

Vision Statement:

“We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.”

-Ontario’s Policy Framework for Child and Youth Mental Health

Goal:

“Together, we will transform the experience of children and youth with mental health problems and their families, so that they will know what high quality mental health services are available in our community; and how to access mental health services and support that meet their needs.”

-Moving on Mental Health

WELCOME TO OUR SEVENTH NEWSLETTER

We are pleased to issue our seventh newsletter to share our progress in **Moving on Mental Health** in Stormont, Dundas, and Glengarry. All of our newsletters in English and French are posted on the Cornwall Community Hospital (CCH) website under *Child and Youth Mental Health Services*. You will be able to click on the link there to bring you to the newsletters as well as link directly to the Ontario government website for provincial updates: <https://www.cornwallhospital.ca/en/ChildrenMentalHealth>

TRANSITION TO MINISTRY OF HEALTH & LONG-TERM CARE
MULTI-YEAR PLANNING

In 2019, responsibility for children and youth mental health services transitioned from the Ministry of Child and Youth Services (MCYS) to the Ministry of Health and Long-Term Care (MOHLTC). Lead agencies across the province were asked to complete multi-year plans to be submitted to the Ministry every 3 years. The Cornwall Community Hospital, as lead agency for the SDG service area, worked through its Advisory Groups to engage with local core service providers, community partners, families and youth in a multi-year planning process. Information gathered from an assessment of population and service area needs and a current state analysis of services being provided, helped to identify gaps and determine key priorities for system improvement. In January 2019, the multi-year plan was submitted to the Ministry. The multi-year plan priorities focus on the following key activity areas: family engagement, youth engagement, access to services, enhancement of crisis services, infant and toddler mental health, improving pathways with primary care, and promotion of services. In this newsletter we will look at three key areas: (1) addressing wait lists under the access to services priority; (2) perinatal, infant and toddler mental health planning; and (3) crisis support services.

ACCESS TO SERVICES

Access to services from the perspective of youth and caregivers is defined as getting the right services where and when they are needed. In June 2019, staff from CCH - Child and Youth Mental Health Services and from l'Équipe psycho-sociale (EPS) received comprehensive training for the provision of single session and brief services. Models of service delivery will be explored to enhance our capacity to provide quicker access to services through the development of a brief service model. Recent studies

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have demonstrated that up to 30% of clients benefitted from a single session and did not require further services. Clients reported that having an opportunity for a timely face-to-face session to share their concerns and be listened to was sufficient, knowing that they could return to services as needed. Many service areas are reporting a significant decrease in wait times and a reduction in wait lists with this approach. With the investment of new dollars, EPS and CCH are able to add a shared part-time position to provide brief services. Linkages with the Youth Wellness Hub Ontario (YWHO) are also being explored as a part of this model.

CCH as the lead agency is participating in a provincial work group tasked with developing a standard of care for access with the key principles being acceptability, accountability, affordability and availability.

INFANT & TODDLER MENTAL HEALTH

Perinatal, Infant and toddler mental health are important predictors of personal, family and social health. Research shows that infants experience a critical window of brain development in their early years. It's also known that supportive and caring relationships foster resilient, confident and healthy babies, children, youth and adults. In SDG, evidence suggests that, while wait lists for older children continue to grow, infants are increasingly at risk but aren't getting help early enough.

In 2018, we brought key community partners in SDG together to enact change through a coordinated and collaborative approach to assist high risk families and ensure the well-being of infants and toddlers. Twenty-five participants from 18 organizations came together to develop a roadmap through a PATH strategic planning exercise facilitated by the Children's Aid Society.

CCH submitted two successful proposals that would support advancing the work plan: An Innovation Grant from the Ontario Centre of Excellence for Child and Youth Mental Health in 2018/19 and a Bell Let's Talk Grant in 2019.

Through this project we engaged with families from the onset to hear from them their concerns, ideas and suggestions for how to improve the system. With the support of the Eastern Ontario Health Unit, the EarlyON Child and Family Centre – SDG - Cornwall and the Centre ON y va – francophone de SDG, we reached a total of 54 individuals who participated in English, French and bilingual focus groups and interviews across Cornwall and SDG. We used this information along with the roadmap to guide activities this year around:

- Enhancing skills for professionals and building capacity through formal training on standard screening tools and protocols.
- Increasing awareness of existing services and developing pathways to identify families at risk and refer them to the right kind of help at the right time. We worked on an inventory of resources, developed a care pathway for navigation of the system and created a new Interagency Table for high risk moms and their infants and toddlers needing an integrated care planning approach.

- Promotion and building awareness through “The Happy Baby Initiative”. We developed promotional material and a communications plan to build awareness of the importance of early interventions and how caregivers and families can reach out for help.

Our project progressed over the past year to include opportunities to encompass more perinatal and postpartum initiatives. We are excited to be working with primary care partners on the upcoming launch of co-facilitated perinatal and infant mental health support groups.

Given the high level of interest and engagement from our community partners, we anticipate that our work on perinatal, infant and toddler mental health will continue to be an important part of our work plan over the next few years.

CRISIS SUPPORT SERVICES

Our crisis support services for children and youth up to 15 years of age operated with a very limited budget and hours of service. We always knew that having only one crisis support worker is less than ideal to run a program and we heard from our partners in the program evaluation survey conducted last year that we needed to work on expanding hours and coverage. Given that we are now under MOHLTC, we saw an opportunity to redesign the program to integrate the youth crisis services (age 15 and under) with the adult (age 16+) mental health crisis team (MHCT).

With our new model we will now be able to extend the hours of service to 7 days a week (weekdays 9 am to midnight and weekends 9 am to 9 pm). The Youth Crisis position will move to MHCT and will cover youth up to 24 years of age. The MHCT will receive training specific for youth that will focus on the differences in services for youth especially the involvement of caregivers in safety planning.

The expected date of beginning the new team will be in early December. We will be forwarding more details on the new service to all of our partners in the near future.

For more information, contact the Lead Agency:

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