



Let's put our heads together | 2022

**COORDINATING OUR EFFORTS TO IMPROVE
MENTAL HEALTH AND WELL-BEING FOR
ONTARIO'S CHILDREN AND YOUTH**

NOVEMBER 2022



Ontario Coalition for
Children and Youth
Mental Health
Let's put our heads together.

Coalition ontarienne
pour la santé mentale des
enfants et des adolescents
Réfléchissons ensemble.

Ontario Coalition for Children and Youth Mental Health

The Ontario Coalition for Children and Youth Mental Health (the Coalition) is a multi-sectoral network of provincial partners in education, mental health and addictions, health, public health, justice, community and social services, and research. The Coalition believes that fostering the social and emotional health of children and young people must be a priority for Ontario schools. The Coalition promotes integrated public policy that nurtures the whole child, promotes children's rights, and advocates for the conditions that foster success in school — and in life.

The Coalition is coordinated through the Ontario Public School Boards' Association, but its mandate extends beyond the school environment.

Nurturing the whole child is a shared, inter-ministerial and multi-sectoral responsibility that requires a system-wide approach. The entire community of caring adults must be engaged to coordinate a full continuum of services and supports for children and youth. This continuum includes mental health literacy, promotion of positive social-emotional development, prevention of mental health problems, intervention services, and clear pathways to care.

The Coalition's areas of focus

Alignment of priorities and consolidation of effort across system partners

- Building a network of provincial partners dedicated to mental health and well-being for children, young people and their families. Ensuring an alignment of priorities, a vibrant approach to knowledge exchange, and consolidation of effort for sustained change to mental health services and promotion.

Integrated public policy that accounts for the social determinants of health

- Contributing to the development and implementation of strategic and integrated public policy that will positively transform mental health for children, youth and their families through action. Developing policy that takes into account the social determinants of health and is mindful of ways to sustain this focus.

Mental health literacy and wellness

- Advocating for funding and support for effective, ongoing mental health literacy programs for children and youth, as well as staff working directly with children, youth and families in communities and schools.

Voice of children, youth and families

- Ensuring that the wisdom and lived experiences of children, youth and families provide a vital voice in the work of the Coalition.

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Executive summary

The Ontario Coalition for Children and Youth Mental Health (the Coalition) is a multi-sectoral network of provincial partners in education, mental health and addictions, health, public health, justice, community and social services, and research. These partners work together to promote integrated public policy on child and youth mental health and well-being. Supporting the social and emotional development of children and young people is a shared responsibility. Not one organization or sector can do this work alone.

For the last three decades, the mental health needs of Ontario’s children and youth have been steadily increasing (Comeau et al., 2019). Evidence gathered through the pandemic tells a consistent story: living through COVID-19 has negatively impacted young people’s mental health (Boak, Elton-Marshall, Hamilton, 2022; De France et al., 2022; Saunders et al., 2022). For years, Coalition partners have collaborated to create clearer pathways to mental health care for Ontario’s children, young people and families. Now, more than ever, as we transition through and beyond COVID-19, we need to work as a coordinated system, across sectors, to support every child and young person to receive the best care in the most effective and timely way.

Building on a foundation of recent evidence and calls for action from system partners, this report outlines the Coalition’s understanding of priority issues in three focus areas: **system coordination; equity; and mental health promotion, early identification and prevention of mental health concerns.** In each area, we provide recommendations for the Government of Ontario to help realize our vision of a coordinated system that ensures access to timely, integrated, responsive and equitable mental health services for children and young people across Ontario.

Goals and recommendations

System coordination

The case for action:

- Most recent Ontario Child Health Study data shows one in five children and youth aged 4 to 17 years met *DSM-IV-TR* criteria for at least one mental health disorder, but only one-quarter of children (4 to 11 years) and one-third of youth with a disorder had contact with a mental health professional (Georgiades et al., 2019).
- Over the previous three decades, the prevalence of perceived need for professional mental health care more than doubled among children and youth, from just under 7% in 1983 to nearly 19% in 2014 (Comeau et al., 2019).

- Children, young people and families are acknowledging a need for help but have not been able to access it.

Our goal:

We aim to improve coordination of children and youth mental health services across sectors and all levels of the system to reduce fragmentation, clarify navigation, and ensure children and young people receive the right care at the right time.

To advance this goal, we recommend:

1. The Province work with all system partners to pilot implementation of the system of care described in *Right time, right care: Strengthening Ontario’s mental health and addictions system of care for children and young people* (School and Community System of Care Collaborative, 2022).
2. The Province commit to developing and implementing a sustainable long-term plan for inter-ministerial communication and coordination related to funding and policy decisions that affect mental health and addictions supports and services for children and youth.
3. The Province engage and consult with the Coalition as a multi-organizational and multi-sectoral network of experts to advise on system priorities, programs, policies and performance measurement related to children and youth mental health supports and services.

Equity

The case for action:

- Young people from Indigenous, Black and racialized communities, immigrant families, and 2SLGBTBQ+ communities, as well as children and youth with disabilities, have experienced inequities in access to — and the quality of — mental health services. These young people bear disproportionate levels of mental health challenges (Anderson et al., 2015; Fante-Coleman & Jackson-Best, 2020; Georgiades et al., 2019; K-12 Education Standards Development Committee, 2020; Ormiston & Williams, 2022; Statistics Canada, 2021).
- Francophone children and youth face persistent barriers in accessing linguistically appropriate mental

health services in community and school settings across Ontario. (CÉNO, 2021; Lemay et al., 2017).

- Ontario lacks a consistent, robust source of information on the prevalence of children’s mental health problems and the characteristics and outcomes of clients receiving services. Collecting and using population-level data is critical to ensure our provincial policies and programs are effective and equitable (Boyle et al., 2019). The significant changes in child and youth mental health revealed by the analysis of the 1983 and 2014 Ontario Child Health Study (Comeau et al., 2019) demonstrate the need for more frequent monitoring of this kind of data.

Our goal:

We aim to reduce inequities experienced by underserved and under-represented communities in accessing appropriate mental health services. Our goal is to ensure all children and young people receive identity-affirming, inclusive and anti-oppressive care that is culturally and linguistically appropriate.

