



INSIGHTS REPORT

MOVING ON MENTAL HEALTH
WELLINGTON DUFFERIN

OVERLAP



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1.0 Executive Summary

The child and youth mental health system in Wellington Dufferin is a system of people—

people who have goals, needs, challenges, and hopes. Whether they're providing or receiving support from services, many of their core needs and goals are the same. Everyone wants to feel heard, respected, and free from judgement. They want to know what to do, and who to call for help. Every person in this system is motivated to support children, youth and families to the best of their abilities. And above all, parents just want their children to be happy, healthy and safe.

Much of what's outlined in this report likely won't surprise its readers—many of the current challenges in this system have been discussed for years. However, it's critical to notice the wide diversity of perspectives and experiences across this system, and leverage the momentum and readiness for change so very apparent in the community.

Moving on Mental Health Wellington Dufferin is part of provincial and local momentum driving toward mental health services that align with the needs of children, youth and families, and a desire to provide the best possible service experience to people who need support.

Moving on Mental Health WD (MOMH) is a province-wide initiative that defines the action needed to realize Ontario's Comprehensive Mental Health and

Addictions Strategy. As part of this initiative, lead agencies were identified to represent regions across Ontario. The Canadian Mental Health Association of Waterloo Wellington Dufferin (CMHA WWD) was identified as the lead agency for Wellington Dufferin.

As part of its role as lead agency, CMHA WWD was tasked with identifying priorities for child and youth mental health services in Wellington Dufferin for the next year. In order to create a system that puts people at its core, it was critical to ground these priorities in a deep understanding of the needs of children, youth, and families with mental health needs in this region.

Part of this project was an in-depth engagement process with children, youth and families with mental health needs. This phase of the project leveraged tools and workshops including journey mapping, stakeholder labs, interviews, and online surveys to get a deep understanding of the needs of families, layered within the context of the system.

This system comprises services including mental health, developmental services, education, emergency care, police, primary care—and could include many complementary services such as daycare, church, community centres, and even dance studios and choirs.

For the most part, this system isn't designed intentionally—it's a creature unto itself, and its primary goal, at least functionally, is to sustain itself. The challenges faced by many people in this system, whether they're receiving or providing support, are driven by the

conflict between the drivers and constraints of this system, and the needs of children, youth, families, and service providers.

The following four major themes describe the state of this system and the needs of the people within it:

A system built to manage crisis is not aligned with the needs of children and families.

A fragmented and siloed system creates inconsistent service experiences and disruptive transitions; a struggle for families and service providers alike.

Service providers and families need to feel confident that they know what to do and who to call. Schools feel like natural hubs for supports, yet aren't set up to play this role.

The needs of a child are likely nested within the needs of a complex family. Parents may be acting as case managers, managing their own mental health, and trying to hold their family together.

These insights were the foundation for the development of a common vision for this system over the next three years. This shared picture of a better system was developed through a collaborative process that involved community partners as well as a handful of youth and parents. It describes a future in which children, youth and families with mental health needs have the best service experience possible, where they get exactly the support they need, when they need it.

In three years, this system will boast:

- Equitable, Accessible and Effective Services;
- Coordinated Continuum of Service;
- Early Collaborative Care;
- System Clarity;
- Diverse, Transformative Services; and
- Empowered Kids, Youth and Families.

Based on this common vision, the same group of service providers, parents, and youth identified three priorities for action to be facilitated by the lead agency over the next year.

This system is committed to:

Acting as One Team with Children, Youth and Families;

Leading with Clarity, Courage and Accountability to Inspire Action; and

Fostering and Accepting Shared Responsibility for a System That Works.

Put simply, children, youth, families, and service providers alike need the child and youth mental health system in Wellington Dufferin to work. At its core, its purpose is to help children and youth to be happy, healthy, safe, and capable of living the lives they want for themselves.



2.0 Background



2.1 The Challenge at Hand

There are many successes within the child and youth mental health system, but it's also well known that mental health services in Ontario don't work as well as they could. No matter one's age, address, or specific challenges, there's acknowledgement that the system of services can and should improve. There's a shift in our collective focus toward how people experience services, thinking about what they need and how services fit into the rest of their lives. There's also a desire to shift away from defining quality based purely on metrics that are easily measured, such as wait times, time spent in hospital, or number of people who pass through a service.

Today, one in five young people is battling a mental health issue, and 70 per cent of all mental health and addictions issues begin in childhood and adolescence.¹

A desire to improve the system has been demonstrated by initiatives such as the provincial Comprehensive Mental Health and Addictions Strategy, Ontario's Special Needs Strategy², and locally, the Designing Better initiative³, focusing on adult mental health and addictions services.

Launched in 2011⁴, Ontario's Comprehensive Mental Health and Addictions Strategy focuses (partially) on children and youth⁵, and its implementation is owned by multiple ministries (the Ministries of Children and

Youth Services, Education, Health and Long-Term Care, and Training, Colleges and Universities⁶). This strategy aims to, “improve access to high quality mental health and addictions services, strengthen worker capacity, create a responsive and integrated system and build awareness and capacity about mental health issues within communities.”⁷

Moving on Mental Health (MOMH) is, essentially, the action plan for the Comprehensive Mental Health and Addictions Strategy, and outlines five key actions for improving the child and youth mental health service system:

- **Creating and supporting pathways to care;**
- **Defining core services;**
- **Establishing community lead agencies;**
- **Creating new funding model; and**

Building a legislative and regulatory framework.⁸

The Canadian Mental Health Association of Waterloo Wellington Dufferin (CMHA WWD) was identified as the lead agency for child and youth mental health services in Wellington Dufferin.⁹ As a lead agency, CMHA WWD, “will be responsible for providing core services* (see inset) and collaborating effectively with other services that play a role in young peoples’ lives, such as schools, hospitals, those working in primary care and child welfare authorities.”

The following core services, as identified by the Ministry of Children and Youth Services, will be made available across all service areas:

Targeted Prevention;

Brief Services;

Counselling and Therapy;

Family Capacity Building and Support;

Specialized Consultation and Assessments;

Crisis Support Services; and

Intensive Treatment Services.¹⁰

This means that CMHA WWD will take on a leadership and coordination role, collaborating with community partners to ensure that core services are available within Wellington Dufferin. The intention is that children, youth and families know where to find accessible, responsive services that fit their needs when they need them.¹¹

MOMH is focused on the experiences had by children, youth and families in need of mental health supports. It aims to create a

“child and youth mental health system that makes sense to families, and is coherent to teachers, doctors and all those who work with families to find help.”¹² This initiative acknowledges the many services, organizations and people who come into contact with children, youth and families, whether they are mental health services funded by MCYS, services funded by the Ministry of Health and Long-Term Care, community organizations, police, or any other service.

MOMH has put the people experiencing a problem or service at the centre of its work. This is an inherently human-centred approach and as such, each new lead agency was tasked with understanding the experiences, needs and challenges of the children, youth and families with mental health needs in their communities.

2.2 The Project

As the lead agency for child and youth mental health services in Wellington Dufferin, CMHA WWD was tasked with two objectives: understanding the experiences, needs and challenges of the children, youth and families with mental health needs within Wellington Dufferin; and identifying three community priorities for the next year.

These two objectives naturally broke into two phases: engagement and prioritization. Overlap was contracted to support this process, conducting community engagement activities and analysis, and facilitating the strategic discussions required to identify three priorities for the next year.

This project used a design thinking

approach, which places the people experiencing a service or problem at its core. True to this process, Overlap worked closely with eight families to understand their specific experiences, needs and challenges in getting the support and services they need. The team took a deep-dive, design research approach to engagement, meaning that it spent three to four hours with each family. This approach allows the team to uncover many valuable insights by spending more time with fewer participants. This is in contrast with typical market research, which tends to uncover only a handful of truths by spending minimal time or interaction with many participants.¹³ (See section 3.2 for more about design research).

To complement this deep-dive research, three online surveys and three stakeholder labs were completed, engaging youth and families, as well as service providers. It was critical to hear from service providers from across Wellington Dufferin in order to understand the backend of the service experience—why services are the way they are, and what was influencing the different obstacles and themes that were uncovered.

Interspersed throughout these engagement activities was a series of system-level key informant interviews. Service provider interviewees were identified as knowledge of the system came into focus and themes began to emerge. (Please see section 3.4 for more about the approach to this project and what was done).

What was learned in the engagement phase was presented to a group that

included service providers from across Wellington Dufferin, as well as a handful of youth and parents with experience with the child and youth mental health system. Overlap facilitated a process in which this group of stakeholders reflected on the findings from the engagement phase, and identified priorities for the next three years. (See section 5.0 for more).

The work of this project is only the beginning—as lead agency, CMHA WWD is keen to collaborate with community partners over the next number of years to plan and take action on priority areas and realize the shared vision that was developed during this process.

2.3 The Team

The Canadian Mental Health Association of Waterloo Wellington Dufferin (CMHA WWD) led this project as the new lead agency for Wellington Dufferin. The Lead Agency Steering Committee acted as a guiding force for this project, leading the process, defining engagement goals, and playing a key role in strategic discussions. It was composed of service providers from across Wellington Dufferin, and was co-chaired by Helen Fishburn, Executive Director (Acting) of CMHA WWD and Jennifer Gleeson, Director, Children’s Services, CMHA WWD.

In addition, the following people contributed to the leadership and execution of this project as Lead Agency Steering Committee members:

Gloria Campbell, Manager, Child and Youth Mental Health, Dufferin Child and Family Services

Alison DeMuy, Senior Manager, Health Systems Integration, Waterloo Wellington Local Health Integration Network (LHIN)

Tracey Lindsay, Superintendent of Program, Upper Grand District School Board

Kathleen McColm, Program Supervisor, Central West Region, Ministry of Child and Youth Services

Jennifer Moore, Executive Director, Dufferin Child and Family Services

Suzanne Robinson, Director, Health Service Integration, Central West LHIN

Krista Sibbilin, Manager, Children’s Services, CMHA WWD

Andrea Wyshniowsky, Manager, Family Counselling and Support Services for Guelph-Wellington

Joanne Young Evans, Executive Director, Family Counselling and Support Services for Guelph-Wellington

The Lead Agency Steering Committee met multiple times throughout the course of the project, to plan, engage community partners, manage progress, and contribute to strategic discussions. In addition to participating in the strategic retreat, the Committee met on the following dates:

**Wednesday, November 18, 2015:
Project kick-off and planning meeting**

**Wednesday, November 25, 2015:
Community kick-off**

**Tuesday, January 12, 2016:
Conference call**

**Thursday, January 28, 2016:
Meeting**

CMHA WWD contracted Overlap to conduct the community engagement activities and analysis, and facilitate the strategic discussions that resulted in the identification of priorities for the next year.

Overlap is a research and strategy firm that specializes in uncovering human insights and helping organizations, services and systems align their strategy with the needs of the people they're trying to serve. Overlap has completed numerous projects in the mental health and addictions space in Waterloo Wellington Dufferin, through which the team has become familiar with many aspects of this sector. Overlap offers expertise in the process of design thinking, to which design research and facilitation are key. Overlap also brings a valuable third-party perspective, offering service users and providers alike an objective outlet to voice their experiences, needs and challenges.

Our Sincere Thanks

The success of this project relied on the participation and openness of people who've had experience with the child and youth mental health service system. The project team would like to express its sincere gratitude to the youth and families who so generously gave their time and shared parts of their stories so openly, in a courageous effort to improve this system, largely for the benefit of others. The strength and love that was observed throughout this engagement process was incredibly moving, and the project team wishes continued hope, strength, and support to the youth and families that participated.

The project team would also like to thank the many community partners who contributed to this project. Although CMHA WWD will continue to act as a facilitator within the child and youth mental health system in Wellington Dufferin, its success relies on ongoing collaboration with its community partners. The project team and CMHA WWD are extremely grateful for their continued enthusiasm and involvement.

OVERLAP



3.0 Overlap Methodology

3.1 Soft Systems Methodology

Soft Systems Methodology (SSM) is a creative, iterative, flexible way of researching real-world problems. It is an action-oriented approach, developed to study a complex situation and then act purposefully to improve it. As such, SSM is well-suited to the challenge of understanding the experiences, needs and challenges of children, youth and families with mental health needs in Wellington Dufferin.

As “an organized way of tackling messy situations in the real world”¹⁴, SSM is suitable for the complex issue of improving the experience of children, youth and families with mental health needs.

SSM is based on the premise that, no matter the situation, the people experiencing it will hold diverse and sometimes conflicting worldviews—different ways of perceiving a situation based on internalized assumptions formed from previous and unique experiences.¹⁵ At its most fundamental, SSM requires the worldviews of all stakeholders to be acknowledged, accepted as valid, and made explicit.¹⁶

SSM provides researchers with the permission to accept every experience as valid—an important tenet in design research as part of a design thinking process. Acknowledging the validity of every worldview does not mean that every story happened exactly as it was told, but rather, accepts the experience as true—how someone feels in a situation, and how they perceive a situation to occur cannot be invalidated. By engaging in research in this way, it becomes possible to answer questions about the situation and develop a model of the problem that all stakeholders can agree on.

SSM requires people to hold multiple worldviews in their mind as valid, then to search together for a new model that fits the worldviews in a way that is acceptable to all stakeholders. Rather than debating or rejecting conflicting worldviews, the experiences and worldviews of stakeholders are accepted as real, and the question becomes, how might we ensure that the experience feels different for this person given their worldview? This approach provides the foundation for consensus-based facilitated

discussion, resulting in collective action toward a common vision. The common vision and priorities developed as a result of this project can be found in section 5.0.

