

Update:

Community Mental Health Partners Summary for Children and Youth in Nipissing, Parry Sound and Muskoka



Mains

LeReseauaideauxfamilles.ca

Introduction and Overview

Hands TheFamilyHelpNetwork.ca is grateful for the opportunity, as Lead Agency, to help improve mental health services for young people in Nipissing-Parry Sound-Muskoka.

We are appreciative that so many of you took the time to offer your perspective on how to make mental health services work better for children, youth and their families.

130 voices shared during February 2016 in Bracebridge, Huntsville, Parry Sound, Almaguin, North Bay and Sturgeon Falls

- 4 Community Mental Health Partner Meetings
- 4 Family Engagement Forums
- 3 Youth Engagement Forums
- 65 people from 35 community partners
- 42 Family Voices
- 23 Youth supported by youth allies

**3 priorities were identified for the next year and submitted to MCYS,
guided by parent, youth and community mental health forums:**

1. **Child and Youth Mental Health Planning Table** for the whole of the Service Area, which includes the voices of youth and families;
2. **Clear access protocol** to and through services and accompanying information for community partners;
3. Analysis of **Core Services gaps**, relevant to community needs and demographics. Implementation of **a new crisis service model** is the highest priority for the first year.

We know that our service system can deliver stronger, more coordinated mental health services to children and youth in Nipissing-Parry Sound Muskoka.

Please contact **Hands TheFamilyHelpNetwork.ca** – in English or French – for information about our Lead Agency work or with any questions or comments about this work.

Lead Agency Team:

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Summary of 5 Key Themes from Community Mental Health Partners Engagement Sessions

Wait lists

- The issue of wait times for services was cited repeatedly in every session, and was raised more than any other single challenge facing the system. Many agencies expressed the concern that inability to access services quickly results in the use of more intensive and more acute services.
- Participants noted that children and youth should not be required to be in a crisis situation to access services.
- It was suggested that interim resources for young people and families waiting for service should be improved.
- Community partners expressed concern that the opportunity to help can be lost when a family is referred to a waiting list, and there is no reporting back on the progress of the client.

Service gaps

- Inconsistent access to services across the service area was a significant concern. Geographic coverage and the distance required to travel for certain services was raised repeatedly.
- There was considerable discussion about crisis services, and the absence of effective service options for police who are dealing with crisis situations. There were reports of frustration with the “revolving door” of hospital visits.
- Concern was expressed about the general capacity of services to respond effectively to the needs of clients who have experienced trauma.
- Among the specific service gaps cited:
 - Availability of specialized psychiatric and psychological assessments.
 - Substance abuse services, particularly for those under 16.
 - Services for children under six with behavioural problems.
 - Intensive services for youth 16-18.
 - Mental health services for young people with developmental disabilities.

Transitions/service coordination

- There was considerable discussion about the experience of families, required to repeat their story to multiple service providers. Issues relating to privacy and consent were identified as a barrier to coordinated service.
- Transitions to adult services were described as problematic.
- Many participants spoke of the need for greater alignment with other service initiatives, including the special needs strategy and provincial autism initiatives.
- Some participants described how greater collaboration on screening across sectors would facilitate movement of clients across service systems.
- It was noted that district school boards have a stronger focus than ever on mental health, but that connections between school board and community could be strengthened.

Access processes and information

- There is misunderstanding and confusion among service providers about the services that are available, including age and other eligibility issues.
- There was a call for clear information about services available in the community.
- The phrase “no wrong door” was used to describe an aspiration: that families be provided better information about the options for service, and are guided toward the most appropriate service that meets their needs.
- Children and families with intensive needs need better, more consistent case management and advocacy.
- It was suggested that physicians with clearer information about community-based services would be more likely to refer to community agencies, rather than to pediatricians or psychiatry.

Community Planning Mechanism

- There was a repeated call for improved communication among those involved in child and youth mental health.
- There were a great deal of examples presented of service/community planning – some underway, some no longer active. Where successful, these efforts benefited from clarity about purpose, shared commitment, and a clear champion.
- Engagement of clients and families was identified as being critical to this work.

Community Engagement Sessions Summary

Hands had long- and short-term objectives for the February 2016 engagement sessions:

- Long-term: Develop and strengthen the relationships with key community partners that will be required to implement changes to mental health services for young people in Nipissing-Parry Sound Muskoka.
- Short-term: Solicit the information and feedback required for Hands to develop two documents required by MCYS:
 - Core Services Delivery Plan (CSDP)
 - Community Mental Health Plan (CMHP)
- *In addition to the issues discussed at the meetings, participants were asked to provide written information on two questions: existing pathways to mental health services for children and youth, and planning mechanism in the service area. The information collected was used to identify the priorities submitted to MCYS for action in 2016-17.*

Youth Engagement Sessions Summary

(From Youth Forums led by Centre of Excellence Youth Leadership: Final Report provided by the Ontario Centre of Excellence for Child and Youth Mental Health)

1. BARRIERS TO CARE

- Awareness
- Self-acceptance or personal barriers
- Stigma or judgment from others
- Long wait lists
- Not knowing where to find help
- Transportation
- Lack of anonymity
- Lack of time

"When you need help, it's not instant. If something comes up...by the time you get help, your problem's gone."
- Youth participant

"The only time I can go [see a counsellor] is at lunch. If it takes 10 minutes to walk there and 10 minutes to get back, there's not time to meet."
- Youth participant

2. PRIORITIES FOR YOUTH

- Incorporate mental health awareness in the school curriculum
- Clearly identify/advertise available services
- Explore peer support programming
- Offer community-based and/or technology-based services
- Provide ongoing teacher training and services in schools
- Increase services in schools- the need for increased services in schools was unanimous. Youth wanted more mental health opportunities in schools, including increased supports during exam time, a space to practice coping strategies, access to services while on co-op placements and the need to be aware of the challenges of engaging in trauma-focused counseling at school.
- Focus on services for young men
- Provide support to parents
- Plan for transitions
- Create youth-friendly spaces
- Focus on wellness

"Almost every day, hear people crying in bathrooms"
- Youth participant

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Family Engagement Sessions Summary

Parents for Children's Mental Health conducted family engagement forums on behalf of Hands TheFamilyHelpNetwork.ca to inform the Core Service Delivery and Community Mental Health Plans for the Nipissing-Parry Sound-Muskoka Service Area.

Families' Top 3 Needs: Wait List, Service Gaps and Access

(Summary from Parents for Children's Mental Health and Ontario Centre of Excellence for Child and Youth Mental Health)

- Timely access to services
- Immediate access to crisis services and after hours
- Increasing awareness of services needed for families and service providers
- Walk-In Clinics needed more often
- Logistical barriers
- Challenges when service length is limited or gaps between programs
- Private services costly to reduce wait
- Expressed concern that local hospitals are not equipped for addressing mental health needs of children and youth
- Families need more extended hours
- Transportation and time off work can be a barrier to attending appointments
- Local schools can be accessible locations for rural clients

Community Partnership meetings, youth and parent forums have all informed this year's current priorities. While there is a breadth of work to be done, this year the focus will be on the submitted priorities, outlined on page one. Please contact Jeffrey or Michelle at any time for opportunity to speak regarding next steps for MovingOnMentalHealth.

More Information

For more information about the province-wide changes to child and youth mental health visit the MCYS website, at Moving On Mental Health:

www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/moving-on-mental-health.aspx