



KIDS CAN'T WAIT

2020 PROVINCIAL BUDGET RECOMMENDATIONS
FOR HIGH-QUALITY, ACCESSIBLE CHILD AND YOUTH MENTAL HEALTH
AND ADDICTIONS CARE FOR ALL ONTARIO FAMILIES

INTRODUCTION

Ontario's child and youth mental health centres provide mental health services to more than 130,000 kids and their families annually. But, across the province 28,000 children and youth are waiting as long as two and a half years for the treatment they need. And many families have a hard time knowing where to go for help, or finding our services at all. As a province, we are failing these kids and families. And our economy, hospitals, schools, justice systems, child welfare systems, colleges and universities are feeling the impact.

The province has committed to increasing mental health and addictions funding by \$3.8 billion over ten years including matching funds from the federal government. There is a strong case to be made for directing a significant portion of this investment in child and youth mental health. More than 70% of mental health and addiction issues have their onset before the age of 17.

New investments of \$150 million annually to expand front-line services will reduce wait times for counselling and therapy to 30 days or less, and help 30,000 more Ontario families access the critical mental health services they need. At the same time, CMHO recommends improving navigation and quality so families can easily find the help they need, at the right time and place.

In alignment with the government's vision for a connected, sustainable public health care system that improves access to care under Ontario Health and Ontario Health Teams, Ontario's child and youth mental health sector has been building a well-organized and high-quality system that meets the needs of children, youth, and families. To generate lasting positive outcomes for kids and to enable the evolution of Ontario Health Teams, it is critical to build capacity and provide developmentally appropriate services and treatment to children and youth in the context of their families, home and community through community-based child and youth mental health services. Investments in child and youth mental health will not only improve lives, but early interventions will also **result in significant cost savings** in the future.



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I. THE NEED: ONTARIO KIDS AND FAMILIES ARE IN CRISIS

The child and youth mental health sector has a long track record of doing more with less and prioritizing the needs of Ontario families. Over the past 25 years, funding in real terms for child and youth mental health care has decreased by over 50%. At the same time, prevalence of the most common mental health disorders in youth, like anxiety and depression, have increased by almost 50% over the past 30 years (*OCHS 2014*). Additionally, the progress on reducing stigma has led to more kids and young people feeling comfortable in reaching out for help (*OCHS 2014*). The result is ever increasing demand and not enough resources to ensure all families can get the right care, at the right time and place.

Getting children and youth into effective and timely interdisciplinary child and youth mental health services in the community can reduce hospital ED and inpatient admissions. Critical gaps and challenges remain for certain populations, including:

- Service gaps for children and youth with co-occurring addictions and mental illness
- Meeting the service needs of transitional age youth
- Effective treatment for youth with diverse backgrounds and identities and increasing access for more services in rural, remote and northern communities

Families expect mental health care for their children the same way they would physical health care. Child and youth mental health centres have developed responsive and innovative models to provide more families with timely access to service. Over the past 5 years, more than 80 child and youth mental health walk-in clinics have opened across the province. Improvements have also been made to the intake process to ensure services are delivered as efficiently and effectively as possible. However, demand for services simply outstrips flat-lined funding, and investments are urgently needed to expand front-line services.

About Community Child and Youth Mental Health

- Ontario's community child and youth mental health centres support over **130,000 families** a year in every region of the province—including within or near schools.
- **Interprofessional teams**, including psychologists, social workers, and child and youth care practitioners, work together to deliver treatment that is tailored to the unique needs of each family, and that is matched to their level of need.
- Child and youth mental health centres have a long history of being **responsible stewards of public funding**, delivering cost-effective services and leveraging community support and philanthropic funding wherever possible.

Youth Engagement and Empowerment

Youth engagement is about empowering youth to:

- Hold positions as valued partners in addressing and making decisions about what affects them
- Contribute and be meaningfully involved in improving the community, organization, or system in which they are involved and
- Harness and leverage their powerful lived experiences in order to hold space in the discourse as experts in their own mental health journeys, and as people who have important wisdom to contribute

Family Involvement and Engagement

The child and youth mental health sector ensures that infants, children and youth are treated in the context of their families to generate the most positive and lasting outcomes.

By elevating the voices of parents, families and caregivers we can contribute to the development of recommendations for service providers and government, that reflect and respond to family experiences of the service system.



The significant influence of family support and dynamics impacts not only the mental health of kids, but also their recovery.

