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**MINISTER:**

Honourable Gordon Hogg  
Ministry of Children and Family Development

**TITLE:** Child and Youth Mental Health Plan

**ISSUE:** For Approval

Research suggests that nearly one in seven children and adolescents may have a mental disorder that results in very serious functional impairment (see Appendix A). In BC this 15% of the child and youth population means that more than 140,000 children and youth experience mental disorders causing significant distress and impairing their functioning at home, at school, with peers, or in the community.

Children's mental disorders permeate every aspect of their development and functioning, including family relationships, school performance and peer relationships. Children with mental illness often drop out of school, abuse alcohol and drugs, get involved with crime, experience family breakdown, and at worst commit suicide. Often the most serious of these illnesses continue into adulthood and affect productivity and functioning in the community. No other illnesses affect so many children in such a serious and widespread manner. The social costs are enormous and long lasting. The estimated annual indirect cost of mental illness (short- and long-term disability, and early death) in Canada is \$14.4 billion.

A Child and Youth Mental Health Plan has been developed over the past year through extensive consultation, research, and expert advice, and has been guided and endorsed by an Advisory Committee of external experts and key stakeholders appointed by Ministers Hogg and Cheema (see Appendix B).

The Plan (see Appendix C) provides an opportunity to correct historical deficiencies, strengthen the New Era commitment to funding the (adult) mental health plan, and realize the vision of better services for British Columbia's children, families and Aboriginal peoples. It supports at least six New Era commitments and the goals of the government's Strategic Plan to provide a "supportive social infrastructure" and "responsible, accountable management of public resources and tax dollars." Most importantly, the Plan will provide critical new approaches and services to address the urgent needs of children and youth with mental disorders.

**RECOMMENDATION:**

The Child and Youth Mental Health Plan be endorsed in order to guide inter-ministry, regional and community-based service planning, with funding of Phase 1 to be provided through existing resources of the Ministry of Children and Family Development and funding for Phase 2 being determined through the three year service planning process.

## **BACKGROUND:**

In July 2001, Mr. Ken Dobell, Deputy Minister to the Premier and Cabinet Secretary, and the Deputy Ministers of Health Services and Children and Family Development directed that a Child and Youth Mental Health Plan be developed. The specific direction was in part stimulated by stakeholder concern over the state of Child and Youth Mental Health services in the province. These services have been historically underfunded, the previous government's Mental Health Plan was intended only to address the needs of mentally ill adults, and children's mental health services have previously been subordinated to child protection demands in the Ministry of Children and Family Development.

The Plan harnesses the collective wisdom of British Columbians and provides the framework for meeting the challenges of mental illness, as reflected by Premier Campbell in his address to the Vancouver Board of Trade on April 30, 2002,

*"Mental illness is something we should certainly start talking about: we can't just hope that it will go away.... Too often, mental illness has been pushed to the bottom of the agenda. It is our hope that with the advocacy of Gulzar Cheema at the cabinet table we will see progress – and we will all benefit."*

In addition, the Plan responds to the Final Report of the Commission on the Future of Health Care in Canada (Romanow, 2002), that describes "mental health as one of the 'orphan children' of medicare."

## **Status in BC**

In the previous government's effort to create a new children's ministry, children's mental health services, already significantly under-funded, did not keep pace in the Ministry's struggle to manage the needs of children who require protective intervention. Currently only a small percentage of our children with serious mental disorders can access specialized mental health services they need to thrive.

In recent years in BC, attention and resources have been directed towards adults with mental illness. A commitment has been made to fully fund \$125 million needed to implement the (adult) Mental Health Plan; however, that Mental Health Plan does not address the mental health needs of children. As such, the plan is incomplete because the needs of our children, one quarter of the population, and our investment in the future, are not addressed. The proposed Child and Youth Mental Health Plan will overcome this omission and complement the commitment to fully fund the Mental Health Plan.

The Adult Mental Health Plan will enhance and restructure the delivery of community mental health services by downsizing and decentralizing institutional care and strengthening community based services.

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The Child and Youth Mental Health Plan will also enhance and restructure the delivery of community mental health services by downsizing and decentralizing institutional care and strengthening community based services. When the Plan is fully implemented in year 2007/8, the per capita spending on community mental health services including the institutional resources currently dedicated to the Maples, will rise

Implementation of the Child and Youth Mental Health Plan will address serious inadequacies in services and ensure that BC's commitment to the mental health of children, youth and their families will be comparable to our commitment to adult mental health.

### **Opportunity for Change**

The Child and Youth Mental Health Plan provides an opportunity to realize the New Era commitments by

- Preventing crisis situations before they arise,
- Increasing emphasis on early childhood intervention,
- Enhancing training, resources and authority for front line staff,
- Giving special attention to the challenges and needs of aboriginal children, youth and families, and
- Creating safer streets and schools in every community.

### **Key Elements of the Proposed Plan**

To better meet the mental health needs of children, four strategies are proposed.

