Healthy Child Manitoba
Putting children and families first

"What We Heard": Public Consultations on Child and Youth Mental Health

Manitoba Government
Healthy Child Committee of Cabinet
Fall 2016

Manitoba

Manitoba Education and Training (Chair) · Manitoba Families
Manitoba Health, Seniors and Active Living · Manitoba Indigenous and Municipal Relations
Manitoba Justice · Manitoba Sport, Culture and Heritage / Status of Women / Francophone Affairs

Art created by youth from
Ste. Anne Collegiate, Ste. Anne, Manitoba

The Opportunity

Mental well-being is the foundation of a happy, productive life: what we want for all of Manitoba's children and youth. Children and youth are valued for who they are today and for their role as leaders in the future; they must be a primary beneficiary of society's resources. The family is central to the provision of care for its children, and supports and services must build on their strengths and potential.

> *"Without a drastic shift away from a focus on individual problems to a focus on prevalence of nurturing environments, progress in reducing mental, emotional and behavioural disorders will continue at a glacial pace" (Biglan et al., 2012, p. 14).*

Trends within the literature outline the interconnectedness of child and youth mental health with their environment and the well-being of their family. Increasing the protective factors in schools, homes and communities and, especially, supporting children early in life have had a proven positive impact on mental health life outcomes.

- Risk factors for mental disorders include poverty, social exclusion, violence, peer rejection, isolation and lack of family support (World Health Organization [WHO], 2012).
- Risk factors have a cumulative impact, where "the more risks young people experience, the worse their developmental outcomes are likely to be and the higher the probability of experiencing psychological distress or mental health disorders" (WHO, 2012).
- Conversely, the "more opportunities young people have in childhood and adolescence to experience and accumulate the positive effects of protective factors that outweigh negative risk factors, the more likely they are to sustain mental health and well-being in later life" (WHO, 2012).
- The basic principles of neuroscience indicate that providing supportive and positive conditions for early childhood development is more effective and less costly than attempting to address the consequences of early adversity later (Centre on the Developing Child, 2013).
- Strengthening protective factors in schools, homes and local communities, as well as improving quality of mental health care for children, youth and families, can make important contributions to improving the developmental outcomes of vulnerable young people (WHO, 2012).

The local trends are concerning.

- 14 per cent of children (birth to 19 years of age) in Manitoba have at least one mental disorder and almost 3 per cent of children have a diagnosed developmental disorder (Chartier, et al., The Mental Health of Manitoba's Children, 2016). These statistics likely underreport the actual prevalence of mental disorders in the province.
- One in five children and youth (age ten and under) in Manitoba has a mother with a diagnosed mood or anxiety disorder (as high as one in three, in some regions) (Manitoba Centre for Health Policy [MCHP], 2012).

- At least 70 per cent of adult mental illnesses have their onset in childhood or adolescence (before age 25) (MHCC, 2012).
- 43 per cent of 65,000 Manitoba youth surveyed in grades seven to 12 were shown to have moderate to languishing mental health and are at elevated risk of developing a mental illness or substance use problem in the next year (2012-2013 Manitoba Youth Health Survey Report, 2014, p. 26).
- 74 in every 100,000 children in Manitoba die by suicide; twice as high as the Canadian average (Chartier, et al., The Mental Health of Manitoba's Children, 2016).
- Since 2007, there has been a 50 per cent increase in Emergency Department visits by children and youth with mental health problems and illnesses and a 42 per cent increase in hospitalization of this population (Canadian Institute for Health Information [CIHI], 2016).
- Costs are escalating. Focusing on promoting the mental health of youth could result in $3.9 billion lifetime savings (Manitoba Youth Health Survey, 2012-13). Some initiatives now in Manitoba have previously shown a high (double-digit) return on investment through reduced service use in secondary and tertiary healthcare settings, and in education, justice, and child welfare systems over the short-, mid- and long-term. The universal tier (see next page) return on investment has been as high as $64.18 on every $1 invested[1] (Washington State Institute for Public Policy [WSIPP], 2016).

To address these trends, the Manitoba government announced a multi-year, cross-departmental Child and Youth Mental Health (CYMH) Strategy (May 4, 2015). The strategy focuses on the continuum of care across four tiers; universal prevention and promotion, selective, intensive, and provincial policies (see next page). It acknowledges the relationship with mental health and all aspects of a child/youth's life and the significance of supporting good mental health right from the start. Using a population-level health approach, the strategy facilitates major positive change.

The need for a strategy was presented to Healthy Child Committee of Cabinet (HCCC) in 2012 by the Manitoba Association of School Superintendents, and supported by other education partners, Regional Health Authorities, the Oversight Committee for Child and Youth Mental Health, the Office of the Children's Advocate, community agencies/organizations/schools, and the public.

