Panel Summary

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

20 November 2021

McMaster University | HEALTH FORUM

EVIDENCE >> INSIGHT >> ACTION

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 panellists. Panellists 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 summary

On the 12th and 20th of November 2021, the McMaster Health Forum convened two citizen panels on creating resilient and responsive mental health systems for children, youth and families during and beyond the COVID-19 pandemic in Ontario. The first panel brought together a group of parents, and the second a group of youth (aged 12 to 17). This summary highlights the views and experiences of panellists about:

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

The citizen panels did not aim for consensus. However, the summary describes areas of common ground and differences of opinions among panellists and (where possible) identifies the values underlying different positions.

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Summary of the panel

Two citizen panels were convened virtually, each engaging a diverse group of parents or youth – in terms of age, gender, ethnocultural background and socio-economic status – from Ontario. The first "parent" panel took place on 12 November 2021 and consisted of 12 parents who were responsible for taking care of children without or with new or pre-existing mental health concerns, many of which stemmed from stress, anxiety, bullying, eating disorders, suicidal ideation, and special-education needs. The youth panel was held on 20 November 2021 and brought together eight youths between the ages of 12 and 17. Some of the youth panellists also faced similar mental health concerns. All participants were provided with a plain-language summary of the evidence brief prior to attending their respective citizen panel, which helped to serve as an input into the deliberations.

During the deliberation about the problem, panellists were asked to share what they perceived to be the main challenges related to mental health systems, as well as the challenges they have experienced during the pandemic. The parent panel identified six important challenges: 1) fundamental issues were affecting mental health systems before the pandemic (for example, mental health systems are fragile as they cannot withstand the emergence of major public-health crises, there is a lack of timely access to publicly funded mental health services, there is a lack of meaningful human contact, and care providers often use blind referrals); 2) there is limited access to affordable and robust information technology infrastructure; 3) there is a lack of dedicated (and well-connected) staff members in educational settings to support student mental health; 4) families are experiencing a lot of stressors during the pandemic; 5) parents have mixed experiences with virtual learning and there are apprehensions about 'returning to normal'; and 6) parents are concerned that their children are viewing the world through the distorted lens of social media. The youth panel identified four key challenges, two of which (mixed experiences with virtual learning and apprehensions about 'returning to normal, and viewing the world through the distorted lens of social media) also emerged during the parent panel. The other two challenges discussed by the youth panel were: 1) the pervasive influence of mental health stigma; and 2) the pandemic increased social isolation and reduced social interactions.

In discussing the elements of a potentially comprehensive approach to addressing the problem, five key themes emerged from the parent and youth panels: 1) the centralization of mental health services at the regional level; 2) a proactive mental health service infrastructure that connects services to needs and can be ramped up during crises; 3) leveraging the use of trained health professionals and implementing case managers; 4) revisiting the delivery of mental health care prior to the pandemic, and adjusting services based on best practices; and 5) an increase in funding and resource allocation to support innovation in mental health systems.

Panellists identified systems of oppression and the overburdening of care providers as two key barriers to bring about change. In discussing potential windows of opportunities, panellists emphasized that the COVID-19 pandemic helped to create a sense of urgency to drive change in mental health systems.

"It is hard to find the balance between anxiety reduction and grades suffering" (parent panel)

Discussing the problem:

What are the most important challenges to creating resilient and responsive mental health systems?

During the deliberation about the problem, panellists were asked to share what they perceived to be the main challenges to creating resilient and responsive mental health systems. They were also invited to share the challenges that they experienced during the COVID-19 pandemic. Panellists from the parent panel identified six important challenges:

- fundamental issues were affecting mental health systems before the pandemic;
- there is limited access to affordable and robust information technology infrastructure;
- there is a lack of dedicated (and well-connected) staff members in educational settings to support student mental health;
- families are experiencing a lot of stressors during the pandemic;
- experiences with virtual learning were mixed and there are apprehensions about 'returning to normal'; and
- parents are concerned that their children are viewing the world through the distorted lens of social media.

The participants from the youth panel identified four important challenges:

- experiences with virtual learning were mixed, and there are apprehensions about 'returning to normal';
- they are concerned about viewing the world through the distorted lens of social media;
- the pervasive influence of mental health stigma; and
- the pandemic increased social isolation and reduced social interactions.

