

**Submission of the Office of the Provincial Advocate for Children and Youth**  
**to the**  
**Standing Committee on Finance and Economic Affairs**

**Pre-Budget Consultation**

**Introduction**

The Standing Committee on Finance and Economic Affairs seeks input from the public as part of their pre-budget consultations. The Office of the Provincial Advocate for Children and youth has prepared a written submission and is making an oral presentation to the committee on January 26, 2011, in Thunder Bay.

**Mandate**

The Provincial Advocate is an independent officer of the Legislature. The legislated mandate includes providing an independent voice for First Nations children and youth and providing advocacy to children and youth under the *Child and Family Services Act*. It also includes providing recommendations and advice to governments and others responsible for services.

This submission addresses three specific areas within the mandate: mental health for children and youth; supports for Aboriginal students; and Crown Wards transitioning from the care of the child welfare system.

**Child and Youth Mental Health**

“A much greater investment in children’s mental health is required if it is to shed its label as the ‘orphan’s orphan’ within the health care system.” These are the words of Michael Kirby, the Mental Health Commissioner of Canada. [9] I am asking the government of Ontario to make that investment in the children and youth of this province. Currently, about 5% of the \$47 billion health care budget goes to mental health; I am asking the government to commit to raising that at least to the national average of 7.2%, including equivalent increases in children’s mental health funding. [10 and 11]

**The Issues**

We know that 15-21% of children and youth are affected by a mental health disorder that causes *significant* symptoms or impairment. In Ontario, this translates into 467 000 to 654 000 children. However, even more have some kind of a mental health problem. [1]

We know that childhood and adolescence are critical times for mental health issues to begin. For adults with mental illness, 70% of those illnesses began during childhood or adolescence. [2] Only 1 in 5 of these children and youth are getting any type of service, and even they are not necessarily getting the appropriate service. [7]

For all child and youth mental health services, the average wait time is 69 days, with a range of 0 days to 3 years and 10 months. At the one year mark, only 64% of children have received any services and there are no established targets or systematic monitoring of wait times. [5] This tells us that there is both a shortage of services and a huge variation in availability across the province. Unlike child welfare or youth justice, children's mental health is not considered mandatory, so when demand increases or resources shrink, children wait.

This is in stark contrast to physical health procedures, where the Ministry of Health has established wait time targets for surgeries and diagnostic

procedures. For example, the target for plastic and reconstructive surgery is 6 months and 90% of all patients had completed their procedures before the 7 month mark. [12]

### **Financial Costs**

The Ministry of Children and Youth Services projected that it would spend \$384 million on mental health services for 2008-9 [3] and physician billing for child and youth mental health was an additional \$35 million for 2007-2008 [5]. Although these numbers may seem high, the total annual cost for all mental health, including government spending, private spending and lost productivity, is estimated as \$39 billion annually. [6] An incremental increase in spending on children's mental health has the potential to pay for many times its cost in regained productivity and lowered future costs for adult services.

#### **A Child's Story**

A 14-year-old girl was referred to our office by her parents. She had been inpatient on a pediatric psychiatry ward for a month and was diagnosed with 5 different disorders. She was about to be discharged, with a recommendation for residential treatment, and the local children's mental health centre told the parents that it would be 6 months to a year before services were available. When parents called the Advocate's Office, the centre offered a foster placement. The parents accepted the foster home because they were told that this was all that was available and the type of treatment that she needed did not exist in that region. The parents noted that if a child had a broken leg but was told only gallbladder surgery was available, no-one would expect a parent to agree to that.

## **The Human Cost**

More important than economics, the costs of lives disrupted and altered are “devastating” for people with mental illness and “heart breaking” for their families. [6]

## **History of Mental Health Reform**

Over the past 25 years, there have been some 20 reports in Ontario about reforming the mental health system. All have endorsed community-based services as the cornerstone of a deinstitutionalized system. [8] The problems outlined above are not new and have been detailed in report after report. More surprisingly, the same reports have offered similar solutions year after year.

## **The Solutions**

The Ministry of Children and Youth Services’ policy for mental health [1] and the Advisory Group’s Report to the Ministry of Health [6] just released in December 2010 have very similar visions for improving children’s mental health in Ontario.

