



Open Minds, Healthy Minds

Ontario's Comprehensive Mental Health and Addictions Strategy



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Introduction

The time to act is now. *Open Minds, Healthy Minds* offers a comprehensive approach to transforming the mental health system through a clear mission, forward-thinking vision and long-term strategies for change.

We will only be able to achieve our goals with strong commitment, leadership and accountability from both inside and outside government. We need to work together.

By acting together, we can transform services so that all Ontarians have timely access to an integrated system of coordinated and effective promotion, prevention, early intervention, and community support and treatment programs.

Our long-term, comprehensive strategy reinforces our efforts on *The Poverty Reduction Strategy*, *Early Learning Strategy* and the *Long-Term Affordable Housing Strategy* with four guiding goals:

1. Improve mental health and well-being for all Ontarians;
2. Create healthy, resilient, inclusive communities;
3. Identify mental health and addictions problems early and intervene;
4. Provide timely, high quality, integrated, person-directed health and other human services.

Open Minds, Healthy Minds takes a long-term view to this transformation. Our first three years will start with children and youth.

We will focus on early intervention and support to protect our children from the many associated costs of mental illness and addictions and help steer them on the road to safe, healthy, and happy futures. We will:

- Provide children, youth and families with fast access to high quality services;
- Identify and intervene in child and youth mental health and addictions issues early;
- Close critical service gaps for vulnerable children and youth, children and youth at key transition points, and those in remote communities.

We will create an Ontario where all people have the opportunity to thrive, enjoying good mental health and well-being throughout their lifetime – an Ontario where people with mental illness or addictions can recover and participate in welcoming, supportive communities.

We will give more children, youth, adults and their families the services they need, more quickly, and more effectively to prevent and reduce the personal, social and economic costs of mental health and addictions problems. It's the right thing to do, and the right time to do it.

Let's get started!

Open Minds, Healthy Minds

Ontarians do many things to maintain their physical health – like eating healthy foods, staying active, and not smoking. When people do become physically ill, our health system is there to provide treatment and support. It's time to take the same approach to mental health and addictions, from prevention, to identification, to treatment.

Open Minds, Healthy Minds – Ontario's Comprehensive Mental Health and Addictions Strategy – is our plan to support mental health throughout life, from childhood to old age, and to provide the integrated services and supports that Ontarians need if they experience a mental illness or addictions.

It is time to do things differently and build on our strengths. We need to identify standards and best practices that improve mental health and reduce addictions – and help everyone in the province reach their full potential. We need to look beyond the health care system to other factors that enhance mental health and create supportive communities where Ontarians with a mental illness and/or addictions no longer have to suffer alone or in silence.

With the right mix of integrated, evidence-informed services and supports, mental illnesses and addictions can be treated and – in many cases – they can be prevented. People can recover. They can regain hope and joy in life, and lead fulfilling lives in their communities.



“What gives me hope is knowing that I have not fundamentally changed because of this illness: that people still see me before they see my illness. It also helps knowing I'm not alone. My experience is a common one – a shared experience. If there are enough of us, there is hope we can change the system.”

Building On Our Progress

Since 2003, there have been significant developments in treatments for mental illnesses and addictions.

The Ontario government has increased funding by 80 per cent for community mental health, and 49 per cent for addictions programs. We have expanded key community mental health programs, such as intensive case management, assertive community treatment, crisis intervention and early psychosis intervention. We have also invested in court support programs, intensive case management, supportive housing and safe beds to keep people with serious mental illness out of the criminal justice and corrections systems.

We have also provided the only two base funding increases to child and youth mental health in over a decade – which resulted in an additional \$64 million dollars invested in the sector to support and expand core services. Building on this, the 2011 budget committed an additional investment of \$257 million over three years for child and youth mental health.

Open Minds, Healthy Minds is our plan for moving forward with the budget commitment. The impact of these combined investments will be a significant step forward in the long-term transformation of the sector.

Taking Action to Improve Quality of Services for Everyone

One of our biggest challenges is that mental health and addictions services are fragmented, spread across several ministries and offered in a variety of care settings.

Open Minds, Healthy Minds addresses this complicated system by striving to keep the person at the centre and providing the support they need to direct their own care and build on their strengths.

Our strategy is aligned with the *Excellent Care for All* initiative, which encourages the use of best practices to organize health care delivery around the person in the most efficient, integrated way possible.

The *Excellent Care for All Act* puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care. It will improve health care while ensuring that the system we rely on today is there for future generations.