To advance this goal, we recommend:

1. The Province commit to ongoing investment in policies and programs that increase access to culturally appropriate, identity-affirming, anti-oppressive, and inclusive mental health supports and services for children and young people across Ontario.
2. The Province work with all system partners and equity-deserving communities to develop a coordinated provincial data strategy that provides systematic information about the prevalence of child and youth mental health issues in Ontario.

As part of this effort, we recommend the Province commit to sustained funding of the Ontario Child Health Survey, and in collaboration with research partners, increase the frequency of the survey’s administration (for example, on a five-year cycle).

3. The Province commit to ongoing investment in policies and programs that increase access to French-language mental health services for children and youth across Ontario.

Mental health promotion, early identification and prevention of mental health concerns

The case for action:

- Young people interact with many community spaces, including schools, public health, cultural/faith organizations, and recreation partners. These spaces all play important roles in promoting mental health and well-being and preventing the development of mental illness through early identification and intervention.
- Students’ sense of belonging in their school has been negatively affected by COVID-19. The 2021 Ontario Student Drug Use and Health Survey revealed a significant drop in the percentage of students who reported feeling close to people at their school (from 85% in 2019 to 74% in 2021) and feeling like they’re part of their school (from 82% in 2019 to 74% in 2021).
- Some Ontario students disengaged completely from school during the pandemic. Data from Statistics Canada (2022) shows home-school enrollment increased by 137% in Ontario from 2019/2020 to 2020/2021. There is limited up-to-date provincial data on absenteeism rates, who is absent and the mental health needs of absent students.
- Educators, school staff, mental health service providers and parents/caregivers themselves experienced significant strain, burnout and declines in mental health throughout the pandemic (Bayrami, 2022; Sokol et al., 2020). The mental health of children and young people is influenced by the wellness of the adults in their lives, as well as the adults’ ability to provide a supportive environment and to model resiliency and adaptive coping (OPSBA, 2021).

Our goal:

We aim to re-centre mental health promotion and early intervention in all sectors and settings that serve children and youth. We want to ensure the environments where children and young people spend much of their time promote well-being, safety, and a sense of belonging, and foster their success in school and life.

To advance this goal, we recommend:

1. The Province collaborate with all system partners — across community and school settings — to provide appropriate training and resources to those who work with and care for children and youth to support mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports.
2. The Province provide supports to reframe and reinforce the critical role of schools/campuses as a hub for mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports and services. This should include more frequent collection and dissemination of provincial-level data on student absenteeism to guide student re-engagement and mental health support strategies.
3. The Province centre mental health and well-being as a critical component and determinant of success in school and life. This can be done by creating space for students, parents and caregivers, and educators to learn about mental health and how to access supports and services that promote mental health and well-being.

Looking ahead

The mental health and well-being of Ontario's children and young people is a shared responsibility requiring an integrated, coordinated whole-of-community response. As we transition through and beyond the COVID-19 pandemic and the elevated mental health challenges that have resulted, our sector has opportunity to re-evaluate existing models of learning and care.

As a Coalition, we are committed to continued collaboration with organizational, community, and government partners across the children and youth mental health system of care.

We look forward to engaging with provincial government partners and other system stakeholders to plan a coordinated, system-wide approach that will ensure Ontario's children and young people can access timely, integrated, responsive and equitable mental health services and supports — wherever they live, study, work or play.





1

Background

Building on progress

THE ONTARIO COALITION for Children and Youth Mental Health (the Coalition) is a multi-sectoral network of provincial partners in education, mental health and addictions, health, public health, justice, community and social services, and research. These partners work together to promote integrated public policy on child and youth mental health and well-being. Supporting the social and emotional development of children and young people² is a shared responsibility. Not one organization or sector can do this work alone.

For years, Coalition partners have collaborated in innovative ways to create clearer pathways to mental health care for Ontario's children, young people and families. Now, more than ever, as we transition through and beyond COVID-19, we need to work as a coordinated system, across sectors, to support every child and young person to receive the best care in the most effective and timely way. We have an opportunity to build upon impactful work already underway in communities and at the provincial level. The resilience and creativity modelled by system partners, communities, young people and families throughout the pandemic has proven that we can — and should — do things differently.

² Within the community-based child and youth mental health sector, the preferred notation for an adolescent or young adult is "young person/people." In the education sector, "student" is the preferred term. In this document we talk about children, adolescents and young adults across education, community and treatment settings. For consistency, we use the terms "child/children" to refer to those under 12 years of age and "young person/people" to refer to adolescents and young adults 12 years of age and older. The term "youth" is used for this same age group in some instances — in direct quotes and when citing existing literature and organization's terminology, for example.

This report outlines the Coalition's understanding of priority issues and provides recommendations for the Government of Ontario (the Province). The recommendations reflect our vision of a coordinated system that ensures access to timely, integrated, responsive and equitable mental health services for children and young people across Ontario.

The Coalition builds on a foundation of recent evidence and calls for action mobilized by community mental health, education, and research partners. Our recommendations are rooted in this research and practice evidence and have been refined through consultations with Coalition members (conducted in August and September 2022).

The need for an urgent, coordinated approach to mental health care for Ontario's children and young people

Mental health issues experienced in childhood and adolescence can lead to impairment in multiple contexts — family relationships, social interactions, academic performance (Duncan et al., 2021; Whitley et al., 2018; Vaillancourt & Boyle 2021). These issues are known to persist into adulthood, and half to three-quarters of adult mental health disorders begin before the age of 15 (Kim-Cohen et al., 2003; Kessler et al., 2001; 2007).

Problems that have plagued the child and youth mental health system for decades have become more pronounced with the fear, disruptions, illness and loss caused by the COVID-19 pandemic. For the last three decades, the mental health needs of Ontario's children and youth have been steadily increasing (Comeau et al., 2019). Evidence gathered through the pandemic tells a consistent story — living through COVID-19 has negatively affected the mental health of children and youth both in terms of volume and severity of needs (Boak, et al., 2022; De France et al., 2022; Ontario Centre of Excellence for Child & Youth Mental Health & CHEO Research Institute, 2021; Kohly 2021; Saunders et al., 2022).

Ontario's child and youth mental health system is fragmented, resulting in uneven access to care for children and young people. This is especially true for people of colour; Black and Indigenous; recent immigrants (Statistics Canada, 2021); those living in rural and remote areas of Ontario, particularly in French-speaking and Northern communities (CÉNO, 2021; Ontario Student Trustees' Association, 2021b); and those with existing mental health issues (Ontario Centre of Excellence for Child and Youth Mental Health & CHEO Research Institute, 2021) and disabilities (Gauvin et al., 2021; K-12 Education Standards Development Committee, 2020; Statistics Canada, 2021).

