POLICY PAPER

Improving Mental Health Services for Ontario's Children and Youth

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Executive Summary

Mental illness and addiction affect one in five Canadians, with an impact in Ontario that is 1.5 times that of cancer.[1,2] The onset of mental illness is typically during childhood or adolescence; the majority of these individuals do not receive timely, adequate care, causing preventable suffering for these young patients and their families. The Ontario government has recognized the need to improve mental health care, and announced on March 10, 2017 that a 10-year healthcare agreement has been reached with the federal government that includes the allocation of an additional $1.9 billion toward mental health initiatives.[3] While this announcement is an encouraging step, the positive impact of this agreement can only be maximized if the extra funding is utilized effectively.

The Ontario Medical Students Association (OMSA) represents the views and concerns of the province's 3500 medical school students across six universities, and strongly believes in timely access to quality mental health care for all Ontarians. Mental health care access was chosen, through a province-wide medical student advocacy questionnaire, as the focus of OMSA Lobby Day 2017. The following document outlines recommendations and rationale that aim to address the needs of children and youth and those requiring transitional care as they seek mental health services in Ontario.

At the end of 2016, over 12,000 children in Ontario were waiting for long-term psychotherapy with wait times lasting up to 18 months.[4] During these long wait times, children and youth deteriorate, with their mental health illnesses often progressing.[5] In addition, these individuals have an increased reliance on already overburdened emergency services for crisis intervention. The burden of these wait times is exacerbated during the transition from pediatric to adult care. Once they turn 18, patients often need to change care providers and services to access the mental healthcare system as an adult. The wait times for this can exceed six months and often coincides with a highly vulnerable period in the patient's life and development, when they are in the process of forming their self-identities.[5,6]

Ultimately, Ontario's mental health services remain fragmented and major strides need to be made, especially in the areas of service wait times and continuity of care. In order to address this issue, OMSA recommends that the Government of Ontario:

1. **Set provincial standards and monitor wait times for children and youth accessing mental health services.**

2. **Improve mental health care for vulnerable youth moving from adolescent to adult health care systems.**

Principles

The Ontario Medical Students Association makes its recommendations using the following guiding principles:

1. All Ontarians should have timely access to quality mental health care.
2. Access to mental health care is critical for children and emerging adults.
3. Regular reporting of healthcare outcomes are essential for improving Ontario's healthcare system.

Recommendations

Recommendation 1: Set provincial standards and monitor wait times for children and youth accessing mental health services.

Children and youth represent some of the province's most vulnerable populations with regards to mental health. While mental illness will affect approximately one in five Ontarians in their lifetime, for 70% of these adults living with mental health problems, their symptoms first began in childhood or adolescence.[7] Significant benefits can be gained from a mental health strategy that targets children and youth. Early identification and intervention can lead to overall better health outcomes, improved school attendance and performance, contributions to society and the workforce, and cost-savings to the healthcare, justice and social service systems.[8]

In Ontario, child and adolescent mental health services are provided by an array of ministries: the Ministry of Child and Youth Services, the Ministry of Health and Long-Term Care, the Ministry of Education, and the Ministry of Advanced Education and Skills Development.[9] In 2011, Ontario announced the Comprehensive Mental Health and Addictions Strategy, which is currently led by the Ministry of Health and Long-Term Care.[8] Although this proposed strategy "offers a comprehensive approach to transforming the mental health system," the provision of mental health services to Ontario's young people continues to suffer from inefficient delivery, absence of a monitoring system, and lack of service delivery standardization.[8,10] As a result, this vulnerable population and their families remain unable to access the appropriate resources and effective services they desperately need in a timely manner.

A particularly urgent problem is the lengthy wait times for children and youth mental health services. First, there is a paucity of data on mental health service wait times for children and youth not only in Ontario, but also in provinces across Canada. The lack of reliable data impedes our

understanding of the current state of the child and adolescent mental health system and makes it difficult to evaluate initiatives aimed at reducing wait times.[11] One of the few attempts at quantifying wait times was a study conducted by the Institute for Clinical Evaluative Sciences (ICES) in 2015. Their report found that 25% of children and youth waited longer than 3 months for a mental health specialist consultation, median wait times have been increasing over time, and wait times were longer in northern Ontario than in the rest of the province (Figure 1).[10]

