The Road Ahead: Developing an Ideal Future State Of Youth Mental Health and Addiction Services

Youth Mental Health and Addictions Working Group Recommendations

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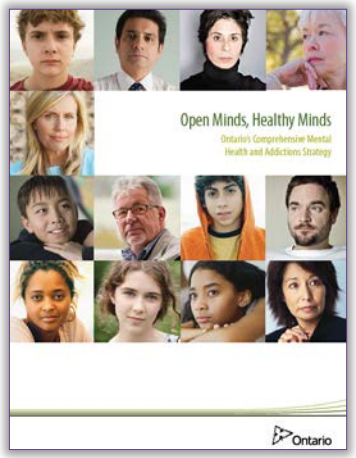
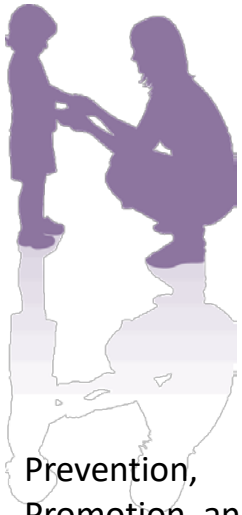
Ontario's Mental Health and Addictions Strategy



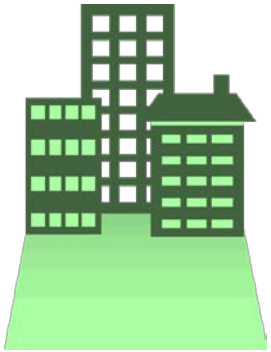
- Ontario's Mental Health and Addictions Strategy, **Open Minds, Healthy Minds (2011-2021)**, has four guiding goals:
  1. Improve mental health and well-being for all Ontarians
  2. Create healthy, resilient, inclusive communities
  3. Identify mental health and addictions problems early and intervene
  4. Provide timely, high quality, integrated, person-directed health and other human services
- Phase 1: The first three years of the Strategy were led by MCYS and focused on children and youth, recognizing the impact of early prevention and intervention on long-term outcomes.
- Phase 2: Led by MOHLTC. Building on phase 1, the focus was expanded in 2014 to include mental health and addictions across the lifespan and transitions between services. MOHLTC launched a Mental Health and Addictions Leadership Advisory Council, with a three-year mandate to advise on implementation.
- The Council has released two annual reports to date: https://www.ontariominds.ca
- The Council's third and final annual report will be released in Winter 2017.

The Council's Working Groups

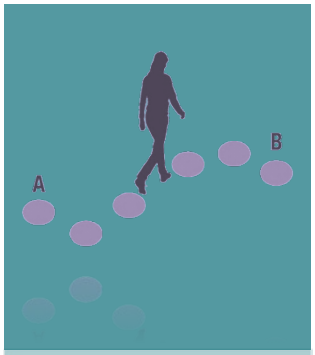


Prevention, Promotion, and Early Intervention

Youth Mental Health and Addictions



Supportive Housing



System Alignment and Capacity

- Primary Care and MH&A Task Group
- Justice Task Group
- Data Task Group

Social Determinants of Health

The Council created Working Groups to develop advise the government on how to address challenges in the system, each focusing on specific themes. In addition, in June 2016 the Council established two Reference Panels (Family / Caregiver and People With Lived Experience) to help ensure a client-centred approach to their work.

Youth Mental Health and Addictions WG - Members

Gail Czukar	**Chair** **CEO, Addictions and Mental Health Ontario**
Rachel Cooper *(Council Member)*	Mental health advocate/youth representative, Manager, Peer Initiatives, Stella's Place
Dr. Ian Manion *(Council Member)*	Director of Youth Mental Health Research at the Institute for Mental Health Research
Dr. Kathy Short *(Council Member)*	Director, School Mental Health ASSIST
Dr. Mary Broga	Executive Director for Lead Agency – Hotel Dieu Grace Healthcare
Dr. Laura Mills	Director of Research and Evaluation, Pine River Institute
Dr. Joanna Henderson	Head of Research, Child, Youth & Family Program, Centre for Addiction and Mental Health - Co-led Youth Services System Review
Heather MacDonald	Youth Addiction Services Director, LOFT Community Services
Joe Barnes	Executive Director, Kenora Chiefs Advisory
Allison Potts	Mental Health Lead, Durham District School Board
Dr. Corinna Chung	Family practitioner in a mainstream and Aboriginal clinic (Anishnawbe Mushkiki Thunder Bay Aboriginal Health Centre)
Tim McConnell	Addictions advocate/youth representative, Project Coordinator, Pieces to Pathways

Youth MHA Working Group – Scope of Work

- Originally, this was a “Youth Addictions” Working Group - formed to advise the Council and government on key system-level issues, gaps, challenges and opportunities in the delivery of services and supports for youth with addictions.

