

2018

FROM CRISIS TO QUALITY

**BRIDGING
GAPS**

IN CHILD & YOUTH
MENTAL HEALTH
SERVICES

Youth-Led
Recommendations
for Ontario Child & Youth
Mental Health Agencies

YOUTH ACTION COMMITTEE

THE NEW MENTALITY
DISABLE THE LABEL

CMHO
Children's Mental Health Ontario
Santé mentale pour enfants Ontario



YOUTH ACTION COMMITTEE



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ACKNOWLEDGMENTS

Since 2012, the Youth Action Committee (YAC) in partnership with Children’s Mental Health Ontario (CMHO) and The New Mentality (TNM) has been actively engaging with youth across the province to learn about the needs that exist within the provincial child and youth mental health system to form youth-led policy recommendations to bring about change to meet these needs.

This project is the result of collaboration between passionate youth across the province and their adult allies dedicated to ensuring the child and youth mental health system in Ontario is one of quality that meets the needs of all children and youth. This manual was written by 2018 Youth Action Committee Co-Chair Kaitlinn Gammon (Sudbury) who had the support and effort of a bright team of young advocates who formed the 2018 Youth Action Committee. A special thank you to the 2017 Youth Action Committee who conceived this project and led the 2017 Youth Policy Summits in Toronto and Thunder Bay.

Members of the 2018 Youth Action Committee include:

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Jaydon Turgeon, Co-Chair, Carleton Place
Jade Cayley, Oshawa
Victoria Corbett, Sault Ste. Marie
Shivi Darubra, Markham
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Members of the 2017 Youth Action Committee include:

- Shannon Nagy, Co-Chair, Orangeville
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- Matthew Leaton, Brampton
- Tina Nguyen, Toronto
- Desiree Towedo, Thunder Bay
- Jaydon Turgeon, Carleton Place



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The YAC is a provincial advisory committee, made up of youth aged 16-25 who work to reduce stigma and improve mental health services for children and youth through youth-led policy recommendations. The YAC identifies a major issue youth experiencing mental health difficulties in Ontario are facing and sets out to find out how youth think we can solve these complex issues. Following province-wide youth consultations, the YAC works with CMHO's policy team to generate youth-led policy recommendations. The group works together to deliver findings and recommendations to stakeholders responsible for change. Since 2013, the YAC has released two groundbreaking reports addressing wait times in Ontario and mental wellness in the school system.

The Youth Action Committee ensures that the voices of youth across the province are acknowledged, respected and taken seriously, driving change within the system and raising a unique and valuable voice.



In 2017, the YAC held consultations in both Toronto and Thunder Bay to hear from youth about the gaps that exist within the current provincial mental health system. The youth at these summits spoke about: a lack of continuity or quality in their care; that they couldn't access services unless they were in crisis, and many who did have services found they were unsustainable due to factors such as aging-out; and that service providers did not have enough equitable representation and diversity amongst their staff to meet the specific needs and comfort levels of marginalized youth. The emerging themes from these consultations were: transitional services; youth engagement; diverse representation of service professionals; and rural, remote, and Northern communities.

These barriers or gaps that youth identified are what contribute to the systemic reality of our provincial child and youth mental health system being crisis-oriented. That is, youth are operating in crisis where they don't have stable solutions or access to the help that they need, when they need it. Since 2006-07 in Ontario, there has been a 72% increase in the number of young people who made emergency department visits for mental health issues and a 79% increase in the number of young people who were hospitalized (CMHO, 2018). This has serious financial implications as emergency services are repeatedly being sought and re-provided as opposed to offering a solid and longer-term solution for child and youth mental health issues. Aside from the cost financially, being crisis-oriented systemically has many other serious costs. We have lost too many young people and too many young people have lost themselves in a system that is supposed to work toward helping them build and find themselves.

The 2018 YAC worked to address this problem of operating within a system that is crisis-oriented by taking the gaps in service identified by the committee in the previous year and seeking solutions from the young people of Ontario through a survey to form recommendations to further close these gaps.

Our vision is to help build a child and youth mental health system in Ontario that is one of quality, of continuity, and that meets the needs of all children and youth of diverse backgrounds. Though this issue of being crisis-oriented is one that is rooted systemically, there is a great opportunity for change to be made at an organizational level that can shift this framework holistically.

