



Burlington Community Foundation  
**Mental Wellness Alliance**



**Children and Youth Mental Health  
Speaker Spotlight Series Event**



Burlington Community Foundation  
**Mental Wellness Alliance**

**Eleanor McMahon**

**Member of Provincial Parliament**

**Burlington**



Burlington Community Foundation  
**Mental Wellness Alliance**

**Jodi Younger**

**Clinical Director of General Psychiatry &  
Addiction Services**

**St. Joseph's Healthcare, Hamilton**



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**Mental Wellness Alliance**

**Rashaad Vahed**

**Vice President of Clinical Services**

**ROCK Reach Out Centre for Kids**

**Rashaad Vahed, MSW, RSW**

Vice-President, Clinical Services,  
ROCK


Assistant Professor (Status),  
Factor-Inwentash Faculty of  
Social Work



Building ROCK solid people since 1974.



Working together to  
promote and achieve  
optimal mental health  
in kids and families

A group of diverse young adults, including men and women of various ethnicities, are smiling and holding a white sign. They are arranged in a circle, looking towards the camera. The background is a clear blue sky.


*“In the context of exposure to significant adversity, **resilience** is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their **capacity individually** and **collectively** to **negotiate for these resources** to be provided in culturally meaningful ways.” Dr.*

Michael Ungar

**ROCK**<sup>™</sup>  
REACH OUT CENTRE FOR KIDS

# MENTAL ILLNESS *in Canada*

## PREVALENCE:

**1 in 5 Canadians**  will experience a mental illness in their lifetime. The remaining 4 will have a friend, family member or colleague who will.

**4000 CANADIANS** commit suicide every year.



**According to World Health Organization,** depression will be the single biggest medical burden on health by 2020.

**In Canada,** mental illness is the second leading cause of human disability and premature death.

## THE CONSEQUENCES:

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

**In Canada,** mental illness is the second leading cause of human disability and premature death.

**1/3** of those who have suffered from depression experience the first episode before the age of 21.

**UP TO 90%** of suicide cases are preceded by a history of mental disease, or disorders such as depression.

## ACCESS:

**ONLY ONE THIRD** of those who need mental health services in Canada actually receive them.

**Only 1 in 5 children**  who require mental health services in Canada receives them.

**71%** of family physicians ranked access to psychiatrists in Ontario as fair to poor.



## THE COST:

The estimated cost of mental illness to the Canadian economy in terms of health care and lost productivity is **\$51 billion.**

**\$34 BILLION** is the cost of mental illness and addictions to the Ontario economy.

**Mental illnesses** constitute more than 15% of the burden of disease in Canada yet these illnesses receive only **5.5%** of the health care budget dollars.





Holistic approach to  
mental health care  
involves:

A **Personal** team;  
a **Professional** team;  
a **Coordinated** system;  
a **Caring Community**.

## A: “PERSONAL” TEAM

Whose eyes light up for your child?

Invitation for all of us to Look Broadly at who “holds” this child or this family.





When children, youth & families  
come to ROCK we hear:

“ The World is a risky place  
&  
I can’t cope with it.”



## B: PROFESSIONAL TEAM

*We provide a **multi-disciplinary** approach to the assessment and treatment of infants, children, adolescents and families:*

- Early Childhood Educators
- Occupational Therapists
- Child and Youth Workers
  - Crisis Counselors
- Social Workers & Psychotherapists
  - Psychologists
  - Physicians



