


Ontario Centre of Excellence  
for Child and Youth  
Mental Health  
*Bringing People and Knowledge Together to Strengthen Care.*

**Hot Topics in Child and Youth Mental Health:  
How many partners does it take to change a  
lightbulb (or a system)?**



## CYMH service challenges

### **Pockets of excellence / but still many problems:**

- the orphan of the orphan – significantly under-resourced
- lack of valid, up-to-date prevalence data
- not a system of care (no master plan)
- no standardization/best practices/benchmarks based on evidence
- continuity of care (acute care model versus chronic MI)
- lack of a mental health human resource plan
- inconsistent commitment to evaluation
- everybody's business not just one sector
- training mirrors our problems
- geography
- stigma

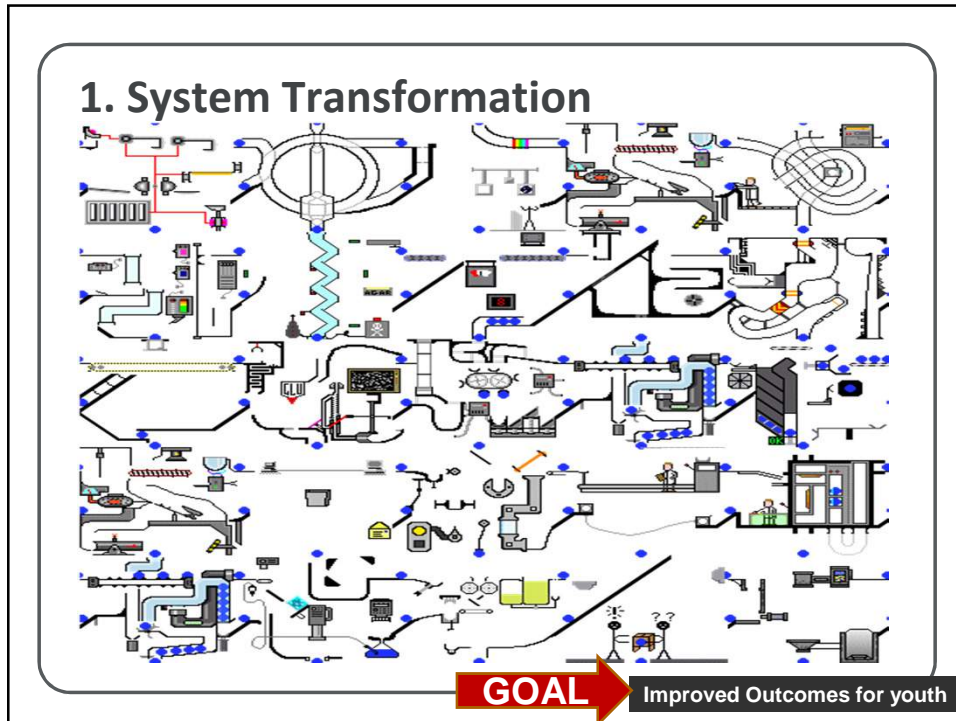




## Ten Hot Topics

1. System transformation
2. Whole government/community approaches
3. Implementation science
4. School mental health
5. Access, wait times and approaches to care
6. Promotion, prevention and resiliency
7. Transitions
8. Family and youth engagement
9. Youth suicide prevention
10. Philanthropy versus service delivery