Experts have called for an urgent, coordinated response to mitigate the potential long-term impacts of these issues on Ontario's children and youth (School and Community System of Care Collaborative, 2022; Vaillancourt et al., 2021). The Coalition is committed to working with government, education, community and school mental health partners to re-vision and realize plans to work better together — as a system — to support the mental health and well-being of Ontario's children, young people and their families wherever they live, work, study and play.



2

System coordination

Where we are today

THE PANDEMIC SHONE A SPOTLIGHT on existing cracks in Ontario's mental health and addictions system. The system is fragmented and difficult to navigate.

The most recent data from the Ontario Child Health Study (gathered in 2014) tells us that about one in five (between 18% and 22%) children and young people aged 4 to 17 years met *DSM-IV-TR* criteria for at least one mental health disorder.² Only one-quarter of children (4 to 11 years) and one-third of youth with a mental health disorder had contact with a mental health professional (Georgiades, et al., 2019). This low level of service reach is alarming, given that the same study revealed that over the previous three decades, the prevalence of perceived need for professional mental health care more than doubled (from just under 7% in 1983 to nearly 19% in 2014) among children and youth (Comeau et al., 2019).

Children, young people and their families are acknowledging a need for help but are not accessing it. When they do access mental health supports, they're most often finding it in schools (Georgiades et al., 2019), which may not always be the right place or the right level of care for their needs.

² This rate exceeds worldwide prevalence estimates from the same time period, which stood at around 13% (Polanczyk et al., 2015).

More recent — and troubling — evidence from Ontario’s 2021 Mental Health and Addictions System Performance Scorecard (ICES, 2021) shows increasing rates of emergency department visits and hospitalization for mental health and addictions needs, with children and young people accounting for the highest spikes in service use. From 2009 to 2017, mental health-related emergency department visits for 10- to 21-year-olds increased by over 90%. For young adults 22 to 24 years of age, visits increased by 75%. One-third of people under 25 years of age (compared to one-quarter of people over 25 years) used the emergency department as a first point of contact for mental health and addictions care.

Over the same period, mental health-related hospitalizations in Ontario remained relatively stable across most age groups. However, hospitalization of 14- to 17-year-olds and 10- to 13-year-olds increased by 136% and 115%, respectively (ICES, 2021).

These findings suggest Ontario’s young people are experiencing more acute and severe levels of illness, and that they are facing significant barriers in accessing appropriate outpatient or community-based services. These findings might also suggest that “outpatient mental health and addictions services are insufficient to prevent crises that require emergency services or hospitalization.” (ICES, 2021, p. 6).

De France and colleagues (2022) recently shared results from a longitudinal study completed before and during the COVID pandemic to understand the impacts of the pandemic on the mental health of Ontario’s adolescents. The participants were typically developing adolescents who had taken part in a two-year, four-wave study of their mental health. During the pandemic, they were asked to participate in a fifth wave of the study to help identify the role of the pandemic in shifting the pattern of mental health symptoms developed over the previous two years.

Results showed anxiety and depression scores were significantly higher than previous trajectories would have predicted, largely due to pandemic-related lifestyle impacts.

Findings from the 2021 Ontario Student Drug Use and Health Survey (a bi-annual, Ontario-wide cross-sectional survey of students in grades 7 to 12) confirm the struggles to access child and youth mental health supports and show an increase in unmet needs associated with living through the pandemic (Boak et al., 2022). Of the 2,225 students surveyed, across 122 schools and 31 boards:

- 59% said they were depressed about the future because of COVID-19.
- 39% said the pandemic had negatively affected their mental health.

The study also revealed significant changes in student mental health between 2019 and 2021.

- The percentage of students who reported serious levels of psychological distress increased from 21% to 26%.
- The percentage of students who reported unmet needs for mental health increased from 35% to 42%.

Additionally, 42% of Ontario students said there was a time in the last year that they wanted to talk to someone about a mental health problem but did not know where to turn, and 39% said they rarely or never talk to a parent about problems or feelings. When asked how they would prefer to receive professional help for mental health issues, almost half indicated a preference for in-person supports while only 7% preferred internet or text or chat. Even fewer (2%) preferred phone-based support (Boak et al., 2022).

Results from other surveys conducted in Ontario during the pandemic are similar. A survey of nearly 1,400 12- to 25-year-olds conducted during Ontario’s second wave of the pandemic (the Knowledge Institute on Child and Youth Mental Health and Addictions, 2021) found 45% of respondents had a mental health diagnosis and 87% rated their mental health as having worsened since the start of the pandemic. Over 90% of those who had a mental health diagnosis before the pandemic continued to connect with a healthcare provider for mental health support. Nearly one in three of those who were not already connected to services said they wanted to see a mental health professional but had not yet.

When survey respondents were asked about which publicly funded mental health services they were aware of in the province, nearly 80% knew about Kids Help Phone, although only 11% had used the service. However, awareness of other services ranged from only 5% to 30%. Of those who had accessed some kind of support, 42% said they had learned about it from a friend or family member. Relatively few learned about mental health supports from healthcare professionals (17%), social media (14%), or school (10%). Not surprisingly, when respondents were asked what system leaders could do to improve mental health services, one of the top three suggestions was to improve awareness of services. The other two suggestions were to decrease costs and reduce wait times.

The Ontario Student Trustees' Association (2022b) recently shared findings from a survey of Ontario secondary students showing nearly three-quarters of respondents reported “always” or “occasionally” experiencing barriers to their success due to mental health concerns. As was the case for the other studies summarized here, despite increased availability of mental health supports, students either do not know about them, or do not know how to access them.

These findings paint a grim picture of the status of children and youth mental health in Ontario — and the pandemic has only made the situation worse.

From fragmentation to coordination

Many sectors and partners share responsibility for the mental health of Ontario's children and young people. Community mental health agencies, schools and primary care practitioners are key access points for mental health supports. However, hospitals, public health, cultural/faith organizations, recreation partners and many others also play important roles in mental health promotion, prevention, early identification of mental health challenges, and care.

