



Ontario Centre of Excellence  
for Child and Youth  
Mental Health  
*Bringing People and Knowledge Together to Strengthen Care.*



Parents for Children's  
Mental Health  
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# LLG – Children's Mental Health of Leeds and Grenville: Final Report

Family community consultations

March 20, 2016

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Ontario Centre of Excellence for Child and Youth Mental Health  
Parents for Children's Mental Health

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## Overview

Children's Mental Health of Leeds and Grenville (CMHLG) in partnership with Open Doors for Lanark Children and Youth (Open Doors) are currently working on the development of the Community Mental Health and Core Service Delivery Plans for the service area of Lanark, Leeds and Grenville (LLG). These plans will be submitted to the Ministry of Child and Youth Services by March 31, 2016. Recognizing that youth and families need to be engaged in the development of the plans, CHM and Open Doors partnered with the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) and Parents for Children's Mental Health (PCMH) to consult with families regarding their access to mental health services, their experience of care, their priorities for change, and their input on family engagement activities.

## Planning process

As the lead agency, CHMLG, together with Open Doors, engaged with the Centre and PCMH to plan, define, and scope family consultations for the Community Mental Health and Core Service Delivery Plans. In partnership with the Centre, Sarah Cannon, Executive Director of PCMH, and Theresa Dostaler, Synergy Research and Evaluation Consulting provided consultation to a group of CHMLG and Open Doors staff. The consultation included an overview of family engagement, identified topics of interest and target populations for their service area of LLG, and was the catalyst for a work plan to host family consultations.

The planning of the family consultations included an Exploration Call to further examine the objectives and scope of this type of consultation process within LLG. It was concluded after that call that ongoing planning to host family consultations would be beneficial and more focused considerations of the primary objectives and goals for these consultations could be further discussed. A planning call was conducted that included family members, Centre staff, consultants, and staff from both children's mental health agencies. Through these conversations, the priorities of the consultations, the target audiences, and the methodologies for family consultations were framed. A work plan was established to implement family consultations for the purpose of contributions to the Community Mental Health and Core Services Delivery Plans. A copy of the Planning Call Summary can be found in Appendix B of this document.

## Summary of findings

After initial exploration and planning meetings, two English consultations were held with families from the LLG area with a total of 8 family members participating. Surveys were also distributed both electronically and in hard-copy. A total of 10 family members responded to surveys. Feedback from families from both the survey and consultations is summarized below.

Families who have accessed services typically had mixed experiences, with some very positive interactions and support from service providers. Counselling and therapy especially were seen to be helpful, and families appreciated the support once they received it.

Through both consultations and surveys, several themes were identified.

- **Wait lists/length of service/service blocks and continuity of service**
  - Families talked about wait times for service, being in crisis and having to wait. Families felt that this was challenging and some crises could have been averted had earlier support been available.
  - Families talked about having to choose between wait lists for longer term therapy or faster brief services. Families find it difficult to trade off one for the other and then be “on their own” when brief services end.
- **Navigating the system**
  - Families often felt that they were referred from one service to the next without assistance or follow up.
  - Families talked about the need for “warm hand offs” when being referred from one agency to the next.
  - Families asked for support in terms of a system navigator or case manager to help them move through what they felt was a complicated and disjointed system.
  - Families talked about agencies working in “silos” and asked for more coordination of services.
- **Accessing private services**
  - Many family members felt it necessary to access private services due to wait lists and lack of available and appropriate services.
  - Families talked about the expense of these services and how they desired appropriate and responsive services through the publicly funded system.
- **Complex cases/specialized cases**
  - Families talked about the challenge of having no services for children with complex or specialized needs.
  - Families talked about the challenges of dealing with multiple ministries who often said that children did not meet criteria for their services, which left some children/youth with nothing (e.g. children with attachment disorders, FASD, concurrent disorders).
  - Families requested a strategy to deal with such cases where all stakeholders were at the table helping children/youth and their families get the support they required.
- **Education and awareness in schools**
  - Families requested more support in the schools for their children/youth with mental health needs.
  - Families suggested that teachers, support staff, and principals required education and awareness training.
- **Crisis services**
  - Families talked about having to be in crisis to receive services.
  - Families talked about accessing crisis services, often in hospital, and being turned away or discharged without follow up or discharge plans. Families requested follow up and support following times in crisis.

## Consultations

### Consultations with families (Section A: Engagement Activities CSDP)

Two family consultations were held on March 3, 2016. One was held 12:30 to 3:00pm at the Canadian Mental Health Association in Brockville with six participants, and one was held 6:30 to 8:30pm at the Carleton Place High School in Carleton Place with two participants. Both sessions were co-facilitated by Theresa Dostaler from Synergy Research and Evaluation Consulting and a family member. A third session was scheduled in Lombardy from 7:00-9:00pm on March 2, but the session was cancelled due to weather.