Moving Forward

We have the tools to do more. We have dedicated professionals and workers, and a system that strives to provide the best possible services. Innovative, effective mental health and addictions programs are in place across the province and more are being developed. It's time to ensure all Ontarians with mental illness and addictions, their family and friends – and our communities – benefit from what we know, and receive faster and more effective services that will prevent and reduce the personal, social and economic costs of mental health and addictions problems.

The next step is to move forward with a strategy for all Ontarians and begin implementing *Open Minds, Healthy Minds*, starting with a focus on early intervention and support for our children and our youth.

Our Vision

An Ontario where every person enjoys good mental health and well-being throughout their lifetime, and where all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.

Our Mission

To reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs.

Our Goals and Expected Results

1. Improve mental health and well-being for all Ontarians

Ontarians are happier, more resilient and more likely to succeed in school, work and life when they are able to cope with stress and manage the ups and downs in life. Programs will be available for all ages to help Ontarians develop the skills they need early in life to improve their mental well-being and to lead healthier lives.

Expected Results

- Lower prevalence of mental health and addictions problems in Ontario;
- Fewer attempted and completed suicides.

2. Create healthy, resilient, inclusive communities

We will help build inclusive, supportive communities. All Ontarians deserve access to the basic elements of a safe and healthy life – education, employment, income and housing – as well as opportunities to participate in meaningful ways in their community. Healthy communities help create a sense of belonging, which leads to better mental health.

Expected Results

- Less stigma and discrimination in public services and in the workplace;
- More community supports for people with lived experience and their families;
- More people with mental health and/or addictions issues employed and integrated in their communities;
- More people living in safe, stable homes and fewer living in shelters or hospitals.

3. Identify mental health and addictions problems early and intervene

Acting early – at the first signs of mental illness or problematic substance use and gambling – can have a profound effect. It can help prevent addictions from taking over, and for those with a mental illness, it can shorten the journey to recovery.

To intervene early, we must be able to identify and reach out to people with problems, wherever they are: in school, at work, in their doctor's office or in the justice system. This is particularly important for children and youth as symptoms of mental illness often first occur during childhood and adolescence.

4. Provide timely, high quality, integrated, person-directed health and other human services

Ontarians with a mental illness and/or addictions need timely access to health and social services that meet their needs. These services should be integrated so people have easy access to the right mix of supports. Better coordination across health and other human services – such as housing, income support, employment and the justice system – will lead to better mental health.

Expected Results

- More Ontario youth will graduate from high school and move on to post-secondary education;
- More Ontarians with mental health and addictions problems will be identified early and receive appropriate services and supports.

Expected Results

- Shorter wait times for community and hospital-based services;
- Fewer repeat emergency department visits and unplanned hospital readmissions;
- More appropriate service linkages and referrals from the justice system;
- Better mental health outcomes;
- Better quality of life for people with a mental illness and/or addictions, and for their families;
- Lower per person cost of mental health and addictions services.

Principles

All policies, programs and services that serve or affect people with a mental illness and/or addictions will reflect the following principles:

Respect and understanding. People with lived experience of a mental illness and/or addictions are valued members of their communities. They deserve to be treated with dignity and respect. It is important that communities and services work together to eliminate stigma and discrimination.

Healthy development, hope and recovery. Individuals are resilient and have an inherent sense of hope for the future. Services will leverage personal strengths to help children and youth develop a sense of safety, self-worth, mastery over their future, and to help adults achieve personal fulfillment, meaningful social roles and relationships within the community.

Person-directed services. People with lived experience of a mental illness or addictions, and their families, bring their strengths, wisdom, and resilience to their care. They must have a voice as essential partners in system design, policy development, and program and service provision, and the opportunity to make informed decisions about their personal care and support.

Diversity, equity and social justice. Individuals must be offered culturally relevant services that meet their needs at all ages and stages of life. They need equitable opportunities to receive those services, and participate in their communities free of stigma. Ontario is working to eliminate the individual and social injustices that contribute to mental illness and addictions.

Excellence and innovation. Ontario is committed to continuous improvement with quality care that is person-directed, timely, accessible, effective, collaborative and safe. Services strive for excellence and encourage best practices and innovation.

Accountability. Ontario will build on effective mental health and addictions programs and services with the best available evidence from lived experience, practice and research. Services must improve quality of life in a sustainable way. Providers should be held accountable for the value of care they provide, and continually monitor results.

The Comprehensive Strategy – Achieving Our Goals

Goal 1: Improve mental health and well-being for all Ontarians

Good mental health is a resource for living. It enhances physical health and helps people succeed in school, at work and in their relationships and to contribute to our communities. People who feel good about themselves and their lives are more productive and less likely to take sick days. To improve their mental health, Ontarians must know how to manage stress and enjoy work-life balance. They need constructive ways to deal with negative emotions such as anger, sadness, fear and grief. They also need activities and interests that help them feel more self-confident and form supportive friendships.

