

“It’s about access and outcomes in
child and youth mental health”

**Presentation to the
Taming of the Queue V**

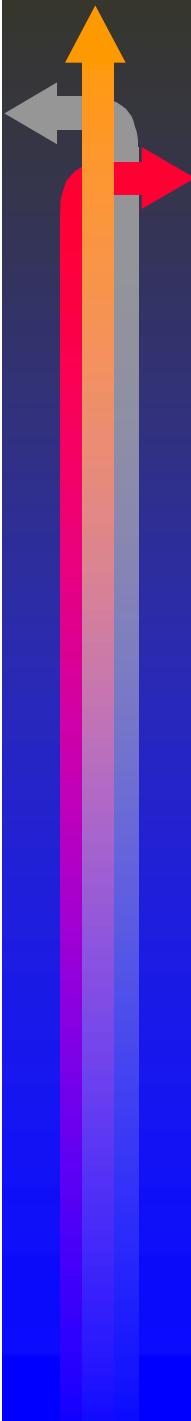
April 16, 2008

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Presentation Outline

- Child and Youth Mental Health (CYMH)
– the reality of this top health priority
- Proposal for Change
- Experiences in Taming the Queue
 - Specialized care (ER, Crisis, Intake)
 - Mental Health Promotion / early intervention
 - Youth Net / Réseau Ado
- Questions / Discussion



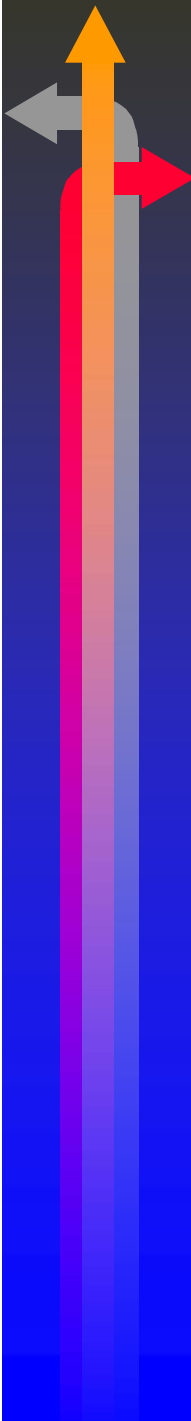
Access and Wait Times Are Just the Tip of the Iceberg!

- Extent of child and youth mental health (CYMH) problem
 - High prevalence of psychiatric disorder (15-23%)
 - High demand for service
 - Limited access at all points of entry (only 1 in 6 had accessed services in the previous 6 months)
 - More than 70% of adults with mental illnesses had onset in childhood/adolescence
 - child and youth mental health problems are predicted to increase by 50% by the year 2020 (Leitch, 2008)



