

# Leadership in a Time of Challenge Child and Youth Mental Health in Ontario

## Annual Children's Mental Health Ontario Conference

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# Child and Youth Mental Health - The Environment

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*15-21% of children and youth have at least one mental health issue*

*Many forms of serious mental illness begin during childhood and adolescence and most (75%) do not receive specialized treatment*

*Mental health and substance abuse issues are critical for school systems. A paramount concern is that mental health disorders and difficulties are closely associated with declining academic performance and poor graduation rates*

*The economic burden for mental health and addictions in Ontario is estimated at \$33.9B*

*Investing in children and youth helps reduce long-term costs associated with health care, addictions, crime, unemployment and welfare*

*The current climate of fiscal restraint makes it even more challenging to address these issues*

# Leadership - The Time Is Now

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- "Are you waiting for things to return to normal in your organization? Sorry. Leadership will require new skills tailored to an environment of urgency, high stakes, and uncertainty - even after the current economic crisis is over"

Ronald Heifetz, Alexander Grashow and Marty Linsky,  
Leadership in a (Permanent) Crisis,  
Harvard Business Review

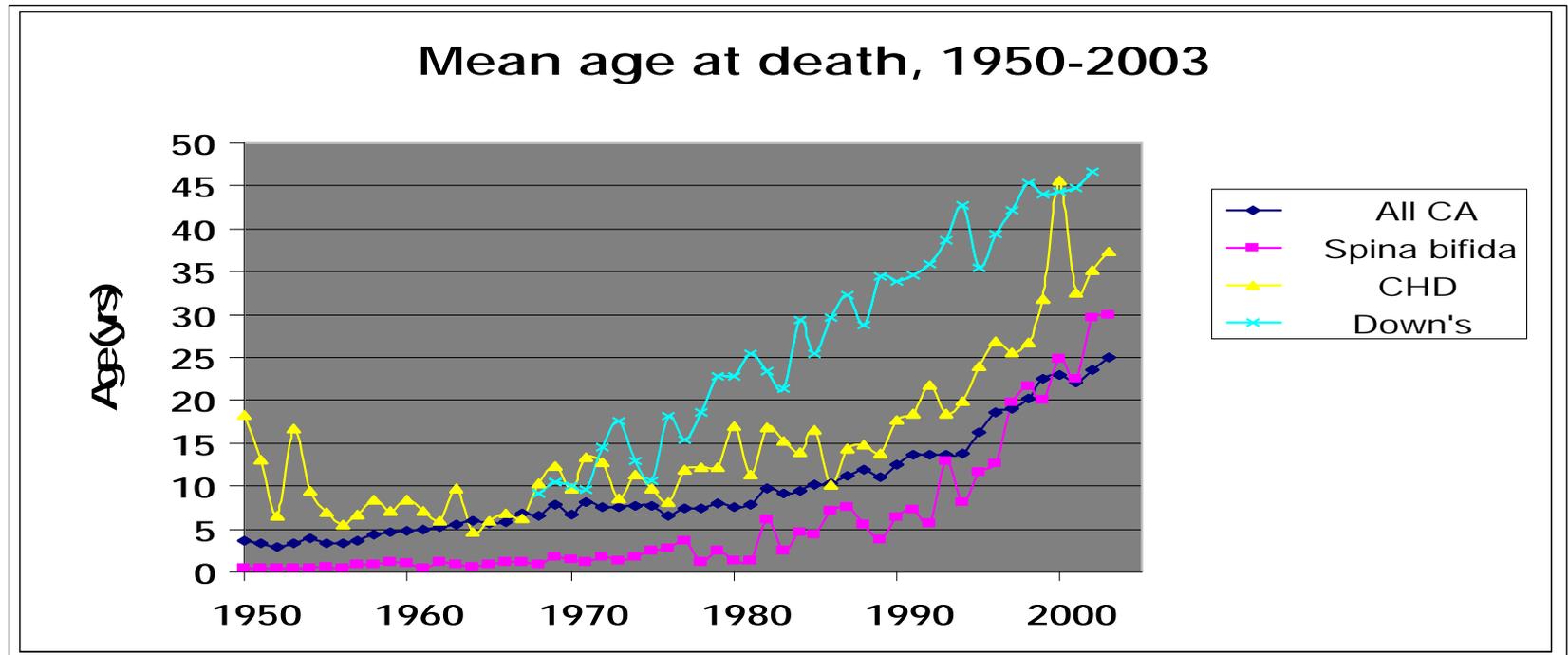
# Balancing the Present and Future

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- In times of change and economic uncertainty the natural tendency is to implement short-term fixes (e.g., tighter controls, budget cuts); to protect in the short term in a belief that things will return to 'business as usual'
- We heard this morning from leaders within the sector who are bringing new thinking to service delivery - leading change from the field
- These are examples of "adaptive leadership" in seizing opportunities - using the "turbulence of the present" to bring about change
- Adaptive leadership requires improvisation, experimentation and adaptation - developing "next practices" while excelling at today's "best practices"

# Staying Ahead of the Curve

Individuals with complex special needs are living longer and their needs remain high throughout the life span



Source: Ministry of Health and Long-Term Care

Notes: CA refers to Congenital Anomaly  
CHD refers to Coronary Heart Disease  
Down's refers to Down's Syndrome

# Leadership in Action - Ministry Initiatives

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***The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Centre) is providing leadership in the sector through supporting agencies in achieving positive outcomes for children and youth***

- The Centre has entered into a new service contract with MCYS that refocuses its mandate to support front-line agencies in implementing the most effective practices that support positive outcomes for children and youth
- To fulfill its mandate the Centre will:
  - target training to front-line staff and leaders to enhance their skills in implementing evidence-informed services