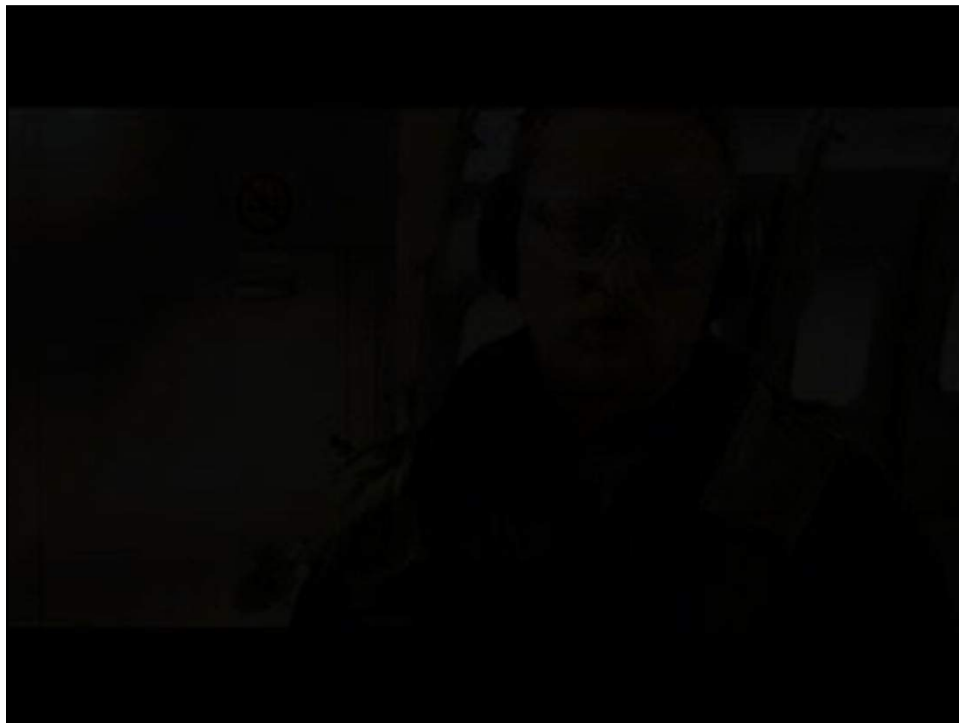
### 1. System Transformation

- **Drivers**
  - Epidemiology
  - Economy
  - Public perception
  - Reports / Recommendations
    - Provincial reports
    - Out of the Shadows
    - MHCC Strategy
- **Key Characteristics**
  - Accessible
  - Appropriate/Acceptable
  - Effective
  - Efficient
  - Collaborative/Coordinated
  - Evidence informed
  - Equitable
  - Accountable
  - Sustainable

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## Necessary Elements (in Ontario)

- Community-based leadership
  - Lead agencies
- Core services within communities rationalized across fewer agencies
- Quality of service experience maximized
- Funding model that makes sense
- Clear pathways to care
- Role clarity across funders
  - Partnerships within and across sectors
  - Alignment with other system change initiatives
- Evaluation for impact
- Data integration





## 2. Whole Government/Community Approaches

- Fundamental difference in how we view our service sectors
- What is the real need and the best way to get there?
- Must be prepared to question fundamental beliefs and to change historic boundaries
- Strong leadership for change within existing systems (ministries, communities)
- Example: Healthy Child Manitoba



## Healthy Child Manitoba

- Healthy Child Committee of Cabinet
  - 9 ministries
- set in legislation under [The Healthy Child Manitoba Act](#) in 2007.
- focuses on [child-centered public policy](#) through the integration of financial and community-based family supports
- Integrated systems including data systems
- Sets the stage for whole community efforts



## Collective Impact

“Large-scale social change requires broad cross sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.”

(Karnia & Kramer, 2011)

### Five conditions for collective success:

- common agenda
- shared measurement systems
- mutually reinforcing activities
- continuous communication
- backbone support organizations



## 3. Implementation Science

### Truth or Dare ...

If we could show you a new way of doing part of your business that was demonstrated to be effective and to produce the right kinds of outcomes – **would you try it?**

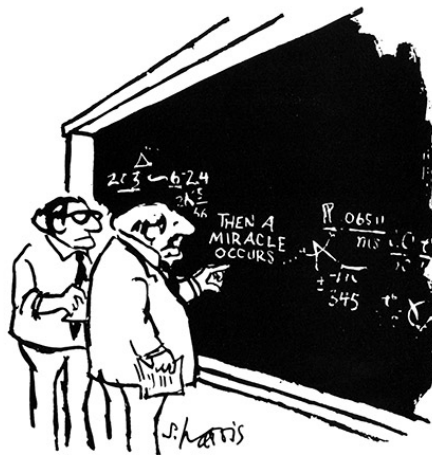
If you've been doing something for twenty years and we tell you that what you're doing is not effective – or may even cause harm – **would you stop?**

**What kind of evidence would convince you to change?  
How would you make it stick!**



## Why aren't we using what we know?

- Change is difficult (organizational, individual)
- Lack of leadership
- Resources/expertise often lacking (time, \$, clinical demands)
  - Seen as an add on
- Limited access to relevant information/models
  - Knowledge gaps
- Often top down/imposed rather than embedded in culture
- Access to training and ongoing support
- Evaluation can be threatening
  - What if we get bad results?