We review each of these challenges in turn below.

Fundamental issues were affecting mental health systems before the pandemic

The discussion initially focused on four broad challenges that were viewed as needing to be addressed in order to create resilient and responsive mental health systems: 1) mental health systems are fragile; 2) there is a lack of timely access to (publicly funded) mental health services; 3) there is a lack of meaningful human contact; and 4) care providers often use 'blind referrals' (meaning that they offer a list of resources or organizations to patients, with little to no follow-up regarding whether appropriate care has been provided).

Box 1: Key features of the citizen panels

The virtual citizen panels about creating resilient and responsive mental health systems in Ontario had the following
11 features:

1. it addressed a high-priority issue in Ontario;
2. it provided an opportunity to discuss different features of the problem;
3. it provided an opportunity to discuss three options for addressing the problem;
4. it provided an opportunity to discuss key implementation considerations (e.g., barriers);
5. it provided an opportunity to talk about who might do what differently;
6. it was informed by a pre-circulated, plain-language brief;
7. it involved a facilitator to assist with the discussions;
8. it brought together citizens affected by the problem or by future decisions related to the problem;
9. it aimed for fair representation among the diversity of citizens involved in or affected by the problem;
10. it aimed for open and frank discussions that preserve the anonymity of participants; and
11. it aimed to find both common ground and differences of opinions.

With respect to the first of these challenges, several parents indicated that mental health systems in Ontario are fragile and not designed to sustain major public-health crises, such as the COVID-19 pandemic. They generally agreed that the province does not have a fundamental "infrastructure [in place] that you can ramp up when a crisis arrives". Many parents further expressed concerns with the current state of the mental health sector by stating, "we built a house of cards" and "you can't build a plane while you're flying it" when referring to the fragility of the system and the lack of proactive measures that have been taken during the pandemic, respectively.

Second, parents discussed the lack of timely access to publicly funded mental health services as a long-standing issue within the mental health systems. They mentioned that the inability to receive care has been heightened during the pandemic, in large part, due to:

> **Box 2: Profile of panellists**
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> Two citizen panels were convened virtually, each engaging a diverse group of parents or youth – in terms of age, gender, ethnocultural background and socio-economic status – from across Ontario. More specifically:
> - The parent panel took place on 12 November 2021 and consisted of 12 parents who were responsible for taking care of children without or with new or pre-existing mental health concerns, many of which stemmed from stress, anxiety, bullying, eating disorders, suicidal ideation, and special-education needs.
> - The youth panel was held on 20 November 2021 and brought together eight youths aged 12 to 17. Some of the youth panellists also faced similar mental health concerns as the ones described above.

- the lack of support to find and navigate mental health services;
- a lack of access to multilingual mental health services for diverse communities;
- the creation of silos (for example, between school boards and the different sectors);
- long wait list times for mental health services in community agencies;
- many professionals working in a specific domain of mental health; and
- a lack of follow-up with children, youth and families experiencing mental health challenges.

Although many school- and community-based services are publicly funded, a few parents spoke of the need to secure additional private counselling and therapy sessions for their family, while others shared how they stopped seeking care entirely as it almost felt 'impossible to get help.'

There was a general consensus among panellists that there is a lack of meaningful human contact in the mental health systems, despite individuals being more digitally connected than ever. Many parents were concerned that the shift to virtual care may not be the most effective way to address the mental health needs of their children. With this in mind, several parents insisted that the creation of new applications on smartphones and tablets was not the solution. And a few parents strongly opposed various aspects of virtual care by adding: "The online presence is of zero help. To be met with a chat bot is not okay."

Lastly, the overuse of blind referrals was agreed upon by parents as another long-standing issue within the sector. Several parents revealed how they (or friends and family seeking care within their social circle) were typically provided with a list of websites and phone numbers to contact, often with no coordinated support to access these services. To the parents, these "blind referrals" appeared to be a routine practice for care providers, like checking off items from a list. One parent commented: "Everyone is checking boxes because that is their responsibility, but no one has a real solution to find help. We need a real person to help find another person who can provide actual help." A second parent echoed a similar sentiment when explaining how their family doctor was investing minimal effort in their request to help find youth mental health services for their kids: "The doctor provided phone numbers for adult mental health supports and asked me to inquire about youth services."