The full agenda the sessions can be found as an appendix.

### How were activities selected?

Based on the collaborative planning process, there were four main objectives for the consultations and priorities for family input:

- Access to Services – What are family experiences accessing services? How would families prefer to receive services?
- Gaps/Strengths of the Current Service System – What are current gaps and strengths of the systems? What services are missing?
- Community input – What community organizations, agencies, and key members should be involved in ongoing planning?
- Engaging Families – What is the best way to engage families?

Based on discussions with agency staff and the family co-facilitator, four main activities were selected to gather the information on the identified objectives.

The next section contains a summary of the information shared by families in the four consultation groups. Quotations from participants will be used throughout the document to highlight particular themes or ideas.

#### 1. Access to service (Section C.1: Service Priority Identification CSDP)

*Families were asked to work in small groups to respond to a series of questions about access to services. A summary of responses is included.*

#### **How did you figure out how to find resources that would be helpful? (entry points).**

Family participants reported they accessed services in a number of ways.

Brockville	Carleton Place
<ul style="list-style-type: none"><li>• The internet (google)</li><li>• Family doctor</li><li>• School</li><li>• Given a magnet from YMCA</li><li>• Emergency room</li><li>• Ontario Early Years Centre</li><li>• Victim's Services</li></ul>	<ul style="list-style-type: none"><li>• Through work</li><li>• Student success teams at school</li><li>• Doctor referred</li></ul> <p data-bbox="954 1787 1386 1816"><i>“You have to be your own advocate”</i></p>

## **What are existing barriers to accessing services for families?**

Families identified several barriers to accessing services.

**Wait times** – Wait times were a major concern for families in both Brockville and Carleton Place consultations. Families talked of long wait times for services after initial intake.

**Cost of services** – Several families talked about the need to access private services due to long wait times or lack of availability of specialized but required services. These costs cause extreme financial burden on families.

**Dealing with complex cases** – Family members talked about the lack of specialized services or the inability of service providers to deal with complex cases. In Brockville, families talked about a lack of concurrent disorder treatment, services for individuals with FASD, and services for children who have experienced trauma or other complex cases. These families are typically those who seek out private services, assessments, and supports.

**Short service blocks** – Families talk about being “discharged” from services or having services discontinued before the family feels the child/youth is “ready”. Families talked about needing to be consulted with, and also undertaking discharge planning upon “closing” of cases. Families also talked in Brockville about having to decide at intake whether families wanted brief services or more intensive counselling. If the family chooses intensive counselling, there is a longer waitlist. Families talk about choosing brief services to avoid waitlists, but then feeling helpless when brief services are over.

**Logistical barriers** – Families talked about wanting services locally and not having to travel. Families also talked about the difficulty of scheduling and getting to appointments during regular office hours. Families talked about the difficulty of attending appointments due to the need for childcare.

**Being turned away** – Family members talked about “being turned away” from services, feeling hopeless and experiencing extreme stress. Family members reported having been told that their children are too old or too young for particular programs; for example, in once case in Brockville, a parent with serious concerns about their child at age 6 was told that there were no available services until age 8.

**Eligibility for services / “one service at a time”** – Families talked about waiting lists and only being eligible for one service at a time, despite having multiple issues to deal with. Families talked about having their services “closed”, which then made them ineligible for applying for some programs (as families need to have an open case). Families talked about feeling frustrated as they often had several things to address and could not access services that they needed.

**Crisis services** – Families in both Brockville and Carleton Place talked about the importance of having staff trained in child and youth mental health crisis in local hospitals, or having an accessible and personalized crisis line for after-hours crisis support. Drives to the CHEO emergency for Carleton Place family members often resulted in being discharged despite family concerns unless there was a bed, adding to family stress, and the child/youth’s stress. Families in Brockville talked about taking their children to Hotel Dieu in Kingston and having

the same experiences. In both consultations, family members felt that crisis services could be better tailored to meet the needs of children/youth in their communities.

### **Where would you like to receive services?**

Families offered a number of suggestions for where they would like to receive services. Families mentioned:

- School/counsellors at school
- Office at the mental health agency
- At the family home
- In the community

*“I don’t care as long as my child is getting the services they need.”*

Families suggested that offices should have some after-hour appointments available, along with weekend services. Families also suggested ensuring appointments are child friendly, or providing childcare.