1. The reports recommend community services that are both available and accessible. They promote a full spectrum of services, noting that each level of service should be present in each community, including:

- public education and mental health promotion
- illness prevention for those at high risk
- early identification of those already experiencing some problems
- early intervention and treatment services

2. Small, rural, remote and Northern communities have special circumstances requiring investments in training, attracting and retaining professionals. Because this is a long-term strategy, increasing telepsychiatry links would help to provide additional supports and resources in the short-term. As well, their funding needs are complicated by transportation costs that may not be reflected in population based funding.

3. The reports emphasize the critical need for coordination, collaboration and integration at all levels. Currently, there is no real children’s system, but a hodgepodge of programs and services primarily acting alone. There is also clear recognition that mental health is tied to the broader system of services and supports for children and youth. Solutions start with front-line service navigation for children, youth and their families. They range all the way up to a call for a cross-ministerial, whole government approach to mental health.

4. Both reports indicate a strong understanding of the impact of the social determinants of health on the mental health of children and youth. They link the provision of the basic necessities of life with mental well-being.

5. The system must promote healthy development. Specifically it must reflect the unique developmental needs of children and youth and provide for smooth transition points, especially the transition to adult services.

6. Peer involvement and a recovery approach are important elements of child and youth mental health.

### **Action**

Usually, the role of the Provincial Advocate would be to point out the problems and to offer solutions and recommendations. This is a unique situation, in which the government itself has presented both the problems and the solutions. More than that, it has offered an elegant vision for child and youth mental health in Ontario. While the task of coordinating Mental Health services might be given to the Ministry of Health and Long Term Care, the Ministry of Children and Youth Services must take a leadership role to ensure that children's mental health does not remain the orphan's orphan.

The one outstanding issue is action. Children, families, and people working in the field have hope that this government "gets it" and has the political will to make things better for them. However, that hope will evaporate if it is not followed soon by action. That is why I am asking you to commit a higher proportion of spending to mental health, to begin the implementation of this vision. In the words of your own report, "The time to act is now." [6]

### **Supports for Aboriginal Students**

The Advocates Office has partnered with a group of youth in Thunder Bay to highlight a tragic situation that has resulted in the deaths of several young students. The young people, from "remote communities" and from Thunder Bay, supported by the Regional Multicultural Youth Centre, have written a report, *Reserved and Lost*, about the arduous journey that First Nations Students from remote communities must take to receive an education in Ontario. The Report recommends a number of areas where the Provincial government could make a difference through the allocation of funds.

### **The Issues**

Each year, youth leave their small homogeneous communities on remote northern reserves and move to larger multicultural urban centres to attend high school. They must adjust to staying with strangers in boarding homes away from their families. The writers of *Reserved and Lost* indicate the difficulty with this transition is reflected in the high drop-out rate,

#### **A Child's Story**

An inquest has been called to examine circumstances surrounding the death of a young Aboriginal student from Poplar Hill First Nation attending Dennis Franklin Cromarty (DFC) High School in Thunder Bay. His body was recovered from the McIntyre River in 2007. He was the fifth DFC student to die in the city since the school opened in 2000.

numbers of students suspended because of abusing alcohol and drugs, and those being sent back home due to social, emotional and mental problems. [13]

### **The Solutions**

The Regional Multicultural Youth Centre (RMYC) in Thunder Bay agreed to gather youth input to understand the situation and what could be done to prevent similar tragedies. The RMYC was asked to work with students from the high school to gather information on conditions on reserves, in the city, and at the school, relevant to the inquest. The Youth Council contacted both Dennis Franklin Cromarty High School and the Northern Nishnawbe Education Council and with the support of the Nishnawbe Aski Nation, permission was granted for their involvement.

This group created a number of recommendations to improve the transition and overall situation for Aboriginal students moving from remote communities. [13] The following relate specifically to the government of Ontario, under health promotion and mental health and addictions. They also fit squarely within the mental health framework of the Ministry of Children and Youth Services.