- To point out the strong linkage between mental health and addictions issues, the name of the Working Group was updated in February 2017 to “Youth Mental Health and Addictions”.

- This name change also highlights the need to address alignment, integration, and coordination of services between the mental health and addictions sectors to improve outcomes for youth.

Background: Work to Date

In 2016, the Youth Mental Health and Addictions Working Group completed foundational work to:

- Define youth as individuals aged 12-25 years old
- Collect and synthesize research re. evidence-based practices to address the needs of youth with addictions
- Identified root causes of addiction and collected information on key groups who are particularly at risk
- Made an inventory of existing services and identified key gaps in service availability based on available data, research and input from youth, families and service providers.

2016 Youth MHA WG Recommendations

- Based on this work, the Working Group recommended the following key investments across the continuum of services as the most pressing critical service gaps that should be addressed first.

RECOMMENDATION 2

That the Ministry of Health and Long-Term Care address the chronic gaps in youth addiction, psychotherapy and supportive housing (Appendix 1).

Action Items:

YOUTH ADDICTION

- ❑ Build screening and brief intervention capacity in primary care, emergency departments and schools.
- ❑ Increase capacity for developmentally appropriate services for youth through investments in additional staff that will ensure services are responsive to the unique developmental needs of youth in content and process, including enhanced transition supports.
- ❑ Create developmentally appropriate withdrawal management services where providers are also able to facilitate engagement of youth in additional treatment services pre- and post-withdrawal management.
- ❑ Increase capacity for developmentally appropriate residential treatment services to address existing wait times, ensure optimal and coordinated treatment and enhance transitions to and from community-based treatment services.

- For more details, please see the summary of the Youth MHA WG Recommendations at: https://www.ontariominds.ca/en/recommendations/

2017 Recommendations: Context

Building on the 2016 *foundational advice* about the state of the service system and *critical service gaps* in the shorter-term:

- In 2017, the Working Group turned its attention to recommending ***broader system solutions*** to improve services for youth with addictions and mental health and create a more integrated and developmentally-appropriate service system with improved access, quality and capacity.

2017 Recommendations – Ideal Future State of MHA Services for Youth

- The Working Group has developed a proposed vision and mission of the ideal future state of MHA services for youth and three sets of preliminary recommendations to achieve this.

- The recommendations address:
  1. Foundational changes
  2. Building system capacity to improve the quality of services focused on transitional aged youth
  3. Funding

Recommendations

Proposed Vision and Mission of Ideal Future State: Youth Mental Health and Addiction Services

VISION

Youth and their families/caregivers are supported by seamless, accessible, high quality mental health and addiction services that foster strength, resilience and hope in creating a positive future.

MISSION

Youth with mental health and/or addictions and their families/caregivers, will experience:

- Acceptable, barrier-free and timely access to a coordinated, evidence-informed and developmentally-appropriate continuum of high quality care that includes health promotion and prevention and that meets the diverse needs* of youth from a range of backgrounds and experiences.
- Services that are provided by a competent and engaging workforce that includes peers.
- Services that are appropriately funded based on population need.

***Health equity: Identified populations**

- Street-involved (homeless/marginalized/street-involved youth)
- Child welfare-involved (youth who have been involved in child welfare)
- Justice-involved (youth who have been involved in the justice system)
- Indigenous (First Nations/Inuit/Métis youth)
- Lesbian, gay, bisexual, transgender, transsexual, intersex, questioning, queer, two-spirited, youth
- Newcomer and ethnic minority youth
- Francophone youth

Overarching recommendation

Ensure meaningful and on-going engagement of youth and families in policy planning, development and implementation to achieve the ideal future state.

- Create a youth-specific reference panel to complement the caregivers/family members and persons with lived experience panels in providing advice on MHA system transformation.

A. Foundational changes

Key Issues

- At a provincial level there is no overarching integrated policy, planning, service delivery and funding approach for children and youth with mental health and/or addiction issues up to age 25.
- Currently, government is implementing a dedicated approach to CYMH services, through the *Moving on Mental Health* transformation led by MCYS. Lead agencies are responsible for planning so core services are available in every service area, and for coordinating with other sector partners.
- There is currently no parallel system in place for youth addiction services. Planning processes and tables at the LHIN and sub-LHIN level vary widely across the province.
- Currently there are core mental health services for children and youth up to age 18. The Council has recommended a similar but slightly different set of core services to include mental health AND addictions.

