Citizen Brief

Creating Resilient and Responsive Mental Health Systems for Children, Youth and Families During and Beyond the COVID-19 Pandemic in Ontario

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McMaster University | HEALTH FORUM

EVIDENCE >> INSIGHT >> ACTION

The McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights. We aim to strengthen health systems – locally, nationally, and internationally – and get the right programs, services and drugs to the people who need them.

About citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together up to 14-16 citizens. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the views of others. A citizen panel can be used to elicit the values that citizens feel should inform future decisions about an issue, as well as to reveal new understandings about an issue and spark insights about how it should be addressed.

About this brief

This brief was produced by the McMaster Health Forum to serve as the basis for discussions by the citizen panel on creating resilient and responsive mental health systems for children, youth and families during and beyond the COVID-19 pandemic in Ontario. This brief includes information on this topic, including what is known about:

- the underlying problem;
- three possible elements of an approach to addressing the problem; and
- potential barriers and facilitators to implementing these elements.

This brief does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

Table of Contents

Key Messages

What's the problem?

- We identified four factors that make it challenging to create resilient and responsive mental health systems for children, youth and families during and beyond the COVID-19 pandemic in Ontario:
  - there are many long-standing issues related to mental health systems for children, youth and families in Ontario (for example, a lack of funding and a lack of access to mental health services);
  - the mental health of children, youth and families has been affected by the pandemic;
  - the pandemic has highlighted new weaknesses (or worsened existing ones) in mental health systems; and
  - many individuals and organizations work to improve mental health, but not all their efforts are well connected to allow for rapid changes.

What do we know about elements of a potentially comprehensive approach for addressing the problem?

- **Element 1:** Moving to a system that more consistently matches mental health services to people's health and social needs
  - This element could include the delivery of mental health services through an approach called "population-health management." This approach could help to identify the health and social needs of all children, youth and families (not just those who seek care). It could also focus on strategies to address the social and economic factors that affect mental health (for example, education, culture, housing, financial security, or food security).
- **Element 2:** Being prepared to respond to new COVID-19 challenges and their mental health impacts
  - This element could include strategies to reduce the negative mental health impacts of the pandemic. For example, we could try to improve the capacity of community-based organizations to provide mental health services during crises (instead of relying on hospitals), create health and social care that is attuned to individuals' lived experience (for example, trauma and cultural sensitivities), and explore ways to adapt the school curriculum during and after the pandemic.
- **Element 3:** Engaging children, youth and families to change the system and respond to new COVID-19 challenges
  - This element focuses on an approach called "rapid-learning systems." Since bringing about change in mental health systems can be challenging and very slow, mental health systems may benefit from adopting an approach that allows them to try new programs and services to support mental health, rapidly evaluate them in real time, and quickly adjust them when necessary. But to achieve this, it is important to find ways to engage children, youth and families to drive these changes.

What implementation considerations need to be kept in mind?

- One of the most important barriers to implementing these elements may be the difficulty of making small and rapid changes without further investments in mental health services.
- The most promising window of opportunity may be the COVID-19 pandemic itself. It has brought to light many of the mental health challenges children, youth and families continue to face in Ontario, and created a sense of urgency to address these issues.

Questions for the citizen panel

>> We want to hear your views about a problem, three elements of a potentially comprehensive approach to addressing it, and how to address barriers to moving forward.

Box 1: Questions for citizens

Questions related to the problem

- What was the impact of the COVID-19 pandemic on children, youth and families?
  - for example, school closures and remote learning, or closing non-essential workplaces
- What had the greatest impact on the mental health of children, youth and families (negative or positive)?
- What challenges arose when children, youth and families sought (or considered seeking) mental health support and care?
  - before and during the pandemic
  - from professionals or from friends and family members
- Do you have hopes or concerns as Ontario is starting to "return to normal"?

Box 1: Questions for citizens (cont'd)

Questions related to the elements of a potentially comprehensive approach to address the problem

- Element 1 - Moving to a system that more consistently matches mental health services to people's health and social needs
  - o How should a health and social-care professional 'open the door' to offering mental health services to you or your children? (for example, a doctor, a nurse, or a social worker)
    - ▪ Should they work actively to ask you about your mental health?
    - ▪ Should they have a checklist to ask questions and offer services?
  - o How should a health and social-care professional contact you (or your children) even if you have not been seen for some time?

- Element 2 – Being prepared to respond to new COVID-19 challenges and their mental health impacts
  - o If there are new waves of COVID-19 (or a new pandemic), what should be done to support the mental health of children, youth and families?

- Element 3 – Engaging children, youth and families to change the system and respond to new COVID-19 challenges
  - o What role could children, youth and families play (alongside other stakeholders) to change the system and respond to new COVID-19 challenges?
  - o What are the most promising ways to engage those who are the most vulnerable?

