

A World Without Silos for Youth Mental Health!

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Issue

- 50% of mental disorders begin by age 14, 75% by age 24
- As few as 25% of youth with MHSU disorders receive services
- Significant increase in ER visits for Canadian youth the last 6 years
 - 69% ↑ in Ottawa (suicide risk ↑33%, self injury ↑ 61%)
 - 85% ↑ BC (15-19 yrs.) almost 50% increase in inpatient admissions
 - 3X more youth die of suicide than from cancer
 - Suicide is a key indicator of our system failures
- \$210 billion/year on health care, 7% of which on MH, child and youth MH?
- Insufficient specialized capacity to meet the need

WE CAN'T TREAT OUR WAY OUT OF THIS!

- Huge service gap for transitional-aged youth “TAY”
- We need different models to better serve youth



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Mental Illness and Stigma





REDPATH PS
2005-2006
GRADE 3&4
ROOM 311

Fighting Stigma is Everyone's Business



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Barriers to Access

- Stigma (preventing disclosure)
- Insufficient MH literacy (what is a problem? what is treatable?)
 - Delays access (acute, severe, and more intractable)
- Where to go for help? (system literacy)
- Limitations in existing care pathways
 - Location? Youth-friendly?
 - Siloed care (not integrated care pathways)
- Limitations of 1st contact care providers (schools, primary health care)
 - Identification, early intervention
 - Role clarity in care pathway
- Overburdened specialty youth mental health services
- Deficit focused not strength-based
- Limitations to meaningful engagement of families and youth

ACCESS TO EFFECTIVE CARE?



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Challenges of Transitional-Aged Youth



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Transitions:

- MH transitions one of many – personal, interpersonal, social (Viner 1999).
- Lack of easy transition jeopardizes life trajectories of young people (Pottick 2007).
- At peak age of onset, highest burden of illness, system weakest and most discontinuous (Singh 2008, McGorry 2007, Pottick 2007).
- 60% of youth with MH problems disengage in the transition (Harpaz-Rotem 2004).
- Essential to break down the silos (MHCC 2009).



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TAY Challenges & Opportunities

- Under funded (pass the buck)
 - CAMHS-AMHS issues
 - Who drives the transitional services?
- Fragmentation specialists
- Policy barriers
- Planning not inclusive
 - Youth, families
- Models to learn from (Headspace, Jigsaw, Youth Can Impact, Youth Wellness, Champlain LHIN)

