Easing Transitions for Children, Youth and Emerging Adults

Vision

Ontario's children, youth and families are supported in their mental health treatment and recovery by legislation, funding policies, service delivery structures, and evidence-informed practices that ensure optimal service delivery in a seamless fashion for all children and youth.

Background

In Ontario, one in six children and youth with a mental health disorder receives some form of specialized mental health service. The system of services is complex, difficult to navigate and often fragmented. Several provincial ministries play a role in the funding and provision of services that touch the lives of children and youth who struggle with their mental health. Even in a system that has a well-defined continuum of services available in each community, children, youth and their families require focused attention and support during key transitions. Moving from one service type to another within the community-based child and youth mental health system can be very disruptive, and moving between service sectors and systems (e.g. between hospital and community-based services, from child and youth to adult mental health, between youth justice and mental health services) presents even greater challenges to a young person's treatment and recovery.

Policy Context

The importance of effective transitions for children and youth in the mental health system has been acknowledged in government policy documents and initiatives in recent years. The 2006 provincial paper A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health has emphasized the need for a seamless transition and the importance of coordination between services.

Although improvements have been made, challenges remain, particularly in ensuring that transitions are supported and that families receive the necessary information and assistance. The proposed changes in the Mental Health Act, while a step in the right direction, will require ongoing evaluation and adaptation to ensure their effectiveness.

Debbie, custodial grandparent

“...I have lost count of the times I have been told how lucky our child is to have me be such a strong advocate and also that most families would have given up by now and not pursued the services our child needs. This is what needs to change in mental health services. No one should have to be a one man band and all I ever really wanted to do was to play one instrument in tune with the rest of our band.”

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Health (Policy Framework) and the 2011 document, Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy (the Strategy) both highlight the importance of effective transitions. The Policy Framework states that “Research and community experience show that mental health problems often develop or are exacerbated at key age, developmental, academic and sector transitions”, and identifies transitions as a priority area for action. The Strategy, which focuses on children and youth during its first three years, includes a commitment to close service gaps by creating 18 service collaboratives that will deal with three key transitions:

- between hospitals and the community
- child and youth to adult mental health services
- between the justice and health systems.

Also part of the Strategy, Working Together for Kids’ Mental Health has brought cross-sectoral service partners together in 11 communities to develop earlier identification of child and youth mental health problems, written referral protocols between agencies and sectors, and to promote better local integration.

In November 2012, MCYS Minister Broten announced the government’s plan for transformation of the child and youth mental health system. All of the five elements of the plan represent positive steps toward easing transitions, and one of them, “creating and supporting pathways to care” specifically speaks to the importance of clear and streamlined transitions between primary care, schools, and community-based supports. System transformation provides an ideal opportunity to develop service systems in every community that ease transitions for children and youth and to identify critical service gaps that need to be bridged.

**Transitions and Barriers**

Research shows that, in treatment, the helping relationship, or “therapeutic alliance” is one of the most important elements in successful treatment, regardless of the modality being used\(^2\). Children and youth commonly experience transitions throughout their service experience. These inevitable disruptions to supportive, therapeutic relationships with children and youth must be managed very carefully. Service providers need to ensure that these types of transitions are not simply an administrative event (e.g., a service transfer) but are handled in a way that promotes continuity of care and considers the other developmental and situational transitions that young people may be experiencing at the same time.

Transitions can take many forms and researchers have used different typologies to define them. Transitions are typically described along two dimensions: (1) a developmental or chronological dimension that includes emotional, psychosocial, personal and physiological changes, and (2) a situational dimension that includes transitions such as moving from primary school to high school, or from living at home to living independently.

Young people with mental health problems also experience significant system-based transitions, such as moving from a day treatment mental health program to community school, or from residential care to outpatient care, for example. This type of transition often takes place within the same service organization, yet the movement from one program area to another is disruptive and can interrupt the child or youth's attachments to care providers and peers. Accredited child and youth mental health organizations are expected to meet standards that require them to plan and manage crucial transitions with sensitivity and attention to individual needs. However, many organizations are currently not accredited, and there are no provincial standards in place to hold organizations accountable and to guide good practice.

The transition from child and youth mental health services to adult mental health services is a particularly difficult one for young people. Between the ages of 16 and 25, they are faced with many significant changes in personal, interpersonal and social aspects of their lives. It is also a time when serious mental health problems may emerge, or existing problems worsen. Because of differences in mandates, many young people who have mild to moderate mental health problems are not eligible for services in the adult community-based mental health system, which serves those with the most severe difficulties. This is a significant service gap that results in many young people falling through the cracks, often with serious consequences. Even when there is an available service, different language, different access mechanisms and different assessment and treatment modalities between the two systems make the transition difficult.