Questions related to implementation considerations

- What could be the biggest challenges to implementing these elements?
- What could facilitate the implementation of these elements?

Box 2: Glossary

Types of decisions being made to respond to the COVID-19 pandemic

- Decision-makers who are part of the COVID-19 response must make various types of decisions about:
  - public-health measures to prevent or control COVID-19 (for example, mask mandates, physical distancing, testing, screening, and vaccination)
  - clinical management of COVID-19 and pandemic-related conditions (for example, virtually managing those with pre-existing mental health disorders)
  - health-system arrangements (for example, who can make decisions, how money flows through the system, and how care is organized to reach those who need it)
  - economic and social responses (for example, measures taken in various sectors like education, community and social services, child welfare, employment) (2)

Children and youth

- Children and youth are defined as persons between the ages of 4 and 25 years
- Infants from birth to 3 years of age are beyond the scope of this citizen brief

Families

- Children and youth may have different types of families (for example, having two parents, a single parent or a teen parent, being cared for by grandparents, having a parent who is incarcerated, or being in a foster family)
- In this brief, we include the "primary caregiver" as part of the family – the person primarily responsible for the care and upbringing of a child

Mental health

- Encompasses both mental well-being (positive social behaviours and happiness) and mental health disorders (illnesses or symptoms affecting a person's mood, thinking and actions) (1)

Mental health literacy

- Knowledge and beliefs which aid to recognize, manage, or prevent mental health disorders

Mental health systems

- Include the health and social systems that support the mental health needs of children, youth and families
  - Health systems include primary care, home and community care, community mental health, and specialist care
  - Social systems include many sectors like education, community and social services, child welfare, employment, and youth justice

Box 2: Glossary (cont'd)

Rapid-learning system

- An approach that helps to identify problems and develop solutions to improve patient experience and health outcomes through small, yet rapid changes
- This approach allows system leaders to try new programs and services, rapidly evaluating them in real time, and quickly adjusting them when necessary

Resilience

- Capacity of mental health systems to pivot and positively respond to adverse events to help minimize the negative effects on the mental health of children, youth and families (1)

Responsive

- Capacity of mental health systems to identify and respond to the changing needs of children, youth and families in a fast and positive manner

Social determinants of health

- The social determinants of health refer to the social and economic factors that influence health,(3) such as:
  - disability
  - early childhood development
  - education
  - employment and working conditions
  - ethnocultural background
  - food insecurity
  - gender
  - health services
  - housing
  - income and income distribution
  - Indigenous status
  - social exclusion
  - social safety network
  - unemployment and job security

Mental health refers to both mental well-being and mental health disorders –two issues that are related but distinct

The context: Why is creating resilient and responsive mental health systems a high priority?

The COVID-19 pandemic is posing major and unprecedented challenges in Ontario and abroad.(4) The pandemic and the measures taken to respond to the pandemic have resulted in economic, social and psychological stressors that have had an impact on the mental health of millions of children, youth and families.

This pandemic is also occurring against a backdrop of increasing mental health concerns, as well as large treatment gaps and wait times for community-based child and youth mental health services across the province. Indeed, mental health concerns among children and youth (age four to 25 years) in Ontario have increased, and problems with accessing treatment have been ongoing for decades. Given that schools can provide a common setting where children and youth receive mental health support at the promotion, prevention and early intervention levels in Ontario, extended school closures may have exacerbated the situation.

We now have an opportunity to take stock of lessons learned since the beginning of the pandemic. These lessons will help us build **resilient mental health systems** that can pivot and positively respond to adverse events to help minimize the negative effects on the mental health of children, youth and families. We also hope to build **responsive mental health systems** that can identify and respond to the changing needs of children, youth and families in a fast and positive manner.

This citizen brief will inform the deliberations of a citizen panel bringing together parents from across Ontario. Their views will then inform an upcoming dialogue with system leaders such as provincial policymakers, healthcare managers, professional leaders, researchers, and other stakeholders.

What is mental health?

It is important to recognize that the term "mental health" encompasses both mental well-being and mental health disorders.(1) Mental well-being is largely defined by one's positive social behaviours and contentment, while mental health disorders are viewed as illnesses or symptoms affecting one's mood, thinking and actions.(1)

An individual's mental health can be influenced by "risk factors" and "protective factors."(1) Risk factors can increase the likelihood of developing mental health disorders as well as increase their severity and duration.(1) On the other hand, protective factors can improve (and protect) a person's mental well-being. It is worth noting that mental health can be worked on and developed, especially by having children, youth and families capitalize on skill acquisition and competencies that can help support their capacity to be "mentally healthy."

