Ottawa Youth Mental Health Court Forum

SUMMARY REPORT

November 13, 2008

Royal Ottawa Mental Health Centre
Ottawa Ontario

"The first piloted youth mental health court in Canada"

The Ottawa Youth Mental Health Court represents an effort to increase effective cooperation between two systems that have traditionally not worked closely together - The Mental Health Treatment System and the Criminal Justice System. The Court hopes to achieve a variety of positive outcomes for cases involving accused young persons afflicted with mental illness and substance abuse, including: faster case processing time, improved access to community mental health treatment services and improved general well-being among mentally ill young persons with consequent reduced recidivism. Important benefits of reduced recidivism include improved prognoses for the young persons and increased public safety.

A Thank You to
the Youth Mental Health Steering Committee:
Hilary McCormack (Chair), Heather Perkins-McVey, Dr. Greg Motayne, Johanne Léger, Cindy Guidolin and/or Melody Forester, Tania Breton, Donna Eastwood, Lise Boisvert and Walter Devenz

and

Forum Supporters:
Youth Justice Canada
Ministry of Attorney General
Ministry of Child and Youth Services
Youth Services Bureau of Ottawa
Royal Ottawa Mental Health Centre
Community Partners

Table of Contents

Youth Mental Health Court Forum
Agenda
November 13, 2008

9:00	**Opening Remarks:**	Crown Attorney Hilary McCormack
9:10	**Morning Key Note Speaker** :	Bernard Richard New Brunswick Ombudsman and Child and Youth Advocate
9:45	**Panel # 1.** **Presentation from Medical Community:**	Moderator - Tania Breton Dr. Greg Motayne, Dr. Dick Meen, and Dr. Simon Davidson
11:00	**Morning Break**	
11:15	**Panel # 2.** **Presentation from Legal Community :**	Moderator – Hilary McCormack Justice Dianne Nicholas, Johanne Léger, Heather Perkins-McVey, Walter Devenz, and Kenna Dalrymple
12:15	**Networking Lunch**	
1:15	**Introduction of Afternoon Program :**	Gord Boyd
1:20	**Afternoon Key Note Speaker :**	Alex Munter Executive Director of the Youth Services Bureau of Ottawa
1:45	**Panel # 3.** **Specialty Courts & Best Practices and Community Partnerships:**	Moderator – Gord Boyd Catherine Latimer, Brian Smegal, Nancy Worsfold and Rosemary Dilabio
2:45	**Summary Comments, Next Steps and Wrap Up:** Walter Devenz	

OPENING REMARKS:

Crown Attorney Hilary McCormack:

Welcome to the Youth Mental Health Court Forum.
Bonjour à tous. C'est avec beaucoup de plaisir que je vous souhaite la bienvenue à notre forum aujourd'hui. C'est avec honneur que nous vous recevons ici ce matin.

I am also very pleased to bring greetings on behalf of the Attorney General of Ontario, the Honourable Chris Bentley. He has expressed his support for the Ottawa Youth Mental Health Court and has asked me to convey his regrets that he cannot be here today.

Minister Bentley expressly forwards his words of encouragement to the Forum, welcoming the establishment of the first youth mental health court clinic in Canada and celebrating its early success. He extends congratulations on bringing this ground-breaking project to reality. Its unique approach with the emphasis on community team work is welcomed in giving youth a second chance at life.

As the attorney has noted, this court has been very much a collaborative effort. What distinguishes this court is not only the specialized services that we seek to provide to young offenders who suffer from a mental disorder, but also the common goal and commitment that we all share to do more than just deal with the misconduct, but also to identify the root cause and to provide treatment and other community supports so that the young person has a real chance at rehabilitation.

One of the grim realities for young offenders, and particularly young offenders with mental health issues, is the revolving door syndrome. Often the initial charges are relatively minor, but without parental supervision and the lack of social services, or sometimes despite significant social services' intervention, the young person quickly accumulates an increasing number of charges. Many of these charges relate to failing to appear in court, or failing to abide by conditions of bail, charges that ultimately lead to the young person being detained in custody.

This court seeks to provide meaningful interventions, including the services of a specially trained youth psychiatrist to identify if there is a mental illness and to develop a treatment plan, together with community supports. These can include housing, counselling, schooling. All of these supports are intended to offer the best chance of rehabilitation, which is the best way of ensuring that the young person does not re-offend. It is a well-established principle in our criminal law that rehabilitation is ultimately the best protection for society.

This initiative is an investment in our young people and in our community. The benefits of reduced recidivism include a better prognosis for the young person and a safer community.

So again welcome. The goal of this forum is "***Shared Learning***". Through the insight of our keynote speakers and our panelists, we want to share with you what this court is all about and what we hope to accomplish. We also want to learn from your collective experience and expertise. We encourage your participation and your questions. We want to share information on programs and services, best practices, lessons learned. With the many local, regional and provincial stakeholders and participants, we want to provide the opportunity for inter-agency dialogue to promote solutions for supporting youth with mental health issues who become involved in the criminal justice system. We have left time at the end of each panel for questions and comment. We hope that you find the day informative, challenging and stimulating.

Congratulations to all who have worked to bring this forum to reality.

MORNING KEYNOTE SPEAKER:

Introduction of Bernard Richard by Crown Attorney Hilary McCormack

It is my pleasure to introduce our distinguished keynote speaker Mr. Bernard Richard. Mr. Richard is the Ombudsman for New Brunswick and Child and Youth Advocate.

He has had an accomplished career, or I should say several careers. He received his B.A. from the Université de Moncton and his Bachelor of Laws from the UNB. He served as deputy mayor of the village of Cap Pele from 1977-80. He was elected to the Legislative Assembly of New Brunswick in 1991. He was appointed the Minister of State for Intergovernmental and Aboriginal Affairs in 1995. He subsequently took on the responsibilities of acting Minister of Justice and Attorney General before being appointed Minister of Education in 1998.

In 2001 Mr. Richard was chosen Leader of the Official Opposition and interim leader of the Liberal Party of N.B. He took over as opposition house leader, until he left political life in 2003. In 2004 he was appointed New Brunswick Ombudsman. In 2005 he was elected president of the Forum of Canadian Ombudsman, an association of ombudsman from university, public and private sectors. And if he didn't have enough to do he was appointed New Brunswick's first Child and Youth Advocate in November 2006.

Mr. Richard has just completed a review of the death of a young woman who committed suicide in an Ontario prison and has called for significant changes to how the justice system handles young people with mental health problems. In his report entitled " Ashley Smith: A Report of the N.B Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal justice system", he highlighted the need to divert youth with mental illnesses and behavioural problems from the justice system and to enhance community and social services.

I don't want to trespass on Mr. Richard' address except to note the pervasive problem I had alluded to earlier with respect to young people accumulating a staggering number of charges as they journey through the criminal justice system. In Ms. Ashley's case, she had accumulated 70 criminal charges between the ages of 14-18, about half of them arising out of incidents within prison. Mr. Richard made 25 recommendations to improve the criminal justice response to youth at risk.

I can't imagine a better person to speak to us today on issues involving youth, mental health and the criminal justice system.

Welcome to Mr. Bernard Richard.

Bernard Richard

Ombudsman and Child and Youth Advocate for the Province of New Brunswick

Background:

There is limited research available, with more needed, on the close relationship between poverty, mental illness and crime. Issues such as poverty, physical and sexual abuse, housing, employment, etc. have long been factors associated with criminal behaviour. Frequently for people coming into the court system, mental illness has been part of their makeup. Currently there is little national data available on the criminalization of people with mental illness. Some data is available on the percent of the population suffering from mental illness. The number of federal offenders with identified mental health needs has doubled over the past decade, with a 27% increase in Ontario of those entering the justice system.

For the increased number of those people exhibiting criminal behaviour caused by mental illness, the system has failed badly to address their needs. There has been a lack of political direction and accountability, a lack of service direction, and a shortage of care, in particular a gap in services for youth ages 16 to 18.

Recommendations:

The importance of inter-departmental collaboration (child and youth services, mental health, health, education, public safety) to bring coordination of child and youth services cannot be understated. Better coordination is needed. An office to arbitrate disputes is necessary. If a youth or child requires services, it is up to the bureaucrats to sort out responsibility quickly.

Better inter-departmental coordination of government departments and increased information-sharing among those departments all serving the same family is necessary. The barriers around privacy of information must be overcome.

Better training, competency and education among staff in group and transitional homes is needed. Decriminalization of youth with mental health disorders and recognition of the need for mental health services should be established. The practice of handcuffing, strip-searching of youth with mental health disorders should be eliminated. In the ongoing debate between mental illness and behaviour disorders, our system does not respond with appropriate training.

There needs to be specialized residential capacity as an alternative to closed custody. In the legal community there is a need for specialized legal intervenors (a specialized legal assistant for youth) knowledgeable of the special requirements of youth in conflict with the law.

There needs to be a national strategy for correctional services in Canada, to address federally and provincially the coordination of mental health services in the justice system. The justice system is not equipped to respond, and the use of the justice system is often unnecessary and damaging. Its intervention should

be prevented where possible and contact should be minimized in these cases. The purposes and services of the justice system do not fit well with the needs of mental illness. Significant adjustments are required. Better coordination is required between health, justice, and public safety. There is a better way than criminalization.

In New Brunswick, response to this problem has been encouraging. The government has appointed a ministerial committee, chaired by the Minister of Education, to address the issue. An inter-departmental committee has been established to deal with complex cases. As they seek regional coordination, service providers are seeing changes in attitude. An emergency mental-health response team has been set up in Moncton, with others to follow in other parts of the province.

Attitudes regarding mental illness must change. If an adult in crisis in a family situation can be removed for a few hours or a few days, chances are greater for reintegration rather than entry into the justice system. Savings in the longer term are significant.

In New Brunswick, all recommendations of the Ashley Smith report have been accepted, and a provincial court judge has been appointed to study mental health issues. An eight-year pilot project in New Brunswick using an adult mental health court has shown very convincing results.

