



Access to Mental Health Services in Oxford County

Opportunities for System Improvement for
Children, Youth and Families

Situational Assessment
Oxford County Public Health
April 2017

About Oxford County

Located in the heart of southwestern Ontario at the crossroads of Highways 401 and 403, Oxford County has a population of approximately 114,000 people across eight municipalities that are “growing stronger together” through a partnership-oriented, two-tier municipal government incorporated as the County of Oxford. Oxford County is emerging as a leader in sustainable growth through the [Future Oxford Community Sustainability Plan](#) and County Council’s commitment to becoming a [zero waste](#) community and achieving [100% renewable energy](#) by 2050. Situated in one of Ontario’s richest areas for farmland, agriculture is a key industry that serves as a springboard for some of the sustainable industries that are steadily diversifying the local economy. Oxford County offers a thriving local arts, culture and culinary community, as well as conservation parks, natural areas and more than 100 kilometres of scenic trails. The Oxford County Administration Building is located in Woodstock, Ontario. Visit www.oxfordcounty.ca or follow our social media sites at www.oxfordcounty.ca/social. Oxford County’s Strategic Plan is at oxfordcounty.ca/strategicplan.

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Summary

Oxford County Public Health (Public Health) conducted a situational assessment to contribute to the ongoing improvement of access to mental health services for children, youth and families in Oxford County. The specific objectives of this assessment were to:

- Identify and describe the number and type of services.
- Characterize established understandings of mental health services.
- Illustrate how these factors affect accessibility of mental health services.

The results of an environmental scan identified 221 services for children, youth and families located in Oxford County, with the majority located in Woodstock, Tillsonburg and Ingersoll. Services accessed by Oxford County residents outside of Oxford County were not included in the scan. Counselling and support groups were the most common types of services identified. Although a variety of services and options for access were found, details about the services were inconsistent across multiple information sources. A discourse analysis of newspaper articles and agency reports revealed prevailing discourses that construct these services as being of good quality, but lacking in capacity – especially for youth; stigma was also described as a barrier to service access.

Urban areas have more facilitators of physical access to services than rural areas, particularly due to the number of services located in these areas. A significant number of free services or services covered by provincial health insurance are available to Oxford County residents, but rural residents may experience greater transportation costs. Finally, the stigma surrounding mental illness, and especially suicide, may negatively affect the acceptability of mental health services and therefore limit service use. Acceptability is a particular concern for youth who are constructed as necessary contributors to service planning.

The following is recommended to improve access to mental health services in Oxford County:

1. Ensure accurate service information is readily available across multiple platforms.
2. Create supportive social environments to talk openly about mental health concerns.
3. Explore innovative approaches to service delivery to improve equitable access to services regardless of where people live.

Access to Mental Health Services in Oxford County

Introduction

In 2016, six residents of Oxford County, between the ages of 16 and 20, died by suicide.¹ In response, people and organizations in our communities have looked for ways to prevent additional suicides and promote positive mental health, particularly among youth. Oxford County Public Health (Public Health) joined leaders of eight local organizations that provide services to children and youth to form the Suicide Prevention Oxford Leadership Coalition (the Leadership Coalition) as part of these efforts.

Unlike the other members of the Leadership Coalition, Public Health applies a population health approach to improve health outcomes, intervening at the level of the population, or sub-population, rather than at the level of the individual.² As such, direct provision of service to treat mental health concerns is outside the scope of Public Health's mandate. However, addressing the social determinants of health, including income, education, health services and employment, does fall within this scope.² In fact, boards of health are mandated to conduct situational assessments and:

...identify priority populations to address the determinants of health, by considering those with health inequities including: increased burden of illness; or increased risk for adverse health outcome(s); and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action.^{3,p.15}

The second phase of Ontario's Comprehensive Mental Health and Addictions Strategy also identified using public health expertise and programming as a key strategy for promoting mental health and well-being.⁴

To better understand how to improve access to services for children, youth and families with mental health concerns, Public Health conducted a situational assessment. The objectives of this assessment were to:

- Identify and describe the number and type of services available in Oxford County for children, youth and families with mental health concerns.^a
- Characterize established understandings of mental health services in Oxford County.
- Illustrate how these factors affect accessibility of mental health services in Oxford County.

