

CONVERSATIONS WITH THE COMMUNITY: YOUTH, MENTAL HEALTH AND ACCESS TO CARE

A Report from the
Community Knowledge Forum
November 23, 2016



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Overview of the Foundation

The Community Foundation of Mississauga is part of one of the fastest growing charitable movements in Canada. The Foundation is a registered charitable public foundation that was launched in spring 2001. Since that time, it has grown rapidly and has \$20 million in endowed assets and cumulative grants of over \$7 million. Community foundations across Canada share three fundamental roles:

One: endowment building/personalized service. The Foundation builds endowed and other funds to provide lasting support for local priorities. It makes giving easy and effective, accepting a wide variety of gifts and providing donors with a number of charitable options. Donors can contribute cash, stocks, property and other assets. Donors may establish a fund in their name or in the name of a loved one. In most cases, a gift qualifies for maximum tax advantage under federal law.

Two: local grant making expertise. The Foundation's staff and volunteers have an in-depth understanding of the issues, opportunities, and resources that shape our community. It evaluates all aspects of community well-being – including social services, education, the environment, health care, youth, seniors and the arts and makes grants to support the broadest range of community needs. It can help donors learn more about local organizations and programs that make a difference in areas they care about most.

Three: community leadership. Because community foundations support all kinds of charities, it is well positioned to bring people and organizations together, convening diverse voices to address local issues and opportunities. The Foundation's business is building community.

Capturing Community Knowledge

Bridging the needs of the community with philanthropy is at the heart of the Community Foundation of Mississauga. Part of that means building a base of knowledge about the issues affecting the community, bringing together the people who live and work in the city to hear what they have to say, connecting organizations serving the community, sharing information, identifying gaps and opportunities and considering innovative ideas that can be part of the solution to addressing community needs. Collaborating is one of the ways a community foundation stays connected to the purpose we serve. It helps keep vital knowledge and communication flowing.

Trends and Statistics

Why is it important to discuss the accessibility of long term and short term mental health care for youth?

The Community Foundation of Mississauga's Vital Signs 2015 report included a look at the reported mental health/wellbeing of Mississauga residents. The report found that 72.1% of youth aged 12+ in Peel Region report having very good or excellent mental health. This seems to indicate a relatively good picture of mental health in Mississauga among our youth. However the same is not necessarily true for accessibility to care. Dr. Ian Dawe the Program Chief and Medical Director for mental health care at Trillium Hospital says that hospitals in Mississauga have seen a 38% increase in youth (aged 15 – 24) attendance for mental health issues. He also notes a 29% increase in adults accessing mental health services through hospital emergency rooms.

When the planning committee for this forum, the Foundation's Community Leadership Committee, saw these statistics it began to discuss whether they were in conflict with one another or if more people were accessing mental health care and as a result feeling more mentally healthy. More people could be receiving care and as a result feeling healthier, but it was apparent there was also a larger issue at hand. The average wait time for a youth 15-24 years old to see a psychiatrist in Mississauga is three to four months, barring the need for emergency or crisis intervention. There are also over 400 people on a waiting list for mental health services as the resources in hospitals just cannot keep up with the demand of care. These two things seem to point to some disconnect in funding and resources.

Dr. Ian Dawe suggests that there is a "Crisis of Mental Health" in the city and that it relates directly to resources and funding. While pointing this out Dr. Dawe also suggests that there are transformative measures that can be put in place that can turn the "crisis" around. Peel Region's Centre for Mental Health and Addictions (CMHA Peel) also suggests that Mississauga is missing vital components to a strong mental health care system. CMHA mentions not a lack of research or understanding how to direct patients in need of care, but, like Dr. Dawe a lack of resources.



70% of mental health problems and illnesses have their onset during childhood or adolescence

Sharing Knowledge and Expertise

Our forum guests represented the diversity of Mississauga organizations who serve youth battling mental health issues. The organizations included:

Dam - Develop Assist Mentor
Erin Mills Youth Centre
Heart House Hospice
Learning Disabilities Association of Peel
Our Place Peel
Trillium Health Partners Foundation
Canadian Mental Health Association of Peel
Spectra Community Support Services
India Rainbow Community Services of Peel
Global 180 – Mississauga
Bereaved Families of Ontario Halton/Peel
Region of Peel – Public Health
Region of Peel – School Health
Peel Youth Village
Dufferin - Peel Catholic District School Board
Erin Oak Kids
Peel School Board
Dufferin Peel Catholic District School Board
Peel Children's Centre and Nexus Youth Services

The Community Foundation of Mississauga is grateful for the generous contributions of all participants.

