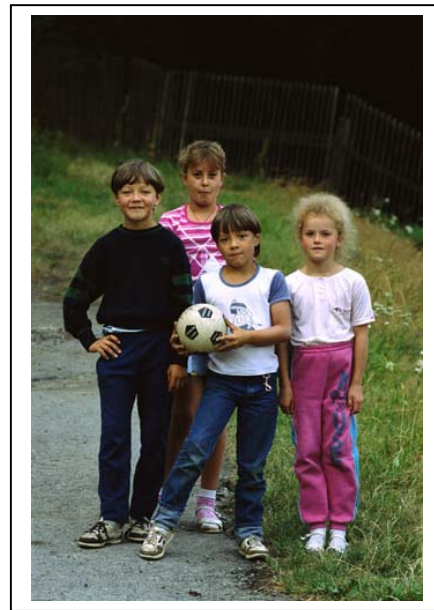


# The Current Status of Mental Health Services for School-Aged Children and Youth of Ontario

What are the mental health needs (status) of Ontario's children and youth?



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# Funds short to counsel kids

## Mental-health waiting lists growing

By LISA GRACE MARR  
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The Hamilton Spectator

Thousands of children across Ontario needing mental-health counselling are having to wait months primarily because of a shortage of social workers.

There are hundreds such children in the Hamilton area. At Chedoke's Child and Family Centre, which sees up to 1,800 children at any one time, about 100 to 120 kids with behavioural problems are on an eight- to 12-month waiting list. Another 55 to 60 with emotional problems face a wait of up to five months, says team manager Tom Anderson.

Other centres in Hamilton and Burlington have dozens on waiting lists and, according to Children's Mental Health Ontario, there are an estimated 8,000 children and youth on waiting lists for mental-health services.

At the Niagara Child Development Centre in Welland — the only non-hospital resource for treatment and counselling for children and families in Niagara — it's so critical that no

new clients are being taken for a month until caseloads are sorted out.

"It's a disaster waiting to happen," said Denise Evans, manager. "Those children will end up either as young offenders or as parents in the same cycle of violence. Children's mental health is very cheap and very effective, much cheaper than prison."

Evans said her five, full-time counsellors each have a caseload of 54 to 82 children and their families. The Ministry of Community and Social Services, which funds the agency, recommends a caseload of about 35.

In Hamilton, Alex Thomson, executive director of Lynwood Hall Children's Centre, said there is a three-to-six-month waiting period to get into a residential program. The wait for day treatment is up to a year, he said.

"There's no question that demand is outstripping our resources, for sure, in children's mental health," said Thomson.

The centre has numerous workers with community college training.

In Brantford, Cindy I'Anson, area program manager for Brant County's Woodview Children's Centre, said about

85 children up to 18 years old are on a waiting list four-to-six-months long.

The problem, I'Anson said, is many social workers are taking higher paid jobs with children's aid societies, which have received new funding and can pay social workers more.

Monday, the Alliance of Associations Serving Children and Youth will hold a press conference at Queen's Park concerning the shortage of workers, pay inequities and the negative impact they say it has on child welfare.

Dave Schulz, head of the Ontario Association of Residences Treating Youth, said the alliance wants the government to pay its 71,000 social workers the same rate as social workers at children's aid societies (CAS) and hospitals.

In Welland, Evans said the Niagara CAS doubled its number of social workers over the past year, and some came from Evans' staff. Starting salaries were \$7,000 to \$10,000 more than what Evans could pay.

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# The Mental Health Needs of School-Aged Children in Ontario

## ***Objective:***

The purpose of this paper is to provide a summary overview of the current status of the research on mental health services for children and youth and on the present services and programs, with the outcome to make recommendations on priority areas for Integrated Services for Children Division, Government of Ontario.

## ***Introduction:***

The System-Linked Research Unit contacted key informants who represent a range of services and agencies involved with children and youth. We did not restrict ourselves to treatment services, but also heard from people who work with children and youth in schools and in different community settings, including recreational programs and the streets. We took this approach based on the knowledge that mental health is affected by the conditions and circumstances within and surrounding a young person, and that the development of competencies (or the ability to respond to stress) can buffer the effects of risk of mental health disorder. We have summarized/synthesized their points and views.

Prior to her interview with the Interviewer, Dr. Gina Browne completed a review of the literature. Key articles are appended and/or listed in the attached bibliography.

Time and again, these key informants made the point that services must be made available to children and youth throughout the development cycle from birth to adulthood. In recent years, the government of Ontario had implemented some important initiatives for the early years to ensure that children who have mental health problems get the help they need. Not all problems will be detected in the early years, and some emotional and behavioural difficulties do not emerge until later.

Most children over age six who have emotional and behavioural difficulties are in school, which make school a logical place for mental health programs. But some youth are not in school, and some are on the streets, which is why alternatives to school-based services are also required.

Below is a micro- analysis of the problems and solutions in the area of Children's Mental Health for School-Aged Children.