"I think you should be more explicit here in step two."





## Core elements of Implementation Science

- “Chunking” the work: Staged based implementation
- Dedicated people to do the work: Implementation Teams
- On the ground support: Coaching
- Communication: All levels all the time
- Factors that support change: Drivers
- Get Started and Get Better: Evaluation



## Stage-based Implementation

*Stages are not linear and overlap often occurs.*

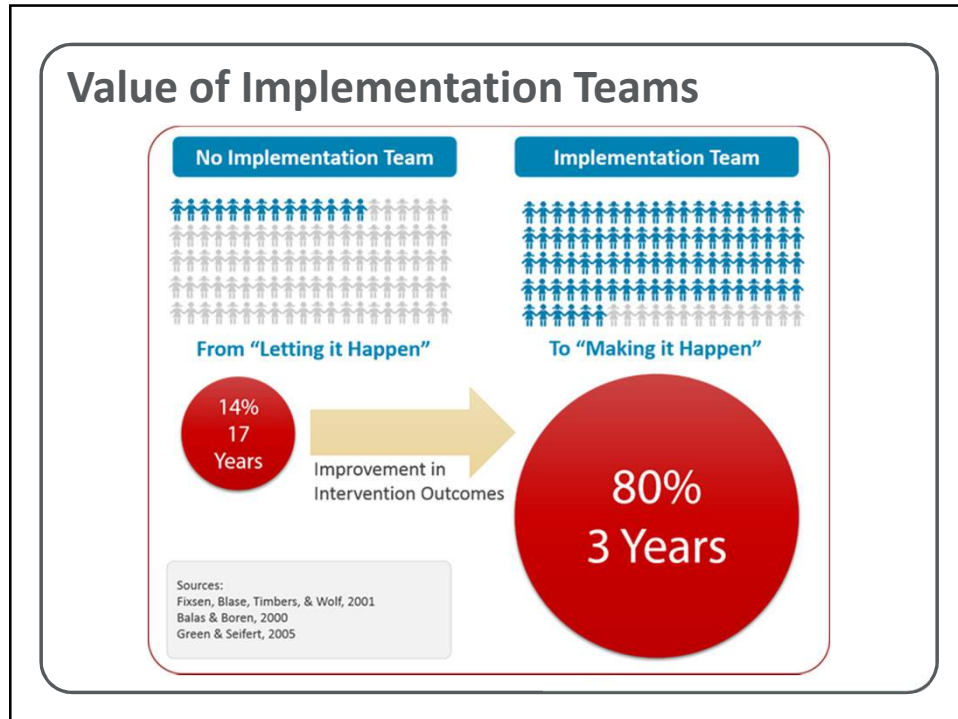
*Sustainability planning is important at all stages.*



**2-4 Years**

Rapid Cycle Problem-Solving: Plan, Do, Study, Act (PDSA)

