

# A Child & Youth Mental Health Leadership Summit Series | Part I

## What We Learned From COVID: About Ourselves, Our System and Our Future

### Event Summary



Presented By:



Children's  
Healthcare  
Canada



IWK Health

Sponsored By:

**Deloitte.**



# What We Learned From COVID: About Ourselves, Our System and Our Future

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Leadership Summit Series



## EVENT RECAP | APRIL 7, 2022

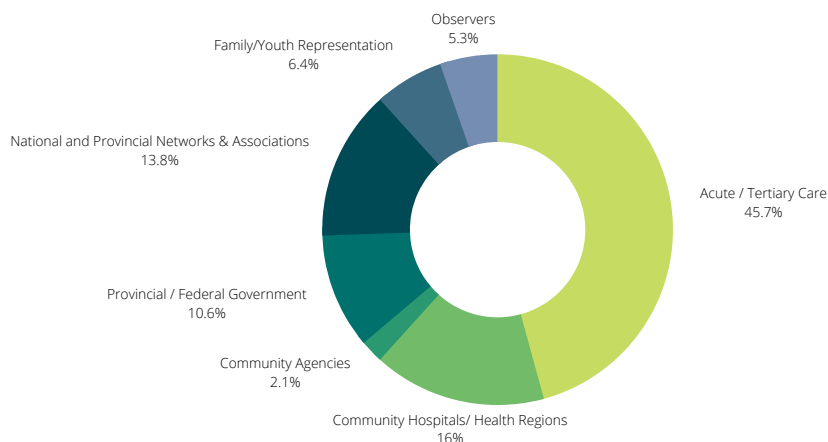
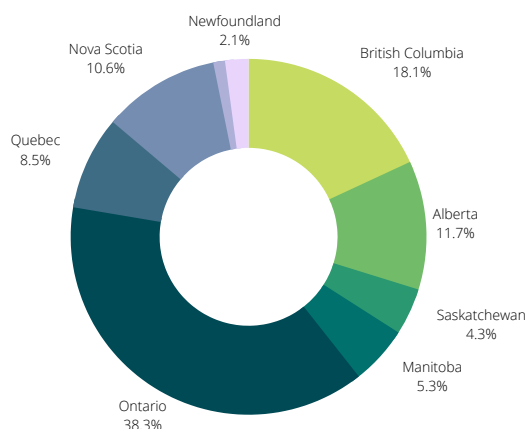
The 2022 Child & Youth Mental Health Leadership Summit is the first part of a series of conversations led by Children's Healthcare Canada to provide a platform for Canadian leaders in child and youth mental health to discuss the impact of the COVID-19 pandemic on the mental health of this population and the system that they work in.



mental health leaders  
convened for the  
leadership summit.



unique organizations  
from across the  
continuum of care.



The Summit was divided into three subcomponents: (1) the increase in mental health problems in youth and the supporting data available; (2) the issues faced by the health HR workforce; and (3) the lived experience of individuals and families accessing care. Participants then reflected on what they learned in small breakout rooms designed to identify priority areas of focus for this community.

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## WHAT WE LEARNED

### THE ROLE OF THE COVID-19 PANDEMIC ON THE MENTAL HEALTH OF CHILDREN AND YOUTH: THE DATA GAP AND HOW TO OVERCOME IT

SPEAKERS: DR. TRACY VAILLANCOURT AND DR. HOLLY AGOSTINO

PART A | DATA

Dr. Tracy Vaillancourt and Dr. Holly Agostino's presentation focused on the impact of COVID-19 on child and youth mental health. The data presented a trend throughout the pandemic of increased mental health issues as a patient population with gender-based impacts e.g., anxiety, depression, self-harm, and suicidal tendencies. The presenters spoke to the lack of data available to inform decisions in the mental health space, with limited studies collecting population-based longitudinal data or examining mechanisms that impact our ability to proactively respond across the continuum of care.