3.2 Design Research

Understanding the experiences, needs and challenges of children, youth and families with mental health needs is a complex undertaking. Design research, which is a qualitative approach, offers a flexible research method that picks up on the nuance of vastly different experiences. It seeks to understand the people experiencing a problem or service, their needs, and the challenges they face (whether they are service users or providers). Most importantly, design research aims to uncover why people make certain decisions, what drives their needs, how they approach and troubleshoot challenges they're confronted with, and what might influence the behaviour of the stakeholders and the services that comprise their encompassing system.

It's important to note that the value of quantitative research cannot be disregarded within certain contexts. For example, there is much that can be learned from demographic and service usage statistics. However, quantitative research of this kind can be limiting. It requires that researchers understand the exact area of inquiry, and are able to ask specific and rigid questions, offering limited but often "true" outputs.¹⁷

While quantitative research is a strong approach in established domains, it has limited usefulness when addressing questions that have not first been qualitatively explored and framed.¹⁸ Where the research area is less understood (as in the exploration of individual experiences), design research offers a competitive approach that can adapt to, and embrace, the diverse findings that will inevitably result.

Service designers, Polaine, Løvlie, and Reason, describe the difference between design research and quantitative or marketing research in their book, *Service Design: From Insight to Implementation*. They suggest that, typically, quantitative market research aims to collect responses from a large number of people, which, "can yield some 'truths' that are statistically significant and correct."¹⁹ However, this approach won't uncover why people behave the way they do. Without an understanding of why a situation is the

way it is, and why the stakeholders involved make the decisions they do, good intentions can be paralyzed without actionable insights.

Critical to the ongoing momentum and success of an initiative such as this is the idea that:

Statistics are not very actionable for designers—we need to know the underlying reasons...One [approach] is not better than the other, but for our purposes, qualitative research yields more useful insights that we can use as a basis for design than quantitative research's 'truths' do.²⁰

Qualitative research also offers greater flexibility, allowing researchers to adapt their line of inquiry and data collection techniques in response to what is learned in initial research stages.²¹ This allows researchers to approach groups of participants differently, allowing them to be fluid in their questioning, and more able to build on the early responses of participants. These attributes made design research well-suited to this project.²¹

A purposive sampling approach was used in this project, which involves grouping the population according to criteria that are relevant to the research question and then sampling from these groups.²² As part of this research process, the team took care to incorporate the perspectives of children, youth and families from diverse geographies and age groups, who were experiencing a variety of diagnoses.

Design research allows many insights to be gained from a small number of participants. Polaine, Løvlie, and Reason suggest that where market research may interact with 100 people and identify 10 “truths”, design research can engage 10 people, and gain 100 insights.²³ The engagement phase involved journey mapping with eight families, three stakeholder labs, 18 interviews, and three online surveys with over 300 total responses. After this level of engagement, it became clear that the research team was approaching theoretical saturation: “the point in data collection when new data no longer brings additional insights.”²⁴

This is typically the basis for determining a sufficient sample size in purposive sampling. As the team pursued its core question—what are the experiences, needs and challenges of children, youth and families with mental health needs in Wellington Dufferin—fewer and fewer novel results arose, and the engagement phase came to a close.

3.3 Design Thinking

This work is part of a design thinking process—a philosophy and approach for solving wicked problems that supports a deep commitment to human-centred outcomes. At its most fundamental, design thinking is an empathy-fueled, iterative process, that evolves solutions through prototyping and testing until the solution fits the needs of the stakeholders involved. Throughout its process, it holds the needs and experiences of the people experiencing a problem or service at its core, whether they're service users, providers, or system-level decision makers.

A wicked problem is a term that designers and social problem solvers often use to describe problems that are particularly resistant to resolution, require the re-evaluation of traditional systems and approaches, and often reveal new problems as progress is made. It's often difficult for the stakeholders involved to come to agreement on the problem, its causes, and the best way to move forward. For example, homelessness, belonging, and gender equality are wicked problems.²⁵

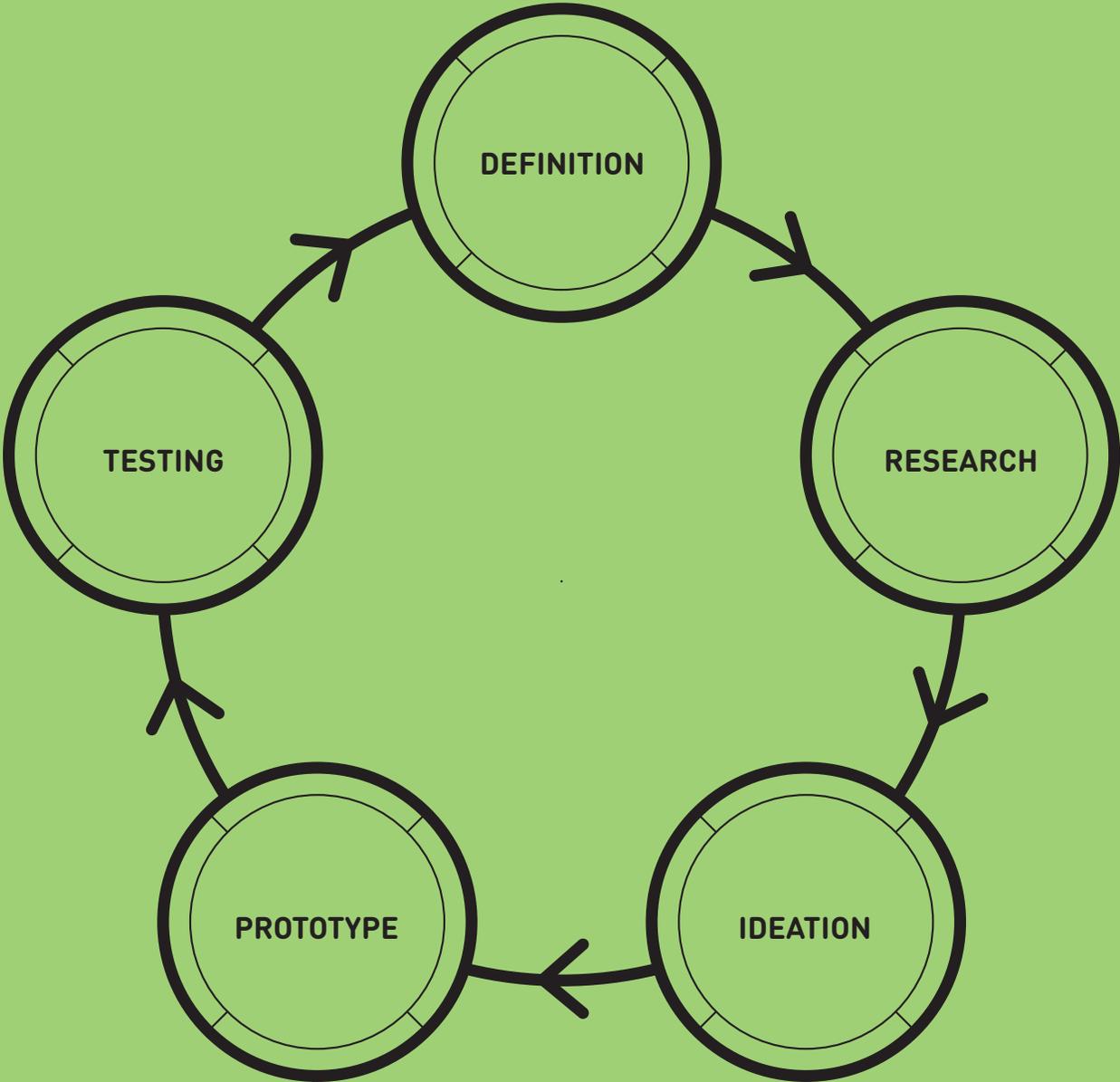
Design thinking grew out of traditional design industries such as industrial or graphic design, and its value has become well recognized for addressing complex social problems.²⁶ It was popularized by the d.school at Stanford University,²⁷ and by the global design firm, IDEO.²⁸ It transplants the philosophy and approach a designer might use to design the look, fit, structure and feel of a chair, to reimagining the look, fit, structure and feel of a service, system, or other experience. The design of a chair could feel overly simplistic in contrast to a service, but in essence, it requires the designer to consider how it will be used, by whom, what problem it's solving, in which context it will be used, how it will be produced, and many other factors. These questions are equally valuable in the context of addressing complex social problems.

Design thinking is also highly scalable—while enabling the exploration of hard, complex systems, its process can also be fast and simple. Design thinking can be used to create and implement everything from a national healthcare system to an invitation for a child’s birthday party.

Design thinking pushes what people think is possible by facilitating the development of unique and highly useful solutions to wicked problems. Meanwhile, it is also highly practical because it asks practitioners to understand a situation from multiple perspectives and find solutions that will actually work in reality. It recognizes the importance of the experiences and needs of the end/service user, while holding the realities of service providers and system constraints as equally valid. While aiming to improve the service user experience, this approach allows practitioners to match the needs of all stakeholders with solutions that are both desirable for the user and feasible for the service or system.

This work is inherently collaborative, working with end/service users and key stakeholders to explore the problem, and is often a transformative experience for all involved. It embraces ambiguity, messiness and holistic thinking throughout the process—resulting in an investigation that is based in human-centred evidence. It is highly agile and iterative—every insight into the needs of the end user is fed directly back into decision-making.

THE DESIGN THINKING CYCLE



Generally, design thinking begins by defining the problem, and moves forward through each phase. Being agile and iterative, however, means that this process may jump between each of these phases—at any given point, one may jump forward or back to another step to collect more information, test, or prototype.

It takes learned expertise to decide when to move on to the next step, and when to go back to a previous one.²⁹ Each iteration that a project goes through, whether it takes five minutes or five months, strengthens one's understanding of both the problem and the solution space.

Define the problem

At the beginning of the project, it's important to have enough information about the problem to form a foundation to build on, and an understanding of the tools that will build it. The goal is to state the problem clearly and in enough detail so that possible solutions can be recognized and evaluated.

To determine whether this phase has been adequately completed, ask questions like, Are the aims/objectives clear? What is the project scope and scale? What are the project criteria? What does success look like?

Research the problem area

Both qualitative and quantitative investigation and observation techniques are used in order to understand the experiences and needs of the people affected by the problem—the end/service users, providers, or others. Through the research, collection, and analysis of information about the key stakeholders, the team can begin to understand how stakeholders might react to changes made to the system.

Various survey and interview activities can be used to map the experiences of various stakeholders in order to understand their worldview—what are they thinking, doing, and feeling? What are their desired outcomes, and what obstacles prevent them from achieving these?

Explore ideas and possible solutions through ideation

Using a newfound sense of empathy generated throughout the process thus far, solutions to the problem can now be explored. Ideation is most successful when a broad range and number of solutions are produced, which help to push the boundaries of what's possible and generate genuinely new and useful ideas.

Design thinking values quantity over quality when generating ideas—gathering a large set of diverse ideas allows the team to combine and extend ideas, and then cull ideas that are less appropriate to the problem. It's important to put off judgement at the beginning of this process. However, when it comes to prioritizing ideas, it's important to refer back to the problem that's been defined, identify biases, and always ensure that solutions put the needs of the end/service user first.

Prototype possible solutions

Prototyping is the act of producing quick models of ideas that can be used to communicate core concepts in order to get feedback. Prototypes can take the form of physical models, sketches on napkins, wireframes, skits, scripts, or anything else that captures the essence of an idea. They can be extremely rough, or elaborate and polished.

The power of prototyping is that it turns intangible ideas into tangible things that relevant stakeholders can interact with, allowing them a more practical understanding of an idea on which to provide feedback.³⁰ This tangibility also allows practitioners to observe how people actually interact with their ideas—an invaluable method for understanding how something would really be used. The intended users of an idea may not be able to articulate why they like or dislike an idea, or what they would change about it, but an observer is more able to see the fail points and opportunities for improvement.

Test and learn

For prototypes to be successful, they must allow for interaction with the stakeholders who are intended to use it, and the decision makers who need to buy into an idea. In the testing phase, it's important that the end user is able to compare ideas and give feedback on possible solutions. This feedback provides the fuel for the next iteration of the idea.

It's important to gather both positive and negative feedback through unbiased and constructive tools, so as to collect the most useful insights and improve the prototypes. It's important to ask and observe both what, and how an end user would change the solution. Since the process is so iterative, all feedback is encouraged—ultimately the solution is stronger because of it.

The Aha! moment happens when the problem and solution space are bridged by an idea—when one identifies a solution that matches both the needs of the end user, that is also feasible for the system. It is at this point in the process that ideas are solidified and the way forward becomes clear.³¹

3.4 What Was Done

This project aimed to understand the specific experiences of children, youth and families with mental health needs in the Wellington Dufferin area. To achieve this, it was critical to hear from children, youth and families with these needs, as well as a diverse range of service providers from across Wellington Dufferin.

Child, Youth & Family Recruitment

Although it was not required that children, youth and families were currently accessing services in order to participate, recruitment efforts leveraged the networks of CMHA WWD, Dufferin Child and Family Services, and Family Counselling and Support Services for Guelph-Wellington. Due to the use of these channels for recruitment, all participants were already connected to at least one service within the children's mental health system in Wellington Dufferin.

The steering committee and Overlap worked closely to develop a matrix of participant characteristics that they hoped to represent through this project. This matrix attempted to reflect, as closely as possible, the diversity of the children, youth and families with mental health needs in Wellington Dufferin. It is, of course, a challenge to represent the diversity of a region through a limited engagement process, and the team acknowledges that this was by no means a comprehensive snapshot of the people accessing child and youth mental health services in the region.