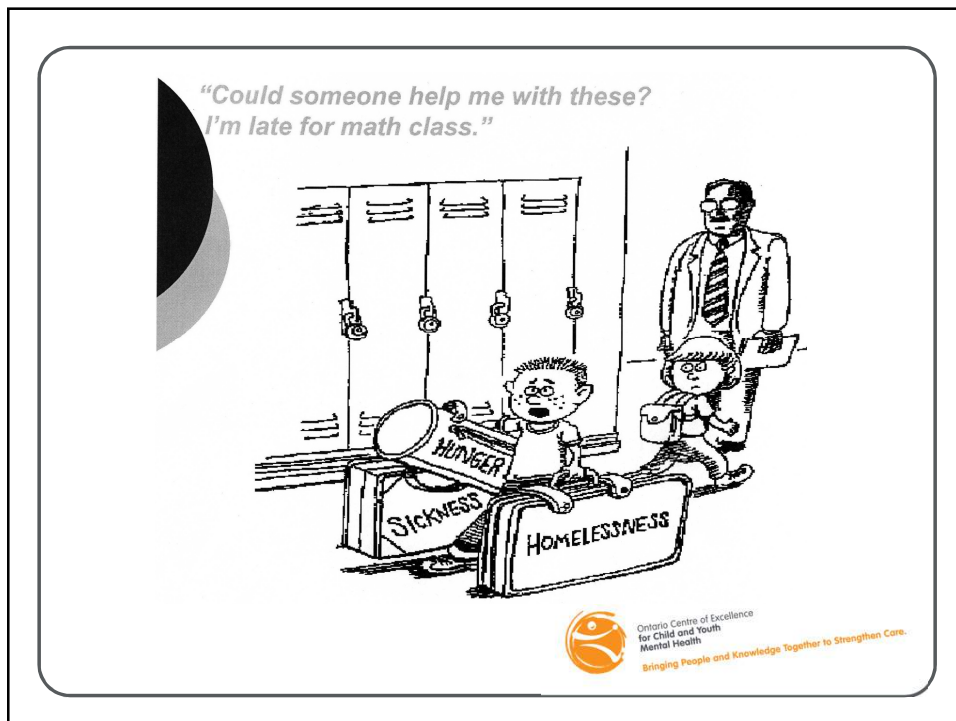
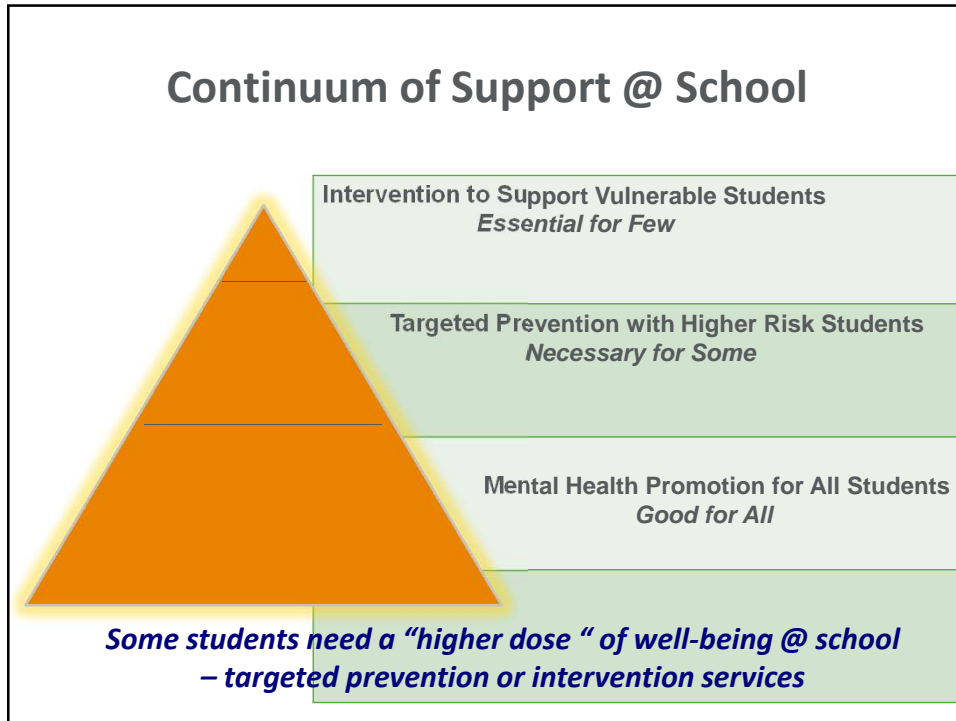