Dr. Vaillancourt and Dr. Agostino also discussed the negative effects of school closures on adolescent mental health and their support systems. Dr. Agostino emphasized the increase and severity of eating disorders in adolescents during the pandemic. This resulted in an increase in hospitalizations, having a direct impact on patient experience and outcomes. The additional hospitalizations impacted an already constrained system federally. The speakers emphasized the need to increase investment in mental health services and develop a nation-wide school-based mental healthcare strategy to increase awareness, identify students at risk, provide early intervention and promote access to community services.



*Figure: Observed and expected outpatient mental health visit rates per 1000 population among children and adolescents before and during the COVID-19 pandemic in Ontario, Canada. An initial drop at the very beginning of the pandemic is shown followed by a rise in mental health visits.*



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## PANDEMIC IMPACT ON PEOPLE & PRACTICE

SPEAKERS: DR. SHARON CLARK, HOLLY MURPHY, DR. SABINA ABIDI

PART B | HHR

This session focused on sharing the experience of the IWK Health Centre Mental Health and Addictions program as they navigated the switch from working onsite to virtual care. The speakers shared their patient-centered and team-based approach grounded in supervision, communication, and co-leadership. They emphasized their focus on data collection as a key part of building their client-specific care services. During the pandemic, the program created a space for leaders to come together and seek support. Open communication and workforce consultations helped leadership collaborate with their teams and build virtual support solutions for staff experiencing burnout.

## LISTENING AND LEARNING FROM SHARED LIVED EXPERIENCES

SPEAKERS: ANITA SIMON, KATELYN GREER, JULIEN QUICKSTAD

PART C | LIVED  
EXPERIENCE

To close the summit, a panel discussion was facilitated with individuals with lived experience and family advocates focusing on their lived experiences navigating the continuum of care.

The panel focused on their mental health journeys, experiences interacting with the care system, and the struggles they faced in receiving care and support. The panel spoke to the negative impacts on their care throughout the pandemic, as well as opportunities and enhancements e.g., virtual care engagement models that the sector needs to continue leveraging post pandemic.

*"The intake process was difficult and offensive. We were asked many personal, sensitive and shaming questions from a complete stranger... it seemed she was being blamed and punished for her illness..."*

- Anita Simon, on her experience seeking care for her daughter struggling with a severe eating disorder

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*"I wanted help, but every time I tried to get some help for what was going on for me, the adults in the health care system had a list of things that if I spoke about my right to choose what happens to me would disappear... I remember sitting in a hospital room with a social worker trying to tell them with my eyes and the tone of my voice."*

- Katelyn Greer, recalling her experience in the foster care system

*"I grew up in rural Alberta, and with this came a specific set of values - you work hard, you have integrity, you're dependable and independent and, most importantly, you solve your own problems. No one ever said it out loud, but it was clear that asking for help was a sign of weakness."*

- Julien Quickstad, on the stigma around seeking help for mental health

The panel emphasized the need to include individuals with lived experience and their advocates in the process of reframing the issues at hand and building strong relationships with clinicians based on trust and respect. They highlighted the importance of placing the individuals' experiences at the forefront of any proposed solutions and consider their experience at every stage of implementation. Their unified message was "meaningful change can only occur when these different stakeholders work together with individuals receiving services to create a sustainable model of care."

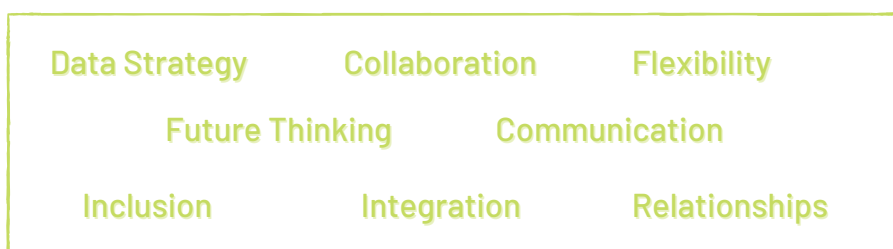
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## THE CONVERSATIONS

Many similar themes rose to the surface after each of the presentations. Data, human resources, daily practice and individuals accessing services are all inextricably linked through the following key themes:



Participants emphasized the need for collaboration across the continuum of care and creation of a truly integrated system that includes a whole of community focus guided by a stepped care model providing the right level of care at the right time. New infrastructure and support from governments will enable the development of pathways within communities where infrastructure is lacking to better connect home, education, primary care and hospital settings where care and services are provided. System funding must be redesigned to meet the diverse needs and requirements due to geographic and socioeconomic variations that present barriers to system change and integration. Northern, rural, and remote communities require explicit consideration within an integrated system. The lack of resources and care is more profound than other parts of the country.