This manual will include a set of youth-led recommendations that organizations and service providers need to take to effectively meet the needs of youth in Ontario. We will no longer accept a system that will only work for us when we are in crisis and our lives are at risk. We need service providers to work toward building greater continuity in our care to shift from a system that is operating in crisis mode to a place of sustainability and quality.

Growing up in Sault Ste. Marie, access to mental health services definitely aren't the worst, but they are far from the best. Looking back now, my mental illness really began to surface around age 8. Unfortunately, when my family and I tried to access services when I was about 10 years old, I didn't fit the cookie cutter criteria and we were turned away as there was nothing available for us. The next thing I knew, I was 13 and suicidal with nowhere to turn. Suddenly, I was sick enough and magically, I finally qualified for services. I was fortunate that my counsellor and I clicked well and I was able to build a good connection with her but she informed me that I would only see her for 1 year and then I would be done. I didn't know that we could put a timeline on a young person's therapeutic success. Thankfully I was able to keep seeing her for about 2 years rather than just 1; one day, I called to check in with her a few days after visiting the crisis department at the hospital and I was informed that my file was already closed because my sessions were "no longer therapeutic." Since I no longer had access to youth services, I was stuck in limbo until my 18th birthday, but even when I tried to access those services, I was utilizing my survival skills to function well, regardless of my mental state, so there were not many options for me. When I finally found services that I could utilize, I was once again informed that I was only eligible for a certain amount of sessions, but my file was terminated after 4 sessions because they were downsizing the department and I was not a priority case because I was functioning well. I was going to school, I had a job, and I was playing sports, but that doesn't minimize how depressed I was and how much I needed that support. It finally came time for me to move away for college, and once again, I was left to navigate the system on my own, in a brand new city. I am thankful that my college promotes mental wellness and I was able to find those services on campus, but the demand is high and the wait times between appointments can be detrimental.

Anonymous Youth, Sault Ste. Marie

SECTION 1



In Ontario, mental health services for children and youth go up to the age of 18 and once one reaches this age, they are cut off and expected to move to the adult sector to seek new services. This transition to the adult sector is challenging, overwhelming, and life-changing for many. With this change, many young people face the challenges of not feeling comfortable with a new counsellor, being added to another waitlist, and not knowing how to navigate or access a new system. In addition to these challenges, the lack of publicly-funded therapy in the adult sector can be problematic for many. Youth in this province have identified a need to have stronger transition plans or services in place for when they make the move from the child and youth to the adult mental health sector. According to the 2018 YAC study, **93 out of 123 youth (76%) who have already been through the child and youth mental health system said they did not have a transition plan in place when they moved to the adult care system.**

Youth have also expressed a concern regarding losing the relationship with their child/youth therapists and are discouraged by the lack of relationship-building between patient and adult service provider for continued support.

Without continuity in care through smooth transitions from and between services, the cycle of a “crisis system” is perpetuated where service providers are left unprepared and youth are left without stability in care. By improving efforts in transitioning youth from and between services, service providers can move away from the system of crisis and ensure greater quality of care while allowing youth and families a more comfortable understanding of their pathway.

RECOMMENDATIONS

1.1 Discuss transition planning early

Young people accessing child and youth mental health services need to be informed of the transition to the adult mental health sector at least 6 months before their 18th birthday. All child and youth mental health service providers should have internal organizational policies around transitions that include steps such as:

- Begin to identify with the young person the types of services that will be needed
- Map out the adult agencies available to the youth
- Plan for what the hand-off from child and youth service provider to adult service provider will look like

1.2 Collaborate with adult service providers and stay involved throughout the transition

An important action that service providers can make is to stay connected throughout the youth's transition between the sector to the adult sector. Whether this looks like joining the youth over the course of a couple of appointments with their new provider, or reassuring open contact for an allotted time before their casefile is closed, it is important to allow youth comfortability with something/someone familiar as they ease into their transition.

“Discuss termination EARLY. It didn't seem fair to me that just because my birthday was in February that I had to leave the youth therapist and associated agency at the beginning of the year when some other youth would have had longer in the year. Also, I wish my therapist would have helped me process leaving her a bit earlier. And maybe something like slowly reducing the frequency of sessions would be good. Perhaps with a 3 month post termination follow-up? Just to ensure the person DID get connected with people if necessary. Youth in transition should not fall between the cracks.”