We summarize in Table 1 below the wide range of risk and protective factors for the mental health of children and youth.(1)

Table 1. Risk and protective factors that can affect the mental health of children and youth (1)

Level		Protective factors	Factors that can help protect OR create risk	Risk factors
Individual	**Sense of self**	• Feeling a sense of belonging • Having a sense of spirituality	• Self-perception • Self-esteem • Self-efficacy • Feelings • Sense of control	• Being or feeling isolated
	Skills and abilities	• Emotional intelligence • Flexibility	• Problem-solving skills • Social skills	
	Physical health and development	• Engaging in play	• Physical health status • Readiness for school	• Negative birth outcomes
	Lifestyle	• Getting adequate amounts of sleep • Participating in physical activity	• Nutrition	• Smoking, using alcohol or other drugs • Risky sexual behaviour • Sexual orientation and related stigma
	Life events			• Stressful live experiences • Adverse childhood experiences
Family	**Parental health**			• Using alcohol or other drugs • Experiencing physical or mental health challenges • Caring for a family member with a disability
	Relationships and parenting style	• Having strong family support when making decisions • Having open communication • Participating in family meals	• Attachment to parents or caregivers • State of parent-child relationship	• Parental conflict • Domestic abuse or violence in the home
	Family structure			• Having a single parent or a teen parent • Having a parent who is incarcerated • Having little to no contact with a non-resident birth parent

Level		Protective factors	Factors that can help protect OR create risk	Risk factors
	Home environment		• Safety and security	
Learning environment	**Engagement with learning**	• Attending preschool or engaging in preschool learning • Liking school		• Being excluded from school
	Peer relationships	• Having friends		• Having poor relationships at school • Experiencing bullying or bullying others
	Educational atmosphere	• Feeling a sense of control	• State of student-staff relationships • School culture	
	Expectations		• Feeling a sense of achievement	• Having a heavy workload • Being overscheduled • Feeling pressured to fit in or to be successful
Community	**Social Networks**	• Participating in social networks and community	• Access to social capital • Access to social relationships and community	
	Neighbourhood and built environment		• Neighbourhood safety • Urban design	
Society	**Socio-economic status**		• Education • Income • Standard of living • Employment	• Experiencing poverty • Experiencing homelessness
	Social structure		• Social inclusion or exclusion	• Experiencing social and cultural oppression • Colonialism
	Equality	• Legal protection of rights • Political participation	• Level of inequality • Experiencing discrimination or stigma	

Level	Protective factors	Factors that can help protect OR create risk	Risk factors
Culture	• Engaging in cultural practices		• Media and technology use

Box 3: Mental health services in Ontario

- Mental health services are often defined and planned using a "tiers" framework.

Tier 1: All children, youth and families
- The focus is on population-based mental health wellness, promotion and prevention
- It relies primarily on families, primary care (including pediatricians), schools/early years programs, public-health professionals, and infant/parent programs

Tier 2: Children, youth and families at risk for or experiencing mental health problems that affect functioning in some areas of daily living (low needs)
- The focus is on targeted prevention, early identification and early intervention through walk-in and brief services, youth wellness hubs, Kids Help Phone, primary-care providers, school-based mental health supports, etc.
- It relies on child and youth mental health centres, primary care, consultant pediatricians, schools, social services, etc.

Tier 3: Children, youth and families experiencing significant mental health problems that affect functioning in some areas of daily living (moderate needs)
- The focus is on specialized consultation and assessment, intervention through short-term counselling and therapy, family capacity building and support
- It relies primarily on primary-care provider, consultant pediatricians, psychiatry, community child and youth mental health centres, and Kids Help Phone

Tier 4: Children, youth and families with most severe, chronic, rare or chronic/persistent diagnosable mental health problems that significantly impair functioning in daily living (severe needs)
- It relies primarily on primary care, pediatricians, psychiatry, and specialized community mental health treatment

Tier 5: Children, youth and families in significant crisis or requiring emergency attention and support (severe and complex needs)
- It relies primarily on hospitals, psychiatry and pediatricians

Many children, youth and families continue to face challenges with our existing mental-health systems

The problem: Why is creating resilient and responsive mental health systems challenging?

We have identified four factors that make it challenging to build resilient and responsive mental health systems for children, youth and families during and beyond the COVID-19 pandemic in Ontario:

- there are many long-standing challenges related to mental health systems for children, youth and families in Ontario (for example, underfunding and a lack of access to mental health services);
- the mental health of children, youth and families has been affected by the pandemic;
- the pandemic highlighted new weaknesses (or worsened existing ones) in mental health systems; and
- many individuals and organizations work to improve mental health, but not all their efforts are well connected to allow for rapid changes.

There are many long-standing challenges related to mental health systems for children, youth and families in Ontario

Before the COVID-19 pandemic, many long-standing issues related to mental-health systems for children, youth and families in Ontario persisted and affected how they were supported with their mental health needs. These challenges were reported by the 2010 Select Committee on Mental Health and Addictions,(5) and through additional research.