These key strategies will help Ontarians develop the skills they need to manage stress and enhance their well-being:

i. Laying the foundation for good mental health early in life

Mental health and addictions problems often begin early in life – during childhood and adolescence. Young people between the ages of 15 and 24 are three times more likely to have a substance use problem than people over the age of 24. About 24 per cent of deaths in 15- to 24-year-olds in Canada are due to suicide. To ensure our children and youth have the best possible start in life and learn early how to cope with stress, we need to reach out to them to:

- Identify mental health needs as early as possible and provide coordinated and high quality programs and services closer to home;
- Reduce stigma by promoting equity and diversity, physical activity, healthy eating and self-esteem;
- Develop parenting and peer support programs for families.

ii. Improving mental health literacy, fostering resilience and mental wellness

Ontarians of all ages can benefit from a better understanding of the skills they need to improve their mental health and the factors that put them at risk – such as stress, a loss, or a lack of self-esteem. Each person has the potential to become much more resilient and to better cope with adversity.

To foster that resilience, we will:

- Work with our partners to encourage the development of targeted education and awareness programs to reach people most at risk of mental health and addictions problems, such as members of the Aboriginal community, individuals with developmental or physical disabilities, newcomers, people experiencing unemployment, seniors and those who have experienced trauma in their family or communities.

iii. Developing workplace programs

It is important to reach Ontarians where they live, work, learn and play. Research has shown that mental health disability claims have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada. Workplaces should be key partners in our mental wellness strategy, adopting policies and programs that help employees enhance their mental health. Happier workers, higher productivity and less absenteeism – we all gain from improvements in mental health. To encourage supportive work environments and reach employees at risk, we will:

- Work with communities and the private sector to deliver education and awareness programs and to develop best practices.



Thunder Bay Walk-in Counselling Clinic – Children's Centre Thunder Bay and Thunder Bay Counselling Centre

The Walk-in Counselling Clinic in Thunder Bay started as a collaboration between two agencies in July 2007 as a way of providing immediate access to professional counselling. The focus of this clinic is to provide barrier free, immediate single session counselling to people in Thunder Bay and the surrounding area.

The Clinic operates one day per week from 12 to 8 p.m., alternating between the two sites. The Clinic provides single session intervention for a variety of mental health issues, including anxiety, depression, anger, relationship issues, grief and loss, and substance use. The Clinic is staffed by a variety of professionals, including social workers, psychologists, family therapists, and child and youth workers. The Clinic is funded by a number of sources, including the ministries of Children and Youth Services, and Community and Social Services, as well as the United Way.

The results of evaluations completed on the Clinic's services suggest the expected outcomes are being achieved, including: reduced stress; reduced negative physical symptoms related to identified problem; reduced negative coping; increased knowledge of cause of identified problem; increased confidence to address identified problem; increased knowledge of resources and increased positive coping.

Goal 2: Create healthy, resilient, inclusive communities

Mental health is bigger than the health care system. It depends not just on health services but on having healthy communities that promote mental health and support people who have a mental illness or addictions. All Ontarians have a right to participate in meaningful ways in their communities, and to have access to the social determinants of health – education, employment, income and housing – that affect our sense of competence and connection to others.

Ontario will use three main strategies to create healthy, resilient, inclusive communities:

i. Reducing stigma and discrimination

The stigma that people with a mental illness or addictions experience affects their health. It keeps them from asking for help. Whether experienced through family, friends, media, housing, health services or the justice system, stigma isolates people, and eats at the health of individuals, families and our communities. For many people, other forms of discrimination, including racism, ageism, and homophobia add to the stigma to make things worse. When all people, including those with a mental illness or addictions, feel accepted and respected, their health and well-being improves.

To work toward a stigma-free Ontario, we will:

- Implement more mental health promotion and anti-stigma practices for children and youth, educators, health providers, workplaces, seniors' service providers, municipal service providers, justice providers and the public;
- Acknowledge that mental health and addictions services should reflect Ontario's diversity, and take steps to achieve this.

ii. Harmonizing policies to improve housing and employment supports

Safe housing and stable employment are crucial for the mental health and well-being of all Ontarians. If we have means of supporting ourselves and a place to call home, we are more likely to be able to cope. While Ontario has come a long way in improving its housing and employment programs, we need to do more to ensure programs work together and benefit those who need them the most. We will:

- Recognize the housing challenge faced by those with mental health and addictions issues and align programs accordingly, particularly for youth, people who are homeless or in shelters, and long-stay and Alternative Level of Care (ALC) psychiatric patients;
- Develop policy, guidelines and tools to match health, housing and employment resources to the needs of people with mental health and addictions problems;
- Look for opportunities to interact effectively with other municipal, provincial and federal programs to support employment for those with mental health and addictions problems;
- Work in partnership with educators and employers to develop employment strategies focused on people with a mental illness or addictions.