Methods

Data Collection

Services in Oxford County

Services included in this situational assessment are those that clinically treat or provide social support (e.g., housing, employment, education, etc.) to people with mental health concerns^b and/or their families and are located in Oxford County. Services available to Oxford County residents, but located outside of Oxford County were excluded. Five publicly available sources of information were used to compile a database of organizations providing these services in Oxford County:

- Organization websites
- 211 Ontario (www.211ontario.ca)
- SouthWesthealthline.ca (www.southwesthealthline.ca)
- Information Oxford (www.informationoxford.ca) and
- ConnexOntario (www.connexontario.ca).

A description of the purpose and scope of the latter four information sources (from now on referred to as the databases) is provided in Appendix A.

^a In this report, children are defined as 0 to 12 years old, youth are defined as 13 to 25 years old and a family is defined as two or more people that include at least one caregiver with at least one dependent 25 years or younger.

^b For the purposes of this report, “mental health concern” is defined as a clinically-confirmed, self-reported or suspected diagnosis of a condition listed and described in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V).⁵

The author conducted an environmental scan of services available in Oxford County using organizational websites and databases, starting with the organizations represented on the Leadership Coalition. From there, additional organizations listed in the ConnexOntario database (e.g., Addiction Services Thames Valley) and under select 211 Ontario, SouthWesthealthline.ca and Information Oxford categories (Appendix B) were identified. Organizations or services without their own websites were excluded, as were services offered by an individual provider with their own practice (e.g., physicians, dietitians, speech-language pathologists) and services offered for a limited time, such as one-off workshops or courses. Services targeting organizations (e.g., grants for employers to hire people with developmental disabilities), but not directly targeting the people with mental health concerns or their families, were also excluded from this scan. Services offered in multiple locations were counted once for each location; for example, Canadian Mental Health Association Oxford's Supportive Housing service was counted three times – once each for its locations in Woodstock, Ingersoll and Tillsonburg. Information about what language the service was offered in was not recorded, nor was the availability of translation or interpreter services. Data were collected between October and December 2016.

An organization's website was considered the definitive record of the services offered by that organization and the eligibility requirements, accessibility and availability of those services. The remaining information sources were then searched to determine if the same services were listed and any discrepancies (e.g., differing eligibility requirements or locations) across the five information sources were noted.

Established understandings of services in Oxford County

To characterize established understandings of mental health services in Oxford County, we looked for texts produced by authoritative voices in the community. Texts containing information about community knowledge and understanding of mental health services in Oxford County were gathered between October 2016 and December 2016.

To find sources of information for this purpose, the Leadership Coalition Steering Committee members were asked to identify relevant reports they were aware of that have been published by their organizations. One Steering Committee member also identified the Social Planning Council Oxford and United Way Oxford as key authors of relevant reports. Then, websites of SPOLC member organizations, United Way Oxford, Social Planning Council Oxford were

searched to identify additional reports that addressed mental health services. No publication date restrictions were placed on the reports. Finally, the websites of three local newspapers (Woodstock Sentinel Review, Ingersoll Times and Tillsonburg News) were searched using the keyword “mental health” to yield as many relevant results as possible. Articles – including opinion pieces and letters to the editor^c –were reviewed to determine if their content included discussion about mental health services specifically in Oxford County; articles that discussed service access in general or accessibility for Ontarians, Canadians or residents of other municipalities (e.g., London or Brantford) were excluded. No publication date restrictions were placed on the articles.

Data Analysis

Sixty news articles and eight agency-authored reports, published between October 22, 2008 and December 13, 2016, were analyzed. Environmental scan data were captured in an Excel spreadsheet; the proportion of services found in each of the databases, as well as the number of services found for each population served, location, and type were then calculated. Simple content analysis was used to identify common themes among the discrepancies between the five information sources.

The qualitative data from the texts about service access in Oxford County were analyzed using discourse analysis. Discourse is a term used to describe how statements (expressed verbally, in writing or through other signs) are taken together by people and organizations to be known as “true” and consequently guide behaviour and social practices,^{6,7} including service planning and delivery. This method of analysis was chosen to understand how Oxford County residents, service providers, service users and journalists make sense of the services available and their accessibility and produce established understandings of mental health services in Oxford County.

