



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

EVERGREEN: A CHILD AND YOUTH MENTAL HEALTH FRAMEWORK FOR CANADA

MENTAL HEALTH COMMISSION OF CANADA / SUMMARY

WWW.MENTALHEALTHCOMMISSION.CA

ACKNOWLEDGEMENTS

The members of the Child and Youth Advisory Committee of the MHCC | Ms. Brenda Leung, Dr. Gillian Mulvale, Ms. Janice Popp and the staff at the MHCC | Ms. Nicole Fraughton and the communications team at the IWK Health Centre | Mr. Peter Dudding and the staff of the Child Welfare League of Canada | Ms. Shaleen Jones and the staff and young people of Laing House in Halifax | Ms. Cathy Dyer and the young people of the New Mentality | Ms. Troy Sooke and the young people of the Southern Alberta Child and Youth Health Network's Child and Youth Advisory Council | Ms. Maria Luisa Contursi <http://www.mindyourmind.ca> | Socialtext | Ms. Denise Nevo, Professional Certified Translator and Professor, Department of Modern Languages, Mount Saint Vincent University | Ms. Tracy McKenzie, Mr. David Venn, Ms Yifeng Wei, Ms. Magda Szumilas, Ms. Jessica Wishart, Ms. Julie O'Grady, Ms. Christina Biluk and members of the Sun Life Financial Chair in Adolescent Mental Health Team | The Sun Life Financial Chair Youth Advisory Council | Members of the Evergreen Drafting Committee | Members of the Evergreen Advisory Committee | Members of the Evergreen International Advisory Committee | Today's Parent Magazine | All the young people, parents, family members, educators, health providers, professional organizations, institutions, non-government organization, policy makers and individuals who shared their ideas, stories and encouragement throughout the creation of Evergreen |

List of acknowledgements circa July 2010

AUTHORSHIP & FUNDING

This project has been

made possible through funding from the Mental Health Commission of Canada. The work of the Mental Health Commission of Canada is supported by a grant from Health Canada. Additional support for this project was provided by the IWK Health Centre, Dalhousie University, Sun Life Financial, The Meighen Foundation, and The Weldon Foundation.

Evergreen was directed, synthesized and created in its current form by Dr. Stan Kutcher and Mr. Alan McLuckie. Members of the Drafting Committee contributed to the writing of the drafts of Evergreen.



RECOMMENDED CITATION

Kutcher, S. and McLuckie, A. for the Child and Youth Advisory Committee, Mental Health Commission of Canada. (2010). Evergreen: A child and youth mental health framework for Canada. Calgary, AB: Mental Health Commission of Canada.





BACKGROUND

The Evergreen Framework is a natural descendant of the

2006 Standing Senate Committee on Social Affairs, Science and Technology report on mental health in Canada: *Out of The Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* (Kirby & Keon, 2006). The Federal Government followed its recommendation for the creation of the Mental Health Commission of Canada (MHCC) in 2008. The Child and Youth Advisory Committee (CYAC) of the MHCC proposed Evergreen in order to develop a child and youth mental health framework that could be used by governments, institutions and organizations across Canada to assist with the development of mental health policies, plans, programs and services.

The purpose of Evergreen is both to provide the MHCC with information that can be used to support its national mental health mandate, and to provide a framework of values and strategic directions to assist governments and other authorities responsible for child and youth mental health. The framework is also available to the public (youth and their caregivers) and the service providers on which they rely and may be a help to inform and support their initiatives for the improvement of child and youth mental care.

CONTEXT

Mental disorders are the most common medical conditions causing disability in young people. Most mental disorders begin before age twenty- five and tend to be chronic, with substantial negative short and long-term outcomes. They are associated with poor academic and occupational success, economic burden, personal, interpersonal and family difficulties, increased risk for many physical illnesses and shorter life expectancy, Early interventions and treatments that are easily accessed and effective may be a cost-effective way to improve both short and long-term outcomes, including the prevention of some disorders, reduction in disability, and enhanced civic and economic participation.

