also retiring.

Additionally, community CYMH provides services across the continuum of need, including intensive services which require specialized, interdisciplinary team-based care. In the context of shortages, when burnout is prevalent, it can be difficult to recruit for specialized services while also managing increased caseloads due to shortages. The result is that some agencies are reporting difficulty staffing programs or the need to consolidate programs or services.

With the loss of clinical or direct services professionals who are often turning to other sectors, there are impacts not only on quantity but also quality in a context where many are reporting more complex and acute mental health needs coming through their doors. 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.

“This has had a significant impact on our operations, the delivery of services, and staff morale. The shortage of staff due to vacancies has resulted in high burnout and stress for staff as they had to take on additional responsibilities and work longer hours to compensate for the vacancies. We have seen increased absenteeism, which has resulted in an increased reliance on temporary staffing.”

Wage disparities

A critical system issue that continues is the wage disparity between community CYMH and other healthcare settings and the education sector, making it difficult for CYMH to narrow salary gaps with other parts of the system. In many instances, CYMH acts as a training ground, and subsequently, staff move to other service systems due to better compensation and work arrangements. For example, CMHO members are increasingly reporting the movement of their staff to private practice. As well, with studies showing that mental health has deteriorated for many kids during the pandemic and many agencies reporting that needs are becoming more acute and complex [4], it is clear that with increasing demand, there are additional HHR pressures on the community system, particularly when shortages are being experienced.

“Effecting families and clients is the fact that complexity of need is high in the post pandemic period. Families are coming with significant issues that require an experienced clinician. With the salary differential with boards of [education] etc., we are recruiting mainly early career clinicians... This is a paradox for clients since the more severe needs are in the community mental health sector.”



“... Our salaries have lagged behind other sectors because for many years we haven't had routine increases to base funding the way that education and hospitals have had.”

“HHR is mostly impacting on program stability and quality of care – having to train new, greener staff, not having the funds necessary to compete with high salaries in larger organizations.”

Overall, there are a number of both distinct and often overlapping challenges impacting the community CYMH workforce. This has far-reaching impacts on intersecting service systems and the children, youth, and families requiring mental health support. Solutions need to be both short- and long-term and include policies and strategies that do not create barriers to recruitment and retention but rather support agencies to strengthen capacity overall and build a sustainable workforce.

RECOMMENDATIONS

Ontario's CYMH sector continues to prioritize the advancement of accessible, equitable, and high-quality system work to meet the needs of children, youth, and families. Innovation has been built in the sector with expanded models of care that focus on rapid access, client choice, and virtual options. Yet, significant service gaps remain that can only be addressed by broad system building. A key piece of this work includes stabilizing and supporting the CYMH workforce to ultimately enable workforce growth in the sector to meet demand and advance quality and access across the system.

There is an important opportunity to also ensure that the community mental health and addictions system is prioritized in initiatives put forward by the government intended to broadly build up the healthcare workforce, more generally, in Ontario. For community CYMH specifically, there is an immediate need to stabilize and sustain in order to build capacity in the workforce to get the best mental health outcomes for children, youth, and families across Ontario.

With the government's commitment to building a coordinated and connected mental health and addictions system that prioritizes quality, expanding services, innovation, and access under the Roadmap to Wellness, we see sustaining and building the workforce as an aligned, key area for development. Together with our members, CMHO is ready to guide, support, and implement solutions for today, tomorrow, and the future.

WE RECOMMEND THAT THE GOVERNMENT WORK WITH CMHO AND THE CYMH SECTOR ON A WORKFORCE STRATEGY TO:

Recommendation #1: Remove Barriers

Remove barriers that prevent the community child and youth mental health sector from stabilizing, sustaining, and building the workforce.

- Urgently support and stabilize by investing resources to address workforce shortages by targeting strategies and incentives like wage enhancements put in place in other parts of healthcare and social services.
- Ensure policy, legislation, and initiatives address shortages and support and enable developing and growing the workforce in the community as part of the mental health system of care.
- Prevent fragmented approaches in funding and policy between service systems (community, acute sector, and education sector) and ensure coordinated pathway development to enable collaboration to best connect children and youth to mental health services.

Recommendation #2: Address Wage Parity

Address wage parity issues in the community CYMH sector by developing strategies to address and mitigate the salary and compensation gaps with other systems.

- Commit to meaningful engagement with CYMH towards wage parity and collaborate with leaders to develop an approach focused on “catching up” the community CYMH sector so it has the capacity to meet demand.
 - Collect, obtain, and use data to gain insights to inform how to address wage disparities that exist between the community and other sectors that employ mental health professionals.
 - Review funding models in CYMH to determine if there are targeted approaches to support, enhance, and improve workforce capacity.
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Recommendation #3: Develop Recruitment and Retention Strategies

Develop recruitment and retention strategies and initiatives that attract people to the community CYMH workforce and prevent turnover into other service systems.

- Optimize and scale current and best practices in recruitment and retention approaches.
 - Develop new and innovative strategies to recruit mental health professionals with a specific focus on building improved awareness of the community sector and better coordination.
 - Develop new and innovative strategies to retain mental health professionals with a specific focus on development and growth.
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Recommendation #4: Support and Build

Support and build the CYMH workforce for the future.

- Initiate long-term HHR capacity planning for CYMH in order to address the continued demand for services in the community and the needs of the future.