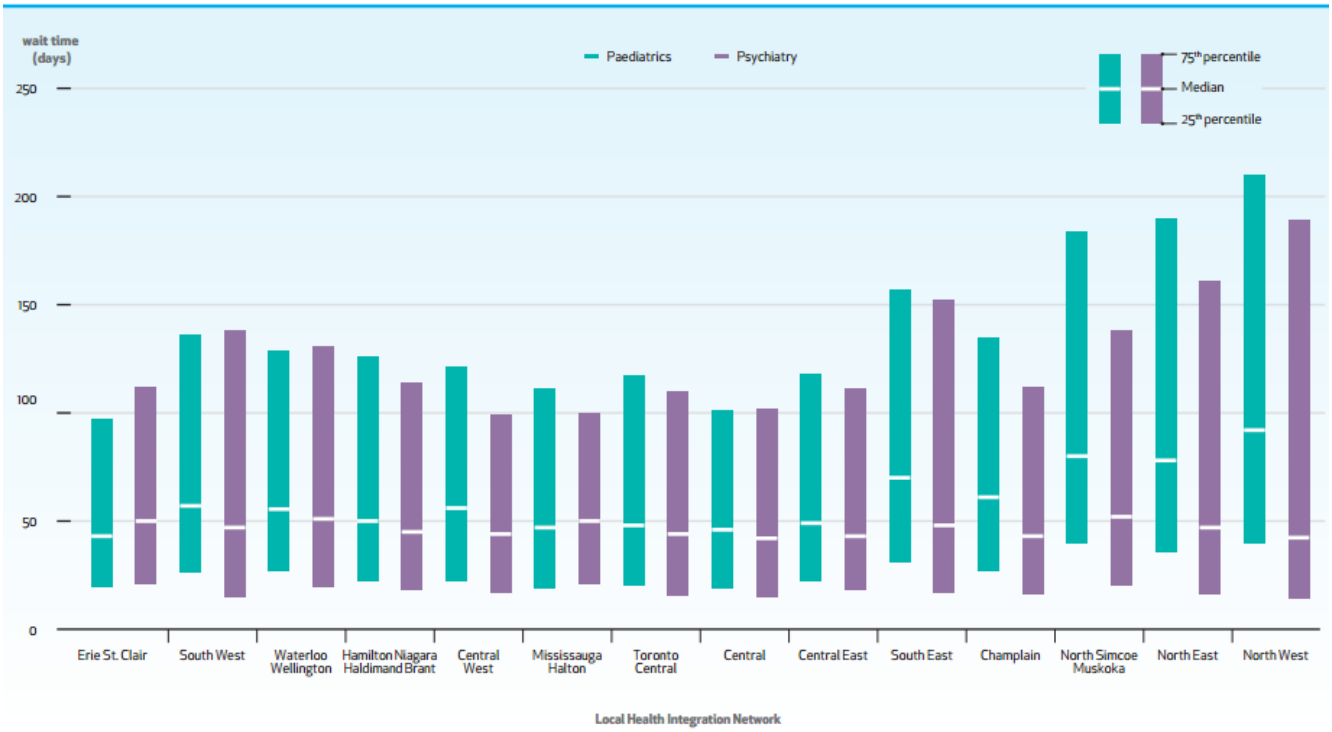

Figure 1. Average wait time from last referring physician to first use of mental health specialist service, provided by a paediatrician or psychiatrist in each Local Health Integration Network, for 0 to 24 year olds from 2009/10 to 2011/12. 25% of clients waited more than 3 months, while wait times were longer in northern Ontario, where 25% of clients waited more than 6 months.[10]

While the ICES report offers a glimpse of the problem, more effort must be directed at comprehensively measuring and monitoring child and adolescent mental health wait times. The Canadian Psychiatric Association recommends that the wait times for children and youth seeking mental healthcare should not exceed 24 hours for emergent care, 2 weeks for urgent care, and 4 weeks for scheduled care.[12] Since the publication of these standards in 2006, provincial governments have made no progress in publicly releasing wait times for psychiatric care for both adult and children, according to the Wait Time Alliance and the Canadian Psychiatric Association.[13] Nova Scotia is the only province that reports wait times on access to child and adolescent community mental health and addictions services.[13,14]

The Ontario government currently only tracks wait times for emergency room visits, surgery, certain diagnostic imaging, and home care. Not monitoring and addressing child and adolescent mental health wait times can have dire consequences. Long wait times can cause the mental health of children to deteriorate while they are left without care, and also force those suffering from mental illness to rely on an already overburdened emergency medical system for help. From 2006 to 2011, emergency room visits for children and youth presenting with mental health and addiction issues rose by 33%, with anxiety disorders accounting for 47% of the total increase.[16] Children's Mental Health Ontario also

reports a 54% increase in emergency department visits and a 60% increase in hospitalizations related to mental health issues among patients aged 5 to 24 in the last decade.[17] While there have been initiatives aimed at reducing youth mental health waitlists, such as offering services during evenings and weekends and employing systematic methods of prioritizing cases, their effectiveness cannot be objectively evaluated without monitoring wait times.[18]

The lack of standards for Ontario's child and youth mental health services was also highlighted by the the 2016 Auditor General's report. While Ontario has established 13 new performance indicators in the 2014/15 fiscal year for child and youth mental health outcomes, including "Average Wait Times for Clients Receiving Services", it has yet to publicly report on any of them.[9] Past reporting from the Ministry of Children and Youth Services (discontinued in 2013-2014) were described by the Auditor General as "misleading results that presented the Ministry's program in the most favourable light rather than reporting complete, unbiased results."[9] Specific issues identified include: reporting wait times from only a subset of agencies; reporting wait times only for those that sought and received service in the same year and excluding those who waited beyond one year; and reporting any improvement in function, including small increases that were not clinically significant, instead of only reporting those with meaningful improvement. These problems must be addressed in order to build a transparent and accountable system for mental health care delivery.