II. SOLUTION: HELP MORE FAMILIES ACCESS QUALITY CHILD AND YOUTH MENTAL HEALTH CARE BY EXPANDING CRITICAL FRONT-LINE SERVICES

With wait times rising to as long as two and a half years in some parts of the province, and limited service availability in some communities, the most urgent priority is to expand front-line child and youth mental health care. In addition, access to community child and youth mental health care is inequitable across the province for different populations (Francophone, Indigenous, new immigrant and racialized communities, Northern Ontario, 2SLGBTQ+, etc.). There are too many kids and families not getting to our doors at all. A recent CMHO report estimates as many as 200,000 children and youth with significant mental illness do not receive any service contact.

The solutions are not complicated. We can help more families by hiring more mental health professionals to improve access to front-line services. The child and youth mental health sector employs a range of experts in child and youth mental health and addictions care—including psychologists, social workers, child and youth mental health workers, and nurses—to provide inter-professional care to children and youth with a wide-range of mental health and addictions needs.

Ontario’s child and youth mental health centres provide care that meets families where they are—at or near schools, in the community, and at home. Front-line service expansion needs to be undertaken in partnership with youth and families, and delivered with an equity lens. Services need to be youth- and family-friendly, culturally appropriate, and have targeted outreach strategies as we know not all families and young people will feel comfortable reaching out for help.



Every Ontario family should have timely access to the mental health care they need, at the right time and right place. Ontario’s child and youth mental health centres have identified the following four priority areas for investment in expanding services to meet the needs in each community across the province. Every community’s needs are somewhat different, but the good thing is that we have local planning in place that ensures that dollars invested get to what kids and families need most.

1. Ensure access to counselling and psychotherapy within 30 days
2. Expand the range of intensive mental health and addictions services/supports for children and youth with significant and complex needs
3. Scale 24/7 crisis support services to ensure children, youth, and families don’t have to go to the emergency department
4. Improve services for transitional age youth by raising the age from 18 to 25

1. Ensure Access to Counselling and Psychotherapy Within 30 Days

The average wait time for counselling and psychotherapy services in Ontario is 67 days. In some parts of the province, kids and families are waiting up to 18 months (CMHO 2020). As a result, conditions often get worse, making it more difficult and costly to provide appropriate treatment. These children and youth often end up in hospitals when it could have been prevented with timely access to services in the community.

CMHO is recommending that investments be made in community child and youth mental health services so that:

- Brief, rapid access services are available in each community for children and youth with mild issues, including some evening and weekend hours (e.g., walk-in clinics, online supports, or mobile services, depending on the community, supports for infants and young parents); and
- Longer-term psychotherapy is accessible within one month for those with more moderate or significant needs, including services for infants and young parents. Measuring clinical progress and kids and families service experience will ensure that treatment programs are effective.

Annualized investments of an additional \$50 million into these services will allow the child and youth mental health sector to ensure access to counselling and psychotherapy within 30 days.

2. Expand the Range of Intensive Mental Health and Addictions Services/Supports for Children and Youth with Significant and Complex Needs

Children and youth with significant and complex mental illnesses and addictions require longer term and more intensive care. For these young people, the average wait for services is 92 days, with some young people waiting over two years for intensive care. With long wait times for care, it becomes incredibly challenging for families to manage. With every day spent waiting, the associated risks and costs increase, and many kids and families turn to their hospitals because they have nowhere else to go. **The number of young people being hospitalized for a mental health issue has grown by 90% since 2006.** Children and youth should be able to immediately access high-quality, high-intensity treatment when they need it before they turn to hospitals as an option.

These children and youth need significant, wrap-around treatment and supports—such as in-home services, expanded day treatment, and sometimes round-the-clock support through live-in treatment. When these services are unavailable, children and youth often end up being repeatedly hospitalized. Parents, caregivers and siblings need support as well. Caring for a child with intensive mental health needs often means both emotional and financial respite support are needed as well.

CMHO is recommending an annualized investment of an additional \$53 million to expand intensive treatment services for kids and youth across the province at both the community and regional levels, with a special focus on building services in remote, rural, and northern parts of the province that have been particularly underserved. Measuring clinical progress and kids and families' service experience will ensure that treatment programs are effective.