In Summary:
"Draw a line in the sand and stop letting the justice system pick up the pieces".

- Need early diagnosis
- Provide appropriate response in treatment
- Involve families: they must be part of the solution.
- Make it unacceptable to sign away a child into protection in order to receive services.
- Deal with the stigma attached to mental health.
- Divert youth away from jail and decriminalize their mental health behaviour.

PANEL # 1: PRESENTATION FROM MEDICAL COMMUNITY:

Dr. Greg Motayne, Dr. Dick Meen, and Dr. Simon Davidson

Dr. Simon Davidson, M.B., B. Ch., F.R.C.P.(C)

Chief of Psychiatry at the Children's Hospital of Eastern Ontario, Medical Director of the Mental Health Patient Services Unit at CHEO, Chief Strategic Planning Executive of the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, and Chair of the Child and Youth Advisory Committee for the Mental Health Commission of Canada.

Key Messages:

- Child and youth mental health in Canada is an embarrassment. One in five children has at least one psychiatric illness and the majority go undiagnosed.
- Only one in six of those with diagnosable mental illness have received help in the previous six months.
- The amount of time lost in the workplace from absenteeism for an employee with mental illness, or an employee's family member amounts to a cost of $51billion per year.
- More than 70% of adults with mental illness experience the onset in childhood/adolescence.
- 75% of youth in the youth justice system have diagnosable mental health problems, including substance dependence.

Gaps and Challenges:

- Children and youth mental health services should be mandated.
- The cross-sectoral silo-ism (mental health, youth justice, child welfare, education) must be eliminated. The problem is not cross-over kids in our system, but a cross-over system. The system is fragmented, under-resourced, lacking in communication and planning.
- The continuum is out of balance, lacking in mental health promotion, mental illness prevention, and risk reduction initiatives.
- Wait times and access to services are significant problems to be addressed and overcome.
- Research in this field is insufficient, dissemination of knowledge inadequate, silo-oriented approaches problematic, and benchmarks for direct and indirect clinical care lacking. Staffing recruitment and retention in the field remains challenging.
- There is a limited number of identified evidence-based best practices available.

Some Reason for Optimism:

There are pockets of excellence across Canada that need to be publicized. There is a huge behind-the-scenes movement toward children and youth mental health initiatives, as the profile and recognition of the problem increases.

Provincial Policy Frameworks, Mapping Exercises (Ontario), BC's planning re CYMH, the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO, and the Mental Health Commission of Canada, and its Child and Youth Advisory Committee are all working to advance the cause.

There are three priorities identified by the Child and Youth Advisory Committee of the Mental Health Commission of Canada

- Develop a national mental health strategy;
- Initiate an anti-stigma, anti-discrimination campaign: address working with youth; remove the health care attitude of stigma by professionals against mental health;
- Establish a knowledge exchange centre.

The CCILP Movement: cooperation, collaboration, integration, leadership, partnership:

Breaking down the walls involves a focus on:

- Involving service providers, parents and youth
- Taking care of both mind and body
- Liaising community and hospital
- Linking clinical, research and educational sectors
- Addressing addictions as part of mental health
- Linking the sectors of mental health, youth justice, child welfare, and education.

The focus in everything we do from plans of care to policy should see the involvement of parents with a child's treatment.

Dr. Greg Motayne

Assistant Professor in the Department of Psychiatry at the University of Ottawa; staff psychiatrist in the Integrated Forensic Program at the Royal Ottawa Mental Health Care Group and Family Court Clinic; clinical director for the Roberts/Smart Centre.

Putting it all in context:

"By providing early identification and appropriate treatment of our youth with mental disorders, we could break the cycle of recidivism for those trapped in our criminal justice system. The young persons, their families, their communities and society as a whole will benefit."

Background to the Development of Forensic Psychiatry:

Child and adolescent forensic psychiatry is a subspecialty of psychiatry in which scientific and clinical expertise in the management of disorders of thinking, feeling and/or behaviour affecting children, adolescents and their families, is applied to legal rather than therapeutic issues and ends.

The origins of forensic psychiatry date back to 19th Century legislation:

- the 1894 “Act respecting the Arrest and Trial and Imprisonment of Young Offenders”, where youth involved in the justice system were identified as “little adults”;
- 1908 Juvenile Delinquents’ Act (JDA), where “little adults” moved into “child-centered legislation”;
- 1984 Young Offenders’ Act (YOA): a legalistic approach to youth crime;
- 2003 Youth Criminal Justice Act: an attempt to reform youth justice in Canada, with more emphasis on treatment for young people than in the YOA, and more emphasis on rehabilitation and reintegration into society. The Court now may order a psychiatric assessment. (Section 34, YCJA).

Psychiatric disorders in adolescents have three categories:

- Continuing childhood disorders (eg. attachment, conduct and behaviour);
- Mental illnesses typical of adulthood;
- Disorders characterized by difficulties surmounting the stage of adolescent development.

Adolescents and identity: if youth have difficulty in establishing who they are, if there is identity diffusion (role confusion), the results can be behavioural problems/criminality, elopements, and/or overt psychosis. A mental health assessment in adolescence is important to determine the presence or absence of mental illness. An evaluation will show a youth’s social and moral development, the physical and intellectual development, and elements of their personality.

Personality is malleable in adolescence. It evolves during adolescence to become established in adulthood. Getting a good diagnosis and tracking the problem means that it can be helped.

Objectives of the Ottawa Youth Mental Health Court:

- To increase effective cooperation between the mental health treatment system and youth criminal justice system;
- To achieve a variety of positive outcomes for young people in the justice system with mental illness. These outcomes include:
    - Faster case processing time
    - Improved access to community mental health treatment services
    - Improved general well-being among mentally ill young people, with consequent reduced recidivism, which in turn increases public safety.

The youth mental health court addresses all possible mental health diagnoses (eg. developmental disorders, disruptive behavioural disorders, major mood disorders, anxiety disorders, schizophrenia, substance use disorders and substance-induced mental disorders, mental disorders due to a medical problem,

self-injurious behaviour, suicidal ideations, suicide attempt, fire-setting, risky and dangerous behaviours, impulsive/chronic running).

The Role of the Psychiatrist in the Youth Mental Health Court: Supporting Collaboration
The psychiatrist's role is:
- to facilitate the communication of the Court objectives to the Family physician or therapist;
- to provide consultations and supports for family physicians and non-mental health specialists;
- to provide clinical support and expertise in psychiatry for community agency partners.

In Summary:
This is an evolving process of collaboration between youth criminal justice and mental health services.

The role of the psychiatrist is to act as medical expert and consultant to the Court, to collaborate with community partners, to be communicator with youth, families and colleagues, and to be a health advocate.

Dr. Dick Meen, M.D., D. Psych CRCP

Associate Professor of Psychiatry at University of Toronto's Faculty of Medicine, clinical director and psychiatric consultant for Kinark Child and Family Services and Syl Apps Centre, and psychiatric consultant for Durham Family Court Clinic, and member of CMHO Evidence-based Practice Committee.

Putting it in context:
From the Kirby Report: "The streets and prisons have become the asylums of the 21sth century".
"No youth is bad because they want to be."
When a youth stands in front of a judge, that youth has a biological identity, is a member of a family, and is a member of a culture – don't lose sight of that.
There has to be a reason for locking a youth away. Youth need a place to rest, feel safe, and find hope.

The Syl Apps Facility:
The privatization of the Syl Apps facility into an accredited children's mental health centre brought forward new approaches to doing business. The custody program has an active mental health component, with screenings done and plans of care developed. Staff determine the most significant route to success and ensure that all those responsible for the youth are actively involved in the

process. For those youth who are not fit to stand trial or not criminally responsible, there is a responsibility to find a different path and approach.

Using the guidelines of the CFSA, staff always ask for a 180 day order, allowing enough time to complete the transition, planning, engagement, and treatment required to successfully meet the youth's needs. The model of a multi-disciplinary approach, with the full range of expertise at the table, including consultants and psychiatrists, rather than using a hierarchical approach has proven to be a much more successful route.

Youth Justice programming at Syl Apps includes several concepts:

- The first key element is engagement;
- Clinical supervision for all staff on a regular basis prevents drift from the treatment model;
- The use of CAFAS: it is important to have the voice of youth giving feedback on the quality of care, informing the worker of direction;
- There must be an evaluation tool : it is a belief that all youth in the youth justice system have some form of mental health issue;
- The real treatment is in preparing the youth for treatment: developing a plan that involves both family and community. Key to success is the transitional path: video links to all our communities are significant. Youth need time to feel safe and see no hypocrisy. School involvement is critical. Every youth brings adults, family, community with them, and these people must be involved in the treatment plan.
- Youth in the community: MST (where we go to the client) is part of the treatment model.

Panel Questions and Answers:

What about the talk of community support?

There is a dire need for housing. Of the $110 billion allocated to deal with homelessness and mental health issues, a lot is going to adults, and some must be set aside for homeless youth with mental health issues. All commissions are identifying housing as a key issue, and see the need to integrate housing with mental health.

What about the issue of wait times?

Wait times vary in severity, up to two years in some cases. The impact is huge: loss of years at school, loss of connection to a peer group, bullying, devastation of families, and impact on the community.

A national wait time initiative does not carry the same weight as a national need for paediatric surgery. It needs to be on the same level, with an initiative to address access (the right door at the first try) and wait times. Families become experts at doing assessments because too many groups are doing them and not trusting the information already completed. The youth needs an intervention, not

another assessment. The expectation of a 48 hour response and intervention has changed the waitlist at Syl Apps. Staff have listened to what the families have asked for.

There has been agreement reached this week for a mental health consortium, involving labour, business, service providers – all forming a movement to push for a symposium on youth mental health: this issue must be on the agenda of every political party in Canada.

How do you overcome the reluctance for involvement with psychiatrists and the court system?
The Family Court Clinic is aware of the issue and has a good relationship with the Court.