Wait Times in CYMH: It's About Access and Outcomes

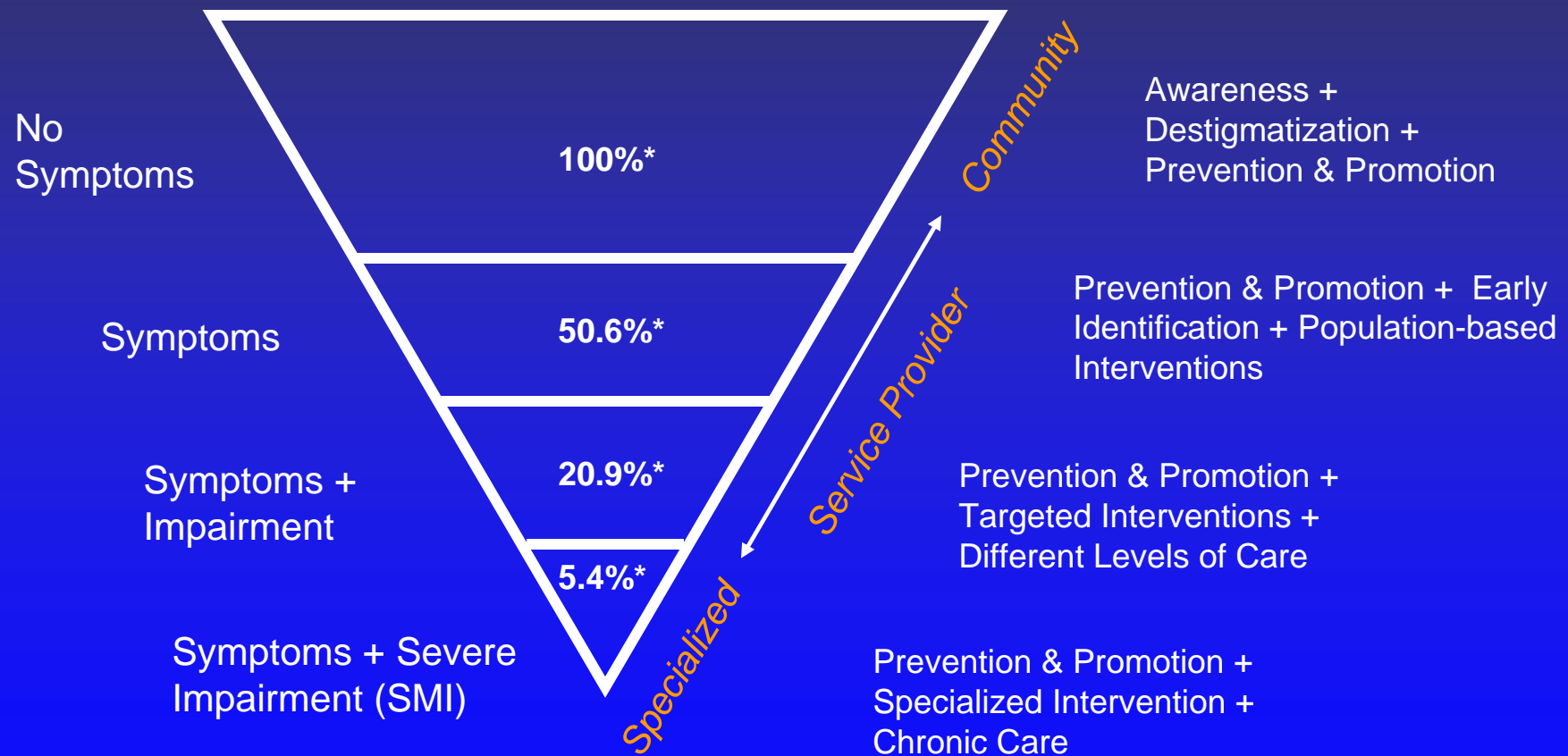
- Cannot look at wait times in isolation in CYMH
- Wait lists and wait times can be a shell game
- Waiting in the wrong queue
- Does my community even have a queue?
- Waiting for effective service
 - keeping our eyes on the right outcomes for children and youth
- Stigma gets in the way



“The greatest omission in the work that I see is that it fails to stress the reality that most of the mental health disorders affecting Canadians today begin in childhood and adolescence. Failure to recognize this fact leads us to dealing with a stage-four cancer, often with major secondary effects, instead of a stage-one or stage-two disease. Like obesity, mental health issues, if not addressed early in life, threaten to bankrupt our health care system”.

Kirby, M. J. L., & Keon, W. J. (2006). Out of the shadows at last. Transforming mental health, mental illness and addictions services in Canada. *Final Report of The Standing Senate Committee on Social Affairs, Science and Technology*. May, 2006.