1. Promotion:
  - Develop and train more youth leaders who can plan, organize and deliver youth-to-youth activities that appeal to peers and engage them in mass prevention-oriented activities that encourage physical activities, promote healthy lifestyles and wellness.
  - Support youth centres as spaces to connect with children and youth after school
2. Prevention:
  - Target youth in campaigns against alcohol and drug abuse and the risks involved
  - Provide youth-friendly information to prevent alcohol and drug abuse
  - Engage stakeholders from targeted community groups as partners
3. Intervention:
  - Support youth-led strategies to educate, communicate, and raise awareness on the consequences of abusing alcohol and drugs
  - Help to detect substance abuse, offer peer support, and make referrals for counseling, treatment and rehabilitation
4. Peer Support:
  - Support youth-led strategies to educate, communicate, and raise awareness on the consequences of abusing alcohol and drugs

### **Youth Leaving Care**

Crown Wards are truly children of the Province. The obligation to parent Crown Wards does not rest with one Agency or even one Ministry but with the entire government. The Office of the Provincial Advocate would like the day to come when at every Cabinet meeting or meeting of public servants, Crown Wards are top of mind. As with any parent, with every decision, Ministers or bureaucrats would

ask, “How does this decision I am making affect my children (Crown Wards), or how *could* it affect my children in a positive way?”

### **The Issues**

It is commonly agreed that Crown Wards are not achieving their full potential. Poor educational outcomes are often due to lack of school stability caused by frequent home placement disruptions, frequent school absences, and inadequate supports. Youth in care are usually at least one grade level behind their peers. [15]

At the age of 18, youth automatically lose Crown Ward status. Generally, youth have to move out of foster homes or group homes and find their own accommodations. The rates paid after the young person turns 18 are far lower than foster care rates. They pay their rent and bills with living allowances that place them well below the poverty line. It is not surprising that many of these already vulnerable youth often do not complete high school, struggle to maintain housing, and eventually move to adult social assistance. A recent report showed that 43% of homeless youth had previous child welfare involvement and 68% had come from foster care, group homes or a youth centre. [16]

#### **A Child's Story**

A young man went into care at the age of 6. He lived in a few homes until he moved to a foster home at age 10. The foster family was wonderful. They told him they loved him. Eventually he told them that he loved them too. When he turned 18 years old he learned that he would have to leave the home. He had not realized. He was so hurt. He thought, “What kind of family would say that? I mean, I said ‘I love you’ to them.” He had to live on his own and never spoke to them again after he left. He was so depressed he was not sure how he survived. Today he is trying to go to Ryerson University to study computer science. He is in first year and really doesn't know how he will make it.

A recent study by the Ministry of Education and the Ontario Association of Children's Aid Societies indicates that the high school graduation rate for Crown Wards is less than half of the provincial rate, which was 79% in 2008-2009. [14] Crown Wards take a longer period of time to graduate high school than their peers and would benefit from greater stability in order to successfully complete their studies.

### **Transitioning from Care**

A Children's Aid Society (CAS) has the discretion to offer Extended Care and Maintenance, at a lower funding rate, up to a maximum of age 21. Regardless of circumstances, affiliation with the CAS must end at 21. A sampling of reports over the past 20 years has detailed the many barriers that youth face trying to live independently at such a young age. Many reports have recommend offering Extended Care up to age 24 or 25, in order to provide a longer period of financial and personal support.

## **The Solutions**

The Advocates Office has been meeting with Ministries, the private sector, and key stakeholders to determine how each ministry can play a role in producing better outcomes for our Crown Wards and youth leaving care. There have already been positive responses from some Ministries, Ministry of Government Services, Ministry of Health, etc. as they look at including Crown Wards within already established programs. Recently the Ontario Association of Children’s Aid Societies announced a pilot project that offers former Crown Wards the opportunity to access counseling through Warren Shepell, employee assistance providers to many Children’s Aid Societies. This goodwill and activity is important but without systemic change in the child welfare system the goodwill may be squandered.

The Office of the Provincial Advocate for Children and Youth recommends that the Standing Committee set aside funding to ensure the following:

1. Practical outcomes for youth in care should be established. These would include all youth leaving care with:

- Graduation from secondary school **[17]**
- A permanent home rather than a placement.
- Permanent status in Canada.
- Personal identification cards and documents.
- A source of income.
- Connection to a caring adult or peer.