How do you develop programs to get psychiatrists more comfortable interacting and providing expertise within the court system?
Both colleagues in the field and medical students are being encouraged to be aware of their responsibilities in court and to act as advisors and educators. Forensic Psychiatry Training Programs in Ottawa and across Canada are charged with that mandate. In addition, the Office of the Crown Attorney and the Integrated Forensic Program are in the planning stages of a workshop designed specifically for that purpose. In Ottawa, psychiatrists are welcomed into the Youth Mental Health Court and their advice sought in a non-adversarial way.

PANEL # 2: PRESENTATION FROM THE LEGAL COMMUNITY:

Justice Dianne Nicholas, Johanne Léger, Kenna Dalrymple, Heather Perkins-McVey, Walter Devenz

Walter Devenz

Assistant Crown Attorney in the Ottawa Crown Attorney's Office, dedicated to the development of the Youth Mental Health Court.

Background to Development of the Youth Court:

There is a gap in service for youth who until recently had to be referred up to the adult mental health court. The youth criminal justice system is similar to the adult system, with up to a year's delay before a case is processed. In the interim, the youth can accumulate a number of interactions with the criminal justice system, worsening the cycle of involvement. Thus there is a need for immediacy, to bring the case to the attention of the right people.

Screening is voluntary on the part of the youth. There is no signed agreement, but the youth must be prepared to have an open dialogue with the doctor, worker, justice, in a less structured, less adversarial way. The Crown acts as the gatekeeper, screening cases in and out of the youth mental health court. Criteria remain flexible, looking at how the process can most benefit the youth.

The youth mental health court sits once a month. An agreement with defense counsel is sufficient for entry. It is an informal agreement, explained to the youth and the family, with a signed consent to access assessments and school information. Dr. Motayne is at every mental health court appearance. Tania Breton, YSB youth mental health court worker, facilitates the process. With 60 – 75% of youth entering the court showing some substance use, Rideauwood is also at every court appearance and is involved in the Counsel's pre-trial meeting to discuss issues and next steps. Of the youth entering the court, there are a lot exhibiting concurrent disorders and some dual disorders.

This is a rehabilitative court, not a contested court. Eligible offences remain flexible, but are not the most serious (not murder, attempted murder or serious violent offences). The youth must in some way acknowledge responsibility for the crime. Occasionally, this court acts as a bridge to the regular justice system.

Justice Dianne Nicholas

Justice for the Youth Mental Health Court in Ottawa:

The Youth Profile:

Supporting innovation: "Kids with 21st Century problems need 21st Century solutions."

Their issues:

- Anger, hurt, alone, low self-esteem, loss, etc.;
- Medical issues, including ADHD, FAS, eating disorders, serious drug addictions (including prolonged use of crack, which leads to significant mental deterioration), depression, suicidal ideation, self-harm, significant substance abuse issues;
- Overwhelming matters include anger, addiction, conduct disorders, huge family problems leading to kids in care at ages 11 and 12 , giving a sense of abandonment and despair;
- Middle class families in extreme crisis showing neglect, physical and sexual abuse, a family history of mental health problems, substance abuse and generally tragic lives;
- The complexity of the kids coming through the system is huge. They are presenting to the court with feelings of abandonment and homelessness, resistant, and lacking in social values, out of school, and poor feelings and opinions of themselves. The interaction with the youth mental court is sometimes the closest thing to parenting that they have ever experienced. Many are showing up in custody and are detained because there is no guardian to be released to.
- Charges are often breaches, not in school, not employed, and they are in jail because they cannot access beds where their problems could be addressed.

The Role of the Youth Mental Health Court:

- To be a resolution court where the young person takes responsibility;
- To determine a meaningful consequence (not punishment and deterrence);
- To focus on reintegration and rehabilitation (not 'teaching them a lesson');
- To ensure that the core issues are addressed and there is a good fit of services;
- To direct rehabilitation needs in closed custody if that is in keeping with the purpose of the sentencing;
- To direct toward community service or the use of collaborative justice, if this is in keeping with the direction outlined in the YCJA;
- To promote the use of a youth case conference, off the record and not open to the public, authorized through the YCJA legislation, where private issues are discussed, the youth can be engaged in the process, and a plan of care can be outlined and agreed upon. Youth conferences include the judge, defense attorney, crown, probation officer, youth mental health court worker, and the family.

Heather Perkins-McVey

Defense Counsel and past chair of the National Criminal Justice Section of the Canadian Bar Association

The youth being seen by the youth mental health court are highly complex youth, facing multiple charges, breaches, serious charges that are beyond diversion, and who are taking up a major amount of resources.

The Roles of Those Involved with the Youth Mental Health Court:

The role of the Crown:

- To do the preparatory screening and determination of the case.

The role of the Defense (the gatekeeper who ensures that youth who can be diverted are being diverted):

- To review the disclosure and ensure the case has been made and to ensure that the youth mental health court is the best approach. The Defense takes significant time outside of court to convince the Crown of the significance of the case and the need for services;
- To ensure that the youth will engage with the system: this requires careful explanation of the court as a place for help and a place where people will listen.

The role of the Judge:

- To be the ultimate decision-maker;
- To ensure the youth is appropriate for the court process;
- To ensure that the plan of service is in keeping with the Act;
- To refine the details as to the kind of service and the length of the sentence.

The role of the Psychiatrist:

- To see the youth upon entry to the court: there is no wait time;
- To priorize a youth entering the system and help to determine the plan of care and the level of treatment.

The role of the Family:

- To be engaged in the process, as they will be there long after the court appearances or after the probation period. They must be engaged as much as the youth is engaged.

The role of the Youth Mental Health Court Worker:

- To ensure all background material is made available;
- To ensure youth have signed the necessary release forms and agreements to work with the mental health court worker;
- To attend meetings re plans of care or to obtain an update that ensures appropriate disposition and identifies any need for other services;
- To ensure all services for the youth are present in court to speak to the family and to connect them with services right then.

Johanne Léger

Counsel at the Public Prosecution Services of Canada in Ottawa, dedicated to the development and implementation of the Youth Mental Health Court in Ottawa:

The role of the Public Prosecution Service of Canada:

- To become involved with the youth mental health court when charges dealing with narcotics are involved;
- To screen the file and be involved right from the bail hearing to the sentencing – the full length of involvement;
- To provide recommendations as part of the bail or sentencing plan that the youth address the addictions issue through services from Rideauwood, Roberts/ Smart Centre, Sandy Hill CHC, or David Smith Centre.

Kenna Dalrymple

Assistant Crown Attorney for the Youth Mental Health Court in London Ontario, opened in February 2008

This is a full service court that operates once a week, dealing with all issues from bail to housing (which is a daily issue for the court). The biggest successes arise when a youth is moved out of youth court and into youth mental court, signalling the cooperation of the youth and the family. A clinician in the youth court takes the referrals from the justice system and does outreach to the family and service providers before the youth enters the youth mental health court. The clinician is a constant advocate to hospitals to ensure the best service.

Service direction regarding care is determined through informal meetings where all pieces are organized before the court appearance.

The court relies on the commitment and dedication of the court Judge, who hears the cases. There is a dedicated court clerk, and dedicated security officers who are more supportive and reassuring for the client.

Panel Questions and Answers:

What is the catchment area for the youth mental health court?
There must be some connection to the City of Ottawa, but youth from Arnprior to Prescott are seen.

What is the spectrum of service required?
Issues include some element of addiction, mental health, substance abuse -- issues that obviously should be addressed through the youth mental health court. Dr. Motayne's role is to identify the mental health issues.

When a forensic assessment is required for a youth in closed custody, how is it done?
Phase two of the pilot project hopes to see the establishment of a forensic facility where appropriate assessments for youth in closed custody can be carried out (this is in place at the Syl Apps facility) and where all involved can meet. Note that there are 500 beds for adults in the system, but for youth there are no beds and no forensic facility. It is hoped that this will become a priority issue for advocacy.

How is the youth mental health court different from the drug treatment court or the adult mental health court?
Each of these courts are speciality courts addressing different issues. All three have similar constitutions and work collaboratively with other justice stakeholders.

The Drug Treatment Court is a treatment court that is judicially monitored, which is different from the two mental health courts. Clients keep returning to the drug treatment court, working through a system of rewards and punishment, until the client withdraws or graduates. The youth mental health court aims at reducing the number of court appearances, as per the YCJA direction.

AFTERNOON KEYNOTE SPEAKER:

Alex Munter

Executive Director of Youth Services Bureau of Ottawa

Key Messages:

Putting it all in context through the ethic of YSB:

No young person's entire future should be defined by a choice they have made, an obstacle they have faced or a struggle they endure.

The Background Data:

Identifying the extent that child and youth mental health underpins so much of what our community deals with, not necessarily knowingly:

- Almost one in 5 of Ontario children between ages 3 and 17 has a diagnosable mental health disorder. Of those approximately 500,000 children, about 300,000 have more than one disorder. The most prevalent are anxiety disorders, conduct disorders, depression, ADD/ADHD etc.
- The onset of most mental illness occurs in adolescence or early adulthood – so early intervention makes all the difference.
- An extensive survey of Canadian youth, released earlier this year by UNAC says that 90% of young people say that emotional health is as important as physical wellbeing.
- When mental health coincides with poverty, we face a particularly steep climb. Middle class parents can afford to buy service, while low income people languish on waiting lists while agencies struggle to meet demand.

Historical Process and the Youth Mental Health Court:

We come out of a noble and storied legal tradition whose roots are one thousand years old, dating back to the first century after the Norman conquest of England in 1066, when Henry II began the standardization of local practices. The result was the creation of an adversarial system that built in checks and balances, that sought to challenge and confront, that pitted community interest against individual rights … and we are proud of that tradition.

What has been built here in Ottawa through the youth mental health court is a recognition that this historic structure – no matter how strongly we believe in its tenets – is ill-suited to tackle the challenges and experiences of a young person with schizophrenia or mood disorders or developmental and behavioural disorders. The only dedicated court as such in Ontario, our local model is unique because it injects into the conventional court process a true concentration on the real issues, in order to support youth in conflict with the law: working with identified mental health issues to get assessment services, resources, and services at the front end of the system, while delivering on the court's mandate to protect the safety of the community.