Some consistently identified issues include:
- no "single" mental health system for Ontarians (irrespective of age);
- chronic underfunding of mental health services;
- a focus on treating mental health disorders, rather than on services for promoting mental health and preventing mental health challenges in places like schools;
- inconsistent service quality between providers and regions;
- a lack of publicly funded services to address mental health challenges;
- a lack of a comprehensive mental health strategy for children, youth and families with integrated services that match the severity and complexity of their problems (sometimes referred to as a "stepped-care approach");
- long wait times for community-based mental health services across the province; and
- limited understanding among care providers, educators, and the public of available services and how to access them.

With respect to the first point, there is no single organization responsible for designing, managing and coordinating one mental health system for Ontarians of all ages. This poses a significant challenge when trying to support the mental health of children, youth and families.

The mental health of children, youth and families has been affected by the pandemic

In recent years, there has been a surge in the number of mental health concerns among children and youth (aged four to 25 years) in Ontario. For example, studies have revealed large increases in hospitalizations and emergency-department visits for self-harm and mental health and addictions care between 2009 and 2017.(6)

It remains unclear what has driven such sharp increases. It may reflect the greater needs of children and youth, a greater likelihood to seek help, the lack of timely access to services in the community, or could be a result of societal changes, such as the emergence of social media or the impact of the economic recession during the late 2000s.(7)

It is important to note that some groups have faced disproportionate challenges in accessing mental health services. Children, youth and families from racialized communities (for example, persons of colour, recent immigrants, and Indigenous peoples) have consistently faced increased barriers when accessing mental health support and care (for example, Black youth regularly face racism, discrimination, long wait times, and infrequently receive culturally sensitive care).(8)

Since the start of the pandemic, the government of Ontario announced a series of public-health measures to try and limit the spread of COVID-19. Some measures taken included:

- wearing masks in public spaces;
- physical distancing and "stay-at-home" orders;
- closing schools and non-essential workplaces;
- shifting to virtual health and social services for children, youth and families/caregivers; and
- requiring proof of vaccination to access certain businesses and settings.

These measures have profoundly changed the lives of children, youth and families across the province. Ontarians lost their jobs, had to shift to 'working from home', were no longer able to meet friends and family, and many students had to abruptly adjust to remote learning and receiving health services virtually. While the full extent of these disruptions is not fully understood as of yet, we can say that it has resulted in an unprecedented situation where Ontarians had to adapt to new lifestyle changes, almost overnight, often in ways that were extremely stressful.(9)

Table 2 provides an overview of Canadian and international evidence about the impact of the COVID-19 pandemic on the mental health of children, youth and families.

Table 2. Impact of the COVID-19 pandemic on the mental health and well-being of children, youth and families

Challenges experienced by:	Evidence from Canada and abroad

Children and youth	- The COVID-19 pandemic has affected the mental health and well-being of many children, youth and families
	  - 24.5% of youth (aged 12-17) indicated their current mental health is somewhat worse or much worse now compared to pre-pandemic (10; 11)
	- International research evidence reveals that children, youth and families experienced negative mental health impacts during the pandemic, including (but not limited to):
	  - anxiety and depression (12; 13; 14; 15; 16; 17; 18; 19; 20; 21)
	  - stress-related disorders (14; 15; 16; 17; 21; 22; 23)
	  - substance use (17; 22; 24)
	  - eating disorders (25)
	  - post-traumatic stress disorder (15; 16; 20)

Parents	- Parents were "very or extremely concerned" regarding their children's:

	○ opportunity to socialize with friends ○ screen time ○ loneliness or isolation - Parents were "very or extremely concerned" about: ○ balancing elder care/child care, school and work ○ managing their children's behaviours, stress levels and emotions ○ managing their own fears and mental health concerns ○ having less patience, raising their voice, or scolding their children - There is evidence to suggest that some children, youth and families have had positive experiences during the pandemic (for example, reduced bullying and anxiety, greater involvement of parents in caregiving, greater flexibility of remote schooling and working from home)
Marginalized groups	- It has been reported that the COVID-19 pandemic amplified challenges for persons of colour and immigrant groups, as reflected by their: ○ higher death rates (and subsequent feelings of grief and loss) ○ increased exposure to COVID-19 due to over-representation in essential workplaces ○ heightened distrust in the health system ○ decreased access to remote learning and telehealth services due to financial constraints - Indigenous communities have suffered further impacts from the pandemic, in large part due to increased mental health distress stemming from: ○ a lack of broadband internet access ○ a lack of clean water and food ○ a lack of timely and culturally adapted mental health services ○ being cut off from their cultural practices (due to lockdown restrictions) ○ overcrowding in homes and close living quarters.(26)