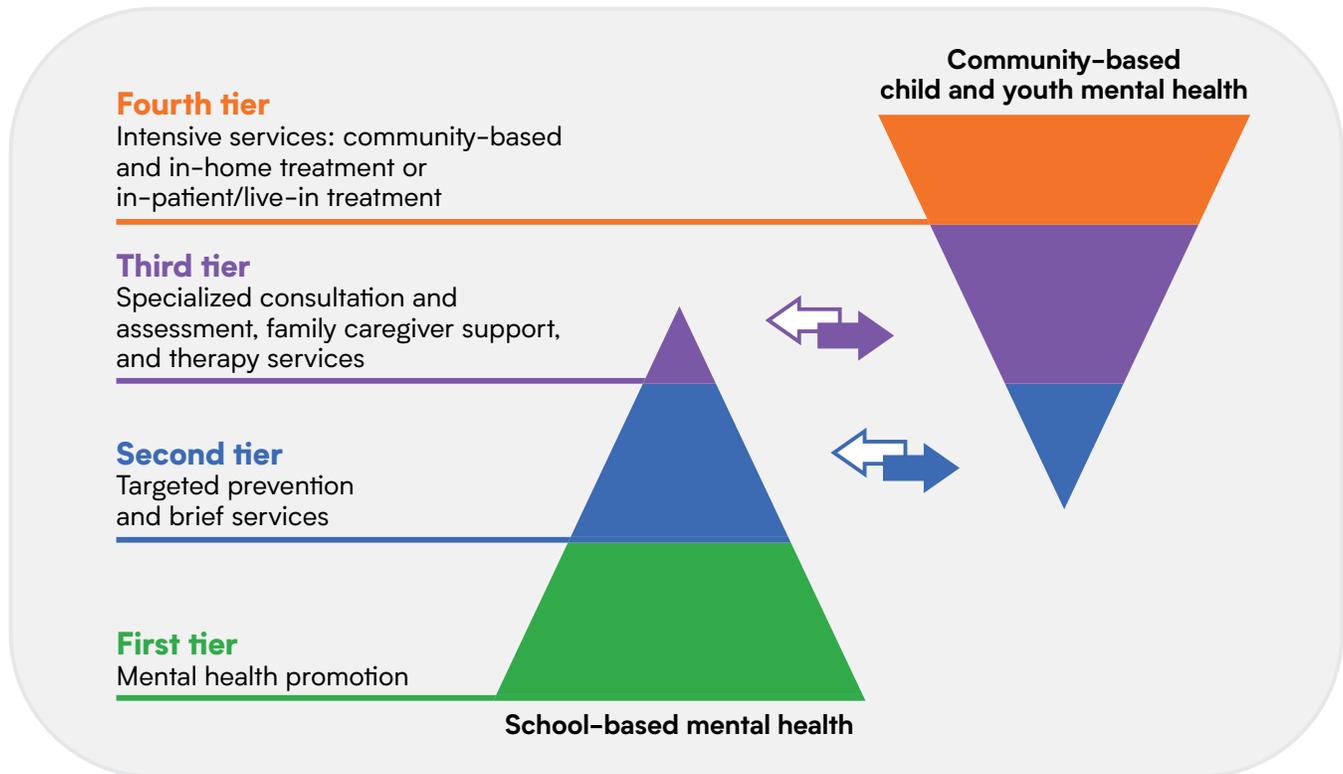
The system is expansive. Despite more than a decade of efforts by partners to clarify roles and pathways in the children and youth mental health system (Santor et al., 2009), young people and their families — and organizations supporting them — have had difficulty finding the care that meets their needs, in the right place and the right time.

Recently, leaders and stakeholders from school-based mental health settings and community-based mental health and addictions agencies came together to form the School and Community System of Care Collaborative. The group's goal was to offer a shared vision with clear roles and structures to enable a coordinated system of mental health and addictions care for Ontario's children and young people. The Collaborative produced *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (School and Community System of Care Collaborative, 2022).

“In some regions, [publicly funded child and youth mental health] service areas and school board boundaries align well, but in many areas misaligned geographic boundaries and service differences across school boards and agencies can lead to inconsistencies in care. Although some communities have clear pathways and processes in place to provide equitable mental health services and supports to families, many more do not. These gaps and inconsistencies in the system are not new but have been brought to light during the pandemic”
(*School and Community System of Care Collaborative, 2022, p.7*).

Figure 1: Multi-tiered system of care

(from Ontario's School and Community System of Care Collaborative, 2022)



This document focuses specifically on community-based mental health agencies and schools as a starting point. The authors note that improved role clarity in these parts of the system may support future expansion to other sectors and areas within the broader system of care.

The system of care approach is designed to reduce fragmentation of mental health services. Evidence from the United States has demonstrated positive outcomes — health, social and academic — for children and young people who received care through a system of care (Stroul et al., 2021).

A critical element of the model co-designed by Ontario's School and Community System of Care Collaborative is the clarification of roles played by school and community-based service providers within

a multi-tiered system (see Figure 1). The model clarifies what support is offered for different levels of need, where it is offered (or by which sector/provider), and when or how to transition a child or young person if needs increase or decrease — for instance, if more intensive care is required (School and Community System of Care Collaborative, 2022). This approach helps make services seamless.

In this coordinated approach, school-based mental health providers are positioned to play a prominent role in mental health promotion, early identification, prevention, and intervention (the first and second tiers in Figure 1).³ As well, these providers connect with community-based, in-home or live-in treatments when students present with more intensive service needs (the third and fourth tiers in Figure 1).

³ For a detailed explanation of the first three tiers of the multi-tiered model shown in Figure 1, see School Mental Health Ontario (2022b) at <https://smho-smso.ca/about-us/our-approach/>

Coordinating services across schools and community-based agencies in a tiered approach paves the way for more strategic use of resources and clarifies care pathways for young people, thereby easing service navigation. There is intentional, flexible overlap between the tiers of service delivered in schools and community settings to ensure students and families can access appropriate supports where and when they need it. This ensures there is no wrong door to care.

School Mental Health Ontario, a provincial implementation support team, plays an important role in supporting school districts to enhance student mental health. The team delivers coaching, training and education on evidence-based best practices in school mental health. They also lead and model school and community partnerships that enable students to access the right care at the right time.