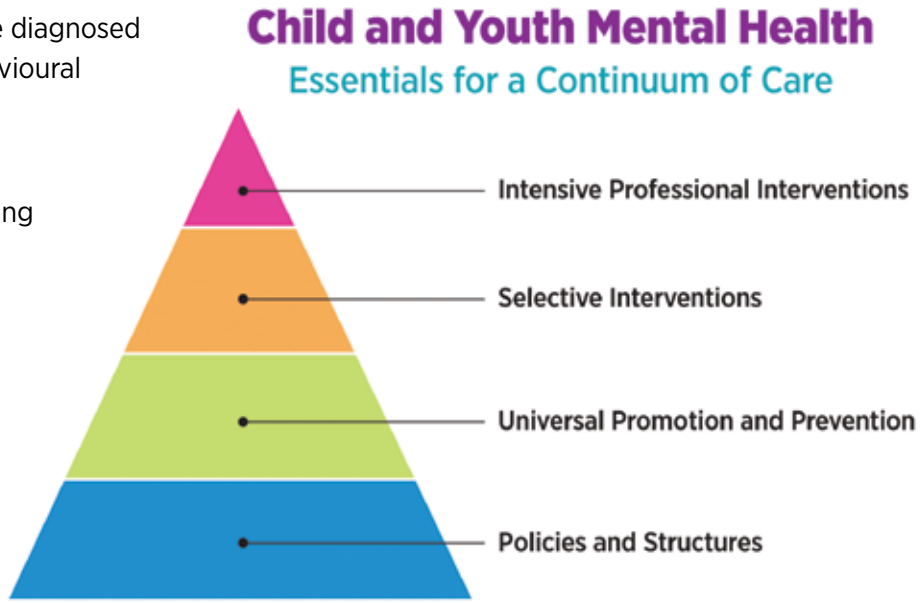
Manitoba's new government continued the commitment to the CYMH Strategy in Budget 2016. The mandate letter for the Minister of Health, Seniors and Active Living includes the development of a comprehensive mental health and addictions strategy for Manitobans of all ages. In September 2016, HCCC agreed to continue leading the CYMH Strategy as part of this work.

[1] WSIPP return on investment for PAX, a mental health promotion approach used in up to 237 schools across Manitoba.

The Child and Youth Mental Health Strategy

The Child and Youth Mental Health Strategy has been designed to meet the needs of children and youth across the continuum from mental well-being to mental illness, and the required provincial policies and structures required to effectively support the strategy. The tiers of the strategy are defined as:

- **Intensive Professional Services:** For children and youth who are diagnosed with the most severe mental health, problems, illnesses or behavioural concerns. These include dual or multiple diagnoses, as well as problematic substance use and developmental disorders.
- **Selective Interventions:** For children and youth identified as being at risk for, or who are beginning to exhibit early signs of mental health problems, illnesses or behavioural concerns, including problematic substance use and trauma reactions.
- **Universal Promotion and Prevention:** For all children, youth and their families or caregivers.
- **Policies and Structures:** Policies and structures guide decision making. They are supported by relevant legislation, the evidence-base, government priorities, and cost-effectiveness analysis.



Engaging the Community

The Healthy Child Committee of Cabinet, through the Healthy Child Manitoba Office and the Mental Health and Spiritual Health Care Branch (Manitoba Health, Seniors and Active Living), engaged the Manitoba community in World Café discussions to further inform the CYMH Strategy for positive change.

September 2015 to June 2016: World Cafés, interviews and surveys were conducted to gather ideas and perspectives from youth, parents, caregivers, frontline providers and community members. They discussed opportunities to more effectively fund, collaborate and improve mental well-being outcomes while controlling costs. Moderators asked participants: ***What assets exist and need to exist to support the mental health and well-being of children, youth and their caregivers in Manitoba?***

Photo of a World Café small group discussion used to engage communities across Manitoba.

What is a World Café?

World Café methodology is a simple, effective, and flexible format for hosting large group conversations about how a community can work together to solve a complex issue. Four-10 people sit at a table with an assigned table host. A facilitator asks one question to the whole group, and the table host at each table supports open, honest and respectful dialogue between participants. The table host writes down the participants' thoughts. All participants than move to another table for the next question and so on. This process is repeated over three rounds. At the end, the table hosts share insights from their conversations with the large group. Adapted from: www.theworldcafe.com/key-concepts-resources/world-cafe-method

For Manitobans who were unable to attend the World Cafés in person, questions were provided online through the Healthy Child Manitoba website.