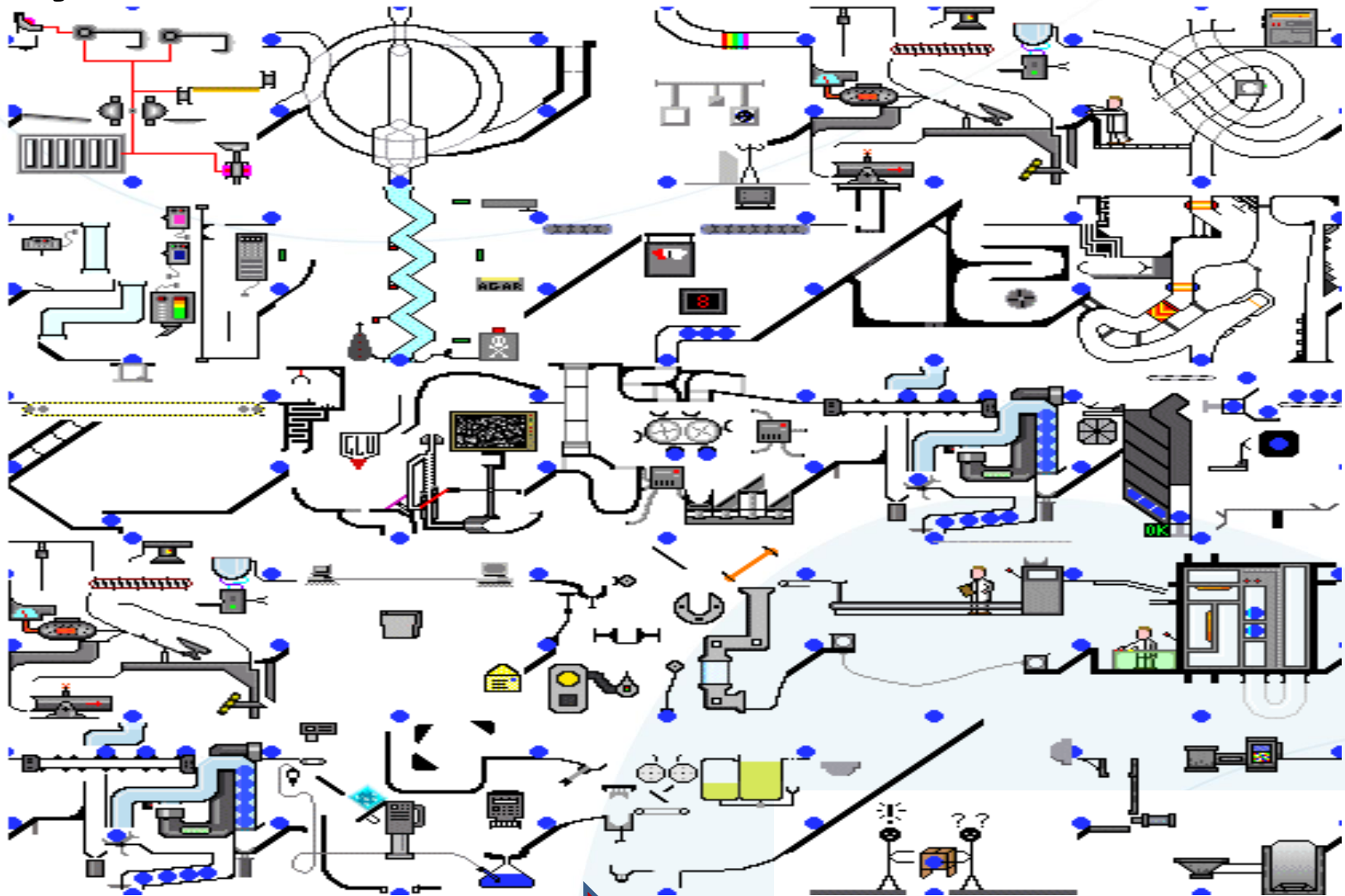
International dialogue on finding solutions