Youth Survey Respondent, Woodstock

“My transition from the youth system into the adult system felt very lonely. The only supports I was aware of were for youth, so once I aged out I had nowhere to go and no one to turn to that could help me even find services for adults. My lack of a transitional plan resulted in me giving up on finding services in general, I knew that I wasn't able to afford therapy on my own and with nowhere else to turn and no knowledge of anywhere other than the ER at the hospital, I truly believed I was on my own in my mental health journey.”

Anonymous Transitional Aged Youth

SECTION 2



54% of youth respondents to the 2018 YAC survey identified as being part of a marginalized group or community. In the qualitative analysis, it became apparent that many of these youths do not feel “connected” to their service providers as they feel there is a lack of representation amongst staff that does not accurately reflect the diversity of the populations they serve. **Over 65% of youth felt it was necessary for a healthcare professional/clinician to identify similarly to them in order for them to feel comfortable receiving their services.** It is a huge problem that marginalized youth are not allowed the space or opportunity to feel comfortable in the services they seek in a generally Eurocentric system predominantly operated by white people. This could contribute to the disproportionate rates of racialized youth we see in the child welfare and criminal justice systems as opposed to the CYMH system, and why vulnerable groups are at heightened risk for suicide and other crisis-related injuries. To best avoid these crisis scenarios, service providers must take responsibility to ensure the safety and comfortability of marginalized groups and can do so by implementing anti-oppressive practice (AOP) as organizational policy and through hiring staff to reflect the diversity of the youth they serve.

RECOMMENDATIONS

2.1 Recruit Boards of Directors, management, and front-line workers who reflect the diversity of the population served

Doing so helps ensure that perspectives reflect a range of cultural and socio-economic realities. At the same time, this proactive measure works to minimize assumptions that lead to policy planning and services that are oppressive and insensitive to people’s lived realities. Actively promoting diversity may entail the review of existing hiring practices and incorporating a stated objective pertaining to employment equity.

2.2 Engage in effective anti-oppressive education and training

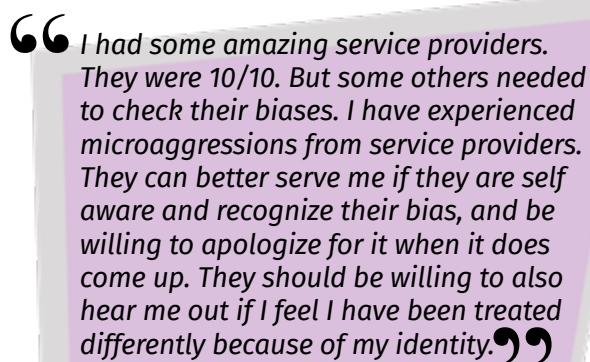
97% of respondents believe there is a need for mental health service providers to undergo cultural safety and diversity education. It is recognized that investment in ongoing professional development is often one of the first casualties of budget cuts in cash-strapped organizations. However, where agencies truly represent a diverse range of talents and types of experience, a lot may be accomplished through a formalized commitment to peer mentoring and inter-departmental education.

2.3 Develop and implement anti-oppressive policies

All agency policies need to be written through an “AOP lens” to ensure that they reflect a commitment to AOP, or as a stand-alone policy, which clearly:

- i. Defines what “anti-oppression” means within the context of the agency;
- ii. Delineates the kinds of actions that are considered to be oppressive and therefore not acceptable;
- iii. Outlines how the organization will respond when i. and ii. are not upheld

Agencies need a formal articulation of how the board, administration and workers will communicate with each other, clients and the wider community in ways that invite mutual learning and sharing, and respect difference. To ensure that this commitment is seen from day-to-day, agencies should create a regular feedback channel for staff to communicate about how they are putting this into practice as well as a place for them to practice self-reflexivity regarding power dynamics.



“ I had some amazing service providers. They were 10/10. But some others needed to check their biases. I have experienced microaggressions from service providers. They can better serve me if they are self aware and recognize their bias, and be willing to apologize for it when it does come up. They should be willing to also hear me out if I feel I have been treated differently because of my identity.”

Youth Survey Respondent, Toronto




“ I have struggled with my identity in terms of race and sexuality for a long time and would greatly benefit from having been able to discuss that among people who can relate.”