## 1. Creating a “Menu of Service”

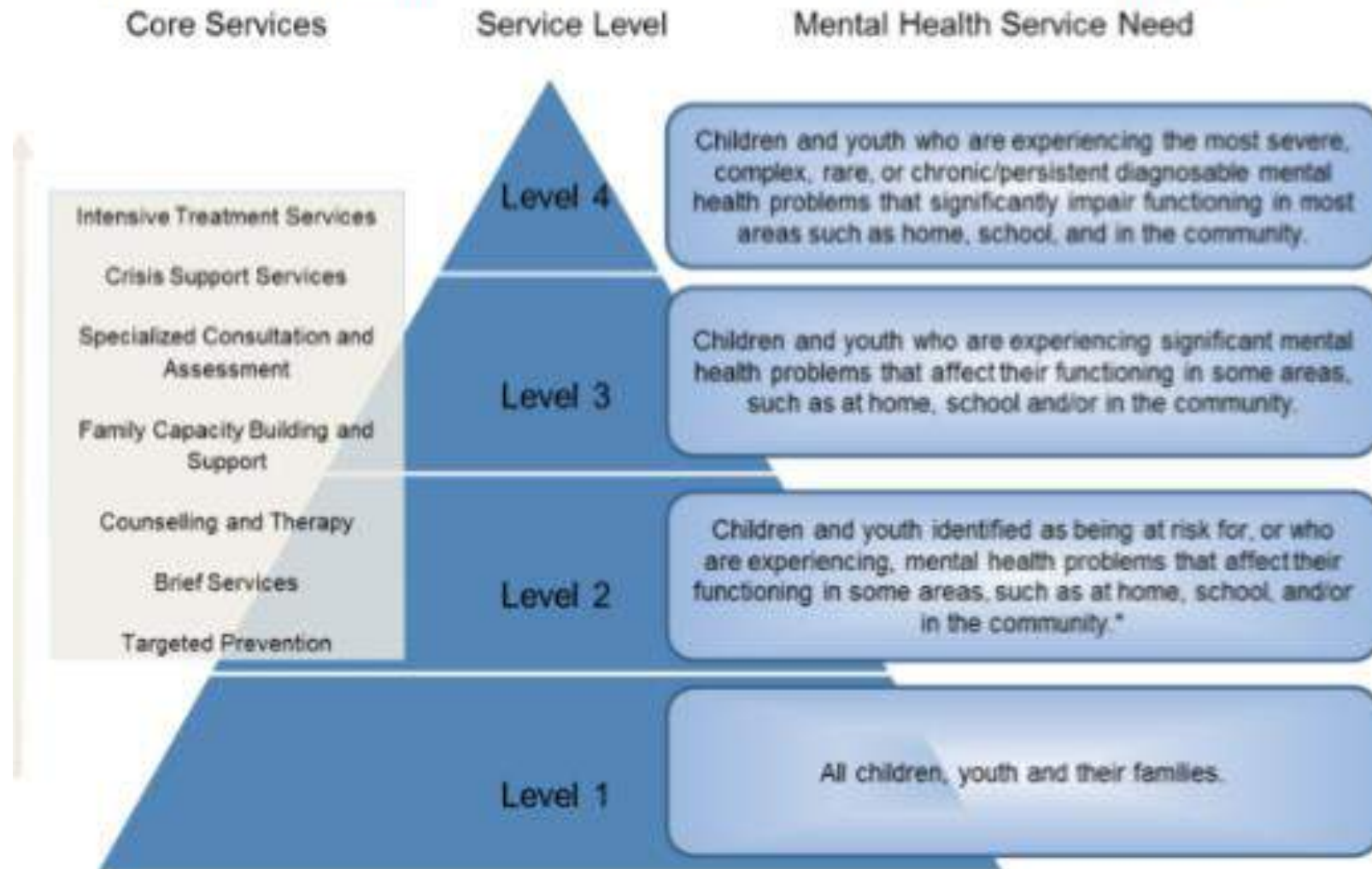
***Core services available to clients in every defined service area:***

1. Targeted Prevention
2. Brief Services
3. Counselling and Therapy
4. Family Caregiver Skill-Building and Support
5. Specialized Consultation and Assessments
6. Crisis Support Services
7. Intensive Treatment Services



## 2. Serving A Continuum of Care

**Figure 1: Continuum of CYMH Needs-Based Services and Supports**



\* Includes members of a group that share a significant risk factor for a mental health problem(s).

## 3. Creating Pathways to Care

Lead agencies are expected to developing and maintaining pathways that are predictable and transparent between Children & Youth MH agencies, other MCYS programs and services and across the health and education sectors.

### Core Service Agencies

Community Youth Programs - CYP  
Connections Halton  
Nelson Youth Centre  
PAH! - Bob Rumball Association for  
the Deaf  
Radius Child & Youth Services  
Reach Out Centre Kids  
Woodview Children's Centre

### Community Mental Health

Ministry of Education; Health & LTC  
Region of Halton  
LHIN  
United Way  
Foundations & Fundraising



## A Caring Community

### Burlington Community Foundation:

- creating safety
- building dignity
- meeting the vulnerable wherever they may be.