As the evidence shows, the COVID-19 pandemic has disproportionately affected certain groups, such as children, youth and families from racialized communities (for example, persons of colour, recent immigrants, and Indigenous peoples). It is important that we do not forget other groups that warrant additional consideration, and who may have faced a lot of challenges during the pandemic. These may include, but are not limited to:

- those exposed to adverse socio-cultural and socio-economic circumstances prior to the pandemic;
- those with pre-existing physical, mental and neurodevelopmental conditions;
- those living in urban and densely populated areas, or those living in rural and remote areas;
- children and youth of parents who have occupations that are at heightened risk of COVID-19 infections (for example, those working in the health system or in essential services);
- those who were diagnosed with COVID-19;
- those who have experienced grief and loss during the pandemic;
- children and youth who have left the school system (before or during the pandemic); or
- those who identify as part of the LGBTQ2S+ community.

The pandemic highlighted new weaknesses (or worsened existing ones) in mental health systems

The COVID-19 pandemic shone a light on:

- the disconnect that exists between the health sector and other sectors (for example, education, child welfare, youth justice) when supporting the mental health needs of Ontarians;
- the challenges associated with rapidly shifting to virtual care and remote learning;
- the consequences arising from a disruption in services (for example, the decrease in hospital and emergency-department visits for mental health disorders);
- the lack of support for children, youth and families separated from their loved ones due to the pandemic;
- the pandemic amplifying health, social and economic inequities;
- the challenge for school personnel to identify at-risk students in a remote learning environment;
- the inability to share data across sectors in a timely manner, preventing services from responding to the needs of children, youth and families; and
- the lack of evaluation of mental health interventions (while many interventions may seem promising, they are rarely evaluated to determine which ones are the most effective and in what context).

Many individuals and organizations work to improve mental health, but not all their efforts are well connected to allow for rapid changes

Given the unique and rapidly evolving nature of the COVID-19 pandemic, most jurisdictions gradually addressed problems as they emerged. While the government of Ontario tried to ensure that its responses were informed by the best available data and evidence, it remained challenging to do so in a context of uncertainty about how the pandemic would evolve. For example, during the first waves of the pandemic, some decisions have been criticized for not being aligned with existing evidence (for example, closing schools despite little evidence for its role in minimizing transmission and insufficient consideration of the harms to children and youth).(27) This situation illustrates the importance of learning and improving rapidly, both during and between waves of the pandemic.

Many professionals, researchers, policymakers, organizations and other stakeholders are dedicated to improving mental health in Ontario and Canada by working specifically to improve the mental health of children, youth and families (for example, the Mental Health and Addictions Centre of Excellence, the Ontario Centre of Excellence for Child and Youth Mental Health, School Mental Health Ontario, and Children's Mental Health Ontario, to name just a few). Since the start of the COVID-19 pandemic, there has been a surge in efforts to understand and address its impacts on mental health – and more recently,

several key players have mobilized to develop a mental health recovery plan for children, youth and families that will be submitted to the Ontario Ministry of Health.

Despite these efforts, there are gaps in current initiatives that would make it a challenge to learn and improve rapidly. For example, there are a lot of data being collected about children, youth and families by different researchers and organizations in many sectors (health, community and social services, child welfare, education, and youth justice); however, data are often not being linked and shared in a timely way to allow for a complete picture of the situation. Many researchers will produce peer-reviewed journal articles to share their findings, and organizations will produce one-off or annual data reports, but few will produce small reports that can be acted on immediately.

Better-established connections among existing actors and initiatives could help to consolidate efforts to build resilient and responsive mental health systems for children, youth and families.

We have identified three elements of an approach to address the problem for which we are seeking your input

Elements of an approach to address the problem

>> To promote discussion about the pros and cons of potential solutions, we have selected three elements of an approach to building resilient and responsive mental health systems

Many approaches could be selected as a starting point for discussion. We have selected the following three elements of an approach for which we are seeking your input:

1. moving to a system that more consistently matches mental health services to people's health and social needs;
2. being prepared to respond to new COVID-19 challenges and their mental health impacts; and
3. engaging children, youth and families to change the system and respond to new COVID-19 challenges.

These elements should not be considered separately. Instead, each element should be considered as contributing to a potentially comprehensive approach to addressing the problem. New elements could also emerge during the citizen panel discussions. To inform the discussion about these elements, the next section presents what is known about each element based on the best available research evidence. Box 4 below summarizes how the research evidence has been identified, selected and synthesized for each element.