Youth Survey Respondent, Kanata



“ I want cultural appropriate services which can provide support with understanding towards my culture.”

Youth Survey Respondent, Scarborough



“Diversity in adult allies so that more youth have the chance to connect and relate with them.”

Youth Survey Respondent, Kanata

In my community I had the pleasure of working with a South Asian grassroots initiative focused on mental health called ‘Supporting Our Community’s Health (SOCH)’. In Hindi, Punjabi and Urdu ‘soch’ means way of thinking. This initiative has made a significant impact within the Punjabi community in destigmatizing mental health. SOCH has become the conduit between the community and service providers. This initiative has made waves through community-based activities to engage various demographics, workshops, partnerships with alternative therapy-based businesses, and social media. Initiatives like SOCH help families seek additional support in accessing mental health services for children and youth. This initiative helped create healthy dialogue on mental health in the South Asian community – which has traditionally been a taboo topic for many South Asian families for generations. SOCH has allowed families to better connect with practitioners in the South Asian community to combat anti-oppressive practices and has created more culturally-inclusive services for South Asians across the GTA.

Shivi Darubra, Markham

SECTION 3



Young people in rural, remote, and Northern Communities face unique challenges and barriers to services that do not afford them the same level of care as other youth in the province. They face geographical barriers such as the lack of proximity to major healthcare centers and hospitals, lack of culturally relevant services, as well as costs to travel outside of the community to access appropriate services. Of the respondents, more than **53% reported they wish they had access to mental health services from outside of their community**. It is recognized as a limitation that this sample of youth respondents was small and that we have no data on remote communities.

All youth in Ontario are under the same CYMH system, which should translate to those living in rural, remote, and Northern community receiving the same standard of care as every other youth in the province. The reality of this not being true is disgraceful. However, it is a reality that service providers have the opportunity to change. Service providers must remain open to seeking additional methods of connecting youth to what they need when barriers arise for both youth and service providers in rural, remote, and Northern communities.

RECOMMENDATIONS

3.1 Offer alternative therapies to counselling

Creating alternatives to counselling or collaborating with existing alternative mental health resources and community-initiatives, creates an opportunity for youth to opt for more cost-effective, and alternative options for treatment. When asked the question, “If your community was given significant funding for mental health, what would you want your community to do with it?”, many youth at the Thunder Bay consultation in 2017 expressed ideas and desires for alternative therapy to counselling. In the 2018 survey, **more than 85% of respondents expressed interest in art, music or sports-based therapies**.

3.2 Seek to enhance face-to-face services before considering telehealth/internet-based therapy

With barriers such as limited resources, accessibility, and transportation, it is understandable that some service providers would consider the promotion and use of telehealth and other digital therapies. However, when possible, service providers should seek to enhance the opportunities available to youth for in-person counselling.

92% of survey respondents identified that face-to-face counselling is still relevant to youth.

“*While I lived out of reach of services I developed unhealthy and harmful coping mechanisms to deal with my distress, including self-harming tendencies.*”

Youth Survey Respondents

SECTION 4



The best way to determine what youth in Ontario need, is to speak directly with them. Collaboration with youth advocates and those with lived experience is important for agencies to see value in and undertake. Respondents who have experience collaborating with organizations, and those who wish to, have indicated that creating a safe space, developing meaningful relationships and having open and honest conversations are the most important things service providers need to continue to provide.

By recognizing youth as being important partners to collaborate with and by providing a space which represents acceptance and non-judgement for collaboration to remain meaningful, service providers can inform their policies and practices to ensure that they are meeting the needs of youth and providing them with quality care. Part of recognizing youth as being important partners in creating a system of quality care is by providing compensation for their collaboration.

