

May 18, 2015

Our Children's and Adult's Mental Health Care System Needs Aligned and Integrated Transformational Change

By Ted Ball

Suicide is now the leading cause of non-accidental death among young people 15-25 years of age.

While we have politicians who want to be seen as "caring people", the fact is there are 800,000 children in Canada who have at least one mental health issue -- the most common of which are anxiety disorders, attention deficit/hyperactivity, conduct disorder, depression and substance abuse.

What is shocking is that only one in six of these children will receive the treatment they need. Canada's suicide rate is now the third highest in the industrialized world -- with 8% of young people attempting suicide each year -- and 15% admitting to it.

While both our children's and adult mental health systems are a disaster, there is now a whiff of optimism in the mental healthcare system at the moment -- as the component parts, and the key players from the health, education and social service sectors begin to engage in health reform dialogues.

At the moment, these dialogues seem to lack vision and strategy for the long-haul, and absolutely lack the courage to make the necessary changes to integrate our fragmented service delivery system. Nevertheless, the recent fresh surge in optimism comes from the mental health system's exposure to our Deputy Minister of Health, **Dr. Bob Bell**, and to the Minister, **Dr. Eric Hoskins**; and in particular, to the Assistant Deputy Minister in charge of the mental health file: **Nancy Kennedy**.

Understand that the mental health sector has heard for a decade about how "important" their work is, and how "valuable" their services are -- and about how all members of the Legislature fully acknowledge the historical underfunding for both the adult and children's mental health systems -- and that all this will soon change. But the government keeps re-announcing their same budget commitment to mental health funding -- without any real impact on performance. Indeed, things just keep getting worse.

When Hoskins ran for the leadership of the Liberal Party, he promised that he would fix the mental health system. There is little doubt that Hoskins is "values-driven". But while the government's heart may be in the right place when they state their intentions and values, they have -- so far -- not been prepared to actually re-allocate resources within the system -- in order

to fund the badly needed programs and mental health services for adults and children. So, what happens to a society that lacks the courage to "do the right thing", or "to do the smart thing" -- and chooses instead, to continue to undervalue and underfund community mental health services?

Senior public servants at MOHLTC readily admit that they feel much higher levels of comfort funding hospitals, than the little community-based "munchkin agencies". While they babble-speak the phrase "*the right service, at the right time, in the right place*", they would really sleep better at night if hospitals would just take over and run the system.

However important a good night's sleep is, the fact is that these biases are bad for mental health consumers, and bad for taxpayers. Why?

The just released *Canadian Institute for Health Information (CIHI Report) "Care for Children and Youth With Mental Disorders"* has now revealed the logical outcome of this approach: rates of emergency department visits by children with mental health issues have increased by 45%; while inpatient hospitalizations for children with mental illness has increased by 37% since 2006 -- at time during which hospitalization rates for most other illnesses have declined by 13%.

The optimism in the mental health system today stems from Deputy Minister **Bob Bell's** revelations about his personal learning journey as a Deputy. "I'm a hospital guy. But I've been focusing my time on learning about the community service sector -- particularly mental health," he told a recent *Breakfast With The Chiefs* audience reflecting on his first year as Deputy Minister of Health.

In fact, **Dr. Bell** seems to have a very firm grasp on the latest mental health data. He clearly gets it. He has been listening to people like mental health advocate **Steve Lurie**, of the **Canadian Mental Health Association** -- who presents the very compelling data from the *Mental Health Commission of Canada* that found that: for every \$1 we invest in housing for an adult with complex mental health needs, we save \$ 2.17 in cost avoidance in hospitals, police and jails.

Steve cites the *Mental Health Commission of Canada's* recommendation that provinces should invest at least 9 percent of their total health budgets in mental health. Ontario has in fact fallen from 11.3% for mental health services, to 5% today. In his presentation to our Minister of Finance in February, Lurie revealed that are 40,000 people now living with mental health and addiction problems who are homeless in Ontario -- and 117,000 who are "vulnerably housed".

