



Child and Youth Mental Health

2016 Value-for-Money Audit

Why We Did This Audit

- To assess whether the Ministry of Children and Youth Services (Ministry) and child and youth mental health (CYMH) agencies are providing those in need of mental health services with appropriate and timely service; and whether Ministry funding to agencies is commensurate with the services provided.
- The Ministry provides substantial funding (2015/16 – \$438 million) to more than 400 service providers who directly deliver mental health services.
- Our prior audits in this area in 2003 and 2008 identified ongoing issues that included ineffective monitoring by the Ministry and a lack of service standards for use by all agencies.

Why It Matters

- Approximately 1 in 5 Ontarians will experience a mental health problem in their lifetime with most such problems beginning in childhood or adolescence.
- In 2015/16, more than 120,000 children and youth and their families relied on the services of Ministry-funded agencies.
- A lack of effective Ministry and agency procedures and standards may prevent children and youth from receiving the level of services they need on a timely basis.
- Hospital emergency-room visits and in-patient hospitalizations have increased more than 50% since 2008/09 for children and youth with mental health problems, signaling a growing problem.

What We Found

- In our audit this year, we noted many of the issues we highlighted in our previous reports on this program remain significant concerns. For example, the Ministry continues to allocate the majority of funding to agencies based on past allocations instead of the mental health needs of the children and youth each agency currently serves.
- Although the Ministry led the government's *Open Minds, Healthy Minds – Ontario's Comprehensive Mental Health and Addictions Strategy* (Strategy), it has not worked with other ministries participating in the Strategy to analyze the reasons for the increase in hospital emergency-room visits and in-patient hospitalizations by children and youth for mental health problems, so that informed steps to address their root causes can be taken.
- The Ministry does not examine the reasons for significant differences between agencies' in cost per client and caseload per worker. We found significant variances that warrant Ministry follow-up. For example, about one in five agencies providing services across five core mental health services reported average costs per client that were at least 50% higher than the provincial average.
- The Ministry does not monitor whether agencies comply with its program requirements for the delivery of CYMH services. We found that, in many cases, agencies do not. For example, the agencies we visited, in many cases, either did not complete the required evidence-informed assessment tools, or it was not evident that they used the results of these tools to periodically assess the mental health services they provided. As well, agencies did not always help in the transition of discharged children and youth to other services, putting treatment gains already achieved at risk.
- Some of the Ministry's program requirements are too general, which increases the risk that agencies will interpret and apply them inconsistently. For example, the Ministry requires clients on waitlists to be informed at regular intervals about their status, but it has not defined "regular interval." As a result, we found only one of the agencies we visited had a policy and time frame to update clients about their waitlist status.

Conclusions

- Consistent with our audit of 2003, the Ministry is still not effectively monitoring and administering the program to ensure children and youth in need of mental health services are receiving timely, appropriate, and effective services.
- CYMH agencies we visited do not always comply with Ministry requirements for the delivery of mental health services, and they do not effectively monitor the services they provide to demonstrate they know whether children and youth receive timely, appropriate, and effective mental health services based on their assessed needs. As well, more attention is needed to ensure that children and youth who are discharged and require more help successfully transition to other service providers.