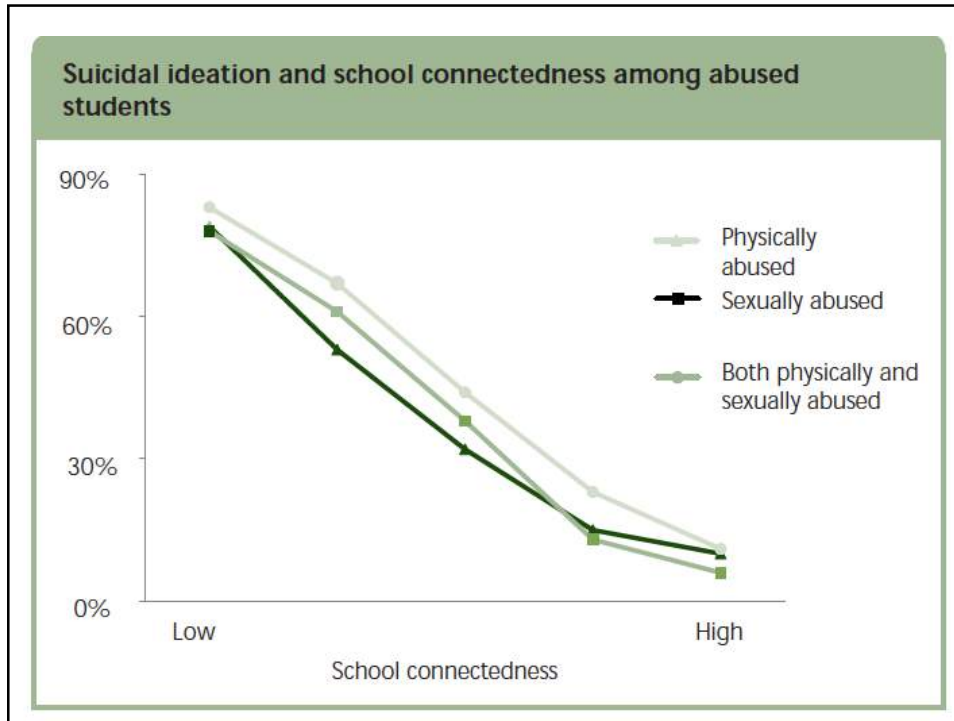


## 4. School Mental Health

- Mental health literacy and stigma reduction
  - universality, accessibility, acceptability
- Promoting mental health (from safe schools to pro-social learning)
- Identification of mental health problems
- Mental health care delivery (onsite/facilitated)
- Schools can be a hard place to work so we need to support the mental health of teachers too!







### SCHOOL MENTAL HEALTH-ASSIST ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES

## SMH ASSIST Services

- Provincial Leadership in School Mental Health
  - Systematic, collaborative, intentional, explicit, nuanced, creative, evidence-based
- Implementation Coaching
  - Province, Region, Board
- Resource Development
  - Awareness, Literacy, Expertise

<http://smh-assist.ca/>

ANXIETY

LEADING MENTALLY HEALTHY SCHOOLS

YOUTH SUICIDE PREVENTION AT SCHOOL: A RESOURCE FOR SCHOOL MENTAL HEALTH LEADERSHIP TEAMS

## 5. Access, Wait Times & Approaches to Care



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## Access to what and for what impact?

- Access strategies
  - Use of technology
  - Walk-in clinics
  - Centralized intake
  - **Shout out to Strongest Families!**
- Therapeutic approaches
  - Brief therapies
  - Peer support
  - Traditional and alternate therapies
  - Core components

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All implementation of new, existing or adapted approaches to care require systematic evaluation of their process, outcome and impact.