Today, we are celebrating how far we've come and thinking about what ongoing success looks like for the youth mental health court. So here are the questions we need to ask ourselves:

1. *How do we turn this pilot project into a permanent part of our justice system?*

- Today is a good start: the number of key stakeholders here demonstrates the understanding and the need for this pilot project. It is encouraging to see the pillars of the system, such as the Judiciary, Crown Attorneys, defense counsels, staff from medical resources, Probation services, community agencies together looking at the core challenges for these youth.
- But this commitment is for a pilot that still needs a home from a funding base. This would allow the good work to continue while at the same time looking at Canadian research, best practices, and allowing us to develop most promising practices across the province and having the Ottawa project play a key lead in this initiative.
- YSB's engagement in this program is running at full tilt (funded by MCYS Youth Justice) : 42 clients in 6 months from April 1, 2008 to September 30, 2008, compared 44 clients in a full year in April 2007-September 2007 … a doubling of referrals. This program is already at maximum capacity with a dedicated worker literally taking calls in the middle of the night. This volume is outstripping our capacity to keep up with referrals.

2. *How do we stop young people from falling through the cracks?*

- Across the board, we see that the most critical gap in services to at-risk youth is case management, with young people and their families forced to navigate through different systems and different agencies with different mandates. Most of us find it hard to understand; why do we expect the distressed mother of a troubled 17 young offender to master it?
- We have excellent examples of strong case management services – probation, for example – but this whole initiative is essentially about building a bridge (doing the troubleshooting, co-ordination, connecting with services …) when the scope of the need is beyond what is reasonable under the circumstances.
- Working together, we ensure young people are provided with assessments, identified intervention strategies, medical treatment, counselling support both in-house and in the community, housing, residential support programs, substance abuse support, and appropriate supervision. It is our ability to integrate these services that has led to our success to date.

  Here is one example: We had a youth who was presenting with organic brain issues that were significantly impacting on the youth's criminal involvement and behaviour. Through assessments, it was clear that the family was not prepared to manage the youth and lacked service involvement. Through partnerships with Court and the community, we removed the youth from the

home, placed in a therapeutic home, in the meantime training and providing the family with the tools and behavioural modification components so that they could manage the youth. Through case conferencing of 7 independent partners, a community plan was put in place and the youth was returned home to a supported family with respite services and additional trained workers on hand to support the placement.

3. *How do we ensure that, after their day in court, there is somewhere for young people to go?*

- *Here is one example:* We had a youth who was presenting with addiction and borderline personality issues who struggled with forming relationships with professionals and staying in place. With the support of the Court, we were able to place in a structured facility where he could withdraw from the substances he was using in a controlled manner and with proper nutrition, connect with therapeutic services and begin to work on important goals such as school credits, and co-op placement, Unfortunately, a consequence of this positive experience was that once he was released he re-offended in 12 hours with the hope of coming back to custody because that's where there was a familiar, safe environment.

  I give this example as way of illustrating the complexity of the issues and the need for us to have a continuum of care where young people can get their needs met without resorting to expensive and often less optimal settings – perhaps the newly announced substance use treatment facility will begin to fill one of gaps in our community.
- YSB provides an interesting cross-agency perspective. The housing continuum is one resource (from street outreach to permanent housing). One youth for 365 days at WEH (admittedly rare) is $160,000, while running our three apartment buildings for 60-80 youth per year is just over $500,000. Basically we run 3 apartment buildings for a year for the cost of 3 secure-custody beds. Put the use of resources another way – for the cost of running three beds, last year we provided 31 families with intensive daily support through the MST (multi-systemic therapy) program.
- Secure Detention/Custody has its place, and we are proud of the excellent William E. Hay program led by high-quality staff, but secure custody is not the best place, nor a desirable place for most of the people seen in the youth mental health court. As a community, it is one of the most expensive options we have.
- We must anchor this valuable new youth mental health court project within the continuum of services that are meaningful to the youth and their families, a continuum that will address their needs, set them up for long-term support, and ensure that we keep those supports in place, even when things go awry.

There is reason for optimism: *this is the mental health moment in time*.
Mental health has long been the "orphan" within the health care system. Often, people don't seek treatment or treatment isn't available. Look at the difference in response between a 15-year-old struck by cancer and one affected by severe depression.

But there's plenty of good news:
The stigma is breaking down, and mental illness is coming out of the closet.
"The notion of giving something a *name* is the vastest generative idea that was ever conceived." – *American philosopher Susanne Langer.*
The media is starting to talk, and as a society we are starting to name the invisible.

And governments are starting to act. Federally and provincially we see new and renewed commitment to the issue.

The Youth Mental Health Court is part of this moment in time, but, like this moment, it is fragile and can only become what we choose to make of it.
Our collective leadership and hard work have brought it this far. Together, we need to continue working to build on our early success, making temporary arrangements permanent, making our partnerships stronger. It will mean better results for kids and for their families: fewer cases in court; safer schools; stronger communities.

PANEL # 3. SPECIALTY COURTS, BEST PRACTICES, & COMMUNITY PARTNERSHIPS

Catherine Latimer, Brian Smegal, Nancy Worsfold and Rosemary Dilabio

Catherine Latimer

Director General of Youth Justice Policy and Strategic Initiatives and Law Reform for the Federal Department of Justice

The YCJA:

- Presentation and review of the legislation (focus on flexibility)
- Youth-specific principles and parameters
- Flexibility within the YCJA legislation (See Appendix A).

Next Steps:

- It is early to identify best practices for a youth mental health court, but there is opportunity to clarify what service providers are trying to achieve and what should be avoided.
- There is a good opportunity to test approaches and gather evidence.
- There will be opportunity to meet again in the future and build on the collective knowledge.
- It is known that young people with specific needs can be dealt with more fairly and justly under the YCJA, because service providers are encouraged to work together.

Brian Smegal

Community Development Partnership Branch, Ministry of Children and Youth Services, Youth Justice

- The Youth Mental Health Court, removed from the Correctional System, has been designed as a flow-through program. It works with youth with identified mental health issues, aiming to divert them out of the system and into the community where service providers are linked in partnerships.
- The targeted youth for the program are in that transitional age of 16 and 17.
- The program requires close work among various ministries.
- The Ministry is supportive of the endeavour and looks to keep communications open and supportive. The Community Partnership Branch is doing an enormous amount of work with a relatively small amount of funding, serving 600 to 700 kids provincially.

Rosemary Dilabio

Probation Services

Child and youth mental health is a shared responsibility.
The inauguration of the youth mental health court last May was inspiring. It is highlighted by the wealth of knowledge coming to focus on the youth, and the dedication of the people involved. It is non-adversarial, collaborative, and service-oriented. Its goal is to meet the needs of a youth and the family.

Each youth entering the court has had a Section 34 completed, assessments completed, and community services already involved. Kids are not falling through the cracks. They are receiving dedicated time and attention, and a continuum of service which brings more success, helping the youth get through and be safe. Success means that those same youth may not be seen in the adult system exhibiting the same issues that have never been addressed.

Nancy Worsfold

Executive Director, Crime Prevention Ottawa

The role of Crime Prevention Ottawa, established with a Board of Directors of community representatives, is to build community capacity and foster partnerships that will lead to crime prevention. For those youth entering the mental health court, early prevention did not happen, but there is hope to prevent recidivism.

Access is one of the huge problems in the system that still needs to be addressed:

- One out of 6 kids with mental health issues is getting into service.
- Parents who are well organized, understand the system, and have financial resources, get service. This does not work for the overwhelmed single parent. Services need to be more accessible to families most in need.

Coordination: Ottawa has the desire to work together, but there are two systemic changes that would lead to better coordination:

- Addressing the barriers of confidentiality and the struggle between privacy and information-sharing: the barriers need to be broken so that service providers can talk together.
- Changing the financial accountability system: currently what is reported to funders drives what gets funded. Service targets set by the Ministry that are agency-specific do not encourage collaboration. For example, while a worker may be funded, collaborative conferencing is not.

Community Meetings have advocated for the needs of the young person, but the story of the victim remains untold. Their stories need to be articulated as well.

Panel Questions and Answers:

How will you address the lack of beds for forensic assessments?
The message is being heard. Community services and the Justice co-ordination committee are looking at beds to be available for forensic needs. This is a partnership-building business, at the beginning of the evaluation process.

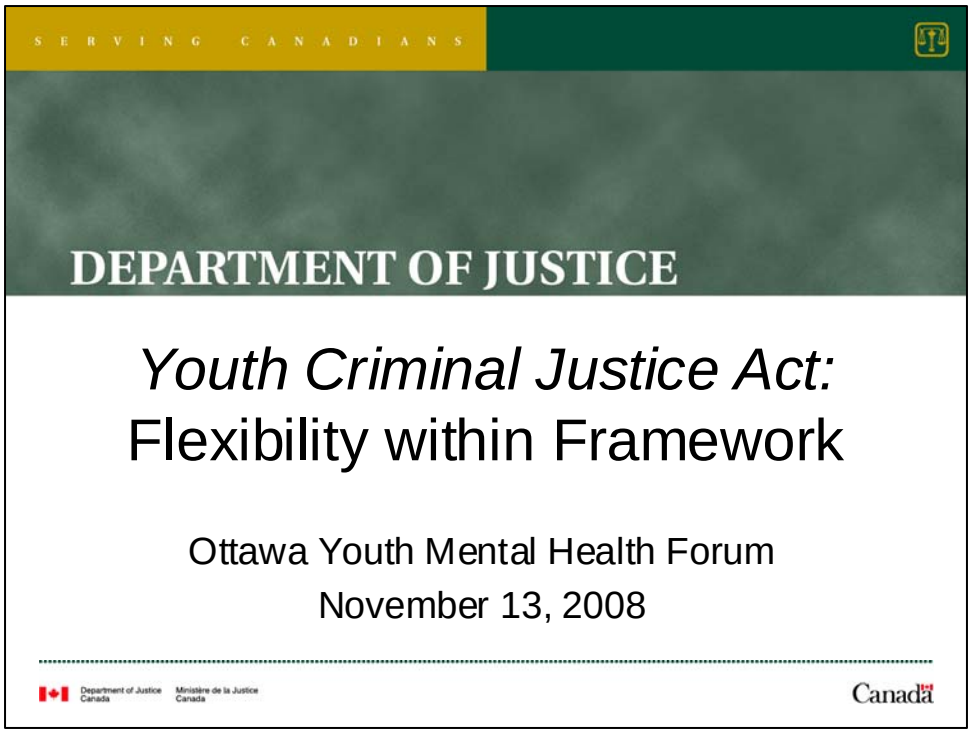
Is there any type of work being done in the schools regarding mental health, reaching kids before they are in trouble with the law?
Ottawa Carleton District School Board has established a manager of Safe Schools. Awareness of youth mental health issues is being accomplished. There is work with the teachers to increase their knowledge and awareness of resources in the community and how to access those resources.
There has been a shift in school legislation that deals with youth inappropriate behaviour. The focus has shifted to prevention and intervention rather than suspension and expulsion.