However, the people who engaged directly in this project represented the following:

- Guelph, Centre Wellington, Dufferin
- Rural and urban
- Children, youth, young adults, and adults
- Experience with a wide range of services within and outside of Wellington Dufferin
- Diagnoses and needs related to mental health, developmental disabilities, learning disabilities, substance use, concurrent disorders, and dual diagnosis
- Varying levels of need for services
- Experience in the justice system
- Risk of, or experience with self-harm
- Unstable housing
- A range of family dynamics and compositions

It's important to note that journey mapping and stakeholder lab participants were limited to youth with mental health needs, and parents of children and youth with mental health needs. The research team made efforts to, but ultimately did not, engage children directly as part of this work.

This engagement process also did not involve participants who identified as newcomers, francophone, LGBTQ, or First

Nations, Métis, or Inuit. Although it's possible that one or more participants personally identifies as being part of one or more of these groups, they did not identify themselves as such to the research team.

The team recommends that future engagement activities should focus on hearing directly from children with mental health needs, as well as newcomers, francophone people, people who identify as being on the LGBTQ spectrum, and First Nations, Métis, or Inuit.

Recognition of Participation

As a small token of thanks for their participation, each family who participated in journey mapping was given a gift card valued at \$75. The youth and parents who attended the strategic retreat were each given a gift card valued at \$50 in appreciation of their time and effort. All other participants were thanked for their time but not given financial compensation.

Stakeholder Labs

Generally, stakeholder labs are group sessions that tend to use facilitated activities, worksheets, and facilitated discussion to understand participant needs, challenges and experiences. Three stakeholder labs were held for this project; two for service providers, and one for youth and young adults with mental health needs.

Service Provider Stakeholder Labs

Attendees of both service provider labs included frontline staff and management representing traditional mental health services as well as school boards from across Wellington Dufferin.

February 10, 2016, 3:00 – 5:00 pm
Dufferin Child and Family Services,
Orangeville
~ 15 Participants

February 12, 2016, 2:30 – 4:00 pm
St. Joseph Parish, Fergus
~ 15 Participants

In preparation for these labs, six scenarios were written representing some of the findings resulting from the engagement phase. These scenarios described the situation of a child or youth with mental health needs, and when relevant, their parent or family. Each gave context to their situation, and demanded action from service providers, concluding with the statement, "What now?" These scenarios focused on themes that the research team wanted to better understand. Setting up the "call to action" in this way allowed the team to understand how different service providers would approach each scenario.

Each participant was asked to read one of the scenarios and complete a worksheet that asked the following questions:

- **What are your first impressions?**
- **What assumptions would you make?**
- **What would your first actions be?**
- **What would next steps look like?**
- **What additional information would you need in order to offer help?**
- **What questions do you have?**
- **What would make it difficult for you to help in this situation?**
- **What would make it easier for you to help in this situation?**
- **If you feel you couldn't help, who would you refer them to?**

For each of these questions, the worksheet also offered a place for participants to describe why they answered the way they did.

Participants were then asked to work in groups to brainstorm the obstacles they thought made it difficult for them to help children, youth and families with mental health needs. Using this as a foundation, groups then brainstormed what might make it easier for them to help this group. This was followed by a group reflection and conversation.

Youth Stakeholder Lab

The youth stakeholder lab aimed to engage youth aged 12 – 18, however, participants were not asked for their age and likely ranged from teenaged through young adulthood. Participants were recruited through a program that supports youth who are living on or close to the street.

February 9, 2016, 9:30 – 11:00 am
Youth Resource Centre,
Wyndham House, Guelph
10 Participants

The youth lab used a conversational structure that allowed the discussion to flow naturally amongst participants. Two facilitators led this discussion, improvising a line of questioning that aimed to understand the challenges participants were facing, the positive experiences they've had or people they've encountered, and what might improve things for them. Three youth workers were also present for this conversation.

Note: Two other stakeholder labs were planned for youth and family members; however, these were cancelled due to very low registration. The few people who registered for these events were invited to participate in one-on-one interviews as part of this project.

Online Surveys

Three online surveys were developed for this project, each built for a different group: one for people who worked in education, one for other service providers,

and one for children, youth and families with mental health needs. All surveys were anonymous and began with an informed consent, that was assumed to be accepted if respondents continued with the survey. None of the questions were obligatory, and respondents were invited to stop at any time, and not answer any questions they were uncomfortable with.

These surveys had a total of 309 responses, dispersed in the following way:

School Board Survey: 213 responses

Service Provider Survey: 74 responses

Lived Experience Survey: 22 responses

The intention behind the service provider and school board surveys was to understand what made it challenging for respondents to support children, youth and families with mental health needs, and what challenges they perceived to exist for the people they served. They also asked questions that focused on what respondents thought was working well, and what they thought would make the biggest impact for them and for the people they serve. Please see sections 8.1 and 8.2 in the appendix for summaries of these surveys.

The lived experience survey used questions based on the major themes identified in the Concurrent Disorders Experience Design Project, completed in 2015. Respondents were asked questions related to:

- Understanding their situation, diagnoses, and options;
- Getting connected to the services they need;
- To what extent they felt like they were treated as a whole person, without judgement;
- The level of services they were receiving, and how helpful they found them; and
- Anything else they wanted to share.

Respondents answered these questions either relating to their own experience as a child or youth, or on behalf of the child or youth they support.

Note: In order to respect the stories of respondents, a summary of this survey is not included in the appendix. Instead, findings have been integrated into section 4.0.

Journey Mapping

The research team engaged eight families in a journey mapping process, which is, in essence, a set of interviews that aimed to understand the experiences of children, youth and families with mental health needs at a level not usually gleaned without intense engagement. The intention

is to map-out not only a person's service experiences, but also how these fit into the larger context of their lives as families and individuals.

At a high level, the goal of journey mapping is to understand what a person is trying to achieve, what makes it difficult for them to do so, and what factors influence their behaviour, decisions, and opportunities. For each family, the research team aimed to learn about:

- **Their experience with services—what's gone well, and what's gone poorly, and how they think they could be improved;**
- **Their preferences, dreams, and behaviours—how these influence their decisions, and how these might influence their interactions with services and others around them; and**
- **Any constraints, preferences, and opportunities presented by their family dynamic, work, finances, capacities, and other factors.**

All participants were walked through an in-depth process to obtain informed consent before proceeding with journey mapping—participants were informed that they could decide not to answer any questions that they didn't want to, or withdraw from the project entirely without penalty. They were told that their participation was anonymous and that their family would receive a token of appreciation in the form of a gift card valued at \$75. They were also told that the

research team would be obliged to report any perceived risk of harm to a child.

For this process, each family that was selected had at least one member with significant current or recent experience with the child and youth mental health system. The research team spent three to five hours with each family, interviewing mostly parents, as well as a few other family members. Although the intention had been to engage directly with children and youth with lived experience, only one youth participated actively in journey mapping.

Beyond the informed consent process, journey mapping interactions were structured to be conversational, allowing participants to feel comfortable sharing what they wanted of their stories. Most journey mapping interviews happened in person, but a few of these happened over the phone. Two people from the research team attended all in-person interviews, one of whom acting as the primary interviewer, and the other acting primarily as note-taker.

Participants were also asked to complete empathy mapping worksheets and/or journey mapping worksheets. These worksheets allowed participants to give more input on their experiences beyond the limited time that could be spent in interviews.

An empathy mapping worksheet asks participants to describe a situation they've experienced through their senses, capturing what they were doing, seeing,

feeling, hearing, saying, and thinking. Participants then articulate their goals, needs, challenges, and what would make the biggest impact within that situation. Participants were invited to complete this worksheet with their child(ren) when appropriate. Again, outside of this activity, children did not participate in the journey mapping process.

A journey mapping worksheet is more in-depth, asking participants to describe five different steps or situations and how they relate to each other. This captures the journey of moving through different phases of a situation, or how an experience has evolved over time. For each step, participants describe what they expected to happen, positive and negative aspects of what actually happened, and how that step could have been improved.

Interviews

To complement the other engagement activities, the research team completed eighteen 30- to 60-minute interviews. Fifteen interviews were conducted with service providers from a variety of services. Service provider interviewees were selected either for their ability to give context to system-level challenges and needs, and/or to help the team better understand the themes that were being uncovered through other engagement activities.

The first subset of service provider interviews focused on system-level successes, obstacles, and opportunities for improvement. These interviews used the following protocol as a guideline:

- To get us started, can you tell me a bit about your connection to/role within the child and youth mental health system and the perspective you bring to this interview.
- From your perspective, what works really well right now? What helps or makes it easy for you to do what you need to do for children and families?
- What would you say restricts or stops you from helping children, youth or families from getting the services and/or supports they need?
- What one change would make the biggest difference for you and for the children, youth and families you support?
- Is there anything else you think we should know?

Interviews that focused on exploring obstacles and themes evolving from earlier engagement were conversational, and involved questions specific to each obstacle. Generally, these interviews aimed to understand to what extent a theme was generalizable, what factors might be driving it, and how related challenges might be addressed.

Please note that none of the findings outlined in section 4.0 are directly attributed to any of the interviews that were completed. This was to preserve confidentiality and allow for an open dialogue. However, the following service providers, and another who preferred not to be listed, generously contributed their time and expertise through interviews:

Angela Allt, Service Resolution Facilitator

Glenn Carley, Chief Social Worker, Dufferin Peel Catholic District School Board

Brenda Courtney, Service Resolution Facilitator

Kim Evans, Director of Services, Child Protection, Dufferin Child and Family Services

Brett Friesen, Manager, Children's Services, CMHA WWD

Jennifer Gleeson, Director, Children's Services, CMHA WWD

Trish Grabb, Manager, William Osler Health Sciences

Eve Herbert, Social Worker, Dufferin Peel Catholic District School Board

Monica Hinrichs, Clinical Lead, CMHA WWD

Sgt. Ross Keller, Guelph Police

Ross Kirkconnell, Executive Director, Guelph Family Health Team

Chantale Mitchell, Service Coordinator, Dufferin Child and Family Services

David Thornley, Executive Director, Guelph Community Health Centre

Three interviews were also completed with people who either had personal experience accessing services, or were associated with one of the journey mapping participants. These interviewees are not listed here as they are so closely linked to journey mapping participants, and it was important to maintain their anonymity.

Requests for interviews were extended to a number of other service providers, but time constraints and scheduling challenges limited the number of interviews that were completed. However, similar themes were arising over and over throughout the interviews. This is a useful signal, which suggests that the team could comfortably stop engagement. The team will continue to garner feedback on the vision and priorities that were identified for the next year.

Analysis

The team aimed to develop an understanding of who was in the system—who were the children, youth and families with mental health needs in Wellington Dufferin? What were their goals, resources, values, preferences, and constraints? What are the goals, resources, values, preferences, and constraints of the people providing services?

The team also aimed to understand how the services and larger system influenced individuals' abilities to provide support—what were the goals, resources, values, preferences, and constraints within different services? What goals, resources, values,

preferences, and constraints were presented by the larger system? With a sense of the individuals in the system, as well as the services, and the larger system itself, the team aimed to understand how these either aligned or conflicted, impacting the experiences of children, youth and families with mental health needs.

To answer these questions, the research team reviewed all notes, worksheets, and other output from all engagement activities. Often working line by line, the team flagged anything that helped to answer these questions, identifying themes. This analysis resulted in a well-developed sense of the needs, preferences, and capacities of the children, youth and families with mental health needs, as well as the individuals providing services; the goals and constraints of different services and the system as a whole; and any instances where these conflicted.

Analysis occurred alongside engagement activities, which allowed the research team to pursue clarity around emerging themes, particularly through one-on-one interviews.

Strategic retreat

After the completion of the engagement phase and analysis of findings, a group of service providers, along with a handful of youth and parents, were invited to a strategic retreat to identify the lead agency's priorities for the next year. Due to inclement weather, this retreat was broken into two parts. The first session took place on March 1, 2016 in Orangeville, and the second took place in Guelph on March 7, 2016.

Early on the first day, a member of the research team from Overlap presented an overview of the findings from the engagement phase. A page of "What if?" questions based on the findings was also distributed, which acted as an empathy-based starting point for ideation. These questions challenged participants to imagine how the system could work for children, youth and families with mental health needs in an ideal future (see section 4.3 for more about these questions).

Using the presentation and the question sheet as grounding, participants were asked to imagine what they wanted to achieve over the next three years within the child and youth mental health system in Wellington Dufferin. Overlap facilitated the group using consensus-based facilitation techniques, which had participants create a common vision for the next three years. Using a similar process, participants identified the obstacles they thought would make it difficult to achieve this vision.

The second strategic session had participants turn these obstacles into actionable priorities for the lead agency and its partners over the next year.

