

November 10, 2022

Re: Consultations on the Mental Health and Well-being of Children and Youth

On behalf of the [Ontario Society of Occupational Therapists \(OSOT\)](#), we would like to provide feedback as partners in our children and youth mental health and education. Participation in this consultation is important to our organization and profession as children and youth continue to transition back to in-person learning.

Occupational Therapists (OTs) are regulated healthcare professionals that work in many settings such as schools, clinics, hospitals, home and community care, primary care, rehabilitation, and many more. The pandemic shed light on issues of mental health and isolated environments for school-age children and youth. The occupational therapy profession has been long established and recognized as a vital contributor in hospital, clinic and community-based mental health programs. Occupational Therapists are well equipped with the expertise to help students, teachers, and families revert to an engaging learning model that is necessary for student development.

We would like to put forth some recommendations, alongside our Child and Youth Mental Health and School-based occupational therapy teams—volunteer professional teams comprised of both in-school and community-based (private practice, rehab, children’s treatment centres, daycares, etc.) occupational therapists, to inform this consultation.

Topic A: Collaboration and Communication

- **Issue:** Lack of collaboration and communication between service providers (SPs), educational staff, families/ caregivers, and other supports.
- **Opportunity:** Increase collaboration and communication to facilitate seamless transitions between home, school, and community by creating a single, shared record which will decrease duplication of services, improve collaboration, and better address the student’s needs.
- **Recommendations:**
 - a) Create a shared record between home, school, and community to facilitate communication, intervention/treatment, diagnostics, goals/objectives, and progress;
 - b) Legislation may need to be created/amended to facilitate the sharing of information across these sectors;
 - c) An investment will need to be made to establish the infrastructure, training, and security for such a record.

Topic B: Early Intervention

- **Issue:** Delays in identification/diagnosis of mental health issues which delay intervention.
- **Opportunity:** Creation of tools and processes to identify and address children/youth mental health concerns. This tool can include assessments, progress reports, etc. Parents/caregivers, students and educational staff, need to collaborate to identify needed support early on. Services should not be dependent on a diagnosis but rather should be available proactively and universally to all.



- **Recommendations:**
 - a) Parents/caregivers, along with educational staff and other supports can utilize a universal screening tool to develop plans and goals for each child/youth;
 - i) This universal screening tool will promote early diagnosis and intervention which will result in positive outcomes, reduce healthcare utilization, and promote optimal learning.
 - b) Structures are put in place to offer early intervention services to support children/youth, family/caregivers, and educational staff to support newly identified issues/needs;
 - i) Embedding Registered Health Care Professionals in the classroom, strengthens the educational team and promotes early intervention.
 - c) Develop tools for children/youth, family/caregivers to identify concerns.

Topic C: Decrease Wait Lists

- **Issue:** Waiting lists are becoming longer and access to a service provider can be limited. While children/youth wait to be seen, the severity and impact of their mental health issues increase creating more complex, acute situations that use higher rates of healthcare and educational resources to address.
- **Opportunity:** To increase funding for a multidisciplinary and diverse team in schools and the community by promoting additional health resources to practice to their full scopes. For example, occupational therapists supporting mental health concerns rather than waiting for limited psychologist interventions only.
- **Recommendations:**
 - a) Legislative amendment and policy change that recognizes the full scope of practice of Regulated Health Care Professionals that are licensed to provide broad, holistic assessment and treatment. Retraining is required to break historically siloed practices to facilitate effective collaboration among team members;
 - b) Encourage health professions work to their full scope of practice, potentially requiring policy changes, re-training/education about roles, and expanding historically held responsibilities will enhance effective collaboration amongst team members;
 - c) Streamline funding and program structure between MOH, MED, and MCCSS to provide optimal use of resources and minimize duplication of service;
 - d) Utilize tiered service delivery to achieve broad-based supports and transition between levels of service that are not entirely referral based.

OSOT appreciates the opportunity to participate in this consultation and is open to discussing our recommendations further. We would be happy to participate in future stakeholder consultations and/or discussions. Should any questions arise, please reach out to mlofsky@osot.on.ca.

Thank you,

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