A national data strategy to inform policy and funding decisions to support true integration will require accessible and reliable data and clear communication between ministries and service providing organizations. From hospitals in the GTA to community-based services in BC, participants mentioned they are dealing with similar issues. There is a higher incidence of mental health issues within the public, resulting in an increased demand for services, with significant resource shortages across the sector, impacting wait times. A solution must enable early intervention and provide the opportunity for individuals to have access to care when appropriate, in the community minimizing the demand on the acute care sector. However, a solution cannot be built without communication between the different levels of care and appropriate data. Data collection methods must be systematic, with a need for real-time data, longitudinal data, and measurement-based care. The approach needs to include closing the specific data gaps around kids with developmental disorders, chronic illness, and disability.



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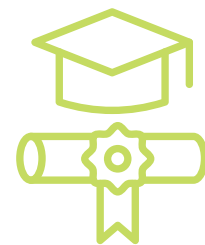
## THE CONVERSATIONS CONT'D

In the meantime, the data currently available needs to be better utilized and shared to respond to the lived experience of individuals and the workforce. The need for mental health to be better integrated into health screening across the continuum of care was also brought up. An inclusive and coordinated strategy can increase partnership, spread knowledge, and help provide a care approach that will enable early intervention and adequate care to individuals as well as reduce the pressure on hospitals and clinicians.



Following the IWK's panel, the summit participants echoed the increased need for support during this transition to a hybrid model of care, with an emphasis on the workforce shortages that emerged during the pandemic.

There was agreement that the retention and recruitment challenges that predated the pandemic have only been exacerbated due to the increased demand on the system. To deal with such issues, teams across the country increased their virtual communication and available support, with initiatives such as additional check-ins with colleagues, flexibility in services, integrated organizational wellness and peer support programs. To increase retention and prevent burnout, the participants emphasized that institutions must creatively revamp recruitment strategies and requirements, expand skills and competencies required, focus on improving and diversifying education programs to attract new talent and increase support and improve work-life balance for existing staff.



Collaboration was a critical theme throughout the breakout room sessions, highlighting the need to create advocacy groups involving individuals at each level across the different systems of care in order to cultivate change. There is a need to leverage the many positives that came throughout the pandemic; all rowing the boat in the same direction toward a shared goal.



*"These events help us better understand the Canadian landscape for child and adolescent mental health - the need to capitalize on commonalities and continue to build this group for advocacy and system transformation."*  
- Event Attendee



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## WHAT NEXT?

### CALLS TO ACTION

Children's Healthcare Canada recommends the following:

- 1** Strengthen relationships, collaboration and communication across the sectors that provide mental health services to children and youth.
- 2** Ensure the voices of individuals with lived experience are included in all actions toward building a roadmap for the future.
- 3** Create a national mental health strategy with a three-pronged approach to improve qualitative and quantitative data collection, design diverse and inclusive education programs for the future, and create a culture of growth and learning to recruit and retain talent in the CYMH workforce.
- 4** Advocate with a single voice to drive policy change and increased resources for children's mental health.

### NEXT STEPS

- Continue to convene system leaders in national conversations ([Link to May & June consultations](#))
- Identify who is missing from the conversations and include them.
- Leverage existing data to begin making the case for system change
- Conduct an environmental scan to identify:
  - Creative and flexible recruitment and retention strategies to tackle HHR shortages
  - Virtual care models for child and youth mental health

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### THANK YOU!

To our co-host the IWK Health Centre  
To our sponsors Frayme and Deloitte  
To our planning committee  
To our speakers  
To the participants