There are several factors that have worked against the development of an effective child and youth mental health system prior to now: different care services (i.e. health care, education, social services) have been segregated from each other, making it difficult to address whole-person needs of young people and families. Services of adequate quality and responsiveness are not equally accessible for all individuals and groups. Research into child and youth mental health lags behind other health research activities. Stigma against those living with a mental disorder, and against their families, may go unchallenged. There are funding disparities in mental health services across Canada. As one mental health professional noted, "If we were to start from scratch and build a child and youth mental health system, what we would create would be light years from that which we have."

There is increasing agreement about what needs to be done. Awareness is increasing of how important it is to build all aspects of child and youth mental health on the foundation of evidence (including cost effectiveness). Conceptions of mental well being and traditional models of mental health services are changing with greater understanding of the influence of social determinants, genetics, brain development and socio-cultural realities on risk and resiliency. Taken together, these new ways of approaching mental health are encouraging us to rethink many aspects of child and youth mental health.

EVERGREEN'S VALUES

The Evergreen Framework offers a set of values, developed through extensive consultation, which should inform and help shape all child and youth mental health policies, plans, programs and services across Canada.

1. HUMAN RIGHTS



Upholding human rights are key to improving the lives of young people. Evergreen endorses those domestic and international documents that have been accepted by the Government of Canada, especially those pertaining to human rights and mental health.

2. DIGNITY, RESPECT, AND DIVERSITY



Young people and their families will receive equal access to opportunities, supports, programs, services and care practices that match their diverse needs (i.e. age, gender, sexual orientation, cultural, economic, linguistic, geographic, gender, familial, etc)

3. BEST AVAILABLE EVIDENCE



Promote interventions, programs, services and care practices for children and youth that are scientifically proven to be the most effective option, that recognize the importance of the particular needs of the individual, family, and that take into account cost effectiveness.

Promote innovation by supporting research for promising programs, services and care practices and/or those believed to be helpful in meeting outcomes important to young people, their families and their communities.

4. CHOICE, OPPORTUNITY AND RESPONSIBILITY



Maintain a balanced perspective between a child/youth-centred and a family-centred approach to mental health that respects and supports both the rights of the young person and the essential care-giving role that families play in the lives of young people. Together, all participants need to have the resources and the opportunities to make informed choices and to be responsible for the choices and actions that they take.

5. COLLABORATION, CONTINUITY AND COMMUNITY



Young people and all those who have a significant role in the lives of young people are encouraged to work together as a support network. Agencies, organizations, institutions and Ministries/Departments engaged in planning and delivery of programs services and care to meet the complex needs of young people are working with each other and alongside young people, their families and their communities, and are responsive to their needs.

6. ACCESS TO INFORMATION, PROGRAMS AND SERVICES



Methods and technologies are developed to collect, store, share and link together information relevant to the mental health of young people living in Canada. Timely access to mental health programs, services and care practices for young people and families is made available in a manner consistent with all of Evergreen's values.

STRATEGIC DIRECTIONS

Evergreen's strategic directions were developed from consultation with young people, parents, family members, health

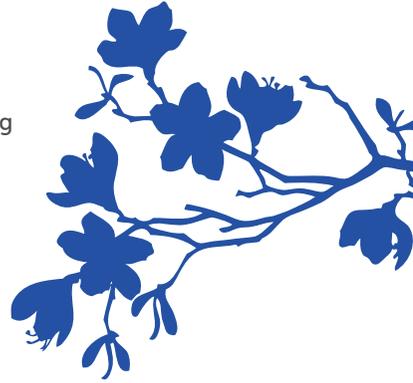
care professionals, government officials, educators, social service and justice professionals, advocates and other community members, along with Evergreen's advisory committee. To these were added others drawn from leading child and youth mental health policy documents from across Canada and around the world. They are organized into four separate but overlapping categories including, promotion; prevention; intervention and ongoing care; research and evaluation.

The Evergreen Framework is not prescriptive. Rather, it provides an opportunity for policy makers, planners and providers to select among a variety of specific strategic directions from these four categories depending on local conditions, local needs and fiscal realities. While the values outlined above are intended to be enduring, the list of strategic directions is not exhaustive, and may be added to as new evidence emerges over time. It is recommended that a number of strategic directions from each of the categories of promotion, prevention, intervention, and research/evaluation be included in every child and youth mental health policy and plan. Regardless of the strategic directions selected, it is expected that Evergreen's values are used to inform all aspects of child and youth mental health policy, plans, programs and services.