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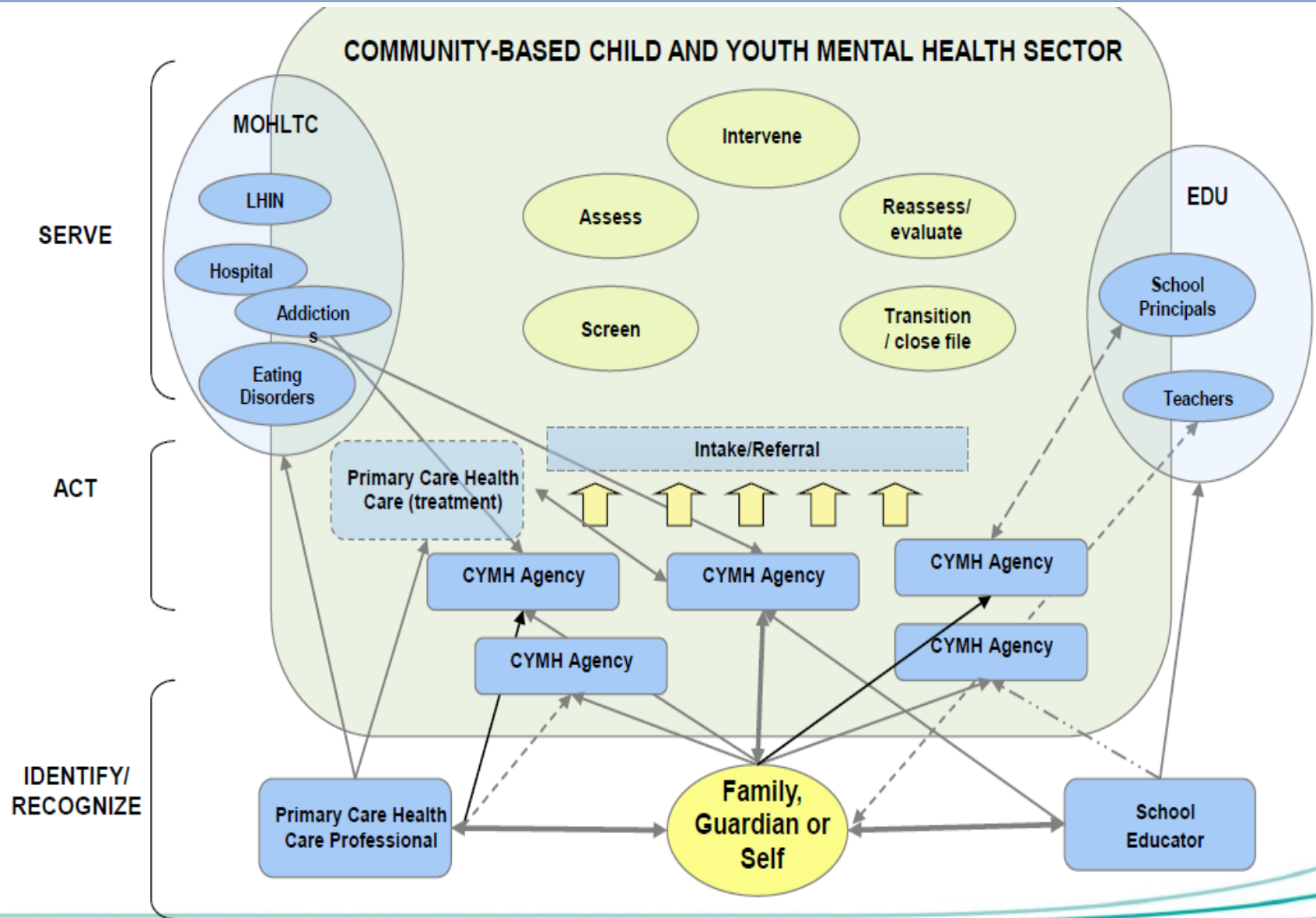
System Transformation



GOAL

Improved outcomes for youth

Youth and Family Experience of the Current System



Ontario's Mental Health and Addictions Strategy:

- Launched in 2011, *Open Minds, Healthy Minds* is Ontario's comprehensive mental health and addictions strategy, which aims to address these systemic issues.
- **Strategy vision statement:** Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.
- The Strategy is divided into two phases:



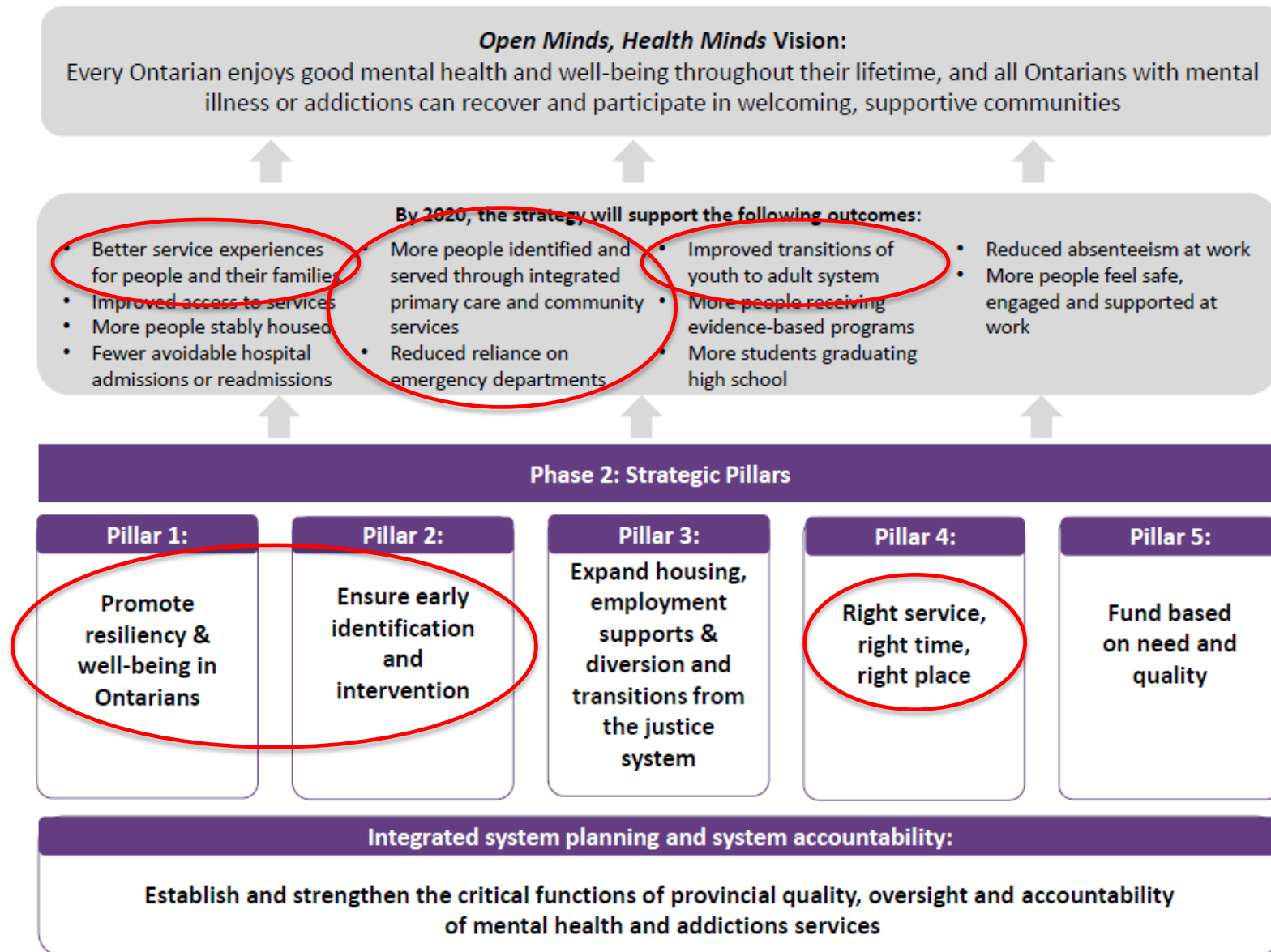
Phase 1: Launched 2011

- Led by the Ministry of Children and Youth Services.
- Focused on children and youth mental health.
- Ongoing transformation in children and youth mental health system will be aligned with Phase 2.

Phase 2: Launched 2014

- Led by the Ministry of Health and Long-Term Care.
- Expanded scope and scale of Phase 1 to focus on adults, transitional aged youth, addictions, transitions, funding reform, and performance measurement across the system.

Phase 2 is guided by key outcomes to be achieved, and work across five strategic pillars:



Mental Health Promotion, Prevention, and Early Intervention means **Social and Economic Return on Investment for All!**

**1 in 5 Ontarians struggles with a
mental health disorder**



Poor mental health decreases our chances in life

It can limit social, educational, and occupational success, and impacts health, quality of life and life expectancy.

There are also economic costs across sectors

Estimated cost is >\$38 Billion per year in Ontario

- In direct health care costs for treatment, care and support
- Impacts in other sectors, like justice (80-90% of offenders in the justice system have a diagnosable mental disorder)
- And lost productivity, up to 300 Billion is spent in the private sector on short-term disability benefits for mental illness

Mental illness has a higher burden of disease

1.5x higher than cancer and 7x higher infectious diseases, but funding is disproportionate to burden.

**We can't
treat our
way out
of this!**

Canada spends much less on mental health than most developed countries. But even with 100% treatment coverage, the overall burden is only reduced by 40%. The *real* Return on Investment is in promotion and prevention services.

7

ROI through the life span



In the Early Years

For every dollar invested in pre-school education, or parent support, there is a return of \$6-16. Long-term benefits extend to education and justice.



At School

Highest returns are for Social Emotional Learning where impacts are felt across sectors within 1 year and the investment is recouped within 5 years.



Early Intervention

Suicide awareness training for GPs and early intervention in psychosis are strong investments.



At Work

For every \$1 spent on mental health and wellness, \$9 is saved in decrease in absenteeism.

