



Child and Youth Mental Health Treatment and Bill 89

Introduction

Children's Mental Health Ontario (CMHO) and its members welcome *Bill 89, Supporting Children, Youth and Families Act, 2016*. We believe that it is important to be operating within an updated and renewed legislative framework that better promotes the needs of children, youth, and families. And we believe Bill 89 offers this framework.

However, we also believe that as Bill 89 travels through the legislative process, there is opportunity to improve it in a variety of ways—specifically with respect to child and youth mental health.

Treatment

A long-standing problem in the child and youth services landscape is the often-ignored distinction between the care of children and youth—for example, within the context of residential child welfare services—and child and youth mental health *treatment*. This is a problem that is perpetuated in Bill 89.

In the Excellent Care for All Act (ECFAA), a commitment is established to ensure that “health care organizations are responsive and accountable to the public, and focused on creating a positive patient experience and delivering high quality health care.” Unfortunately, though child and youth mental health treatment centres do provide health care, they are not viewed as health care centres. And so, they are not subject to ECFAA. With Bill 89, we have the opportunity to make a similar commitment that *does* apply to child and youth mental health treatment centres. We believe it is of crucial importance that the role and responsibilities of child and youth mental health treatment are clearly articulated in the next iteration of Bill 89. We list some ways that a commitment to treatment can be established in the prospective legislation and subsequent regulations.

1. Tiers of Licensing

The importance of identifying the unique role of mental health treatment centres is particularly evident when considering the licensing framework. There is a fundamental difference between the services being delivered in a child and youth group home versus a child and youth mental health treatment centre. And even among child and youth mental health treatment centres, organizations vary with respect to their ability to serve different populations of children and youth. Each organization has different capacities. Some focus their work on youth with the most intensive mental health treatment needs. Others have the capacity to serve kids with more moderate needs. These differences must be formally recognized, and these distinctions should influence where children and youth—depending on their assessed needs—receive treatment. As such, a tiered licensing system should be established, to distinguish organizations based on their capacity to deliver mental health treatment at various levels of intensity.

2. Standardized Assessment

Recognizing that each child or youth has unique needs, and that—as articulated above—different organizations have different capacities, should a child or youth be identified as requiring mental health treatment, they should be able to receive a standardized mental health assessment. A standardized assessment will determine what specifically they need with respect to mental health treatment and what sort of treatment environment is best suited to those needs. Then, decisions about where clients receive treatment can be made such that the intensity of a client's needs



is matched to a child and youth mental health treatment centre based on its license (which itself would be based on capacity to meet varying need-intensity levels), as well as on other relevant considerations such as unique sub-specialties a given organization may possess. While the legislation should commit to ensuring that children and youth seeking mental health treatment can receive a standardized mental health assessment, specific details with respect to the function and operational use of standardized assessment tools would be articulated in regulations.

3. Quality Standards

The treatment being delivered in a child and youth mental health treatment centre should be subject to evaluation, relative to a set of quality standards. While the standards themselves—which would be more or less extensive depending on the licensing tier to which a centre belongs—would not be described within Bill 89, Bill 89 would enshrine the need for child and youth mental health treatment centres to meet the expectations set out in clear and consistent standards of treatment. These standards would be enforced through the oversight mechanisms existing in Bill 89, as well as through the quality improvement mechanisms suggested in the next section.

Recommendation

To incorporate these recommendations, we propose the government commit to the following principle in the next iteration of Bill 89:

- *Children and youth with mental health needs deserve specialized mental health treatment, delivered at designated child and youth mental health treatment centres, where the treatment is tailored to the assessed need of the child or youth and based on clear and consistent quality standards.*

Oversight

Bill 89 makes an effort to further accountability, but does so through a focus on bolstering existing oversight mechanisms and creating new ones. For example, regional program supervisors have extensive monitoring and inspection responsibilities. Likewise, new residential licensing inspectors also have the ability to initiate and conduct inspections with or without warrants.