  - facilitate the sharing of best practices and the use of knowledge and evidence in the daily practice of agencies
  - support the use of evidence based or informed standards, guidelines, and best practices for service delivery

# Leadership in Action - Ministry Initiatives (continued)

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## ***Working in the field in examining how to provide peer support families through Piloting a Peer Navigation/Support initiative***

- Parents for Children's Mental Health (PCMH) and Kinark Child and Family Services are working with the Ministry of Children and Youth Services (MCYS) to develop research and a plan to pilot a Family Support Provision model for families receiving service from MCYS funded agencies that deliver child and youth mental health services
- Phase I of the initiative involves research and identifying the most promising best-practice models and developing a final report, including recommendations developed for MCYS consideration for pilot implementation

# Leadership in Action - Ministry Initiatives (continued)

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## ***Working Together For Kids' Mental Health***

- During 2010/11 MCYS is leading implementation of *Working Together For Kids' Mental Health* in four communities across the province (Haliburton, Belleville, Sudbury, Niagara)
  - Participating agencies across the four communities include 57 community agencies, over 24 schools and 6 hospitals
- *Working Together for Kids' Mental Health* builds on the Student Support Leadership Initiative to help sectors work together to help create a more responsive, more coordinated mental health system for young people and their families
- Working Together is examining the impact of tools, training and partnerships across sectors on improving the ability of professionals to identify needs early and provide an effective response through cross-sector collaboration
- Working Together is a collaborative initiative involving the Ministries of Children and Youth Services, Education and Health and Long-Term Care; it has been informed by experts, stakeholders and community agencies; participants include schools, Ontario Early Years Centres, preschool speech and language, mental health agencies and health providers

# Leadership - More Examples from the Sector

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- Adaptive leadership comes not from some sweeping new initiative dreamed up corporately, but rather from the accumulation of many local, micro- adaptations originating throughout the sector (Heifetz, Grashow & Linsky)
- As we heard this morning, there are many examples of leadership from the field to address needs and make improvements within the sector
- Many more examples exist of agencies, regional offices and cross-sector partners working together to:
  - improve the use of information and evidence to inform service delivery
  - use innovative strategies to reduce wait times and waitlists for services
  - streamline processes to facilitate easier access to services
  - change services to make them more effective for clients
  - alter the ways in which services are delivered to make more efficient use of existing resources
  - exercise local leadership and cross-sector partnerships to improve the service system locally