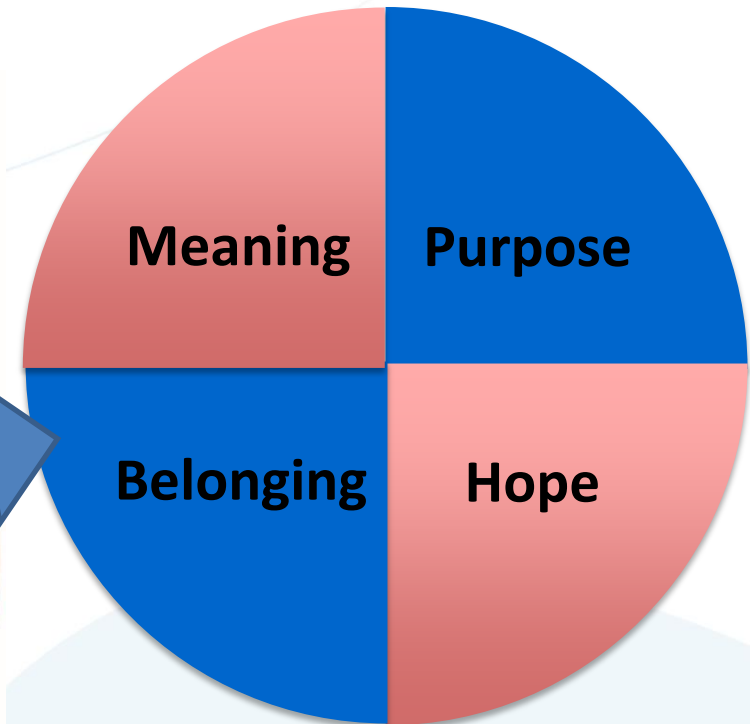
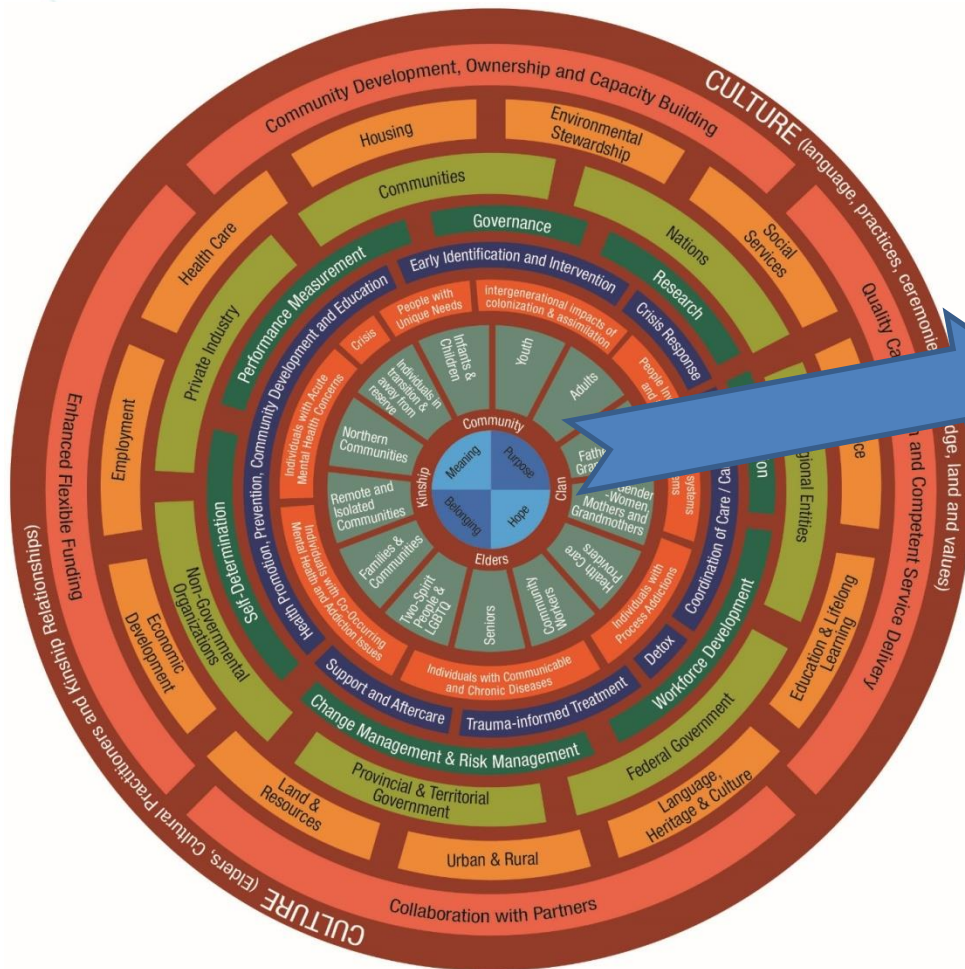