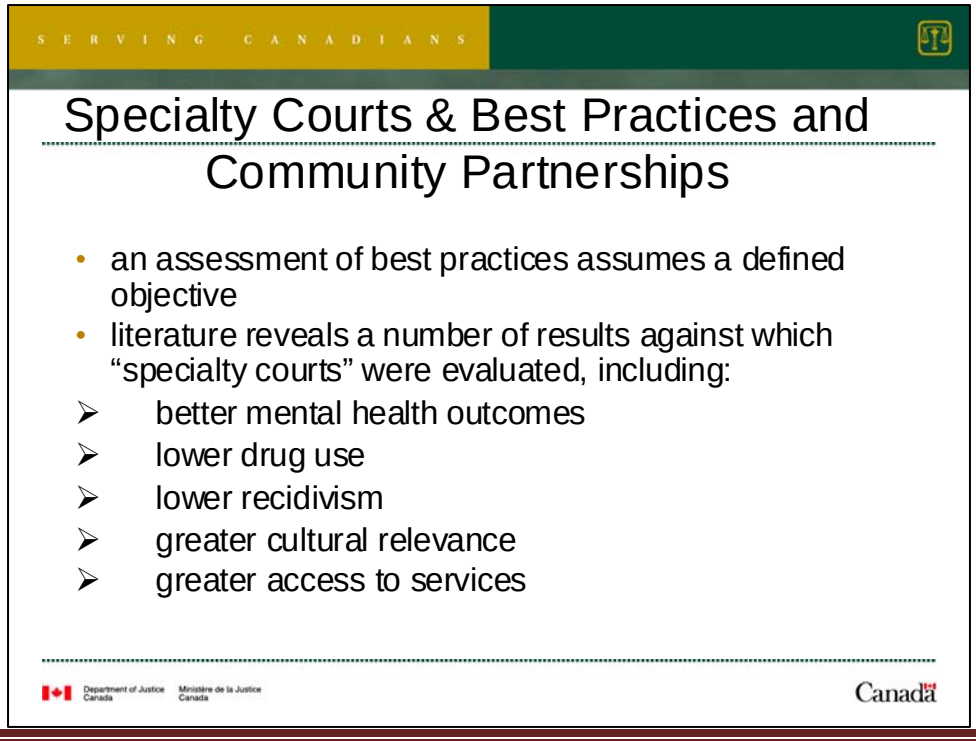
What are your recommendations for next steps after today?
- Put an evaluation component into the pilot project, to identify what is working and what is not.
- Continue to let the Ministry and the Attorney General know what you are doing. Send the message loud and clear of lessons learned.
- Encourage the youth to endure.
- Develop a communication strategy. Tell the success stories.
- Have the community work together to prevent entry into the system: design better service coordination at the front end.

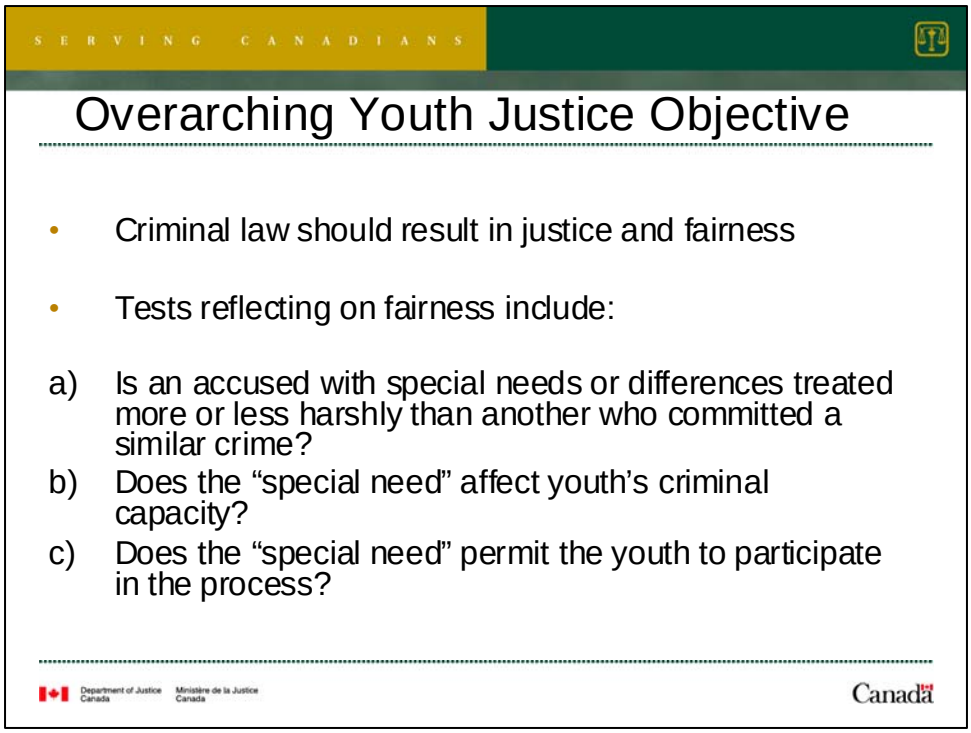
Closing Summary:

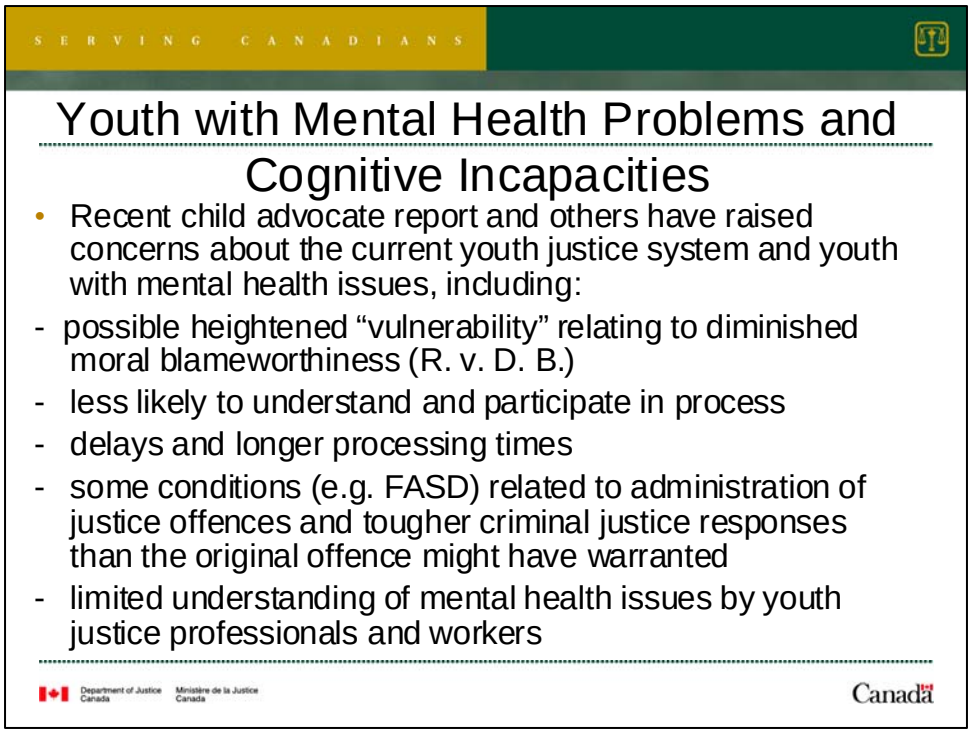
The first very important steps have been taken by bringing everyone together.
Key themes have been identified:
- Inspiration
- Services – varied and accessible
- Partnerships
- Collaborative efforts of integration and partnership
- We don't want to need a youth mental health court, but we are glad we have the ability to have one. All service providers need to work together to bring it to permanency.
- The importance of engagement of youth and families.
- The need to talk to the victims.