Evergreen also recognizes that many programs, services and activities currently in use throughout Canada work well, but may benefit from augmentation or enhancement. Such programs, services and activities should also be consistent with Evergreen's values.

1. PROMOTION

Promotion of mental health and addressing social determinants of health are increasingly considered to be essential components in improving the well-being and mental health of individuals and populations alike. The high importance that strategic directions for promotion play amongst people living in Canada was reflected by input into Evergreen. Participants noted the need to address stigma and increase mental health literacy among health practitioners, authority figures, parents, young people and the general public. Twenty strategic directions were identified. In summary, they called for the creation of mental health awareness campaigns, and the distribution of informational materials to support mental health literacy in schools and other appropriate venues, and disseminated in media favoured by target audiences. Stakeholder (e.g. institutions, patients, providers and families) input should be sought when creating such materials, and they should be accessible to the public. A single point-of-contact information service for mental health resources ought to be created and promoted. It was recommended that mental health should be embedded in other health promotion activities, as well as in health-profession training and service delivery, which could include special professional designations. Particular emphasis was put on engaging schools and teachers as both targets and promoters of mental health literacy, which calls for partnerships with schools and ongoing support and training for educators. Finally, tracking different promotion programs to seek evidence of their relative effectiveness and cost effectiveness needs to be integral to the promotion process.



2. PREVENTION

Prevention of mental disorders, where possible, and applying development enhancing strategies to reduce risk factors and build resiliency in young people, families and communities, was viewed as being consistent with a proactive approach to mental health. Many respondents positively viewed prevention as a term and concept, seeing it as an investment in future generations; others suggested that when improperly applied, the concept of prevention implies a choice to be ill. Participants appreciated the need to increase focus on and funding into the application of effective and cost effective mental health prevention initiatives. This was tempered by the understanding that not all mental disorders can be prevented (primary prevention) and that application of primary prevention interventions without substantive evidence can raise unrealistic and harmful expectations. Consultation participants advocated for a mental health system that is more balanced, that provides appropriate preventive mental health applications while strengthening mental health care and secondary prevention for those with mental disorders. This will require significant refocusing of current models of mental health service, as well as increased funding to support this realignment.

With this in mind, nineteen specific strategic directions were identified for Prevention that cover early intervention, health care, education and work and family life.

There are clear links between promotion and prevention efforts. For example, access to accurate information regarding mental health/mental disorders (i.e., mental health literacy) is needed for early detection, intervention and prevention efforts. Early and broad-based interventions are key to effective prevention efforts. It is best that such efforts start before birth: maternal and prenatal care is an arena for mental health education and prevention initiatives. Universal mental health screening initiatives may be offered

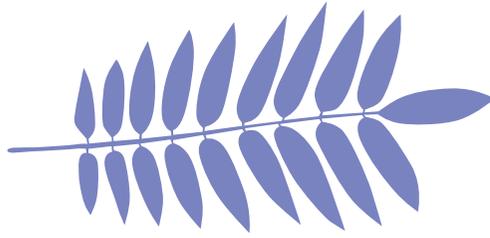
within the school system or be linked to established programs such as prenatal visits, well-baby/well-child examinations, and during child immunization programs with family physicians or pediatricians.

Educational programs on infant, child and youth mental health need to be available for all primary health care providers. Prevention programs should be developed for at risk populations, possibly through schools and community organizations. The social determinants of mental health in at-risk communities are a potential target for programs. There is a need for culture-specific prevention initiatives that support cultural connections of young people in immigrant and First Nations communities.

Institutionally, health, education, social service and other youth care workers need access to mental health education and ongoing training, and schools also require resources and programs to deliver prevention programs in collaboration with primary care providers. Mental health services should include a full range of services, including family respite and, when appropriate, childcare in licensed facilities. Specialty child and youth services – including addictions, child protective services and the justice system - must be better integrated into the health care system and their linkages with one another strengthened.

Young people seeking confidential health and social services should not be impeded by regulatory or legislative frameworks. Urgent access crisis counseling services need to be available, including safe-houses or other crisis locations. Programs to enable young people to engage with civil society, including vocational and educational programs to encourage integration and enhance secondary prevention are required.





