

# KIDS CAN'T WAIT

**2020 REPORT ON WAIT LISTS  
AND WAIT TIMES FOR CHILD AND YOUTH  
MENTAL HEALTH CARE IN ONTARIO**

# INTRODUCTION

## When children wait too long for treatment there is a profound impact...

This report provides new data and analysis about the challenges of accessing community child and youth mental health services in Ontario. Specifically, it examines children and youth (under 18) waiting for services by region and the amount of time families are waiting for services. It is hoped that the results will provide insights and evidence in which to better respond to the needs of Ontario families in accessing mental health supports. Recommendations to address the barriers children, youth and their families are facing are also included.

Health care wait times are a key public health issue. When children wait too long for treatment there is a profound impact on families, the broader health care system, hospitals and schools. Treating mental health concerns early results in better outcomes over their lifetime for children and families, as well as reduced emergency room visits and hospital admissions. Long wait times are the community sector's version of hallway health care when kids with untreated mental illness are left waiting in their communities – it is not as visible as in hospitals but equally important.

The research identified significant service gaps particularly in rural, remote and northern areas where the lack of long wait times hides a serious issue. Children and families can't wait for services that aren't even offered in their community but should be.

Community child and youth mental health has a long history in Ontario. The child and youth mental health sector is unique within the lifespan approach of community mental health and addiction services across the province. This is important because child and youth mental health needs are different and unique. Children and youth are treated and served across service systems as they intersect within the broader community including schools and other health services, and also supported within the context of their families, homes and communities.

“When I was at my worst, I was put onto a waitlist, but because I was so sick, I ended up in the emergency room 3 times. Each time, I was sent home to continue waiting. The final time, I was taken to the hospital by ambulance, and was so bad by this point, I was admitted.”

*Victoria  
Youth Advocate*

# SUMMARY OF MAIN FINDINGS

**The length of time** and the number of young people and their families waiting for Ontario publicly-provided child and youth mental health care **is at an all-time high.**

**Wait lists increasing** Results from surveying community child and youth mental health centres across Ontario shows 28,000 children and youth (under 18) waiting as long as 2.5 years for mental health treatment. Children’s Mental Health Ontario’s previous survey of wait lists and wait times (2017) estimated there were 12,000 children and youth waiting to access services. Wait lists have more than doubled in two years. Wait times have been too long for almost a decade.

**Wait times** The longest wait for services can reach 919 days or 2.5 years. Additionally, average wait times for counselling and therapy is 67 days and for intensive treatment the average is 92 days.

**Inequities exist** There are significant inequities in wait times based on where you live, how old you are, who you are, and what type of treatment you need. The table illustrates the inequities based on where you live.

**No contact at all** An estimated 200,000 kids with serious mental health issues have no contact with mental health services at all.

**Service gaps means wait times are under-stated** Much needed programs, often for treatment of children with the most serious mental health issues, do not exist in many rural, remote and northern communities. Significant gaps in the service system or unavailability of services at all means children can’t wait for programs that are not even offered.

**Service system efficiency** Service providers have implemented innovative approaches to improve flow through the system and reduce wait times. Faster help can be accessed through walk-in clinics, rapid access clinics, youth hubs and group care. As well, improvements have been made to intake processes and assessments to ensure those at high risk receive treatment quickly. **However, for those that aren’t requiring immediate care, they will wait. They will wait much longer than the evidence suggests is best practice.**

## Communities with the Longest Wait Times for Child and Youth Mental Health Services

York	919 days
Durham	827 days
Northumberland	792 days
Peel	737 days
Hamilton	710 days
Toronto	684 days

# WHAT IS DRIVING LONG WAIT LISTS AND LONG WAIT TIMES?

Ontario's community child and youth mental health centres support over 130,000 families each year in every region of the province—delivering services in homes, in communities and at or near schools. Over the past 15 years, they have worked hard to be as efficient as possible to help as many kids and families. One example of this is the over 80 walk-in clinics that have opened across the province, and improvements in intake processes to ensure children and youth with the most acute needs are seen as soon as possible. But demand has grown at a time when funding has decreased. Simply put, there are not enough services to meet the growing needs of infants, children, youth and families.