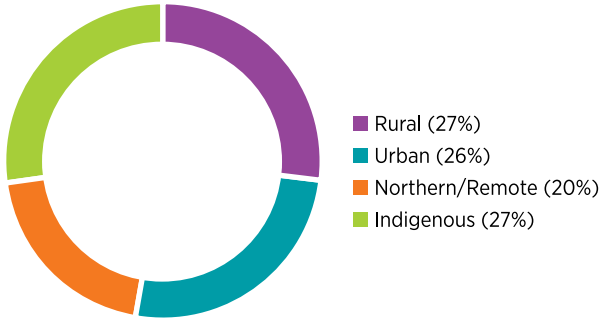
Consultation Participants: A Snapshot

Recruitment: The goal of the World Café process was to hear from as many people across Manitoba as possible. Public advertising, local advertising tools and email notifications were sent out via indigenous and community leaders, government and non-government organizations, religious institutions, inviting perspectives from youth, families, caregivers, frontline providers, decision makers (policy makers and senior leaders) and members of the public interested in child and youth mental health.

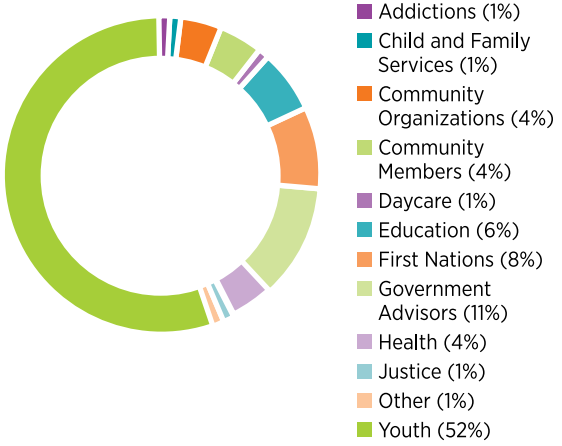
The following communities requested the World Cafés: Beausejour, Brandon, Churchill, Cormorant, Easterville, Grand Rapids, Moose Lake, Neepawa, Opaskwayak Cree Nation, Portage la Prairie, Selkirk, Ste. Anne, Steinbach, Swan River, The Pas, Thompson, and Winnipeg.

Participant Numbers	
World Cafés	538
Youth World Cafés	259
Surveys	114
Youth Surveys	438
Total	**1,349**

Geography of Participants
September 2015 – June 2016



Who Talked to Us



Perspectives

The Perspectives section highlights some of the insights our participants shared about the following four tiers of the child and youth mental health continuum:

- Policies and Structures
- Universal Promotion and Prevention
- Selective Interventions
- Intensive Professional Interventions

During the World Cafés, participants articulated the need for change and the importance of community and family across each of the tiers in the continuum. Participant comments have been summarized according to these three categories: Change is Necessary, Communities and Families, and the CYMH Strategy tiers. Although there were many similarities across populations, some unique themes existed among specific populations (indigenous, immigrant/ newcomer/ refugee, neuro-developmental, and emerging adulthood). These perspectives have been summarized under their respective sections.

Many of the participants had cross-sectoral perspectives – e.g., a frontline worker, who was also a parent, spoke about her multiple experiences of the system.

The quotes in each section highlight varying challenges and opportunities people see in the child and youth mental health system. The quotes are also categorized to illustrate key themes. They are representative of thousands of verbal and written submissions received during the public consultation process.

*Quotation marks indicate participant quotes captured during the World Cafés and interviews denoted by, for example, (WC14) or (IB1), respectively. Where there are no quotation marks, the statement is a paraphrased quote from detailed notes during the World Cafés and interviews.

At the close of the session, participants were asked to identify their priority actions for the strategy – that is, what is the most important thing that the strategy should include? Priorities were reviewed and categorized according to the frequency with which they were identified. Priorities were then divided according to the group who raised them (general, youth, or Indigenous youth) and marked with the following symbols:

- **Priority Actions**
- **Youth Priority Actions**
- **Indigenous Youth Priority Actions**

Change is Necessary

	Samples of What We Heard
There is a problem	• "We see depression before age four now (WC17)." • "We know more youth who cut themselves than youth who do not cut" … starting as early as grade five (WC27). • "[Suicide] is just a normal thing, we have a [suicide related] death once a year (WC27)." • "Substance use is often the solution to stress and depression (WC34)." • "Costs are high when we don't address child and youth mental health – school drop-outs, youth justice system involvement, reduced employment (WC17)." • "Suicide sometimes feels like the only escape (WC32)."
Poverty is a challenge that Manitobans face	• "People are living in poverty. Poverty is a huge family stressor (WC12)." • "Do something about Manitoba's dismal rate of child poverty, and high rent and food costs in northern communities (WC12)."

	Samples of What We Heard
Technology has a significant impact on youth	• "There are no safe places for children due to social media. You can be bullied in the safety of your home (WC17)."
Families and youth are stressed	• The world we have organized causes us stress. We need to think deeply about how we organize our community, work and family lives; these are societal things we need to reconsider (WC17). • It is harder to get jobs and to get into university. You need to be a well-rounded person. You need a job and volunteer experience; your resume needs to be up to par and there are comparisons among peers (WC34).
Solutions should include everyone – an "all hands on deck" solution	• "Don't do this without us (WC35)." • "Mental health is everyone's responsibility (WC2)." • "Systems do not have enough resources to help. Communities create hope and a belief that things can get better (WC1)."
Change is necessary	• We "need to radically re-think how services are delivered if there is going to be a significant impact. The strategy cannot just be about adding more of what exists (IB5)." • "Follow through with change (WC6)."