The texts were viewed similarly to interview or focus group data: representing multiple perspectives on the services available in Oxford County that contribute to the collective experience and understanding of service users. The media and agencies authoring the texts analyzed here operate as an authority on the experience of accessing mental health services in

^c The newspaper websites displayed a maximum of 10 pages of results, with 10 articles per page. The search results did not appear in chronological order.

Oxford County, producing “truths” about the users and providers, as well as the services themselves and the systems in which they operate. Consumers of this literature (e.g., residents, service providers, service users and decision-makers) then draw on these articles to learn about the experience and how we can and should respond to the experience.⁶⁻⁹ These texts not only shape what people believe about the quality and quantity of mental health services in Oxford County, but also shape what decision-makers and consumers prioritize for action, how they act and who is responsible for acting. In this way, discourse analysis provides a foundation for planning interventions that are tailored to community readiness and values.

To determine which discourses were produced through the texts and the boundaries between discourses (i.e., what is and is not true about a concept), micro and macro analyses were completed. First, key statements (and the specific words and phrases that constitute them) in the texts that described what was known about services in Oxford County were identified. Then these statements were categorized based on the underlying concept they were describing or defining. These steps resulted in a description of what is “true” about services in Oxford County. Next, the texts were re-read to understand how the categories related to each other. For example, some categories were positioned as cause-and-effect relationships (e.g., the presence of certain professionals improved service quality) while others were grouped as equivalents (e.g., increasing wait times illustrates inadequate capacity). This step resulted in a description of how the truths may guide individual or community actions.

Findings

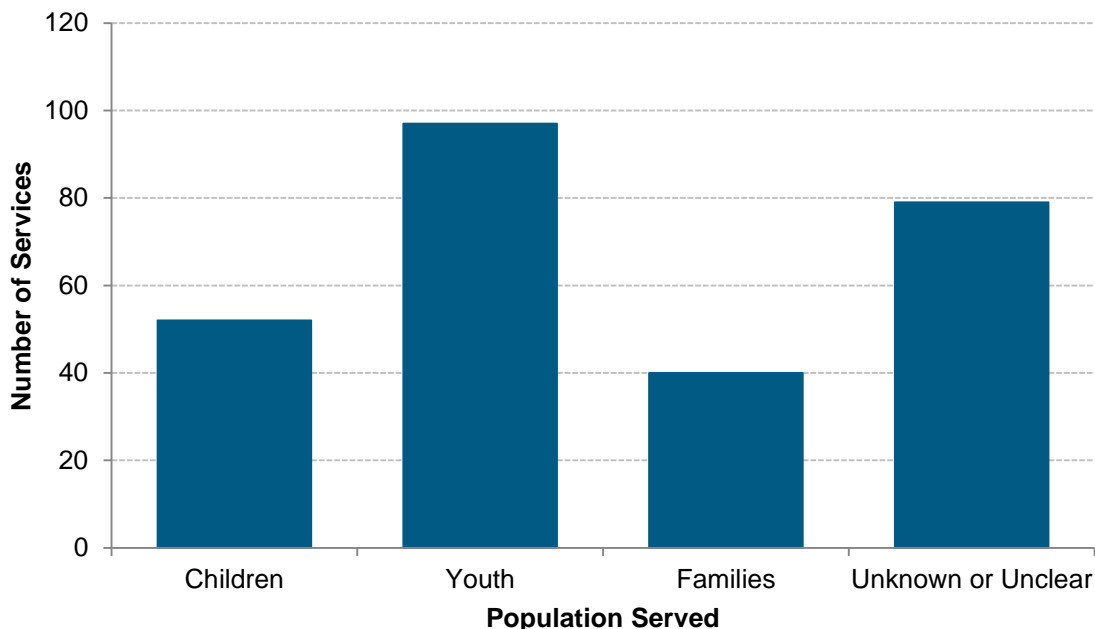
Services in Oxford County

A total of 45 organizations that provide at least one service supporting mental health concerns to the target populations were identified in the environmental scan. There are 221 services identified in total, including 52 services for children, 97 services for youth and 40 services for families (Figure 1). In addition, there are 79 services for which the organization did not make an age restriction clear in its description of the service.^d Services are available for the following

^d These numbers total more than 221 because services may be available for multiple populations. For example, a service offered to people between the ages of 6 and 24 would be counted in the totals for both the children and youth categories.