OMSA recommends that the Ministry of Children and Youth Services and Ministry of Health and Long-Term Care publicly set provincial standards for mental health service wait times for children and youth, and regularly and transparently monitor wait times to evaluate if these standards are met. Wait time standards should be in line with benchmarks established by the Wait Time Alliance and Canadian Psychiatric Association, which recommends that psychiatric consultation wait times for children and adolescents should not exceed 24 hours for emergent care, 2 weeks for urgent care, and 4 weeks for scheduled care.[12]

Recommendation 2: Improve mental health care for vulnerable youth moving from adolescent to adult health care systems.

Continuity of care is important in the delivery of mental health care, and can be difficult to achieve when patients transition between pediatric and adult mental health services. Many adolescent mental health concerns continue through adulthood, yet patients turning 18 often need to transfer to new clinicians, settings, and services. In Ontario, this care spans various government ministries, mainly between the Ministry of Children and Youth Services and the Ministry of Health. These transitions limit patients' access to care, and may "involve wait times of six months to a year or more."[5]

Most concerning, this transfer of care results in a "child-adult split in mental health services [which] creates systematic weakness when need is most pressing."[19] Youth aged 12-25 have among the highest incidence and prevalence of mental illnesses, and have a higher risk of rehospitalization if they miss their follow-up appointments.[20,21] Access to care is essential for these youth, who are also more prone to substance use and severe mental illnesses. Many of these illnesses, including schizophrenia and bipolar disorder, have a gradual or intermittent onset that may take months to years before being diagnosed.

Additionally, transitional age youth are often challenged with various developmental tasks and other life changes including: pursuing higher education, entering the job market, moving away from home and established support systems, developing intimate relationships, and forming their own self-

identities.[22] The child and adolescent mental health system provides greater support for young people who are grappling with these developmental challenges while the adult mental health system assumes the client already functions autonomously.[23] This difference can confuse and alienate young adult patients, causing them to disengage from the health care system. Furthermore, the adult healthcare system uses different diagnostic criteria for certain disorders, and some transitioning patients may no longer fulfill the criteria required for adult mental health care.[24]

The Government of Ontario indicated its goal to "improve transitions between different services, such as between youth and adult services" in its 2011 Comprehensive Mental Health and Addictions Strategy.[8] This strategy included supporting initiatives that promote collaboration and consolidation among youth and adult services. A highlight of this 2011 strategy was the Transitional Youth Pilot Project, which aimed to improve transitional care by: forming an advisory committee composed of hospitals and other service agencies; and helping youth navigate the various health care systems with the help of transition co-ordinators.[8] This initiative showed some success by decreasing transition time from an average of 125 days in 2011 to 69 days in 2013.[25] Yet, despite these efforts, 41 of the 215 youth (19.1%) remained on a waitlist for services at the end of the study while 47 youth (21.8%) had cancelled their appointments. The authors identified, that in addition to a need for increased collaboration between services, youth would benefit from a "clinical transition team to provide essential services" during this transition time.[25] These clinical teams would allow youth to continue receiving care without interruption. Another option would be to extend the services provided by the Ministry of Children and Youth Services beyond the age of 18.

The Ontario Centre and Excellence for Mental Health states that "care teams should focus on transitions as client transfer with continuous care, not just a discharge."[26] Various programs such as the Transitional Age Youth Program run by LOFT Community Services in southern Ontario have been an effective model for providing this transitional care for patients between the ages of 16 to 26.[5] However, these programs vary greatly across Ontario, and are also difficult to access outside of large urban centres. Furthermore, many programs are only offered up to the age of 18, one year into adulthood, and thus do not cover many vulnerable transitional age youth. A non-comprehensive list of various transitional age youth programs is provided in Appendix A.

Many other Canadian cities and provinces have developed similar transitional age youth programs, such as the Inner City Youth Mental Health Team in Vancouver. The Mental Health Commission of Canada listed five provinces (British Columbia, Saskatchewan, Manitoba, New Brunswick, and Prince Edward Island) which have developed "high-level interministerial tables and advisors" to ensure "collaborative, cross-sector policies and protocols" to support transitional age youth.[27] While four inter-ministry "Service Collaboratives" in select regions have been supported to establish some of its current transitional age youth programs, Ontario lacks a high-level inter-ministry effort to develop province-wide programs.

