We have to wait for weeks, months—sometimes years—for support that we need right now. We need this to change. We want to help, because our voices are important and needed in this conversation.

Youth Action Committee of Children’s Mental Health Ontario and The New Mentality
Children’s Mental Health Ontario (CMHO) works to identify and develop solutions to important policy issues affecting the child and youth mental health sector. We represent close to 100 accredited child and youth mental health centres that provide treatment and support to infants, children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services for those with complex and/or persistent mental health and addictions issues.
Executive Summary

More than 12,000 children and youth in Ontario are waiting to access mental health services. In fact, in some parts of the province, kids are waiting close to 18 months. When children and youth with mental illness and addictions are kept waiting for treatment, their health deteriorates. Tragically, some may even die by suicide.

Waiting for treatment also has profound negative impacts on families, classrooms, and local hospitals. A recent IPSOS survey found that nearly half of all youth in Ontario have missed school due to anxiety and close to ¼ of parents missed work to care for them. This leads to school drop outs and job loss. The pressure on hospitals is also well documented. Since 2006-07, there has been a 63% increase in emergency department visits and a 67% increase in hospitalizations for children and youth seeking treatment for mental health and addiction issues in Ontario – this at a time when hospital visits for kids have gone down by 18% for all other ailments. Kids with mental health and addiction issues are also more likely to re-visit hospitals after discharge than those with other ailments – likely due to the long wait times for follow-up services in their communities, unequal distribution of walk-in clinics and lack of peer support.

In its 2016 audit of child and youth mental health services in Ontario, the Auditor General of Ontario noted that these substantial wait times are a public health issue. The reality is that the Ontario government has not allocated sufficient resources to meet the needs of the growing number of children and youth seeking treatment for mental illness. Fortunately, Children’s Mental Health Ontario has a plan that would make Ontario a global leader in child and youth mental health and addictions. With a modest investment of $120 million, Ontario can provide children and youth with lifesaving treatment when and where they need it. This will facilitate the hiring of close to 1000 new full-time professionals to deliver expert mental health treatment to those in need and will also:

1. Ensure that no child or youth waits more than 30 days for mental health and addictions treatment
   - $36,000,000

2. Expand specialized youth mental health and addictions centres to ensure that children and youth get the treatment they need
   - $48,500,000

3. Retain the highest skilled staff caring for our most vulnerable children
   - $34,000,000

4. Develop quality standards to deliver the best mental health and addictions services
   - $1,500,000

Accredited child and youth mental health centres need immediate and strategic investments to significantly shorten wait times for services, build capacity to meet growing demand for services, recruit and retain qualified staff and clinical experts, provide peer support and enhance program quality. This will result in: a significant reduction in emergency and hospital admissions; timely access to treatment at child and youth mental health centres, and improved service quality. Most importantly, this will improve outcomes for children and youth. The asks in this submission support the needs identified by lead agencies. We urge the government to work with us to make crucial changes that will save lives.
Introduction

Mental illness impacts us all. One in five children and youth in Ontario experience a mental health problem at any given time; however, five out of six of those kids do not receive the specialized treatment they require. We know that 70% of adult mental illnesses begin in childhood and by the age of 40, half of all Ontarians will have struggled with a mental health problem. There is even strong evidence to demonstrate that early interventions should be provided to infants and young children who are at particularly high risk. Over the past decade, social stigma has declined rapidly and more people are seeking help; but the child and youth mental health system has not kept up with the growing demand for services.

When children and youth fail to get the help they need, the results are devastating – and can even be fatal: suicide is the leading cause of death after accidents for young people in Canada. Half of all youth report having missed school as a result of their anxiety, and 26% of kids with mental health issues experience substantially lower achievement at school. This hinders their ability to pursue and succeed in post-secondary education, which limits career prospects and ultimately has the effect of reducing income throughout their lives.

The individual economic cost is also substantial. One quarter of Ontario parents report missing work to care for a child with a mental health issue. This leads to lost productivity and job loss. The Mental Health Commission of Canada puts the economic burden of mental illness in Ontario at approximately $20 billion per year – this includes health care costs, lost productivity and reductions in quality of life. People will mental illness are much likelier to be underemployed or unemployed – with unemployment rates as high as 90% for people with the most severe mental illnesses.