3. Scale 24/7 Crisis Support Services to Ensure Children, Youth, and Families Don't Have to Go to the Emergency Department

Just as children and youth struggling with mental health issues exist on a continuum, therefore their challenges also present with varying levels of urgency—When youth are in crisis, they need support urgently. However, the current average wait time for crisis services is 2 days, which doesn't make sense. When there are insufficient crisis support services in the community, children, youth, and families turn to the hospital emergency department. Over the last eleven years, the number of young people making emergency department (ED) visits for mental health concerns has increased by 83%. And 38% of young people who make an ED visit for a mental health issue do so three or more times in a year. But young people could be more appropriately and cost-effectively served in community-based settings.

As such, CMHO is recommending that investments be made to scale existing crisis services, to ensure crisis supports are available 24 hours a day, seven days a week—keeping young people out of the hospital.

CMHO estimates that an annualized investment of an additional \$27 million can sufficiently expand these services.

4. Improve Services for Transitional Age Youth by Raising the Age from 18 to 25

Following consultations with young people across the province in 2017 and a survey in 2018, Children's Mental Health Ontario's Youth Action Committee (YAC) released their youth-led policy paper, [*From Crisis to Quality: Bridging Services in Gaps and Child Youth Mental Health Services*](#). It provided key recommendations to government and service providers about how to best meet the needs of Ontario's youth in key areas including better supporting youth transitions by raising the age of child and youth mental health services from 18 to 25.

CMHO continues to call for additional investments to support improving access to care for youth between the ages of 18-25. Transitional age youth (TAY) have long experienced service gaps as they transition to the adult mental health system. Currently, community-based child and youth mental health treatment centres are only funded to provide services for youth up to the age of 18. When youth 'age out' of the system, they face barriers finding and accessing appropriate care.

Support for this age group would allow youth more time to build resilience and prepare for the adult mental health sector, should they still need care. This also affords service providers more room to collaboratively work on a transition plan with the youth to ensure that their transition to adult services is smooth and sustainable.

CMHO estimates that with an additional annualized investment of \$20 million we can provide a first step in expanding these much-needed services for youth up to 25 who want to stay in service.

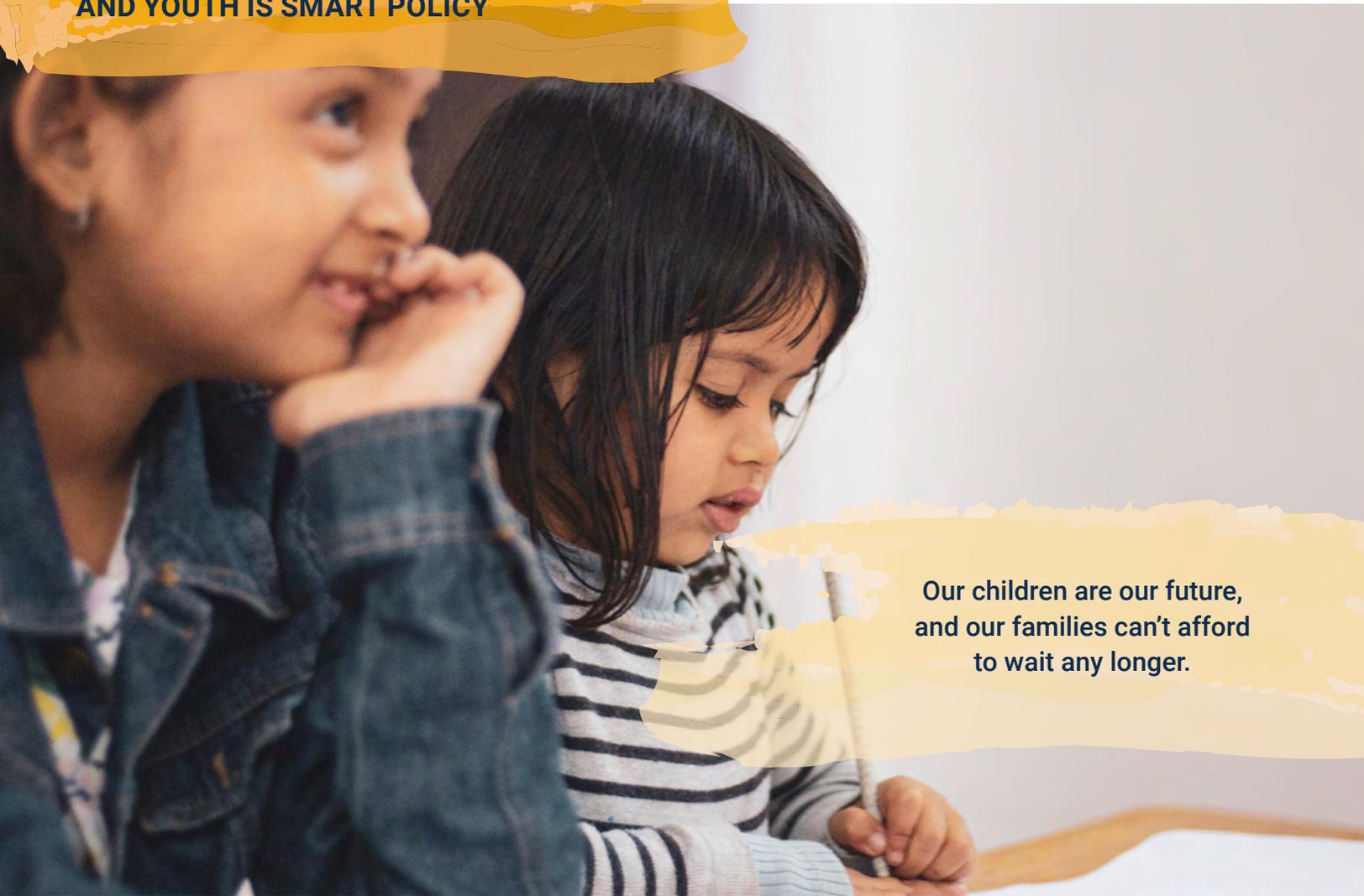
III. SYSTEM BUILDING: IMPROVING NAVIGATION AND QUALITY IN CHILD AND YOUTH MENTAL HEALTH