We will build a stronger foundation to develop a healthy community by:

- Reviewing the recommendations of the Social Assistance Review and looking for opportunities to interact effectively with other municipal, provincial and federal programs, including education, training and housing to support employment;
- Moving forward with the *Long-Term Affordable Housing Strategy* to improve outcomes for those in housing programs by measuring improvement and giving municipalities who deliver the services on the front line, more flexibility to allocate funding where it's needed most.

iii. Creating community hubs for activities and services

When it comes to being resilient and supportive, every community has different strengths and needs. Some may have more recreation programs, others provide strong housing support. All must find ways to build on what they have to strengthen and promote mental health – in ways that integrate family health care, mental health and addictions services, housing and other services. We will:

- Incorporate mental health and addictions supports throughout the communities in which people live, in locations that can be easily accessed.



Goal 3: Identify mental health and addictions problems early and intervene

The early stages of a mental illness or addictions can create enormous stress for people and families. Acting at the first signs of mental illness, substance use or gambling can stop an addiction problem before it does too much harm, prevent future episodes of mental illness, and reduce the associated health, social and economic costs. A strong start that focuses on children and youth will help us identify problems and intervene early and appropriately. In addition, we need to work on:

i. Enhancing the capacity of our first responders

Community-based services play a critical role in identifying people with early signs and symptoms of mental health or addictions problems, and in ensuring they receive the right supports and services. For some, these problems are first identified when they get into trouble at school or with the law. Identifying the early signs of mental illness or addictions and getting people help, regardless of where they turn, is critical to getting them back on track. To support this, we will:

- Assess training programs and develop resources for referral and treatment;
- Develop appropriate common screening and assessment tools;
- Develop best practices for early identification and intervention;
- Develop standardized roles and competencies.

ii. Building school-based capacity

For children and youth, the first signs that they are struggling with mental health issues may be at school – in the form of changes in behaviour, an inability to focus, or a drop in their marks. To help schools and teachers see those first signs and act, we will:

- Implement mental health literacy and cross-sectoral training on early identification and intervention for educators;
- Implement programs through schools and community-based agencies to enable early identification and referral for treatment;
- Enhance mental health resources in schools.

iii. Strengthening family health care

Many people who experience a mental health or addictions problem will turn first to their family doctor. Family health providers must be able to identify people at risk (e.g., people with chronic diseases, people who have recently experienced a loss, people being treated for pain), screen patients, help them manage their own care, find ways to engage and support their families, and monitor their health over time. To strengthen the capacity of family health care to provide mental health and addictions services, we will:

- Support training of family health care providers on early identification and the recovery approach to care;
- Review and identify best practices, new compensation models and incentives, and tools to support screening, treatment and the ability to connect to specialized services.



Building Resilience Through Schools

In Sault Ste. Marie, school boards, community-based mental health and addictions agencies and health care services are working together to provide strengths-based, person-centred services for children and youth to build resiliency and improve mental health. The network of services starts in kindergarten. JK and SK teachers in 27 elementary schools (public and separate schools) have been trained to teach children skills, including how to make friends, express their feelings and solve problems. Over 500 children have been through the program, and schools are seeing the difference.

Teachers are trained to identify mental health and addictions problems early, and there are addictions counsellors in all high schools, as well as services and supports to help kids cope and keep them in school. All schools and programs use the same screening tool to assess students. Schools also have easy access to a portal with information about all the services provided by the 47 agencies in their community, as well as links to primary care providers. Kids with complex problems are referred to a child psychiatrist in the community, and supports are provided in the schools so kids stay in school. When young people have highly complex needs, an equally highly skilled team of counsellors linked to the schools is there to provide support 24 hours a day, 7 days a week, for them and their families. Specific programs are available for kids with complex mental health needs through the schools and the hospital crisis response team. Both parents and children report significant decreases in stress levels, and there is no longer a wait list for intensive services.

Goal 4: Provide timely, high quality, integrated, person-directed health and other human services

Ontarians with a mental illness or addictions need timely, quality services that meet their health and social needs. Health services, including mental health and addictions services, should be integrated so that the whole person is addressed. A person with high blood pressure does not go to a series of different providers to address their needs, nor do they change providers based on their age – they go to their family doctor. By the same token, a person with a mental illness and an addiction should not have to go to one program or service provider for their mental health needs and another to help with their addiction.