The Ontario Government has invested in children and youth mental health services and supports over the last two years to help direct service agencies and system partners to meet the evolving mental health needs of children and young people. Examples of these supports include funds for workers, free or low-cost online counselling options, skill-building programs and other resources.

While these investments have been important, service providers and system partners have identified a need to work differently together. For example, an unanticipated influx of funding in one sector can lead to unanticipated resource and staffing challenges in another, which can weaken cross-sectoral partnerships and referral/care pathways. System partners report that unbalanced investment in brief support services in one sector, for example, can draw staffing resources away from more intensive services in another, creating a critical gap in established cross-sectoral care pathways.

Planful inter-ministerial communication and coordination will support an integrated multi-sectoral system of care and reduce fragmentation and duplication.

What do we mean when we say *early identification, prevention and intervention*?

From School Mental Health Ontario (2022a) – *About student mental health in Ontario*:

“For most students, everyday practices and caring support will be enough to help them flourish. Some students may need more support. Educators and other staff members may notice small changes in student behaviour and emotions over time. They can recognize the early signs of mental health concerns or mental illness, help students to describe how they’re feeling and connect them with appropriate support. Educators are not mental health professionals, and cannot diagnose a problem in this area, but they can observe and connect.

In addition to ongoing classroom support for students at risk, such as providing appropriate accommodations and modifications to address associated learning and emotional/behavioural needs, schools are well-positioned to provide prevention and early intervention services for students with mild-to-moderate mental health problems.

Most school boards across Ontario have regulated health professionals, such as school social workers, psychologists, and psychological associates, who are trained to deliver evidence-based preventive intervention.”

Where we need to go

Our Coalition aims to improve coordination of children and youth mental health services across sectors and all levels of the system to reduce fragmentation, clarify navigation, and ensure children and young people receive the right care at the right time.

To advance this goal, we recommend:

1. The Province work with all system partners to pilot implementation of the system of care described in *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (School and Community System of Care Collaborative, 2022).
2. The Province commit to developing and implementing a sustainable long-term plan for inter-ministerial communication and coordination related to funding and policy decisions that affect that affect mental health and addictions supports and services for children and youth.
3. The Province engage and consult with the Coalition as a multi-organizational and multi-sectoral network of experts to advise on system priorities, programs, policies, and performance measurement related to child and youth mental health supports and services.





3

Equity

Where are we today?

Inequities impacting child and youth mental health in Ontario

WHILE THERE ARE EFFECTIVE evidence-based treatments for many mental disorders, most children and young people in need do not receive appropriate and timely treatment (Gardner et al., 2020; Georgiades et al., 2019; Vaillancourt et al., 2022). “Whether children and youth with mental health disorders receive treatment is associated with social inequities and, in turn, contributes to the perpetuation of such inequities” (Gardner et al., 2020, p. 5).

Marginalized groups including Indigenous, racialized, immigrant, and 2SLGBTBQ+ communities, as well as individuals with disabilities, have been historically underserved. They have experienced inequities in access to, and the quality of, mental health services, and bear disproportionate levels of mental health challenges (Anderson et al., 2015; Fante-Coleman & Jackson-Best, 2020; Georgiades et al., 2019; K-12 Education Standards Development Committee, 2020; Ormiston & Williams, 2022; Statistics Canada, 2021).

For example, a recent scoping review (Fante-Coleman & Jackson-Best, 2020) identified several significant barriers faced by Black youth in Canada when trying to access mental health services. These barriers range from long wait times, discrimination, and lack of culturally sensitive care to stigma and mistrust of health professionals. In Ontario, there is evidence that Black youth disproportionately access mental health services through emergency and forensic care pathways (Anderson et al., 2015). This suggests young people are not getting care until their needs are severe enough to require emergency services or unless they have interactions with the youth justice system.

For many children and youth from marginalized or vulnerable communities, the COVID-19 pandemic only served to exacerbate these inequities (Anderson, 2021; Hahmann & Kumar, 2022; Mashford-Pringle et al., 2021; Ontario Agency for Health Protection and Promotion, 2020; Racine et al., 2021). Young people who identify as 2SLGBTQIA+, particularly gender-diverse and transgender youth, experienced disproportionate levels of risk for mental health challenges before the pandemic (Connolly et al., 2016). Research shows these challenges were compounded during COVID-19 (Hawke, et al., 2021; Salerno et al., 2021), due, in part, to disruptions to services, disconnections from support systems, and challenges some experienced in the family environment during pandemic isolation.

Unmet mental health needs experienced by Indigenous, racialized and other marginalized children and youth are the result of a multitude of intersecting and compounding barriers (Alegria et al., 2015; Atkinson, 2017). For example, racialized communities experience higher levels of poverty (Statistics Canada 2021). Studies have shown socioeconomically disadvantaged children and young people may be two to three times more likely to develop mental health problems (Riess, 2013). Recent data from Ontario shows residents of lower-income neighbourhoods had more mental health-related outpatient visits than residents of higher-income neighbourhoods. Among the lowest-income group, the rate of emergency department visits for mental health care was nearly three times that of the highest income group (ICES, 2021). The same dataset shows emergency department visits and hospitalizations for mental health and addictions issues trend higher in Ontario's more geographically dispersed Northwest and Northeast LHINs compared to other areas of the province (based on a three-year average for 2015 to 2017).

The 2014 Ontario Child Health Study did not find a significant link between poverty and the prevalence of mental health disorders. However, it did show that children and young people living in rural, remote and even small-to-medium urban centres experienced a higher prevalence of mental disorders (Georgiades et al., 2019) and were more likely to report a need for professional help (Comeau et al., 2019) than those in larger urban centres.

A closer look at the inequities experienced by Indigenous children and youth and their families during the pandemic

Findings from the Survey on Health Care Access and Pharmaceuticals during the Pandemic (SAHCPDP) (conducted in spring 2021) revealed stark differences in how Indigenous people in Canada experienced health service disruptions in comparison to non-Indigenous people (Hahmann & Kumar, 2022). Several unmet service needs were reported, including disruptions and delays to counselling and treatment for mental health and addictions. This may be partly responsible for increasing levels of mental health issues during the pandemic that were found in this study and in other research earlier in the pandemic (Arriagada et al., 2020). Notably, almost half of First Nations people living off reserve, Métis, and Inuit who needed services in the past year experienced difficulties scheduling appointments (cancellations and delays due to the pandemic), whereas only 37% of non-Indigenous people experienced such scheduling difficulties (Hahmann & Kumar, 2022).