## **The Questions:**

Each Key Informant was asked the same set of questions. The questions were as follows:

1. What are the programs and services currently available that promote mental health in school age children?
2. What are the barriers to accessing the programs and services currently available?
3. What are the gaps in service--what should be offered but isn't?
4. What's perpetuating the gaps?
5. Is the situation the same, better or worse since you began working in this field?
6. If you could make changes to programs and services, what changes would you make:
  - a. Locally
  - b. Regionally
  - c. Provincially

## ***The Responses:***

### **EXISTING SERVICES: WHAT WORKS**

1. The key informants viewed services or programs offered through the schools or linked with education initiatives as the most effective. These programs and services ranged from after school recreation activities to mental health workers hired by agencies to set up on-site locations in schools (very rare but the consensus was mental health services should be delivered in the schools).
2. Parks and recreation programs were viewed by informants as a crucial and effective community resource in the area of children's mental health. Most spoke highly of the programs offered by parks and recreation in their communities.
3. Boys and Girls clubs/Big Sister and Big Brother were other programs frequently mentioned as making positive contributions.
4. Universal recreation programs were seen as preferable to targeted. An exception to this is for disabled children who, particularly when they get to be teens, like the OPTION of socializing among themselves. It is also important for Native, immigrant and other visible minority children to have places to go and things to do inside their own cultural communities.
5. Peer run programs, or programs developed with extensive peer consultation were viewed as most effective for older children and adolescents.

6. The people developing and running the programs need to genuinely enjoy children: people who don't like kids shouldn't work with them.
7. Wrap around projects where case management involves creating a support plan that is specifically tailored to the individual client and their family and delivered through one source. This seems particularly useful for the severely disabled kids. However, wrap around is probably most effective when the family already has strong supports among their extended family and in the community (i.e. lots of family and friends and neighbours who want to help and need only to have their desire harnessed in the most effective way) and least effective for socially isolated people.
8. In-patient treatment facilities for the most troubled are crucial but, unfortunately, in very short supply.

### **BARRIERS TO ACCESSING SERVICES:**

The greatest barriers to accessing service are as follows:

1. Waiting lists for most services are crippling.
2. For those parents who can't afford a car, or can afford a car but can't afford to take the time off work to drive their children to programs and services, transportation is a major problem.
3. There is still an enormous stigma surrounding mental health that creates a barrier to service.
4. There is a lack of public awareness about what services are offered. Many families in need are isolated and ill informed of the help that does exist for them. Or else, caseworkers wrongly make the assumption that families know certain services exist, but are choosing not to utilize them.
5. Code of Conduct/Zero tolerance in schools prevents the kids who probably need it the most from accessing school-based services and programs. Kids who have problems at home tend to act out at school. Kicking them out of school with no resources or support only compounds the problem.
6. The transient lifestyle of homeless and many low-income families creates barriers in establishing ongoing relationships with programs and services.
7. There are no links between the children's mental health system and shelters for the homeless for ensuring that homeless kids have know about and have access to programs and services.
8. There are no links between school and shelters for the homeless for ensuring homeless kids know about and have access to programs and services run from the schools.

## **GAPS:**

According to our key informants the following are the greatest gaps in service:

1. Informants point to statistics that show that only one in six children and youth are getting the help they need from the formal care and treatment system (from the Children's Mental Health Ontario).
2. The worst served are children in their mid to late teens.
3. For 14-16 year olds who live in an abusive or damaging home environment, they lack the housing options available to kids 16 and over.
4. There aren't enough linkages between community programs and services and schools.
5. The resources in the community have diminished over the last decade resulting in fewer services being offered to more people.
6. The biggest gap among native children is not between those who live on reserve and those who live off, but among those living in northern Ontario and those living in the south. The north is much more economically disadvantaged both on and off reserves.
7. Gaps specific to Natives: there is not enough being done to help kids with fetal alcohol syndrome, for kids in gangs, for kids with ADD and for kids with depression.
8. There is not enough recognition on the part of governments and community groups of the importance of promoting children's mental health. The Ontario government is now, for the first time, paying lip service to this notion, but showing no signs of taking action.
9. There are not enough recreation programs.
10. Inadequate housing both depletes children's mental health and creates problems in establishing ongoing relationships with programs and services.
11. The demand for more in-treatment beds/facilities is enormous.
12. There are too few programs for the disabled, particularly those with congenital deformities.
13. Respite for parents, particularly of disabled or ill children is of critical importance.
14. There needs to be a system or mechanism in place in the schools to identify children who are developing/or probably will develop behaviour disorders-- before things get out of control.
15. There needs to be more programs run by social service agencies but delivered in the schools.

16. Transportation gaps need to be addressed.
17. There is not enough attention paid to the importance of case management and service coordination.
18. There are not enough services specifically geared towards Native and immigrant kids.
19. There are not enough sexual abuse programs for children.
20. Reducing school class size could go a long way towards promoting children's mental health.
21. Programs in the schools dealing with emotions and anxiety need to be offered.
22. For low-income teenagers who are keen to get jobs, resume workshops and job search help is important.
23. There is a need for alliances between city shelters, parks and recreation, schools, police, public health re: sex education, computer clubs, programs like Boy Scouts and Girl Guides, local faith communities and CAS.
24. There is a need for healthy entertainment and play facilities among the homeless children, particularly for those living in motels. Shelters and motels (where the majority of Toronto's homeless families are housed) do not provide adequate facilities for recreation for children. This compounds the stress, depression and anxiety associated with homelessness.

