

## **Working Together for Kids' Mental Health (Working Together)**

### **Expectations of Working Together Communities:**

The expectations are that Working Together communities will continuously work towards improving cross sector services and supports to children and youth through contributing to the following goals:

- Everyone knows where to go to get services
  - Every school and child-serving agency has staff knowledgeable about what to look for and what to do when they are concerned about a child
  - Information about the services in the community is available and clearly communicated to the community, including how to access services
  - Formal, written protocols are in place to support early identification and referral processes within and across sectors
  - Information to support referrals is shared with service providers based on principles of informed client consent (i.e., from identification tools and/or other means)
- Services are delivered as close to home as possible
  - Services are accessible to clients in terms of hours and locations
  - Providers work together to find accessible solutions to service needs
- Services are integrated, coordinated and appropriate to the needs of the population
  - Children and youth are referred to other services as appropriate
  - Services are provided in a flexible, responsive manner and clients are supported while awaiting service
  - Service providers work together to resolve issues, gaps in service
  - Eligibility criteria for services across providers in the community encompass the full range of need and the full continuum of service
  - Services are culturally competent
- Services are high quality, timely, effective and sustainable
  - Agencies provide effective, evidence-informed services
  - Services are delivered in a timely manner
  - Providers work together to reduce wait times for services through collaborative models, brief therapy or clinic models and shared resource models of service
  - Children and youth are prioritized based on need using tools to support triage and prioritization
  - Agencies are accountable for outcomes, quality, performance monitoring and measurement
  - Agencies use mandated tools to monitor and report on the outcomes of the kids they serve

### **Expectations of Working Together Lead Agencies:**

Expectations and responsibilities of the lead agency in each community include:

- Providing leadership in convening or adapting an existing cross-sector table to focus on the goals of Working Together
- Championing child and mental health in the community
- Providing mentorship and support to a new Working Together community
- Facilitating ongoing communication, cross-sector collaboration, and engagement among participating organizations
- Actively facilitating knowledge exchange within and among communities
- Working with school boards and schools to engage with mental health leaders (where applicable) and participate in the ASSIST program
- Aligning plans for cross-sector mental health literacy training with school board specific mental health literacy training plans

- Coordinating and participating in the provision (i.e., co-facilitating) of cross-sector mental health literacy training with the Centre
- Providing professional learning opportunities, training and support to participating organizations across the community on the use of tools and information to support early identification and referral processes
  - Providing leadership in the identification of opportunities to enhance early identification, referral and access to service processes (e.g., formalizing service pathways to access varying types of services based on need; defining referral processes and procedures)

# Working Together for Kids' Mental Health Identification Tools - Overview

<p><b>Strengths and Difficulties Questionnaire (SDQ)</b></p> <ul style="list-style-type: none"> <li>• Brief behavioural screen (5 minutes to complete)</li> <li>• Appropriate for ages <b>3 to 16 years</b></li> <li>• Ratings indicate if behaviours are 'not', 'somewhat' or 'certainly' true of the individual based on observations</li> <li>• 25 items include emotional symptoms (5), conduct problems (5), hyperactivity/inattention (5), peer problems (5) and <b>positive prosocial</b> behaviours (5 items)</li> <li>• Items are scored and compared to norms</li> <li>• Versions for <b>parent and teacher</b> (3-4 and 4-16 years) and <b>youth self-report</b> (11-16 years)</li> <li>• Available in wide range of languages; some include impact and follow-up questions</li> <li>• Available in public domain (via internet) free of charge</li> </ul>	<p><b>Global Appraisal of Individual Needs–Short Screen (GAIN-SS)</b></p> <ul style="list-style-type: none"> <li>• Brief behavioural screen (5 minutes to complete)</li> <li>• Appropriate for ages <b>12 to 18 years</b></li> <li>• Respondents indicate if behaviours observed 'never', '1+ years ago', '2-12 months ago' or within 'past month'</li> <li>• 20 items include internalizing/emotional symptoms (5), externalizing/behavioural (5), <b>substance use</b> (5), and crime/violence (5) (includes <b>self-harm/suicide</b>)</li> <li>• Items rated as occurring within past year are counted to determine risk for disorder</li> <li>• Completed by or with <b>youth</b> (self-report)</li> <li>• Available in English and French</li> <li>• Nominal license fee (\$100 over 5 years)</li> </ul>
<p><b>Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)</b></p> <ul style="list-style-type: none"> <li>• Clinical rating scale (20 minutes to complete)</li> <li>• Appropriate for children and youth (no ages specified)</li> <li>• Ratings indicate 'severity' of problems over previous two week period (using <b>glossary</b>)</li> <li>• 13 + 2 items include emotional, behavioural, overactivity/ inattention, <b>substance use</b>, self-harm, <b>self-care</b>, <b>disabilities</b>, <b>family life</b>, <b>school attendance</b></li> <li>• Versions for clinical team, parent and youth self-report</li> <li>• Available in English and French</li> <li>• Available free of charge with permission of University of Liverpool</li> </ul>	<p><b>Child and Adolescent Needs and Strengths – Education version (CANS-EI)</b></p> <ul style="list-style-type: none"> <li>• Clinical rating scale (30 minutes to complete)</li> <li>• Appropriate for children and youth (no ages specified)</li> <li>• 48 items include <b>educational</b> (8), Student (22), <b>life domain</b> Needs (10) and <b>student strengths</b> (8)</li> <li>• Designed to develop <b>shared view</b> of needs and strengths to facilitate communication and service planning</li> <li>• Items rated on degree of problem (or strength) on 4 point scale (using <b>glossary</b>)</li> <li>• Available in English and French</li> <li>• Available free of charge with permission of author</li> </ul>