As We Age

Mental well-being increases life expectancy by 7.5 years. In fact, it has the same impact as stopping smoking!

Many sectors bear the social and economic costs of mental illness, and can benefit from investments in promotion, prevention and early intervention. We need to protect funds for this investment, and allocate this towards high-quality promotion and prevention programming. An all of government approach, like the Mental Health in All Policies direction in Europe and Healthy Child Manitoba, is needed.

First Nations Mental Wellness Continuum Framework



**Spiritual, emotional,
mental, physical**



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Supporting Minds @ School – Common Language

Meaningful Youth Engagement Promotes Health and Decreases Risk

Armstrong & Manion, 2007; 2013

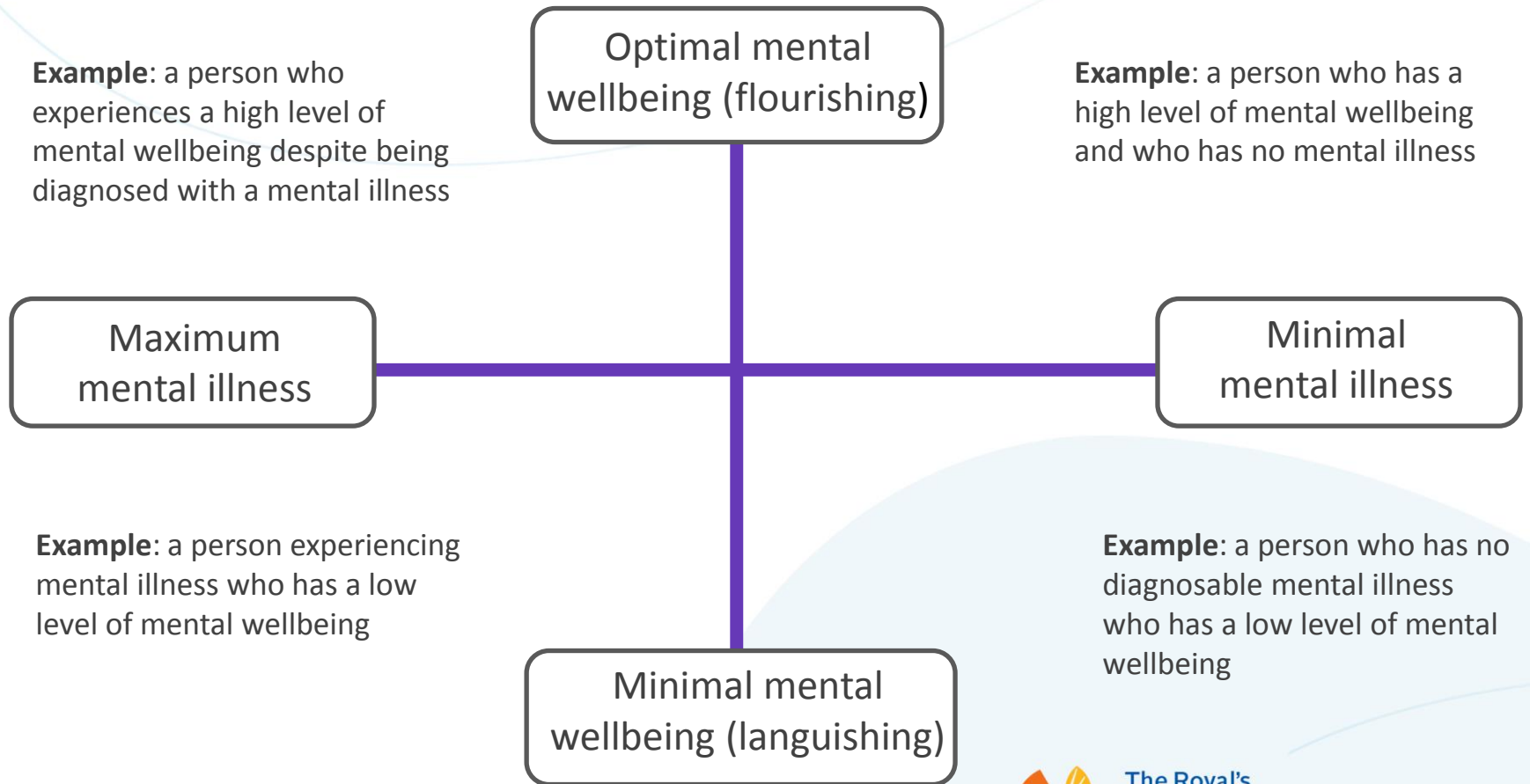
“The more meaning found in engagement,
the less likely youth were to report suicidal
thoughts in spite of risk factors”