- **Prevalence of depression and anxiety among youth 12 to 17 has increased almost 50%** over the past 30 years (*OCHS 2014*), although overall prevalence of child and youth mental health disorders has remained relatively stable at 1 in 5 over the past 30 years (*OCHS 2014*)
- There has been a **three-fold increase in the number of youth and caregivers identifying a need for professional help** (*OCHS 2014*) over the last 30 years, likely as a result of decreasing stigma regarding mental health
- Over the past 25 years, **funding in real terms to child and youth mental health centres has decreased by almost 50%** (*CMHO 2019*)
- An estimated **200,000 children and youth with mental illness annually do not receive any service** contact at all (*CMHO 2020*)

Additionally, **funding for community child and youth mental health is not needs based.**

Funding is based on historical allocations.

As a result, areas where the population of children and youth has risen or there are significant needs generally have longer wait times. For rural, remote and northern communities, this means that some intensive programs are not available to children and families close to home.

Providing mental health services close to home is important as issues can be worsened by separation from family. In addition, traveling far from home can mean a loss of culturally sensitive services which again can result in a worsening of symptoms.

“Wait times don't tell the whole story.”

Kids can't wait if the programs they need aren't even offered in their community. In the north, the lack of needs-based funding means intensive treatment programs that kids desperately need have been shut down.”

*Diane Walker  
Children's Centre  
Thunder Bay*

Continued funding pressure has forced some child and youth mental health agencies to reduce the number of programs they offer just to manage the enormous demand. As a result, there are significant gaps in the service system in many regions of the province. **Children can't wait for programs that are not even offered.**

Further compounding the challenges of wait lists and wait times is the age cap of 18 for child and youth mental health services. In many cases, **youth will "age out" of the system before being able to access services.** Or, if they are in service and turn 18, they have to seek services and encounter wait lists again in the adult mental health and addictions system.

“**Sadly, we see too many families struggling in Toronto as they wait**

up to two years for help in a system that has been underfunded for too long. While they wait, some have been expelled from school or placed on home instructions. This has long term implications for their own wellbeing and also potentially their future reliance on social service and health care systems.”

*Barbara MacDonald  
Griffin Centre*

“**In a time where we are trying to end hallway medicine and design health services that wrap around patients in their homes and communities, why do we continue to not adequately fund a system that has the ability to keep children and youth out of hospital and ultimately decrease costs to our health system, and increase the capacity to cope and heal from illness?**”

*Sarah Cannon  
Family Engagement Lead  
Niagara*

Beyond the 28,000 children and youth on wait lists, there are 200,000 more that do not make it to the front door (*CMHO 2020*). There are **significant gaps and lack of services for priority populations** including Black and Indigenous, 2SLGBTQ+, Francophone and immigrant communities and other equity-seeking groups. Immigrant youth with a mental health disorder are less than half as likely as non-immigrant youth to report having a mental health service contact (*OCHS 2014*). Increased funding is needed for culturally competent services, including targeted outreach and co-design with priority populations.

# IMPACT OF UNTREATED MENTAL HEALTH ISSUES ON ONTARIO FAMILIES AND COMMUNITIES

Not providing children and youth waiting for mental health services costs Ontario employers, the economy, the healthcare system and most importantly Ontario families. For some children or youth, it can cost them their life.

- **We miss the window for early intervention:** With over 70% of mental health and addiction problems starting before the age of 17, we are missing a critical opportunity for early intervention. When mental health issues go untreated and children wait, their conditions worsen, adding stress to families and costs to government.
- **Children and youth miss school:** One third of parents have had a child miss school due to anxiety (*Ipsos 2017*). Many times, these children are not regularly attending school because of the disorder. Children and youth with untreated mental health issues may exhibit behaviors that can be disruptive in daycare and the classroom, placing added stress on teachers and peers. Too often these children are expelled. When children and youth are not attending school it not only causes interruptions to childhood development and learning but puts added stressors on families.