Mental health and addictions services must be centred around the person and better integrated with each other and with other health care services to provide supports that are necessary. Better coordination across the health system will reduce avoidable emergency room visits, hospitalizations, and wait times. It would also keep people from being discharged from emergency without appropriate community supports, or from ending up in the justice system when they should be in the health system.

The following key strategies will begin to move us toward a better integrated, timely, quality-focused and person-directed system.

i. Strengthening and integrating mental health and addictions services

Despite the strong link between mental illness and addictions, mental health and addictions services have traditionally been provided separately. To make it easier for people who have both an addiction and a mental illness to get the support they need close to home, we will:

- Deliver mental health and addictions services at schools, universities, colleges, community services, settlement services and long-term care homes;
- Enhance the capacity of peer support services;
- Establish a single access on-line resource or portal with information on mental health and addictions services, self-care and peer support;
- Identify core institutional, residential and community services at the regional and local level;
- Develop a competency-based mental health and addictions workforce with standardized roles and responsibilities, and scope of practice;
- Create attractive career choices and pathways for people who work in mental health and addictions;
- Develop and implement best practices and standards across sectors to support the recovery and wellness approach, concurrent disorders, early psychosis and dementia, common assessment and intake, client experience measurement, case management and system navigation, peer and family support, and crisis response.



Coordinated Access for Mental Health and Addictions Services in the Greater Toronto Area

Over the last three years, the Toronto Central Local Health Integration Network (LHIN) has worked in partnership with Central and Central East LHINs to develop coordinated access models for mental health and addictions services in the Greater Toronto Area (GTA). The new models provide consumers with an easy, streamlined and equitable doorway to services, and up-to-date information on the system to inform decision-making on treatment and supports. In addition, they give service providers access to system data to inform service delivery and planning.

One of the models manages access to over 4,000 mental health and addictions supportive housing units, provided by 29 organizations in Toronto through a common application form. Consumers only have to apply once to be considered for all available housing, and there is a single wait list.

Intensive Case Management and Assertive Community Treatment Team providers in the Toronto Central LHIN have also endorsed a coordinated access model for services that will eventually incorporate all GTA providers into one coordinated access point. The access point will provide information, do telephone screening, make referrals for crisis, short- and long-term service needs, and will offer access to peer and transitional supports.

In response to complaints about long wait times for emergency services, St. Joseph's Health Centre in the Toronto Central LHIN identified a target 30 minute wait time for mental health visits to the emergency department. It met this target so effectively that the hospital is experiencing an unintended side effect of success – the second highest volume of mental health visits in the city.

The GTA LHINs are now looking at ways to integrate these models into a multi-service access point for mental health and addictions services in Toronto, as well as exploring ways to better coordinate all mental health and addictions organizations serving the population of Toronto.

ii. Enhancing the capacity of the health system to provide integrated services

Mental health and addictions services have historically been delivered separately from other health services, such as family health care, acute care, emergency care and long-term care. This “silo” approach makes it hard for people to navigate the health system and access all the services they need. It can also lead to gaps, unnecessary duplication or the inappropriate use of services.

To provide integrated care, we will support the health care system in developing the capacity to identify and respond to persons with mental health and addictions needs, so that every door will be the right door to get people to the care they need. We will:

- Develop quality improvement approaches, including service collaboratives, to better coordinate mental health, addictions, family health care, acute care and emergency department services for children, youth, adults and seniors;
- Automate key functions such as common assessment, individualized collaborative service plans, common intake, referral and resource matching;
- Expand performance improvement through accountability agreements, program standards and accreditation with service providers to support system redesign;
- Review new funding models based on population needs and case costing;
- Reduce unnecessary use of Emergency Departments by enhancing family health care, community-based mental health and addictions services and local 24/7 programming for access to psychiatric consultation, dedicated emergency inpatient services, community-based crisis response, and the development of client stabilization and follow-up plan.

iii. Integrating health and other human services and improving transitions between services

People with or at risk of mental illness and/or addictions need more than just health services. They may also need support from a number of different sectors, including community mental health and addictions agencies, social services, education, family health care, acute and emergency care, child protection and, sometimes, justice or corrections services. A complex system is even more difficult to navigate when we are not well. We need a system that easily gets us the services we need when we need them and that enables us to move easily from one service to another, regardless of age. We will therefore:

- Set expectations for a collaborative, individualized health and wellness plan that engages the person with mental health and addictions needs and includes health services, housing, employment and education, social services and the justice system, if needed;
- Improve transitions between different services, such as between youth and adult services, between adult and senior services, and between the justice and health systems;
- Provide more effective mental health and addictions supports in the court system;
- Identify best practices in sensitivity and training for police;
- Better understand the mental health and addictions services that should be available within the justice system, including incarcerated populations.