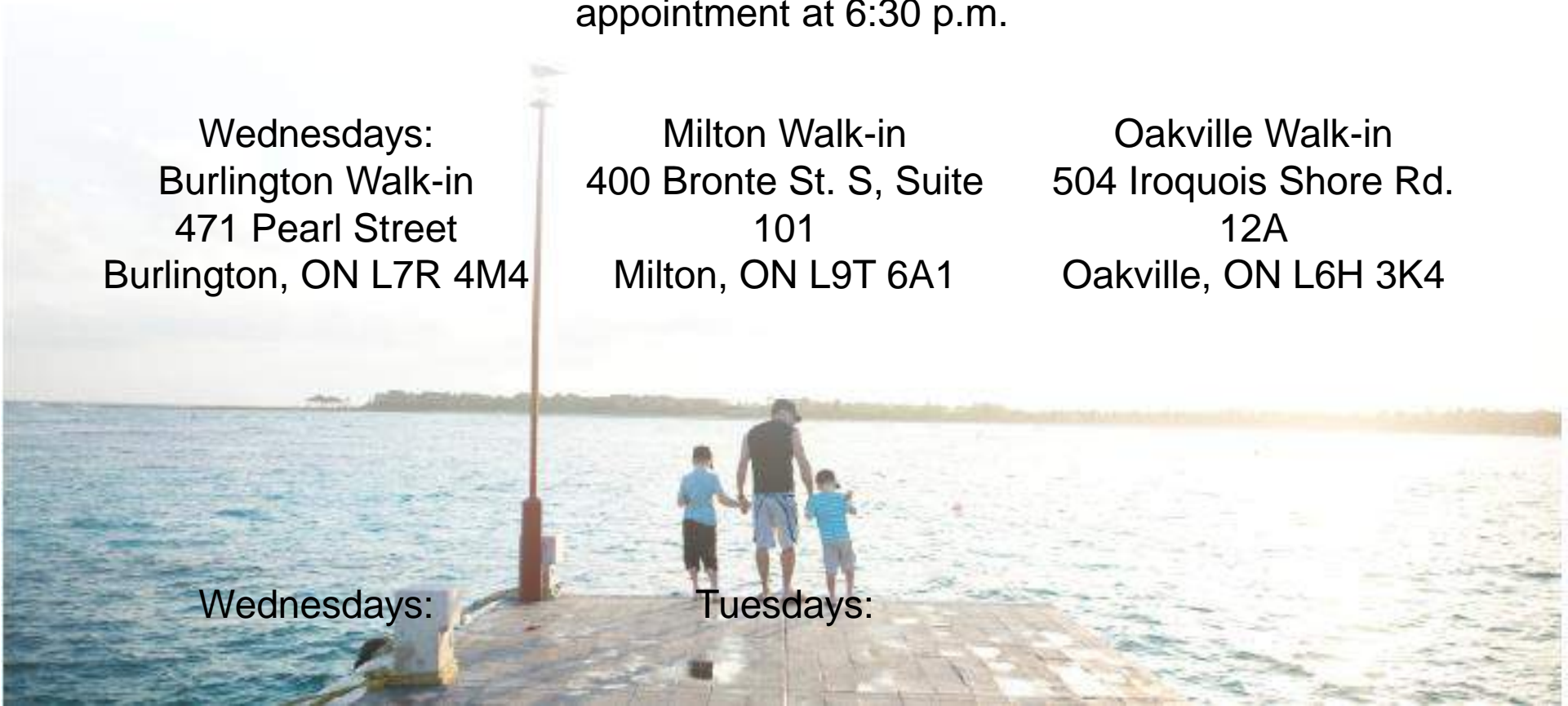
# Walk-in Services

The walk-in clinic provides quick access to therapeutic intervention by enabling family members to see trained professionals in their moment of need. Walk-in services provide relief to our wait lists by offering immediate care as necessary. The entire family or individual family members may come to the clinic without an appointment during walk-in clinic hours, from 12:00 p.m. to 8:00 p.m. with the last appointment at 6:30 p.m.

Wednesdays:  
Burlington Walk-in  
471 Pearl Street  
Burlington, ON L7R 4M4

Milton Walk-in  
400 Bronte St. S, Suite  
101  
Milton, ON L9T 6A1

Oakville Walk-in  
504 Iroquois Shore Rd.  
12A  
Oakville, ON L6H 3K4



Wednesdays:

Tuesdays:



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**Michelle Balge**

**Fourth year Sociology student**

**Brock University,**

**Lived Experience member**

# My Experience with Mental Health

Michelle Balge

# Mental Health Video

Active Minds, Brock University

Let's Talk About: Mental Health & Stigma

[https://www.youtube.com/watch?v=XEW\\_2Pb5GJk](https://www.youtube.com/watch?v=XEW_2Pb5GJk)



