

Building a System of Care for Infants and Young Children in Ottawa

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CMHO 2019

The Ottawa IECMH Initiative



Objective and Scope

Summarize work of IECMH System of Care working group

Determine the extent to which a comprehensive spectrum of IECMH services exists in Ottawa

Consider:

- What IECMH services exist in Ottawa?
- Gaps in service, areas to develop?
- Recommendations to support planning efforts?

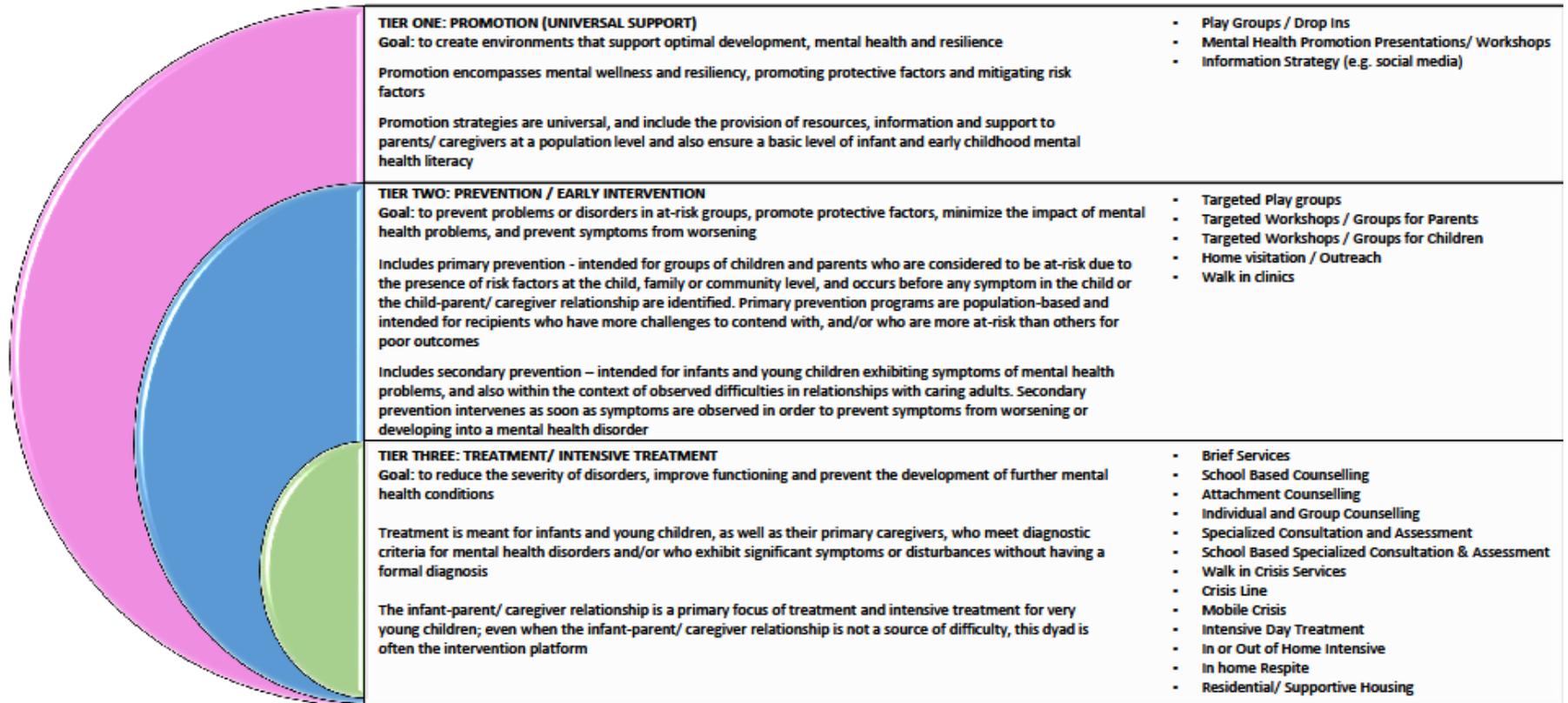


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Consensus on The Tiers

INFANT AND EARLY CHILDHOOD MENTAL HEALTH SYSTEM OF CARE



Data Sources

Mapping of services and programs by age group

(System of Care 2017)