Proposal for Change: A Population Approach to Child and Youth Mental Health & Illness



**Shaffer et. al., 1996 (prevalence data from the MECA study)*



Proposal for Change

- Continuum of wellness to severe dysfunction
- Range of coordinated, cost effective services from community based school & ambulatory medical & mental health services to specialized mental health services
- **OPTIMAL MIX** between universal, targeted & clinical programs to enhance 'reach' & potentiate multiplier effect
- Develop integrated model of care – communities of care
- Consumer (parents, youth) driven



Proposal for Change (cont'd)

- Maximize scope of all MH professionals
 - e.g., indirect service by C & Y psychiatrists
- Service provider benchmarks (direct:indirect services)
- Attitudinal change with regard to youth
- Revamp training and education of our health professionals at all levels
- Need more money for new approaches to develop flexible, evaluated programs in which resources can be easily redirected as necessary



Are We Getting it Right Yet?

- Pockets of excellence exist but are the best kept secrets nationally
- Mental Health Commission of Canada
 - Child and Youth Advisory Committee
- Reaching for the Top
 - Report by the Advisor on Healthy Children & Youth
- National Infant Child and Youth Mental Health Consortium



Youth Net/Réseau Ado

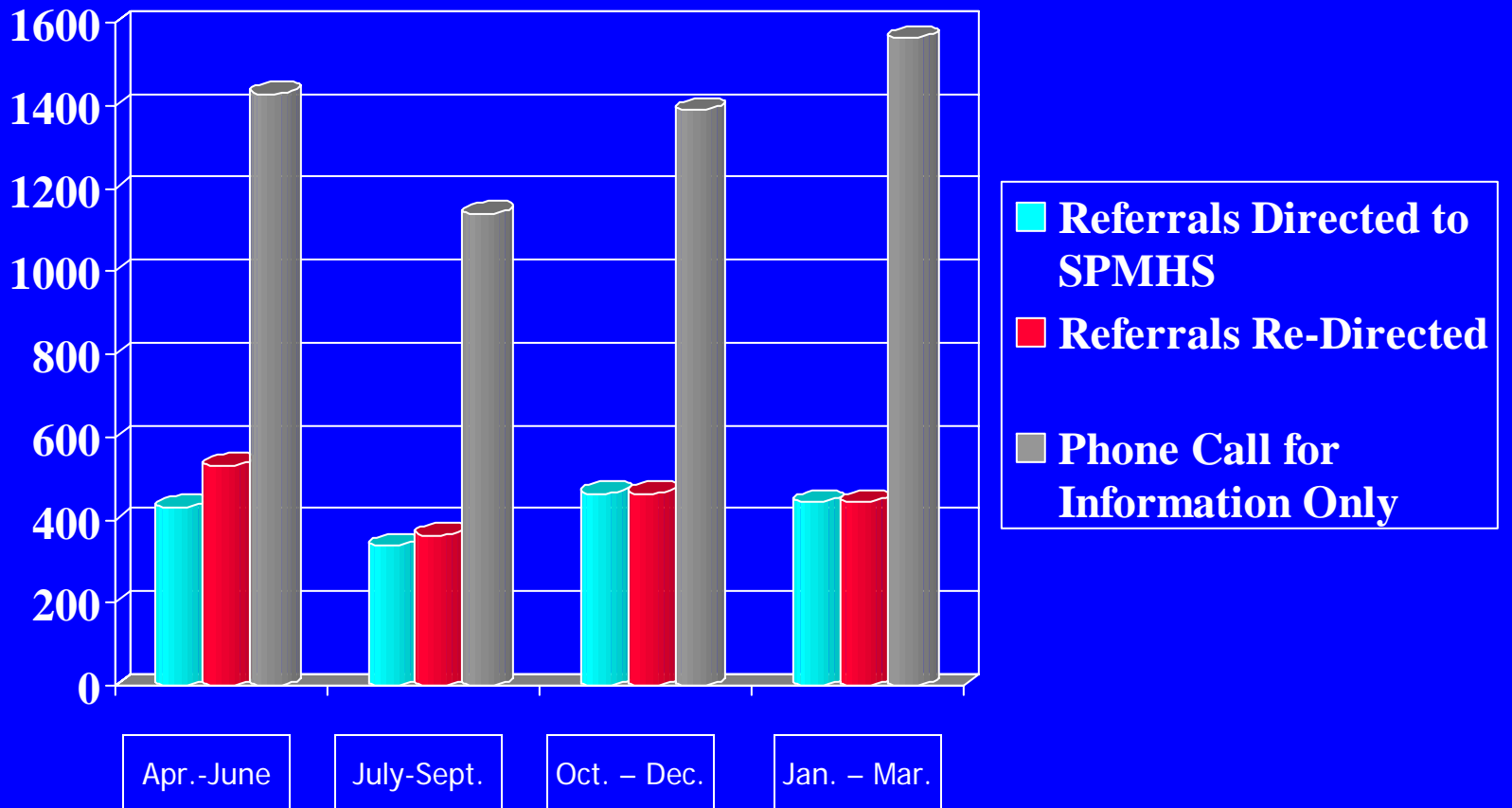
- A bilingual by youth for youth, youth driven mental health promotion program
- Strives to reduce stigma through prevention/intervention activities education, research and advocacy
- Blends universal and targeted programming
 - Promotion, prevention, early identification, bridging to youth appropriate services
- Offers alternative support services
- Different models of service with specialized clinical back-up



