What Are Complex Mental Health Needs?

Working with Children and Youth with Complex Mental Health Needs: An Integrated Training Project

Webinar #1
Housekeeping questions

- How do we ask questions to the presenters?
  - Question period.

- What happens if I am having technical difficulties?
  - mkushnir@ontario.cmha.ca

- Survey
What do we want to accomplish today?

- Background on the project and the available training topics.
- Build common language and understanding for “complex mental health needs”
- Share information on the systems transformation in the children and youth mental health sector
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Children’s Mental Health Ontario

- Roberta Bustard, Acting Director of Government and Community Relations
Poll: What sector are you from?
How did we get here?

- In November 2012, the Government of Ontario released ‘Moving on Mental Health’.

- This is an action plan devoted to:
  - Improving access to high quality mental health and addictions services
  - Strengthen direct service capacity
  - Creating a responsive and integrated system
  - Build awareness and capacity about mental health issues within communities.
How did we get here?

- What’s happening now?

- Parents are reporting that finding the right kind of support is challenging.

- Teachers, family doctors, and supports are also finding the current system confusing.
How did we get here?

- At the same time we know that:
  - Professional development improves service quality for service users.
  - Professional development affects the survival of providers in the field.
  - Professional development benefits individual service providers.
  - Professional development benefits the field/sector
The training project

- Capacity Building: the purpose this project is to increase the capacity of direct service providers who serve children and youth with complex mental health needs.

- Strengthen the system
How will this happen?

- Inventory of training
- Nine webinars
- Face-to-face regional training
- Online course
Complex mental health needs

- What is this?
- Let’s look at the numbers...
Research suggests that 15-25% of children and youth within the province of Ontario would meet diagnostic criteria for a mental illness. (Waddell, et. al 2002).

Ontario-based research further demonstrates that, at best, only one in six of those children and youth experiencing a diagnosable mental disorder actually access services. (Waddell, et. al 2002).
Complex mental health needs

- The situation becomes more alarming when one considers the number of children and youth who face additional challenges such as social exclusion, involvement with the justice system, living with co-occurring disorders or multiple diagnoses.

- These are children and youth with “complex mental health needs.”
What does this feel like?

- For people providing services
  - Pressure, overwhelming, exhausting, motivated to find support

- For children and youth
  - Frustrating, confusing, exhausting, look for ways to get attention and support.

- For families & supports
  - Frustrating, confusing, exhausting, motivated to find support.
Working with Children and Youth with Complex Mental Health Needs: An Integrated Training Project

- This project supports the MCYS commitment to strengthening the mental health system, delivering what children and youth need, when they need it, as close to home as possible.
De’fin’it’ions
Youth

- For this project, “youth” refers to individuals up to age 29, and “complex mental health needs” includes the following:
**Complex mental health needs**

- Children and youth who are experiencing significant, multiple, rare or persistent mental health challenges that impact their functioning in most areas such as in the home, school and in the community (MCYS, 2013:8);

- Examples of this are (but not limited to) children and youth who are living with
  - Co-occurring disorders, multiple diagnoses,
  - Living with disorders impacted by social exclusion, involvement with the justice system, histories of trauma
The training project

You can find more information about further trainings by visiting [www.complexneeds.ca](http://www.complexneeds.ca)
Mental Health: A state of well-being

- Moods
- Feelings
- Thoughts
- Functioning and productivity at school, home, work
- Physical health
- Social relationships with family and friends
- Connections with one’s community
Mental health is everybody’s business

- 13% to 22% of children/youth have at least 1 psychiatric disorder
- More than 75% adults with mental illness onset at an age less than 25 (Kessler et al)
- Only one in six children and youth with mental health problems get service
- Services often don’t work for people
Protective/resiliency factors

- Resiliency is the ability to cope in the face of adversity.
- Protective/resiliency factors encourage mental health and protect against mental illness.
- Secure attachment to a nurturing adult caregiver is the single most powerful resiliency factor of all.