There is limited access to affordable and robust information technology infrastructure

Panellists generally indicated that the rapid shift to remote learning and care caused a significant burden on many families. Parents often alluded to having limited resources, such as affordable and robust internet connection within their households. One of the parents expressed angst with the large volume of activities and services moving to virtual settings, especially since residing in rural areas may cost hundreds of dollars per month for internet access and for cellular data coverage, both often being unstable. This conversation raised equity concerns because not everyone is able to afford computers, mobile devices, or broadband internet that can support many of these day-to-day activities which have now turned virtual: "You need a smartphone, a monthly service plan, a good credit score, a reliable data plan, and you can't get this when you live in poverty."

There is a lack of dedicated (and well-connected) staff members in educational settings to support student mental health

Parents emphasized the need for increasing the number of mental health professionals, such as counsellors, social workers, psychologists and nurses, particularly in schools. Given the perceived appearance of limited personnel that currently exists, one parent was concerned that professionals in educational settings may not be able to meet the diversity of needs of students: "The helping professions are trying to help too many different people with too many needs, and few have the time to really focus on one area of specialty and need. We're all running in every direction because we're all faced with too many calls from too many directions." A second parent echoed these concerns and noted that their child feels as if the counsellor does not have time for him.

As one parent - who is also a teacher by profession - indicated, there remains many barriers to achieving seamless communication across working professionals: "I have referred students to our school mental health counsellor, but the counsellor can't talk to me. My EA [educational assistant] can talk to me about students, but [they] can't talk to the parents. We have lots of walls blocking [our] teamwork and communication."

Although there seemed to be a desire for increasing professional support in schools, it should be noted that this sentiment may have arisen due to a lack of awareness regarding the full extent of mental health supports and services provided within these settings from the viewpoint of parents. Raising awareness about existing supports and services available are needed in this regard.

Families are experiencing a lot of stressors during the pandemic

Many parents commented on the challenges they experienced with balancing their work and caregiving responsibilities during the pandemic. Several parents experienced stressful situations, faced role conflict, were overburdened, and a few even considered resigning or taking a leave of absence. As one parent said: "I have been considering taking a leave of absence over the last few months. It is too difficult as a single parent to help my kids and be employed full-time at the same time." On a similar note, another parent (who is a full-time teacher) shared how she was extremely worried about her own mental health, along with the mental health of her students and her own children. This parent indicated that the

education sector is in a crisis and predicted that a number of teachers are only surviving through the pandemic, and then will either opt for an early retirement or stress leave.

Mixed experiences with virtual learning and apprehensions about 'returning to normal'

Among both parents and youth, virtual learning along with apprehensions about 'returning to normal' were key challenges that emerged from the deliberations. Many parents shared their struggles with the rapid shift to online school, while a few others shared the additional barriers they faced as they have children with special education needs. In many instances, the tools and applications that were being used by schools were not adapted. As one parent stated: "My daughter is dyslexic and you can't really use a text-to-voice, which means two and a half hours of frustration and pain." A few of the youth commented on the suspension of extracurricular activities and competitive sports leagues in schools. They stressed how it was a critical loss for student athletes, and especially for those who were at the age of potentially being scouted and recruited by universities and colleges.

Although many parents and youth shared negative experiences with school closures, there were some who expressed contrasting views. Some children and youth appreciated the flexibility of self-based and online learning, while one parent pointed out that virtual schooling offered her child a shelter from bullying. This parent commented: "[Before the pandemic] my daughter faced sexual assault, bullying and harassment, and she did not want to go to school. [When the school made the switch to remote learning], my daughter had the best school year because she was not bullied anymore. The pandemic's effect might have saved my daughter's life because I was [at] home, [and] she was away from her toxic peers."

Many parents were quite anxious and stressed about having their children return to in-person schooling. They indicated that they wanted to remain cautious despite the province's plan to lift all COVID-19 restrictions in order to 'return to normal'. Although many youth participants were keen on resuming their social interactions, some expressed similar sentiments as the parents and were particularly concerned about the 'haphazard' re-opening plans given the rise in COVID-19 cases due to the variants of concerns. Many of the panellists felt that the pandemic can serve as an opportunity to strengthen the mental health systems and revisit society's values and expectations. Some believed we should redefine

what 'normal' is. As one youth stated: "[We should] use the pandemic as a blank canvas to reconstruct the way the world works."