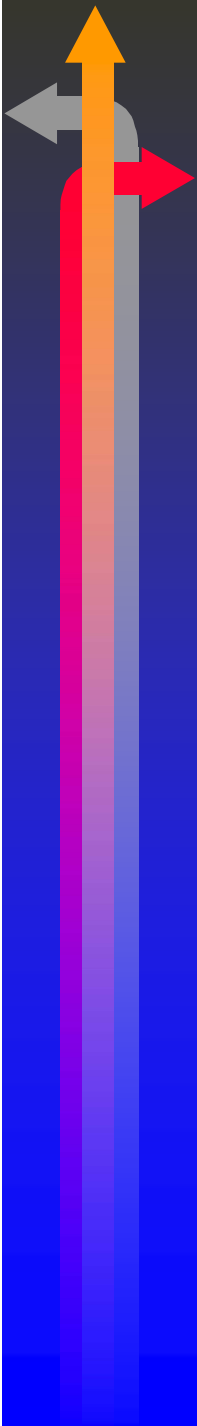
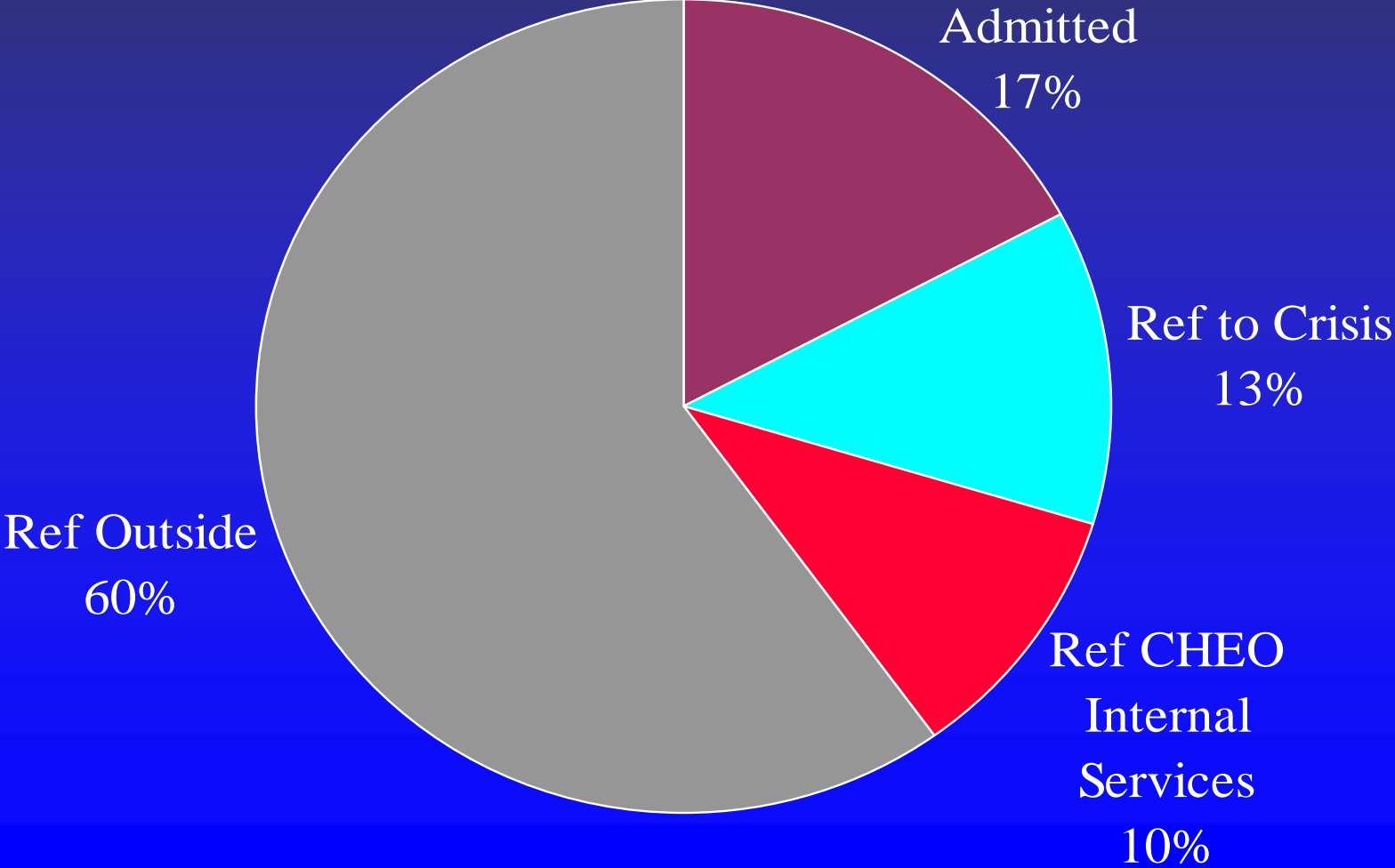
Specialized Care