3. INTERVENTION & ONGOING CARE

The primary challenges identified by participants in the area of intervention and ongoing care were related to the availability and access of the best evidence-based care for young people and families. While the effectiveness of the system was frequently praised, it was pointed out that there are barriers to service access, especially in First Nations, Métis, Inuit and rural communities, though the more general phenomena of wait lists and requirements for young people and families to undergo multiple assessments from different professionals were also described as off-putting. The lack of intermediate services before arriving in crisis was noted. That there are few or no mental health services available for young people between the ages of 16-25 was a serious concern, as it can be an intimidating prospect for such patients to be placed in care with older patients.

A key theme identified was the balance of responsibility shared between individual youths and their parents/caregivers for their mental health in initiating access to services, decision making about treatments and other forms of care, and issues of privacy and confidentiality.

In the larger picture, the need for cross-jurisdictional quality standards, reduced duplication, increased cross-sectoral collaboration, and greater and more stable funding is a priority for child and youth mental health.

In all, thirty strategic directions for intervention and ongoing care were identified. Many of these called for mental health care that would be easier and more inviting to access for young people and their families;

enhanced accessibility in scheduling (i.e., after-school or weekend appointments); community-based rehabilitation services with a home-like atmosphere. These need to be linked to more formal institutions and provide educational and vocational support. Similar supports should also be targeted to addressing the social determinants of mental health.

The creation of mental health services for the 16-25 age range is a priority. Accessibility of services can be enhanced by applying new technologies (i.e., iPhone Apps and web-counselling) to better reach and serve young people and their families. Single-source, user-friendly and appropriately staffed community-based facilities for mental health, should be created and widely promoted. Secondary schools require access to trained personnel qualified for onsite mental health interventions/support. There is also a need for long-term care facilities with trained staff for this demographic.

It is advisable that education and training in youth mental health for health professionals need to be improved for better diagnosis and treatment capabilities. "First onset" programs for major disorders should be enhanced. Training to increase understanding diversity of cultural communities is recommended.

Strengthening linkages between mental health agencies and government departments is recommended, along with those between health institutions and schools/community organizations. Staff training in mental health for justice, social workers, group homes etc. should be expanded and coordinated with workers in related sectors.

Services can be improved by investing in health care infrastructure. To eliminate the need for multiple-assessments, health professionals need to have access to single-point-of reference databases. To reach isolated communities and improve and support collaboration between sectors and service providers, there is a demand for tele-health and web-based consultations.

The input of individuals and families affected by mental health policy in the development of intervention and care services and policy is valuable and desired. As such, it is important to support and encourage the creation of non-governmental organizations to advocate for these issues.

Mechanisms are required that ensure that health care practitioners and other front-line youth and mental health workers are relying on up-to-date, evidence-based interventions. Young people and their caregivers also require that information be available to them in order to ensure that their recommended interventions are supported by evidence.

4. RESEARCH & EVALUATION

The Evergreen consultation produced numerous themes regarding research and evaluation in child and youth mental health. Overall, it was noted that research into child and youth mental health has received less attention, development or funding than other areas of health. It was recognized that all aspects of child and adolescent mental health had to be built upon the best available research.

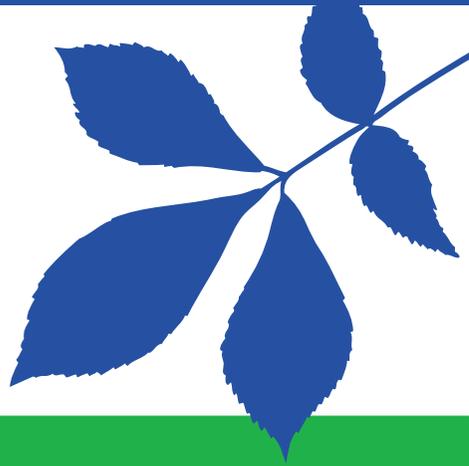
Consultation participants consistently noted that all interventions should apply validated research methods to direct and inform practice. Participants expect governments to establish and enforce research-based standards of care, that child and youth mental health research be a national priority for funding, and that such research and evaluation be conducted in a way that meets Canadian needs and respects Canadian diversity.