Recommendations

Develop and implement an integrated provincial policy, planning and funding approach for youth aged 12-25 with mental health and/or addiction issues in Ontario. Specifically:

1. **Core Services:**
   - Merge the two into a single set of core services for children and youth aged 0-25 that includes both mental health and addictions.

2. **Joint System Planning**
   - Implement a provincial joint system planning framework to provide joint direction to LHINs and Lead Agencies working with core service providers, District School Boards, colleges and universities, to plan for integrated service delivery.
   - A single integrated plan would be developed in each region.

A. Foundational changes (cont'd)

Key Issues

- Most youth with substance use issues have a co-occurring mental health problem.
- While some capacity exists in both sectors, there are no minimum requirements in place for child and youth mental health service providers or youth addiction providers on how to deliver services individually and work together to serve youth with concurrent disorders.

Recommendations

3. Concurrent Disorders Capacity

The government should ensure the core services are delivered in a concurrent-disorder capable way, and should:

- define a minimum level of concurrent disorder capacity and provide funding to meet this expectation
- require providers to deliver integrated treatment and collect and report on key indicators
- develop best practice clinical care guidelines for concurrent disorders

A. Foundational changes (cont'd)

Key Issues

- Youth addiction service providers define youth differently which causes confusion and barriers to access.
- Child and youth mental health services currently have an age cut-off of 18 which does not recognize the definition of youth up to the age of 25, given the emerging adulthood developmental stage of 18-25.

Recommendations

2. Age Mandates

- Harmonize age restrictions in youth addiction services to 12-25.
- For mental health services, eliminate the service cut-off at 18 so that youth can access services up to the age of 25.
- Rather than solely using chronological age to decide on the most appropriate service provider or program, use the principle of "best fit" from a developmental perspective.

A. Foundational changes (cont'd)

Key Issues

- Evidence shows that few youth present for services at substance use treatment agencies.
- Youth are, however, in contact with educational settings, primary care and emergency departments, but their mental health issues and/or addictive behaviors may remain unidentified.
- There is insufficient capacity in these settings to screen, intervene and appropriately refer and transition youth to community-based treatment and supports.

Recommendations

3. **Building Capacity Outside the MHA System** f**or all youth-serving service providers and the educational sector**:

- Assess and enhance current knowledge of youth addiction issues and concurrent disorders, as well as capacity for screening, early identification and intervention.
- Implement screening, brief intervention and referral to treatment protocols for concurrent disorders in all youth-serving sectors, including primary care, emergency departments and in the education sector including early years, schools, colleges and universities.

B. Building System Capacity to Improve the Quality of Services

Key Issues

- Emerging or early adulthood (ages 17/18-25) is a distinct developmental stage of life.
- Youth aged 18 to 24 years have:
  - the highest rates of poor mental health
  - the highest rates of high-risk drinking, alcohol dependence, and cannabis use problems
- The specific needs of transitional aged youth are not being addressed by existing services or in the way the system manages the transition process from youth to adult services.

Recommendations

1. Transitional-Aged Youth (TAY)

- Identify transitional aged youth as a priority population in planning and funding the delivery of core services.
- Develop a provincial action plan to address the needs of this population, including: identifying and addressing gaps in all TAY-specific services, and collecting data and public reporting on access and outcomes.

2. Developmentally-Appropriate Care and Optimal Youth to Adult Service Transitions

- Develop and implement *provincial guidelines* on developmentally-appropriate care and how to achieve better transitions for youth moving from adolescent/youth-focused services to adult-focused services (including relevant tools and indicators), based on the framework developed by the Working Group (See Appendices).
- Support providers in capacity-building to meet the guidelines.

Developmentally-Appropriate Care for TAY

- Defined as the processes, content and approach to services being *purposefully* designed to reflect and address the developmental contexts, needs, challenges and opportunities of TAY. This is contrasted with care that is determined based on chronological age alone.
- The following minimum expectations are recommended:
  - Service providers have adequate knowledge about development, the needs of TAY, effective youth and family engagement strategies, co-occurring substance use and mental health challenges, and developmentally-appropriate, and TAY-specific, services both within and outside their own organization/community.
  - Services offered are easy to access and are available on a timely basis.
- Services offered are high quality, evidence-based, strengths-based, and flexible, tailored to the needs of young people in the emerging adulthood developmental stage, and are offered through service delivery models and platforms that reflect the core developmental features of TAY:
  - Autonomy, flexibility, social connection, and productivity, exploration, and role transitions.
- In addition to core addictions and mental health services, TAY-specific services address TAY developmental needs and tasks including education, employment, housing, life skills, community belonging, and social functioning.
- The **service/treatment planning process** is an inclusive process that emphasizes youth and family (and/or other supports as defined by youth) involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes, and an optimal developmentally-appropriate service plan is developed.