Key Findings

One of the most common issues identified during the forum throughout the forum was an understanding that there is no need to spend valuable resources in re-creating already great research about ways in which we can improve access to care in our city.

CMHA Peel Region identifies several studies which should inform mental health practitioners on how to create a better system of mental healthcare for youth. They mention a study from the Mental Health Commission of Canada entitled “Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults”. This study suggests five criteria to effective community mental health care and accessibility for emerging adults:

1. Universal public/community response to health promotion, prevention and harm reduction.
2. Primary responses from general practitioners, community services, and other resources are accessible and integrated. They should also be presented in an engaging way to emerging adults.
3. Mental health and addiction services, system response: Assessment, treatment, planning, crisis management, and system navigation/interventions.
4. Specialist acute in-patient services, comprehensive hospital based day and mobile treatment teams.
5. Highly specialized in-patient/residential settings.

The group identified that in Mississauga we do not have the resources to ensure all these criteria are met. The above list suggests that there should be integration between primary health care providers like hospitals and community service organizations providing front lines care. It was identified by several in the room that this integration does not exist in Mississauga. While a great referral process exists for front line organizations to refer up to primary care providers in hospitals, the system does not work the same way for primary health care providers to refer back to community based services or programs.

The problems do not stop there; the research also indicates that there should be a coordinated and timely response to mental health care. Participants suggested that in Mississauga, this is also just not possible. Dr. Ian Dawe agreed with this assessment when he noted that there are only a handful of psychiatrists working in Mississauga and said there were even fewer specialists in child and youth psychiatry. To paint this picture even more appropriately Dr. Dawe discussed the issues surrounding in-patient care in Mississauga. He noted that Mississauga only has ten beds dedicated to mental health patients per every one thousand; none of these beds are set aside for child and youth in-patient care. This means that every youth who is in need of in-patient care is sent out of city for treatment. This “bussing” of patients to outside hospitals leaves an even deeper disconnect for youth afflicted with mental health issues because often times they are not informed of the community care providers operating in their city.

This disconnect affects the five tiers suggested by the Mental Health Commission of Canada because it does nothing to help ensure that mental health care services are accessible and engaging to emerging adults. If they are treated out-of-city as in-patients, they are likely to never learn about the outpatient services available in Mississauga for long term continued treatment and/or prevention.

CMHA, Trillium Health Partners and the entirety of our guests noted that there was a severe lack of funding into the mental health sector in Mississauga. Dr. Dawe pointed out the lack of in-patient beds mentioned above, he added to this point by noting that in Hamilton there are thirty percent more beds for in-patient mental health treatment on a per capita basis.

3 million Canadian teenagers are at risk of developing depression.

We need to talk.



Looking specifically at government funding towards mental health care, it is typically funded by population and need. Trillium Health Partners notes that Mississauga only receives 22% of the funding needed on a per capita basis from the government while the average city in Ontario receives about 60% of the funding needed on a per capita basis. Several participants noted that this disproportionate funding number is definitely a result of the demand in Mississauga for mental health care not being fully understood due to the number of patients receiving care out of city. The case of funding for youth mental health care can clearly be understood this way as there exist no in-patient beds to treat youth suffering from mental health issues resulting in them being treated out of city and funding attached to that need going to those cities. For example a youth needing in-patient care in Mississauga is sent to Brampton for care, and this results in the funding associated with this case going to Brampton as well.

Conclusions

The Need for Collaboration

The most important conclusion drawn during this forum was a need for service agencies and hospitals to work together more collaboratively. This collaboration was defined by a need to increase the awareness of fellow service providers through sharing information and increasing communication. It was shared that there is no in-depth city resource which compiles all the places in Mississauga where one can receive mental health care. It was also noted that the creation of such a document or list would be hard for a patient to use because of the varying types and degrees of care.

Secondly, the concept of youth accessing care requires even more collaboration than when an adult accesses care. The reason for this is that often children and youth get lost in the system. They build relationships over years with one doctor or service provider and then as they grow older they surpass the ages which can be served by that organization/provider. These youth are often not transitioned well to new places of care that match their age and as a result access to care is lost. It was felt in the room that collaboration would provide a venue for organizations providing care to make referrals of the youth they are serving to other agencies who can provide the most appropriate care for the stage of life the youth is in.