In all, nineteen strategic directions were identified for research and evaluation. In sum, support for research in health promotion, prevention and intervention is essential so that the effectiveness, safety and cost benefit of such initiatives are clearly established. These evaluation processes should include young people, their families, and their communities where possible and appropriate. Program funding should be tied to completion of outcome evaluation.

A national repository of mental health research available to professionals, consultants, care workers, young people, parents/caregivers, and families is advisable. There should be an effort to create cross-jurisdictional, cross-sectoral and linked databases that capture and maintain pertinent information for research and evaluation purposes, while ensuring accepted privacy standards are met.

The importance of research should be made known to young people and families. There is a need to develop a research infrastructure, including establishing a pool of qualified scientists in order to increase the understanding of mental health issues and how best to address them. Efforts put into building linkages, between health providers and researchers and partnerships between policy makers, service providers, academics, and others are required. There ought also to be a national liaison group to collaborate with international partners.



SUGGESTED READINGS

A Canada Fit for Children, Canada's Response to the May 2002 United Nations Special Session on Children. Ottawa: Canada. Retrieved on February 1, 2010, from <http://www.rhdcc-hrsdc.gc.ca/eng/cs/sp/sdc/socpol/publications/2002-002483/canadafite.pdf>

Kirby, M.J.L. & Keon, W.J. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada.* Ottawa: Standing Senate Committee on Social Affairs, Science and Technology. Retrieved on December 4, 2009, from <http://parl.gc.ca/39/1/parlbus/commbus/senate/Com-e/SOCI-E/rep-e/pdf/rep02may06high-e.pdf>

Leitch, K.K. (2007). *Reaching for the top: A report by the advisor on healthy children and youth.* Ottawa: Health Canada. Retrieved on February 2, 2010, from http://www.hc-sc.gc.ca/hl-vs/alt_formats/hpb-dgpps/pdf/child-enfant/2007-advisor-conseillere/advisor-conseillere-eng.pdf

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this document is made possible through a financial contribution from Health Canada.

EVERGREEN'S COMMITTEE MEMBERSHIP

Drafting Committee

Dr. Stan Kutcher | Ms. Keli Anderson | Dr. Ramona Alaggia | Dr. Cindy Blackstock | Dr. Katherine Boydell | Dr. Simon Davidson | Dr. Margaret Clarke | Ms. Pat Brimblecombe | Mr. Irwin Elman | Dr. Bruce Ferguson | Dr. Eric Fombonne | Ms. Michelle Forge | Dr. Jaswant Guzder | Ms. Susan Hess | Dr. Philip Jacobs | Mr. Chris Korvela | Dr. John LeBlanc | Dr. Kellie Leitch | Ms. Bronwyn Loucks | Dr. Harriet MacMillan | Mr. Mat Marchand | Dr. Ian Manion | Dr. Gillian Mulvale | Dr. Pratibha Reebye | Ms. Nancy Reynolds | Ms. Catherine Pringle | Dr. Tom Ward | Dr. Jean Wittenberg |