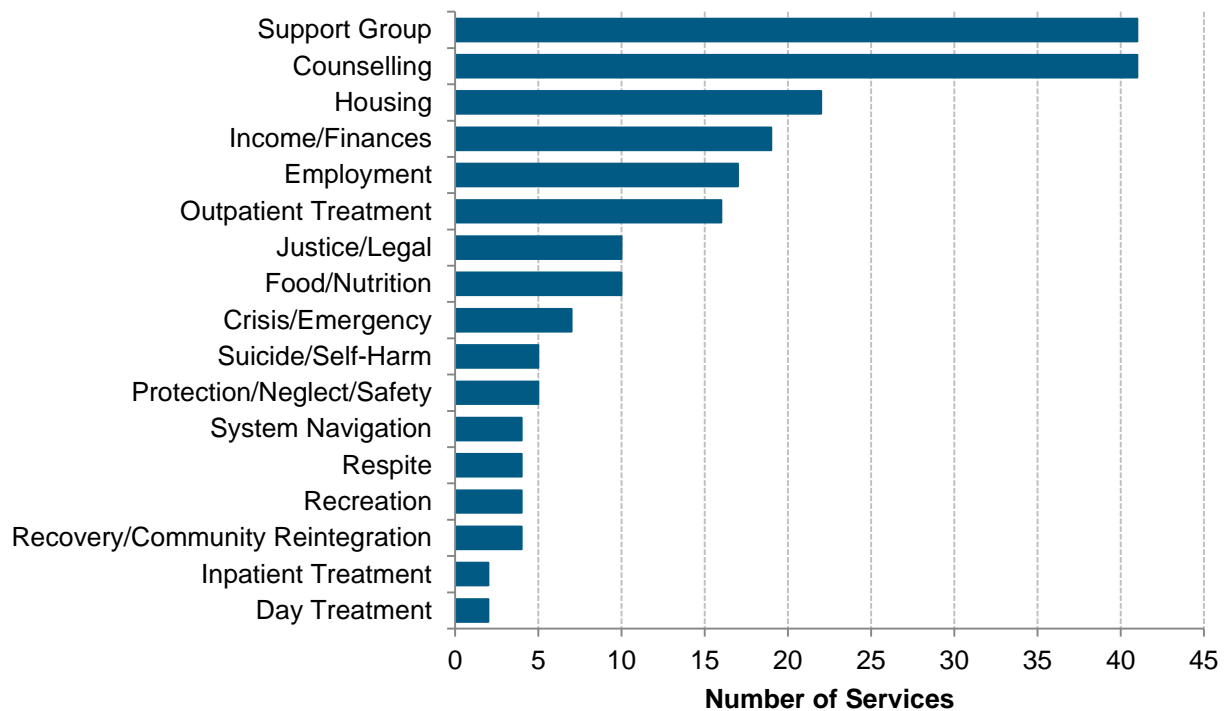
population groups, among others: people with disabilities (66), people with substance use concerns and/or addictions (41) and victims of domestic violence, sexual abuse/assault or crime (19). Most services were located in Woodstock (83), Tillsonburg (28) and Ingersoll (22); 8 services are offered online and/or on the phone. Some organizations did not clearly indicate the specific geographic location of a service and others listed Oxford County as the location.

Figure 1. Mental health services by population group served



A variety of service types were found through the environmental scan. Counselling and support group services (41 each) are the most prevalent types, followed by housing (22), income/finances (19), employment (17) and outpatient (16) services (Figure 2). Of the 221 services, 63 were free or covered by the Ontario Health Insurance Plan, 34 do not require pre-registration (i.e., have drop-in options or are open 24 hours) and 12 require a third-party referral with no option for self-referral.