Box 4: Identification, selection and synthesis of research evidence presented in this brief

- Whenever possible, we describe what is known about each element based on systematic reviews.
- A systematic review is a summary of all the studies that looked at a specific topic.
- A systematic review uses very rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies.
- A systematic review gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.
- We identified systematic reviews in Health Systems Evidence (www.healthsystemsevidence.org) Social Systems Evidence (www.socialsystemsevidence.org) and COVID-END (http://covid-end.org). These databases are the world's most comprehensive databases of research evidence on health and social systems, as well as evidence on interventions to respond to the COVID-19 pandemic.
- A systematic review was included if it was relevant to one of the elements covered in the brief.
- We then summarized the key findings from all the relevant systematic reviews.

Element 1 – Moving to a system that more consistently matches mental health services to people's health and social needs

Overview

This element is focused on supporting the transition of health and social systems from responding reactively to the needs of children, youth and families seeking care, to being proactive in meeting the mental health needs of the entire population.(28; 29)

This element could include:

- adopting a "population-health management" approach to the delivery of mental health services, which requires four steps:
  - step 1 - segmenting the population into groups with shared health and social needs and shared barriers to accessing care, for example:
    - tier 1 – all children, youth and families (mental health promotion and well-being)
    - tier 2 – those with low needs
    - tier 3 – those with moderate needs
    - tier 4 – those with severe needs
    - tier 5 – those with severe and complex needs,
  - step 2 - co-designing care models, services for those seeking care ('now that you're here…. can we offer these additional free, evidence-based services?'), and services for those not seeking care ('we have not heard from you in a while…. can we help?') for each population segment,
  - step 3 - implementing the models and services in ways that equitably reach and benefit all those who need them, and
  - step 4 - monitoring reach and other process measures and evaluating key indicators;
- working actively to identify new care needs as children, youth and families transition 'back to normal' (for example, dealing with grief, separation anxiety, and difficulty socializing); and
- addressing the social determinants of health (for example, financial security, food insecurity and housing).

Evidence to consider

- We found a total of 11 systematic reviews relevant to element 1.
- The primary themes explored within the selected literature include, but are not limited to:
  - the core features of a population-health management strategy;(65)
  - the return of investment from programs adopting a population-health management approach;(68)
  - interventions to reduce psychosocial issues in children and their caregivers;(73)
  - risk factors that can influence the onset of mental health disorders;(74) and
  - tools to measure child resiliency and factors that strengthen resilience.(75)

We present a more detailed summary of the evidence in Table 3.

Table 3. Types of activities that could be included in element 1

Area of focus	Findings
Adopting a population-health management strategy	• There is a return on investment from using a population-health management approach (coming from savings due to preventive measures causing less care utilization), but the exact magnitude of the return varies (for example, findings ranged from $1.65 for each dollar invested after four years, to a return of $6 for each dollar invested after one year of intervention) (30)

Working actively to identify new and emergent care	• The use of mental and behavioural health interventions for children and adolescents were most effective when directed toward at-risk youth groups and implemented in a clinical setting (31)
	• The following interventions demonstrated reduced symptoms of anxiety and depression among pediatric populations:
	  o cognitive behavioural therapy
	  o training for awareness resilience and action
	  o solution-focused brief therapy
	  o peer support groups (32)

Population-level approaches to address the social determinants of health	• Many economic, neighbourhood, environmental, and socio-cultural factors can have an impact on the risk of onset of mental health disorders,(33) for example:
	  o economic: income security, housing, and employment
	  o neighbourhood: safety and infrastructure
	  o socio-cultural: education, social cohesion, and social class
	• Child resilience can be enhanced by having strong cognitive abilities, self-regulation and high self-esteem, family and teacher relationships, academic engagement, supportive school community, spirituality, and connectedness with their cultural identity (34)

Element 2 – Being prepared to respond to new COVID-19 challenges and their mental health impacts

Overview

The second element aims to better support the ongoing mental health needs of children, youth and families as we learn to live with COVID-19 (and other large-scale outbreaks of infectious diseases).

This element could include:

- examining strategies that help reduce the negative mental health impacts on children, youth and families;
- adopting a 'wrap-around' approach to provide care for children, youth and families with complex needs (for example, a team including a teacher, a doctor, a mental health worker, a social worker, and family members will create, implement and monitor a care plan);(35)
- developing surge-capacity plans to support the community's ability to supplement hospital and other care settings that operate beyond normal capacity during the pandemic;
- training relevant professionals to use virtual, culturally adapted, trauma-informed, and strength-based strategies; and
- exploring the need for an adaptive school curriculum (for example, combining face-to-face learning activities with online learning components, online learning allowing teachers to interact 'live' with students or online activities allowing students to learn on their own schedule, moving students outdoors), or increasing access to guidance counsellors, social workers and psychologists for students struggling to maintain their mental health.

Evidence to consider

- We found a total of 33 systematic reviews relevant to element 2.
- We found a number of interventions and training programs that could mitigate the impacts caused by COVID-19 (34; 81; 84) and enhance the delivery of mental health services.(93; 94; 95; 97; 98; 103; 105)
- We also found evidence to support the use of a 'wrap-around' approach to provide care for those with complex needs.(89)

We present a more detailed summary of the evidence in Table 4.