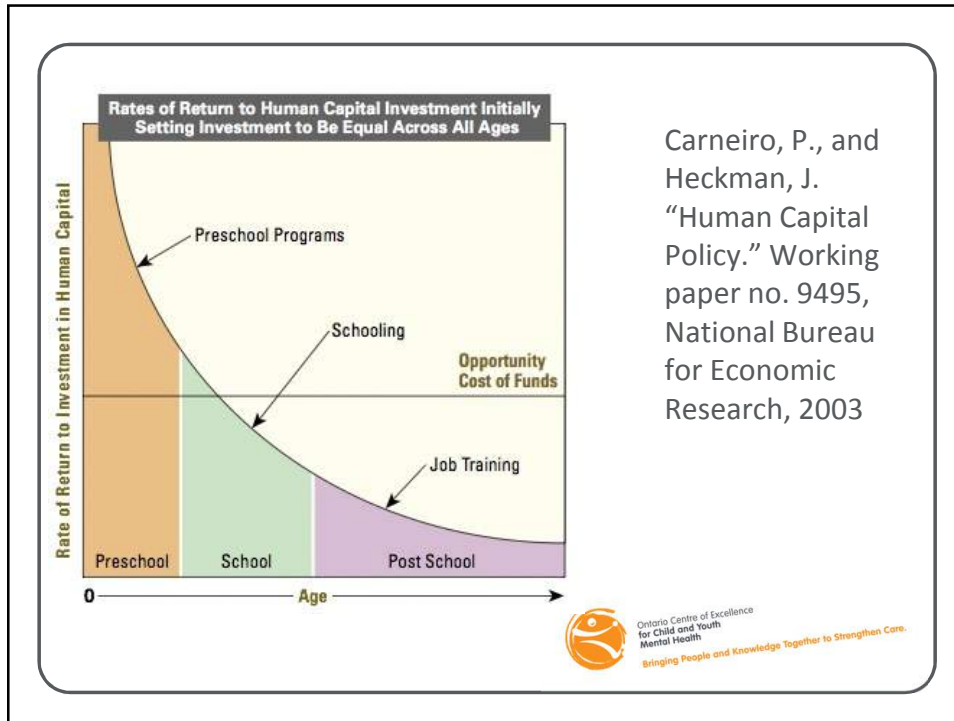
## 6. Promotion, Prevention & Resiliency”

“No major public health threat has ever been reversed by treating people one-on-one after the problem has occurred”

**“We can’t treat our way out of this”!**

“If Atlantic Canada were to deploy every available health care professional to serve the mental health needs of your children/youth, you could only ever reach a fraction of those in need”

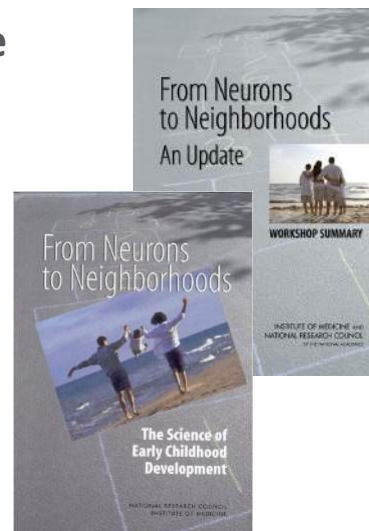





## Overwhelming Evidence

“What happens during the first months and years of life matters a lot, not because this period of development sets an indelible blueprint for adult wellbeing, but because it sets either a sturdy or fragile stage for what follows”

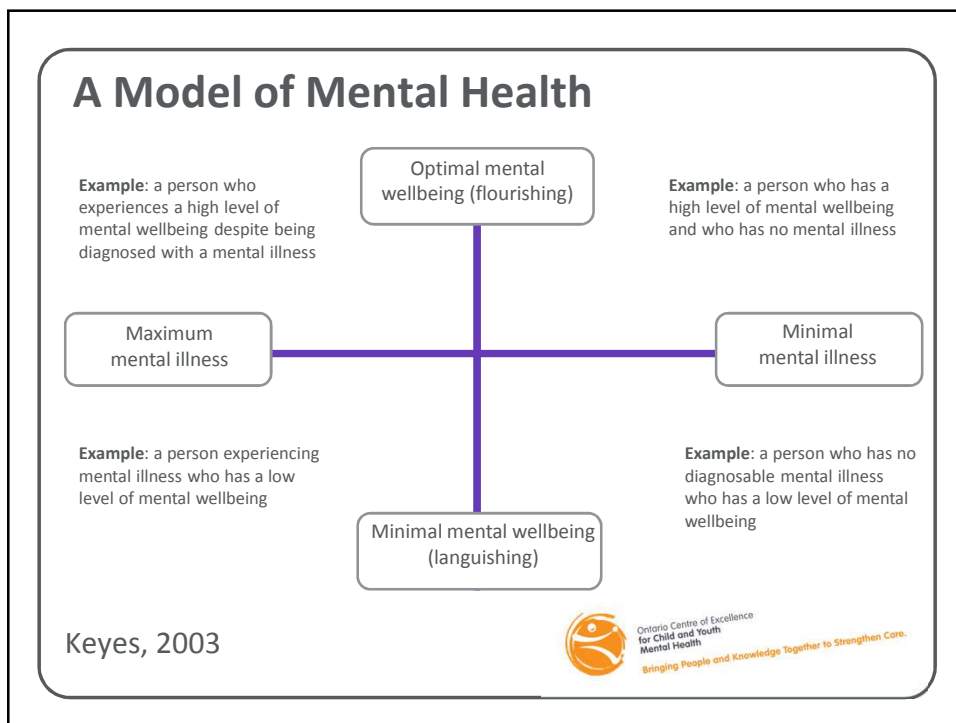
National Research Council and Institute of Medicine, 2000