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A Model for Mental Health and Wellness



Keyes, 2003



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Other Stuff Going On at the Same Time!

- Ontario Government
 - Moving on Mental Health (MCYS)
 - School Mental Health ASSIST
 - Wellness Initiative (Education)
 - Special Needs Strategy
 - Residential Services Review
 - Youth Initiatives and Engagement Unit (e.g., YouthREX)
 - Community Hubs
 - Youth addictions
 - Structured psychotherapy
 - Youth Wellness Centres
- Non-Government
 - 2014-15 OCHES
 - Integrated Services (Graham Boeckh Foundation)
 - WellAhead (McConnell Foundation)
 - RBC MH strategy
 - Bell (extended mandate, is talk enough?)
 - New MHCC agenda
 - Purveyors creating and selling solutions (i.e., technology)



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Recent Canadian Context



- SPOR & TRAM
 - CIHR, Graham Boeckh Foundation
 - ACCESS Open Minds Canada
- MHCC
 - Transitional-aged youth (TAY)
- Emerging local, provincial and national efforts for integrated youth mental health services (IYMHS)
- National Centres of Excellence – International Knowledge Transfer Platform **(tying it all together)**



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Taking the Next Step Forward

Building a Responsive Mental Health and Addictions System for Emerging Adults



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



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Integrated Youth Mental Health Services

- Beyond TRAM but building on its foundation
- GBF as a driver
- Integrated youth mental health stepped care as a model
- Partnership model of funding
 - Philanthropy, government, research, mobilizing community resources for sustainability
- Province by province
 - BC, Ontario, Quebec, NB, Alberta
- BC furthest ahead (Foundery)
- Importance of a backbone organization locally, provincially and nationally



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A Model for Transformative Change



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Integrated Service Models: Key Features

- Youth and family engagement
- Integration of existing social services,
 - Education, health, vocational services, justice, housing, addictions
- Mobilizing peer support as a valuable and valid community asset
- Youth-friendly integrated service centers (co-created)
- Online portals and maximized use of technology
- School-based strategies (early identification)
- Outreach through primary healthcare
- Phased intervention (**stepped care**),
 - Right level of care at the right time by the right provider
 - Low intensity promotion/prevention as well as pathways to high intensity specialized youth mental health services
 - A full continuum of care from promotion to prevention through to early identification and intervention
- The **asthma of our generation**
- Commitment to evaluation
- Governance that reflects the model



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Delivery Systems of Care that Can Be Evaluated and Scaled Up...