APPENDIX A:
Powerpoint Presentation by Catherine Latimer, Director General of Youth Justice Policy and Strategic Initiatives and Law Reform for the Federal Department of Justice






SERVING CANADIANS
Overarching Youth Justice Objective
• Criminal law should result in justice and fairness
• Tests reflecting on fairness include:
a) Is an accused with special needs or differences treated more or less harshly than another who committed a similar crime?
b) Does the "special need" affect youth's criminal capacity?
c) Does the "special need" permit the youth to participate in the process?
Department of Justice Canada
Ministère de la Justice Canada
Canada


SERVING CANADIANS
Youth with Mental Health Problems and Cognitive Incapacities
• Recent child advocate report and others have raised concerns about the current youth justice system and youth with mental health issues, including:
- possible heightened "vulnerability" relating to diminished moral blameworthiness (R. v. D. B.)
- less likely to understand and participate in process
- delays and longer processing times
- some conditions (e.g. FASD) related to administration of justice offences and tougher criminal justice responses than the original offence might have warranted
- limited understanding of mental health issues by youth justice professionals and workers
Department of Justice Canada
Ministère de la Justice Canada
Canada

S E R V I N G C A N A D I A N S

Lessons Learned and Constraints in the Application of Criminal Law

- Under Canada's 1908 - 1984 *Juvenile Delinquents Act*, wayward and criminal youth were thought to be suffering from "juvenile delinquency" and swept into the corrections system until "cured"
- Now viewed as an abuse of the criminal law power
- Criminal law must be applied to youth consistent with general principles and youth-specific principles
- There is scope to be flexible within the framework of the YCJA

Department of Justice Canada | Ministère de la Justice Canada | Canada

S E R V I N G C A N A D I A N S

General Principles and Parameters

- YCJA – based on criminal law power and thus designed to impose appropriate accountability for criminal acts through fair processes
- Guided by fundamental principles:
- Rights of accused must be respected
- Restraint must be used
- Intervention must not exceed a proportionate response to the crime based on seriousness of offence and degree of responsibility of offender
- "Intervention" includes treatment, rehabilitative measures and the process
- Accountability is for offence committed: not for risk of future offences

Department of Justice Canada | Ministère de la Justice Canada | Canada

S E R V I N G C A N A D I A N S

Youth-Specific Principles & Parameters

- Fundamental principle of justice: young people are entitled to a presumption of diminished moral culpability (*R*. v. *D.B*.)
- Separate from adult system and offenders
- Enhanced privacy and procedural protections
- Prohibitions against using youth justice as a substitute for appropriate child protection, mental health or other social measures
- "Treatment" requires consent of youth and may not exceed a proportionate response

Department of Justice Canada / Ministère de la Justice Canada — Canada

S E R V I N G C A N A D I A N S

Flexibility within the YCJA

Partnerships encouraged within the youth justice system

Referrals to Youth Services:

- Police referrals – s. 6
- Judicial referrals – s. 35

Choosing to pursue a "criminal" option:

- Prosecutorial discretion -- s. 19 conference

Accountability extrajudicially or through court process

- EJM or EJS program (intervention limited to a proportionate response to crime)
- Support for judicial process such as court workers, conferencing with experts, reports

Department of Justice Canada / Ministère de la Justice Canada — Canada

S E R V I N G C A N A D I A N S

Flexibility within the YCJA, cont.

Sentence

- Must be proportionate and option most likely to promote rehabilitation from criminal activity
- Imposition of "treatment" is not possible
- "Treatment" requires voluntary consent of youth and a subsequent reversal of consent should not lead to increased accountability for the offence

Corrections

- Reintegration support, connecting youth with services that will be supportive in the community

Department of Justice Canada / Ministère de la Justice Canada — Canada

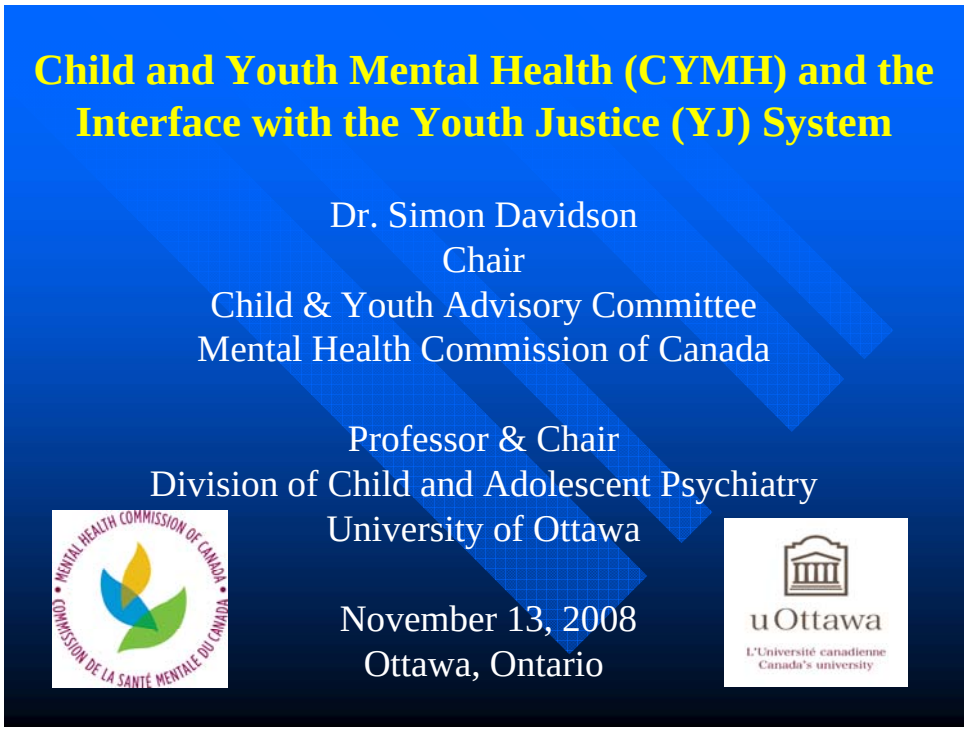
S E R V I N G C A N A D I A N S

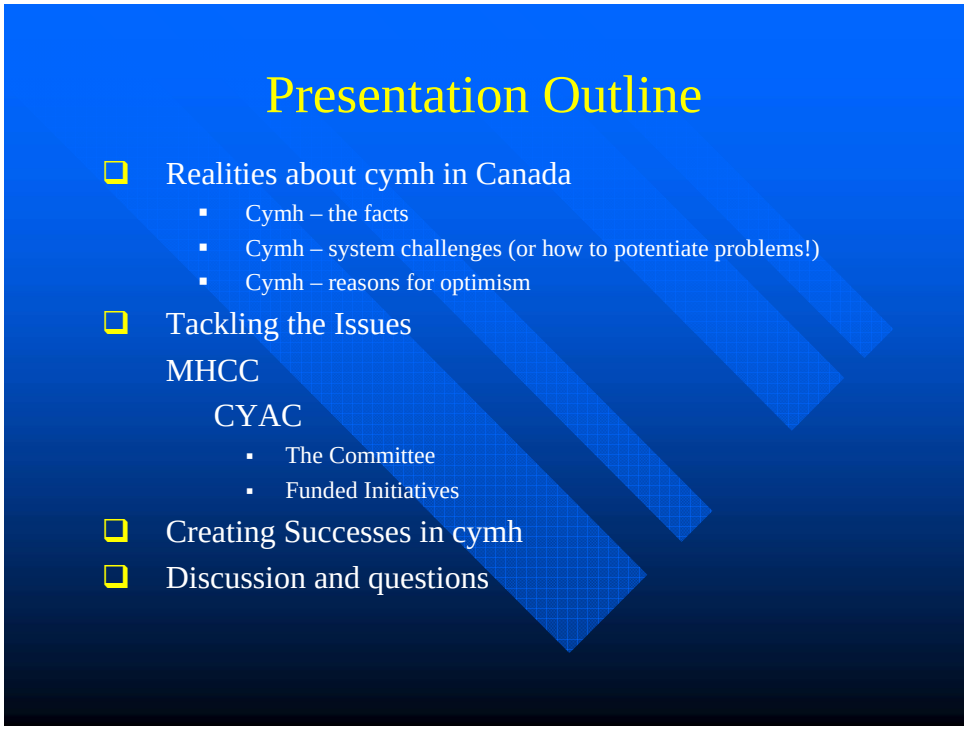
Next Steps

- Perhaps still too early to say what are "best practices"
- Opportunity to be clear about what we are trying to achieve and what we must avoid
- Opportunity to test out approaches and gather evidence
- Let us reconvene to share what we have learned at a future date
- Young people with special needs can be dealt with more fairly and justly under the YCJA and by working together we can make that happen

Department of Justice Canada / Ministère de la Justice Canada — Canada

APPENDIX B:
Powerpoint Presentation by Dr. Simon Davidson: "Report to Youth Mental Health Court Forum"





Realities About CYMH in Canada

CYMH – the Facts

- Extent of child and youth mental health problem.
- High prevalence of psychiatric disorder (13-22%).
- High demand for service.
- Limited access (only 1 in 6 of those needing help (16%). had accessed services in the previous 6 months).
- Canada 21 of 29 OECD in child well-being.
- More than 70% of adults with mental illnesses onset in childhood/adolescence.

Realities About CYMH in Canada

CYMH – the Facts

- More than 75% of youth in the YJ system have diagnosable mental health problems (including substance dependence).

Realities About CYMH in Canada

CYMH – System Challenges (or How to Potentiate Problems)

Many problems in the provision of services in child and youth mental health. These include:

- Multiple Ministries (to name a few in Ontario, MCYS, MEd, MOHLTC) fund multiple agencies. Communication and planning insufficient and often inadequate.
- Cross sectoral 'siloism' despite overlap.
- Tackling mental health problems in YJ system would promote rehabilitation and recovery (aka missed opportunities)

Realities About CYMH in Canada

CYMH – System Challenges (or How to Potentiate Problems)

- Continuity of care for children and youth with mental illness is highly problematic.
- The service system is fragmented.
- The service system is under-resourced.
- The continuum of care out of balance. Too few mental health promotion, mental illness prevention and risk reduction initiatives.
- Major problems with access to services and wait times.
- Limited number of evidence-based practices, best and most promising practices and many clinicians do not use those that are available.

Realities About CYMH in Canada

CYMH – System Challenges (or How to Potentiate Problems)

- Research in the field is progressing but insufficient.
- Dissemination of knowledge in child and youth mental health is inadequate.
- Traditional silo oriented approaches to educating child and youth mental health professionals problematic.
- Inadequate evidence of direct versus indirect clinical care benchmarks for mental health professional service providers.
- Significant recruitment and retention issues of child and youth mental health professionals.

Such challenges provide opportunities

Realities About CYMH in Canada

CYMH – Reasons for Optimism!