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**Dr. Diana Velikonja, Ph.D., C.Psych.**

**Clinical Neuropsychologist, Clinical  
Psychologist**

**Assistant Professor DeGroot School of**

**Medical School, McMaster University**

**Storrie, Velikonja and Associates**

# **Child and Youth Mental Health**

**Storrie, Velikonja & Associates (SVA)**

# Range of Services



- Children, adolescents and their parents who struggle with:
  - Neurological and Cognitive (head injury, autism, concussion, etc.)
  - Behavioural
  - Emotional
  - Educational and academic problems
- psychological, psychoeducational and neuropsychological assessment, as well as psychological treatment and neurorehabilitation.



# Model of Care - Interdisciplinary



- Psychology Neuropsychology Neurology Physiatry
- Physiotherapy Occupational Therapy
- Pharmacy Speech-Language Pathology
- Athletic Therapy Vestibular rehabilitation
- Optometry Chiropractic Naturopathic Medicine
- In -home Rehabilitation and Behavioural Therapists

# Some Obvious Gaps



- **Addressing Autism:**

- The time between identification and starting IBI treatment: average up to 2 years.
- Looking at how to provide basic behavioural education and training to manage in the interim
  - Parent education sessions
  - Short consultations

# Some Obvious Gaps



- **Psychoeducational assessments** – school waitlists
  - Recommendations/strategies to school and family
  - Managing in the classroom
- **Emotional Disorders**
  - anxiety, eating disorders, cutting, bullying, managing peer issues, coping, - Emotional Coping!
- **Education** on building resilience in our children and youth

# Some Obvious Gaps



- **Concussion**
  - Ten fold increase in referrals over the past year
  - Challenges for parents to find appropriate services
  - Challenges for parents and children to find appropriate guidance
  - Parents shocked at lack of coverage
- **Funding most significant issue for all non-public services**

# Opportunities



- Creating greater partnerships in the community with providers and agencies
- Seek creative partnerships between public and private providers to manage the needs more fluidly (reduce our tolerance for long waitlists and lack of access)



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**Dr. Paulo Pires, Ph.D., C. Psych.**  
**Psychologist & Clinical Director**  
**Child and Youth Mental Health Program**  
**McMaster Children's Hospital**

# Child and Youth Mental Health Program

Dr. Paulo Pires, Ph.D., C.Psych.



# Child and Youth Mental Health Program

- Jointly funded by **MCYS** and **MOHLTC**
- Provide a range of services varying in nature and length of involvement:
  - **Community Education Service**
  - **Outpatient Service**
  - **Outreach/Regional, CHYMES, and Urgent Access Service**
  - **Day Hospital Service**
  - **Inpatient Service**





# Target Population & Service

- 0 – 18<sup>th</sup> birthday
- Serious & complex mental health disorders
- Significant associated psycho-social impairment(s)
- Co-morbid conditions
- Provision of evidence-based care



# Waitlist - Ambulatory (Outpatient) Services

- Separate waitlists are maintained for psychiatric consultation and clinician streams
- Waitlists are reviewed on a regular basis and case assignment is based on a combination of priority level, updated referral information, and date of referral
- Triage is a dynamic process



# Inpatient Unit

- Opened in July 2009 – now 22 beds
- Focus of Admission: Assessment and making treatment recommendations for community follow up
- Emergent and Elective referrals (majority emergent)
- Where services are not available immediately upon discharge, a bridging plan is created
  - Challenges: resource limitations



# Child and Youth Mental Health Emergency Services (CHYMES)

- As of February 15th, 2013, local children/youth (under 18) experiencing acute mental health issues attend MUMC ED
- For children/youth presenting with a mental health concern, initial screening by ED physician and ED social worker
- ~50% subsequently referred for a more specialized assessment by the Child and Youth Mental Health Emergency Team (CHYMES team)



# CHYMES

- Psychiatry is then consulted to determine disposition:
  1. admission to inpatient,
  2. discharge with the appropriate referral(s) and follow up in the community,
  3. stay in MAU
- \* Children/youth may or may not be seen in person by psychiatry



# Challenges & Opportunities

- Families understanding how to access service
- Waitlist.....
- Increase in acuity – more cases with high-risk behaviour
- Investment in DBT
- Funding silos ..... community planning
- Transition to adult services





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## **Audience Question & Answer**



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**Thank you**