Every young person should be entitled to receive Extended Care and Maintenance. The maximum age should be revised from 21 to 25 years, in order to attain these goals

2. Foster care rates should be extended in situations where the foster parents, youth and child welfare agency are in agreement that that it would be in the youth’s best interests to continue to live in the foster home, after the age of 18.

3. Consistent with the recommendations of the Expert Panel on Infertility, post-adoption subsidies and supports to facilitate permanent homes for children should be available to adoptive families. **[18]**

## **Action**

Every decision being made by the Minister of Finance in considering a budget should include a review through a “Crown Ward lens”. The Standing Committee on Finance and Economic Affairs can be part of this process by expecting every Ministry that comes forward with a budget request to have considered the question, “How can this help my children (Crown Wards). “ This question must be answered before any budget request is entertained.

## Conclusion

We have highlighted three areas of urgent concern in the lives of children and youth in the Province. Unfortunately the need is great for many. Children living with Special Needs in the Province and their families struggle each and everyday with the incredible pressure to find resources. They too deserve attention in budget deliberations. A comprehensive strategy for all children in the Province is truly required bringing together the strategies, frameworks, interministerial tables, whole government approaches in a variety of Ministries in a seamless way that would better set goals for the Province with regard to its children and a way to achieve those goals.

## References

### Child and Youth Mental Health

- 1 Ministry of Children and Youth Services. *A Shared Responsibility Ontario's Policy for Child and Youth Mental Health*, 2006
- 2 Mental Health Commission of Canada. *Toward Recovery and Well-Being*, 2009
- 3 Advisory Committee, Ministry of Health and Long Term Care. *Every Door is the Right Door*, 2009
- 4 Children's Mental Health Ontario. *A Summary of Discussions Regarding Ontario's Policy Framework for Children and Youth Mental Health*, undated
- 5 Ministry of Children and Youth Services. *Implementation of A Shared Responsibility (Mapping Results)*, 2009
- 6 Ministry of Health and Long Term Care. *Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy*, 2010
- 7 Simon Davidson, MHCC and CHEO. Interview on CBC Radio *The Current*, January 7, 2011
- 8 Canadian Mental Health Association – Ontario. Website is [www.ontario.cmha.ca](http://www.ontario.cmha.ca)
- 9 Mental Health Commission of Canada. *Out of the Shadows At Last Transforming Mental Health, Mental Illness and Addiction Services in Canada*, 2006
- 10 Jacobs, P., Yim, R., Ohinmaa, A., Eng, K., Dewa, C. S., Bland, R., Block, R., Slomp, M. (2008) Expenditures on mental health and addictions for Canadian provinces in 2003/4, *Canadian Journal of Psychiatry*, 53 (5), 306-313.
- 11 Roundtable discussion on TVO *The Agenda*, January 7, 2011
- 12 Ministry of Health and Long Term Care, Ontario Wait Times. Website is [www.waittimes.net](http://www.waittimes.net)

### Mental Health and Addiction Supports for Aboriginal Students

- 13 The Regional Multicultural Youth Council. *Reserved And Lost (Traumatization of Aboriginal Children and Youth On and Off Reserves)*, 2010

### Youth Leaving Care

- 14 Ontario Association of Children's Aid Societies *Gateway to Success Cycle Two*, 2010

- 15 Linda Manser, National Youth In Care Network. *Enhancing Academic Success of Youth in Care: A Research Brief*, 2007
- 16 Homefree Non-Profit Corporation. *Helping Youth Leaving Child Welfare Care Succeed: Housing Needs and Solutions*, 2009
- 17 Ministry of Children and Youth Services. *Realizing Potential – Our Children, Our Youth, Our Future*, 2008.
- 18 Expert Panel on Infertility and Adoption (2009). *Raising Expectations*. Report to the Government of Ontario.

## Appendix A:

### **Chronology of Reports, Recommendations and Plans for Mental Health Reform**

Mental health policy in Ontario has moved from an emphasis on institutionalization of people with mental illness to a system that depends on effective and accessible services delivered in the community. This redirection in policy is frequently referred to as mental health reform.

Twenty reports concerning mental health reform have been published in Ontario in the last 25 years. All reports have strongly endorsed the principle of moving mental health care from psychiatric hospitals into the community, where people with mental illness can receive the services they need when they need them.