### **What is important when you work with several agencies at once? What would make it better?**

Families had several suggestions for working with several agencies at once, including:

- Families do not want to repeat their story; work together so families do not have to tell their story over and over again.
- Provide a system navigator to help families find the services they need; don’t make families do it on their own.
- Work towards more collaboration and coordination between mental health and addictions services. Currently these are separate and this is seen as problematic for those experiencing concurrent issues.
- Offer more preventative services.
- Provide family support and support for families that are in crisis; some services eliminate the family from any conversations or ability to be involved (Carleton Place).
- Provide more information for families on service availability, families often do not know where to go (Carleton Place).
- Listen to families; don’t dismiss family concerns.
- Provide follow up on services and supports; both mental health agencies and schools need to follow up on the plan that is made and follow up to see child/youth and family progress.
- Have consistency in staffing, because *“a change in one person can change the whole landscape”*.

*“Minimize “silo’ing” and allowing some children to fall through the cracks” (Brockville)*

## **2. Gaps/strengths of current service environment**

*Families were asked to discuss and record responses to four questions about gaps and strengths in child and youth community mental health.*

### **What has been your family experience in service delivery?**

Families reported several similar yet some distinct services between Brockville and Carleton consultations:

- Being refused service and told to contact another service provider (Brockville)
- Being helped in a crisis but due to not sharing, having no idea what was going on with their child/youth (Carleton Place)
- Little communication with families
- Being told that intervention was not necessary; that services were not needed
- Having to advocate for their child/youth to receive services; feeling on their own
- Multiple openings and closings of files; lack of longer term support
- No one to deal with complex or specific diagnosis
- Expensive private services
- Conflicting information depending on who families talked to
- Questions with medications

*“Don’t call us, call someone else.”*

*“A rush to find short term solutions but no commitment to long term services.”*

### **What do families need from our services?**

Family members identified a number of things they need from services, including:

- A system navigator/case manager to help families find the services they need
- Awareness of services; families become the resources for other families and even though they are in the system often feel at a loss at what to tell those asking for help and direction
- Follow-up; to have service providers follow up to make sure things are ok
- Shorter waiting lists and more immediate service; fast response during crisis or near crisis
- Children and youth to be under one umbrella, not just mental health; ie developmental services and mental health services are separate
- Empathy and compassion from service providers
- A single point of contact for intake (Brockville) – someone who can help find services that are needed regardless of ministry or who provides the services
- Communication about their child/youth’s progress, while respecting confidentiality; ways to help, to know the goals and plans (Carleton Place)
- Communication and connection between all stakeholders; *“something is missing between the school system, doctors, and mental health agencies”* (Carleton Place)
- Direction and guidance for where to go after crisis; a list of resources – families often feel on their own here (Carleton Place)

*“I need to talk to someone who knows what is available, where - one file instead of six.”*

### **Are there services you would add or that are unavailable?**

Families were asked to identify services that they would add or that are unavailable. Families had a number of suggestions:

- Faster access to services, especially when in crisis

*“Need them fast family in crisis, or near crisis and you end up waiting and waiting to even get services.”(sic)*

- A system navigator/case manager
- Early intervention and prevention for children/youth
- Consent for sharing information with a timeline and review
- Parenting groups and support; someone for families to talk to/family resource and support
- Peer support groups for children/youth
- Information for educators on services including parent support groups
- More support for schools *“Schools are unprepared to deal with mental health issues.”*
- Respite in the community, including overnight
- Advocacy with other services
- More services for children under the age of 6 (Brockville) *“No one can seem to deal with them”*
- A complex case strategy or management group – a team of people who looks at complex cases and help find solutions with a family navigator present
- Decreased stigma
- Services to help children deal with trauma
- Services for attachment issues and support for children/youth with FASD – there are none (Brockville)
- Autism services not based in Kingston (Brockville)
- Eating disorders clinics (Brockville)
- After hours’ care (Carleton Place)
- Information on how to help children with social media addictions (Carleton Place)
- Topic specific information for families/parents (Carleton Place)

*“You need to have a complex case strategy, with a family navigator there to help the family. As a family member now, you have to manufacture everyone in the same room to get help for your child.”*

### **Are there services you would take away?**

Families were unable to identify any services they would take away in either of the consultations.

### **3. Learning about community input**

*Families were asked what planning tables, organizations, agencies for input into the community mental health plan currently exist. Family participants brainstormed the ideas in a group discussion.*

Families suggested several different groups that should be engaged in planning for child and youth community mental health services.