Viewing the world through the distorted lens of social media

The impact of social media was discussed in great detail by both parents and youth. Many parents explained that the pandemic significantly increased the time their children spent in front of a screen and on social media. They feared that the spread of misinformation and conspiracy theories may have exacerbated mental health problems. However, from the perspective of the youth, although it was not conspiracy theories per se, they did acknowledge that they were feeling increasingly anxious when using social media more often, in large part due to the spread of misinformation surrounding COVID-19 and being more aware of the growing number of global problems, including climate change, wars and pandemics. As one youth participant said: "[The past year, the] world was thrown into chaos. The pandemic is a large factor, but there's so many other things, impending doom from climate change, wars escalating, there's just so much stress and a pandemic chucked into the mix, it was a breaking point. There are too many things going on at once." A few of the youth panellists further commented on how social media contributed to a decline in self-image and self-esteem. One youth participant shared how her cousin's self-image had worsened significantly during the pandemic, while another went further and spoke to how using social media caused them to actively find faults in themselves.

The pervasive influence of mental health stigma

Several youth participants discussed the widespread stigma that still surrounds mental health. They mentioned how its prevalence affects their care-seeking behaviours and often makes them reluctant to reach out for help.

A few youth participants shared that they had mental health conversations with their parents. While some were able to discuss this subject with their parents, others often encountered many uneasy conversations, and for some, it even created tension within the family. One youth participant recalled 'lots of drawn-out' and 'awkward' discussions, constantly being asked if they were OK (which the panellist indicated was not what they needed as a conversation topic). One youth participant shared how she entered into a

mental health and eating-disorder clinic during the pandemic and sought therapy for a few weeks, but it 'felt more like a punishment' to her.

The pandemic increased social isolation and reduced social interactions

Several youth participants commented on their desire to have more social interactions with their friends. Many of them tried to maintain their friendships over phone, text and social media, but it was difficult to sustain these virtual interactions for long periods of time as the pandemic continued. As one youth panellist shared, the pandemic had reduced her circle of friends, but it did reveal who her 'true friends are.' Social isolation was frequently discussed among the youth panellists, with many expressing feelings of loneliness, hopelessness and solitude while staying at home during the pandemic. Despite many of the youth having parents living in the same household during this time, it was often difficult for their parents to support them while working remotely. A youth panellist commented on their situation at home by stating, "everyone was busy with their own routines," while another said "my house was an isolated island."

"My kid already thinks no one cares, a checklist is not going to build the required trust." (Parent panel)

"You don't know what you are going through until it is gone." (Youth panel)

Discussing the elements:

How can we address the problem?

After discussing the challenges that together constitute the problem, panellists were invited to reflect on three elements (among many) of an approach to creating resilient and responsive mental health systems in Ontario:

1) Moving to a system that more consistently matches mental health services to people's health and social needs (phrased as "how might we improve the mental health of children, youth and families during the pandemic?" for the youth panel)
2) Being prepared to respond to new COVID-19 challenges and their mental health impacts (phrased as "how can we get prepared if there is a new pandemic in the future?" for the youth panel); and
3) Engaging children, youth and families to change the system and respond to new COVID-19 challenges (phrased as "how governments can better understand your experiences, the impact of their decisions and find new solutions?" for the youth panel).

The three elements can be pursued together or in sequence. A description of these elements was provided to panellists in the citizen brief that was circulated before the event. Whenever possible, we describe areas of common ground and differences of opinions among panellists and (where possible) identify the values underlying different positions.

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

The discussion about the first element 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.

During the discussion about element 1, seven value-related themes emerged during the parent panel: 1) centralization versus regionalization; 2) excellent care experience; 3) stewardship; 4) empowerment; 5) equity/fairness; 6) being proactive; and 7) trusting relationships. The latter two were further reiterated and highlighted as themes by youth participants during the second panel (see Box 3).