The Ontario Native Education Counselling Association (ONECA) completed a survey of 169 Indigenous post-secondary students and their needs during the COVID-19 pandemic in early 2022 (ONECA, 2022). Most students who completed the survey (83%) said the pandemic negatively impacted their mental health, citing symptoms of stress (73%), anxiety (63%), depression (45%), sleep disturbances (45%) and a sense of isolation (60%). Nearly two-thirds of students said their post-secondary institution had mental health supports available for students and just over half of all respondents had accessed those supports during the pandemic. When asked what supports and services are most important to make available to students as the pandemic persists, students called for more mental health supports, financial supports and cultural supports (ONECA, 2022).



For children and young people living in rural and remote communities, access to care and recreational opportunities that support well-being is limited. Access includes three dimensions: affordability (the ability to pay for services, including transportation costs); availability (the number of services available and how or when they can be accessed); and acceptability (the appropriateness or fit of services available to a person's needs, culture, identity) (Boyle et al., 2010). Children and young people in rural and remote communities, especially those from equity-deserving communities, often experience barriers related to all three of these dimensions simultaneously.

French-language services

Francophone children and youth face persistent and intersecting barriers in accessing linguistically appropriate mental health services in community and school settings across Ontario's cities and rural communities (CÉNO, 2021; Lemay et al., 2017). A mapping study of French specialized services available in Ontario conducted by the Social Research and Demonstration Corporation in 2017 revealed significant regional disparities in the need for specialized services (mental health, substance abuse, speech-language therapy, and occupational therapy). The study also showed insufficient human resource capacity in French-language school boards and an inadequate supply of external service providers.

Issues were pronounced in Northern Ontario, where 25% of the province's Francophones live. Of the 39 Northern Ontario community agencies offering mental health and specialized child and youth services that were surveyed, only 28% indicated they had strong capacity to offer services in French (CÉNO, 2021). As a result of this study, the Consortium pour les élèves du nord de l'Ontario (CÉNO) was created and implemented, with funding (2017 to 2022) from the Ministry of Education. The Consortium's mandate is to increase access to specialized services — including mental health, psychology, and behaviour and occupational therapy — for students across the six Northern Ontario French-language school boards. CÉNO built a team of 19 mental health and specialized service professionals to deliver services to 91 schools over a 253,008 km² area.

In its first five years, the presence of CÉNO's team of practitioners in the region's French-language schools increased the supply of French-language practitioners in the region's French-language schools by 28%, reduced wait times for psychology services by one year, and reduced wait times for mental health services by 50% (CÉNO, 2021). While the evaluation findings from the CÉNO program are promising, the funding agreement is set to expire in 2022. The pandemic has led to an increase in needs, prompting a recent request to the Minister of Education for renewal and enhancement of the program.

Outside of Ontario's North, schools and community-based mental health leaders have reported a persistent and elevated need to boost capacity of French-language mental health providers to meet the elevated needs of young Franco-Ontarians through the pandemic.

Culturally appropriate services

There is compelling evidence that culturally appropriate services can improve the quality of care and health outcomes by:

- exploring culturally based coping strategies and resources, reducing stigma (Moore, 2018).
- delivering care in an environment that “respects cultural differences and is free from racism and stereotypes, where [people] are treated with empathy, dignity and respect” (O’Sullivan, 2013, p.27).

Trauma-informed approaches and interventions that take social determinants of health into consideration have been shown to be effective in producing positive mental health and academic outcomes among underserved, racialized and vulnerable youth who have experienced trauma (Olsen et al., 2021; Thulien et al., 2020). These approaches include wrap-around supports that address multiple components and factors impacting not only mental health, but also a person’s well-being, such as personal care, housing, and education supports.

A recent review of organizational practices to advance racial equity in children and youth mental health services (Lucente et al., 2021) identified some effective strategies to build trust and deliver more equitable, inclusive quality care. These strategies include workforce diversity approaches (hiring diverse staff that represent the communities the organization is serving); training and development (anti-racist and anti-oppressive training, training on culturally appropriate and trauma-informed approaches to care); and inter-organizational and multi-sectoral partnerships and engagement with underserved, equity-deserving communities.

Ontario’s community and school mental health leaders have made great efforts to collaborate, co-design and advance approaches to culturally appropriate care. For example:

- School Mental Health Ontario (2022b) has been amplifying the excellent work of the Thunderbird Partnership Foundation, supporting school boards’ use of the Life Promotion Toolkit (Thunderbird Partnership Foundation, 2021) alongside the Indigenous young people who developed this creative, identity-affirming, youth-focused resource.
- In effort to combat systemic anti-Black racism in Ontario’s youth sector, YouthREX, based at York University, recently launched an online certificate that provides education and training from experts across Ontario on centring on the well-being of Black youth (YouthREX, 2022).
- Equity is central to the system of care approach co-designed by the School and Community System of Care Collaborative (2022) referenced earlier in this report.
- School Mental Health Ontario provides education, resources and supports to students, parents/ caregivers, educators and student support staff to ensure school mental health services are culturally and socially responsive to students’ unique needs (School Mental Health Ontario, 2022c).
- The Knowledge Institute on Child and Youth Mental Health and Addictions, in partnership with Children’s Mental Health Ontario, recently completed a scan of organizational practices to advance racial equity across Ontario’s community-based child and youth mental health sector. They are taking steps to support the sector to address gaps identified (Kurzawa et al., 2021).

These are but a few examples of work happening across the province. However, there is a need to continue building on these efforts, in a coordinated way, to ensure equitable mental health services are accessible to all of Ontario’s children, young people and their families.

“In the study of children’s mental health, there is a deep divide between the evidence and inferences on health system performance obtained in general population studies, such as the 2014 OCHS, and administrative data cumulated by service providers on patients.” (Boyle et al., 2019, p. 233)

Critical data gaps

The children and youth mental health field lacks a systematic approach to conceptualizing equity. It has been defined, operationalized and measured in many different ways, and few studies explicitly refer to equity considerations (Gardner et al., 2020; Lucente et al., 2021).