Agencies, organizations, networks and groups included:

- |   |                                |
|---|--------------------------------|
| • Developmental services                                    | • TriCounty Addiction Services |
| • CHEO, Hotel Dieu, Board and Chief Psychiatrist            | • Schools/Boards of Education  |
| • Public Health   | • Community Police             |
| • Parents   | • HSTCC                        |
| • Students age 12-18  | • Youth and Justice            |
| • Schools, (teachers, administrators, guidance counsellors) | • Housing                      |
|   | • Local youth centre           |

- Naturopaths/physio/chiropractors
- Kingston Community Mental Health
- Big Brothers, Big Sisters
- Occupational Therapists
- Parent support groups (e.g. ADHD)
- Early Expressions
- Early Years
- Pathways
- CAS
- Providence Care
- Canadian Medical Associations
- Police
- Parents and Friends of Lesbians and Gays (PFLAG)
- Childcare advisory
- Community Centres
- Neutage Fitness (connects mental health to fitness)

Families talked about agencies working in “silos” in both consultations, and the need for agencies to talk to one another. Families talked about the current system not offering “warm hand offs”, where the initial agency helps ensure that the referral they are making is to the appropriate agency, or where the initial service provider helps connect the family to the next place, or helps find supports that are required.

*“There are no warm hand offs. There are redirections and no follow-through and no assistance in redirection.”*

Families ask for family navigators who know what to say and how to get individuals involved. Families ask for information about best practices and direction to specialists who could be able to help them. Families suggest being more involved and active in the early years in order to be proactive and preventative.

#### **4. Engaging families**

*Families were asked what is the best way to engage families in the future for continued input into the community mental health plan and core service delivery plan. Family participants brainstormed ideas and offered suggestions.*

Families suggested that the following methods would be helpful

- Topic specific conversations that would be of interest to families
- Holding sessions or consultations at the same time as other events (e.g. asking families to fill out a survey before or after a school play)
- Go through active family email distribution list and call people
- One to one connection
- Round table conversations with all stakeholders involved
- Providing sessions both daytime and evening

Families also suggested the following challenges are present when they do try to engage to provide input:

- Concerns about confidentiality in small communities
- Cost to attend meetings and consultations (families often have to miss work, or cannot attend due to transportation, childcare, etc).
- Transportation can be an issue for families particularly in rural settings
- Families find it difficult to find time to engage
- Families need notice to arrange their schedules to participate

Families offer the following suggestions and reflections for keeping families engaged:

- Provide notice for meetings/consultations
- Provide reminders to those who have expressed interested
- Focus on how to prepare for the session, let families know what is going to be asked of them
- Build something into existing events (e.g. Grade 6 graduation) (Carleton Place)
- Provide some continuity through the summer
- Keep families updated on progress
- Offer support to families through childcare
- Provide food
- Be responsive to what families say

*“When you tell families you want to hear from them be responsive. You have to be responsive or everyone will be disenfranchised and it will all dissolve.”*

### **Key themes to consider in planning**

- The need for shorter wait times for families
- The desire for a family or system navigator or case manager to help families move through the system
- Responses to complex cases where no services seem to be available; problem solving to help families access the support they require without hiring private services
- Options for longer service blocks and/or support and direction for families upon “closing of file” or “discharge”
- Responsive services for families in crisis and support when “discharged” from hospital
- Education and awareness for teachers, principals and Boards of Education so they can better support families

## Surveys

A total of 10 family members responded to the family survey with only 9 family members responding to most questions. While each question may hold helpful information, it is important to recognize the small sample size.

### SURVEY RESULTS

#### A. Priorities

##### **1. What would you suggest are the top three ways we should improve services in Lanark, Leeds and Grenville? What three things do we need the most?**

- Social Skills groups (weekly/monthly)/social skills summer camps/groups for children/youth to talk to other children/youth /mental health peer support groups (7)
- 24-hour crisis line with someone trained in child and youth mental health, located in Brockville (2)
- After hours support at hospital when needed for children/youth under 16
- Mental health support for parents especially when their child is in crisis
- Education/awareness to families that need support/give information out at schools (5)
- Mental health supports in schools
- Mental health education for teachers/school staff
- Local services (e.g. certain days in each area such as Elgin)
- Flexible appointment times (including evenings)
- Less wait times
- More available counsellors
- Keep existing counsellors
- Direct line to counsellors

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#### B. Core services

**1. Over time, we, along with other service providers in Lanark, Leeds and Grenville will be responsible for ensuring the delivery of a full range of mental health services to meet the needs of children, youth and families. Please tell us which child and youth mental health services you have used and where you accessed them.**

## a) Where have you received mental health services for your child/youth?

Response	Chart	Percentage	Count
Office		88.9%	8
Home		55.6%	5
School		66.7%	6
Community		44.4%	4
Day Treatment		0.0%	0
Day Care		0.0%	0
Walk In Clinic		11.1%	1
Other, please specify...		22.2%	2
<b>Total Responses</b>			<b>9</b>