- Pockets of excellence across Canada – well kept secrets.
- Increasing profile and recognition of the extent of the problem.
- Some Provincial Policy Frameworks.
- Mapping exercise in Ontario.
- BC has just completed a 5 year cymh Plan doubling community-based cymh resources.
- Kudo's: A 10 year mental health plan is planned for BC.
- The Ministries are talking to each other more than ever.
- Some collaborative processes at local levels to build integrated and inclusive models of care.
- Provincial Centre of Excellence for Child & Youth Mental Health at CHEO in Ontario.
- Mental Health Commission of Canada and Child and Youth Advisory Committee.
- Reaching for the Top – Healthy Children and Youth – Dr. Kellie Leitch.

Mental Health Commission of Canada

- The History
- The Structure
- The Priorities

Child and Youth Advisory Committee (CYAC) of MHCC

'The orphan of the orphan'

….NO LONGER!

- 16 member Committee
- Across the age spectrum to age 25
  - *family & youth centredness
  - *maternal & family health
  - *educational outreach to prospective parents about child and youth mental health

Funded CYAC Initiatives

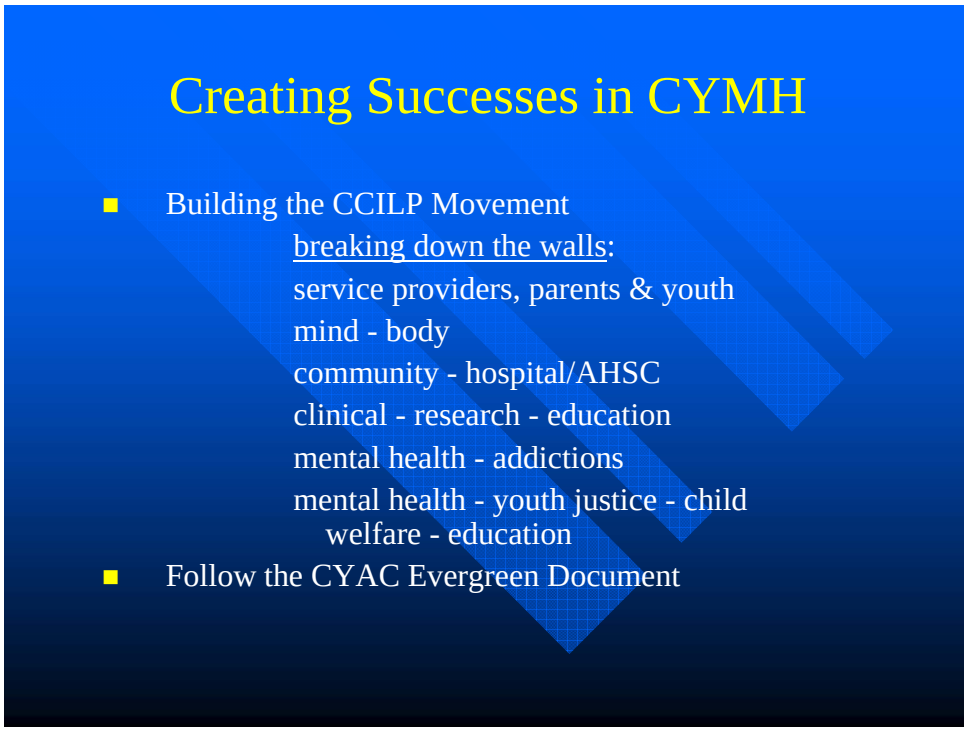
MHCC – CYAC funded initiatives

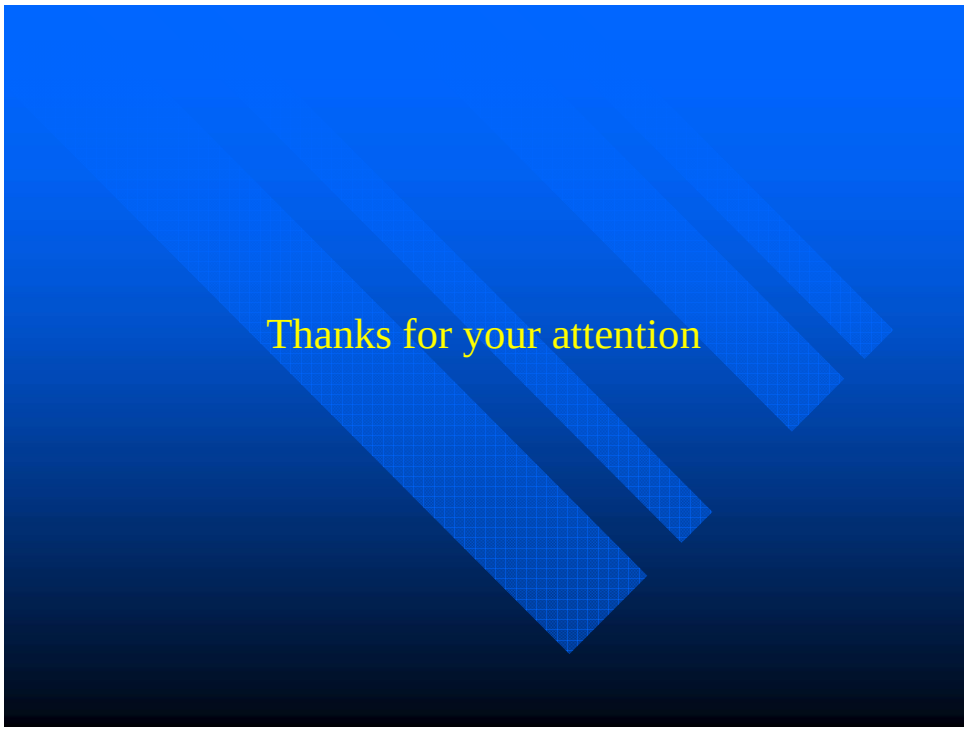
1. National Mental Health Strategy
   a) Evergreen Document
   b) School-based mental health programs
      -evidence
      -demonstration projects
   c) Youth Reference Group
2. Antistigma, Antidiscrimination Campaign
   Youth Focus
   Youth Self Stigma
   Parental Stigma
3. Knowledge Exchange Centre
   cymh component

Creating Successes in CYMH

- Building the CCILP Movement
  cooperation
  collaboration
  integration
  leveraging
  partnership

So simple, so important!


Creating Successes in CYMH
Building the CCILP Movement
breaking down the walls:
service providers, parents & youth
mind - body
community - hospital/AHSC
clinical - research - education
mental health - addictions
mental health - youth justice - child welfare - education
Follow the CYAC Evergreen Document


Thanks for your attention

APPENDIX C:
Powerpoint Presentation by Dr. Greg Motayne: "The Youth Mental Health Court: The Role of the Forensic Psychiatrist"

The Youth Mental Health Court

Role of the (Forensic) Psychiatrist

Dr. Greg Motayne
Assistant Professor of Psychiatry
Family Court Clinic
Integrated Forensic Program, ROMHC
&
Clinical Director
Roberts-Smart Centre Secure Unit
November 13, 2008
Ottawa, Ontario.

uOttawa
L'Université canadienne
Canada's university

PRESENTATION OUTLINE

Brief overview of the following:-

- Child and Adolescent Forensic Psychiatry
- Young Persons and the Law
- Mental Health Disorders in Adolescence
- Youth Mental Health Court and its objectives
- The Role of the Psychiatrist

CHILD AND ADOLESCENT FORENSIC PSYCHIATRY

- A subspecialty of psychiatry in which scientific and clinical expertise in the management of disorders of thinking, feeling and/or behavior affecting children, adolescents and their families, is applied to legal rather than therapeutic issues and ends.

CHILD AND ADOLESCENT FORENSIC PSYCHIATRY

- The roots go back to 19th Century
  - Act respecting Arrest, Trial and Imprisonment of Young Offenders (1894)

ACTS GOVERNING YOUTH

- Act respecting Arrest, Trial and Imprisonment of Young Offenders (1894)
  - *"little adults"*
- Juvenile Delinquents Act - JDA (1908)
  - *From "little adults" to child-centred legislation*
- Young Offenders Act - YOA (1984)
  - *A legalistic approach to youth crime*

ACTS GOVERNING YOUTH

- Youth Criminal Justice Act - YCJA (2003)
  - *Attempts to reform youth justice in Canada*
- More emphasis on treatment for young persons than the Young Offenders Act.
- Emphasizes rehabilitation and reintegration into society
  - *Rehabilitation is in the best interests of both the young person and society.*
- The Court may order a psychiatric assessment pursuant to Sec 34 YCJA

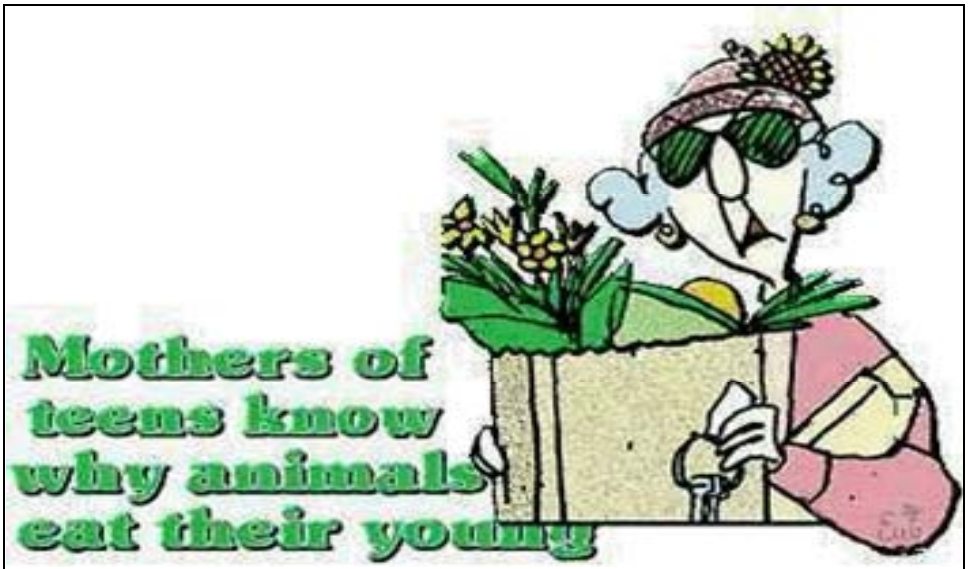
Psychiatric disorders in adolescence

Three developmental categories:-

1. **Continuing childhood disorders**
2. **Mental illnesses typical of adulthood**
3. **Disorders characterized by difficulties surmounting the stage of adolescent development.**

Adolescence & Identity

- ***Erickson (1965)***
  - ***Development of a personal identity is the main task of adolescence.***
- Who am I . . . Where am I going?
- Identity diffusion (Role confusion)
  - →Behavioural problems/criminality
  - → Elopements
  - → Overt psychosis



Mental Health Assessment in Adolescence

- **Presence or absence of illness or disorder**
- **An evaluation of components of development including:-**
  - Social and moral development, (e.g. empathy, ability to form relationships).
  - Physical and intellectual development → psychological development.
  - Personality.