Table 4. Types of activities that could be included in element 2

| Area of focus	Findings

Examining strategies that can help reduce the negative mental health impacts on children, youth and families	• The following interventions can help alleviate the negative mental health impacts caused by the COVID-19 pandemic:
	  o guided internet-based psychological interventions (84)
	  o lay- or peer-delivered interventions (84)
	  o multi-component interventions, such as mobile outreach and mental health services with meals, personal care items, and art supplies) (34)
	  o child-based interventions focused on promoting social community or improving caregivers' emotional stability and parenting (81)

Adopting a 'wrap-around' approach to provide care to those with complex needs	• A "wrap-around" approach is particularly beneficial for youth and adolescents from racialized communities who have serious emotional disorders (89)
Developing community-based surge-capacity plans	• Further research is needed to better understand and support the development of surge-capacity plans (92)

Training professionals to use virtual, culturally adapted, trauma-informed, and strength-based strategies	• The following interventions may be effective in enhancing the delivery of mental health care:
	  o culturally tailored gatekeeper suicide-prevention training programs for international Indigenous communities (93)
	  o educational interventions (94)
	• Effective mental health training programs:
	  o utilize an e-learning platform, have a learner-centred design, and offer flexible timings (105)
	  o incorporate role play and case scenarios (103)
	  o contain post-training follow-up consultations (97)

Exploring the need for an adaptive school curriculum	• Public-health measures (for example, school closures and physical distancing mandates) were associated with increased depression and anxiety disorders among children and adolescents (21)

Element 3 – Engaging children, youth and families to change the system and respond to new COVID-19 challenges

Overview

Bringing about change in health and social systems is challenging and can be extremely slow. It can take too much time for those working in these systems to act on new research evidence and lessons learned that could improve patient experience and health. For example, it is frequently stated that it takes an average of 17 years for new research evidence to change medical practices.

Mental health systems may benefit from adopting an approach that allows them to learn and improve rapidly (or at least more rapidly than the current pace). The "rapid-learning and improvement" approach works through rapid cycles such as what is depicted in Figure 1.

Figure 1. Rapid-learning and improvement cycle
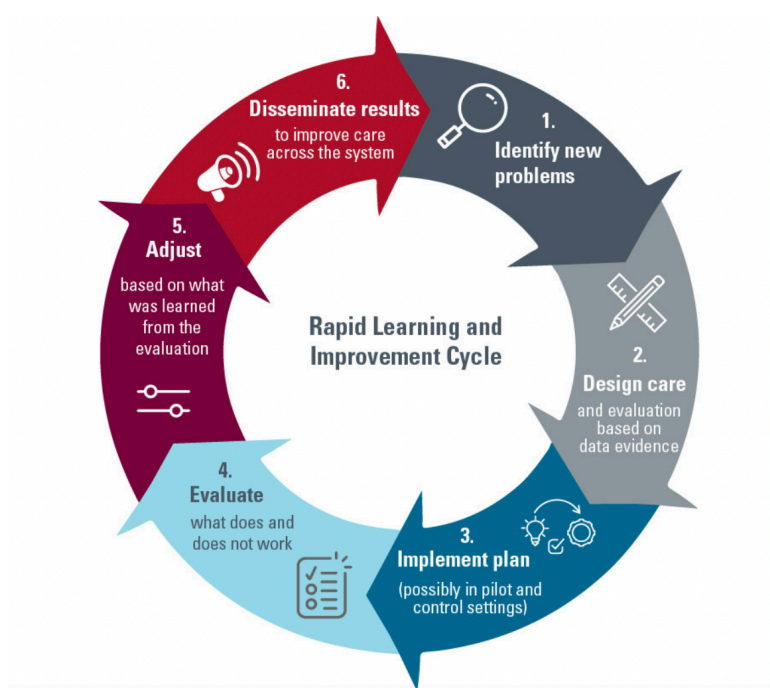
This element focuses on supporting mental health systems as they try new approaches and make small, rapid changes along the way when responding to the mental health needs of children, youth and families.