National Advisory Committee

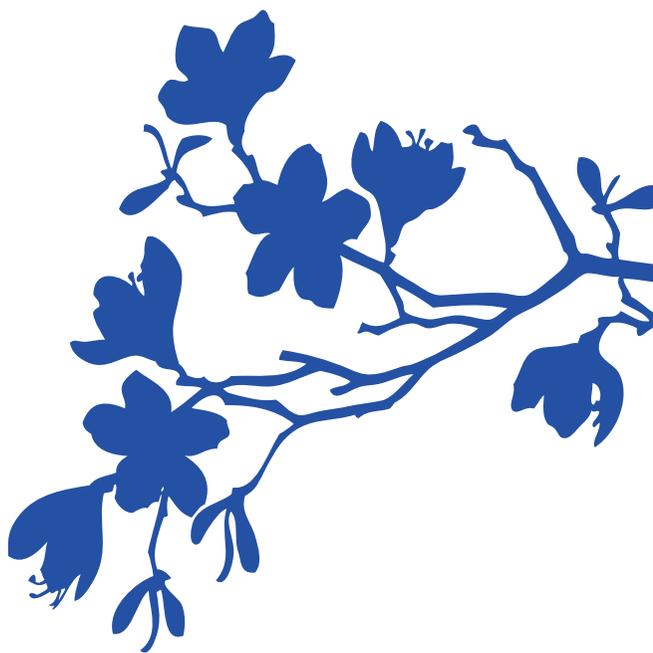
Dr. Jean Addington | Dr. Robert Armstrong | Dr. Linda Baker | Dr. Melanie Barwick | Ms. Nancy Beck | Ms. Heidi Bernhardt | Dr. Cheri Bethune | Ms. Ann Blackwood | Ms. Leanne Boyd | The Hon. Judge Alfred Brien | Dr. Elsa Broder | Dr. Russell Callaghan | Ms. Melissa Campbell | Dr. David Cawthorpe | Dr. Michael Chandler | Dr. Alice Charach | Ms. Sandi Carmichael | Ms. Gloria Chaim | Dr. Connie Coniglio | Ms. Marion Cooper | Dr. Penny Corkum | Mr. Andy Cox | Dr. Janice Currie | Dr. Dell Ducharme | Ms. Catherine Dyer | Ms. Marie Fast | Ms. Jane Fitzgerald | Dr. Roger Freeman | Ms. Ruth daCosta | Ms. Laurie Dart | Dr. Marie-Josée Fleury | Dr. E. Jane Garland | Dr. Eudice Goldberg | Mr. Yude Henteleff | Dr. Audrey Ho | Dr. Jeanette Holden | Dr. Roy Holland | Dr. Wade Juneke | Dr. Abel Ickowicz | Dr. Umesh Jain | Mr. Malcolm Johnson | Ms. Shaleen Jones | Dr. Llewellyn Joseph | Dr. Debra Katzman | Ms. Marianne Kobus-Matthews | Ms. Patricia Kyle | Mr. David Langtry | Dr. Jeffery Landine | Mr. Harold Lipton | Ms. Charlotte Lombardo | Dr. Jane Matheson | Dr. Derrick MacFabe | Mr. Robert MacNeil | Mr. Doug McCall | Dr. Faye Mishna | Mr. Gordon Matheson | Dr. Patrick McGrath | Ms. Susan Morris | Dr. Marina Morrow | Dr. David Mykota | Ms. Winona Polson-Lahache | Dr. Marjory Phillips | Dr. Declan Quinn | Dr. Rémi Quirion | Mr. Mark Rayter | Dr. Darcy Santor | Ms. Alyse Schacter | Mr. Brent Seal | Ms. Sylvia Sikakane | Dr. Purnima Sundar | Dr. Sherry Stewart | Ms. Linda Smith | Mr. Steven Solomon | Ms. Marg Synshyn | Dr. Rosemary Tannock | Mr. Don Tapscott | Ms. Krista Thompson | Dr. Kate Tilleczek | Dr. Brenda Toner | Prof. Paula Tognazzini | Ms. Michelle Wong | Dr. Michael Ungar | Dr. Tracy Vaillancourt | Dr. Jeannette Waegemakers Schiff | Ms. Shelly Watkins | Dr. Margaret Weiss | Dr. Christopher Wilkes | Dr. David Wolfe |

Youth Advisory Committee

Ms. Jessica Wishart | Ms. Faye Bronte | Ms. Olivia Fischer | Mr. Aaron Goodwin | Mr. Kyle Haddow | Mr. Joe Leger | Ms. Bronwyn Loucks | Ms. Alyse Schacter | Ms. Meredith Pritchard |

International Advisory Committee

Dr. Wendel Abel | Dr. Leah Andrews | Dr. Alan Apter | Dr. Myron Belfer | Dr. Gary Blau | Dr. David Brent | Dr. Barbara Burns | Dr. Ian Goodyer | Dr. Tiffany Farchione | Dr. Joerg Fegert | Dr. Alan Flisher | Dr. Katherine Grimes | Dr. Megan Gunnar | Dr. Joel Hetler | Mrs. Devora Kestel | Dr. Cristina Marques | Dr. Andrés Martin | Dr. Patrick McGorry | Dr. Merete Nordentoft | Dr. Helmut Remschmidt | Sir Michael Rutter | Dr. Luis Augusto Rohde | Dr. Stephen Suomi | Dr. Garry Walter | Ms. Deborah Wan | Dr. Robert Wrate |





Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

WWW.MENTALHEALTHCOMMISSION.CA