1. More timely and effective treatment and support services will be provided for children with serious mental illness.
2. Programs will be enhanced or developed to reduce risk and prevent or mitigate the effects of mental illness.
3. The capacities of families and communities to prevent and/or mitigate the harmful impact of mental illness in children and youth will be enhanced.
4. Better systems to coordinate services, monitor outcomes, and ensure public accountability for policies and programs will be developed.

Over the five years of the Plan, resources for Child and Youth Mental Health Services are proposed to be incrementally doubled. At the same time the effectiveness and efficiency of existing resources will be improved through increased accountability, inter-jurisdictional collaboration, and enhanced prevention, early intervention and evidence-based treatment approaches.

In addition, it can be argued that an increased investment in community-based child and youth mental health services will assist the Ministry to achieve its goals of reducing the number of children who are in care or who come into care. When the Plan is

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implemented, both the incidence and impact of serious mental illness in children and youth can be significantly reduced.

### **FISCAL MANAGEMENT CONSIDERATIONS:**

#### **Direct Costs**

The improvement strategies described in the Plan will be phased in over a five-year period. In the first two years (Phase 1 – 2003/04 – 2004/05), efforts will be directed primarily at improving performance through training and supports in evidence-based practice and improved accountability structures and tools. In addition, some initial modest investments in service enhancement, all of which will be absorbed within the Ministry's existing budget, will be made.

## Positive Impact on Service Pressures

Since children with untreated mental disorders generate demands for service in a variety of health, social service, education, and justice system settings, implementation of the Child and Youth Mental Health Plan will lead to a reduction in service pressures in the following service sectors. However, it is not possible to predict specific cost savings, as most of these areas experience waitlist and unmet service needs and demands.

### Ministry of Children and Family Development

- Reduction in the rate of children brought into care because of a mental disorder.
- Reduction in the rate of children incarcerated or placed on probation who have a previously untreated mental disorder.

### Ministry of Health Services

- Reduced demand for scarce hospital beds due to alternatives to hospital care being available.
- Shorter length of hospital stays because of available aftercare in the community.
- Reduced MSP claims for ongoing care of children with mental disorders as physicians will be able to refer to new specialized mental health services.
- Reduction in addiction treatment demands for children abusing alcohol and drugs because of an underlying mental disorder.
- Reduced demand on Adult Mental Health Services.

### Ministry of Education

- Reduction in the number of children requiring placement in special classes for emotional and behaviour problems because of specialized mental health services and mental health consultation becoming available in communities.

## RECOMMENDED OPTION: OPTION # 1

1. Endorse the Child and Youth Mental Health Plan in order to guide long term service planning, with future funding to be determined through the three year service planning process.
  - Provides stability and planning direction to guide restructuring.
  - Complements adult Mental Health Plan by providing a multi-year commitment to improve mental health services.
  - Will significantly improve mental health services for children in BC in the years ahead.
2. Do not accept the Child and Youth Mental Health Plan and withhold distribution.
  - Restructuring of the Ministry of Children and Family Development will have to proceed without a plan for improving child and youth mental health.
  - Criticism of the Government because there will be a fully funded adult plan but not a children's plan.
  - Negative political and professional reaction from stakeholders generally and the External Advisory Committee in particular, if the plan is not released since the committee of experts and stakeholders has endorsed the plan.

**SIGNIFICANT IMPLICATIONS:**

**Legislation Required**

No legislative or regulatory changes will be required, nor are there any legal or constitutional implications.

**Consultations**

In the summer of 2000, the province undertook a consultation to identify challenges to child and youth mental health services and begin to plan to remedy the issues. The Consultation included youth, families, service providers and other partners (e.g., the Ministry of Health Services and health authorities, the Ministry of Education and school districts) in the delivery of mental health services to children and youth. Recommendations for improvements and enhancements were consistent across sectors (for a full report on the consultation, see Appendix D).

In addition, in 2001/2002, MCFD contracted with the Mental Health Evaluation and Community Consultation Unit (MHECCU) to conduct a review of evidence-based practice with the overall goal of improving mental health outcomes for children and youth. The Plan has drawn on both the consultation and the research foundations established in the research review.

Finally, an External Advisory Committee for Child and Youth Mental Health (see Appendix B) was established, with a mandate to monitor and advise on the province's progress towards resolution of identified child and youth mental health issues, including current collaboration with the Ministries of Health Services and Health Planning and the development of the Plan and its associated resource plan. The Committee has reviewed the plan and recommends its implementation as long as there is adequate resourcing of the plan.

**RECOMMENDED DECISION:**

The Child and Youth Mental Health Plan be endorsed in order to guide inter-ministry, regional and community-based service planning, with future funding to be determined through the three year service planning process.

**SIGNATURE:**



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Honourable Gordon Hogg  
Minister of Children and Family Development

**DATE:**

February 6, 2003

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CHILD AND YOUTH MENTAL HEALTH PLAN

CABINET SUBMISSION

FEBRUARY 7, 2003

LIST OF APPENDICES

Appendix A: Prevalence of Mental Disorders in Children and Youth

Appendix B: External Advisory Committee on Child and Youth Mental Health

Appendix C: Child and Youth Mental Health Plan

Appendix D: Child and Youth Mental Health Consultation Process and Summary  
of Results