The school board social worker participants related a need for more collaboration with care providers. Schools are often the front lines for mental health concerns among youth; they deal with crisis and ongoing care. School social workers suggest the need for health care practitioners to be available to schools in order to help deal with ongoing care and crisis. This would ease the strain felt by the police who are currently the first external line of help for schools, but it would also provide a more meaningful care experience for youth. It was shared that often students will be experiencing feelings of self-harm at school, sometimes these students are transported to emergency rooms via an

ambulance and sometimes they are transported via a police car. In most cases, social workers share, these students attend an emergency room and can wait for several hours to be seen. They eventually share that they no longer feel like doing self-harm and are sent home. This experience provides no actual healthcare of the symptoms they are experiencing and does nothing to reduce the long term risk of them hurting themselves.

The Need for a More Advanced Approach

The issue mentioned above by school social workers was explored a little more fully by the group because it raised other questions about the availability of doctors and how we can make the best use of the systems most expensive and rarest resources.

It was suggested by Dr. Dawe that perhaps Trillium Health Partners should consider advancing its approach to Mental Health. He suggested that an electronic access point to doctors or psychiatrists may be one of the best ways to advance mental health care in Mississauga. It was suggested that perhaps the long wait lists, and wait times for care could be addressed by an electronic presence of psychiatrists that one could access right from home or from their school. This would make a more effective use of physician time and keep patients from having to travel or wait long periods of time for care.

It was also suggested that technology could help ease the top-down approach to mental healthcare in general. Providing great tools for peer to peer assessment and coordination would again help ease the strain on psychiatrists and on those waiting for care. Perhaps a social worker in a school could access a peer to peer network on which she could discuss a student's mental health issues with experts and doctors, this may help the social worker drive different outcomes or find different care resources in the community. Perhaps this could help patients begin treatments and care before ever speaking to a psychiatrist. Dr. Dawe provided the example of Britain's "Big White Wall" an online resource doing exactly this kind of thing for mental health patients right now.

Branding and Youth Engagement

The final conclusion that was drawn by the group in attendance and raised by Peel Children's Centre was the need for more coherent marketing and advertising of programs and services to youth as well as a need for more youth serving organizations to engage youth in their leadership and creation of programs.

The group was asked whether or not they are currently engaging youth at the leadership level in the creation of programs and services. The resounding answer across the room was "no". It is important to note here that the aforementioned Mental Health Commission of Canada study stated that it was of crucial importance to engage "emerging adults" or youth in the creation of programs

specifically for them. This helps ensure that youth are able to access and receive care in the ways they feel appropriate. It also helps inform the organization hosting a program how to effectively market and promote it among youth.

From this conversation the topic quickly jumped to ensuring that already existing programs are marketed appropriately. Both CMHA Peel and Peel Children's Centre noted that Mississauga has a lot of great service providers providing great programs. However, the group agreed, they could have substantially more impact if they were more well known.

The idea of helping service organizations at the frontlines market and promote their services in ways that are meaningful to youth was shown to be one of the most important things this city needed and one of the most efficient things that can be done to address the need in this community.

Through the conversation on youth mental health and accessibility, it became apparent that Mississauga is facing a crisis of mental health. It was underscored that this crisis is felt by the young and vulnerable in the city more than anyone else. The Foundation learned from our attendees that youth mental health care in Mississauga is, at best, difficult to access: With no youth beds for in-patient care, an aging and small psychiatrist population, and a lack of funding the situation seems bleak.

The shining light is that as a city we already have access to the kinds of research that tell us what a good strategy for care may be, we also have organizations at the highest levels as well as those on the front lines who are willing to collaborate to drive results. The sector is aided by many good programs around the city, but these programs and services need more attention driven to them and need to be included in a more holistic vision of health care. Finally, we learned that there are many ways resources can be driven to help build a better system: 1) Investment in Trillium Health Partners technology which helps to develop new and better resources for care, creating new efficiencies for doctors, helping them expedite services and decrease wait times. 2) Funding to aid organizations taking a more collaborative approach to youth based mental health solutions. 3) Resources directed at helping grassroots youth based organizations promote and brand their programs targeted at assisting youth with mental health issues. 4) There is a need for youth to be engaged much more in the creation, implementation and promotion of youth based mental health care services.



Sources:

“Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults”. Mental Health Commission of Canada. September 2015.
www.mentalhealthcommission.ca/english/document/76936/taking-next-step-forward

“Growing up in Peel”. Chapter 7 – Mental Health of Children. Region of Peel. 2011. <http://www.peelregion.ca/health/resources/growing-up/ch7.pdf>

“A Crisis in Mental Health” Dr. Ian Dawe. Trillium Health Partners. Presentation date: November 23, 2016.

“Mental Health Care for Emerging Adults” Tajman Grewal & Karen O’Connor. Canadian Mental Health Association of Peel. Presentation Date: November 23, 2016.