Along with a handful of youth and parents not listed here to preserve their anonymity, the following service providers participated in one or both strategic sessions:

Luisa Artuso, Director of Child Care Services, County of Wellington

Gloria Campbell, Manager, Child and Youth Mental Health, Dufferin Child and Family Services

Brenda Courtney, Service Resolution Facilitator

Alison DeMuy, Senior Manager, Health Systems Integration, Waterloo Wellington Local Health Integration Network (LHIN)

Briana Dickie, GLOWW Youth Engagement Facilitator, CMHA WWD

Kim Evans, Director of Services, Child Protection, Dufferin Child and Family Services

Helen Fishburn, Executive Director (Acting), CMHA WWD

Brett Friesen, Manager, Children's Services, CMHA WWD

Jennifer Gleeson, Director, Children's Services, CMHA WWD

Erin Harvey, Director of Service, Family and Children's Services of Guelph and Wellington

Kristin Hunter, Resource Coordinator, CMHA WWD

Dr. Brenda Kenyon, Mental Health Lead, Wellington Catholic District School Board

Kim Kitchen, Mental Health Clinician,

Dufferin Child and Family Services

Tracey Lindsay, Superintendent of Program, Upper Grand District School Board

Kathleen McColm, Ministry of Children and Youth Services

Jennifer Moore, Executive Director, Dufferin Child and Family Services

Kate Reed, Director, Children's Services (Incoming), CMHA WWD

Suzanne Robinson, Director, Central West Local Health Integration Network

Krista Sibbilin, Manager, Children's Services, CMHA WWD

Suzanne Vanstone, Manager, Children in Care, Dufferin Child and Family Services

Mary Wheelwright, Director, Health Systems Integration, Headwaters Health Care Centre

Dr. Lynn Woodford, Mental Health and Addictions Lead, Upper Grand District School Board

Andrea Wyshniowsky, Manager, Family Counselling and Support Services for Guelph-Wellington

Brooke Young, System Coordinator, Waterloo Wellington Addictions and Mental Health Network

Joanne Young Evans, Executive Director, Family Counselling and Support Services for Guelph-Wellington

Heather Callum, Lead Agency System Coordinator (Incoming), CMHA WWD



4.0 Insights



For clarity, it's helpful to define the following terms:

Service providers: Refers to the individual people who staff various services.

Services: Refers to the organizations that provide various supports across all silos including: mental health and developmental services, primary care, hospitals, police, teachers, and others working in schools.

The system: Refers to the child and youth mental health system in Wellington Dufferin. It's important to note that the system is an emergent property, different from the sum of its parts, comprising the people and services listed above.

Children, youth and families with mental health needs: Notionally, this project aims to improve services for children and youth, however its findings suggest that children and youth are inextricably linked to the context and needs of their families. The research team used this term to acknowledge the importance of this connection, and the value in considering this group as a whole. Note that throughout this report, this group is occasionally referred to as just "families" or "children". Also, this group may or may not be currently accessing services.

4.0 Insights

The research team was fortunate to learn from many different people throughout this process, including youth, families, and service providers in various roles and organizations. Above all, it's very clear that everyone in this system wants to support children and youth as best they can. No one wakes up in the morning planning to do a bad job—not as a parent, nor as a service provider.

The team encountered a great deal of excitement around this work from all participants. This is combined with provincial and local momentum toward experience-based health care outcomes, which suggests that positive change in the mental health system seems very likely. However, it's important that these improvements are approached at both the system and the individual services level. Some service providers feel like most of what can be done on the ground level has been done, and that it's now time to look at system-level change, taking on government policies, funding and reporting structures. Others see room for increased collaboration at the organizational level as key to positive change.

Regardless, service providers and families alike expressed a desire and readiness for change. The following section describes the people in this system—the children, youth and families with mental health needs, and the people (service providers) who aim to support them. It was very important to the research team to clearly distinguish between the people in this system, the services they either access or staff, and the larger system.

4.1 People in this system

I was born in 1984.

I was raised in a fear-based manner with punishments including being grounded to my room for days, standing in the corner, long angry lectures, being slapped in the head, mouth and every other part of the body, belts on naked bums, a plastic cutting board as a paddle on our bums, etc. We were forced to respect, be obedient, and stay out of the way. I didn't learn to love cooking because I wasn't allowed in the kitchen. I didn't trust that I could go to my mom with problems because I knew she would respond against me. I didn't become a problem solver. I didn't have confidence; I didn't have goals.

Now I'm a parent with these experiences that tell me how a parent acts but I believe there has got to be a different way. For me, dealing with children with mental health needs has been the hardest because I myself have mental health needs. I'm trying to re-train my brain—essentially mould it—to my own ideals. I don't always have the support and tools for that. In really stressful times my brain wants to revert to what was done to me—why is that?

So I went and learned more about it and got involved in anything I could that helps me parent my children better. Let's make mental health a priority. Let's make more accessible help for parents in situations like mine who want to change the cycle. Let's create a new generation of problem solvers in our children; teach them to cook, be with them, and be able to discipline them in a way that is love and not anger.

These are our children. I never want them to be cut short of opportunity just because of lack of knowledge and support. We need more support and knowledge.

Krystal, Journey Mapping participant

(Shared with permission)

“My biggest fear is losing my child.”

– Journey mapping participant

People are people.

This is a system of people—people who have needs, hopes, challenges, and passions. It doesn't matter much who the people are—whether they're people providing services, or people accessing them. In fact, sometimes these are the same people. At their core, people across the system have many of the same needs.

Parents just want their child(ren) to be happy, healthy and safe.

What parents really want for their child(ren) is simple—they want them to be happy, healthy and safe. This is what motivates almost everything they do. They desperately want their child(ren) to feel capable, supported, loved, and secure. They want them to be happy and feel like they can do anything. They don't want them to fall behind or through the cracks in this system, and they'll do everything they can to keep this from happening.

Children, youth and families need...

Children, youth and families face specific challenges related to stigma, and can struggle with the unavoidable power imbalance between themselves and service providers. They want to feel heard—children, youth and parents are experts in their own lives, and they want to feel like people respect and listen to them. They know much of what they need, and they certainly know how they want to feel when getting support. They want to know what to do, and parents in particular really want to know that they're doing a good job. They need support that works for them exactly when they need it—they need workers they trust, and supports that fit their lives. They need to know who's on their team, and who to call for help. They need to understand what's going on, and be able to rely on clear and open communication between them and everyone on their team.

Service providers need...

Service providers need many of the things that children, youth and families need, simply because they're all human. They want to feel heard, supported, and respected. It's particularly important for service providers to feel like they understand what's going on, what's happened in the past, and who's on someone's team. They need to know what to do to support the people they serve, and who to call for help. They need to understand what services and supports are available, and they need services available for the people they're trying to support, exactly when they need it.

Parents and service providers struggle with...

The research team heard many of the same concerns from parents and service providers—both trying to support the children and youth they care about. Parents and service providers don't want to feel alone, and feel better knowing that they're not the only one struggling. They desperately want to know what to do, and fearful and immobilized by a lack of information, options, or resources. Both groups struggle with guilt, thinking that there's always more they could do.

It's helpful to notice the similarities between these two groups, but there's an important distinction—service providers can clock out at the end of the day, whereas children, youth and families cannot.

“If it's frustrating for us, imagine how hard it is for families”

– Service provider stakeholder lab participant

4.2 Major Themes

Many of the insights discussed in this report have been issues known to all stakeholders for years, if not decades. So it's likely that most people reading this report won't be very surprised by its contents.

At the same time, it's possible that someone might feel like they relate strongly to some themes, but question the validity of others. This is because of this region's diversity—children, youth and families as well as service providers are having incredibly different experiences across Wellington Dufferin, depending on the geography and service landscape that they find themselves in. These insights, and the priorities that flow from them, present an opportunity to acknowledge the diversity in this region and align services within this system around a common vision.

The following four major themes were identified through analysis and synthesis of stakeholder needs identified during the engagement activities. These four themes and their subthemes are extremely interrelated. They each present significant challenges, and this may be frustrating to the reader. It's important to note that although these outline aspects of this system that can and should improve, there are also many, many areas of success in Wellington Dufferin. However, critical to improvement is the acknowledgement of one's challenges.

A system built to manage crisis is not aligned with the needs of children and families.

A fragmented and siloed system creates inconsistent service experiences and disruptive transitions; a struggle for families and service providers alike.

Service providers and families need to feel confident that they know what to do and who to call. Schools feel like natural hubs for supports, yet aren't set up to play this role.

The needs of a child are likely nested within the needs of a complex family. Parents may be acting as case managers, managing their own mental health, and trying to hold their family together.

A system built to manage crisis is not aligned with the needs of children and families.

A system is different from the sum of its parts...

It's emergent, shaped by the constraints, forces, services, and individuals that comprise it.

It's built to sustain itself, and is controlled by the resources it has available.

Its limited resources necessitate triage, and a focus on helping "worst cases" first.

Services rely on eligibility requirements to control the flow of people who need to access them...

But these eligibility requirements often require assessments in order to signal the right keywords and demonstrate need...

Which are expensive and force families onto wait lists for services...

When really, all they want is help before they're faced with a crisis.

Even when a family's receiving support, the way it's structured can be misaligned with their needs.

Services are often built around the needs of workers, not the needs of children, youth and families...

Expecting the people they serve to act in a certain way...

But sometimes someone needs help outside of 9 – 5 hours—or maybe they just have a day job and a routine that keeps things stable.

They may not feel like they can ask for help...

Because that requires families to acknowledge an issue (which is scary), or come forward for help in a small town...

Or feel like they're risking losing their child.

A system built for crisis

The individuals in this system—service providers and family members alike—want to support children, youth and families with mental health needs. There isn't malicious intent—no one gets up in the morning planning to do a bad job. But a system isn't just a group of people, and it isn't a predictable, intentionally designed creature. It is emergent—different from the sum of its parts, arising from the constraints, forces, services, and individuals that comprise it.

A system is built to sustain itself—its shape is determined by the constraints and forces that drive it, and it's controlled by the resources it has available. With limited resources, the child and youth mental health system in Wellington Dufferin is forced to triage, and often assigns its resources to support the most severe cases. This isn't really an intentional decision—it's simply because each service allocates resources based on its own mandate, limited funding, limited time and limited human resources.

To control the flow of people accessing a service, each has strict eligibility requirements, which unintentionally task families with proving they're "bad enough" to get help. This necessitates assessments that define and rubber-stamp someone's needs, but these are expensive, and someone can wait for years to access them.

Forced to focus on the people who need help the most, the system often waits until people are "sick enough" before opening

their doors. In many ways, triaging in this way makes sense—deal with the worst cases first, anyone not in need of immediate help can wait until resources become available.

But what "crisis" looks like can vary greatly from the perspective of different services, families, and individuals. Importantly, the way a service defines crisis can be in deep conflict with the way a family defines it. A family could feel like they're living in a state of crisis for years, just barely managing—characterized by stress and chaos. However, the services around them could feel like their hands are tied. Without the right signals they might triage the family's situation as relatively stable. Meanwhile, another family can go into a crisis event overnight, signalling for immediate intervention from specialized resources like hospitals, police, and Service Resolution.

While the system is forced to triage, families just want help. They understand that it's difficult to balance the needs of many families, and they don't want to butt in line to get service before another child or family. But the lives of children, youth and families continue while the system manages itself. In some cases, the parents are forced to triage—they may feel like they have to focus on one set of needs over another, or even choose between their own children. The implications of a focus on crisis are missed opportunities to intervene early and prevent costs – human and financial – to children, families and the system overall.

One parent told the research team about how they once received funding sufficient for one child to attend a great program that they loved. However, this family had two children with mental health needs, and they didn't want to choose between them, so neither child attended.

There are good intentions behind all of this—each service wants to confidently provide care, and use its resources responsibly. But each is constrained by the training and experience of its staff, and the time and funding it can allocate to the people its best suited to serve. However, it's important to take a system view, rather than a service view, and consider how families experience an entire system built to manage crisis.

Service models don't match the complexity of real life

There are many ways in which services don't align with the reality and complexity of real life.

Again, there's nothing malicious at work here—it's simply that services are built, or evolve, to sustain themselves and the service providers who staff them. This is understandable, often the result of historical infrastructure, needs and some important constraints. However, services built around their own needs don't always align with the needs of children, youth and families.

For example, the research team heard from one parent who had been on a waitlist for a particular service for almost a year. One

day, they received a phone call saying that they finally had an appointment, but the time of the appointment was non-negotiable, and it was in the middle of a weekday. Attending it would require the parent to take the day off work and pull their child out of school. To some, this may not seem that disruptive, but this was a single parent doing shift work—it affects their finances to take a day off work. And their family maintained a highly structured routine to keep the child stable—pulling them out of school in the middle of the day had the potential to disrupt the child's behaviour for days to follow. So the parent decided to turn down the appointment and wait for a better time slot. They'll have to spend an undetermined amount of time back on the waitlist, and they were told that if they turn down the next appointment that they'll be bumped to the bottom of the list.

The expectations and structure of this service clearly don't align with the needs of this family. Why are most services offered between 9 and 5 when many parents are at work, and children and youth are in school? What happens if they need support outside of that schedule?

Families continue to live their lives between service appointments, and are forced to fill gaps and manage transitions between interactions with services. For example, parents might be spending time at night trying to keep their child caught up in school, or have to spend money they don't have on gas to drive to an appointment out of town. A parent's ability to do this depends on their skills, knowledge, mental health, finances, and just the time they

have. That said, they want to do whatever they can to support their children. It can quickly become too much for them. Maybe it could be easier.

Impact of stigma

Stigma is a well-recognized and shared condition in mental health—for all involved. Getting a diagnosis or needing mental health support can be significantly tied to social judgement and prejudice. It can also influence access to and efficacy of services. Stigma can hold someone back from being honest about their concerns and observations, or accepting help from others who suggest there's an issue. It can make people feel like they'll be judged for their negative history with services—regardless of whether their history is perceived in this way or not. Even a service can carry its own stigma, making people less likely to access it.

For example, the research team heard frustration from service providers working in schools who had advocated tirelessly to get a child or youth mental health support, only to have their concerns rejected by the child's parents. This is frustrating for service providers.

But it's understandable why a parent might hesitate to accept support offered by schools or other services when stigma is considered. First, it's important to acknowledge that parents and service providers could be seeing very different behaviours from the same child, due to the influence of different environments and people, and the resulting stresses or triggers.