At the other end of the age spectrum, very young children and their parents also face challenging transitions. Successful entry into the school system is essential, and children with early indications of mental health difficulties require extra support. This transition now affects children at an even earlier age since the introduction of full-day kindergarten in Ontario.
In an effort to address long waiting lists and unprecedented demands for services, many agencies are implementing innovative and effective brief service models such as walk-in clinics. These solutions help to address the problem of timely access to service, but they result in a very high volume of cases that agencies must manage with limited resources. Attention to managing transitions to and from brief services is a very difficult challenge for service providers under pressure to “do more with less”.

There are other key transitions that children and youth experience within and between the mental health system and other child and youth serving systems such as:

- entering, re-entering, or moving out of the CYMH system
- moving from other service sectors such as child welfare and youth justice to CYMH and vice versa
- moving from hospital to community-based services and vice versa

Some potential barriers to effective transitions based in service delivery practices are:

- different care/treatment philosophies
- lack of training in how to work with youth in transition
- poor communication between professionals on both sides of the transition
- inadequate coordination among agencies and service sectors
- cultural differences; attitudinal differences

Other barriers are rooted in systemic issues and include:

- different ministries and funders
- multiple sectors involved with different mandates
- no mechanism for coordination between publicly funded organizations and independent practitioners
- lack of resources

The current environment in Ontario is one in which the policy directions and some promising initiatives have begun to recognize the problem with transitions. However, these efforts may not go far enough to produce sufficient, sustained practice change across the whole province. For example, service collaboratives have been developed in only 18 of the province’s communities. Funding for these service collaboratives is aimed at their management, not their operation, and the initiative is time-limited.
The literature suggests that in order to achieve large-scale social change or “collective impact”, we must reach beyond strengthening individual organizations. Broad, cross-sector coordination is required, and “until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.”

Guiding Principles

The importance of enabling transitions among and between services and programs must be embedded in the implementation of the transformation of Ontario’s child and youth mental health system. The legislation, funding policies, service delivery structures, and evidence-informed practices that will facilitate system transformation should reflect these principles:

- **Consumer centred** – Planning is flexible and based on the needs and strengths of children, youth, emerging adults and their families rather than on the needs of the service providers.

- **Purposeful and goal-oriented** – Transition activities start early and are proactive and purposeful so that they facilitate movement from one service to another and ensure continuity of care across transitions.

- **Holistic** – Transition experiences and outcomes are influenced by many factors. Planning takes into account the whole person – including their needs, assets, preferences, and developmental stages – and focuses on youth within the context of their family, community and culture.

- **Continuity of Care** – The concept of 'continuity of care' is nested into service delivery. Agencies adopt an attitude and support a culture of easing transitions and improving continuity.

- **Shared and coordinated** – The transition process actively engages young people and their families and is informed by the perspectives of, and coordinated among, all child-serving sectors as well as the informal systems that support and work in partnership with these sectors.

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Evidence-informed and innovative - Transition practices are informed by evidence about what works and remain flexible enough to adapt and respond to local needs. Practices are evaluated to ensure ongoing effectiveness.

Continuous quality improvement – Easing transition is addressed through accreditation standards and is a central focus for quality improvement.

As the Ministry of Children and Youth Services implements transformation of the child and youth mental health system, we strongly support the plan for core services in each community and the creation of clear and accountable “pathways to care” between primary health care, schools and community-based supports and services.

Recommendations

1. Appropriate financial support must be provided at all key transition points. Adequate staff must be available during high risk times for children and youth, and sufficient funding needs to be provided to communities for the cross-organizational and cross-sectoral coordination activities that are required for successful collective impact.

2. Evaluation of changes to the system through transformation must be a priority, and funding to support evaluation must be provided. Evaluation efforts should focus on both process issues, such as continuity of care, as well as outcomes for children and youth.

3. Cross-Ministry planning collaboration for mental health services with a specific focus on the historically difficult decisions around age cut-off for programs and mandate rigidity across Ministries is essential. A life-long continuum of care is needed.

4. Children’s Mental Health Ontario must partner with all Ministries involved in decision making around the mental health care and treatment of children and youth, so that we can work collaboratively to build a seamless system of services.