## **WHY GAPS ARE BEING PERPETUATED**

1. There is an increasing a lack of resources for services and programs. We're creating more of a two-tier system. Those who can afford will purchase services privately. Those who can't will do without.
2. There is a lack of political pressure.
3. There is a lack of understanding of the importance of children's mental health FOR THE WHOLE COMMUNITY.
4. There is a shift in values away from helping the needy.

## **ARE THINGS BETTER OR WORSE:**

The informants were divided somewhat. All thought some aspects of programs and services have declined--housing, social assistance, and community programs being the most frequently cited. Some thought ALL aspects of programs and services had declined and some thought some aspects had improved, fueled by a greater recognition of

the importance of supporting children's development. An example of a program that was cited was HBHC.

### **CHANGES THAT COULD BE MADE:**

1. Basically, addressing all of the issues listed under gaps and barriers. For example, the lack of transportation that is both a gap and a barrier. The change needed would be to provide better public and volunteer transportation.
2. A new economic theory that measures the value of investing in children's mental health.
3. Have governments and communities develop a comprehensive children's agenda.
4. Develop a mechanism to help identify and replicate centres and services that are exceptional.

### **CONCLUSION**

What struck our researchers the most was the passion and commitment of the people on the front lines. While many of our key informants were disheartened by what they say around them, all had been able to sustain a deep commitment to the idea of bettering the lives of the children who need it the most. The solutions are out there, and as our research on "When the Bough Breaks" revealed, investing in children not just saves money down the line, but saves money right out of the gate.

## **KEY INFORMANTS:**

This summary is a blending of several points of view. All of these key informants are concerned about the mental health needs of school-aged children, but would not necessarily endorse every point listed above.

The Key Informants were:

1. Sheila Weinstock, Executive Director, Children's Mental Health, Ontario.
2. Heather Elbard, Program Manager, Hamilton Health Sciences Corporation
3. Tom Anderson, Facilitator of Emotional Problems Service, Chedoke Child and Family Centre, Hamilton
4. Ted Riley, Facilitator of Behavioural Problems Service, Chedoke Child and Family Centre, Hamilton
5. Paul Ricketts, Facilitator of Community and Family Treatment Service, Chedoke Child and Family, Children's Hospital, Hamilton
6. Terry Gordon, Halton Support Services, Oakville
7. Deb Alexander and Gary Winslop, Contact Hamilton
8. Charles MacIntosh, Alternatives for Youth, Hamilton
9. Trish Horgan, Senior Management Team, Hostel Family Services, Toronto.
10. Ken Richard, Executive Director, Native Child and Family Services, Toronto
11. Rose Sokolowski, System Linked Research Unit, McMaster University, Hamilton
12. Dr. Gina Browne, System Linked Research Unit, McMaster University, Hamilton
13. Dr. Carolyn Byrne, System Linked Research Unit, McMaster University
14. Marion Emo, Hamilton-Wentworth District Health Council.

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## Summary of Research Studies:

1. A Study to Determine the Prevalence, Correlates and Costs of Youth Psychiatric Disorder in a Primary Care Setting (2001), G. Browne.  
Abstract: It has been widely recognized that that adult psychiatric disorder is under-recognized, under-treated and/or inappropriately diagnosed. Only recently has the Ontario Mental Health Supplement documented the prevalence of behaviour disorder in youth 15 years and older but as yet the prevalence of psychiatric disorders in younger youth (10-14 year olds) has yet to be determined. This study determined the prevalence, correlates and costs of youth (10-18 year olds) psychiatric disorder in a Canadian Health Service Organization (HSO) primary care setting.
2. YouthNet, (2001), C. Byrne.  
Purpose:
  - Determine the mental health issues facing youth in Hamilton
  - Use this information to provide direction for services for youth
3. C.O.P.E. (2001), C. Byrne.
4. Determining the Health and Social Needs of Kurdish Speaking Families in Hamilton-Wentworth, (2001), C. Byrne.  
This project involved Kurdish speaking families in the H-W area identifying their health and social service needs. In addition a small group of service providers were interviewed to determine their perspective on the needs of these families.
5. Immigrant Women Study (2001), C. Byrne.

**A Study to Determine the Prevalence, Correlates and Costs of Youth Psychiatric Disorder in a Primary Care Setting (2001), G. Browne.**

**YouthNet, (2001), C. Byrne.**

**C.O.P.E. (2001), C. Byrne.**

**Determining the Health and Social Needs of Kurdish Speaking Families in Hamilton-Wentworth, (2001), C. Byrne.**

**Immigrant Women Study (2001), C. Byrne.**

## APPENDICES

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