- Centralized intake
- Centralized ER
- 1-800 number
- Maximizing scope of practice of different mental health professionals

Centralized Intake – Disposition of Phone Calls April 2006 – March 31, 2007



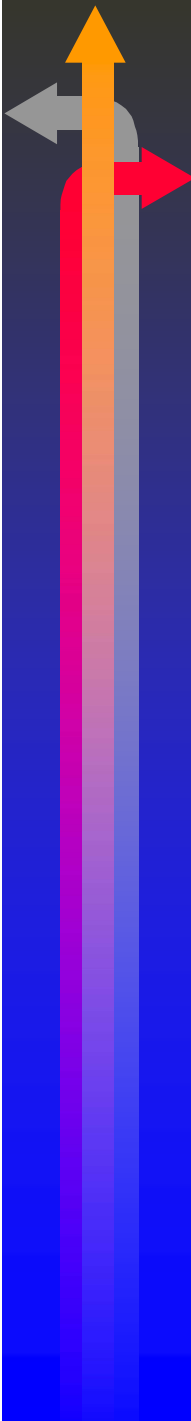
ER Disposition





It's Time to 'Just Do It'

- Common Goal:
 - The best outcomes for children and youth
- New Behaviour to get there:
 - Communication at all levels
 - Sitting at the same tables
 - Engaging in new conversations
 - Committing to new behaviour
 - Change management
 - **A Rights Based Approach!**



There comes a time when it is right to
depart – even though the destination is
uncertain

Tennessee Williams

Questions - Discussion

Thank you for your attention!