Personality

- Malleable in adolescence
- Evolves through adolescence
- Established in adulthood.

Percentage Prevalence of Adolescent Psychiatric Disorders

DISORDER	PREVALENCE	GROUP	SOURCE
Tic Disorders	1.0	General Population	WCCB
Reading Backwardness	19	10 year olds (Inner London)	WCCB
	8.3	10 year olds (Isle of Wight)	WCCB
Specific Reading Retardation	9.9	10 year olds (Inner London)	WCCB
	3.9	10 year olds (Isle of Wight)	WCCB
Autism\Autism spectrum	0.2	Young People	NHSE(T)
Severe School Phobia	0.1	10 – 16 year olds	LTEB
Emotional Disorders	4.5	10 year olds (small towns)	WCCB
Anxiety Disorders	8.7		WCCB

WCCB, Wallace, Crown, Cox and Berger (1997); LTEB, Light and Bailey (1992); NHSE(T), NHS Executive (Trent Region) (Pearce and Holmes 1995)

Percentage Prevalence of Adolescent Psychiatric Disorders

Major Depression	10	Adolescents	WCCB
Conduct Disorder	10 2.5	10 year old boys 10 year old girls	WCCB WCCB
Obsessive-Compulsive	1.9	Adolescents	WCCB
Anorexia Nervosa	0.36-0.83 0.04-0.17	12 to 19 year old girls 12 to 19 year old boys	WCCB WCCB
Bulimia Nervosa	2.5	12 to 19 year old girls	WCCB
Significant Eating Problems	3.0 0.3	12 to 19 year old girls 12 to 19 year old boys	WCCB WCCB
Attempted Suicide	2.0-4.0	Adolescents	WCCB
Completed Suicide	0.0075 0.0025	15 to 19 year old boys 15 to 19 year old girls	NHSE(T) NHSE(T)
Adult-Type Psychoses	0.02 0.5	16 year olds 17 to 19 year olds	LTEB LTEB
Substance Misuse: Alcohol (in previous week) Solvents\illegal drugs Regular Drug Use Heroin\Cocaine	21 2.0 16 8.0 0.9	11 to 15 year olds 11 year olds 16 year olds 15 and 16 year olds Adolescents	WCCB NHSE(T) WCCB LTEB WCCB

WCCB, Wallace, Crown, Cox and Berger (1997); LTEB, Light and Bailey (1992);
NHSE(T), NHS Executive (Trent Region) (Pearce and Holmes 1995)

Youth Forensic Assessments (completed) FCC, ROMHC April 2007 – March 2008 Total - 65

Disorders of Childhood	Major Mental disorders	Relational Problems	Axis II	Medical Axis III
ADHD 13	Major Depression 1	Parent-Child 36	Borderline Intell 10	FASD 3
Conduct Disorder 26	Schizophrenia 5	Family Problems 32		Thyroid 1
Oppositional Defiant Disorder 17	Psychotic -NOS 4	Sibling Problems 3	Antisocial traits 9	
Disruptive Beh . Dis NOS 5	Social Anxiety Dis 2		Narcissistic traits 11	
Attachment Disorder 3	PTSD 1		Borderline Personality 9	
Learning disorders 16	Substance use disorders 40			

Ottawa Youth Mental Health Court Objectives

- Increase effective cooperation between the mental health treatment system and the youth criminal justice system.
- Achieve a variety of positive outcomes for accused mentally ill ***young persons*** including:-
  - faster case processing time,
  - improved access to ***community*** mental health treatment services
  - improved general well-being among mentally ill *young* persons with consequent reduced recidivism.
- Ultimately, ***reduced recidivism and improved prognoses for these young persons and increased public safety.***

Youth Mental Health Court

Criteria

- Developmental disorders
- Disruptive behavioral disorders
- Major mood disorders, including Depression and Bipolar disorder
- Anxiety disorders (including PTSD)
- Schizophrenia
- Other psychotic disorders
- Substance use disorders and substance-induced mental disorders
- Mental disorders due to a medical problem

Youth Mental Health Court
Criteria

Other concerning behaviors :

- Self-injurious behavior
- Suicidal Ideations
- Suicide Attempt
- Firesetting
- Risky and dangerous behaviors
- Impulsive/chronic running

EVALUATION /SCREENING PROCESS for YMHC

- Case review and interview with youth and parent(s)/caregiver
- What is/are the primary diagnosis/(es)
- Comorbid risk factors
- What is the family situation? Available Support systems for youth/family?
- Willingness to seek and use help
- Ego strengths/protective factors

EVALUATION /SCREENING PROCESS for YMHC

- Is the youth willing to comply with outpatient treatment?
- Is there an involved treating physician/treatment team in the community?
- Are there available community treatment agencies/supports?
- What other resources should be recommended to deal with the youth's difficulties?

Recommendations

- Variable
  - Community treatment programs, residential and social support, social skills/life skills training
  - Specific treatment programs, including support for family
  - Continuing treatment with mental health provider(s)
  - Comprehensive assessment

Recommendations

- For chronic unstable conditions with no dependable or consistent supports; no previously established diagnosis; repeated offending . . . → Comprehensive assessment
  - Sec 34 YCJA
  - Sec 21 MHA (developmental delays, organicity, congenital problems)

Recommendations

- For circumscribed conditions, with stable supports, previously established diagnosis, treatment practitioner involved
  - Return to treatment provider
- If primarily a Substance Use disorder –
  - Treatment program
    - Residential
    - Non-Residential

Collaborative measures

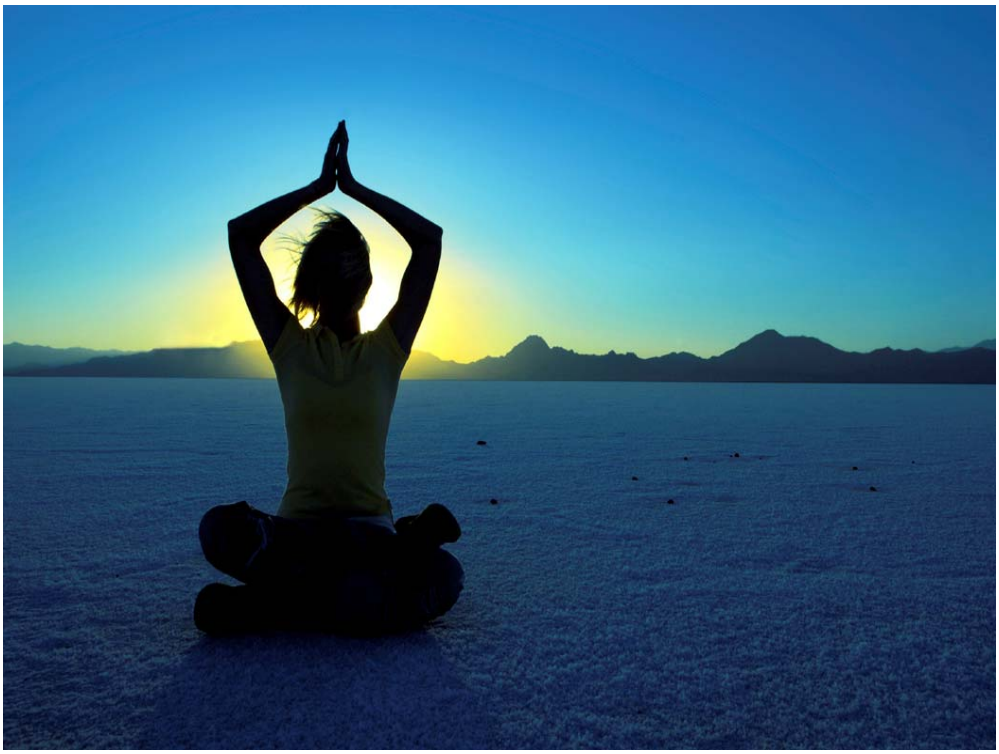
- Facilitating communication of the court objectives to the treating Psychiatrist/Family physician/Therapist
- Providing consultative consultations and support for involved Family physicians/non-mental health specialists
- Providing clinical support and expertise in psychiatry for community agency partners
  - Addiction Services, CAS workers, Probation . . .

- "*The degree of civilization in a society can be judged by entering its prisons.*" Dostoevsky(1821-1881)

By providing early identification and appropriate treatment of our youth with mental disorders, we could break the cycle of recidivism for those trapped in our criminal justice system.

The young persons, their families, their communities and

Society, as a whole, will benefit.



SUMMARY

The YMHC:-

- An evolving process of collaboration between the Youth Criminal Justice and Mental Health Systems
- The role of the Psychiatrist is one of
  - Med expert /Consultant to the Court,
  - Collaborator with community partners
  - Communicator (youth, families, colleagues)
  - Health Advocate

APPENDIX D:
Recognition of the Ottawa Community Partnership:

To all those agencies, service providers, Crown and Courts, Judiciary, and community:

Thank you for your collaboration, support and generosity in ensuring that this pilot program of Ottawa's Youth Mental Health Court is off to a successful start.
Your partnership and collaboration is appreciated by all.