Developmentally-Appropriate Care for TAY

The **approach to the delivery** of developmentally-appropriate care includes: family members as defined by youth, and considers and respects youth needs, preferences, autonomy, and choices in defining how services are received.

- **Service hours** respond to the needs and preferences of youth including evening and weekend services and access to crisis support; locations of services are easily accessed, including by public transit (where relevant), and attend to issues of stigma/are non-stigmatizing locations.
- Whenever possible, TAY are able to access a wide range of services in **one youth-friendly location** (e.g., a service hub).
- Youth are able to **enter services, leave services and re-enter services as needed**, reflecting the reality that substance use and mental health-related challenges occur on a spectrum and are omnipresent.
- Service providers **reach out** to youth who have disconnected from service unexpectedly.
- Communication is facilitated by using **youth-friendly communication strategies** and respecting youth preferences.
- **Appropriately trained peers** are integrated into service delivery processes, where appropriate and preferred by youth.

Government should support communities to develop, implement and maintain **joint youth and adult service provider tables** to:

- Plan, review and identify gaps in the availability of TAY-specific services and TAY-informed practices,
- Identify discrepancies in eligibility criteria between their services,
- Establish strategies to eliminate/minimize transitions and promote continuity of care, and
- Problem solve difficult/complex individual or organizational situations.

Transitions from Youth to Adult Mental Health and Addiction Services

- Youth and adult service providers need to be directed to work together to ensure a smooth transition, including:
  - Planning for transition between youth and adult service providers to begin no later than 6 months prior to transition.
  - Every community has an established transition protocol.
  - The transition process is an inclusive process that emphasizes youth and family (and/or other supports as defined by youth) involvement, partnership and shared decision-making so that all parties understand the goals and desired outcomes and a seamless transition approach is developed. This will support reducing the number of times the youth and/or their family needs to repeat their story and reduce the likelihood of treatment gaps, loss of treatment gains, and disconnection from service at transition.
  - The approach to the delivery of transition services is strengths-based, flexible, developmentally-appropriate and centered on individuals, considering and respecting their needs, preferences, autonomy, and choices.
  - There is a written transition report for each youth and/or their family, with details appropriate to the nature of service provided, shared with appropriate adult service providers, subject to applicable legislation, regulation, and policy directives, including privacy/consent requirements.
  - Following transition, service providers actively reach out to youth and family (if appropriate) to ensure transition outcome and re-engage if youth's needs are not being fully met or youth is not engaging in service.

B. Building System Capacity to Improve the Quality of Services (cont'd)

Key Issue

- On February 8th 2017, MOHLTC announced that Ontario is supporting providing more integrated services for young people aged 12 to 25 in up to nine integrated youth service hubs that provide one-stop access to mental health and addictions services, primary care, and social supports.

Recommendation

1. Youth Wellness Hubs in Ontario

- Ensure the Youth Wellness Hubs initiative currently consisting of up to nine Hubs is adequately resourced, has sufficient time for implementation and is aligned to current system transformations. Expand the Hubs across Ontario to be informed by the results of the current initiative and needs based planning at later stages.

Key Issue

- Youth, families and service providers have identified challenges and gaps in meeting the needs of children and youth with moderate to severe mental health and addiction problems.

Recommendation

2. Evaluate and build capacity in high-intensity services

- Provide funding to evaluate and develop and/or expand innovative high intensity, long term programs and models of care for youth with moderate to severe needs (needs unable to be met adequately within the hub model).
- Ensure pathways between Hubs and intensive community-based mental health and addiction services.
- Provide funding to build the capacity of staff in the child and youth mental health and youth addiction sectors to deliver these high intensity programs.

Recommendations

C. Funding

Key Issue

- The community-based mental health and addictions sector has not had a base budget funding increase in five to ten plus years.
- There is increasing demand for services with growing wait times and wait lists. Without additional investments, capacity is limited and eroding.

Recommendation

1. Additional Investments

- In addition to the funding implications of the recommendations to implement foundational changes and build capacity to improve the quality of services, the Working Group is recommending:
    - An immediate investment to sustain addiction and mental health services for youth and to address the critical service gaps identified in the Council's 2016 Report.

Next Steps

- The Mental Health and Addictions Leadership Advisory Council's mandate ends in December 2017.
- The final report including recommendations will be released in Winter 2017.

Questions