## Promoting Resiliency Starts in Childhood




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## Resiliency



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## 7. Transitions:

- Lack of easy transition jeopardizes life trajectories of young people (Pottick 2007).
- At peak age of onset, highest burden of illness, system weakest and most discontinuous (Singh 2008, McGorry 2007, Pottick 2007).
- 60% of youth with MH problems disengage in the transition (Harpaz-Rotem 2004).
- Re-engagement is usually crisis driven



## Transition Versus Transfer



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en santé mentale des  
enfants et des adolescents  
Bringing people and knowledge together to strengthen care  
Amener les gens et les connaissances pour améliorer les soins

### We've got growing up to do

Transitioning youth from child and adolescent  
mental health services to adult mental health  
services

May 2011

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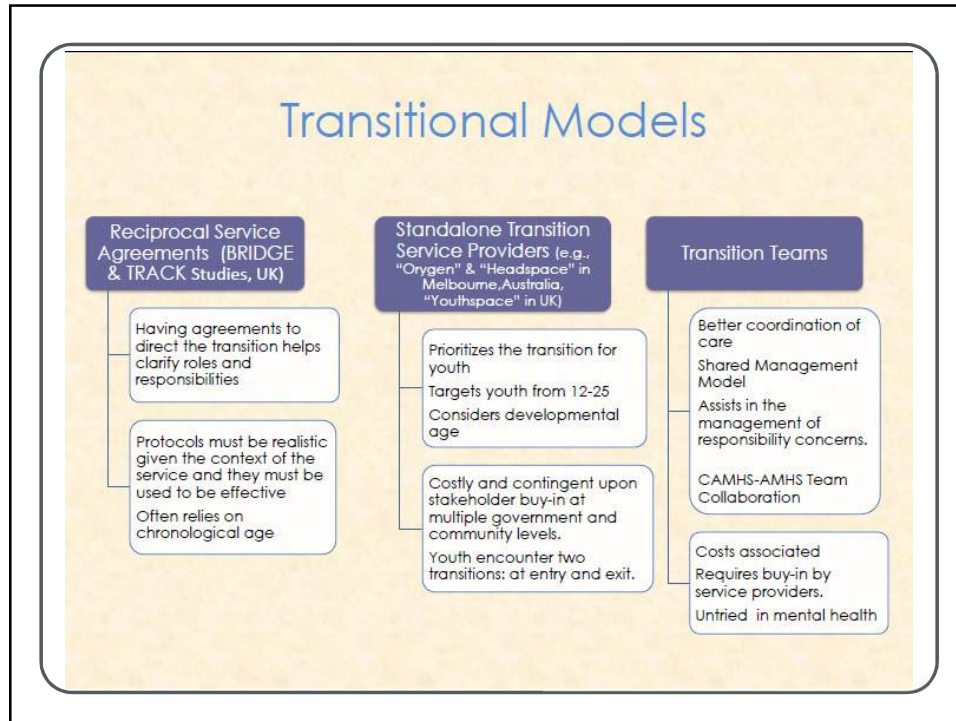
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## Facilitating Transitions

Empirically informed practice guidelines

1. An **active**, future-focused process
2. **Young-person-centered**
3. **Inclusive** of parents/care-givers
4. Starts **early**
5. Resilience framework
6. Multidisciplinary, inter-agency
7. Involves **pediatric** and **adult** services, in addition to **primary care**