Since the introduction of Moving on Mental Health and Patients First, Ontario has made progress towards improving child and youth mental health. However, the fact is, in the last 25 years, there have only been two base funding increases for child and youth mental health centres: 3% in 2003 and 5% in 2006. During this time inflation has risen by more than 55%. When overlaid with a 10% demand increase for services each year and new Minimum Wage pressure, the community-based child and youth mental health sector is nearly 60% behind where we should be. The impact of the reduction in capacity is unacceptable year-long wait times for many children and youth with often very serious mental illness.

Quick Facts on Child and Youth Mental Health

- 70% of mental health problems have their onset during childhood or adolescence.
- Canada’s youth suicide rate is the third highest in the industrialized world and suicide is the second most common cause of death among youth ages 15-24 in Canada.
- Ontario’s per capita investment in health care was found to be $1,361 versus just $16.45 for mental health.
- In fact, the Mental Health Commission of Canada estimates that the cost of mental illness in Ontario every year is close to $20B.
- Symptoms of child and youth mental health problems usually start in early childhood, and significant mental health problems can and do occur in young children.
Evidence indicates that the most effective treatment for children and youth experiencing mental health and addictions issues occurs quickly and close to home. While some children and youth require only a few counselling sessions, others with more severe issues will require more extensive treatment over a longer period. However, Ontario has not allocated the resources needed to ensure adequate access to longer-term treatment in the community-based sector. Years of underfunding have resulted in lengthy wait times in many areas of the province meaning children with significant mental health issues are denied timely access to life-saving treatment. These children then risk becoming more ill or suicidal. We estimate that there are over 12,000 kids waiting for mental health services in Ontario, including long-term treatment and psychotherapy. And this number is on the rise.

In addition to lengthy wait lists, parents, youth and community-based service providers have expressed frustration about navigating an uncoordinated system and the lack of peer support for those left waiting. And too often, even when the appropriate services are found, children and youth are then forced to wait weeks, months, and sometimes years.

Ontario has the opportunity to dramatically reduce wait times and ensure children and youth receive timely access to life-saving mental health and addictions treatment by:

• providing more than 12,000 children and youth with counselling or structured psychotherapy at accredited child and youth mental health centres
• ensuring every community in Ontario offers at least weekly walk-in or rapid access services
• defining wait time standards
• developing a coordinated referral system among community-based service providers, primary care providers, schools and hospitals
• establishing family and peer support services throughout the course of treatment, including while children and youth are waiting to receive treatment
• committing to early intervention in infancy and early childhood

An investment of $36,000,000 will dramatically reduce wait times, improve service delivery, enhance system coordination and save lives.
Supporting Transitional-Aged Youth

Currently, community-based child and youth mental health treatment centres are only funded to provide services for youth up to the age of 18. However, as expert providers of cognitive behavioral therapy and other evidence-based forms of psychotherapy, they are well-positioned to scale up services to treat young people into early adulthood.

Ontario’s Mental Health and Addictions Leadership Advisory Council identifies service gaps for youth between the ages of 18-25 and recommends ongoing collaboration between MOHLTC and MCYS to provide seamless, integrated services to transitional-aged youth. At the same time, pressure on Colleges and Universities is mounting to ensure the mental health needs of young people on campus are supported. Yet while students may look to Colleges and Universities to provide support for mild mental health concerns, post-secondary institutions should not be tasked with providing ongoing therapy or intensive treatment services when expertise already exists in the community. A more appropriate solution is for Colleges and Universities to partner with community youth mental health agencies who can easily scale their reach. Ontario’s Universities agree. In their recent report, Partnering for a Better Future, they state: “...we believe having the right mental health support requires a community approach, not a campus-centric one... Recognizing that mental health is a broader societal issue, universities are ready to work further with our partners in the health sector and across government to ensure all Ontarians receive the support and help they need.”

With an additional new investment of $40M, CMHO estimates that child and youth mental health treatment centres can work together with other community agencies, Colleges and Universities to provide expert mental health support to young people up to the age of 25 in communities, and directly on campuses across Ontario. This new investment would be in addition to the $120M ask put forward in this submission as it would represent significant new innovation – yet the benefits would be far-reaching – ensuring that young people with more serious mental health needs are supported during this challenging transitionary time, allaying concerns of parents and caregivers, and supporting better outcomes for Ontario’s young people.