Source: Health of Canada’s Young People: A Mental Health Focus, Health Canada 2011
Presenting problem

- Child, youth or family usually presents to Children’s Mental Health Centres (CMCHs) seeking assistance for a specific or identified problem(s)

- Over the course of getting to know the family a therapist/clinician may identify other problems or issues
Presenting problem

- Most common presenting problems:
  - Behavioral problems/aggression at home or school
  - Anxiety
  - Learning difficulties/disabilities
  - Relationship problems – parent/child, between peers, marital conflict
  - Depressed mood, self harm, suicidal ideation
  - Child maltreatment/abuse
Complex mental health

A. More than one presenting problem – mental health, physical health, family dynamics
B. Complex since it is difficult to address all presenting issues at the same time
C. Complex cases also tend to involve more than one sectors/ministries – health, education, children’s mental health, legal/judicial
D. Presenting issues are prioritized based on a number of factors including safety and risk
Complex mental health

- Complex cases require coordination and communication between all sectors/services involved in the child/youth’s care which can be slow and frustrating for families and service providers.

- Often families have had multiple services in the past and it is unclear initially what has been helpful.
Complex mental health

- Treatment plans focus on:
  - **Short term goals** – assess safety/risk, stable living situation, treatment needs
  - **Mid term goals** – coordinate services/agencies/sectors involved
  - **Long term goals** - treatment of presenting issues for example individual therapy, family therapy, group therapy, medication management; transition planning
Complex mental health

- A teenager with a diagnosed mental health concern like Social Anxiety, leading to school refusal plus failing academics
- Child presenting with depressed mood in the context of parents’ separation
- Teenager with learning problems is verbally aggressive at home and smoking marijuana
Case presentation

• 17 year old girl, living with parents and two younger brothers presents with depressed mood for about one year
• She has missed 45 days of school and failing one class, previously was an A student
• Isolated from peers since she is not attending school and stopped attending dance classes
• More irritable and argumentative at home, parents disagree about the best way to support her
• Some concerns about experimentation with alcohol
Case presentation

• Seen by therapist and referred for psychiatric consultation
• Diagnosed with Depression
• Family therapy, some individual support
• Mood issues have resolved, back to school and participating in dance class again
• Parents report significant improvement in their communication patterns between their daughter and their younger sons and each other
Case presentation

- 5 year old girl seen at the Ontario Early Years Centre drop in with her mother, main presenting issue was shyness and not talking in daycare/groups
- Lives with her parents and older brother
- Recent immigrants, English is a second language
- Family experienced a number of traumatic events prior to arriving in Canada
- Anxious about transition to full day kindergarten
Case presentation

- Parenting support
- Helped parents connect with the school
- Referral was organized for the “Fun Friends” group therapy program (parent and child)
Possible signs of mental health issues

- Behaviours (Externalizing)
- Fight (aggression), Flight (avoidance or withdrawal)
- Problems functioning at home, school, work
- Hyperactivity/passivity
- Inattention/distractibility
Possible signs of mental health issues

Emotions / Feelings (Internalizing)

• Sadness, depression, anxiety
• Irritability, anger

Thoughts (Internalizing)

• Low self-esteem, thoughts that life isn’t worth living
How do we know if someone has a mental health issue?

- It’s not like a broken leg
  - Appearance and Dress
  - Verbal messages
  - Behaviour
  - Information from key informants
  - (self, parents, caregivers, teachers, friends, witness)
  - Mental health problem range
    - *Obvious* ↔ *subtle*
Psychiatric diagnoses

- Diagnostic and Statistical Manual of Mental Disorders (DSM) V:
  - Used by psychiatrists and psychologists to categorize and diagnose specific psychiatric or psychological conditions
Psychiatric diagnoses cont.

- Diagnosis is based on two main components:
  - **Clusters of symptoms**
    - Internalizing – anxiety, mood
    - Externalizing – impulsivity, hyperactivity, aggression
  - **Evidence of impaired functioning**
    - Poor academic performance
    - Social withdrawal from peers
    - Distressed and unable to leave the home
Some mental illnesses include...

**Mood Disorders**
- Depression, Bipolar Disorder, Seasonal Affective Disorder

**Anxiety Disorders**
- Social Anxiety, Obsessive Compulsive Disorder, PTSD

**Psychotic Disorders**
- Schizophrenia

**Eating Disorders**
- Anorexia, Bulimia

**Behavioral Disorders**
- ADD/ADHD, Conduct Disorder, Oppositional Defiant Disorder
Child mental health is different from adult mental health

- Adult mental health characterized by focus on symptoms and disorders
- Children’s mental health is often approached in a developmental perspective
Child mental health is different from adult mental health

- Symptoms & presentation in children depend on:
  - Chronological age
  - When they achieved developmental milestones – speech, fine motor and gross motor skills, socializing
Birth to 6 years old