## Facilitating Transitions (cont'd)

8. Provision of **coordinated**, uninterrupted health care
  - Age and developmentally appropriate
  - Culturally appropriate
  - Comprehensive, flexible, responsive
  - Holistic – medical, psychosocial and educational/vocational aspects
9. **Skills training** for the young person
  - Communication, decision-making, assertiveness, self-care, and self-management.
10. Enhance **sense of control** and interdependence in healthcare
11. To maximize life-long functioning and potential



## 8. Family and Youth Engagement



Parents for Children's Mental Health



INSTITUTE OF FAMILIES

for Child and Youth Mental Health

we're better together



## Family and Youth Engagement

- An evidence informed approach to care
  - Enhances outcomes of evidence-informed practices
  - Benefits to service recipients and service providers
- Requires cultural shift at the clinical and organizational levels
- Becoming a standard of care
  - Accreditation
  - Family Smart
  - Consensus statement



## Youth and family engagement *Wherever possible and feasible!*

- At the level of the therapeutic relationship
- At the programmatic level
- At the organizational level
- At the systemic level





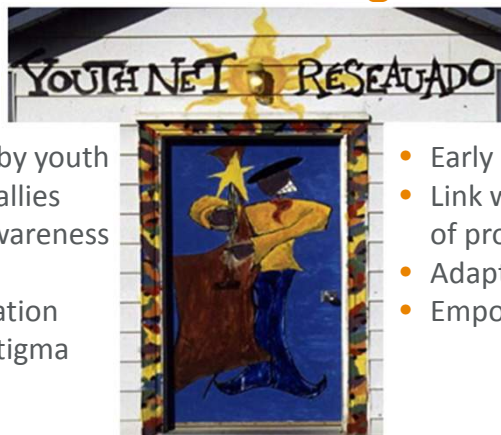
## Youth & Family Engagement at the Centre

- Training at the organizational level
  - Co-created, co-delivered
  - Art of Youth Engagement
  - Bringing Family Engagement Into Action
- Learning Modules
- Toolkits
- Animations
- Murals
- Dare to Dream!



## Shout out to Youth Net / Réseau-Ado where it all began!

- For youth, by youth with adult allies
- Increase awareness
- Promote communication
- Decrease stigma
- Early identification
- Link with safety net of professionals
- Adapt services
- Empower youth



## 9. Suicide Prevention

- One suicide is one too many
- Whole community approaches to suicide prevention
- Collective impact



TOGETHER **TO LIVE**

A toolkit for addressing youth suicide in your community

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## 9. Philanthropy and Service Delivery



The Graham Boeckh Foundation



THE BELL LETS TALK COMMUNITY FUND 2011

Proud sponsor of Health/PEI Primary Care Division



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## 10. Philanthropy and Service Delivery

- Corporate Canada and key funders getting into this space (hot topic, driven by their workforce)
- Good news and bad news
  - role modeling/stigma reduction +
  - huge investments +
  - don't know what they don't know -
  - can also be fragmented and duplicative -
  - competition can drive fragmentation -
- Significant opportunity to inform and align
- TRAM, Well Ahead, Movember, RBC, Bell Let's Talk ...



## Some extra food for thought

- Brain and behaviour
- Stigma reduction
- Data integration
- Emerging leaders and succession planning
- Self-care for mental health professionals
- Child and youth mental health in the workplace
- Social media – the double-edged sword



## So how many partners does it take to change a lightbulb (or a system)?

**It takes all of them**

- Parents/families
- Children and youth
- Service providers across sectors
- Researchers across sectors
- Policy makers across sectors
- Philanthropy / Business
- And just about anyone else you can think of!

**but... there also has to be some readiness for change!**



## About the Centre?

We bring people and knowledge together to strengthen the quality and effectiveness of mental health services for children, youth and their families and caregivers.

Three strategic goals:

### Learning

Foster a culture of organizational learning to support agencies in using evidence to improve client outcomes.

### Collaboration

Build and develop collaborative partnerships to sustain capacity within mental health services.

### Leadership

Be a true learning organization and lead by example.



**Thank You! Merci!**



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