“...was on the wait list for psychiatric care for two years.”
Shannon Nagy, Youth Advocate

“...I essentially gave up on trying to access mental health services because they were not available when I needed them the most.”
Nicole D’Souza, Youth Advocate

“Youth are sick of waiting.”
Travis Franklin, Youth Advocate
2. Expand specialized youth mental health and addictions centres to ensure that children and youth with the most severe issues get the treatment they need

Hospitals play a crucial role in providing acute care to children and youth with mental health issues in crisis situations or when they require the intensity of resources or services only available in hospitals. However, as hospitals focus more on providing acute care and are incentivized to reduce length of stay, they report that there are insufficient treatment options in the community upon discharge. Because kids don’t get the treatment they need in the community, we’ve seen hospital and emergency department admissions for children and youth with mental health disorders increase dramatically. Since 2006-07, there has been a 67% increase in hospitalizations and 63% increase in emergency department visits for children and youth seeking treatment for mental health and addiction issues in Ontario. This is occurring at a time when hospital visits for kids of this age group have gone down 18% for all other issues. In fact, 38% of children and youth with mental health and addiction issues who seek treatment in hospital emergency departments will do so three or more times – a much higher rate than kids with other health issues. This indicates that the current system is not working. And it costs the government $190M each year.

To reduce wait times for the most complex children and youth, and in doing so, prevent these costly admissions and re-admissions to hospitals, Ontario needs to build more intensive treatment capacity in our communities. Children, youth and families need access to inter-professional teams – including psychiatrists, psychologists, psychotherapists, nurses, social workers, child and youth care practitioners, and a range of other providers – working collaboratively to deliver treatment that is tailored to the needs of each child or youth. In some parts of the province, there are specialized youth mental health and addiction centres but they require more clinical staff to provide timely access for children, youth and families.

In some parts of the province, like Northern Ontario, there is virtually no intensive treatment available. Many kids from the North, including thousands of Indigenous children, must leave their homes to seek treatment in Southern Ontario. This is a devastating practice which draws parallels to the unfortunate legacy of residential schools. What’s more – it disregards the evidence which demonstrates that effective mental health treatment should occur with the support of one’s family, caregivers and community. Investments must be made today in specialized mental health and addiction centres for the North to enhance access to treatment and improve outcomes for children and youth who would be otherwise hard-to-reach or geographically displaced.

Expanding specialized treatment centres will yield direct savings in hospital care. The cost of the most intensive community treatment is only $600-$800 per day versus $2,360 per day for in-patient hospital care. An investment of $48,500,000 to scale up existing accredited specialized mental health centres and create new ones in currently underserved areas will dramatically reduce hospital costs while vastly improving outcomes for children and youth.

- Specialized Youth Mental Health and Addiction Centres — Regional $17,000,000
- Specialized Youth Mental Health and Addiction Centres — Community $19,000,000
- Specialized Youth Mental Health and Addiction Centres — Northern $12,500,000

“...It wasn’t until she tried to take her life that we were finally provided with the care she had needed all along. But even then it was only for a short period of time. As soon as she started to feel better, she was discharged from treatment in hospital, without support to ensure that all the progress she made wasn’t lost.”

Nicole German, mother of Maddie German Coulter who died by suicide April 11, 2015, while waiting for treatment
Impacts of the *Fair Workplace, Better Jobs Act*

Specialized mental health service providers who offer residential treatment for children and youth are particularly vulnerable to funding shortfalls as a result of fixed staffing costs associated with around-the-clock treatment. These providers are now feeling the impact of the *Fair Workplaces, Better Jobs Act*. Specialized treatment providers have been particularly impacted by the erosion of funding over the past decade – and many are now closing beds and turning high-needs children and youth away. Most residential providers are estimating the impacts of the minimum wage rules to create a further 3-5% budgetary pressure – in addition to already-existing shortfalls.

CMHO is calling on Ontario to fully fund the shortfalls that this legislation is creating. Ontario made an important commitment to cover funding shortfalls in licensed child care environments and in the developmental services sector, and must now act in a similar manner to cover shortfalls in licensed residential treatment settings. Failure to do so will lead to residential bed closures – further contributing to the lack of specialized services in Ontario and putting additional strains on hospitals. Licensed residential providers are eager to work together with the government to allocate new funds to ensure services can continue without interruption.

3 Retain highly qualified staff caring for our most vulnerable children

Attracting and retaining qualified and passionate staff in the community mental health and addictions sector is critical to improving outcomes for children and youth. Without specific allocations for compensation and professional development, *many highly qualified and experienced staff are leaving the sector for higher wages in the hospital and education sectors*. For example, average wages for community-based social workers (MSW) are 34% lower than salaries in hospitals for the same work and can be as much as 50% lower. In schools, the gap is even greater – up to 57%. This gap must be closed to retain the high-quality staff that the children, youth and families deserve when seeking treatment.