Australia has embraced such programs with the establishment of *headspace* in 2006, a national youth mental health foundation for young people aged 12-25 years.[28] The model has been described as "enhanced primary care" and offers access to mental health services at over 90 locations nationwide. Many of these *headspace* centres have been placed in more remote metropolitan and rural areas to service regions that would otherwise have poor mental health care access. These services have been well received in Australia; an independent review of over 22 000 clients indicated that 88% of clients were generally satisfied, while 57.8% agreed or strongly agreed that their mental health improved (compared to 4.3% that disagreed or strongly disagreed).[29]

In comparison, a Canadian review comparing transition-age mental health care across many countries stated that "Canadian provinces and territories lag far behind the systemic improvements for transition age youth that has been implemented in nations such as Australia and the United Kingdom."[30] Despite many trials and initiatives in Canada, the next step is to scale up these initiatives to improve mental health access for all transitional aged youth across Ontario.

In addition to initiatives improving mental health service access and availability, indicators to measure the "successful transitions" must be reported. The essential indicator for a successful transition is "loss to follow-up."[31] Reporting the number of patients who are lost to follow up regularly will enable the Ontario government and stakeholders to evaluate the outcome of transitional age youth programs, identify regions in need of increased service access, and help guide the development of future initiatives. Other indicators supported by an international panel of adolescent health professionals include: attending scheduled visits in an adult care setting; building a trusting relationship with adult care providers; continuing self-management; scheduling a patient's initial visit no later than 3-6 months after transfer; the number of emergency visits in the past year; patient and family satisfaction; and maintenance or improvement of standards for disease control, such as glycosylated hemoglobin in a patient with both mental illness and diabetes.[31]

OMSA recommends that the government support transitional age youth mental health programs. Specifically, OMSA recommends that the government should fund and expand these programs beyond southern Ontario. Services should be provided in each LHIN and be available outside of urban centres. Furthermore, many current transitional age youth programs only provide care to youth up to the age of 18. These programs should be expanded to include youth and young adults aged 16-25, at minimum. Additionally, the MOHLTC should measure and report the number of patients who are not lost to follow up or the number of patients who lost to follow up, as an indicator of how successfully patients are transitioned between pediatric and adult services. Only with timely and unbiased monitoring and reporting, can we evaluate the effectiveness of our mental health programs and determine the direction of future initiatives.

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APPENDIX A

A list of various transitional age youth programs offered around Ontario found through an online search. Several programs were only offered until the age of 18, while many LHINs, especially those located outside of southern Ontario, do not provide such services.

Local Health Integration Network	**Transitional Age Youth Program?**	**Examples of Transitional Age Youth Programs** (ages provided)
Erie St. Clair	Yes	ACCESS Open Minds (ages 11-25), Chatham-Kent, www.accessopenminds.ca/our-site/chatham-kent-on/
South West	None found	
Waterloo Wellington	None found	
Hamilton Niagara Haldimand Brant	Yes	Youth Wellness Centre (ages 17-25), St. Joseph's Healthcare www.stjoes.ca/hospital-services/mental-health-addiction-services/mental-health-services/youth-wellness-centre Youth In Transition (ages 16-24), the RAFT, St. Catharines www.theraft.ca/site/youth-in-transition
Central West	None found	
Mississauga Halton	Limited*	Child and Youth Outpatient Services (ages 12-18)*, Halton Healthcare www.haltonhealthcare.on.ca/programs-and-services/mental-health/our-services/child-and-adolescent-services/outpatient-services.html Transitional Aged Youth Outreach Program (ages 16-18)*, Associated Youth Services of Peel www.aysp.ca/programs-groups/child-youth-programs/tayo
Toronto Central	Yes	Transitional Age Youth Programs (ages 16-24), LOFT Community Services www.loftcs.org/programs/supports-for-youth
Central	Yes	Transitional Age Youth Programs (ages 16-24), LOFT Community Services www.loftcs.org/programs/supports-for-youth
Central East	Yes	Transitional Aged Youth Program (ages 14-18)*, Tri-County Community Support Services http://www.tccss.org/transitional-age-youth-program Transitional Aged Youth Services, Ontario Shores (ages 16-24) www.ontarioshores.ca/cms/One.aspx?portalId=169&pageId=28285
South East	None found	
Champlain	Limited*	Youth Mental Health Programs (ages 16-18)*, The Royal, www.theroyal.ca/mental-health-centre/mental-health-programs/areas-of-care/youth/
North Simcoe Muskoka	One-time consultation	Transitional Age Youth Tele-Psychiatry Consultation Service (ages 16-24) Outpatient Services Program, Waypoint Centre for Mental Health Care www.nsmhealthline.ca/displayService.aspx?id=112371
North East	None found	
North West	None found	