Beyond this, it can be difficult for parents to acknowledge that their child might have mental health needs. The suggestion of a diagnosis can feel very scary—they might have very negative associations with it, and don't want these to impact their child. They might worry about what other people would say about it, and they might worry that someone might blame them for it. This is a particularly difficult aspect of stigma—a parent may be motivated to deny an issue if it feels like someone might link it to their ability to take care of their child.

This aspect of stigma is a significant challenge for service providers. In many cases, it can be difficult to determine whether a child or youth's behaviour should be attributed to their own mental health needs, or to a risky or harmful home environment. Because of this, it's easy to understand why a number of families involved in this project have had negative experiences with Children's Aid Society (CAS), which, in some cases, felt unfair to them.

There's also the stigma of a person's (real or perceived) "negative history" with services—particularly with police, schools, and CAS. This can prime service providers to approach someone's situation in a way that makes it challenging for them to get help. Service providers always come to the table with their unique worldview, influenced by their training, job, past experience, and sometimes a history with the person they're supporting. The extent to which a "negative history" influences service provider behaviour can be debated, and likely differs widely between

individual providers. However, if a person even feels like they have a bad reputation with services, they can hold back from being open about their needs and the needs of their family.

Stigma can also be an issue when it comes to how some people judge assertive behaviour. Many parents are de facto case managers and are put into a position of advocating for their children to services. They may be in meetings with doctors, social workers, and other service providers, and they feel like they walk a fine line between being a proactive and engaged parent and being a nuisance. The research team heard from parents who had been told to “back off” by service providers, and to “let them do their jobs”. This feels less insidious, but could make it less likely for service providers to listen to concerns presented by parents, or for parents to feel comfortable presenting their concerns.

In contrast, the research team heard from one parent who felt very, very little stigma, and was therefore able to signal every piece of medical history and every risk factor their child had been exposed to with no concerns. This allowed service providers to encircle their family, and also “unlocked” all the services they needed, along with funding. This is an ideal situation, which may have been facilitated by the fact that this was an adoptive parent to a young child, and any risk factors that the child had been exposed to were attributed to the birth mom, not the adoptive parent.

What if it were easier for parents to come forward with concerns, to take on help that’s offered, without fear of social backlash or the possibility of losing their child?

Interestingly, even services can carry stigma—some service providers involved in this project suggested that, as a service, Children’s Aid (CAS) carries a stigma that holds people back from getting the support that it can offer. Through a few different engagement channels, the research team heard that Dufferin Child and Family Services (DCAFS) also carries a stigma with some people, simply because it houses CAS in its building and because initial intake for children’s mental health service is often completed by a CAS worker. In fact, during a service provider stakeholder lab, multiple participants suggested that although they recommend DCAFS to families they support, they would not use the service themselves. They attributed part of this stigma to living in a small town, and the sense that “everyone knows everyone”. If they walked through the doors of DCAFS, that it would be hard to know what someone else might think.

A fragmented and siloed system creates inconsistent service experiences and disruptive transitions; a struggle for families and service providers alike.

Wellington Dufferin is not one homogenous region...

Its child and youth mental health system contains many silos—between geographic regions, ages, diagnoses, ministries, community services and schools—and the seemingly arbitrary boundaries between them result in...

Fragmented and inconsistent services...

Requiring that children, youth and families transition between them.

This sets up for referrals, difficult transitions, waitlists, communication breakdown, having to repeat one's story, and start from scratch.

Inconsistencies between silos require families and service providers alike to tackle a steep learning curve, often learning through luck and trial and error over the course of years...

Leaving service providers wondering who to call in which situations...

While many parents feel like they're the only consistent person supporting their child...

Tasked with raising their children, holding their families together, managing transitions, and acting as de facto case managers, often resulting in burn out.

Fragmented and inconsistent services

The “system” of services that supports children, youth and families with mental health needs includes mental health services, developmental services, school boards and schools, primary care, hospitals, informal supports and programs, and others. Each of these serves people of different geographic regions, age groups, diagnoses, and crisis levels. Each also have different policies, funding structures, eligibility requirements, processes, and mandates.

A child can enter this system through many different doors—a school may notice some behaviours and contact the family; a family doctor may notice something irregular on a routine assessment; or a parent may go to a walk-in clinic because they’re having trouble managing their child’s needs at home. The door through which they enter the system could mean the difference between a child getting support through their school, their doctor, a community-based mental health service, a hospital, their church, or from elsewhere in the system. However, the service they enter the system through may not be able to support them fully—this sets up for difficult and/or lengthy transitions when the child has needs that aren’t supported by the service they started in.

On one hand, it’s easy to think of the “system” as a whole—but the fact that it’s composed of a network of people and organizations driven by different policies, processes, and mandates, means that it has within it numerous fault lines. While these

fault lines or boundaries between services exist for historical and political reasons, to the service user, these boundaries can feel entirely arbitrary.

For example, the boundary between Dufferin and Peel is, to many observers, seemingly arbitrary—there are school boards that encompass the two regions, and yet the number and variety of social services available in Peel greatly outnumber those available in Orangeville. Sitting on one side of this line or the other can mean the difference between having psychiatric care in your local hospital or having to drive an hour out of town. People experience similar boundary lines drawn between:

- **Mental health and developmental services;**
- **Social services and schools;**
- **Childhood and adulthood;**
- **Municipal and LHIN geographic boundaries; and**
- **The Ministry of Child and Youth Services, the Ministry of Community and Social Services, and other ministries.**

What’s important is that these boundaries force children, youth and families to fit into set service models, rather than be treated as whole people and families with needs. A child could be viewed as dually diagnosed, with a history of trauma and a diagnosis of Fetal Alcohol Spectrum Disorder (FASD)—or they could be seen as a child who has difficulty coping in certain situations,

who loves theatre, has a mom who works two jobs, and a sibling who's struggling in school. Service providers can see the people they serve as whole people, but the system itself is structured to disembodify those same people based on diagnoses, ages, and home addresses.

Children and families aren't concerned with diagnoses for the sake of it—a diagnosis on its own won't make them feel better, more stable, or capable of living the lives they want.

Wellington Dufferin is not one homogenous region

Although the people and services in Wellington Dufferin fit within one geographic boundary, this does not imply that services are experienced or function in the same way. While the core needs of children, youth and families, and service providers don't change from one part of the region to another, their experiences and the challenges they face can vary dramatically.

Some people accessing services have extremely positive experiences and are able to get everything they need, while others have quite negative, difficult, and slow experiences that impede their ability to get what they need. The experience a child, youth or family has depends largely on the team they have around them, and how accessible they are. This depends on many factors such as where they live, the services they qualify for, their history with services, their ability to be honest about

risks, and many other factors outlined in section 4.0.

One important factor that contributes to the diversity of experiences across the region is how resources are distributed, and therefore which services are available in which geographic areas. The selection of services that are available in Orangeville differs from those available in Guelph and Fergus, on top of which is the challenge of urban versus rural access to services.

For example, the research team learned that Dufferin lacks intensive services, (whether residential programs, psychiatric services available in hospital, or wrap-around in-community intensive supports). This affects the way a family experiences services significantly. When services are unavailable in a family's hometown, they're forced to drive to appointments or to visit someone in residential treatment. This can put financial pressure on caregivers by requiring them to take time off work and pay for gas. Layer on top of this the challenges a family faces when they live rurally, and the services closest to them are twenty, forty and sixty minutes away.

The way services are distributed across the region can also affect a family's ability to get connected to other services they need. If a child living outside of Orangeville gets support in Guelph, it's possible that the service providers at the program in Guelph aren't well connected to other services that are available in Dufferin. It's also possible that someone may be ineligible for the follow-up services they need. For example,

a youth from Orangeville can attend William Osler's in-patient program, but isn't eligible to attend its aftercare program, as it's a community-based program outside of Wellington Dufferin.

The services available to children, youth and families in schools also varies widely across the region. The research team learned that policies, funding, trained support, and other resources vary between school boards, and even between schools within the same board. One school may have the funding and resources to offer a high-needs student a full-time, one-on-one educational assistant (EA), while another school has one EA to support a school with hundreds of students. One board may integrate quite well with social services, while another's policies restrict the extent to which social services can be present within its schools.

Service providers themselves are also having very different experiences across the region, depending on whether they're at a school or social service, which school, school board, or service they work for, and where it's located. Their personal experience, training and professional relationships also influence their ability and confidence in providing services. Factors like how long they've worked in the sector, at their organization, and in this region influence their understanding of, and alignment with, the people and services around them.

The research team learned that some service providers feel a clear sense of alignment with other services, and know exactly who to call when. Meanwhile, other service

providers struggle with clear role definition, understanding the boundaries between different services, who to call, and who's meant to step up when. Some service providers who don't know what to do can feel a deep sense of anxiety and guilt when trying to get a child, youth or family the supports they need.

"There's a big grey area of knowing where to go for the right service. There are overlaps in what service providers offer...

I wish we had a flow chart."

– Service provider stakeholder lab participant

It's important to recognize that all of the diverse experiences being had across Wellington Dufferin are valid. Some service providers may feel like some of the themes outlined in this report are non-issues for them, while for others, the same issues may be their primary concern. What's important is that the "system" acknowledges the diversity and distribution of the services within it, and the resulting experiences had by children, youth and families, as well as service providers.

Steep learning curve

The research team was astounded over and over by how much there is to learn in this system. With fragmented and inconsistent services that vary greatly across the region (never mind outside of Wellington Dufferin), it takes years to understand the services that are available, and how to get what someone needs.

After spending years in this system it can be easy to take for granted the knowledge and skills required to navigate services. But even fundamental skills, like someone knowing how to ask for what they need, has to be learned. Asking the right questions, managing appointments, and learning to be assertive are all vague and variably defined interpersonal skills that are critical to getting one's needs met.

On top of these skills, families and service providers need to be exposed to, understand, learn, and remember a complex and dynamic set of facts about the system. Compounding this is the inconsistency between services across the region, and between this region and others. What a parent learns in one school, city, with a specific worker, or when a child is young may not apply to the next town they live in, the next service they reach out to, or when their child becomes a teenager or an adult.

There's no training for children, youth and families trying to get support from this system, so how do they learn? For example, families can feel like they have to use the right keywords in a meeting, because those are what that service provider needs to hear to "unlock" services—but how do they learn what those keywords are? Families learn to ask for everything to be clearly and explicitly documented—how do they learn this? Some families have services available to them that they don't discover for years—why is this so difficult?

Learning what services are available and how to access them is, for the most part, a matter of trial and error, time, and luck.

The team heard many times that families will hear about services from other parents, or by seeing something on a bulletin board. They might be "lucky" enough to hear about a service or a "trick" from their worker, or they'll learn to do something after hitting a roadblock that forces them to go back and try again. Spending time in this system helps, but there's no finish line—a parent can spend a decade in the system, but it's dynamic and there are always silos they haven't yet experienced, so the learning curve never quite disappears.

As described earlier, the policies, language, and people someone encounters in one silo can be very different from those they find in another. Most importantly, it's nearly impossible for someone to know what they don't know. If a family has had a great experience in one area, and then moves to another, they may assume that they can expect the same great experience in their new location. For example, the services available at different schools can be hard to predict, which can make it difficult for families to know what to expect when moving from one school to another. Some may know to call ahead before switching schools, but others may not think to ask.

Service providers also struggle with understanding this system. They might know their organization well, and maybe some of the partner organizations they've worked with, but it's unlikely that they know how every school in their city works, and how each silo compares to another.

“It can take years just to get to know your own organization, never mind the other services in your community.”

– Service provider stakeholder lab participant

Change is constant—policies evolve, new initiatives are introduced by different ministries, and pilot projects are launched by local services. Workers get promoted, move to a new city, or switch to new organizations. There are always more people to meet and new relationships to build, and there’s always more documentation to read than there is time.

The learning curve faced by service providers can limit their ability to know who to call when, and to connect the people they’re trying to serve to the services they need. One worker may be advocating for the services a family needs, while being unaware of the constraints that that service is facing. In a service provider stakeholder lab, one participant said, “Am I advocating for something that’s even possible?” This can limit empathy and understanding between service providers. It can paralyze a process, and is stressful and frustrating for service providers and families alike.

Planning and managing transitions

Transitions big and small can be incredibly disruptive, regardless of whether they’re driven by a geographic move, a change in age, a new diagnosis, a new worker,

a substitute teacher, or an appointment in the middle of the day. The fault lines created by fragmented services force transitions between every silo, and even seemingly small transitions require management.

For many children and families facing mental health challenges, routine is critical to maintaining a stable situation at home. Any change to this routine often requires a tightly managed transition from one state to another. Services are built to sustain themselves, and are forced to focus on their silo as defined by their mandate, funding, resources, and catchment area. However, that’s not how families experience services—they just need support.

Big transitions—such as a geographic move, a child turning 16 or 18, or the transition from mental health services to developmental services—demand that families and service providers work across boundaries to plan and manage the shift. As a family moves from one service to another they’re likely to experience changes to the resources available to them, the language used, their worker relationship, their worker’s style or approach, and many other factors. If a family is referred to a new service, they may end up on a wait list for months or even years—a slow and unsupported transition that they’re forced to manage.

Parents often act as the consistent voice, and are tasked with keeping track of information, communicating this to new workers, and bringing documentation with them to prove eligibility for services, and communicate their child’s needs. Their

ability to do this is affected by their own skills, knowledge, mental health, and personality.

Every transition also threatens communication and, worse, service breakdown—often leaving children, youth and families feeling like they’re starting from scratch. They may feel like they’re telling their story over and over, and this may hold them back from getting the support they need. The team heard one parent describe how they hesitated to call Here 24/7 because they would have to tell their complex story from scratch to a new person, and wondered if it was worth it.