The quotes and paraphrases above are categorized to illustrate key themes. They are a representative synthesis of thousands of verbal and written submissions received during the public consultation process.

✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Communities and Families: The Heart of What We Heard

	Samples of What We Heard
Communities support identity, social connections and belonging ✷	• "Everyone is looking to belong and needs a support network (WC6)." • Knowing who you are and being proud of your heritage, culture and identity has a huge impact on mental health (WC17). • "Communities have the ability to provide more for a child [or] youth than any program, service or system (WC1)."
Much can be done at a community level to promote mental well-being	• "We are often isolated and isolating to others, we just need someone to tap us on the shoulder to say, 'I will try to help' (WC7)." • "Older youth need to be valued members of the community. We need to provide opportunities for them to join and contribute (WC2)." • "Lots of mental health issues come from not belonging and feeling unsafe (WC38)." • "It is a break from the despair [of the north] to go to Psych Health (WC14)."
Holistic approaches are required	• We need a "whole child approach and [to include] their families (WC2)."
Families are the foundation	• "Stable parents = well kids (WC6)."

	Samples of What We Heard
Involve families in the solution	• We need to "engage and involve parents in conversations and solutions (WC3)." • "Families need to be included in the treatment team (WC2)." • "Parents feel isolated in their situation. You get tired of telling your story. Tired of people not caring and you shut down (WC7)." • "There is so much emphasis on mother and child; the father is excluded (WC3)."
Families need access to good quality information and programs ✷	• "Parents need to know when it's a problem and when it's typical child development (WC2)." • "Parent education [including information on mental health] needs to be available prenatally and onwards (WC6)." • "We need more support for families (WC6)." • Parents need "a hub or a place that parents can get together" in rural communities (WC7).
Good programs for families exist	• "We have great programs already and we need more services like Families First (WC13)."
Children in Care need extra support	• There needs to be "more support for families [and kids] involved with Child and Family Services (CFS) – before, during, and after apprehension. Kids are ripped out. There is no closure, no goodbye [with friends and other important people] (WC2)."

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✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Policies and Structures

A CYMH Strategy Tier

	Samples of What We Heard
Equity is necessary	• We need "equal access for everyone. There are significant income barriers that negatively impact youth mental health (WC5)." • "I thought we were called the province of Manitoba, not Winnipeg and everyone else (WC8)."
There are regional differences	• The access and treatment discrepancies across regions create challenges and conflict across departments (e.g., justice, family services and education) (WC8). • "There are major differences community to community.... Things that work in the south would not work in northern remote [communities] (WC14)."
Silos are a problem	• "We are silos by policy; separate agendas; separate funding; separate staff (WC8)." • "We need to stop drawing lines around services (WC1)." • We need "connected discussions between those in power at each agency so they work together and everyone is aware what the other is doing (WC12)."
Address the perceived barriers associated with information sharing	• "Youth are fearful that [school counsellors] will tell their parents or other students, so no one goes [to them] (WC35)." • "Need some confidentiality, but parents and services need to feel like part of the team (WC7)." • There is an information exchange gap (WC12).

	Samples of What We Heard
Adopt a shared and inclusive definition for mental health across silos	• "Trauma experienced by children is a mental health issue; it's not just behavioural issues that causes children to act out (WC17)."
Design services for access	• There needs to be "no mental health access criteria, no matter who refers – schools, justice, child and family services, etc. (WC3)." • "It is hard to articulate what you need, want or what could help and people won't help you until you can answer that. I need companionship and patience. I need parents and teachers to ask more questions (WC6)." • "People believe if you don't have thoughts of killing yourself then you are fine (WC28)."
Design services for collaboration ✷	• "We need to collaborate in a meaningful way; to share capacity and resources; have genuine conversation; build alignment and consensus about what to do with kids in the top part of the pyramid. Find ways to extract dollars from the top end of the pyramid to generate the outcomes we want (WC17)." • "Community services [need to] view clients/kids as their own, instead of 'we don't do that' or 'they are not our problem' (WC1)."
Improve navigation supports	• We need navigators for child and youth mental health that attach children and youth to services with the same level of energy and analysis that they do for cancer (WC8).