“ Ontario’s hospitals urge the government to move quickly to implement its plan to invest in community child and youth mental health. Beyond the urgent needs of families in crisis, **this is a critical piece to ending hallway healthcare.** ”

We can reduce pressure on hospitals by avoiding 82,000 visits to hospital emergency rooms a year by helping children and youth get the treatment they need in the community. ”

**Anthony Dale**  
Ontario Hospitals Association

- **Increased hospitalization:** Hospitalizations of children and youth with mental health and addictions issues have increased by 90% over the past 11 years, and emergency department visits by 83%. Other childhood disorders have seen a decrease over the same period (*CIHI 2019*) indicating that diversion to community services can be successful. Almost 100,000 youth are seeking help in hospital emergency departments that could be prevented, costing the healthcare system an avoidable \$260 million a year a contributing to hallway health care.

## Missing the window for early intervention

Developed over 30 years ago by a child and youth mental health centre as an intervention program for children under the age of 12 in conflict with the law, SNAP®, Stop Now And Plan, from the Child Development Institute (CDI) in Toronto has evolved into an internationally-recognized, evidence-based, gender-specific model. SNAP is a proven program that focuses on emotion-regulation, self-control and problem-solving.

Currently, children will wait up to two years for the SNAP program and, as a result, “age out” as the program is designed and most effective for kids under 12.

- **Parents and caregivers miss work:** One in four parents have missed work to care for a child with anxiety, costing the Ontario economy over \$420 million a year in lost productivity (*Ipsos 2017*). Untreated mental illness causes added stress for families.
- **Families are stressed:** Family breakdown increases as the stresses of untreated mental illness compound. Multiple stressors compound with children missing or struggling at school, increased complexity of parenting and the parents themselves missing work.
- **We are losing young people:** Most tragically, suicide is the second leading cause of death among young people in Ontario.

“ As both a Lead Agency and a core service provider, we see the impact of long waits for service for kids and families.

We know that when kids with complex needs have to wait a long time for services, their needs will likely get worse. We see the impact on our staff, who are frustrated they can't help more kids more effectively. We see the impact of unacceptably long waitlists on the effective functioning of the whole child and youth system, including health and schools. We know that our mental health services, locally and provincially, will be most effective when the right kinds of services are provided to the right kids at the right time.

**We need to be able to get to all waiting kids,** but especially those with complex needs and significant mental health risk, to provide those services much more quickly, and make sure services are effective and responsive to kids' mental health needs.”

**Cathy Paul**  
Kinark Child and Family Services



# RECOMMENDATIONS FOR HIGH-QUALITY, ACCESSIBLE CHILD AND YOUTH MENTAL HEALTH AND ADDICTIONS CARE FOR ALL ONTARIO FAMILIES

Our children are our future and families can't afford to wait any longer.

The solution is to increase funding to community child and youth mental health services by \$150 million per year to ensure that no child or young person waits longer than 30 days for mental health treatment. This crucial investment will facilitate the hiring and training of 1,400 front-line professionals and help 30,000 more Ontario families by:

- Ensuring access to counselling and psychotherapy within 30 days
- Expand the range of intensive mental health and addictions services/supports for children and youth with significant and complex needs
- Scaling 24/7 crisis support services to prevent kids and families from having to go to the emergency department
- Improve services for transitional age youth by raising the age from 18 to 25

At the same time as expanding front-line services, there is critical work to be done in partnership with youth and families to build the child and youth mental health system to make it easier for families to navigate and find services, as well as improve quality and the client experience.

“ Families and youth can't afford to wait. The Province needs to act now. We need to look at where services are lacking, build on existing innovative approaches that bring more integration, and to **engage youth and family voices in solutions for the whole province.**”

*Michele Sparling*  
Family Action Committee



# OVERVIEW OF REGIONAL FINDINGS

## Wait Times for Counselling and Therapy

The chart below shows some of the longest wait times for counselling and therapy reported in CMHO's 2019 survey.