(Compiled by Canadian Mental Health Association – Ontario, updated by the Office of the Provincial Advocate for Children and Youth)

#### **Chronology – Selected Reports**

- 1983** *Towards a Blueprint for Change: A Mental Health Policy and Program Perspective* (Heseltine Report)  
The primary goal of this report was to provide support for the development of a continuum of service delivery, while ensuring that people with mental illness can receive appropriate help in their own communities.
- 1988** *Building Community Support for People: A Plan for Mental Health in Ontario* (Graham Report)  
The report followed a series of consultations and recommended that priority should be given to services for people with serious mental illness. The report proposed a plan for the development and implementation of a comprehensive community mental health system.
- 1993** *Putting People First: The Reform of Mental Health Services in Ontario*  
This report endorsed the Graham Report (1988) and proposed a 10-year plan for mental health reform in Ontario based on common vision and values. It also confirmed that priority should be given to services for people with serious mental illness and stated that the goal of the Ministry of Health and Long-Term Care should be to allocate 60 percent of the mental health funding envelope to community services and 40 percent for hospital care by 2003, reversing the actual funding allocations at that time.
- 1994** *Implementation Planning Guidelines for Mental Health Reform*  
This report set out clear expectations for District Health Councils and their role in mental health reform based on *Putting People First* (1993).
- 1996** *District Health Council Recommendations*  
Based on *Putting People First* (1993) and following the 1994 commitments, District Health Councils recommended that community mental health services be coordinated through strategies such as joint networks, lead agencies, joint protocols, assessment tools, and tracking with a clear point of access into the system, that models of delivery be based on best practices and that a continuum of services are offered, including case management.

- 1998** *2000 and Beyond: Strengthening Ontario's Mental Health System*  
 This report was based on a consultation led by Dan Newman, MPP, who was at the time the Parliamentary Assistant to the Minister of Health and Long-Term Care. The principle of community-focused care set out in *Putting People First* (1993) was endorsed by the government, but the Newman report noted that at the five-year mark, funding had not yet been allocated to implement needed reform.
- 1999** *Building a Community Mental Health System in Ontario: Report of the Health Services Restructuring Commission*  
 The provincial Health Services Restructuring Commission (HSRC) included in its recommendations to the Ministry of Health and Long-Term Care divesting Ontario's nine provincial psychiatric hospitals to the public hospitals. It also recommended transitional funding so that services could be established before the beds were closed, and it estimated that \$83 and \$87 million would be needed for transitional investments until savings from the closed beds would be realized.
- 1999** *Making It Happen: Implementation Plan for Mental Health Reform*  
 This report outlines the Ministry's strategy "to increase the capacity of the system for comprehensive and integrated treatment, rehabilitative and support services while focusing on community alternatives wherever possible." It was also intended to guide strategic investments over the next three years and committed to protecting mental health funding. With this report, the government committed to investing in community mental health care prior to the divestment of provincial psychiatric hospitals, so that appropriate services would be available for individuals when they left hospital. It also made a commitment to continued investments/reinvestments in mental health services to "support mental health reform and increase the overall capacity of the system." The report also stated that in 2002 there would be a review of the plan to "revise implementation strategies and program funding priorities as necessary."
- 2000** *Mental Health: The Next Steps: Strengthening Ontario's Mental Health System*  
 This is a short report on the consultation process on legislative changes to the Mental Health Act and the Health Care Consent Act. The report states that the proposed legislative changes will "ensure people with serious mental illness get the care and treatment they need in a community-based mental health system."
- 2000** *Making It Work: Policy Framework for Employment Supports for People with Serious Mental Illness*  
 This report elaborates on the issue of employment supports, providing additional recommendations on issues not adequately addressed in the initial ten-year plan set out in *Putting People First* (1993). The goal was to develop a coordinated response at both the federal and provincial levels to income and employment supports and the business sector.
- 2001** *Making It Happen: Operational Framework for the Delivery of Mental Health Services and Supports*  
 This document is a companion to *Making It Happen: Implementation Plan for Mental Health Reform* (1999). It established a framework to reform the mental health system. The report commits to including a continuum of services for persons with mental illness: first line, specialized and intensive. Again, the government re-affirmed its commitment to investment in

community mental health care to alleviate pressure resulting from the divestment of psychiatric hospitals.