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✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Policies and Structures *(continued)*

	Samples of What We Heard
Mental health service design ✷	• **Put services where kids are:** "It would be nice if schools were the hub of services (WC11)." • "Every large public school should have a public health worker, addiction worker and mental health worker (WC8)." • **Make services engaging:** In "grade 7 you see a drop in engagement (WC7)." • "We need different ways to engage kids (WC12)." • **One-point of access:** "It would be nice to have one-stop/care coordination (WC11)." • **Make the space inviting:** We need "a place that is not intimidating to go, relaxed attitude (WC8)." • **Outreach services:** "Services should go to the children; no waiting room (WC17)." • **Service delivery hours and design need to match the life of youth:** "Offer mental health walk-ins (WC11)." • Doctors' and social workers' schedules are based on themselves and not there to help people (WC31)." • **Make services community-based:** "There are rural and remote issues. Services need to be organized so that people don't have to leave the community. Leaving is costly and time-consuming (WC17)."
Policies make a difference	• "I no longer believe that resources are going to make the difference, now I just want policies to change (WC14)." • We need "more umbrella policies for organizations to provide consistency across the board (WC6)."

	Samples of What We Heard
Policies: Improve information sharing	• "Service providers are scared to share information (WC2)." We "need to find a way to get beyond Personal Health Information Act (PHIA) and the mistrust to collaborate (WC12)."
Support workforce development	• "Have all service providers or anyone in the helping field trained in recognizing mental illness (WC11)." • "More training needed for dealing with children who have autism, Fetal Alcohol Spectrum Disorder (FASD) and for social workers who work with children with special needs (WC1)." • Need to "truly improve cultural sensitivity, safety and competency [with] immersion and improved understanding (WC5)." • "Teachers and social workers could spend one to two years of their university education apprenticing (WC11)."
Improve the metrics and accountability	• "We need key indicators, high interest indicators (WC17)." • "Our biggest gap is our lack of utilization data. Services don't know who is coming because there is no data system, or resources to track it, and there is turnover (WC17)."
Policies: Reflect technology advancements	• "Policy wise we are missing an opportunity by not being allowed to text clients (WC7)." • "Some kids prefer electronic. They may feel nervous to be face-to-face (WC37)."
Realign funding to support the strategy	• "Money is in the back end and we need to shift it to the front end (WC17)." • We need "one hub and one funding pocket (WC20)."

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✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Universal Prevention and Promotion

A CYMH Strategy Tier

	Samples of What We Heard
Early childhood education is important	• "There needs to be enough daycare spaces (WC1)." • "Daycare is a huge issue in the north, daycares can't get certified staff, because it does not pay enough, and agencies are losing funding because they can't get trained workers (WC11)."
Many great community-based programs exist and more can be done ✷	• "We have peer programs, breakfast programs, Brownies, Scouts, swimming, hockey, lots of stuff. Not always a lot of involvement at times (WC13)." • "There is nothing for 16-24 year olds. We need a wider range of community activities (creative, educational and active) for all age ranges [in some communities] (WC13)." • We have "Healthy Baby, a program that helps break the isolation of pregnant women and new parents (WC10)." • We have PAX, which helps to promote self-esteem (WC10).
Give children and youth the skills to manage daily stressors ✷	• "Put as much focus on mental health skills as Math and English (WC8)." • We need "self-regulation, emotional regulation techniques and mental health literacy information into pre-natal programs, early child care programs, and educational curriculums (grades one through to university or college) (WC3)."
Create an equal opportunity to access universal prevention programs	• We need a "commitment to prevention in communities and the funding to support it (WC5)." • We need "equal access for everyone. There are significant income barriers that negatively impact youth mental health (WC5)."

	Samples of What We Heard
Youth need space for emotional and physical safety	• We need a designated safe space in the school where youth can relax, de-stress, request support and be free from judgment (WC23). • We need a physical space in the community where children and youth can go to when schools are closed (WC38).
Trusted adults can make the greatest difference ✷	• "I feel if teachers or counsellors, once in a while, really asked how you were doing, opening up the floor to speak, it would at least make it easier to bring up even a small problem you're going through (WC35)." • "School secretaries, school bus drivers, paraprofessionals [are important to youth] (WC7)."
Relationship permanence is important	• "Stability – before we innovate we need to think about [stability]. Stable schools – staying in the same school, housing, employment – are the things that give a child's life stability (WC17)." • "I would rather be homeless with my dog than in a house without (WC31)."
Increase mental health literacy and reduce mental illness stigma ✷	• "Take the labels off [mental health problems] – it's 'just another health condition' (WC11)." • "People think it's not okay to have a mental illness. This needs to be switched to 'it's not okay to do nothing' (WC35)." • "Reduce stigma – talk to younger kids and their parents; let people know that it is okay to be sad; talk about it in health and other classes; openly discuss social media (WC34)."
Prepare youth for successful employment	• "Youth may not have employment skills and there are hit and miss job opportunities (WC13)." • We need "life skills training in schools" (WC5) and "employment opportunities (WC9)."