To ensure the sector is equipped to treat children and youth with severe and/or complex mental health needs – from infancy until adulthood – *we must retain staff with specialized clinical expertise in child and youth mental health and addictions* – including social workers, psychologists, psychotherapists, psychiatrists and well-trained child and youth care professionals, among others. *An investment of $34,000,000 to retain skilled staff will help ensure children and youth receive the best possible mental health and addictions treatment.*
4 Develop quality standards to deliver the best mental health and addictions services

Ensuring that children and youth in Ontario have access to high-quality mental health care and services (no matter where they live), requires evidence-based measurement and reporting on how well the system is performing. This type of routine performance reporting helps identify and drive needed improvements at the service and system levels.

Dr. Joshua Tepper, President and CEO, Health Quality Ontario

CMHO members are all accredited child and youth mental health centres with a commitment to quality in every area of their services. Accreditation is a key dimension of delivering high-quality services but there are other dimensions as well; it is crucial that investments are made in quality improvement initiatives. In its 2016 value-for-money report, the Auditor General of Ontario made several recommendations related to quality improvements in the child and youth mental health sector. CMHO recommended that the government develop a provincial quality strategy, in partnership with CMHO, child and youth mental health centres, other key stakeholders and children, youth and families. This strategy should include:

• provincial service standards (e.g., admissions, wait times, client experience, client outcome standards)
• comprehensive performance measurement
• resourcing to support the strategy

The development of quality standards for child and youth mental health combined with participation in Health Quality Ontario’s E-QIP quality improvement initiative will help ensure children youth and families receive access to quality mental health and addictions treatment. An investment of $1,500,000 this year will develop and enhance the quality improvement capacity, knowledge and skills of the accredited child and youth mental health centres.
Conclusion

The 2018-19 budget offers an opportunity to significantly increase the ability of accredited child and youth mental health centres to meet the needs of children and youth, and their families. With wait times of more than one year for services, the mental well-being of children and youth can quickly deteriorate and they can become acutely ill, which forces them to use hospitals as a first point of access. When they cannot receive the care they need in their communities after being discharged, they continue to return to hospitals in a state of crisis and, sadly, sometimes they die by suicide. Ultimately, untreated mental illness not only can have a profound impact on individuals’ lives in the short-term, but it can have a significant and long-lasting negative impact throughout the rest of their lives.

Strategic investments in accredited child and youth mental health centres will allow the government to reduce wait times, increase access to intensive treatment, hire and retain highly skilled clinical staff, and improve quality. Together, these efforts will substantially improve mental health outcomes for children and youth in Ontario. These investments will also save the province hundreds of millions of dollars in hospital costs in the short-term, and potentially billions of dollars in a range of health and social costs in the long-term. CMHO and our members look forward to working with our partners in government to support the mental health and addictions needs of children and their families across the province.

“After my daughter’s suicide attempt where she was found hanging in our garage, she was on life support for 11 days, and in hospital for over a month. It is a year later and we still have not seen a psychiatrist or are receiving treatment, we just wait…”

Family Member, The Position of Families on Transformation of the Child and Youth Mental Health System, Parents for Children’s Mental Health

“The single most debilitating factor for families and children and youth who require mental health treatment remains the wait lists and access to service.”

Family Member, The Position of Families on Transformation of the Child and Youth Mental Health System, Parents for Children’s Mental Health

“It is good that children and youth are more likely to seek help when they are struggling with mental illnesses and addictions. However, it is imperative that we have a system in place where children and youth, and their families, have access to services in addition to Emergency Departments.”

Dr. Paul Kurdyak, Medical Director, Performance Improvement, CAMH, and Program Lead for the Mental Health and Addictions Research Program, ICES
APPENDIX A – Detailed Program Information

1 Ensure that no child or youth waits more than 30 days for mental health and addictions treatment

Children and youth, ages 0-18, and their families need fast access to treatment appropriate to their needs. Some will need a few counselling sessions and children and youth with moderate to severe issues will need more extensive services that last for a longer time, which may include:

- Counselling
- Structured psychotherapy
- Mental health assessment
- Family capacity building and support
- Care coordination/service navigation

The lead agency in each service area in the province has identified service gaps and can ensure that funds are invested in the right programs based on local community needs. Lead agencies report needs such as: crisis support programs, walk-in clinics with extended weekend and evening hours, targeted early intervention for infants and young children at high risk for developing mental health problems, and additional psychotherapy for those kids with the most severe issues. Investment will also facilitate the development of outcome measurement data to ensure that the highest quality programs are being delivered.