### A) WHERE HAVE YOU RECEIVED MENTAL HEALTH SERVICES FOR YOUR CHILD/YOUTH (OTHER, PLEASE SPECIFY...)

#	Response
1.	CHEO mental health assessment unit
2.	doctor's office

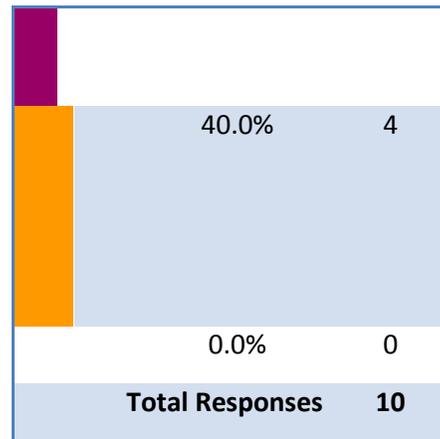
## b) What service have you received

Response	Chart	Percentage	Count
Targeted prevention focuses on changing views and behaviours, building skills and competencies and creating awareness and resiliency through the provision of information, education, and programming		60.0%	6
Brief services – time limited therapy		30.0%	3
Counselling and therapy – treatment focused on reducing severity and/or remedying the problems being faced		80.0%	8
Family/caregiver capacity and support - strategies that build parent or caregiver capacity to understand, support, and respond to the mental health needs of their children or youth.		60.0%	6
Specialized consultation and assessment - Clinical services designed to provide advice or direction in the diagnosis, prognosis and/or treatment of a child or youth		80.0%	8
Crisis services - immediate, time limited services delivered in response to a child or youth who is experiencing an imminent		30.0%	3

mental health crisis, or an urgent or crisis situation that places the child or youth or others at serious risk

Intensive services - services provided in the least restrictive settings in local communities as close to home as possible, and targeted to children and youth with significant mental health disorders who require intensive intervention for a defined period of time

Other, please specify...



## B) WHAT SERVICE HAVE YOU RECEIVED (OTHER, PLEASE SPECIFY...)

# Response

## C. Family Engagement/Involvement

**1. Going forward we want to work with you to ensure child and youth community mental health services meet the needs of families. What would be the best way to share your ideas with us?**

- Email (5)
- Surveys (3)
- Provide updates
- Community meetings in more areas and in communities
- Online via comment box
- Ask in person (3)
- Go through schools
- Flyers
- Provide updates on websites and electronically

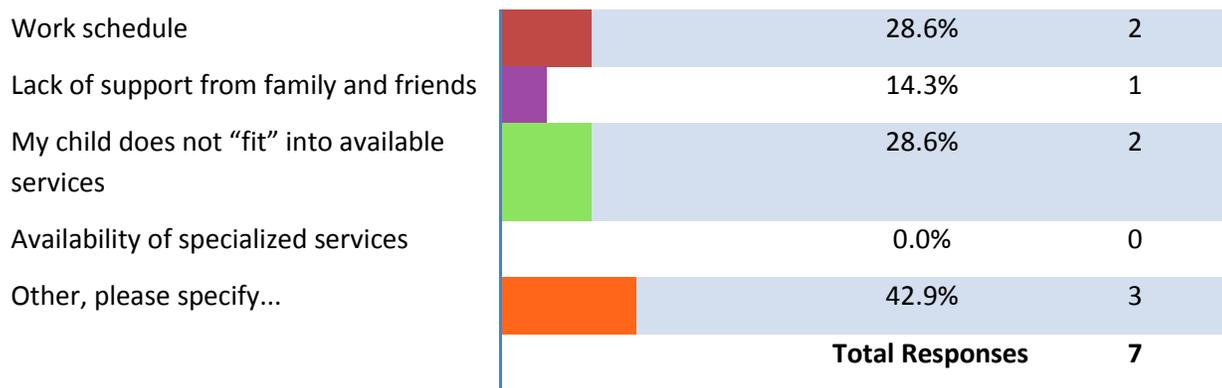
## D. Access

### 1. How did you learn about child and youth mental health services/resources in Lanark, Leeds and Grenville?

Response	Chart	Percentage	Count
Family		10.0%	1
Friends		10.0%	1
Physicians		30.0%	3
School		50.0%	5
Lawyers/courts		10.0%	1
Family and Children's Services of Lanark Leeds and Grenville		30.0%	3
Internet or phone book		40.0%	4
Word of mouth		30.0%	3
Other, please specify...		0.0%	0
<b>Total Responses</b>			<b>10</b>

### 2. If you have found (or continue to find) it difficult to access child and youth mental health services in the last several years, what are the specific challenges that have gotten in the way?