- Attachment
  - Dyadic process which refers to behaviors in an infant which are designed to elicit reassurance, comfort or protection from a primary caregiver and the response of the primary caregiver who soothes and nourishes infant
Birth to 6 years old

- **Child Maltreatment**
  - Physical, sexual, emotional and neglect
  - Short term impact on the child can be varied:
    - Internalizing – anxiety, depression
    - Externalizing – aggression, defiance
  - Relationships with parents, family members, peers might be impaired
Birth to 6 years old

- Long term sequelae of childhood maltreatment are well documented:
  - Anxiety
  - Depression
  - Self harm/suicidal ideation
  - Substance use
  - Delinquent behavior in adolescence
  - Running away behavior
Birth to 6 years old

- Other presenting problems:
  - Developmental Delay (cognitive)
  - Autism Spectrum Disorder
  - Congenital Disorders
    - Genetic (Down Syndrome, Fragile X)
    - Acquired (Fetal Alcohol Syndrome)
Latency: 6 to 12 years old

- Latency age child presents with different challenges
  - Entering school full time, much more social interaction
  - Increasing expectations for self regulation
  - Increased contact with authority figures ie. Teachers
  - Children not in school are at high risk for future behavioral, peer, family and academic difficulties
Latency: 6 to 12 years old

- Identification of:
  - Learning Disabilities
  - Attention Deficit Hyperactivity Disorder
  - Anxiety Disorders – Social Anxiety Disorder; School refusal;
  - Tic Disorders (Tourette’s)
Adolescence: 13 to 18 years old

- Transition to adolescence is marked by the shift from parental authority to self-reliance and independence
- Formation of personal identity
- Much more focus on peer relationships and peer group for validation and support
Adolescence: 13 to 18 years old

- **Emergence of serious mental health concerns**
  - Antisocial behaviors – stealing, physical violence, school truancy
  - Experimentation and problems with alcohol and substance use (marijuana)
  - Disorders which have a prevalence of 1-2% but carry a significant burden of illness and have serious implications for future functioning (Psychotic Disorders; Bipolar Disorder)
Prevalence of various disorders in 13-18 year olds

- Anxiety Disorders 31.9%
- Behaviour Disorders 19.6%
- Mood Disorders 14.3%
- Substance Use Disorders 11.4%
- Eating Disorders 2.7%

Source: n=10,123, Merikangas et al, 2010
Disorders among adolescents

- If one mental health disorder is present, more than likely there will be other problems present
- Presentations in adolescents tend to be more complex
  - Learning and school related problems
  - Health problems
  - Substance use / abuse
  - Developmental issues
  - Risk taking behaviour
  - Legal infractions
Who do youth talk to about mental health concerns (by gender)

**Males**
- No one: 47.8%
- Friends: 31.9%
- Family: 9.8%
- Prof.: 1.8%
- Other: 3.0%
- >1: 8.0%

**Females**
- No one: 30.7%
- Friends: 46.3%
- Family: 10.6%
- Prof.: 1.8%
- Other: 2.6%
- >1: 8.0%
Child & youth mental health service challenges

- Are pockets of excellence, but there are many problems in the provision of CAMHS, such as:
  - Significantly under-resourced
  - Not a system of care but a cadre of fragmented services
  - There are major problems with access to services and wait times for services
  - Once they get into the service, do young people and families get what they need?
  - Continuity of care is highly problematic
Child and youth mental health service challenges cont.

- The continuum of care is out of balance with fewer mental health promotion and mental illness prevention initiatives
- There are a limited number of evidence-informed practices
- There are some, but an inadequate amount, of best and most promising practices
- Dissemination of knowledge in CAMHS is insufficient
- Education of mental health professionals needs revamping
- Silos within and between sectors, but being broken down gradually
Reasons for optimism

- Recognition of the extent of the problem
- Stigma reduction and MH literacy
- 10 Year Ontario MH Plan
- 3 Year investment in CYMH (*Moving on Mental Health*)
- Kudos: the Ministries are talking and working better together
- Some collaborative processes at local levels to build integrated models of care
- Provincial Telepsychiatry expansion
- Provincial Centre of Excellence for Child & Youth Mental Health
Children's Mental Health Ontario

- Children's Mental Health Ontario (CMHO) represents and supports the providers of child and youth mental health treatment services throughout Ontario.
- Our core membership consists of more than 85 accredited community-based children’s mental health centres that serve some 150,000 children and their families annually.
Mission

- We champion the right of every child and youth in Ontario to mental health and well-being.