> **Box 3: Key messages about element 1**
>
> **What are the views of panellists regarding this element?**
>
> Parent Panel
> - Centralization versus regionalization
> - Excellent care experience (children, youth, family, and community-centred)
> - Stewardship (at the individual and population levels)
> - Empowerment
> - Equity/fairness
> - Being proactive
> - Trusting relationships
>
> Youth Panel
> - Being proactive
> - Trusting relationships

The first value-related theme (centralization versus regionalization) reflected the parents' desire to adopt a population-health management approach that breaks down the silos which currently exist within and across mental health organizations and sectors. However, the panellists had opposing views when it came to discussing how this should be achieved. Some parents believed it would be best to have greater centralization with a central coordinating hub, while others leaned towards a plan that focused on regionalization, whereby communities would have smaller individualized pods that would be connected to a central hub.

The second value-related theme (excellent care experience) relates to the need of improving the care experiences for children, youth and families. Parents commonly agreed that a system which can better match the needs of its population to the appropriate services must be flexible in nature and based on the needs of their respective community. This aligns with further discussions on this subject where many participants emphasized the need for

government departments to be more aware of their population demographics and needs, so that they can align the programs and services they offer accordingly. Lastly, a few parents advocated for increased service-delivery organizations and regionalization of services as they could help to improve care experiences.

The third value-related theme (stewardship) was discussed among the parents at great lengths. Panellists highlighted their desire to observe increased and improved stewardship at the individual and population levels to better match mental health services to the appropriate needs of those seeking care. Several parents were supportive of the idea to implement 'case managers' or 'system navigators' who can act as a resource to guide and help children, youth and families access mental health services. Some parents had poor prior experiences when they were provided with a list of websites to search through, but remained hopeful that the implementation of case managers will be able to better streamline this process.

The fourth and fifth value-related themes (empowerment and equity/fairness) illustrated panellists' views on a population-health management approach, in that it must: 1) be equity-driven and improve access to mental health services; and 2) support greater empowerment by developing self-management skills and mental health literacy, such as educating parents on warning signs for when a child may need additional support.

The last two themes (being proactive and trusting relationships) were discussed among both parents and youth during their respective panels. When discussing the former (being proactive), parents and youth were both drawn to a population-health management approach as it could leverage preventive and proactive outreach services (which they felt the current mental health systems did not possess). Parents, in particular, were very supportive of a transition from being an 'incoming call centre' to a mental health system that serves more as an 'outbound centre.' When discussing the latter (trusting relationships), parents saw a key role for educators (for example, school teachers) and primary-care providers (for example, Family Health Teams) in a population-health management approach and in conducting integrated wellness checks for their populations. Some youth participants noted, however, that their preference for outreach services would vary depending on how it was done and by whom. Although the vast majority of youth panellists were generally receptive to outreach activities, they were not keen on having it done by teachers (which is in contrast with the parents' views on leveraging the role of teachers) because: 1) students were concerned that revealing their mental health problems could have academic repercussions;

and 2) students often felt that teachers may be doing this to fulfil job requirements (in other words to 'check boxes'). Youth participants further warned against impersonal outreach activities (for example, mass mailing) because it felt impersonal and bureaucratic. As such, they focused on actors with whom they already have an established trusting relationship with, such as close friends, family members, school personnel (for example, a counsellor, nurse or social worker), and health professionals (for example, a family physician).

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

The discussion about the second element focused on supporting 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).

During the discussion about element 2, a total of three value-related themes emerged: 1) competence/expertise (in schools); 2) excellent care experience; and 3) empowerment (see Box 4).

The first value-related theme referred to competence/expertise in schools. Panellists indicated the need for more trained

Box 4: Key messages about element 2

What are the views of panellists regarding this element?

Parent Panel
- Competence/expertise (in schools)
- Excellent care experience (children, youth, family, and community-centred)

Youth Panel
- Excellent care experience (children, youth, family, and community-centred)
- Empowerment

personnel and resources in schools, especially given the amount of time that school-aged children and youth spend in these settings. Many parents spoke to the benefits of reverting back to a system to which they were familiar with in past decades, that re-introduces school nurses and has providers present in each school on a full-time basis.

Within the discussion surrounding element 2, excellent care experience was a theme that emerged from both the parent and youth panels. A few of the parents who had prior experience with and knowledge of a 'wrap-around' approach (where an interdisciplinary team create, implement and monitor a care plan), emphasized the need to adopt this approach in order to help provide care for children, youth and families with complex needs. Many parents further discussed the possibility of rethinking through the school curriculum, primarily with respect to increasing its flexibility so that schools can proactively respond to crises and focus on what is truly important for student learning, such as 'knowledge blocks' (which referred to learning objectives or fundamental competencies), as opposed to trying to fit the entire curriculum into virtual learning.

