CMHO's Vision for the Child and Youth Mental Health System

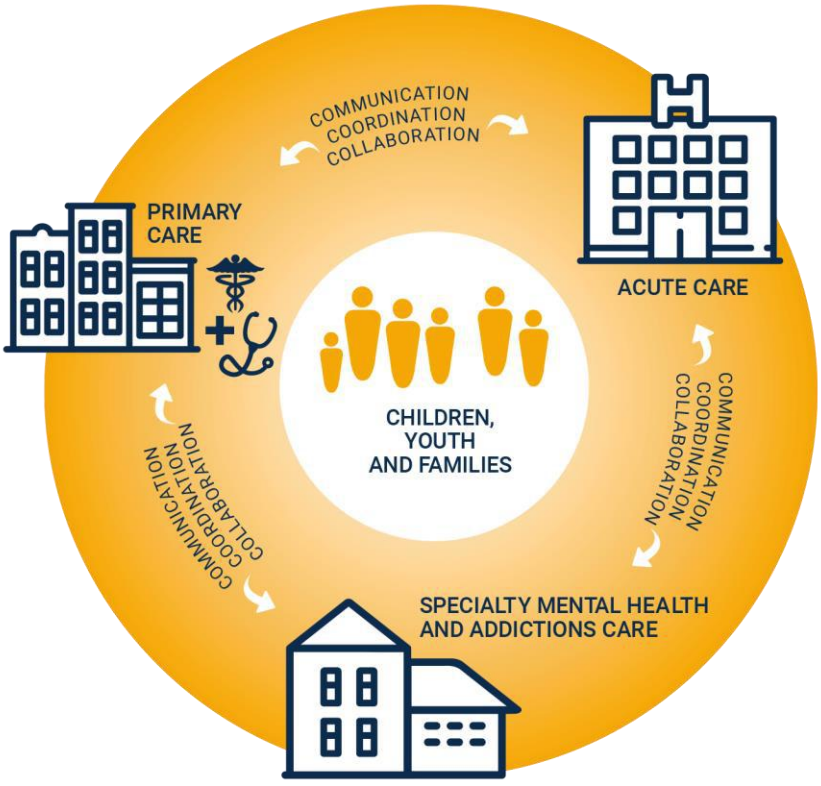
Problem

Throughout Ontario, children, youth, and families struggling with mental health and substance-related issues consistently face barriers to accessing the supports they need. There are a range of reasons for this: long wait times, restrictive service hours, challenges related to distance or transportation, and in many communities, an absence or insufficient supply of services to meet the needs of our diverse child and youth population—whose challenges vary widely in character and intensity. But a key barrier that requires more attention is the lack of coordination between the sectors involved in promoting and protecting the mental well-being of our young people.

For a range of historical reasons, our primary care, acute care, and specialty mental health and addictions care sectors—and the service providers and institutions within them—have been organized and operated in silos. As a result, service providers have varying understandings of their respective roles and responsibilities in the provision of child and youth mental health (CYMH) services. For children, youth, and families, the consequence has been having to travel through disjointed and confusing care pathways, as their challenges intensify—often without having their needs met. Fundamentally, we lack a true CYMH system.

Solution

By transforming our existing assortment of services into a coordinated CYMH *system*—with agreement among partners regarding their respective roles and responsibilities in serving clients across the continuum of need—we can build pathways that are easy to navigate and make sense to children, youth, and families.



Such a system has a range of "front door" options for supporting young people as they enter the system; it has clear destinations and pathways for accessing specialty treatment and emergency services; and all the relevant partners are networked and coordinated, communicating and sharing client information as appropriate.

The organization of each *local* CYMH system will be unique given individual community needs and strengths. But, at a general level, children, youth and families should be able to expect an easy-to-navigate experience, wherever the live in Ontario—a system we have attempted to articulate in the following table.

Roles and Responsibilities in an Integrated CYMH System		
Primary Care	Primary care providers (i.e., pediatricians, family physicians, and interprofessional primary care teams) are a key front door to the CYMH system. They provide initial counselling support for young people who present with mild mental health issues, screen for and identify when young people may be struggling with challenges that are more significant, and refer children and youth for specialty services as appropriate.	These respective sectors, providers, and institutions are partners in providing client care. For example: • When a young person is identified by their family physician as having more significant mental health issues, a warm handoff to a local CYMH agency is made. These partners continue working together and sharing information, as the primary care provider continues to lead the physical health care of the client and the CYMH agency provides the mental health care. • When a young person in crisis ends up in a hospital, they are connected to a CYMH agency in the community. This ensures they have somewhere to go to access appropriate care after leaving the hospital. • When a young person with ongoing and persistent mental health issues is aging out of CYMH services, the CYMH and adult mental health and addiction service providers work together—and with the young person—to devise an individualized transition plan to ensure continuous and appropriate support is provided through this transition period.
Specialty Mental Health and Addictions Care	Another front door for young people experiencing mental health issues is community-based CYMH counselling services—delivered through a range of settings, including walk-in clinics, schools, and colleges and universities, as well as online and over the phone. Private counselling and therapy services can fill a similar role. Those with moderate-to-severe mental health issues are provided with the specialty interprofessional treatment services of CYMH agencies—which employ psychologists, social workers, psychotherapists, and child and youth care practitioners, and work in collaboration with child and adolescent psychiatrists. Such services include psychotherapy, family supports, and a variety of intensive treatment programs. Adult mental health and addictions services, which partner with CYMH agencies, are available to take on youth with ongoing mental health needs as they transition into adulthood, ensuring continuity in care.	
Acute Care	Some children and youth facing a significant mental health crisis may enter the CYMH system through hospitals. Acute care services support children where emergency care is needed, and/or when psychiatric hospitalization is required. After initial treatment, acute care services connect clients with specialty services in the community, to support clients as they transition out of the hospital.	

Moving Forward

With strong regional leadership in the CYMH and health care sectors over the last several years, the foundation has been laid upon which we can build high-performing, coordinated, and locally responsive CYMH systems. To take the next step in promoting the establishment of true CYMH systems in communities across Ontario, we need experts from across sectors and professions—including youth and parent leaders—to lead the discussion. Together, we must leverage local lessons that highlight success factors for effective collaboration and come to agreement on general principles with respect to the roles and responsibilities of all stakeholders involved in a high-functioning CYMH system. And then we need to work with communities on how to apply these principles within their local contexts.