Comprehensive Mental Health and Addictions Services

In Kingston, one community agency is challenging the traditional way mental health and addictions services have been provided in silos. Frontenac Community Mental Health and Addiction Services takes a psychosocial rehabilitation approach to services that focuses on recovery and better quality of life for people with lived experience of mental health and addictions. With a recovery approach, the consumer is at the centre. Frontenac has ensured the inclusion of people with lived experience at every level of the organization, from governance, to staff, to peer positions in some programs, to the entitlement of all clients to cast a vote on the membership of the board of directors.

Since 1976, Frontenac has grown from an agency that provided affordable housing to a multi-service agency that has shifted to meet the needs of its clients. The organization offers a “buffet” of services for both mental health and addictions to meet the needs of the individual. Services range from housing, to vocational programs, to court support, including dual diagnosis services, crisis services, assertive community treatment teams, forensic case management and case management which includes specific services for forensic and transitional services. Each individual has a single electronic client record that all Frontenac staff members can access in real time, reducing duplication and more effectively meeting consumer needs.

One Frontenac program that is working to build bridges across sectors involves collaboration between police and emergency services. Front-line providers, such as police and EMS workers, attend an annual two-day training session led by the mental health crisis response team to educate each other about their roles and develop shared first-response procedures. This program has helped to build stronger relationships and collaboration between first responders in the South East LHIN.

Another Frontenac program has built a partnership between health, social services, and municipal housing programs to provide affordable housing and services to people with both a mental illness and intellectual disability. Within a 43-unit affordable housing building, the program offers 10 beds specifically for people with a dual diagnosis, and consumers have access to various programs, such as those offered within the Frontenac “buffet” or to programs offered in partnership with Ongwanada or Community Living Kingston.

Children and Youth – The First Three Years

Open Minds, Healthy Minds will start with a three-year plan that focuses on children and youth mental health. The priorities in the first three years will contribute to achieving the four goals of the Comprehensive Strategy.

Starting with children and youth places the focus where it needs to be. For 70 per cent of adults living with mental health problems, their symptoms developed during childhood or adolescence. But most do not receive the treatment they need early enough – families often struggle to navigate services and get the right support for their children and youth.

A mental health strategy that starts with children and youth offers significant benefits:

- Early identification and intervention lead to better health outcomes, improved school attendance and achievement, contributions to society and the workforce, and cost-savings to the health care, justice and social service systems;
- Unaddressed mental health issues can lead to poor academic achievement and higher drop-out rates, unemployment, poverty and homelessness, and increased risk of criminal behaviour.

To give our children and youth the best possible start in life and learn early on how to cope with stress, we need to reduce stigma by promoting equity and diversity, physical activity, healthy eating and self-esteem, and to develop parenting and peer support programs for families.

Offering mental health services in the community – close to home – is critical to success with children and youth. Services in the places where children and youth spend their day-to-day lives provide them a familiar, positive environment while saving health care dollars.

The Child and Youth Mental Health Strategy

Three key child- and youth-centred priorities drive the first three years, which contribute to the goals of the Comprehensive Strategy:

- Providing children, youth and families with fast access to high quality services;
- Identifying and intervening in child and youth mental health issues early;
- Closing critical service gaps for vulnerable children and youth, children and youth at key transition points, and those in remote communities.

These priorities will move the system forward rapidly and produce measurable results in the short term for children and youth, while laying the foundation for broader system changes. Such comprehensive reform of the child and youth mental health services system is needed to build an effective, efficient and accountable system of services.

1. Providing fast access to high quality service

It is critical that we monitor wait times and build capacity so that community-based agencies are equipped to meet local demands. It also means creating links between and across education, health care and the community, and finding ways to link families with services.

We will better coordinate quality mental health services for children and youth to provide faster access by:

- Implementing a directory of services to improve public access and help children, youth and families find the right kind of services, and providing supports in select communities for families to navigate the system;
- Developing and putting in place a wait-time strategy;
- Providing a targeted funding increase to help services respond more quickly by hiring more workers in child and youth mental health community-based agencies;
- Hiring more youth mental health court workers to divert youth from the justice system to appropriate community-based services;
- Laying the foundation for long-term transformation of the child and youth mental health system, and developing a set of outcomes and indicators that can measure progress.