Response	Chart	Percentage	Count
Hours of operation		57.1%	4
Location of services		0.0%	0
Lack of childcare		14.3%	1
Language the service is provided in		0.0%	0
Age of my child		14.3%	1
Transportation		14.3%	1
Lack of money/finances		28.6%	2
Worries about confidentiality or privacy.		0.0%	0
Culture		0.0%	0
Family schedule/commitments		0.0%	0



**2. IF YOU HAVE FOUND (OR CONTINUE TO FIND) IT DIFFICULT TO ACCESS CHILD AND YOUTH MENTAL HEALTH SERVICES IN THE LAST SEVERAL YEARS, WHAT ARE THE SPECIFIC CHALLENGES THAT HAVE GOTTEN IN THE WAY? (OTHER, PLEASE SPECIFY...)**

#	Response
1.	n/a
2.	knowing what is available - we stumble into the services we have. Someone happens to mention a service as an afterthought...
3.	in crisis @ hospital then transferred out of city

### 3. Where would you prefer to receive services for your children?

Response	Chart	Percentage	Count
At home		50.0%	5
In an office setting		60.0%	6
At school		60.0%	6
In a public space		0.0%	0
Within your own community		50.0%	5
Other, please specify...		0.0%	0
<b>Total Responses</b>			<b>10</b>

**3. WHERE WOULD YOU PREFER TO RECEIVE SERVICES FOR YOUR CHILDREN? (OTHER, PLEASE SPECIFY...)**

#	Response
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### 4. What specific services have been most useful for you and/or your children?

- Counselling (8), family counseling (2), in home counselling (2)
- School support with CMHLG giving support to Vice Principal regarding my child
- Sports Assistance programs
- Triple P

- CAS services
- Relationship we have made with our counsellor

## 5. What services had you hoped for or wanted for yourself or your children that are unavailable in your community?

- Group settings where skills learned in counselling could be practice
- Crisis services after hours for children under 16 (2)
- Child psychologist
- Lower wait times to access counselling

*“Wait times for me to access counseling services are horrid. I cannot afford private services and need support for myself to best support my son.”(sic)*

## 6. How long did you wait to receive services from child and youth mental health services?

Response	Chart	Percentage	Count
Less than one week		20.0%	2
One week to a month		40.0%	4
Between one month and six months		20.0%	2
Between six months and a year		10.0%	1
More than a year		0.0%	0
More than two years		10.0%	1
<b>Total Responses</b>			<b>10</b>

## Were there some services you waited for longer than others? Please comment

CMHLG crisis services = less than a week, CMHLG = between 1 and 6 months, but ABA (Brockville) took over 2 years

## E. Service delivery

### 1. How would you rate your overall satisfaction when working with Open Doors/Children's Mental Health Leeds and Grenville?

Response	Chart	Percentage	Count
Very good		88.9%	8
Good		11.1%	1
Satisfactory		0.0%	0
Poor		0.0%	0
Not applicable		0.0%	0
		<b>Total Responses</b>	<b>9</b>

### 2. Please agree or disagree with the following statements about your satisfaction with services

	Agree	Disagree	Does not apply to me	Total Responses
My child/family were directed to the right places	9 (100.0%)	0 (0.0%)	0 (0.0%)	9
My referral was received in a timely manner	8 (80.0%)	2 (20.0%)	0 (0.0%)	10
My opinion was valued	10 (100.0%)	0 (0.0%)	0 (0.0%)	10
My child's opinion was valued	10 (100.0%)	0 (0.0%)	0 (0.0%)	10
The services made a positive difference or change	9 (90.0%)	0 (0.0%)	1 (10.0%)	10
The services my child received were responsive to the challenges my family faces	8 (80.0%)	0 (0.0%)	2 (20.0%)	10
The services I received were appropriate for my culture	9 (90.0%)	0 (0.0%)	1 (10.0%)	10
I was treated respectfully	10 (100.0%)	0 (0.0%)	0 (0.0%)	10
My child was treated respectfully	10 (100.0%)	0 (0.0%)	0 (0.0%)	10

We were given up-to-date information about available services, next steps, etc.

10 (100.0%)	0 (0.0%)	0 (0.0%)	10
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## F. Service satisfaction

### 1. Were there frustrating or confusing parts of your experience with these child and youth mental health services? If so, what were they?

- Being blamed for my child's issues/not being listened to by counsellors
- Initial fear of getting children involved in services
- Having to travel to Brockville for sessions
- Wait lists
- Limited appointment times/being told not asked appointment times (2)
- No after hour crisis for children under 16
- No after hour crisis support

*"Having to travel to Brockville for parent ABA training, then still waiting 2 years for services for my children. Was told the delay was to make a group of age and sex-matched children. After 2 years I was still in a group of all opposite sex - had to travel to Brockville for this too"*

*"Expected to attend appts on certain days/weeks (ONLY in Brockville) during limited hours. No respect for parental work. This is fine for one time (e.g. consultation), NOT for multi-hour, multi-week parental course or THEIR wrap-up and questionnaire sessions."*

Three family members commented on the positive services and experience.