# Facilitating Access to Services and Reducing Wait Times - Example

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## **London area:**

- New intake processes have been introduced at the Child and Parent Resource Institute (CPRI), resulting in more efficient and appropriate access to services and reduced wait times for clients at the point of intake
- The intake team developed and put into place new referral processes, electronic referral packages, user friendly forms, and information gathering tools to help children, youth and their families get timely access to services geared to their individual needs
- CPRI reports that referrals that result in service are experiencing a 47% reduction in wait times

## **Hamilton area:**

- The Quick Access Service being delivered by Child and Adolescent Services is designed to complement and work with the local access mechanism (Contact Hamilton) to provide children, youth and families with immediate service and options to access resources while waiting for ongoing services
- Functioning similarly to a walk-in clinic, clients are given an appointment within 3 to 5 days of their referral
- This initiative is currently being evaluated regarding its impact and effectiveness, the results of which will help to inform ongoing improvements

# Making Changes to Facilitate Access and Enhance Services - Example

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## **Toronto Region:**

- Through the leadership of their respective Boards of Directors, the Child Development Institute and Hinks-Dellcrest Centre have announced that they will collaborate to facilitate improved access to, and increased alignment of, services for children 0-12 and their families who reside in the south and north-east sections of the Region
  - This agreement is intended to create clearer pathways and access to service
  - Both agencies share a common vision to align services with needs so that children, youth and families have access to what they need, when and where they need it
  - A project team is being created from the two organizations to review services and supports currently being delivered, assess alignment and collaboration opportunities and develop clear service pathways
  - The goal is to create a new standard of collaboration within the sector and to work together to serve children, youth and families more effectively than ever before
- Similar discussions among other Toronto agencies have also started

# Changing Services to be More Effective - Example

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## **Ottawa - Family Support Network Model:**

- In this community an agency (Dave Smith Youth Treatment Centre) has been exploring innovative enhancements to existing services, to better serve children and youth
- One of these enhancements is the Family Support Network (FSN) model which they are implementing in their residential program for youth with addiction problems
- This is an evidence-based model that includes case management, educational groups and therapeutic home visiting to prevent deterioration in functioning once youth leave residential treatment to return to a home environment that continues to require supports
- The FSN model extends the focus of treatment to include the family by addressing parenting skills and/or family-related issues, leading to enhanced outcomes for the adolescent
- Clinical outcomes and processes are being subjected to quality assurance protocols to continually assess effectiveness of the model

# More Efficient Use of Existing Resources - Example

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## **Windsor-Essex Paediatric Crisis Services:**

- In this community an integrated service model has been developed among children and youth mental health service providers, Paediatric Crisis Services and Inpatient Mental Health to enhance services and make more efficient use of resources
- This model won the International Leading Practice Award from the Ontario Hospital Association in 2008
- Staff from child and youth mental health agencies provide assessment, consultation, and treatment within a hospital setting, and provide follow up support to families who present at the emergency department (ED) when the child or youth is experiencing a mental health issue
- In the event admission to hospital is required, acute care mental health beds are located at a child and youth mental health facility (Maryvale), as opposed to the local hospital
- Treatment is provided by a multi-disciplinary team, including a child psychiatrist, psychologist, social worker, nurse, child and youth workers and special education teacher
- Children and youth who are discharged from the ED are already connected with the mental health agency, reducing the likelihood of return visits to the ED, thereby reducing costs and enhancing efficient use of resources

# Making Changes to Facilitate Access, Improve Services and/or Enhance Efficiency - Examples

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A number of agencies in a variety of communities have initiated plans to amalgamate in order to better serve children, youth and families, including:

- Craigwood Youth Services, Oxford Elgin Child and Youth Centre, Vanier Children's Services and Western Area Youth Services (2012)
- Children's Aid Societies in the Kenora and Rainy River Districts (2011)
- Children's Aid Societies of the Counties of Bruce and Grey (2012)

# Looking Forward: Leadership for Success

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To be successful as we move forward, we need:

- Effective partnerships with other ministries and leaders from within and across sectors
- Improved information to better inform decisions, monitor change and manage change to the sector
- Resources that are strategically applied to make differences where they are most needed
- Collaborative efforts to leverage and optimize resources (financial, human, information) across ministries, sectors and communities when working together for common goals
- Sector support for the changes that need to be made
- Strong and committed leadership to effectively do what needs to be done