

October 27, 2005

Hon. Mary Anne Chambers
Minister of Children and Youth Services
56 Wellesley Street W., 14th Floor
Toronto ON
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Dear Minister Chambers,

I would like to thank you for arranging to have our frontline child treatment workers involved in the discussions at the regional tables of your policy framework discussions. Your invitation to respond to the Ministry's framework document is also appreciated.

We know you are committed to developing a policy framework that ensures all children receive the treatment and care they need to become healthy and productive. It is in this spirit that we respond to some of the issues and concerns we feel you should take into consideration.

In response to the first question you pose in the framework document:

When developing a vision statement for children's mental health services we believe it should strive for the best we can do to meet the needs of all children, as done in Alberta's vision statement. We would like to see language such as, "a service system that ensures no child is left behind."

We believe that we should strive for children to become more than "productive", but rather healthy and productive; access needs to be more than "easier", it needs to be timely; and the system needs to be accountable to all children and an advocate for all children.

We also believe that as in Alberta, the vision statement needs to address the crucial issue of sufficient funding. It is only when we aspire to a sufficiently funded system that we will achieve our goals for children with mental health problems.

In response to your second question:

We feel that on the whole the proposed principles are quite good but we have a few significant concerns.

Principle 3:

Services are provided to children and youth regardless of their gender, race, religion, ability, family structure, culture, legal status, language, spirituality or sexuality.

We strongly believe that age, diagnosis and location need to be added to this list.

As the focus moves more and more towards the early years and autism programming, we are concerned that latency and adolescent children who need treatment but are not yet extreme cases will continue to fall through the cracks.

Mental health diagnoses do not necessarily fit into a neat box. For example a person with a borderline personality and someone who is diagnosed as bi-polar both need treatment. If treatment becomes strictly tied to diagnosis, many children who desperately need help could fall through the cracks.

We also believe that the issue of access regardless of where a child lives needs to be addressed in the key principles.

Principle 4:

A child and youth mental health system that uses the least intrusive options that are appropriate to the mental health needs of the child or youth.

We are very concerned about the use of the word intrusive. This is a word that tends to be used in child protection for very good reason. At times children need to be forcibly removed from their homes. This is not a decision anyone wants to have to make lightly.

In children's mental health treatment methods are voluntary and established in collaboration with the child and family. Sometimes families are desperate for an intensive service such as a residential bed because they know it could save their child's life. Though residential treatment is not for most children, using the words "least intrusive" suggests residential treatment is something that should be shied away from. We believe this is a very dangerous path to take.

Principle 10:

Services must be affordable and sustainable for the future.

Again, the funding issue needs to be addressed in the key principles if we are truly going to build a reliable system that meets the needs of Ontario's children with mental health problems.

Over the last ten years the Ministry has moved to a targeted funding model that has completely undercut the sustainability of the children's mental health system. Targeted funding has forced cuts to essential treatment programs in order to cover the overhead cost of programs that receive this type of funding. Targeted funding has also been used as a quick political fix to children's mental health issues that receive a high profile. This is happening at the expense of other children who often have more serious needs but do not have high profile advocates.

To truly address the key issues facing today's child treatment system, the Ministry needs to make a commitment to stable core funding in the key principles.

The issue of education and training also needs to be addressed to ensure a sustainable future for Ontario's child treatment system. It is becoming more and more difficult to find the qualified professionals needed in child treatment and the Ministry needs to make a commitment to addressing this issue before it is too late.

Principle 12:

Services build on the strengths of the current system of services and build based on internationally recognized best practices.

This document is a policy framework that is meant to set the goals that we will all strive to reach in serving the children who need our help. Yes we need to build on the current system and yes we should look beyond our borders to achieve the best possible solutions but if we are going to do this right we need to look beyond best practices and like the vision set out by Alberta, our key principles should focus on leading edge mental health services.

In response to your third question:

Children's mental health services vary widely across the province. We believe very strongly that before an accurate assessment can be made of what services are core to a provincial policy framework, a thorough analysis must be conducted of all the services currently provided and those that have been lost.

Every child is unique and thus has unique treatment needs, making it difficult to create a definitive list of core services. That being said, the list of services

the Ministry provided for discussion at the regional tables was a good list. We would like to note however, that services from that list have been cut in many communities, illustrating the serious funding shortage that exists. A short list of examples being:

Children's Centre Thunder Bay's public education and prevention program.

St. Clair Child and Youth Services' non-residential crisis response program.

Residential treatment beds in Leeds-Grenville, Lennox and Addington, Frontenac, Lanark and Lambton counties.

These programs were critical to the children they served and their loss has been detrimental.

In addition to the list of services provided by the Ministry, we feel the following need to be added; family support services, child advocacy and consultation with other relevant programs.

In response to your fourth question:

If the Ministry's goal is to build a child treatment system that ensures all children receive the treatment and care they need to become healthy and productive, you cannot choose between providing a broad range of services that focus on the health and well being of children, youth and their families and a system that focuses on those most in need of services.

A healthy system that meets the needs of Ontario's children must address both.

In response to your fifth question:

Ontario's child treatment system must first and foremost be accountable to the children and families it serves, as well as to the Ministry.

To truly address program accountability in children's mental health services a long-term assessment is required. Mental health treatment is never a quick fix and it is often years before anyone can know the effect it has had.

Accountability also needs to be judged by factors outside of the treatment system to provide an accurate assessment. Though not a complete list, examples of outside indicators are: teen suicide rates, addictions, classroom behaviour, youth crime, abusive behaviours, poverty, waiting lists.

On a further note:

We would like to address the issue of integration. We support the concept of integration when it means collaboration and not further amalgamation. We believe strongly in the need for collaboration between agencies, sectors and programs with clearly defined mandates. This is crucial to providing comprehensive care that works for the whole child.

In conclusion:

We applaud your desire to improve services for children with mental health problems. Once again we encourage you to review our “Kids Matter” brief that provides a more thorough analysis of Ontario’s child treatment system. We hope you will use the concerns we’ve raised in this letter to build a policy framework that is stronger and more visionary.

On behalf of all frontline child treatment workers, I look forward to your response.

Sincerely,

Leah Casselman
President
Ontario Public Service Employees Union