### 2. Is there anything else that you would like us to know?

- Negative experiences with one service provider, very positive with the current service provider
- Child and mental health services need to "back up" parents in schools

*"I believe early involvement in kids' lives gets them involved in sports & also guides them on the right track at school. I am so happy & grateful that I made the call 5 years ago, it changed where my kids may have ended up for sure! It makes me so proud where they are now."*

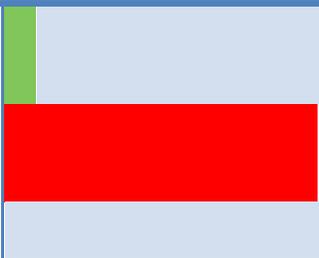
*"My child's counsellor went above and beyond to ensure we were always in the loop and have all the info we need, and is ALWAYS there for us, even when I didn't think she would be."*

## G. Demographic questions

### 1. In what community/city do you live? (10 responses)

- Brockville (5)
- Spencerville
- Westport
- Oxford Mills
- Prescott
- Merrickville

### 2. What organizations have you received services from?

Response	Chart	Percentage	Count
Open Doors for Lanark Children and Youth		10.0%	1
Children's Mental health of Leeds and Grenville		100.0%	10
Other, please specify...		0.0%	0
		<b>Total Responses</b>	<b>10</b>

### 3. What culture do you identify with?

Response
all - humans
The hockey/sports culture! :)
I don't fully understand this question, we are a Canadian culture
Caucasian Canadian
Caucasian
none
Caucasian
Canadian
united

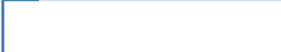
#### 4. How old is/are the child(ren) for whom you use(d) mental health services in our community? (10 responses)

- 0-5 (0)
- 6-10 (2)
- 11-15 (11)
- 16 and over (1)

#### 5. What is your child's gender (i.e. boy, girl, other)? (10 responses)

- Male (9)
- Female (4)

#### 6. What is your relationship to this child?

Response	Chart	Percentage	Count
Parent		80.0%	8
Step-parent		0.0%	0
Guardian		10.0%	1
Foster parent		0.0%	0
Other, please specify...		10.0%	1
<b>Total Responses</b>			<b>10</b>

#### 6. WHAT IS YOUR RELATIONSHIP TO THIS CHILD? (OTHER, PLEASE SPECIFY...)

#	Response
1.	raised him (mom #2)

#### 7. What worries prompted you to initially seek help?

- Anxiety
- Separation
- Child self-harming
- Behaviour at school, suicidal ideation
- Suicidal ideation, ADHD
- Anger, emotions, being bullied
- Struggling with behavior and trauma
- Behaviour
- Self-Harm
- Anger and Depression

## Key themes to consider in planning

While there were limited responses to the survey, key themes included:

- Families wanted shorter wait times
- Families want to feel listened to by service providers
- Families want local services
- Families appreciate flexibility in appointment times and appointments outside “regular” office hours

## Summary

The families who participated in the two consultations were eager to share their stories and appreciated the opportunity. Families did talk about helpful services and those service providers who had treated them with empathy and compassion, and were able to identify a number of areas for improvement. While number of families represented in this report is small, these conversations can act as a starting point for further family engagement.

# APPENDIX A

## FINAL Agenda - LLG

Overall objectives of facilitated sessions:

- Understand pathways and access to services
- To understand gaps and strengths
- To understand how to engage families
- To understand how to engage the community and who/what who should be engaged

March 2	March 3	
<p>Lombardy 7pm-9pm</p> <p>Co Facilitator: Katie MacLaurin Email: kathleen.maclaurin@international.gc.ca Lombardy Public School 596 Highway 15 R.R. #1 Lombardy, ON, K0G 1L0</p> <p>Staff – Christine Brook and Steve Martin</p>	<p>Brockville 12:30-3pm</p> <p>Co Facilitator: Laura Wright Email: lwright@wrightcommunications.ca Brockville Location – 12:30 to 3pm CMHA Meeting Room, Front Avenue Resource Centre 25 Front Ave. W., Upper East Parking Lot and Entrance Brockville, Ontario K6V 4J2</p> <p>Staff – Christine Broek</p>	<p>Carleton Place</p> <p>Co Facilitator: Shelley More shelleymore629@gmail.com Contact: H: 613-283-9278 C: 613-250-9458 Carleton Place Location – 6:30 to 8:30 or 7-9pm Carleton Place High School 215 Lake Avenue West Carleton Place, ON K7C 1M3</p> <p>Staff - Steve Martin</p>

