

## Strongest Families Institute

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### Submission to the House of Commons Standing Committee on Finance Pre-Budget Consultation – August 4, 2017

#### Executive Summary

Strongest Families Institute (SFI)<sup>1 2 3</sup>, a charitable organization, is pleased to provide the following brief to the House of Commons Standing Committee on Finance outlining the next set of opportunities to invest in mental health system innovation. SFI is a proven innovative e-mental health system (bilingual) designed to provide timely, accessible services to families when and where they need it. SFI received the 2017 Governor General's Innovation Award recognizing the social benefit for Canadians.

SFI's programs are delivered from a call centre in Nova Scotia, where highly trained telephone coaches offer families skill-based training to address mild to moderate mental health problems. Through this innovative approach, more than 4,000 families were helped last year alone, with 90 per cent of families completing the evidence-based programs, and 85 per cent success overcoming presenting problems and other impacts (e.g., improved school attendance/academic achievement, reduced parental mood/stress).

Besides strong outcomes, additional advantages of SFI are myriad. There is no need to travel, no missed time from work/school, no financial burden, no stigma, convenient coaching appointments (e.g., day, evening, night) and there is no wait for services.

SFI is cost-effective and has embedded internal quality assurance measures to insure program fidelity. Care is customized to meet the families' needs.

SFI programs align with the financial standing committee's guiding principal to promote greater productivity of working parents, by reducing the need for absenteeism in the workplace to attend clinical appointments and caring for impacted individuals. Moreover, resolving child/youth mental health issues early will lead to healthier futures, preparing youth for employability.

SFI would welcome the opportunity to assist even more Canadians by providing services including:

- An innovative e-system of care that: removes barriers; bridges the geographical divide; provides services day or night; **has potential of national reach with adequate funding support.**

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<sup>1</sup> Lingley-Pottie, P., McGrath, P.J. (2016). **Imagine a mental health service that builds stronger families.** Journal of the Canadian Paediatric Society, 21(5): 247-248.

<sup>2</sup> McGrath, P. J., Lingley-Pottie, P., Thurston, C., MacLean, C., Cunningham, C., Waschbusch, D.A., Watters, C., Stewart, S., Bagnell, A., Santor, D. & Chaplin, W. (2011). **Telephone-based mental health interventions for child disruptive behavior or anxiety disorders: randomized trials and overall analysis.** JAACAP Journal of the American Academy of Child & Adolescent Psychiatry, 50 (11).

<sup>3</sup> Sourander A., McGrath P.J. & Ristkari T., et al. **Internet-Assisted Parent Training Intervention for Disruptive Behavior in 4-Year-Old Children: A Randomized Clinical Trial.** JAMA Psychiatry. Published online February 24, 2016. doi:10.1001/jamapsychiatry.2015.3411.

- SFI is cost-effective and has been shown to rapidly reduce child/youth mental health waitlists, produce strong health outcomes for the child (i.e., presenting conditions, reduction of bullying and victimization issues, academic improvement and decreased school absenteeism) as well as improved family relationships.
- The need for prescription medication can be reduced - families learn skills to resolve problems.
- **SFI has no wait.** Early intervention is an investment in our future generation.
- Early detection and timely intervention can prevent risk of harm that occurs when treatable conditions go untreated and exacerbate over time.
- Focus on emerging adults can prevent and reduce substance use by providing youth skills early.
- SFI was informed by First Nations members<sup>2</sup> and outcome success rates are strong. Regardless of geographical location, SFI can provide convenient services to First Nations and Inuit populations.
- SFI is data-driven and reports on outcomes and service utilization.
- With **attrition rates less than 10%**, clients complete full evidence-based SFI programs, resolving presenting issues<sup>2</sup> within five months.
- SFI child/youth impacts combined with parental stress/mood resolution, can improve work performance and productivity with less absenteeism. Moreover, improved child impacts and family relationships, increases the likelihood of parents entering or re-entering the workforce.
- SFI's flexible, family-centred services accommodates families' schedules (e.g., shift-workers do not miss shifts) compared to traditional day-time clinic-based services that can affect parental employment.

