

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
College Park, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto, Ontario M7A 2J3

March 20, 2019

Dear Minister Elliott,

**Re: Child & Youth Mental Health**

Last month, the Ministry of Health and Long-Term Care announced plans for two significant change initiatives: the formation of Ontario Health and the establishment of Ontario Health Teams. Combined with significant investments in mental health and addiction services, these changes have the potential to vastly improve how our health-care system is administered and how Ontarians experience the health-care system.

The Registered Nurses' Association of Ontario (RNAO) passed a resolution (see attached) recognizing that child and youth mental health is a key issue for nurses. RNAO is partnering with Children's Mental Health Ontario (CMHO) to develop recommendations to government that will support connected care and make a real difference for Ontario children and families. To-date, we have two key recommendations that are time-sensitive:

- 1) We recommend immediately shifting the Mental Health and Addictions Nurses (MHANs) from the LHINs into interprofessional primary care teams and local child and youth mental health (CYMH) agencies.**
- 2) We recommend the government ensure that wait times for children's mental health services are less than 30 days to stop the skyrocketing hospitalization rates for children and youth.**

Christine, we would like to meet with you urgently to discuss these important and time-sensitive recommendations.

**Recommendation 1: Transferring and Better Connecting Mental Health and Addictions Nurses (MHANs)**

In anticipation of the introduction of Ontario Health and Ontario Health Teams, there is an opportunity to shift the MHANs from the LHINs to interprofessional primary care teams and to child and youth mental health agencies. This small but significant change, implemented at no additional cost to the



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government, will better connect and integrate services for children, youth, and families struggling with mental health issues.

Announced in 2012, 144 Mental Health and Addictions Nurses (MHANs) were hired to work in elementary and secondary schools to provide early identification and intervention supports and services. These nurses focus on helping students with mental health and addiction issues thrive at school, remain in school or successfully transition back to school after receiving specialized mental health and addictions services in hospital or community.

RNAO trained at the time these RNs, and no doubt MHANs play a critical role, in promoting the health, well-being, and success of young people in schools—and they have performed admirably in their roles. However, as RNAO insisted at the time, housing MHANs in CCACs and then LHINs has created barriers to the coordination and connection of care for children and their families. MHANs are currently employees of the LHINs that work in schools, and as a result, in some communities, there is very little connection between the MHANs and primary care teams or CYMH agencies. For kids with more significant mental health issues who require more support than can or should be provided within the walls of a school, this creates additional complexities and barriers to accessing treatment.

As the province moves forward with its plan for a more comprehensive and connected health-care system, CMHO and RNAO recommend that the MHANs, and the attached funding, be transferred from the LHINs into local interprofessional primary care teams and CYMH agencies, where they will continue to work directly out of schools on a day-to-day basis. Interprofessional primary care teams and CYMH agencies have the ability to appropriately supervise and manage MHANs and would be excited to be able to work directly with them.

This shift will ensure that the appropriate connections are made between schools and community providers, for those young people who need more support than can or should be provided in school. This will immensely improve collaboration between schools and community providers, in meeting the needs of young people with a range of mental health issues, across the continuum of care. Minister, we very strongly believe that there is no need or reason to wait to make this change and are asking for your immediate action on it.

### **Recommendation 2: Reducing Wait Times From Up to 24 Months to 30 Days or Less**

Of course, long wait times and gaps in capacity in child and youth mental health treatment will continue to be a barrier to access without additional investments. Changes to improve the coordination of care, such as moving MHANs to interprofessional primary care teams and CYMH agencies, must be accompanied by substantial investments to hire more front-line professionals to ensure children and their families can get the help they need – in a timely manner -- where they need it.



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The recently signed bilateral Health Transfer agreement articulated the reduction of wait times in children's mental health as the top priority. The federal government investment plus the Ontario governments' matching amounts to \$200M are available to reduce wait times right now. Mental health is a life-threatening issue – children can die if they wait and some do die – bringing tragedy upon themselves, their loved ones and our communities. It is a crisis that nurses and families are seeing first hand every day. And while we understand that the government is facing significant financial pressures, we must remind you that investing in community-based services will ameliorate suffering and bring savings in reduced hospitalizations. We estimate that 1,400 clinicians, including registered nurses, are needed all over the province to attend to children's mental health. Over the past decade, emergency department visits by children and youth experiencing a mental health issue have risen by 72%, and hospitalizations by 79%. CMHO has estimated that each year the province spends \$220M in hospitals that can be avoided. That's a potential saving of \$1 billion over five years.

Christine, we are eager to meet with you to move these two priorities ahead. We will follow up to coordinate a meeting.

With warmest regards and thanks,

Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr (hc), FAAN, O.ONT  
CEO, Registered Nurses' Association of Ontario

Kimberly Moran, CPA, CA  
CEO, Children's Mental Health Ontario

cc. Helen Angus, Deputy Minister, Health and Long-Term Care  
Larissa Smit, Senior Policy Advisor, Office of the Premier of Ontario  
Heather Watt, Chief of Staff, Office of the Minister of Health and Long-Term Care  
Charles Lammam, Director of Policy, Office of the Minister of Health and Long-Term Care  
Laurel Brazill, Director of Stakeholder Relations, Office of the Minister of Health and Long-Term Care