Service providers and families alike described the ideal situation—one in which transitions are planned for in advance, with all outgoing and incoming service providers, sitting alongside the child, youth and/or family. Important information about their past and current situation is communicated, everyone understands who else is involved, and what needs to be done to support the child and family.

However, even when transitions are well-planned and highly managed, this doesn’t guarantee that things will go smoothly. For example, a child’s behaviour may change significantly when they have a substitute teacher for a few days, even if they know to expect it. Some transitions are hard to avoid, but with a greater focus on their impact, and better planning and coordination in advance, they can be less disruptive to children, youth and families.

Service providers and families need to feel confident that they know what to do and who to call. Schools feel like natural hubs for supports, yet they aren't set up to play this role.

Recognizing that a child or youth has mental health needs is just the beginning...

Having a correct diagnosis in hand doesn't mean that someone's equipped to know how to support them...

In a system of services that is fragmented and inconsistent, families can only get connected to services they hear about...

And can feel at a loss for where to find services, what to do, or who to call for help.

Parents just want to get their children the help they need...

But they're kept on their toes—a strategy that worked for a child or youth last week may not work tomorrow.

Service providers can also struggle to know what to do and who to call for help...

They may be trained in a single silo, but are asked to operate across multiple to support children, youth and families with complex needs...

Schools seem like natural hubs for keeping an eye on how kids are doing, and connecting them to the supports they need...

But they're not resourced, trained, or set up to fill this role...

And it's even more confusing for everyone when teachers see behaviours that are different from what's seen at home...

Schools and workers are trying to keep up with people's needs, but they often don't have the training or resources they need...

Which can leave them feeling anxious and guilty that they haven't done enough for the children, youth, and families they're trying to support.

Difficult to know what to do

Many service providers and families struggle to know what to do to support a child or youth they care about. Parents aren't trained for this—they're just trying to help their child(ren) to be happy, healthy and safe. They're doing their best, and may seek out education and training at every opportunity, but often feel at a loss for what to do. Learning the right questions to ask, hearing about the services that are available, and knowing who to call can take years, and a parent may never feel confident in these areas.

Whether someone's been getting support for years, or has recently entered the system, knowing what to do is a huge challenge for parents. For example, parents want to push their child(ren) to grow—to take on challenges independently, and manage their own needs. However, the research team heard over and over from parents that they struggled to know how hard to push their child and when to hold back. This was also an area of ambiguity and difficulty for service providers.

Even once a parent gets the hang of what their child needs, this can suddenly shift. A child may be very receptive to a certain strategy or tool one day, and the very next day it can suddenly become ineffective. The same abrupt shift can happen with workers or foods. Whenever this happens, parents are left struggling to find another strategy that works, a worker their child likes, or food they'll eat. This keeps parents on their toes, feeling uneasy that any

stability they've created could become unbalanced with the slightest breeze.

Many service providers also struggle to know what to do to support the child, youth or family they're meant to serve. Service providers come to the table with varying experience and training—some are trained to support mental health needs but not developmental challenges, while others are trained to support substance use issues but not mental health needs. However, it's clear that what a child needs often doesn't fit into the confines of one silo, or one type of training. This means that service providers with extensive training and experience in one area may be at a loss when they're presented with a child with complex needs outside of their typical practise. For example, the research team learned that dual diagnosis of mental health and developmental challenges are being recognized as more and more common, however, training isn't able to keep up.

A service provider can be thrown into a situation where they don't feel confident in their ability to support a child, youth or family. For example, a service provider may go into a situation thinking that they're supporting a child with a particular mental health need, but quickly discover that this child is part of a complex family, in which one of the parents also struggles with their mental health. Suddenly, the service provider can feel like they're now supporting two people rather than one, and the needs of the parent may be out of their comfort zone and typical practise. The same kind of discovery can happen when a service provider begins supporting a

child with one diagnosis, only to learn that they're facing other challenges out of their normal scope of practise.

Some service providers struggle with knowing who to call when they need help. For some, it's very unclear who should step up when and what the roles of different people or services actually are. Schools deal with the same challenges as other service providers. However, these can be amplified by limited training and resources to support children and youth with mental health needs (see next subtheme for more).

Schools feel like connectors and experts in services, but aren't designed for this

To many, it seems natural for schools to act a central door to services—after all, schools are already tasked with shaping much of how children develop from a young age. The majority of kids spend a significant amount of time in a school environment around teachers and staff who are used to monitoring behaviour, providing a level of supervision, and checking in with parents at least semi-regularly. However, teachers and other school staff are often not adequately trained, nor are schools adequately resourced, to fill this important role effectively for children and youth with high needs.

Although the research team learned that some schools in Wellington Dufferin are being intentionally identified as connectors to mental health supports, this is not the norm.

Schools may be able to support a small number of children with significant mental health needs, but aren't properly resourced to support a large number of children and youth with high needs. Some schools may have one educational assistant available for their entire student population of many hundreds of students, and it's all too easy for a child or youth to have needs that go beyond the scope of a school's resources.

Although most schools aren't built to play a central role in the provision and coordination of mental health services, it's clear that some schools are able to offer more support than others. The supports available in each school vary greatly—the research team learned that many parents shop around to find a school that offers the services their child needs. However, some parents don't have a choice of which school they send their child to. Some are locked into school boundaries with only one school, and may not gain permission to send their child to a school outside of their catchment area. One parent engaged for this project spoke of finding a team that worked very well for them and their child at a school out of their home boundaries. However, they had to apply for permission to attend this school each year, and after two years, permission was withdrawn. Although their child was thriving, they were forced to move to another school with a new team, and lost the supports that had

been working so well for them. This out-of-bounds school had become an important central resource for this family—an ideal situation where the parent and child were getting the support they needed, but was made inaccessible due to an arbitrary boundary.

The research team also heard that while schools are often relied on for some degree of mental health support, their observations and recommendations are not always received with open ears. School life has the potential to be quite a different environment from home life or social activities. As such, children and youth can present significantly different behaviour in the classrooms and school hallways than they do at home in their kitchen or at hockey practice. This can be incredibly frustrating for in-school service providers and teachers—they may voice concerns about behaviour they see, only to have these rejected by parents, and vice-versa.

Teachers and in-school service providers can quickly become overwhelmed by the needs of their students. They may individually have very limited mental health training, and those that are trained can quickly become overloaded by their caseload when they only spend one day per week at a school.

Depending on the school board and even the specific school, it can be very unclear where social services end and in-school services start. In some schools, policies at the school board-level make this collaboration extremely difficult. This lack of cooperation creates a boundary, forcing children

and youth to transition between services and schools, breaking up any team they have around them.

Where there is collaboration, the relationship between social services and schools can still break down. The research team heard from an in-school service provider who said that parents are often directed to the school for further support after reaching out to social services. Although some support is available in schools, this service provider suggested that this was not the intended role of in-school workers. Rather, they were meant to provide indirect support by helping teachers to support children, youth and families—not to act as a frontline worker. Lack of role clarity between social services and schools can quickly overload in-school workers and confuse families.

Along with schools, primary care and daycare can also play a connector role, acting as a central door for services that support children, youth and families. Any one of these three doors makes sense to parents—most parents are used to taking any concerns they have to their doctor, and behaviours may be noticed at school or daycare, where the child likely spends much of their time.

Once there's a perception that these are central access points for services, families will look to them for support, assuming that each has the expertise and access to services required to get their child the help they need. However, schools, daycares, and primary care providers alike are often not trained or resourced to play the role

of connector. Service providers working to support families who turn to them do their best to keep up with this expectation, but often aren't trained or resourced to do so. This is complicated by the expectations service providers may have of other services, which may be incorrect or misinformed.

There's discussion about how best to use these central doors, and this report doesn't suggest which service(s) should act as a central hub or connector. However, regardless of whether a primary care provider, school, or daycare was intended to be an access point for services, they are often perceived as doorways to care. It's important that no matter which door children, youth and families come through—whether their doctor, school, daycare, or another door—that each has baseline training and knowledge in mental health, and the ability to connect people to the services they need. Without this, families will feel frustrated and confused, and service providers will feel overwhelmed.

The needs of a child are likely nested within the needs of a complex family. Parents may be acting as case managers, managing their own mental health, and trying to hold their family together.

Parenting is already hard.

Parents are trying to raise kids who are happy, healthy and safe...

Layer on top of this significant mental health needs...

And parents are forced to step into a role they're not trained for, doing their best to support their child(ren).

Often feeling like the only consistent voice and advocate for their child...

They often become de facto case managers, in an effort to keep their child(ren) from falling through the cracks...

However, the system isn't built for them to be in this role.

Meanwhile, children don't live in a vacuum...

They're often part of complex families, in which there may be multiple members with mental health needs...

Without proactively supporting the family as a whole, service providers can become overwhelmed.

Trying to support the needs of their children within the context of the rest of their family....

Parents can become burnt out without regular, reliable, respite care...

And risk sending up red flags to CAS if they express their desperation too strongly.

However, it can be challenging to find respite situations that are actually restful.

Parents have a lot to manage

Parenting is a hard job—no matter what the specific needs are of a child or youth, raising kids that are happy, healthy and safe is a difficult task. There's a lot to learn, and as they say, there's no manual. When a child or youth has significant mental health needs, a parent has no choice but to step up and do their best to support their child. They may have other children (with mental health needs of their own), they may be holding their family together, struggling financially, or managing their own mental health.

Due to a fragmented system, parents often feel like they're the only consistent voice and advocate for their child. They desperately want to keep their child from falling through the cracks in the system, and often step into the role of de facto case manager. This is a difficult and stressful job requiring parents to manage many details, coordinate with service providers, educate themselves on their child's needs, advocate for their child in meetings, and many other responsibilities. Parents aren't trained for this, and with their own stretched capacities it is difficult for them to fill this role.

Sometimes, parent's role as de facto case manager isn't recognized, accepted and supported by service providers. The team heard from multiple parents who'd been told to "back off", to "let the professionals do their job", or were asked why they wanted a copy of a report. This resistance doesn't align with the fact that parents are often the consistent presence for their

child, and are often tasked with updating and communicating between service providers.

Parents will do everything they can to support their children, but financial stress can tie their hands. Financial struggles can make it difficult for parents to put gas in the car to drive their child(ren) to appointments, and/or to and from school, and this is amplified when the family lives rurally. Having the resources to drive affects a family's ability to get to appointments, or visit children receiving treatment out of town. It also affects their ability to adapt to their child's needs, like offering them a ride to school when their anxiety makes it difficult to take the bus.

Financial struggles also make it difficult for parents to pursue services that may be effective, but cost money. One parent described a paid program that had been very helpful for their two children. In the past, their family had received financial support that allowed both children to attend the program, but the next year, the same funding was not available, so the children didn't attend.

Parents and children may also be part of a larger family, which may feel like it's falling apart. One parent spoke of how their mental health needs had put them on leave from work for years. This was a major point of stress between this person and their spouse, and their relationship was struggling. This left them feeling like they were trying to hold their family together—supporting their children's needs, managing their own challenges, and trying to

smooth a tense family dynamic.

It's certainly the case that some parents struggle to meet the basic needs of their children. The research team doesn't want to paint every situation with the same brush, and acknowledges that a parent's ability to support their child is very different in different homes. Some youth who were engaged for this project told stories of homes that were broken, harmful and dangerous. Although these situations are a reality, the research suggests that in the majority of cases, parents just want their kids to be happy, healthy and safe.

Supporting a child likely means supporting a complex family

Children and youth don't exist in a vacuum—they're part of a family, even if that family isn't in their lives much anymore. Services are generally built to support one person, not a family with complex needs. However, it's often the case that a child with mental health needs is part of a family with its own complex needs. There may be more than one child in a family with mental health needs, and one or more parent may also be challenged by their mental health or limited capacities. Meanwhile, parents need to feel supported so that they can support their child(ren).

Even when the parents in a family don't struggle with their mental health, they can be deeply affected by the needs of their child. For example, if their child struggles with self-harm, parents can feel extremely anxious about their child's safety.

Not only are parents trying to support one or more children with mental health needs, they may also be trying to limit any negative effects on siblings who don't yet have mental health needs. One parent shared how the explosive behaviour of an older sibling was rubbing off on a younger child. Another talked about managing the sexualized behaviour of one child, and trying to protect a younger sibling from becoming "tainted" by inappropriate behaviour. This parent even considered sending the younger child to live elsewhere just to protect them.

Supporting the needs of a family as a unit can make it more likely that children are able to stay in their family unit—a goal that many service providers described as ideal. Part of this means providing preventative support so that parents can keep their heads above water.

One parent had struggled with substance use in the past, and had since put a lot of work, reflection, and awareness into changing their behaviour. This parent is currently doing well, but told the research team that they wanted someone to talk to—just to help them vent, cope, and process what's going on for them. When they asked for this support, however, they were told that resources weren't available for them unless they were already presenting with a problem. This parent wanted preventative support so that they could feel more capable of supporting their children with mental health needs. If this was seen as a whole, complex family, it would feel quite intuitive to give this parent the support they're seeking.

It can be difficult to balance the needs of a child with the needs of a parent struggling with mental health challenges. One parent suggested that it would be easier if the worker that supported them talked to the workers supporting their child. However, another parent had felt uncomfortable after learning that their worker and their child's worker had collaborated on an issue.

The reality that children are nested within complex families is a significant challenge for service providers. Workers who begin supporting a child may be overwhelmed when they discover that one or more parents has limited capacities or struggles with significant mental health concerns. Participants in a service provider lab reported that this happens often, and can leave them feeling like they're supporting the parent just as much as the child.