**Objective: Strongest Families Institute proposes to provide an evidence-based, barrier free innovative e-Health services for Canadian children, youth and families struggling with mental health issues, promoting productivity and attendance in the workplace. Reducing absenteeism and increasing productivity will create economic growth and positive impacts in communities across Canada.**

**Improving child, youth and family mental health using the Strongest Families Institute's innovative approach: Increasing employability and productivity in the workplace now and into the future**

**Background**

Family relationships play an invaluable role in promoting well-being and providing care for people with mental health problems and illnesses across the lifespan. Caregivers and parents often report that their children's problems have substantial negative effects on their family, social relationships, and productivity/attendance at work. It has been estimated that the cost associated with lost time from work and reduced productivity due to mental illness will be \$198 billion over the next 30 years<sup>4</sup>. Moreover, early childhood mental illnesses can have down-stream effects on adulthood including lack of preparedness, employability and productivity.

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<sup>4</sup> Mental Health Commission of Canada. (2013). Making the Case for Investing in Mental Health in Canada.

Although SFI is a cost-effective, proven distance system of care<sup>567</sup>, services are not nationally available to all Canadians. SFI was designed as a system of care to address waitlists quickly with fast ramp-up and provide families with timely access to quality services. SFI's e-system (IRIS- Intelligent Research & Intervention Software) provides an enriched learning experience for clients. SFI is data-driven. In the past fiscal year alone, SFI helped more than 4,200 Canadians, with the capacity to expand further.

SFI data shows success helping families regardless of their background or geographical location (e.g., First Nations families; LGBTQ+ youth; financially disadvantaged families (about 35% of SFI families' average annual income is <\$30,000); families in remote regions; and high-risk youth). Funders receive regular outcome, satisfaction and funding disposition reports. Referring agents receive individual results<sup>8</sup> to insure the continuum of care is maintained. In this way, SFI is easily integrated as a needed part of existing core services by complimenting agency work, providing services for mild to moderate cases so that existing professional resources can be focused on severe/ complex cases.

SFI continues to expand their programs and enhance their technology, engaging community members in Parent as well as Youth advisory committees to inform change. SFI current services include:

- Disruptive behaviour: three-12 years. (Oppositional defiance, ADHD, conduct, bullying)
- Anxiety: six-17 years. (Separation, generalized, social, specific phobias)
- Night-time bedwetting: five-12 years.

Programs include self-care skill implementation for parents. SFI has expanded services to Finland, Vietnam, with a strong interest in New Zealand.

### **Implementation**

SFI proposes to expand services nationally, in a stepwise manner. SFI currently holds one national contract providing open access for Canadian Military and Veteran families. However, many Canadians do not have access to SFI services (i.e., Provincial government funding for SFI services includes all the Atlantic regions, most of Alberta and some regions of Ontario). SFI's goal would be first to address waitlists and plan for ramp-up within each province, working closely with them to meet their needs. As necessary, SFI would establish satellite offices.

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<sup>5</sup> Lingley-Pottie, P., McGrath, P.J. (2016). Imagine a mental health service that builds stronger families. *Journal of the Canadian Paediatric Society*, 21(5): 247-248.

<sup>6</sup> McGrath, P. J., Lingley-Pottie, P., Thurston, C., MacLean, C., Cunningham, C., Waschbusch, D.A., Watters, C., Stewart, S., Bagnell, A., Santor, D. & Chaplin, W. (2011). Telephone-based mental health interventions for child disruptive behavior or anxiety disorders: randomized trials and overall analysis. *JAACAP Journal of the American Academy of Child & Adolescent Psychiatry*, 50 (11).

<sup>7</sup> Sourander A., McGrath P.J. & Ristkari T., et al. Internet-Assisted Parent Training Intervention for Disruptive Behavior in 4-Year-Old Children: A Randomized Clinical Trial. *JAMA Psychiatry*. Published online February 24, 2016. doi:10.1001/jamapsychiatry.2015.3411.

