

support every child reach every student

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Ontario's Comprehensive Mental Health and Addictions Strategy

Update on Ministry of Education's Initiatives and Setting the Stage for Years 4+ of the Strategy December 12, 2013

Context

- In 2011 the Ontario government announced a comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds* which will create a more responsive and integrated system, starting with children and youth. Our government's investments started in 2011-12 and will total \$257 million over a three year period
 - The first three years of the Strategy are being led by the Ministry of Children and Youth Services, in collaboration with the Ministry of Education and the Ministry of Health and Long-Term Care.
 - One sector cannot, and should not do it alone.
 - Mental health for children and youth is a shared responsibility in Ontario.
 - Collaboration is needed at all levels provincial, regional, and individual communities.
 - In order to change the system, we need to work together and be willing to change in order to best serve children and youth.



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Strategy in the First Three Year's Focus on Children and Youth

First Three Year's Priorities

- 1. Fast access to high quality services
- 2. Early identification and support
- 3. Help for vulnerable children and youth with unique needs
- 4. Support system change

While educators do not provide direct mental health services, they are in a unique position to identify and respond to mental health needs of students.

EDU Deliverables

•Implemented a Provincial Support Team, School Mental Health ASSIST (ASSIST), coaches with mental health and/or school board senior management experience hired (including coaches with French-language capacity and expertise working with Aboriginal communities), targeted resources developed and released beginning 2012-13

•Funded a Mental Health Leader in all 72 School Boards

Developed a Kindergarten to Grade 12 Resource Guide for Educators, *Supporting Minds*, which was released in August 2013.

 Developing enhancements to the Ontario curriculum, including subject-specific sections regarding mental health and addictions; and video resources developed to support educators (on track for fall 2013)







Results

Fast Access to High Quality Services and Help for Children who are vulnerable and have unique needs

By working collaborative across the Ministries of Children and Youth Services, Health and Long-Term Care and education the government has been able to achieve the following results:

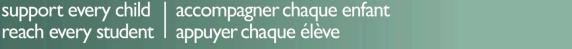
Children, youth and their families are benefitting from supports and services provided by over 770 new mental health workers across the province.

District School Boards (DSBs) specifically have benefitted from both system resources and from workers directly supporting students which include:

- 73 Mental Health Leaders (coaching by ASSIST) in all DSBs by Year 3 providing leadership and coordination in school mental health:
- 145 nurses working with district school boards and local schools to support the early ٠ identification and treatment of students with potential mental health and/or addiction issues;
- 175 additional new workers in schools, who will provide students support to address their ٠ mental health needs; and
- More than 80 new Aboriginal mental health and addictions workers in high needs communities.

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18 Service Collaboratives have been established to support coordinated services for children, youth and adults, including a focus on children and youth in between hospital to community settings; health and justice systems, and from child and youth-focused to adult services. In some Service Collaboratives DSBs have been involved



Results Early Identification and Support

- All DSBs are at various levels of implementation and building capacity to support students who have mental health issues
- With the leadership of ASSIST and the Mental Health Leaders DSBs are creating:
 - Organizational Conditions, such as infrastructure, protocols and role clarity for effective school mental health
 - Mental Health Awareness, Literacy, Expertise for different groups of school board staff, based on needs
 - Evidence-Based Mental Health Promotion and Prevention Programming in schools
- School boards, school authorities and provincial/demonstration schools received funding to support educator release time for mental health and addictions professional learning.





Results Support System Change

- All 72 DSBs are funded for a Mental Health (MH) Leader to provide leadership and coordination in school mental health through the development and implementation of a Board Mental Health Strategy in collaboration with appropriate community partners.
- MH Leaders receive leadership support and implementation coaching by ASSIST (including French-language and Aboriginal expertise) and are developing a community of practice for consultation and knowledge exchange.
- ASSIST continues to develop evidence based resources and supports, for example:
 - ASSIST website established (part public, part for MH Leaders)
 - Resources released beginning 2012-13 targeted for a range of audiences on mental health awareness, literacy and expertise (for educators, for administrators).
 - ASSIST works closely with key provincial stakeholder groups, the Centre of Excellence, and Joint Consortium for School Mental Health to develop resources
 - Resources to support Suicide Prevention, Intervention and Postvention in Schools disseminated to school board level leadership teams.



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Moving Forward: Years 4+ Proposed Priorities

- The Ministry of Education will continue working across Ministries and with District School Boards to equip educators with the tools and knowledge they need to identify potential child and youth mental health and addictions issues and intervene effectively.
- Years 4+ will expand to include adults and addictions (led by MOHLTC), while maintaining and improving the work on children and youth from the first three years.
- The draft priorities for consideration for Years 4+ are to:
 - Improve planning, integration, accountability and transitions between and across systems,
 - Improve educational attainment and labour market attachment,
 - Improve delivery of addictions and concurrent disorder treatment services; and
 - Improve early identification and intervention, mental health promotion and addiction prevention.

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Looking Ahead to 2015



| Transformed Child and Yo | outh Mental Health | Services | Wha | at It will look |
|---|---|--|-----|--|
| CURRENT STATE <i>Fragmented,</i> <i>inefficient, hard to</i> <i>access, provider-</i> <i>centric</i> | FUTURE STATE Child and youth centred, responsive, flexible, seamless, equitable, evidence-informed and matched to needs | | • | Parents, access so and wha transpar |
| consistently matched to needs | Accessible | Valid tools, evidence- informed practice Defined communities, lead agencies, and core services | • | Regardle access to supports lead age governm |
| Lengthy wait times | Efficient oordinated | Pathways/needs and timeliness at centre of service delivery Coordination | • | Parents, in the pe |
| and silos Co | Effective | between providers and across sectors Linked standards contracting, | • | Wait tim and mat |
| results Historical funding distribution | ustainable | performance and results Funding tied to population, needs, and performance | • | Parents services |

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- , children and youth know how to services, what is available to them, at to expect at each point along rent service pathways.
- less of where they live, families have to a consistent set of easy to identify ts and services through an identifiable ency that is accountable to ment.
- , children and youth have confidence people and agencies providing services.
- nes for service are timely, predictable, tched to severity of need.
- and funders know whether the s received have made a difference.