Time	Activity	Objectives	Person responsible	Supplies required/ comments
5 min	Welcome & Introductions		Agency Member	Name tags Markers
10 min	Icebreaker	To allow participants to get to know each other and help people feel comfortable.	Family Member	
10 min	Overview of process Why are families being engaged? Overview of the Community Mental Health Plan and Core Service Delivery Plan	To explain the process To provide context for the meetings To explain Community Mental Health Plan and Core Service Delivery Plan	Family member Theresa Theresa	PowerPoint Projector Handouts
<b>Proposed activities (each service area will select appropriate activities)</b>				

Time	Activity	Objectives	Person responsible	Supplies required/ comments
30 min	<p>Access to service</p> <p><b>Activity 7</b></p> <p>Gallery Walk (have questions posted on flip chart paper, families circulate in groups with answers)</p> <p>How did you figure out how to find resources that you thought would be helpful? (entry points)</p> <p>What are existing barriers to accessing services for families? (could also do a mind-map for this question)</p> <p>Where would you like to receive services? (home, office, community)</p> <p>What is important when you work with several agencies at once? What would make that experience better?</p>	<p>To understand how families find out how to access services.</p> <p>To explore barriers to accessing services</p>	Theresa	Gallery Walk
30 min	<p>Gaps/strengths of current service environment</p> <p><b>Activity 6</b></p> <p>Could be a brainstorm activity (small groups, then take up)</p> <p>Questions:</p> <p>What has been your family experience in service delivery? (could be written or picture response)</p> <p>What do families need from our services?</p> <p>Are there services you would add or that are unavailable?</p> <p>Are there services you would take away?</p>	<p>To understand what families want from services</p> <p>To understand the family experience in service delivery</p>	Family Member	
15 min	<p>Learning about community input – Understanding what planning tables and opportunities for input currently exist.</p> <p><b>Activity 1</b></p> <p>This could be a group brainstorm in a large group after small group discussion</p>	<p>To gather information from families on existing structures</p> <p>To gather information from families on potential opportunities for input.</p>	Theresa	Brainstorm flip chart OR Placemat

Time	Activity	Objectives	Person responsible	Supplies required/ comments
	or placemat activity in small groups and share back.			
10 min	Engaging families - What is the best way to engage families? <b>Activity 5</b> Zero – two – four – all (think about best ways they want to be engaged, share with one other, then four, then report). (Think Pair Share).		Family Member	Placemat/flip charts
5 min	Evaluation		Theresa	Evaluation forms
5 min	Wrap-Up		Theresa/ Family Member	

# APPENDIX B – PLANNING CALL SUMMARY

## *Planning Call Summary Notes – Leeds and Greenville*

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January 7, 2016

### SUMMARY:

#### *Overview:*

- Concerns re the timeline
- Reviewed potential loose timelines
- Priorities; Access and Pathways; Community Resources
  - Family Engagement in survey
- Rural communities
- Socio-economic depressed communities – will want a consultation in those communities
- Connections with PLEO – Lanark county PLEO group being established – might be a natural convening of families
  - May need to do some key informant interviews with PLEO
- Do have some families that are playing a role in the community mental health development that could be asked to participate in the planning process
- Steve may have a couple of families in mind that would also be willing to participate – as well as potentially key informant interviews.
- Will need to give some consideration to location, and potentially number of consultations offered to be able to include both Lanark and Leeds and Greenville – there are some cultural differences that will need to be considered and taken into account in the gathering of input

#### **Next Steps:**

- **Agencies will give some consideration to where they want the events to be held to get a good family representation**
- **Send bank of survey questions for review**
- **Planning call in January**
- **Agencies to recruit families to planning process**
  - *Family members have been approached too tight timelines to include in call.*

*Community partners are invested in helping to promote and invest in this and ongoing family engagement activities*

*Rural community consultation – socioeconomically depressed community – Brockville(afternoon); Lombardi; Carlton Place – evening on March 1 Lombardi; march 2 Brockville morning/afternoon; Carlton Place evening – 30 mins apart.*

*Surveys will be done throughout February – Survey ready by Jan 22<sup>nd</sup> final version to ctr, turned around by first week of Feb, close March 4<sup>th</sup> – surveys do not need to be translated*

*Consultations held first week of March 1&2*

*Set up date for next call to review survey*

*Family member should be recruited prior to the next call- potential date for next call Jan 18<sup>th</sup>.*

**Evening sessions preferable – OR – within an hour of dropping kids off at school, or within an hour of them being dropped off at home. 10:30-12:30 ideal. As option.**