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✷ Priority Actions ✷ Youth Priority Actions ✷ Indigenous Youth Priority Actions

Selective Interventions

A CYMH Strategy Tier

	Samples of What We Heard
Selective Interventions are not readily accessible/ available	• "Early interventions are not always available for prevention and therefore children/youth go into crisis and that should have been preventable (WC12)." • "We tend to deal with crisis with no service for soft mental health. Kids have to have a diagnosis (WC6)." • Kids are "struggling but not enough to qualify [for mental health services] (WC3)." • "With some younger kids (age 12 and under), it's really hard to find supports (WC20)." • "There is a high level of anxiety and there is nothing for them (WC3)." • "We know that early intervention is important and it is not available (WC8)."
Intervene at an early age	• "Pre-schools and daycares are also seeing children with extreme aggression or behavioural issues. The system has one behavioural specialist per 560 child care programs. Referrals take months. This system needs expertise, including access to services beyond that of the early childhood education, who are not trained in child mental health. There is a large number of children needing services. We need a pool of specialists that respond quickly; very early, very fast (WC17)." • There are "no supports for children birth to age five with mental health issues (WC3)." • Trauma services should be provided at a young age to children who have experienced or been affected by trauma (WC17).

	Samples of What We Heard
Therapy services are needed ✷	• Those that need therapy cannot access it. Mental health workers do not do therapy and crisis services do not do therapy; no one does it (WC17). • We need "positions for family therapy (WC8)." • The counsellors that we have help to support positive mental health (WC10).
Options are essential: Therapy doesn't meet all the needs	• **Online Support:** "If I were to design it there would be Facebook pages, group chats, social media, and books on mental health (WC33)." • We need **skill groups** including: "social groups for kids with social delays (WC8)"; "peer/group counselling to reduce the isolation (WC34)"; and "Dialectic Behavioural Therapy (DBT) classes and programs in schools (WC20)." • We need **outreach programs** for those that do not fit into the traditional system: "We need home interventions because parents can't get them to go and they are sometimes afraid of the services (WC11)." • **And a variety of treatment modalities:** "pet therapy, horse therapy, art therapy, play therapy.... My child would have accessed treatment if such alternatives were available (WC7)."
Substance use is a problem	• "Drugs and alcohol is often the solution to stress and depression (WC35)."

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✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Intensive Professional Interventions

A CYMH Strategy Tier

	Samples of What We Heard
Be proactive and inclusive of a broader range of conditions	• "Why can we not get partners to help earlier? It has to get extreme to get help (WC11)." • "We have an invisible population who, because of mental health issues, aren't in school, aren't talking, aren't getting to appointments. (WC11)." • "Many youth using drugs and alcohol are not diagnosed [with a mental illness] until clean. It is very apparent how they self-medicate (WC8)."
There are strengths	• "The [Child Mental Health Worker] program is great, we just need more of it (WC3)." • "We are good at maximizing the resources. Tele-health has been a fantastic way to save on transportation resources (WC7)."
Everyone needs to work together to support the child, youth and family	• "The more intensive and complex [the situation], the simpler the plan needs to be. We need an 'all for one; one goal at a time; all systems working together' plan (WC1)." • "Teachers are frustrated that information is not shared. They don't know how they can best support the child (WC4)."

	Samples of What We Heard
More specialized services are required, particularly outside of Winnipeg ✷	• "There is not nearly enough clinical staff to help the amount of intensive need (WC20)." • "We need specialized services outside of Winnipeg (WC7)." • The "big gap in the north is that we do not have the ability to service children/youth that require intensive professional interventions. We currently have to fly them to Winnipeg (WC12)."
Diverse perspectives exist on what type of stabilization services are required	• We need more "in-patient beds (WC9)." • More in-patient beds are not the solution (IB5, IB16). • We need more capacity to securely assess, stabilize, re-evaluate medications (e.g. drug holiday), and revise treatment plans (IB9). • We need "adequate places of safety for youth at risk. Risk needs to be stabilized. Still many are turned away from emergency rooms (WC9)."
Improve community-based crisis services	• "Increase crisis services. More hours, more vans, more access (WC4)." • "Police are often spending their evenings dealing with kids in crisis and they are the wrong ones to do this (WC9)." • We do not want children in crisis to leave the community (WC8)."

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✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Indigenous Perspectives

Population-Specific Perspectives

	Samples of What We Heard
There are jurisdictional challenges	• "Jordan's Principle is not being applied. Kids are in care because health needs are not being met, **not** because they need to be. Parents cannot meet health needs in the community. Health is not universal. Mental health is a part of the health needs not being universally applied (WC21)."
There are inequities in the community	• Funding is a huge issue. There is no government money for community centres or classes (WC15). • "There are no [phones], no internet, nothing that connects them to outside (WC14)." • First Nations communities continue to experience high food costs, making nutritious foods difficult to purchase. "Milk costs $14 for a jug (WC14)." • "The Nutrition Northern Subsidy program resulted in northern stores getting the subsidy, not the people. No evaluation or monitoring has been done to be sure that the investments help the people of the north (WC14)."
There are inequities within education	• "In 1998, special education funding was capped, and since then the population of special education needs have tripled (WC14)." • "Low enrollment numbers means that there is no physical education teacher. If the school population is below 100, there is no social worker funding (WC14)."