- 9,000 more children and youth will benefit from the addition of mental health workers in schools;
- 16,000 youth with mental health needs will be supported at the transition from secondary to post-secondary educational settings;
- 13,000 more children will receive direct treatment services through a targeted funding increase to community-based child and youth mental health agencies;
- 4,000 more Aboriginal children and youth will receive culturally appropriate services to reduce the risk of serious problems, such as suicide, substance use and conflict with the law;
- 2,300 more youth with mental health issues will receive support to divert them from the justice system to appropriate community-based services;
- 300 more children and youth with eating disorders will benefit from the expansion of eating disorders programs;
- 1,600 children and youth with complex mental health needs will receive support in navigating the system;
- 800 more children and youth will receive psychiatric consultations in their own communities through videoconferencing in the Telepsychiatry Program.

2. Identifying and intervening in children and youth mental health issues early

By equipping people who work with children and youth with the tools and knowledge they need, they will be better able to identify issues and handle them effectively. Communities must work to build a shared understanding of mental health issues, and ensure that there is strong regional and local leadership, particularly in community-based mental health agencies and schools. Providing services and supports early on will help to address problems sooner – before they do too much harm.

We will identify children and youth in need of support as early as possible and intervene by:

- Implementing *Working Together for Kids' Mental Health* provincially so that key adults in schools and agencies will use effective tools for early identification and work collaboratively to meet the needs of the children and youth, and their families;
- Putting in place standardized tools to support intake and triage, as well as tracking and monitoring outcomes in community-based agencies;
- Making further changes to the education curriculum to promote healthy development and good mental health;
- Developing a resource guide and website to provide educators with information on early signs of child and youth mental health issues and preventative actions they can take;
- Helping schools provide appropriate mental health programs and services and providing support for mental health literacy training for all educators;
- Hiring teams of mental health workers and nurses in schools to provide direct services to children and youth with mental health issues, as well as connecting with community-based mental health services.

Working Together for Kids' Mental Health involves bringing together staff in schools, health care providers, and community-based agencies for shared training on early identification and collaboration on the consistent and effective use of mental health assessments for children and youth. By doing this, the sectors work together to identify mental health concerns and to ensure that children and youth are connected to appropriate services in a timely way.

3. Closing critical service gaps for vulnerable children and youth and those in remote communities

Currently, there are some groups of children that have even greater challenges accessing the care they need. To address this, we need to increase the availability of culturally-appropriate services to better serve more children and families who are Aboriginal, or in high needs, or in underserved communities, who have complex mental health needs requiring specialized care, and/or who must navigate across key transition points.

We will close critical service gaps for vulnerable children and youth with mental health issues and work with them to develop their potential by:

- Enhancing and expanding the Telepsychiatry model and services to provide specialized expertise and serve children and youth, and their families, in remote, rural and underserved communities;
- Creating 18 service collaboratives to support coordinated services for children, youth and adults, including a focus on children and youth in transitions from inpatient to outpatient settings, between health and justice systems, and from child-focused to adult services;

The Ontario Child and Youth Telepsychiatry Program provides clinical consultations through videoconferencing (psychiatric assessments and treatment recommendations) to children and youth in rural, remote and underserved areas of the province.

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Breaking Down Silos in Rural Communities

In the rural region of Grey and Bruce Counties, a child and youth mental health organization has teamed up with the Owen Sound Family Health Team (FHT) to deliver a spectrum of services to families in need. Several years ago, Keystone Child Youth and Family Services was experiencing such high demand for services for children and youth that only the most urgent needs were being addressed. Through this unique collaboration, the organizations have filled a gap in mental health services for children and youth who have access to primary health care, but need additional mental health services or supports.

The FHT services are fully integrated with Keystone services – their patients have access to all programs and expertise, such as respite care, recreational sessions and support groups. Keystone staff gain access to clinical and psychiatric staff expertise to better serve children and youth, and FHT staff have access to community programs and knowledge. Some programs are provided jointly, and a shared electronic health record helps clients to transfer seamlessly between providers and programs. The partnership also works with local school boards and hospitals to increasingly provide local children and youth, and families, a network of support that wraps around them to meet their needs, close to home.

- Hiring new Aboriginal Mental Health and Addictions workers in Aboriginal communities, and developing and implementing an Aboriginal Mental Health and Addictions Worker Training Program to increase the supply of trained workers in these communities;
- Expanding services for eating disorders to meet the needs of children and youth who require specialized expertise;
- Hiring workers to coordinate services for children and youth with complex mental health needs;
- Supporting and providing services to youth as they transition from secondary to post-secondary school settings.