For years, researchers and mental health system leaders have been calling for a provincially coordinated data strategy to drive evidence-based policy and decision-making across Ontario’s children and youth mental health system of care (Boyle et al., 2019; The Child and Youth Mental Health Lead Agency Consortium, 2021; Georgiades et al., 2019; Vaillancourt et al., 2019).

Individual organizations such as Kids Help Phone have developed innovative tracking strategies to monitor and measure equitable service delivery goals (Kids Help Phone, 2019). These organizational approaches will provide valuable insights that can be shared with system partners to signal emerging trends, identify gaps in existing supports, and inform further research. In fact, in their review of effective organizational practices to advance racial equity in children and youth mental health services, Lucente et al. (2021) identified data collection for continuous improvement as a critical practice.

A coordinated, province-wide approach to measuring inequities and the impacts of our efforts to address inequities is needed and can build on these organizational approaches. The McMaster Health Forum completed an evidence review and convened mental health experts, system leaders, young people and families to identify recommendations to create more resilient and responsive mental health systems for Ontario’s children, young people and families post-COVID.

A key system-level barrier is the absence of mechanisms to support rapid learning and improvement (Gauvin et al., 2021). For example, data about client service experiences are often not linked and shared in a timely way to inform rapid learning and improvement.

Ontario lacks a consistent, robust source of information on the prevalence of children’s mental health problems as well as the characteristics and outcomes of those receiving mental health services. Population-level data is critical to ensure our provincial policies and programs are effective and equitable (Boyle et al., 2019). The Ontario Child Health Study (OCHS), completed in 1983 and 2014, is our best source of evidence on the prevalence and determinants of children and youth mental disorders and whether individuals and families are receiving the services they need. The significant changes in child and youth mental health revealed by the analysis of the 1983 and 2014 OCHS (Comeau et al., 2019) demonstrate the need for this type of data collection and monitoring “at more frequent intervals than 30 years” (Boyle et al., 2019, p. 233).

Without a coordinated monitoring and tracking strategy, we have no way of understanding the extent to which children and young people are suffering and whether our interventions have had an impact among disproportionately disadvantaged groups. Boyle et al. (2019) have recommended the Government of Ontario: a) develop a data system that measures children and youth mental health in the general population every five years; and b) incorporate comparable measurement into intake and follow-up assessments of children and young people who access publicly funded mental health services across the province.

Where we need to go

Ontario's community and education sectors have collaborated in important and innovative ways to advance equity in child and youth mental health supports and services. We must amplify and build upon these efforts in the years ahead and recognize there is still a great deal of work we need to do. Changes are needed at all levels of the system, including:

- organizational infrastructure (settings grounded in anti-racist and anti-oppressive foundations)
- implementation (increasing diversity and representation in the workforce and building capacity of educators and service providers to work with cultural humility and care), and
- intervention (identity-affirming interventions).

Addressing these levels of change will require ongoing, long-term collaboration across partners.

We aim to reduce the inequities underserved and under-represented communities experience in accessing appropriate mental health supports and services. Our goal is to ensure all children and young people receive identity-affirming, inclusive and anti-oppressive care that is culturally and linguistically appropriate.

As early steps on this journey, we recommend:

1. The Province commit to ongoing investment in policies and programs that increase access to culturally appropriate, identity-affirming, anti-oppressive and inclusive mental health supports and services for children and youth across Ontario.
2. The Province work with all system partners and equity-deserving communities to develop a coordinated provincial data strategy that provides systematic information about the prevalence of child and youth mental health issues in Ontario, inequities experienced by disadvantaged groups, and the experiences and outcomes of children and youth receiving services.

As part of this effort, we recommend the Province commit to sustained funding of the Ontario Child Health Survey, and in collaboration with research partners, increase the frequency of the survey's administration (for example, on a five-year cycle).

3. The Province commit to ongoing investment in policies and programs that increase access to French-language mental health services for children and youth across Ontario.





4

Mental health promotion, early identification and prevention of mental health concerns

Where we are today

Working together upstream

THE COALITION IS COMMITTED to supporting the social and emotional well-being of all of Ontario's children and young people, wherever they study, play, work or live, across the continuum of care — from promotion, prevention and early intervention to treatment.

In this report, we have focused on the system gaps and challenges associated with accessing coordinated, appropriate, timely and equitable mental health services and supports. It is important to balance this with attention to strategies further upstream. Schools, public health, cultural/faith organizations, recreation partners and many other community spaces play important roles in promoting mental health and well-being and preventing the development of mental illness through early identification and intervention.

As part of a community system of care (School and Community System of Care Collaborative, 2022), all settings and sectors that serve Ontario's children and young people should be supported and resourced to centre mental health promotion, early identification of challenges, and connections to care pathways in their work with young people and families. As the Coalition and its multi-sectoral partners continue their work toward realizing this aspirational vision, Ontario's schools are seen as a natural setting to focus on and build from.

Evidence from Ontario shows schools are an important access point for mental health supports for children and youth (Georgiades et al., 2019). Even before the pandemic, a multi-organizational partnership representing Ontario's post-secondary education sector published a "whole-of-community" call to action (*In it together*) to address the growing prevalence of mental health challenges among Ontario's post-secondary students (Ontario's Universities, Colleges Ontario, Ontario Undergraduate Student Alliance and College Student Alliance, 2020). *In it together* suggests that to promote mental health and well-being in young adulthood and throughout the lifespan, we must "instill resiliency and coping skills" (p.3) in K-12 education by embedding mental health learning in elementary and secondary school curricula.

The mental health crisis spurred by the COVID pandemic has elevated the need to help students build skills that deepen their resiliency, and ensure they know how to seek support for their mental well-being.

Today, we have an opportunity to align with and leverage excellent work already underway at the provincial level. We can clarify and reinforce the important role that schools play in health promotion and early identification/intervention in a broader system of care for children and young people (Ontario Public School Boards' Association, 2021; School and Community System of Care Collaborative, 2022).

Re-centring mental health promotion and early identification and prevention of mental health concerns in Ontario's schools

Ontario's elementary and secondary school system has been described as a potentially "powerful intervention for enhancing student mental health and well-being" (Ontario Public School Boards' Association, 2021, p. 10). Teachers and other school support staff are not clinically trained to provide mental health care and should not be expected to do so. They do, however, play an important role in creating safe environments and experiences that promote well-being, identifying students who may be experiencing challenges, and helping to connect them to appropriate supports. Well-being is bolstered through identity-affirming classroom experiences that infuse protective influences known to foster positive mental health, a strong sense of belonging, stable routines, and caring relationships and connections to peers and supportive adults.