LEVERAGING INNOVATION: A FOCUS ON RECRUITMENT & RETENTION

By working to remove barriers and a commitment to addressing wage parity, the provincial government and CYMH providers can support system solutions to the workforce challenges the sector is facing by focusing on policy, strategy, investment, and activities that support recruitment and retention.

Supporting the CYMH workforce is well aligned with broader government activities supporting the building of workforces across settings and sectors. Developing recruitment and retention strategies and initiatives that attract candidates to the community CYMH workforce and prevent turnover into other service systems means optimizing and scaling current and best practice and developing new and innovative strategies in recruitment and retention approaches.

“The majority of staff that have left us have left for better paying jobs both within and outside our sector (as per documented exit interviews). Our wages are at least 15-25% below sector (other CYMH orgs) and even lower (25-35%) when compared to other sectors (school board, hospitals, private practice) [...] This has had serious ramification on our ability to respond to the growing demands needs of clients.”

WORK TO DATE

As it relates to recruitment and attraction, the sector is already supporting and exploring ways to attract mental health professionals to the sector, including by creating awareness about our services and sector.

For example, in the Eastern Region, the service area has explored opportunities to build relationships and engage with post-secondary institutions to build awareness with students in specific programs from which CYMH hires professionals. In the North, students' placements are sought after and offered to as many qualifying students as possible to increase capacity in the field.

Community partnerships are established to develop a curriculum that permits graduates to be qualified to register with the respective colleges upon graduation. Ongoing strategies are always in discussion.

Working with the government, CYMH is able to support **recruitment initiatives, develop resources, and improve coordination**. For example:

Creating awareness

Creating resources like a “Provincial Hub” of information about the community CYMH sector, i.e., offer a “welcome package” to CYMH, benefits of working in the sector, and our value proposition.

Improving existing coordination

Coordinating agency-level HR or onboarding processes with inclusion of strategies to embed early retention pieces/incentives, sharing of resources, creating standard training material on skills development, etc.

Developing improved coordination

Coordinated and connected approaches (provincial and/or regional) to recruit with emphasis on specializations. For example, to support clinical supervision, specialization, or to meet the needs of specific populations and/or intersections.

WORK TO DATE

The CYMH sector is already developing strategies to support retention, development, and growth.

For example, one member agency in Toronto initiated a Five-Year Retention strategy, including opportunities to support growth and development in an effort to reduce turnover and support the workforce from within to best meet service and client needs. Other agencies have also introduced specific work (both through research and HR management) to track and target turnover.

Working with government, CYMH is able to scale existing best practices and also develop new **retention initiatives with incentives**, such as:

Scaling and developing training programs

Reviewing best practices among CYMH agencies to develop training programs to prevent turnover and include opportunities to embed professional development, which would also meet provincial needs in supporting system improvement in areas like equity, diversity, and inclusion, trauma-informed training, resiliency training, etc.

Providing coordinated development opportunities and growth from within and across

Developing a retention strategy with incentives to support learning, awareness, and fostering values of work culture.

Supporting wellness and worker needs

Enabling strategies and activities that support health, wellness, and well-being as part of values and retention efforts.

The government has already prioritized similar recruitment and retention programs and related initiatives in other areas of government. In healthcare. This includes initiatives such as the Ontario Learn and Stay Grant for rural and remote communities and the training of more health professionals broadly. This prioritization is also apparent in other sectors, like the skilled trades, that are increasing training to develop more workers. Similarly, a priority should be placed on growing the number of mental health professionals who work in the community. One example is increasing student placements targeted at programs that educate and train the range of mental health professionals employed in community mental health and addictions.

New funding to support resource development and improved coordination aligns well with other government-supported retention programs like the Nurses Retention Program and wage enhancements in other community service systems. The community mental health and addictions sectors would also benefit from similar incentives to help retain the workforce, support training, development, and growth of professionals in the sector, and bridge learning, as examples.

WORK TO DATE

At CMHO, together with Lead Agencies and the Knowledge Institute on Child and Youth Mental Health and Addictions, we are already leading in this area through the **Provincial Training Initiative (PTI)**, creating a sustainable and supported model to increase the number of expertly trained clinicians in the workforce to deliver evidence-based treatment services.

Building this capacity in the sector will ensure that children and youth with complex and significant mental health needs have consistent access to the appropriate evidence-based, intensive treatment services within their communities. This work is simultaneously embedding workforce development and creating sustainability within our workforce through ongoing training and the development of communities of practices while ensuring quality across the system.



CONCLUSION & NEXT STEPS

At CMHO, we are committed to working on system building at the provincial level with the government to ensure CYMH agencies are well supported to provide services to children, youth, and families. At the same time, there is an immediate need to stabilize and sustain in order to build capacity in the CYMH workforce.

From a policy perspective, Ontario's community CYMH sector is a critical part of the system of care that needs to be supported and bolstered to be able to respond to the workforce challenges of today, tomorrow, and the future. Before the pandemic, there were too many preventable hospital visits for mental health concerns and too many gaps in care for specialized services or equity-deserving populations. Supporting community CYMH is a key way the government will implement the *Roadmap to Wellness*.

It is also critical to recognize the commitment of mental health care professionals in community CYMH across Ontario who prioritize the needs of children, youth, and families and provide front-line mental health support every day. In the context of increasing mental health needs and demand, thoughtful planning and investments that are targeted and prioritize system improvement are required. Together, we can advance quality system improvement by addressing workforce challenges today and building our workforce for the future.

"The community child and youth mental health sector is ready to work with government to develop a Workforce Strategy."