Burnout and the need for respite

Many parents have moments of feeling overwhelmed. This is understandable as some families feel like they're in a state of crisis for months or even years. Some children and youth require constant supervision, and the demands of this can be an incredible drain on parents' emotional and mental wellbeing. Without regular, reliable, and trusted respite care, these parents can become extremely burnt out, reducing their ability to care for their child(ren) and even triggering concerns at CAS.

When parents are left without regular, reliable respite options for months or years, they can end up feeling very desperate. In a bid to communicate the level of

urgency, they may reach out to a worker saying they can't keep living in the state they're in. However, the team heard from one parent who did exactly this. This was interpreted by Children's Aid as a red flag, whose workers are trained to detect situations where abandonment or neglect could occur. Although the system is trying to keep children and youth safe, this can bump up against the desperation of some parents. While CAS may interpret this as a worrisome flag, really, parents are doing everything they can to support their children—so much so that they're becoming entirely burnt out.

Ideally, parents can get help before they get burnt out and the situation becomes desperate. However, if parents feel like they can't trust services they may not reach out for the help they so urgently need. One parent said they'd felt betrayed by services, describing how CAS had become involved when they asked for help. Over a number of years, multiple CAS investigations were eventually settled, but this parent suggested that if they could go back they wouldn't have gone for help in the first place:

“When I asked for help I expected that a worker would come over to the house, look and see what I’m doing wrong—if I’m doing something wrong. Tell me how I can deal with something differently. Give me some alternatives to what’s going on. I felt like, ‘I’ve tried this, I’ve tried that. I’ve tried pretty much everything I think I can try so, can you guys see something that I can’t?’ If I had the chance to go back, I probably

never would've went and asked for help. I would've just dealt with it. Maybe once he got older, if his problems were still there, then I would've talked to his paediatrician and gotten a referral to somewhere. 'Cos they were no help. They made things ten times worse for me.

– Journey mapping participant

In some cases, children and youth may be disqualified from respite homes. One parent talked about how their child had been demonstrating sexualized behaviour, and that as soon as this was acknowledged in the child's file, they became ineligible for residential respite care. Meanwhile, this parent was in urgent need of support.

Even if a child is eligible for residential respite care, and the family can afford to send them, a child may struggle with being away from home. One parent described their child's separation anxiety to be so intense that they couldn't even have a door closed between them in their own house. It was hard for this parent to imagine how the child could adapt to being out of the home in a respite house.

In-home respite care isn't straight forward either. The same parent whose child was ineligible for residential respite care was eventually given funding for in-home respite workers. However, it became clear that getting access to care isn't just about getting funding. When funding was granted, this parent was given a list of workers to contact, and told that they would be tasked with vetting and hiring the workers they needed. They were also responsible for tracking worker hours, paying the workers up front, and waiting

for reimbursement. Although the intention here may be to give parents control of the care their family needs, it can feel like they're just being asked to do more. Vetting, hiring and coordinating workers is a huge administrative task that can have parents consistently running into dead ends. On top of this, paying workers up-front can be a huge financial burden.

It's possible that what's intended to be respite care can end up adding more stress through the coordination, administration, and training of workers required of parents. If parents can't trust that respite workers will show up for their shift or follow their child's routine, what's meant to be respite care can end up being anything but restful. One parent described how the routine they'd structured to keep their child stable was often disrupted by workers that didn't stick to it. They would then have to deal with changes in their child's behaviour and managing their disrupted routine.

Even once respite has been granted and workers have been hired, support may still fall through. One parent talked about being told that they would receive in-home respite care, only to find that the care had been left unarranged, or for the worker to cancel shortly before their shift.

Service providers also face burnout. One parent described how it felt like service providers seemed exhausted by their child's case, but acknowledged that the workers involved had been working to support their child for ten years and had tried everything they could.

4.3 What if?

The intention of this project is to understand the needs, experiences and challenges faced by children, youth and families with mental health needs in Wellington Dufferin. Implied in this intention is setting up the individual service providers, services, and system as a whole to improve—to reflect critically on how this system works and feels right now, and challenge the system to be better.

The research team learned an incredible amount from the youth, families, and service providers who shared their stories and thoughts with us. There were many successes throughout the system, as well as many challenges and opportunities for improvement. It can be overwhelming to hear about how something's not working—many people who participated in this project reviewed the challenges that were identified and said, "Yes, I know. We've been dealing with the same challenges for decades". How might the system take them on in a new way?

In design thinking, there's an important transition from the research phase into the ideation phase. This transition is facilitated by asking questions that shift thinking from challenges to action. One way to do this is by asking "How Might We?" or "What If?" These help one imagine an ideal future in which the challenges at hand have been addressed, one in which service users and providers alike have what they need to live the happy, healthy and safe lives they imagine for themselves.

Based on what was learned from youth, families, and service providers, Overlap developed the following questions to push thinking around what this system could be and feel like in an ideal world. Some of these questions may feel impossible to take on. But consider for a moment—what if it did feel like this? Maybe the system could be different—maybe a service could feel like your best friend walking alongside you. Maybe transitions could be so smooth that a family doesn't even know they've changed silos. Maybe the system deconstructs its silos entirely.

The following **What if?** questions were used to set context for the strategic retreat, along with a presentation of insights resulting from the engagement phase. These questions provide a powerful, empathy-based starting point for ideation around improving child and youth mental health services in Wellington Dufferin.

Read through these questions and imagine what could be—what if?

What if children and families didn't have to be eligible for the support they needed?

What if the doors to service opened before knocking?

What if children and families had consistent service experiences no matter which door they came through or where?

What if every child was treated as part of a complex family in need of wrap-around support?

What if early intervention became the norm?

What if there were a sense of mutual trust and respect between police and young offenders? Or between families and child protection?

What if everyone felt confident that they knew how to help the child in front of them?

What if services responded so quickly to the needs of children and families that they surprised even themselves?

What if services were adaptable to the schedules and routines of the people they served?

What if parents felt so confident in services that they could just be parents, not case managers?

What if services were undetectable?

What if the transition to receiving support from a new silo was so seamless that children and families weren't even aware a transition had happened?

What if services were able to surprise and delight every child and family they encountered?

What if every child and family felt like services "got" them—understood them as a person and knew their story?

What if children and families only had to tell their story once?

What if family members and service providers alike could enjoy regular, restful, reliable respite?

What if services felt like your best friend walking alongside you?

What if every child and family felt they had a team who had their back?

What if children and families never felt judged or afraid to ask for help?

What if children and families had access to supports that suited them perfectly exactly when they needed them?



5.0 The Future of This System



5.1 A Common Vision

A group of people including service providers and a handful of youth and parents came together to envision what they wanted to achieve for this system over the next three years (see section 3.4 for more on how this was done). This vision was grounded in the stories and insights that were learned throughout the engagement phase. The group used the **What if?** questions, outlined in section 4.3, to challenge themselves to imagine an ideal future for children, youth and families with mental health needs in Wellington Dufferin.

Together, they created a common vision for 2019—painting a picture of how this system will look, work, and feel in three years. This vision should feel exciting and powerful, and it should also feel a little bit scary. It's a lofty undertaking—because it's aiming for a meaningfully better future for the people in this system. It therefore sets the stage for the group to identify priorities for the lead agency over the next year (see section 5.2).

Equitable, Accessible and Effective Services

In 2019, children, youth and families across Wellington Dufferin will have access to the services they need, as soon as they need them. They will know how to find, and have access to, effective mental health services—from intensive residential treatment to wrap-around community-based services. These will be equally accessible to someone in rural Dufferin as they are to someone in downtown Guelph.

Someone with a dual diagnosis will feel just as supported as someone with concurrent disorders and a history with the justice system. Eligibility requirements will be used to qualify people for service, not disqualify them.

The system will know whether services are effective by measuring things that matter to children, youth and families, paying attention to their experiences, preferences, and real lives—not just what's easy to measure.

Coordinated Continuum of Service

In 2019, children, youth and families in need of support will have clear pathways to the services they need, regardless of their age, location, diagnosis, or crisis level. The walls between each silo will become thinner, allowing families to transition seamlessly between one service and another, whether between social services and schools, children's and adult services, or other silos. Services will exist on a continuum and will adapt to fit the dynamic state of someone's needs—allowing them to move through different intensities of services, without having to stop and start. On the backend, a common IT solution will provide a solid infrastructure for service providers, and reduce the need for families to repeat themselves or start from scratch.

Early Collaborative Care

In 2019 every child, youth and family is encircled and supported by their own team. Its members include people from education, primary care, developmental,

mental health, and anyone else they need. Importantly, the child, youth and/or family is a critical part of this team, actively involved in planning the supports they need, and able to co-design the experience they can expect to have.

Teams are formed early, before a family gets anywhere close to crisis—never needing to be “sick enough” for help. Each team is driven by empathy, focusing on the needs of the child, youth and family they’re supporting, not held back by individual mandates, assessments, or other constraints.

System Clarity

In 2019, service providers and families across the system will have a clear understanding of everyone’s roles, and what each service does. They will know who to call when, and will know when one service should step up over another. Service providers in social services and schools will feel more confident in their training, and will know how to support the children, youth and families they encounter.

This system will be better integrated with other systems and initiatives across this LHIN, such as adult services, and the Special Needs Strategy. Service providers, services, and the public will feel more aligned, and feel like they’re part of one coherent conversation no matter their role, mandate or funds.

Diverse, Transformative Services

In 2019, services are flexible, adaptable, diverse and impactful. Children, youth and families will have options to choose from, and have access to services that work for them in the context of their lives. They can trust that the services they receive are grounded in evidence, and have the flexibility to choose alternative services or informal supports that may work for them, such as support through recreation or their church.

The system actively respects that children, youth and families are experts in their own lives, and should have the ability to choose the services that work for them. Services feel tailored to the needs of children, youth and families, and no one feels alone in managing and coordinating their care. Services meet people where they’re at.

Empowered Kids, Youth and Families

In 2019, children, youth and families have everything they need to be happy, healthy and safe. Services are built to fit their needs, not just the needs of service providers, creating the best possible service experience. Families don’t have to shift their schedules to fit the constraints of services, and they don’t have to deal with one issue before another. Instead, they’re treated as people first, and are able to get support for multiple needs at the same time. Services are built to adapt to their lives, not the other way around.

This optimal service experience is driven by thoughtful funding allocation and meaningful metrics that represent what's important to children, youth and families.

5.2 Priorities for the Next Year

The following three priorities will drive action over the next year. Although the lead agency will act as facilitator of this work, they inherently require collaborative action from the entire system of child and youth mental health services in Wellington Dufferin. Services and individuals work as a team to create a system that works for children, youth and families, and they take on this challenge with courage.

Each of these priorities is a commitment to action—over the next year—and the people and services within this system are committed to:

1. Acting as One Team with Children, Youth and Families
2. Leading with Clarity, Courage and Accountability to Inspire Action
3. Fostering and Accepting Shared Responsibility for a System That Works

Acting as One Team with Children, Youth and Families

What if every child, youth and family had a team that they felt had their back—one team for and with children, youth and families—a team that wraps around them, and holds them as captain?

The members of a person's team might change—new members might be recruited and others might ride the bench—but it would be rare for someone to leave the team entirely. They would still wear the team colours and cheer on the person they support. This team would be a one-stop shop—the entire team would be there on the field. Some team members would ride the bench until their skill set perfectly suits the situation at hand.

This model respects the perspective and expertise of the person getting support, and aims to provide the best service experience possible. Holding the child, youth and family at the centre, services will wrap-around the person they support, drive to meet their needs—unconstrained by mandates and silos. Built on a foundation of experience-driven metrics and governance, services will be based in empathy, and a shared understanding of what really matters to children, youth and families.

This means:

- Putting kids and families in centre of work
- Creating a culture of persistent kindness and empathy
- Recognizing expertise and providing space for voice
- Creating a one-stop shop
- Integrating governance
- Building and evaluating based on experience
- Building a culture of measurement

Leading with Clarity, Courage & Accountability to Inspire Action

The identification of CMHA WWD as lead agency is an opportunity for leadership, but also not its only source. Positive action in this system requires courageous and honest leadership from every level, and particularly system-level players. This project has already resulted in a shared vision—now, people across the system must play an active role in realizing it.

Leadership from CMHA WWD and others will drive clarity and understanding—helping individuals and services understand how the system works and their role in it. Significant change here will require an honest re-evaluation of risk. A consistent, system-wide approach to risk would facilitate efforts toward shared data, which will open up communication between services, providers and families.

Most importantly, positive change in any system requires talented people. It's just as important to attract talent as it is to develop and retain the talent already working in the system. To keep up with the evolving and complex needs of children, youth and families, providers need consistent opportunities to build their knowledge and develop their skills. This will help workers feel confident and capable in supporting people with complex needs, and contributing to system-wide change.

This means:

- Creating a vision together
- Improving collective public relations capacity
- Creating a culture of empowerment
- Attracting, developing and retaining talented staff
- Encouraging/developing insight at all levels
- Creating common IT access
- Identifying and facing fears
- Implementing a shared approach to risk
- Leading with clarity, courage and accountability
- Building skills that match needs

Fostering and Accepting Shared Responsibility for a System That Works

Over the next year, every service and individual in this system will be invited to take responsibility for making this a system that works for children, youth and families. Regardless of organizational hierarchy, every person is accountable and empowered to provide the best service experience possible, and to get children, youth and families what they need.

Achieving this goal requires services and service providers to function in unison as a healthy system ecology rather than as a set of fragmented services—it requires a system-view rather than a service-view. This means opening up channels for clear communication and data sharing wherever possible, and building capacity that facilitates collective problem solving.