International Knowledge Translation Platform (IKTP)



- Coordination and collaboration across provinces & territories within Canada and between Canada and international jurisdictions
- Support design and implementation integrated & stepped care models of youth mental health services,
 - Cross jurisdictional engaging ministries of health, child and youth services, education, justice,
- Design and implement care standards for integrated and stepped care models
 - Evidence based, equitable, accessible and youth centric
- Measure outcomes that create the evidence for the value of integrated and stepped care mental health services
- International knowledge exchange to align work globally



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HYPE will "Act locally, connect regionally and learn globally"

Margaret Wheatley



- Build and support local capacity to implement evidence-informed practices



- Link efforts across communities/regions for more systemic approaches



- Share globally for the rapid evolution of knowledge



IKTP: Overarching Themes

The IKTP will address the following themes:

1. Evidence-based knowledge & gaps requiring evidence-generation
2. Data & data integration (common tools, metrics, indicators)
 - Clinical, research, health & cross-sectoral systems, economic
3. Delivery systems
 - Schools and post-secondary
 - Place-based services (Primary care, integrated health centres, community models)
 - Technology platforms



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IKTP: Overarching Themes

The IKTP will address the following themes:

4. Implementation science

- Developing jurisdictions
- Education and capacity building
- Policy-process
- Community pre-conditions; rural, remote, urban
- Evaluation framework

5. Youth & family engagement/empowerment

- Policy
- Research
- Practice
- Governance



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Making the Integrated Stepped Care Models come alive

From "letting it happen" to "making it happen"



- Learn their context (culture, history, capacity)



- Assess their readiness (barriers and drivers)



- Support implementation (evidence, coaching, evaluation)



IKTP: Processes & Products

Processes across themes

- Communications
- Stakeholder engagement
- Communities of practice
- Quality improvement
- Implementation science supports

Products across themes

- Mapping/landscape report
- Knowledge synthesis reports
- Co-creation of standards, indicators
- Policy papers
- Evidence-based recommendations
- Other products to address gaps
- Resource hub



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IKTP Current Status

- 100 partners in the network
 - Researchers, policy makers, practitioners, NGO's, NFP's, families and youth
 - 9 countries, 25+ universities, 8 provinces, 5 Foundations
- LOI stage (59 teams, 8 finalists)
 - Awaiting formal announcements
- 4 years + 3, \$400,000/year (\$1.6 million)
 - Over \$6.9 million leveraged to date (\$ and in-kind)



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Our primary metric of success: Widespread implementation of Integrated Stepped Care Models with on-going positive changes in...



Locally

- Access
- Fragmentation
- Applied evidence



Regionally

- Systems thinking
- Adopted standardization & benchmarks
- Policy development



Globally

- Shared knowledge
- Identified gaps
- Partnerships

Canada as a recognized leader

Measuring Success



**A system that makes sense
and is understood by all!**



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What will it take?



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Appreciation Strategy Humility
Commitment Responsibility
Leadership
Integrity Honest Communication Listening
Values Purpose Determination
Passion Principles



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A word cloud centered around the word "LEARNING". The word "LEARNING" is the largest and is written in red. Surrounding it are various other words in black, of different sizes, arranged in a roughly circular pattern. The words include: EDUCATION, SKILL, PRACTICE, ANSWERS, STRATEGY, WISDOM, IMPROVEMENT, QUESTIONS, SEARCH, SUCCESS, INTELLIGENCE, COMPETENCE, FUTURE, SCIENCE, EXPERIENCE, SOLUTION, ANALYTIC, SYSTEM, INNOVATION, and DEVELOPMENT.

LEARNING

EDUCATION SKILL PRACTICE ANSWERS STRATEGY WISDOM IMPROVEMENT QUESTIONS SEARCH SUCCESS

DEVELOPMENT INNOVATION ANALYTIC SYSTEM SOLUTION EXPERIENCE SCIENCE INTELLIGENCE COMPETENCE FUTURE

PARTNERSHIP

- ☒ TRUST
- ☒ SUPPORT
- ☒ COOPERATE
- ☒ COLLABORATE
- ☒ ADVICE



dreamstime.com

Collaboration
is not about gluing together
existing egos. It's about the
ideas that never existed until
after everyone entered the room.

@Daily.Dose

So How Many Partners Does It Take to Change a System?

It takes everyone

- Parents/families
- Children and youth
- Service providers across sectors
- Researchers across sectors
- Policy makers across sectors
- Philanthropy / Business
- Intermediary Organizations
- And just about anyone else you can think of!

but... there has to be some readiness for change!



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A Change in Mind Set

from

Agency/organization and ministry thinking

to

whole community, whole government,
system thinking



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When 'i' is
replaced By 'we'

Even
'illness'
Becomes
'Wellness'

Questions?



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