	Samples of What We Heard
Indigenous youth, families and communities face greater challenges	• "The grief and loss needs to be addressed. There is deep trauma, deaths in the community. Communities need lots of support (WC15)." • There is "stigma with being Indigenous (WC5)." • "Kids are having kids. There is unemployment, drugs, alcohol, gangs, poverty, overcrowding, housing issues and no water (WC16)."
Add more resources ✷	• "Breakfast programs are important to reduce lethargy (WC15)." • "One of the reasons why drugs etc., [are] a problem, is because there is a lack of activities (WC15)." • The "mental health person comes once a month. What do you do with the other 29 days? (WC14)" • "High school kids come to school with their children and we work to offer child development. We dream [of having] child care in school (WC16)." • We "need more family resources and supports for birth to age three (WC16)." • Parenting programs need consistent and ongoing funding (WC15).
Cultural traditions are important	• "Traditional and spiritual ways need to be promoted (WC21)." • "We need to take children out on the land, [have] elders in the schools and culture [and] language revitalization (WC16)."
Build the capacity of the community	• We need to "train people who live in the community [because] they care and then the knowledge stays (WC15)."

The quotes and paraphrases above are categorized to illustrate key themes. They are a representative synthesis of thousands of verbal and written submissions received during the public consultation process.

✷ **Priority Actions** ✷ **Youth Priority Actions** ✷ **Indigenous Youth Priority Actions**

Immigrant, Newcomer and Refugee Perspectives

Population-Specific Perspectives

	Samples of What We Heard
Work with the community	• "Include cultural components to programs. Work with cultural leaders within the communities to develop programs [and an] approach, because it gives community ownership [and] buy-in (WC2)."
There is perceived systemic oppression	• "Address the challenges of racism and discrimination in the healthcare systems, education and child protection (WC19)."
Inform newcomers of the laws and services in Canada and support their integration	• "The fears are that government agencies will take your kids away. The parents couldn't focus because they were so worried that the kids would be taken (WC19)."
Support and sustain culture: Community cohesion	• "The membership fee is expensive for recreation programs and there are no programs for women (WC19)." • "We need a community centre that we can teach our kids their culture and the values (WC19)." • "There are no programs for parents to connect and discuss their problems in the community (WC19)."

	Samples of What We Heard
Support and sustain culture: Services in language of choice	• "There are not enough resources in the appropriate language (WC9)."
Support and sustain culture: Families are important	• "Family is the biggest support where we come from, it's hard to get the same trust and care from the government (WC19)."
Behaviours need to be better understood	• "Schools need to create better transitions. They are adjusting to trauma, acculturation and a new school. They feel left out, really struggling and unable to express themselves, and this shows up as behaviour problems (WC19)." • Families wonder "am I safe, can I trust this person? They won't open up and so they are considered non-compliant (WC19)."
For many families, understanding mental health and other cultural differences is new	• "Where we come from, there is no mental health promotion or classes in school (WC19)." • "Emotional and parenting support is a gap" for immigrant families in rural communities (WC7). • "Filipino parents worry about acknowledging any issues with their child's behavior or development. There is a stigma for parents to have a child in therapy (WC7)."

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✷ Priority Actions ✷ Youth Priority Actions ✷ Indigenous Youth Priority Actions

Neuro-developmental Perspectives

Population-Specific Perspectives

	Samples of What We Heard
There are barriers to assessments	• Because of the complexity of the child and youth's presentation, medications and challenges with communication, some medical professionals have been hesitant to prescribe medications and assess side effects, and the issue is more pronounced in rural and remote regions (IC30). • "Kids on the [autism] spectrum with suspected mental illness are told they cannot have both [diagnoses] (WC3)." • There are no [Fetal Alcohol Spectrum Disorder] FASD services. There are long waits for diagnosis and the barriers are that it requires a mother to acknowledge prenatal alcohol use (WC9).
There are barriers to treatment resources	• We were told, "the child has a lot of potential, but he is not in school all day. We have been repeatedly told ...we will not see you because you live outside of Winnipeg. Centralized intake refers back to the region. The region says they have a psychologist, but no experience with kids. It is a total gap in service provision (WC8)." • "There are no special needs services in our area; no diagnostics in the area; no respite; although, theoretically, there are services (WC7)."