In contrast with the parents, the youth panel focused heavily on family care experiences. Several youth participants called for more family-based or family-centred interventions, as opposed to interventions developed strictly for children, youth or parents. A number of youths indicated that many of the challenges they encountered during the pandemic could have been better resolved together as a family. One youth panellist even commented: "[We need to] have family coping mechanisms."

The third value-related theme was empowerment. The general sentiment among the youth participants was that they felt under-prepared and wanted to be better equipped to manage and cope with stress. They expressed the need for the school curriculum to include more self-management strategies, mindfulness training, and broader trainings in mental health literacy (which is currently absent or minimal in school settings).

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

The discussion about the third element focused on how to support 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.

During the discussion about element 3, four value-related themes emerged from the parent panel: 1) innovation; 2) equity/fairness; 3) excellent care experience; and 4) empowerment. The latter two were further highlighted as themes during the youth panel (see Box 5).

Participants from the parent panel emphasized the importance of innovation and called for an innovative agenda for mental health systems in Ontario. They discussed five key considerations: 1) centralization of mental health services at the regional level (for example, having regionalized pods connected to a central hub, which will help

> **Box 5: Key messages about element 3**
>
> **What are the views of panellists regarding this element?**
>
> Parent Panel
> - Innovation
> - Equity/fairness
> - Excellent care experience (children, youth, family, and community-centred)
> - Empowerment
>
> Youth Panel
> - Excellent care experience (children, youth, family, and community-centred)
> - Empowerment

enable the free access of information-sharing across sectors); 2) a proactive mental health service infrastructure that can be ramped up during a crisis; 3) having trained response teams that are "on-call" in times of crises; 4) revisiting the delivery of mental health care prior to the pandemic, and adjusting services based on best practices (for example, leveraging the use of a rapid-learning and improvement model to evaluate what worked well and modify accordingly); and 5) an increase in funding and allocation of resources to support innovation in mental health systems.

The second value-related theme was equity/fairness. Some panellists felt that system leaders must invest greater efforts into proactively seeking and highlighting the voices of children, youth and families – and especially those who are most at risk – in discussions at the policy

level. As noted by one of the participants: "We can't have others decide the solutions without our voices at the table. Nothing about us without us."

Lastly, the two value-related themes of excellent care experience and empowerment were commonly discussed within both panels. Both parents and youth called for greater children, youth and family engagement in order to bring about change to the system and to better help respond to new COVID-19 challenges. Panellists shared how citizen engagement can be sought when trying to identify new problems or needs, co-design, implement, evaluate, and adjust programs and services, and share best practices. Youth panellists were particularly interested in more empowering forms of engagement, such as using deliberative mechanisms (like these virtual panels), fostering dialogue on social media, hosting school-based discussions, and conducting door-to-door outreach in marginalized neighbourhoods.

"Stop making mental health a corporate endeavour." (Parent panel)

"We need to express the importance of mental health in different communities and help remove the stigma." (Youth panel)

Discussing implementation considerations:
What are the potential barriers and facilitators to implementing these elements?

After discussing the three elements of a potentially comprehensive approach, panellists examined potential barriers and facilitators for moving forward.

The discussion generally focused on three key barriers:

- systems of oppression (for example, racism, sexism, colonialism) continue to operate at all levels in the health and social systems, and in society more broadly, which affect access to mental health services;
- the stigma attached to mental health disorders and the possible harm individuals believe may result from the disclosure of their problems; and
- care providers are overburdened by the COVID-19 pandemic and do not have enough time to actively offer mental health services.

When turning to potential facilitators to moving forward, panellists identified two windows of opportunity:

- the COVID-19 pandemic has created a sense of urgency to drive changes in mental health systems; and
- some communities have developed wrap-around models of care that can help improve the quality of life for children, youth and families with complex needs (wrap-around models being structured around an interdisciplinary care team and family support who create, implement, and monitor a care plan).

In the wrap-up, many panellists expressed a sense of urgency and called upon the government to make the necessary changes within mental health systems in a timely manner.

Acknowledgments