**2002/3** *Mental Health Implementation Task Force Reports*

The Mental Health Implementation Task Forces were convened in 1999 to provide recommendations and advice to the Ministry of Health and Long-Term Care regarding the implementation of a reformed mental health system in Ontario. Over a three-year period, these regional task forces consulted with thousands of people in the field of mental health. Based on these consultations, the task forces submitted nine region-specific reports for implementation of mental health reform. The final report of the Provincial Forum of Mental Health Task Force Chairs identified the following themes for reform in their report, *The Time is Now*:

- Adopting a recovery philosophy, with the consumer at the centre of the system
- Creating partnerships with other supporting services in the health, social and justice sectors
- Implementing regional decision-making, to improve local delivery systems
- Building peer support into the mental health system
- Increasing support to families of people living with mental illness
- Providing safe and affordable housing
- More emphasis on early intervention and treatment
- Enhancing employment support
- Ensuring adequate income support
- Developing greater system accountability, performance standards and information systems
- Appointing a provincial team to keep mental health reform on the provincial agenda

**2006** *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*

Prepared by the Ministry of Children and Youth Services, this paper outlines the vision for child and youth mental health in Ontario. It defines a spectrum of needs-based services and supports; focuses on health promotion, illness prevention and early intervention; promotes the development of provincial standards; and identifies the need for coordination and collaboration, across communities and government planning.

**2008** *Realizing Potential: Our Children, Our Youth, Our Future – Ministry of Children and Youth Services Strategic Framework 2008-2012*

MCYS document outlining goals to improve outcomes for children and youth and improve the service experience for children, youth and their families; all MCYS sectors, including mental health.

**2009** *Every Door is the Right Door*

This is a discussion paper developed by the Minister's Advisory Group on Mental Health and Addictions for public consultation as part of the development of a new 10-year provincial strategy for mental health and addictions in Ontario.

**2010** *Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians*

This is the final report of the Select Committee on Mental Health and Addictions. It provides numerous recommendations for essential services and justice issues and provides a strong call to action and implementation.

**2010** *Respect, Recovery, Resilience: Recommendation for Ontario's Mental Health and Addictions Strategy*

Made by the Minister's Advisory Group to the Minister of Health and Long-Term Care, this is a follow up to their 2009 discussion paper. Taking a broad approach, it outlines a 10 year strategy for mental health and addictions reform. The goals are:

- Improve mental health and well-being for all
- Stop stigma and discrimination
- Create health, resilient, inclusive communities
- Identify mental health and addiction problems early and intervene
- Provide timely, high quality, integrated, person-directed health and other human services.

## Appendix B:

### Chronology of Reports and Research on Transitions from Child Welfare

Transitioning from the child welfare system to adulthood has been the subject of many studies and reviews over the past 20 years. Similar barriers have been reported for youth leaving care in Ontario, Canada, and internationally. A range of solutions has been presented, but the need for better supports and a longer period of support has been consistent

#### Chronology – Selected Reports

- 1988** Raychaba, B. *To Be On Our Own With No Direction From Home*. National Youth in Care Network
- 1994** Inglehart, A. P. Adolescents in foster care: Predicting readiness for independent living, *Children and Youth Services Review*, 16 (3/4), 159-169.
- 1996** Martin, F. *Tales of Transition: Leaving Public Care*, *Youth in Transition: Perspectives on Research and Policy*, Thompson Educational Publishing, Toronto
- 2000** Working Group of the Children’s Aid Society of Toronto. *Improving the Outcomes For Youth in Transition From Care*
- 2005** Tweddle, A. *Modernizing Income Security for Working Age Adults Project: Youth Leaving Care – How Do They Fare?* Briefing Paper Laidlaw Foundation
- 2005** Ministry of Children and Youth Services. *Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model*
- 2006** Office of the Children’s Advocate, Manitoba. *Strengthening Our Youth: Their Journey to Competence and Independence*
- 2010** Stapleton J. and Tweddle A. ***Not so Easy to Navigate*** A Report on the Complex Array of Income Security Programs and Educational Planning for Children in Care in Ontario