Students' sense of belonging in their school (an important indicator of well-being) has been negatively affected by COVID-19. Findings from the 2021 Ontario Student Drug Use and Health Survey revealed a significant drop in the percentage of students who reported: a) feeling close to people at their school (from 85% in 2019 to 74% in 2021); and b) feeling like they're part of their school (from 82% in 2019 to 74% in 2021).

Some Ontario students disengaged completely from school during pandemic-related remote and online learning efforts. School boards experienced record rates of home-schooling during the pandemic. Recent data from Statistics Canada (2022) shows home-school enrollment increased by 137% in Ontario from 2019/2020 to 2020/2021 (23,466 students were home-schooled in 2020/2021), whereas enrolment in public schools over the same period decreased by 1.5%.

Re-engaging students who have not returned to school throughout the pandemic is a priority for school and community partners. We know the difficulties and impacts of the pandemic have not been experienced evenly across Ontario's students. Members of historically marginalized and racialized communities, and students with special needs experienced disproportionate challenges in engaging in remote learning, and

experienced higher than average rates of COVID-19 and mental health challenges. These students are also more likely to struggle with the transition back to school (Dorn et al., 2020; James, 2020, Ontario Science Table, 2021).

At a provincial level, there is limited up-to-date data on absenteeism rates, who is absent, and the mental health needs of absent students. Community and school mental health partners have called for more frequent collection and dissemination of provincial data on absenteeism. Understanding how many of these students have or have not returned to school this academic year, and the characteristics and needs of those students, will help leaders re-engage students and families and rebuild a sense of safety and belonging in school.

Strengthening the student support net by ensuring adults are well-supported

We know that the mental health of children and youth is influenced by the wellness of the important adults in their lives and their ability to provide a supportive environment, and to model resiliency and adaptive coping (OPSBA, 2021). We also know that educators, school staff, mental health service providers and parents/caregivers themselves have experienced significant strain, burnout and declines in mental health throughout the pandemic (Bayrami, 2022; Sokol et al., 2020). To provide nurturing environments for children and young people, we need to protect and support the network of adults responsible for their education and care.

Where we need to go

We aim to re-centre mental health promotion and early intervention in all sectors and settings. We want to ensure the environments where children and young people spend much of their time promote well-being, safety, and a sense of belonging, and foster their success in school and life.

To advance this goal we recommend:

1. The Province collaborate with all system partners — across community and school settings — to provide appropriate training and resources to those who work with and care for children and youth. This could include mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports.
2. The Province provide supports to reframe and reinforce the critical role of schools/campuses as sites for mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports and services. This should include more frequent collection and dissemination of provincial-level data on student absenteeism to guide student re-engagement and mental health support strategies.
3. The Province centre mental health and well-being as a critical component and determinant of success in school and life. This can be done by creating space for students, parents and caregivers, and educators to learn about mental health and how to access supports and services that promote mental health and well-being.





5

Next steps

AS WE TRANSITION through and beyond the COVID-19 pandemic and the elevated mental health challenges that have resulted, we have an opportunity to re-evaluate existing models of learning and care. We can build on what is working and replace the ineffective, inefficient and siloed approaches with evidence-based, strategic and integrated ones. The mental health and well-being of Ontario's children and young people is a shared responsibility requiring an integrated, coordinated whole-of-community response across all sectors that serve children and young people.

The Ontario Coalition for Children and Youth Mental Health aims to be a catalyst for province-wide change and to serve as a model for how we can work differently and effectively together to improve supports and services. The recommendations outlined in this report are intentionally aligned with action plans advocated by key system partners. Many of the recommendations intersect and reinforce the objectives of the others. For example, a provincial data strategy to understand and drive improvements in equity will also support broader coordination and integration in a provincial system of care for child and youth mental health.



As a Coalition, we are committed to continued collaboration with organizational, community, and government partners across the children and youth mental health system of care. We aim to:

- improve system coordination
- address inequities experienced by underserved and under-represented communities, and
- re-centre mental health promotion, early identification and prevention of children and youth mental health issues in community and school spaces.

The Coalition members look forward to engaging with provincial government partners and other system stakeholders to plan a coordinated, system-wide approach to ensuring Ontario's children and young people can access timely, integrated, responsive and equitable mental health services and supports — wherever they live, study, work or play.

Summary of recommendations

System coordination

We recommend:

1. The Province work with all system partners to pilot implementation of the system of care described in *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (School and Community System of Care Collaborative, 2022).
2. The Province commit to developing and implementing a sustainable long-term plan for inter-ministerial communication and coordination related to funding and policy decisions that affect mental health and addictions services and supports for children and youth.
3. The Province engage and consult with the Coalition as a multi-organizational and multi-sectoral network of experts to advise on system priorities, programs, policies and performance measurement related to children and youth mental health supports and services.

Equity

We recommend:

1. The Province commit to ongoing investment in policies and programs that increase access to culturally appropriate, identity-affirming, anti-oppressive and inclusive mental health supports and services for children and young people across Ontario.
2. The Province work with all system partners and equity-deserving communities to develop a coordinated provincial data strategy that provides systematic information about the prevalence of child and youth mental health issues in Ontario.

As part of this effort, we recommend the Province commit to sustained funding of the Ontario Child Health Survey, and in collaboration with research partners, increase the frequency of the survey's administration (for example, on a five-year cycle).

3. The Province commit to ongoing investment in policies and programs that increase access to French-language mental health services for children and young people across Ontario.

Mental health promotion, early identification and prevention of mental health concerns

We recommend:

1. The Province collaborate with all system partners — across community and school settings — to provide appropriate training and resources to those who work with and care for children and youth. This could include mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports.
2. The Province provide supports to reframe and reinforce the critical role of schools/campuses as sites for mental health promotion, early identification and prevention of mental health issues, and connection to appropriate supports and services. This should include more frequent collection and dissemination of provincial-level data on student absenteeism to guide student re-engagement and mental health support strategies.
3. The Province centre mental health and well-being as a critical component and determinant of success in school and life. This can be done by creating space for students, parents and caregivers, and educators to learn about mental health and how to access supports and services that promote mental health and well-being.

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Ontario Coalition for
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