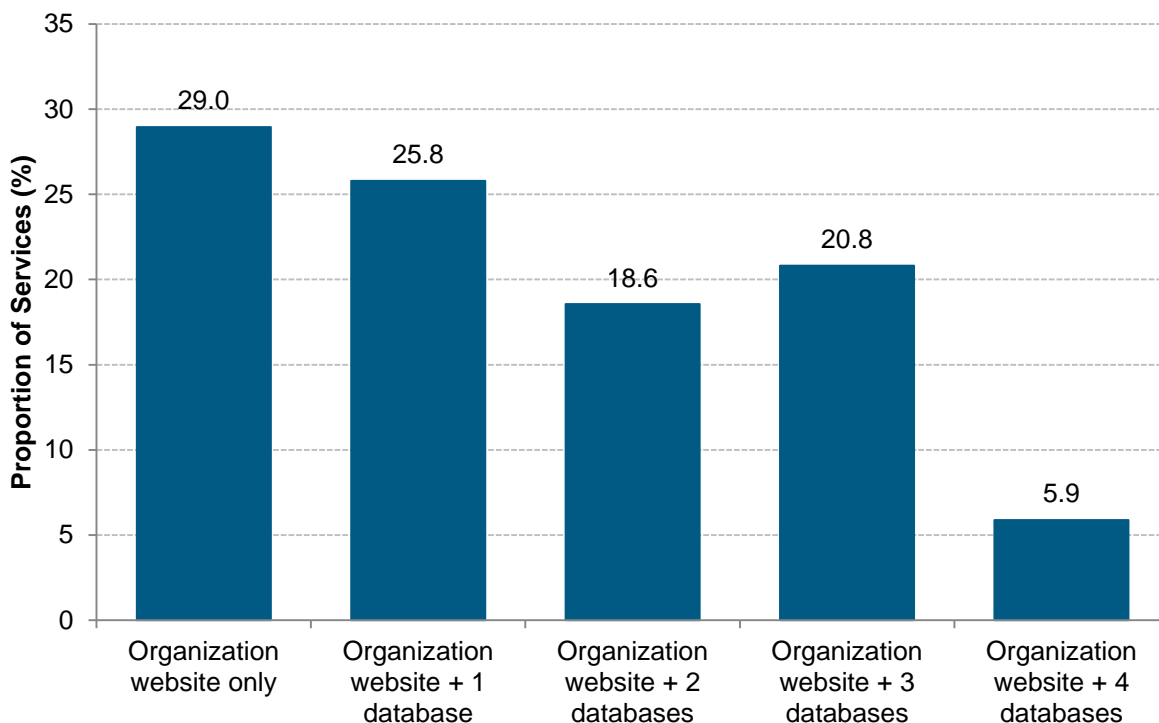
Figure 2. Services, by type, that support children, youth and families with mental health concerns in Oxford County



Finding information about mental health services

The environmental scan revealed that information about the services to support mental health available in Oxford County can be inconsistent. Of the 221 total services found, only 13 are mentioned in some capacity (e.g., as a standalone record or in the description of the organization) in all 4 databases and 64 services are found only on the organization’s website (Figure 3). The most services are found on SouthWesthealthline.ca (130), followed by 211 Ontario (89), Information Oxford (83) and ConnexOntario (27). In order to be included in the ConnexOntario database, services must be funded by the Ministry of Health and Long-Term Care. Because the environmental scan included social support services for people with mental health concerns, the low number of services found in ConnexOntario’s database compared to the other databases is expected.

Figure 3. Services found in multiple databases



Despite the majority of services being found in at least two information sources, the information provided by the five sources was inconsistent. Discrepancies in service details fell into four categories: eligibility, intake, description and detail. Eligibility inconsistencies are often related to age. Different age ranges are frequently provided for the same service or vague categories such as “children” and “youth” are listed without clear definitions. This category also includes differences in the populations served; for example, the organization website may indicate that parents and children are eligible for the service, but a database may only list children are eligible to access the same service. Discrepancies with respect to intake include fees, registration and referral requirements, the capacity of the service (i.e., total number of spots/units available) and contact information. Descriptions of the services frequently differ when compared across databases or when compared to the organization’s websites. These differences included the service’s time and name, content or topics covered and location. Finally, the amount of detail provided about the service was inconsistent across the information sources, with services found as standalone records in one or more databases and named (or briefly described) in a list of all the services provided by a particular organization. Similarly, the level of detail in the description of services, their eligibility requirements and how to access them varies across information sources.