<sup>8</sup> Lingley-Pottie, P., Janz, T., McGrath, P.J, Cunningham, C. & MacLean, C. (2012). Outcome progress letter types: Parent and physician preferences for letters from pediatric mental health services. *Canadian Family Physician*, 57 (12), e473-481. <http://www.cfp.ca/content/57/12/e473.full.pdf+html> .

SFI aligns with the financial standing committee's guiding principal to promote greater productivity of working parents, by reducing the need for absenteeism in the workplace to attend clinical appointments and caring for impacted individuals. Moreover, resolving child/youth mental health issues early will lead to healthier futures, preparing youth for employability. Providing evidence based services, in the comfort of the families' homes at convenient times for the family, will provide the support for long term success and resolution of presenting issues.

The objectives of this SFI proposal are to:

1. Network and address provincial child/youth mental health waitlists.
2. Perform pilot demonstration projects in provinces with developed mental health strategies, reporting regularly on outcome data that will include specifics around parent/youth employment, employment absenteeism and employment productivity.
3. National implementation of SFI services so care is accessible to Canadians regardless of geographic location.

These objectives will be accomplished through the following activities:

- A. Waitlist reduction: Initially target the provinces with the greatest need. Then, systematically working with the provinces to ensure waitlists are reduced.
- B. Service provision: plan SFI service integration with provinces, while working with provincial partners to scale up to national implementation.
- C. Plan with provinces to strategically position SFI services so that referrals are sent directly from primary care workers, community services, education as well as mental health organizations.

### **Timeline/Scope**

SFI will expand services nationally over a 5-year period. Funding will cover initial waitlist reduction nationally, initial demonstration projects, and ramp-up to service delivery nationally. Initially, costs for ramp-up, training, travel and capital costs for expansion will be included.

SFI has quickly reduced waitlists in many provinces including Nova Scotia, Newfoundland, PEI, and Alberta. For example, the Nova Scotia Government provided a low investment of \$350,000 to SFI to address the waitlist and SFI placed 370 clients in services within 3.5 months<sup>9</sup>. Government contacts in these areas are willing to be contacted to share their experience.

The project will consist of four phases:

Year 1-2: **Waitlist reduction demonstration projects:** SFI will work with provincial organizations to scope out need, and plan for waitlist reduction and discuss plans for maintenance of timely referrals as they present.

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<sup>9</sup>Nova Scotia Government Mental Health Strategy- Year One report (Page 3) <https://novascotia.ca/dhw/mental-health/reports/MHS-Together-We-Can-One-Year-Update.pdf>

Year 2-3: ***Provincial Integration of SFI as part of Service Delivery***: Phase two will utilize information on provincial service needs to insure SFI services are fully integrated provincially to address needs and maintain waits at a minimum.

Year 4-5: ***National Implementation & Sustainability planning***: Phase three will begin while demonstration projects are underway, and before conclusion, insuring that SFI has achieved national reach and plans are in place for sustainability.

### **Outcome**

Based on SFI data, services have potential for changing the lives of thousands of Canadians for the better. With less than 10% attrition and 85% outcome success rate, SFI is poised to assist Canadians in learning skills that will provide a lifetime of benefit. SFI evidence shows children/youth and families have a reduction in depression, and mood issues; improved family relationships; have better performance in schools; and can receive SFI services without missed time from work.

SFI evidence-based services provide individuals with a skill set that allow them to be productive, members of society. Keeping individuals out of the health care system and in the workforce, will have a positive impact on the economic burden of the Canadian health care system, and will ultimately create healthier and happier members of society.

### **Conclusion**

The estimated cost to the Canadian economy due to lost productivity and absenteeism of employees is high. Mental health issues are a major factor contributing to lost productivity and absenteeism in employees as well as unemployability. This is where SFI can help, using its innovative, evidence based programs to deliver care remotely to families, when and where they need it. SFI programs are designed to remove barriers to care that exist with the current system and is a cost-effective access solution. SFI is a compliment to existing mental health services by bridging a serious access gap and providing equitable services to Canadian families.

SFI would welcome the opportunity to appear before the House of Commons Standing Committee on Finance to speak further about this submission and the opportunity it presents for Canada.