Community	Longest Wait Times for Counselling and Therapy
Algoma	370 days
Guelph/Wellington	226 days
London	461 days
Peel	566 days
Simcoe	313 days
Toronto	280 days
Thunder Bay	348 days
Windsor	490 days

Overall average wait times for counselling and therapy have improved somewhat to 67 days since the average child and youth wait times were reported in the Mental Health of Children and Youth in Ontario 2017 (2015/16) Scorecard when it was 78 days. This is in part due to the opening of walk-in clinics/brief services across the province, which has led to children and youth with mild issues receiving timely services. However, for those with more serious issues, there are wait times for ongoing counselling and therapy, as well as more intensive specialized treatment.

## Longest Wait Times in a Region for Services

NORTH

**632**

Days in Algoma

CENTRAL

**919**

Days in York

WEST

**588**

Days in Windsor

TORONTO

**684**

Days in Toronto

EAST

**668**

Days in Peterborough

While it is encouraging that average wait times are reducing, it is still discouraging that there are inequities in communities across the province around how long families must wait. Additionally, we know equity seeking groups and priority populations are often unable to access services that are culturally and/or linguistically appropriate.

## Wait Times for Intensive Treatment

The chart illustrates some of the longest wait times reported for intensive services from the 2019 survey to CMHO members and it also highlights inequities based on where you are live in the province. In some parts of the province, there are specialized services but they may require more clinical staff to provide high quality services for children, youth and families. In other parts, like northern Ontario, there is virtually no intensive treatment, so kids have to travel to southern Ontario for services. Ultimately families are not able to wait for service if the service doesn't exist at all.

Region	Longest Wait Times for Intensive Treatment
Algoma	632 days
Hamilton	710 days
Hastings Prince Edward County	246 days
Kitchener-Waterloo	391 days
London	456 days
Peel	737 days
Thunder Bay	207 days
Toronto	684 days
Windsor	588 days

Overall average wait times for intensive treatment have remained relatively steady at 92 days compared to 98 days reported in the 2017 Scorecard. But when kids who have severe and complex needs have to wait its too long and they may turn to hospital in crisis. While hospitals provide an important role in our healthcare system, for children and youth with mental health and addiction issues, hospitals are the place for stabilization, not the place for treatment. That's why Ontario's trend of increasing hospital utilization among children and youth struggling with mental health and substance use issues is alarming.

Based on data released in May 2019 from the Canadian Institute for Health Information (CIHI), since 2006 to 2017-18, the number of young people making emergency department (ED) visits for these concerns has increased 83%; the number who were hospitalized increased by 90%. To reduce wait times for intensive services in community and prevent costly admissions to hospitals, Ontario needs to build capacity in communities to deliver treatment by inter-professional teams tailored to the needs of each child or youth.

“ Algoma Family Services has worked very hard to ensure that service delivery is as efficient as possible.

However, the number of children, youth and families looking for help is **rising rapidly along with the complexity and intensity of their needs.**

Increased demand combined with higher needs together with funding that has not kept up with inflation means that children are waiting far too long. Our whole staff team worries about the children waiting and even moreso, those who aren't even coming through the door. ”

*Ali Juma*  
CEO  
Algoma Family Services

# METHODOLOGY

An online survey was conducted from nearly 100 child and youth mental health centres across Ontario in Fall 2019 concluding in January 2020 with over 75% reporting data. This was followed up with a series of interviews with centres reporting long wait times for services. Data was collected regarding the amount of time the children, youth (up to 18) and families who are at the top of their wait lists had been waiting for services. Total number of individuals on wait lists was calculated based on the same data set. The calculation is from the time of intake until the time the services they required were received and is based on a standardized methodology as prescribed by the Ministry of Health.

In addition, in partnership with the lead agencies for child and youth mental health, we are reporting average wait times in the province. This information was collected from 114 respondents in January 2019 from data that is collected provincially and submitted to the Ministry of Health by community child and youth mental health agencies.

The total number of children and youth who are not receiving services was calculated based on the Ontario Child Health Study (2014) identifying the percentage of children under 18 years of age with significant mental health disorders who are not receiving treatment.

“Ottawa continues to experience a significant increase in children and youth in crisis. In spite of our best efforts with Bridges and CAPA we are struggling to meet the increasing demand among youth who are suicidal who need immediate access to intensive treatment.”

*Joanne Lowe*  
Youth Services Bureau  
Ottawa