He told the Finance Minister and the Deputy Minister of Health that, "there are 9,000 people on the wait list for supportive housing in Toronto alone, and the average wait, is now up to five years." People are very hopeful that something good is going to come of this. While housing and treatment issues are the top priorities for the adult mental health system, children's mental health services have been increasingly fragmented from the mainstream of our healthcare system.

Dr. Bell needs to pay close attention to the evolving design of the children's' mental health services delivery system which -- because of historical chronic underfunding, and the lack of adequate professional resources to deal effectively with these mental health issues -- has now caused sky-rocketing growth in costs of the acute care sector, because the hospitals have been forced to respond to lack of community-based mental health services for adults and children.

Systems thinking? System design? System alignment? Not too much.

While our incredibly dedicated mental health services delivery system staff continues to experience very high levels of "*compassion fatigue*", for a variety of reasons, our frontline community-based mental healthcare workers continue to persevere -- because they truly, truly care. But grass-roots compassion is not enough! We need action. We need money. We need integrated services. We need political courage. And we need it now!

I recently circulated the *Children's Mental Health Report Card on Child & Youth Mental Health* and attended a policy symposium discussing the findings in conjunction with the CIHI report. CEO **Kimberly Moran** of CMHO told the gathering that, "our report shows increasing demand and lack of capacity in the community sector has resulted in wait times of a year for over 6,000 kids with significant mental health issues, and the list is expected to double by next year. Many of these kids will use hospitals because, they can't wait. We need to take a look at children's mental health from a "*system design lens*", and ensure that we have capacity in the right places: community, hospitals, primary care, and education to optimize total investment."

There are other data sources that support **Moran's** push for the prudent "*Business Case*" for major new investments in children's mental health. The *Institute for Clinical and Evaluative Sciences* (ICES) reported in their recent **Baseline Scorecard** that increases in emergency department visits for substance abuse, mood disorders and anxiety disorders, are a clear signal that there is not enough community-based services for these conditions.

CIHI says that the average costs for both ED visits and inpatient stays for mental disorders can be twice or three times as costly as hospital visits made for other reasons -- and that there is enormous potential to reduce costs by bolstering community-based mental health services for both children and adults.

Since last November, when I wrote my blog, (click on: "[Hope Is Possible For Mental Health Reform Under The Wynne/Hoskins/Bell Team](#)"), I have spoken with a number of families who have lost their children to suicide. Their horrible, gut-wrenching stories about "ping-ponging" with their children through our "non-system of care", is truly heart-breaking. It is just so, so, sad.

Hello? Has government not heard any of this before? Why does government always fail to meaningfully address this burning issue? Even if our society doesn't have any compassion, the

Business Case for investing in mental health is so compelling. So, why don't we take co-ordinated action?

A major problem in this mixed-up mess is that there are now "structural barriers", "territory" and "turf" that government has carved out over the years. Today, after ping-ponging children's mental health services from the MOHLTC, to the Ministry of Community and Social Services, and now, under "*Premier Dad*" *McGuinty's* Ministry of Children and Youth.

The problem with an illness called "mental health" is that it is not a youth problem, it is an actual real health problem. And, by failing to treat it, and acknowledge it as a "health problem", we now have our hospital costs spiraling out-of-control -- and even further fragmentation of the service delivery system.

Government and service providers really need to wake-up and start getting vastly more strategic here. Seventy percent of all people who face mental health issues had their life-long problems originating as children. Where is our primary care prevention in programs? When are we going to "fix" and integrate these systems?

Clearly what we need is: a vision for children's and adult mental health -- and a coherent, integrated strategy to achieve it. This issue isn't going away -- too many dead kids; a compassionate Minister, in a Ministry that needs to save money.

For some real inspiration, click on *CMHA Newfoundland's* video which provides the compelling data and rationale for why this is the time to massively invest in mental health (click on "[Mental Health Video](#)").

FORWARD THIS BLOG AND THE WONDERFUL MENTAL HEALTH VIDEO TO PEOPLE YOU KNOW THAT OUGHT TO READ AND SEE THESE.