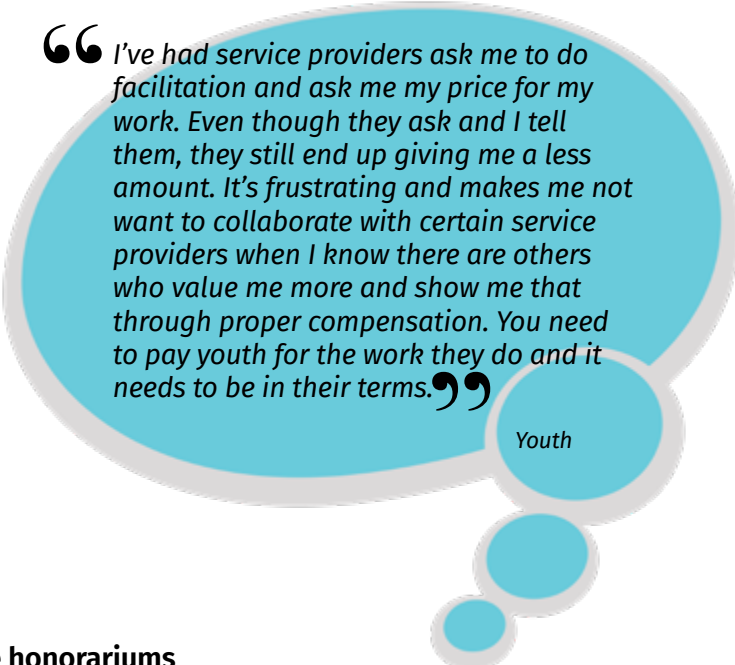
RECOMMENDATIONS

4.1 Provide youth with minimum wage compensation for their hourly work

To engage youth, 67% of respondents feel they should be paid or receive an honorarium when collaborating. Youth voice is integral in the development of creating programs and best practices to support youth. Respondents have indicated paying youth minimum wage for their collaborative efforts will incentivize the development of better strategies for services.

“Collaboration needs to be ongoing, not just one-time events.”

Youth Survey Respondent




“I’ve had service providers ask me to do facilitation and ask me my price for my work. Even though they ask and I tell them, they still end up giving me a less amount. It’s frustrating and makes me not want to collaborate with certain service providers when I know there are others who value me more and show me that through proper compensation. You need to pay youth for the work they do and it needs to be in their terms.”

Youth

4.2 Provide alternative honorariums to recognize the contributions of youth if hourly payment is unavailable

In the event that hourly minimum wage compensation cannot be provided for a youth, alternative honorarium(s) should be provided instead. Some examples of these alternatives, as validated by youth who responded to the survey, are as follows:

- Gift cards
- Volunteer hours
- Scholarships/bursaries
- Training and skill development opportunities



“Any service provider I’ve ever collaborated with says that they are youth friendly or they do youth engagement, but it’s really only them checking off the box by having a youth at the table. They either don’t include what you say, they dismiss it, or they just in general don’t value you there and you can actually feel that you’re only there because they need you to be to look good. Nothing genuine about it.”

Youth Survey Respondent, North Bay



CONCLUSION

In conclusion, in order for Ontario's system to operate in such a way that it meets the needs of all youth of diverse backgrounds while providing quality care with continuity, change needs to take place in the areas of: transitional services; staff diversity and anti-oppressive practices; access in remote, rural, and northern communities; and youth collaboration.

This manual has provided recommendations for service providers in all of these areas in hopes that meaningful changes can be made on the ground level, where youth can be met. The current crisis-oriented system is failing youth and we will no longer accept it. We want something that works and something that works for all of us.

To completely re-orient a system of such high impact and demand is not an easy task, but it is a realistic task that first requires all involved to reflect on how we orient ourselves within such a system. It requires a recognition of macro-level ethical responsibilities, even as micro-level providers. Most importantly, it requires us to build on what is working, challenge what is not working, and understand the greater impact of small steps we can all take to make change.

We recognize funding as being a barrier to much larger and efficient change, and it is the YAC's hope that the provincial government under the current leadership of the Progressive Conservative party will join us in our efforts to re-orient our system.



To support the government in implementing these solutions, we have developed a separate two-pager that outlines our policy level recommendations. We have developed four recommendations:

- 1. Raise the age of child and youth mental health services from 18 to 25.**
- 2. Ensure effective treatment for youth with diverse backgrounds and identities.**
- 3. Expand community-based services for Indigenous youth.**
- 4. Increase mobility to access services for rural, remote, and northern youth.**



The full document, which expands on these recommendations, can be found at the New Mentality website:
www.thenewmentality.ca/CrisisToQuality

In the meantime, even without funding as a variable, so much can be done when service providers and youth join together. Walk with us, listen to us, and mirror our passion, determination, and our optimism to shift Ontario's CYMH system from crisis to quality.

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