We don't have a principled objection to these sort of oversight mechanisms and we appreciate the value of unplanned inspections. Our concern is that these measures will be insufficient for enhancing accountability and quality. Their focus is on identifying where there are problems and they do not contribute to a plan for how services can be improved.

Again appealing to ECFAA as an instructive piece of legislation, we see a commitment to “recognize the importance of providing Ontario’s health care providers with support to help them plan for and improve the quality of the care that they deliver based on the best available scientific evidence.” If we are striving for enhanced accountability in the interest of improved quality, then we must recognize the need to support quality improvements in our organizations. The identification of failures (or successes) through inspections can be helpful as a measure of how organizations are performing. They only tell a portion of the story, but they can be useful. And conceivably, they can serve as a deterrent for intentional or avoidable failures to comply with legislative or other requirements. But they will not, in themselves, advance quality within organizations or the sector. If we make the fair assumption that failures to perform properly are not out of a lack of desire to do so, but because of challenges the organization or



workers are facing, we very quickly see the limits of inspections.

As such, in addition to the inspection mechanisms included in Bill 89, it is important that there are also commitments—like the one in ECFAA—to support providers in improving quality more robustly, through comprehensive quality planning, and annual quality improvement plans.

Notably, we also feel the authority and responsibilities given to program supervisors under section 32 are far too wide-ranging and significant, and should be reserved for more senior officials.

Recommendation

To incorporate these recommendations, we propose the government commit to the following principle in the next iteration of Bill 89:

- *Accountability for the mental health treatment delivered to children and youth should be driven by continuous quality improvement efforts, based on the best available scientific evidence, and accompanied by effective oversight mechanisms.*

Service Equity Across the Province

A concerning omission from Bill 89 is a lack of commitment to ensuring service equity to child and youth mental health services across the province. Given the shift in focus of Bill 89 to emphasize the rights of children and youth, we believe there should be a commitment to their rights to mental health treatment, and equitable access to these services, despite where in Ontario they live. A child in Northern Ontario should have access to the same level of care—and within the same time frame—as a child in Toronto.

Recommendation

To incorporate these recommendations, we propose the government commit to the following principle in the next iteration of Bill 89:

- *Each child and youth, regardless of where they live in Ontario, should have equitable access to high-quality mental health treatment.*

Other Considerations

Age of Eligibility for Child and Youth Mental Health Treatment

Currently, child and youth mental health treatment centres are funded to deliver treatment up until the age of 18. This leaves agencies with an unenviable decision: to firmly resist providing services to anyone who has reached their 18th birthday—leaving those already vulnerable youth in a precarious situation when access to adult mental health supports are not immediately available, which they rarely are. Or providing treatment to these individuals without the mandate or resources to do so. Even if this topic is not in consideration within the context of Bill 89, it is incumbent upon us to highlight this as a significant issue. National research and policy work highlights the importance of understanding transitional years for emerging adults as spanning 16-25. Consideration needs to be given to moving legislation and resourcing toward aligning with this research.



Mandate Services

Revising the CFSA also provides an opportunity to explore the benefits of mandating services of child and youth mental health treatment centres. The treatment these centres provide plays a critical role in the mental health care of children and youth with the most significant mental health issues. However, because the legislation does not acknowledge the right of children and youth to receive mental health treatment through these organizations, these services have been treated as discretionary, and as a result, have been perpetually underfunded. Mandating services could be a way to ensure that services are properly resourced, which could profoundly improve our province's ability to deliver timely, appropriate, high-quality mental health treatment to children, youth, and families.

Conclusion

CMHO and its members believe there is a tremendous potential for Bill 89 to enhance services for children, youth, and families throughout Ontario. While we feel the current iteration of the Bill is a significant advancement over the existing *Child and Family Services Act*, we also feel there is a chance to commit to child and youth mental health treatment in a way that we never have in Ontario within legislation. We are eager to work with other stakeholders and the government to help capitalize on this opportunity.