Vision

- An Ontario where every child and youth grows up mentally healthy.
- CMHO is the primary catalyst in both strengthening Ontario’s child and youth mental health agencies and enhancing mental health services for children, youth and their families in Ontario.
System transformation in the child and youth mental health (CYMH) sector

- Overview of System Transformation
  - Context
  - Goals
  - Elements of System Transformation
  - Timing

- Questions/discussion
Poll: Please rate your knowledge of the system transformation that is underway in the community-based child and youth mental health care system.
Context

- 2011 – *Open Minds, Healthy Minds* – Ontario’s Comprehensive Mental Health and Addictions Strategy
- 2012 – *Moving on Mental Health* – A system that makes sense for children and youth - **System Transformation**
- Led by Ministry of Children and Youth Services (MCYS)
Objective

To transform the experience of children and youth with mental health problems and their families so that regardless of where they live in Ontario, they will know

- What mental health services are available in their communities; and
- How to access the mental health services and supports that will meet their need.

Moving on Mental Health Action Plan

Designed to transform the experience of families seeking help by:

- Creating and supporting pathways to care
- Defining core services
- Establishing community lead agencies
- Creating a new funding model
- Building a legislative and regulatory framework
Pathways to Care

- Clear pathways for children and youth moving through and across the service system between community-base mental health services & other access points (schools, hospitals, primary care)
- Families should know what to expect when they approach the school or primary care practitioner about a mental health problem
- Transparent pathways to facilitate earlier identification, quicker, streamlined access to service
Core Services

- Defining which core services are to be available in every community/region/provincially for 0-18 years
- Mix of service in a community to reflect needs of children/youth, recognizing available resources
- Flexibility to meet changing needs
- Accessible to all children and youth with mental health needs- including those in child welfare, youth justice and with complex special needs
Lead Agencies

- What is a lead agency?
- What is their role?
- How are they chosen?
What is a lead agency?

- Lead agencies are existing organizations that will be responsible for ensuring provision of core services in their service delivery area and for collaborating with other sectors – hospitals, schools, youth justice and child welfare to ensure a continuum of service.
Lead Agency Attributes

- Strong agencies with clear mandates, high visibility
- Capacity to evaluate and report on outcomes and respond to emerging needs
- Take leadership-partnering role with others including education and health sectors/clarify responsibilities across sectors
- Assess community needs, identify gaps, outcomes of investments, shifting resources as needed to address gaps
Lead Agency Responsibilities

- Lead agencies to be accountable through contracts with MCYS for core services within communities
- Geographic unit for planning but not a boundary to access
- Expected to ensure services are in place through direct delivery or sub-contracts
- Community members will know who to go to and who is accountable for services in their community
Lead Agency Selection

- November 2013 MCYS announced 34 service areas for Ontario.
- First wave of 14 lead agencies named August 2014.
- Call for Toronto Lead Agency interest issued September 2015
- Application process for remaining lead agencies expected March 2015.
Support for Lead Agencies

- MCYS orientation – October 2014

- Ontario Centre of Excellence for Child and Youth Mental Health Learning Institute – October 2014
Children’s Mental Health System

Education

Health

Community Based Children’s Mental Health Services

Youth Justice

Child Welfare
Funding Model

- Develop a funding model that is fair, transparent, responsive to community needs versus current historically based funding

- Allocation to be supported by determining a funding envelope for communities as well as provincial and regional services
Legislative and Regulatory Framework

Little has been said publicly about this element of system transformation:

“A framework will enshrine the accountability of lead community-based agencies so that all are held to the same standard of care, regardless of where they are in the province”.

Timing of System Transformation

Phased in approach over three years

- **Year 1** – Assess current state, develop initial core service delivery plan and CYMH Community Mental Health Plan
- **Year 2** – Begin Implementation of plans
- **Year 3** – Begin transitioning of sub-contracting and funding pending MCYS capacity assessment
CMHO’s role

- Support all of our agencies – most lead agencies are CMHO member agencies
- Continue to work collaboratively with government to represent our members through transformation process
- Key interests – governance challenges – paper with Centre of Excellence and change management.
CMHO Conference – Nov 23-25, 2014

Resources

Children’s Mental Health Ontario:
http://www.kidsmentalhealth.ca/

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