At the same time as expanding front-line services, there is critical work to be done in partnership with children, youth, families and child and youth mental health agencies to make it easier for families to navigate and find services, as well as improve quality and the patient experience. Too many families do not know where to turn for mental health help. Furthermore, they may encounter challenges with transitions between service providers, from mental health to youth addiction services, and to adult services.

The journey can be improved with child and youth mental health contributing to a more connected, integrated and coordinated health and community system within the context of health care transformation and the establishment of Ontario Health Teams. Alongside investments to expand front-line services, the province has an opportunity to improve quality and navigation by:

- a. Creating a one-stop shop for families using a common brand of “child and youth mental health centres”** so families easily know where to go, and other providers such as primary care know where to refer. The common brand will provide a quality stamp of approval so families can have confidence in the services and treatment provided.
- b. Simplify and centralize access (integrated with existing central access points and Ontario Health Teams)** Too often, families have to knock on many doors and repeat their stories many times before they find the right place for treatment for their child. By integrating services and leveraging existing centralized resources within Ontario Health Teams as they develop, families will find it easier to access services.
- c. Scaling digital solutions and leveraging tech innovation** There are existing innovations in mental health such as telepsychiatry as well as exciting new and emerging digital solutions such as virtual walk-in clinics. Investment is needed in these new ideas to test and scale so we can reach more children, youth and families.
- d. Developing a quality and data strategy** to deliver the best mental health and addiction services. This would include a quality framework, provincial service standards, the collection of race-based data, performance measurement, and standardized assessment. A provincial quality strategy would ensure that standards are based on the best evidence aligned with other community mental health and addiction services and quality improvement initiatives.
- e. Developing and implementing an equity strategy.** There are significant health inequities across the province, and many families who are not able to a) access services altogether or b) access culturally appropriate services. A strong equity focus which recognizes the significant influence of the socio-economic determinants of health on mental health outcomes is needed, including a commitment to ensuring accessibility and quality services for priority populations, such as Black and Indigenous, 2SLGBTQ+, Francophone and immigrant communities and other equity-seeking groups.

IV. INVESTING IN CHILDREN AND YOUTH IS SMART POLICY



Our children are our future,
and our families can't afford
to wait any longer.

Families in Ontario are in crisis because they cannot get the mental health treatment and services they need for their kids. Investments of an additional \$150 million a year to expand front-line services will lead to better outcomes for **160,000 infants, children, youth and their families**, and lead to significant savings of:

- \$260 million a year in preventable hospital visits
- \$420 million a year in gained productivity for caregivers and parents
- At least \$140,000 per kid in estimated lifetime savings

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