As this vision is built together, it's critical that the system aligns with the needs of children, youth and families to ensure that it fits their needs and lives. A system that works for children, youth and families is one that services and families have to create together. With this goal in mind, unnecessary boundaries and constraints can be knocked down, and every constraint that limits the functionality of this system can be called into question. Working toward a system that works will be evident in conversations between ministry and local leaders, service providers and families, and every single interaction with a child.

This means:

- Engaging all stakeholders in system design
- Creating capacity for collective problem solving (at system, program-direct service)
- Acting as one team
- Mapping mandates and identify shared unique functions
- Thinking and acting from a systems perspective
- Using a common tool
- Advocating for fewer boundaries (geographically and legislatively)
- Creating opportunities for shared resources
- Communicating clearly with each other
- Engaging ministries to provide collective leadership



6.0 Conclusion



The next year is an exciting one and the information, insights and priorities identified in this report are only the beginning. The community has set a vision for child and youth mental health services in Wellington Dufferin, and the future it describes will impact more than just the next three years.

At its core, this vision represents a fundamental shift toward an experience-based system, built to offer the best possible service experience for children, youth and families. It's a system that service providers can be proud of, upon which people can rely.

A functional system isn't defined by whether its services fulfill their individual mandates, stick within their budgets, or meet metrics defined by a governing body.

Rather, the success of this system should be defined by its fulfillment of one essential goal: helping children, youth and families to be happy, healthy and safe. With this in mind, this system can act as one team, proceed courageously toward action, and take responsibility for creating a system that works.

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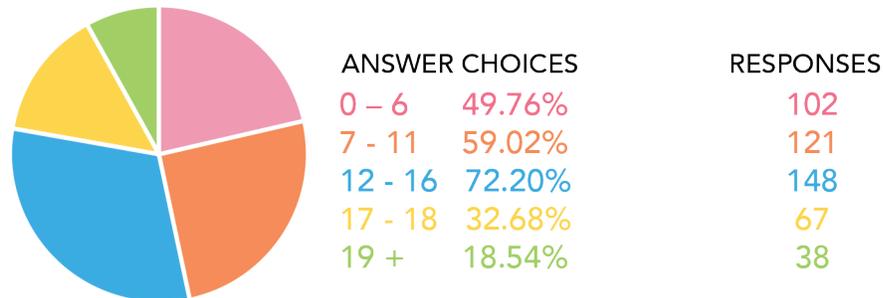
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8.0 Appendix

8.1 Summary: School Board Online Survey Responses

In your role, which age groups do you support?



In a sentence or two, how does the service you work for define "children and youth"?

Most respondents define children and youth by the student population their organization serves. This was often divided into elementary school and high school student populations. The other common response was up until the age of 18.

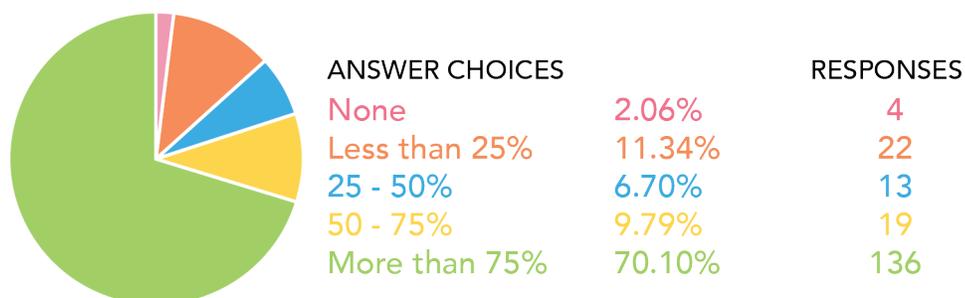
In a sentence or two, how would you define "children and youth"?

Not many people changed their responses from the previous question.

Some interesting responses include:

- "I, personally, believe "children and youth" should refer to people up to the age of 21. Although people 18-20 are officially adults, they sometimes need extra support - their brains are not finished!"
- "A person who has not matured to an independent stage of life."
- "Children are dependent on others. Youth are seeking independence while balancing how to manage being dependent." "Children and youth are "grey" terms. I am uncertain how you can definitively define when childhood begins and ends as it crosses over into being a youth and even more complex is defining when youth ends."

How much of your time at work is spent on programs and/or services for children and youth? (Including paperwork or related tasks).



Do you support other groups as part of your role?

Answer Choices		Responses
Yes	48.19%	93
No	38.34%	74
Not sure	13.47%	26

If yes to the above, which groups do you support other than children and youth?

Families and related informal caregivers:

- Parents/guardians
- Families and extended families
- Other related caregivers

Teachers and related caregivers:

- Teachers, educational assistants, peer educators
- Support staff, administration, custodians
- Coworkers/colleagues

Community partners and related caregivers:

- Community organizations like churches, Big Brother/Sister
- Community partners like F&CS, CMHA, police
- Other organizations working in supportive capacity

Do you know where you start?

Answer Choices		Responses
Yes	81.44%	158
No	18.56%	36

Do you know what services and supports are available to children, youth and families in the community?

Answer Choices		Responses
Yes	59.79%	116
No	40.21%	78

What one thing would make the biggest change in your knowledge about the child/youth community mental health system?

Access to information

- Clear and concise information compiled in one place
- Regular updates on information and programs
- Flow chart/map on how to begin and what agencies do what
- More communication with schools and parents about local programs and help

Access to training and resources in the school

- Professional speakers to speak to their involvement with children and youth
- Direct education/workshops about specific mental health issues
- Other related professional development opportunities
- Discuss mental health at staff meetings, shared knowledge base of students
- Directory of services available to staff

Access to and collaboration between community agencies

- A single point of contact
- Services/agencies that are readily available (no wait times) to staff and families
- Ability to know what is actually available, not what's available on paper
- Better communication between community agencies
- More collaboration/integration among community members, (e.g. collective programming)

What challenges or barriers do you face?

Timely access to programs and services

- Responses are not within required timeframe, too much lag time
- Wait lists, waiting on hold, leaving messages, lack of follow up
- Time it takes for children/youth to be taken seriously
- Community mental health services are overwhelmed and cannot provide frequent support

Knowledge and availability of services

- Availability of programs and related support from agencies
- "A culture of pass the buck", outside services referring back to school services
- Don't know what is available and/or who is eligible, or the process
- Don't know if reaching out to services is overstepping as a teacher, not having the expertise in this area

Barriers from / experienced by family members

- Consent of family members, confidentiality barriers
- Stigma around mental health, counseling and related services
- Denial/fear of the mental health concerns by families
- Barriers to access for families (e.g. communication, transportation)

What has worked really well? Why?

Collaboration across all providers

- Case conferences that include all helping professionals
- Inviting service providers into the school
- Having contacts in the school, reaching out to colleagues
- Open communication between providers, coordination of services

Finding the right support

- Here 24/7 and other services to figure how to get started
- Finding the right information and passing it along
- Services that are immediately available
- Accessible information through drop in / walk in

Engaging children and youth and their families

- Being present, listening what these people have to say
- Building relationships with these people, parents and school staff make a plan, helping parents advocate for the child's needs
- Sharing my own experiences with the child, making them feel safe
- Involving the child in the plan

What one change would make the biggest difference for you?

Access to resources

- Access to more counseling, professional therapy, and resources in the school
- Readily available support for those who need it most, direct contact
- Consistency of workers supporting children/youth and their families

Communication of Information

- Information available to children/youth and their families in a place that can be accessed confidentially
- Hands-on, proactive, research-based strategies
- Consistent communication of information
- Professional development, confidence in knowing how to get started
- Role clarity

Collaborative approach to care

- Holistic approach
- Openness to collaborate and work together as a community
- Better coordination/alignment of services, without overlap

- Regular meetings to discuss and support children/youth

In your perspective, what challenges or barriers face children, youth and families with mental health needs?

Clear information

- Understanding how to navigate institutional systems
- Lack of knowledge/awareness, unsure
- Mixed messages from schools and agencies
- Making an informed decision
- Access to services
- Wait lists, getting in in the first place
- Lack of follow up and inconsistency of workers handling their case
- Physically accessing supports, especially when they are not available locally
- Stigma/fear
- They are embarrassed to ask for help, afraid of being judged as parents
- Stigma around mental health, concern child will be labelled
- Struggle to acknowledge child has an issue

In your perspective, what works really well for children, youth and families with mental health needs? Why?

Advocates

- A knowledgeable and caring advocate
- Encouragement and empowerment of parents and families
- Early diagnosis, independent of how intense the problems are
- Not publicizing, but supporting individual in need

Collaboration

- Collaboration between services (e.g. psychologist, school and family)
- Better relationships between the school and outside agencies, and the school and families
- Reduce gaps needed to be bridged in the system, help navigate the system (e.g. case coordinator) and communicate the process upfront

Access to resources

- Child/youth workers within the school system, with meetings at school or family home
- Being able to talk it out with someone knowledgeable/informed
- Timely responses and support, linking parents to support
-

What one change would make the biggest difference for children, youth and families with mental health needs?

Better coordination

- Services provided in the school, proper support in classrooms
- Central hub for accessing / mainstreaming of services
- Less talk, more action
- Less wait time

8.2 Summary: Service Provider Online Survey Responses

Defining Children and Youth:

Services tend to define this group as 0-18

Providers tend to either agree, or expand it beyond 18 years of age

How much of your time at work is spent on programs and/or services for children and youth?

Answer Choices		Responses
None	2.90%	2
Less than 25%	13.04%	9
25 - 50 %	11.59%	8
50 - 75%	7.25%	5
More than 75%	65.22%	45

Do you support other groups as part of your role?

Answer Choices		Responses
Yes	63.77%	44
No	30.43%	21
Not sure	5.80%	4

- Parents
- Caregivers
- Those over 18 (adults, seniors)
- Other workers/administrators

What do you like most about your job?

- Making a difference / improving quality of life
- Interacting with children and their families, strengthening relationships
- Creativity in meeting needs / overcoming challenges
- The variety/uniqueness each person brings

What do you like least about your job?

- Not enough time/funding/resources
- Paperwork/bureaucracy
- Inconsistency in service
- Siloes/boundaries/limitations

What one task takes up the largest portion of your day?

- Paperwork / note writing
- Traveling
- Coordination/scheduling
- Meeting with students

What three resources or tools do you rely on most to do your job?

- Internet / phone
- Community/colleagues/supervisor
- Resources/tools

What's the biggest time waster in your day?

- Paperwork
- Traveling
- Looking for information / slow computers
- Unproductive meetings
- Superfluous correspondence

What one change would make the biggest difference for you?

- Streamlined caseworks / I.T. systems that save time
- Reduce admin/paperwork
- Clear communication of changes in criteria or rules
- Access supports from one central location

Do you ever feel held back from doing your job by rules, policies, procedures, or coworkers at work?

Answer Choices		Responses
Yes	60%	30
No	26%	13
Not sure	14%	7

If yes, what's difficult to do because of this? What's the first thing that occurs to you?

- Supporting families in different ways
- Getting immediate help when the student is asking for it
- Talking to colleagues about clients
- Difficult to be truly person-centred

How often do you feel restricted in your job because of rules, policies, procedures or co-workers?

Answer Choices	Responses
Never	0%
Rarely	29.17%
Once a month	27.08%
Once a week	22.92%
Once a day	12.50%
Multiple times a day	8.33%

Tell us a bit about a time when you were trying to support a child, youth or their family and you felt restricted.

- Following legislation / not our mandate
- Lack of funding at MCYS level
- Caregivers will not engage

Do you ever find yourself in a position where you feel the need to bend, break or work around a rule?

Answer Choices	Responses
Yes	75.00%
No	15.91%
Not sure	9.09%

How often do you bend, break or work around rules at work?

Answer Choices	Responses
Never, and I don't see others do it either	17.07%
I don't, but I know others who do	4.88%
A few times since I've been hired	46.34%
Monthly	19.51%
Weekly	12.20%
Hourly	0%

Please share a brief example of a time when you bent, broke or worked around the rules at work.

- Trying to get client connected with service, find back door
- Lean on connections with community members
- Help client self-refer, less paperwork
- Participate with client in community activities, outside of service
- Keep clients past 18

What rules do you want to break at work, but don't?

- Being able to share information with other providers
- Drive youth somewhere they need to be
- Boundary/jurisdiction issues
- Working outside of regular hours

What stops you from breaking the rule(s) you described in your answer above?

- Repercussions
- Time
- Professional boundaries

What are you trying to achieve by bending, breaking or working around the rules?

<u>Answer Choices</u>	<u>Responses</u>	
To improve quality of service	80.56%	29
To make it possible for someone to access services they need	69.44%	25
To save time for the person I'm serving	27.78%	10
To complete a task	19.44%	7
To save time for myself	13.89%	5

What's the best "trick" you've learned or developed for getting things done at work?

- Doing things immediately / paperwork in by end of every week
- Schedule time to do admin work / stay focused while completing it
- Building relationships and collaborating with other providers
- Is there anything else you think we should know?
- "There are so many services available and yet no central referring agency. It's confusing. When do we refer to SHIP, vs CCAC, vs DCAF, vs CADS???"
- "Thanks for supporting us on the front line!"
- "Most of the clients we serve require more in depth mental health and trauma work which we cannot provide at CAS. A better bridge to mental health service is needed because children's mental health needs are not being met currently in an effective or efficient manner."
- "It would be good to have a better working relationship with outside resources especially being able to access help in smaller communities for people who are unable to drive to Orangeville."
- "We need to put children and women first in all our policy decisions as they are our most vulnerable."
- "Too many reporting guidelines of stats, completing assessments never used etc. that takes away from direct counselling/therapy"

OVERLAP

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