Environmental scan of evidence-informed social/emotional programs for under 6 (Ontario Centre of Excellence for Child and Youth Mental health 2016)

Inventory of standardized tools for use with children under 6

(Ontario Centre of Excellence for Child and Youth Mental health 2016)

CHEO Needs Assessment
(CHEO 2018)

Demographic information

(Statistics Canada, Early Development Instrument, Better Outcomes Registry Network 2017)

Prevalence information

(CHEO 2016)



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Population Profile

City of Ottawa

Ottawa Population Profile	
Population of children in Ottawa birth – six	72,727
Population of children in Ottawa birth – six who are Francophone (based on 17.4% of population)	12,654
Population of children in Ottawa birth – six who are Indigenous (based on 2.9% of population)	2,109
Population of children in Ottawa birth – six who are Newcomers (based on 4% of the population)	2,909

Source: Statistics Canada, 2016 Census



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Key Findings

MCYS Child and Youth Mental Health core services funding limited to tier three programs

- Potentially related to not recognizing infant-caregiver dyad as client; Some Tier 2/3 services funded from sources other than MCYS

Unstable funding

- Many Tier 2 services do not receive annual funding

Location of services

- Concentrated in downtown core, despite population growth in suburban communities; Little opportunity to address need in communities not historically “at risk”

Limited services for Francophone infants, children and their families/ caregivers

- Limited Tier 2/3 services; Concentrated in Vanier area; Few evidence-based/informed programs

Limited standardized evidence based/ informed programs

- Limited availability in Ottawa due to lack of ongoing funding, resources, and programs available in French

Key Findings

Variation in Type and Capacity of Services

- Limited variability, particularly in Tier 2; Lack of consistency and alignment between programs

Varying Choice and Use of Standardized Tools

- Lack of consistency across services; Leads to clients repeating information and to unclear referral pathways

Knowledge and Awareness of IECMH Services

- Service providers and primary care physicians are unclear about IECMH service availability

Absence of Clear Eligibility Criteria and Pathways to IECMH Services

- Service providers and primary care physicians are unclear about criteria and referral pathways

Need for Specialized Expertise

- Need for expertise and consultation; Confusion around who has capacity to serve specialty populations

Recommendations



Strategic Investment in Infant and Early Childhood Mental Health Services (partnerships between services, shifting resources to evidence-informed programs, and investing funding)



Increase capacity for early identification of mental health problems (English and French)



Awareness and Access to Information on Available Services (Knowledge and Awareness group to explore targeted activities, existing bilingual directories)



Location of Services (explore alternative locations, consider strategic partnerships or sharing space)



Strengthening Services for Francophone infants, children and their families/caregivers

Recommendations



Opportunities for Pathways and Protocols with Indigenous IECMH Services (System of Care to explore)



Strengthen Link between Doctors/Pediatricians and CYMH system
(develop user friendly resource guide in English and French)



Explore Feasibility of Implementing Evidence Based/Informed Programs



Clarifying Eligibility Criteria and Pathways to and from IECMH Services (System of Care to explore Tier 3 programs)



Improving Access to IECMH Specialist Knowledge and Build System Capacity (explore models such as eConsult)



Opportunities for Pathways and Protocols with School Early Childhood Mental Health Services (System of Care to explore)

Implementation of Recommendations



Explore Feasibility of Implementing Evidence Based/Informed Programs

Circle of Security®

- Early intervention program designed to enhance attachment security between parents/ caregivers and children
- Trained 56 individuals from 12 organizations

Working Model of the Child Interview (WMCI) and Crowell Procedure

- WMCI is a semi-structured interview designed to assess caregivers' internal representations, or working models, of their relationship with a particular child
- The Crowell Procedure outlines a model for assessing the relationship between young children and their caregivers by focusing on observable interactions
- Trained 19 individuals from 5 agencies