As such, we recommend providing 12,000 infants, children, youth or families – the estimated number of clients currently waiting for services at child and youth mental health centres in Ontario – with an average of 12 sessions of high-quality evidence-informed counselling or psychotherapy, case coordination, or mental health assessment at accredited child and youth mental health centres.

$32,770,000

Investment is needed to implement models that improve the way clients flow through services. Examples of such models include, the Choice and Partnership Approach (CAPA) and the LEAN principles applied in health care. We recommend facilitating such change, by training 88 accredited child and youth mental health centres, at $35,000 each.

$3,080,000

Investment is required to define wait times for specific programs at a provincial level, through data collection, data analysis and public reporting. Working in close consultation with Health Quality Ontario and other health care experts, we recommend developing a plan to measure and publicly report wait times.

$150,000

Total $36,000,000
2 Expand specialized youth mental health and addictions centres to ensure that children and youth get the treatment they need

Scaling up innovative specialized youth mental health and addictions programs that are delivering strong outcomes for children and youth is a good investment. This plan would leverage the services of existing specialized youth mental health and addictions centres within the province to build an enhanced suite of programs, including 24/7 care, day treatment programs (partial hospitalization), in-home treatment, respite, family support and capacity building, and care coordination with inter-disciplinary teams of psychiatry, psychology, social work, and other professions. The lead agency in each service area in the province has identified service gaps and can ensure that funds are invested in the right programs based on regional and community needs. The investment will also enable the collection and analysis of assessment and outcome data at both a local and provincial level.

Investment in specialized youth mental health and addictions centres at the regional level is essential to ensuring that children and youth with the most severe issues are able to access the most intense mental health treatment, including step-down care from hospital or emergency department care as required.

$17,000,000

Properly resourcing specialized youth mental health and addictions centres at the community level will allow children and youth – who are at high risk for developing mental health issues or who are experiencing significant mental health issues – together with their families, to access the mental health treatment they need close to home, including step-down care from hospital or emergency department care as required.

$19,000,000

There are insufficient intensive treatment options in Northern Ontario, meaning that children and youth living in Northern Ontario who require specialized youth mental health and addictions services are forced to either go without, or leave their communities and travel south to parts of the province with the level of care required. Developing specialized youth mental health and addictions centres in the North to serve children and youth – who are at high risk for developing mental health issues or who are experiencing significant mental health issues – together with their families, can address this problem.

$12,500,000

Total $48,500,000

3 Retain the highest skilled staff caring for our most vulnerable children

Child and youth mental health centres care for the most complex and severely mentally ill children and youth. Highly experienced staff are leaving child and youth mental health centres for increased wages in the hospital and school sectors. Wages are as much as 57% gap lower in the community sector. It is of crucial importance that these staff are paid equitably to retain their experience. Resources are needed to close the wage gap for 2,500 child and youth care practitioners, social workers, and other clinical staff.

Total $34,000,000
4 Develop quality standards to deliver the best mental health and addictions services

The Auditor General of Ontario made a number of recommendations in its 2016 value-for-money audit. CMHO recommended that, to address these recommendations comprehensively, the government develop a provincial quality strategy, in partnership with CMHO, child and youth mental health centres, other key stakeholders, and children, youth, and families. The quality plan would include:

- provincial service standards (e.g., admissions, wait times, client experience, client outcome standards)
- comprehensive performance measurement
- resourcing to support the strategy

Working with Health Quality Ontario, the development of a provincial quality plan will ensure that the standards are based on the best evidence and aligned with adult mental health and general health care standards for hospitals and primary care to ensure coordination across sectors.

$500,000

The Excellence through Quality Improvement Project (E-QIP) is a collaborative initiative of Addictions and Mental Health Ontario, Canadian Mental Health Association – Ontario, and Health Quality Ontario. Together these organizations are supporting Ontario’s community mental health and addiction service providers to make care better by enhancing a sector-wide culture of quality improvement. Child and youth mental health centres should be included in E-QIP.

$1,000,000

Total $1,500,000

Total Funding Required (Annualized $114,970M, One time $5,030M) Total $120,000,000