Transforming the Child and Youth Mental Health Sector

Comprehensive reform of the child and youth community-based mental health system is also needed to build an effective, efficient and accountable system of services.

As a starting point, this strategy will make a limited number of strategic investments:

- Consolidating efforts that already exist in the field for child and youth mental health by supporting initiatives that promote collaboration, efficiencies and consolidation;
- Putting in place the quality standards, indicators, and tools necessary to measure outcomes.

Transitional Youth Pilot Project and Project S.T.E.P.

In the Champlain LHIN, a diverse group of service providers has formed a “circle of responsibility” around youth to make sure they are supported as they transition from youth to adult services. The group’s multidisciplinary team-based approach makes all the difference – it involves the youth’s current and future service providers working together to meet their needs and their family’s. The Transition Team Model plans to see up to 115 youth through the transition to adult services in the first year.

The multidisciplinary team includes representation from the children’s hospital, psychiatry, adult acute care, family health care, and community youth and adult mental health and addictions services. When a youth is referred to the team, their needs are discussed among the group so that they can be connected to the right services. The youth and their family become familiar with the adult service providers well before the transition occurs, alleviating fears of the unknown. As the transition happens, the child/youth providers are there to help, ensuring better, more seamless care.

A second program in the Ottawa area is making a difference for youth who are at risk for substance use. Project Support Treatment Education Prevention (S.T.E.P.) includes a high-school-based education, early intervention and prevention program that helps youth make informed decisions and get counselling about substance use. Another part of the program enables youth to enter local 24/7 residential treatment without having to access services in northern Ontario or outside the province. The program is helping to fill gaps in youth services in the region and build the capacity of youth and their families to address issues of problematic substance use and addictions in their communities.

Leading the Strategy

Our strategy will lead to changes in provincial policy and local programs, as well as require coordination across ministries and sectors. To succeed, we need strong leadership – provincially and locally.

At the provincial level:

- Delivery and implementation of the Mental Health and Addictions Strategy will be a standing item at the Deputy Minister Social Policy Committee, including the development of common performance measures and clear accountabilities;
- We will establish a Mental Health and Addictions Advisory Council of leaders from health, adult and children/youth community-based mental health, education, justice, municipal sectors and consumers, to provide advice to the ministers on the strategy;
- The government and the Advisory Council will work together to develop options for governance and leadership for mental health and addictions services in Ontario;
- We will create a task force to examine current Ontario legislation related to involuntary treatment and sharing of health information (e.g., Mental Health Act, Child and Family Services Act, Personal Health Information Protection Act).

At the local level:

- Regional leadership and other community partners will work together to develop mechanisms to support coordinated services for children, youth and adults and to improve transitions between acute and community services, between child-focused and adult services, and between the health and justice systems.

Ensuring Accountability

To ensure accountability, the government will work with leaders, experts and stakeholders to:

- Develop performance measures for monitoring and public reporting on wait times, client experience, health outcomes and quality of life, service continuity and integration;
- Standardize public reporting across the province, by region and by agency;
- Require all mental health and addictions agencies to publicly post annual quality improvement plans;
- Every two years, the government will work with the Advisory Council to publish and post a public progress report on the Comprehensive Strategy.

Moving Forward Together

Open Minds, Healthy Minds takes a comprehensive view to transforming our system with vision, mission, goals and strategies for change. It recognizes the need to involve Ontarians with lived experience, and to leverage their strength and resilience to identify gaps – and to build on best practices.

Open Minds, Healthy Minds reinforces our efforts on poverty, early learning and affordable housing. We recognize the need to create integrated systems of support in Ontario – systems that complement each other to provide the basic personal opportunities that support safe, stable and healthy lives.

By working together, we can give more children, youth, adults and their families the services they need to prevent and reduce the personal, social and financial burdens of mental health and addictions. We can prevent suffering and support the road to recovery.

By building awareness, we can build stronger communities. We can create networks of support that weave throughout health care, child and youth services, the justice system, social services and municipal programs. We can erase stigma and develop understanding. We can open the door to a brighter, healthier future for people with mental health problems and addictions, their families, and their communities.

With strong leadership and accountability, we can give our front-line service providers, health care practitioners and first responders tools they need to identify those at risk, and intervene early. We can protect our children and help them grow into strong, happy, healthy adults.

But we need to work together. And so we are dedicated to building partnerships across the province, and within communities, that will help us reach our goals. Together, we will create an Ontario where people who are at risk, who are suffering or have lived experience of mental health and addictions problems can feel accepted, supported and understood – because open minds are the first step to healthy minds.