	Samples of What We Heard
There are barriers to ultizing mainstream mental health resources	• Accessing traditional counselling is often ineffective because therapists are unable or unsure how to adapt their style and practice to effectively communicate with youth who have neuro-developmental disabilities (IC30).
Service transitions are challenging	• FASD services that promote independence end at 18 (WC11). "They often get into trouble when they are without the structure that has enabled them to function (WC11)."

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✷ Priority Actions ✷ Youth Priority Actions ✷ Indigenous Youth Priority Actions

Emerging Adulthood Perspectives

Population-Specific Perspectives

	Samples of What We Heard
Sense of aloneness	• "Friends, we can go to friends sometimes, other times you can't go to a friend because you are worried about judgment, or you do not want to be pitied (WC35)." • "Parents don't understand what youth are going through (WC34)." • We "need a culture shift towards compassion and [to] care about each other as humans. There is competition and not enough compassion (WC34)."
Image matters	• "I feel the need to keep up an image that things are good. We only see the refined version of everyone, the perfect person online (WC34)."
Need for more support	• "These are the youth that I really worry about because there is so much pressure on them internally and externally (IC20)." • "Youth aging out of care is a big issue here (WC11)."
Unique needs	• We need "more programs for older teens, and those transitioning to adults (WC7)." • "We don't really fit with the adult system. We don't fit with adult shelters, mental health or adult in-patients (WC31)."

	Samples of What We Heard
Engagement is crucial	• "We need more assertive engagement than [is required for] adults (WC7)." • "Counsellors need to outreach and get to know youth (WC34)." • "I wouldn't feel comfortable talking to my doctor. I don't know him that well. I'm scared the doctor won't give the right answer. Some doctors are kind of scary, not very approachable. I would talk to a professional if I knew them (WC28)."
Stress is a challenge	• We need to know how to manage stress. During exam week, we need a room to hang out, relax, chill out (WC28).
Some youth are underprepared for the challenges in adulthood (e.g. housing, employment)	• "We should have been prepared better for what occurs after school. There is nothing (WC31)." • "Leaving is a hard transition. It is expensive in Winnipeg for school etc. For low-average income you are then returning and coming back into a bad place. [Youth] may not have employment skills and there are hit and miss job opportunities (WC13)." • "People don't understand how complicated things can be, I can't get a job, can't be myself, [and I] need to use weed for a stress relief (WC31)." • We need "school trips into Thompson and Winnipeg to help youth with transitioning (WC16)."
Some work is being done to address the unique needs of emerging adults	• "Red River College – as long as you identify you need support, you get it. Post-secondary schools are doing a better job at recognizing and offering support (WC2)."

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✷ Priority Actions ✷ Youth Priority Actions ✷ Indigenous Youth Priority Actions

Final Thoughts

Manitobans from across the province actively contributed to the public consultation process. We heard many experiences, ideas and perspectives and we received thousands of submissions about child and youth mental health in their communities. We are grateful to everyone who contributed to our understanding of child and youth mental health in Manitoba.

References

2012-2013 Manitoba Youth Health Survey Report. Partners in Planning for Healthy Living. (2014). Retrieved from http://partners.healthincommon.ca/wp-content/uploads/2014/11/2012-13-Manitoba-YHS-Report_FINAL.pdf

Biglan A, Flay B R, Embry D D, & Sandler I N (2012). The critical role of nurturing environments for promoting human wellbeing. *American Psychology*, *67*(4), 257-271. http://dx.doi.org/10.1037/a0026796

Canadian Institute for Health Information. (2016). Child and youth mental health in Canada. Retrieved from https://www.cihi.ca/en/types-of-care/specialized-services/mental-health-and-addictions/infographic-many-more-young.

Center on the Developing Child. (2013). Early childhood mental health (InBrief). Retrieved from www.developingchild.harvard.edu

Chartier M, Brownell M, MacWilliam L, Valdivia J, Nie Y, Ekuma O, Burchill C, Hu M, Rajotte L, Kulbaba C. *The mental health of Manitoba's children*. Winnipeg, MB. Manitoba Centre for Health Policy, Fall 2016.

Government of Manitoba website. (2015). http://news.gov.mb.ca/news/index.html?item=34761&posted=2015-05-04

Manitoba Centre for Health Policy. (2012). *How are Manitoba's children doing?*. Retrieved from http://mchp-appserv.cpe.umanitoba.ca/reference/mb_kids_report_WEB.pdf

Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Retrieved from www.mentalhealthcommission.ca

(n.d.). Retrieved August 7, 2015, from http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/

Washington State Institute for Public Policy. (December 2016). *Good Behavior Game. Retrieved from* http://www.wsipp.wa.gov/BenefitCost/Program/82

World Health Organization. (2012). *Adolescent mental health: Mapping actions of nongovernmental organizations and other international development organizations*. Retrieved from http://apps.who.int/iris/bitstream/10665/44875/1/9789241503648_eng.pdf

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