Evidence to consider

- We identified a total of 13 systematic reviews relevant to element 3.
- The reviews highlight that rapid-learning systems have seven characteristics:
  1. they engage the public/patients to ensure that they are anchored on needs, perspectives and aspirations;
  2. they capture and share relevant data;
  3. they produce research in a timely way;
  4. they use appropriate decision supports;
  5. they adjust who can make what decisions, how money flows, and how the systems are organized (for example, financial incentives to foster cross-sectoral collaboration, or shared accountability for the mental health of the population);
  6. they foster a culture of rapid learning and improvement; and
  7. they build the competencies for rapid learning and improvement.
- Regarding the first characteristic, evidence suggests that the public/patients can be engaged in different ways:
  o in their own health (for example, setting their health goals; self-management and living well with conditions; access to personal health information, including test results);
  o their own care (for example, shared decision-making or the use of patient decision aids);
  o the organizations that deliver care (for example, patient-experience surveys; co-designing programs and services; membership of quality-improvement committees and advisory councils);
  o the organizations that oversee the professionals and other organizations in the system (for example, professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes);
  o policymaking (for example, committees making decisions about which services are covered; government advisory councils that set direction for the systems; sharing stories to kick off key meetings with policymakers; citizen panels to elicit citizen values); and
  o research (for example, engaging patients as research partners; eliciting patients' input on research priorities).

Using worksheet 1 below, reflect on ways to engage children, youth and families to change the system and respond to COVID-19 challenges.

Worksheet 1. Ways to engage children, youth and families in changing the system and responding to COVID-19 challenges

	SPECTRUM OF ENGAGEMENT APPROACHES				
	ADVOCATING *Speaking or writing in favour of; supporting or urging by argument, publicly recommending*	**BEING INFORMED** *Being provided with easy-to-understand information about mental health services available*	**BEING CONSULTED** *Providing feedback on an issue*	**DELIBERATING** *Discussing an issue and exploring solutions*	**COLLABORATING** *Partnering with other stakeholders to address an issue, co-design solutions, and apply solutions*
Children (four to 12 years)					
Youth (13 to 17 years)					
Emerging adults (18 to 25 years)					
Parents (or primary caregivers)					

Implementation considerations

It is important to consider what barriers we may face when trying to implement the three elements discussed above. These barriers may be related to different groups (for example, the general public, clients, patients, or health professionals), to specific organizations delivering services (for example, schools and hospitals), or to certain aspects of mental health systems. While some of these barriers can be overcome, others may be so deterring that we would need to reconsider if the element(s) should be pursued.

Perhaps the biggest barrier lies in the difficulty of making small and rapid changes without larger investments in mental health services. Some potential barriers to implementing the elements are summarized in Table 5.

Table 5: Potential barriers to implementing the elements

Element	Description of potential barriers
Element 1 – Moving to a system that more consistently matches mental health services to people's health and social needs	• Some families may be concerned about the stigma attached to mental health disorders, and about the possible harm that may result from the disclosure of their problems • Some care providers may be hesitant to work actively to offer mental health services given the lack of capacity to meet current needs of those seeking care
Element 2 – Being prepared to respond to new COVID-19 challenges and their mental health impacts	• Some care providers may be reluctant or lack the skills, time, or knowledge to empower people to openly share their care needs, or may experience burnout • Systems of oppression continue to operate at structural levels in health and social systems, and in society more broadly (for example, racism, sexism, classism, and colonialism may still affect access to mental health services)
Element 3 – Engaging children, youth and families to change the system and respond to new COVID-19 challenges	• Meaningful engagement requires a time and/or resource commitment, which may be challenging for individuals • Organizational leaders may work in a competitive culture that does not value sharing insights with, learning from, or celebrating the success of other sectors

The implementation of each of the three elements could also be influenced by the ability to take advantage of potential windows of opportunity. A window of opportunity could be, for example, a recent event that was highly publicized in the media, a crisis, a change in public opinion, or an upcoming election. A window of opportunity can facilitate the implementation of an element.

Perhaps the biggest window of opportunity may be the COVID-19 pandemic itself. The pandemic brought to light many of the mental-health challenges children, youth and families continue to face in Ontario. The mental health impact of the pandemic also created a sense of urgency to address these issues. Other potential windows of opportunity are summarized in Table 6.

Table 6: Potential factors that could help in implementing the elements

Element	Description of potential windows of opportunity
Element 1 – Moving to a system that more consistently matches mental health services to people's health and social needs	• Population health management is at the heart of the health system's current transformation with the creation of <u>Ontario Health Teams</u> (health and social-care providers working as one coordinated team) • Many Ontario Health Teams selected "people with mental health and addictions issues" as one of their priority populations
Element 2 – Being prepared to respond to new COVID-19 challenges and their mental health impacts	• Some regions have developed wrap-around models of care that mobilize the community to help children, youth and families with complex needs, and to find solutions that will improve the quality of their lives
Element 3 – Engaging children, youth and families to change the system and respond to new COVID-19 challenges	• There is an opportunity to leverage many existing initiatives to engage children, youth and families (for example, <u>Youth Wellness Hubs Ontario</u>)

Acknowledgments

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Conflict of interest

Merit review

The citizen brief was reviewed by a small number of citizens, other stakeholders, policymakers and researchers in order to ensure its relevance and rigour.

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