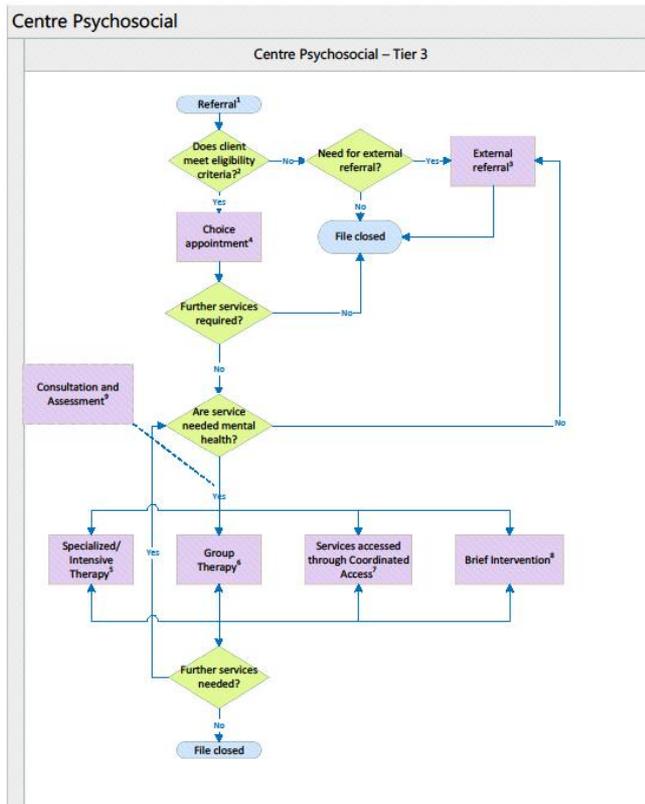
Parent Child Interaction Therapy

- Parent-Child Interaction Therapy (PCIT) is a behavioral family intervention for children 2-7 years of age with disruptive behavior disorders
- Trained 10 individuals from 3 agencies

Implementation of Recommendations



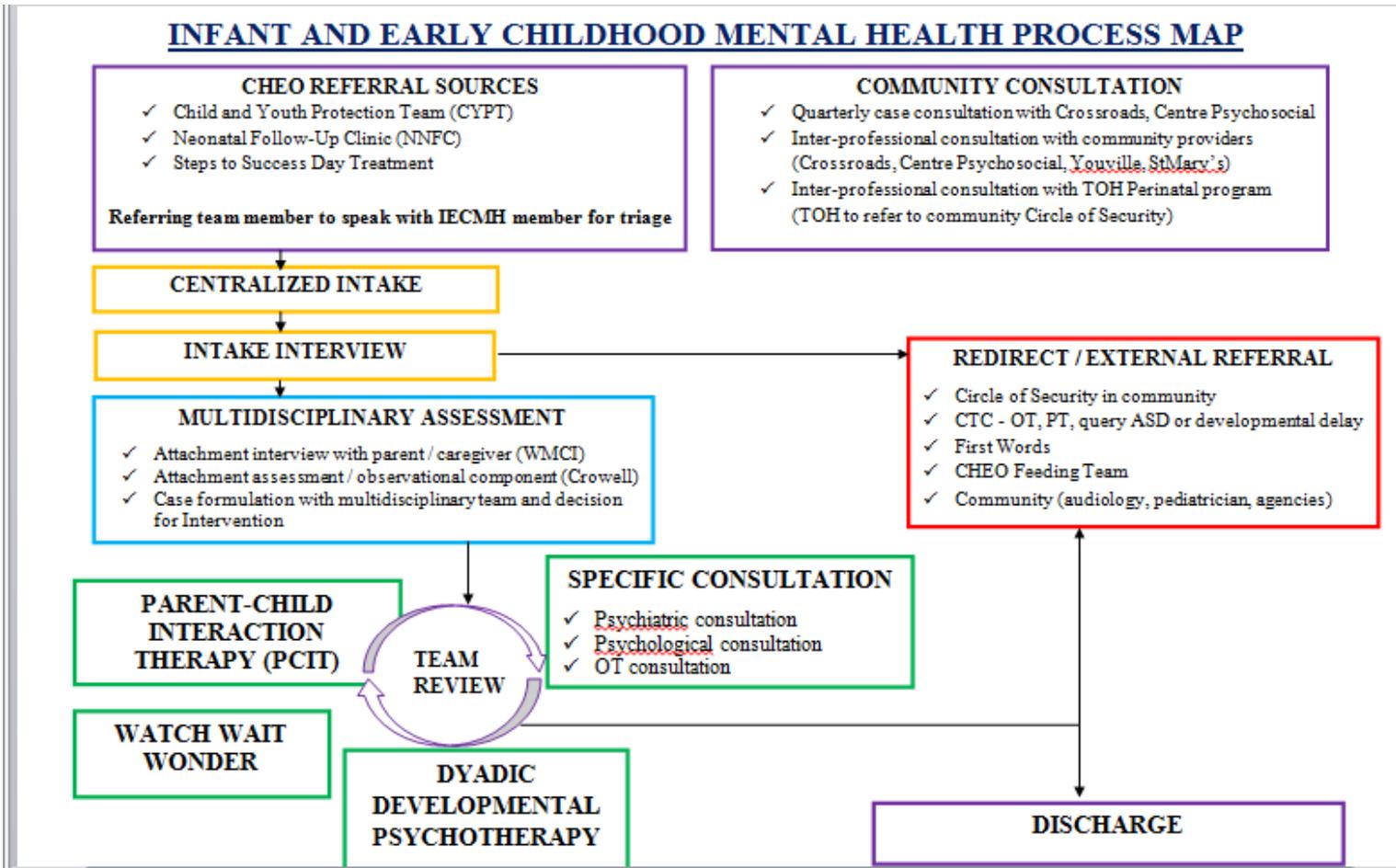
Clarifying Eligibility Criteria and Pathways to and from IECMH Services (System of Care to explore Tier 3 programs)



IECMH - Tier Three – Centre Psychosocial

Area	Centre Psychosocial
1 Referral	Main referral sources: <ul style="list-style-type: none"> • self-referral • family doctor • school professionals • Crossroads CMHC (formal protocol) • External agencies • Daycare centres
2 Eligibility Criteria	Main Eligibility Criteria: <ul style="list-style-type: none"> • Live in Ottawa • Receive services in French
3 External Referrals	Most common external referrals to: <ul style="list-style-type: none"> • First Words • CTC-OT, PT query ASD or developmental delay • Vanier Pediatric Hub • Crossroads CMHC (referral protocol for services in English)
4 Choice appt	Standardized tools administered: <ul style="list-style-type: none"> • BASC – 3 (QGlobal) • Ages and Stages Questionnaire • Keys to Interactive Parenting Scale
5 Specialized/ Intensive Therapy	EBPs used in specialized/ intensive therapy: <ul style="list-style-type: none"> • Parent-Child Interaction Therapy (PCIT) • EMDR
6 Group Therapy	EBPs used in Group Therapy: <ul style="list-style-type: none"> • Circle of Security (CoS) • Fun Friends
7 Services Accessed through Coordinated Access	Services accessed through Coordinated Access include: <ul style="list-style-type: none"> • STI • PSI • Wraparound
8 Brief Services	EBPs used in Brief Services:
9 Consultation and Assessment	Psychological assessment is completed when child is not responding to treatment provided. EBPs used in multidisciplinary assessments: <ul style="list-style-type: none"> • Attachment interview with parent/ caregiver (WMCI) • Attachment assessment / observational component (Crowell) Consultations with the psychologist are available throughout the treatment process as needed. Consult request can include revision and interpretation of previous assessments, request for external consultations.

Implementation of Recommendations



Current Challenges

Limited IECMH core training within post-secondary training programs

Implementation of best practices in a sector that has limited access to qualified professionals

Providing adequate time for staff to become proficient with these best practices

Turnover of staff with limited resources to train new staff

Stability of funding for new service delivery

Considering the impact of Ontario Health Teams



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