Established Understandings of Mental Health Services

The following sections detail the prevailing or dominant discourses about mental health services in Oxford County as articulated in newspaper articles and agency reports. As a result of their publication and dissemination, the discourses in these texts shape the community’s understanding of the current state of mental health services in Oxford County and appropriate actions can or should be taken to improve them. The authors of the texts analyzed in this assessment use several discursive devices – or tools to create relationships between concepts and experiences. Definitions of the tools referred to in the following sections are found in Table 1.

Table 1. Definitions of discursive devices

Device	Definition
Convenientia	Creating similarity between two or more things by placing them near each other. ¹⁰
Sympathy	Making two or more things equivalent. ¹⁰
Antipathy	Creating clear boundaries between two or more things to demonstrate that they are not equivalent; the opposite of sympathy. ¹⁰
Emulation	Demonstrating how two or more things reflect and imitate each other. ¹⁰
Analogy	Demonstrating how two or more things that are not usually understood to be similar resemble or reflect one another. ¹⁰
Technology of the self	A specific way to live up to an identity, as determined by societal rules. ¹¹

Oxford County has good quality services available

Several texts use stories of consumers who have experienced successful outcomes to demonstrate the quality of local services. These stories described the services as life changing; the individuals' lives before accessing services are described as chaotic, confusing and negative, but their lives after accessing services are described as more controlled and positive. For example:

One homeless young man in early 20s was helped by the situation table following escalating threats of suicide, substance use and substance-use related crime, as well as suspected mental health issues.

The situation table helped provide a plan for the young man with strategies and options to deal with his substance abuse issues. With assistance from a community health outreach worker, he was able to access counselling and secure supportive housing.

He later told his worker of his gratitude and said the police officer who picked him up and offered services “changed his life.”¹²

Although stories are used in the texts to illustrate the outcomes these services produce, the specific discursive devices are used to demonstrate why these services are of high quality. Quality is partly defined by who was delivering the service. Two categories of qualified providers were identified: health professionals and people with lived experience of mental illness and system navigation. Health professionals are identified by their title, educational background and number of years of experience to highlight their expertise with mental health and crisis interventions. The professionals' employers are also listed in close proximity to their credentials. People with lived experience are referred to by demographic characteristics, such as mother, resident and student – demonstrating a “real life” expertise not often ascribed to the professionals. Their experiences with mental illness, addiction and system navigation are described in close proximity to and sometimes surrounding these demographics and any actions they took to improve local mental health services, including working or volunteering for local organizations. By placing the credentials or experiences of the individual next to their actions and employers using *convenientia*,¹⁰ the authors of these texts signal that the quality of the service is due to the expertise of its providers.

Additionally, providers' and organizations' actions, such as streamlining processes, achieving accreditation, providing a non-judgmental atmosphere and collaborating with each other, are detailed in the texts. The authors use sympathy¹⁰ to join their actions to the signs of quality, such as increased service utilization, improved service accessibility, suicide prevention and reduced costs: the action not only results in improved outcomes and better quality, the action itself is the hallmark of quality services. Addressing the "root causes" of mental health and addictions concerns and intervening early¹³ are examples from the texts that equate action with quality.

A small number of texts produce counter-discourses using emulation¹⁰ to define services as prison-like and offered statistics to contrast the quality of services in Oxford to that of neighbouring counties. In these cases, poor quality is linked to a lack of action. For example, a negative experience with crisis support was described in one newspaper article,¹⁴ emphasizing the providers' lack of attention to the client for hours after he first accessed the service and the staff's refusal to treat the client during this time. In all but one text analyzed, each counter-discourse is balanced with examples of how action has been or is being taken by the service provider, thereby reinforcing the dominant discourse that services in Oxford County are of good quality. In this example, a representative of the organization cited specific actions (internal reviews of this and other incidents), the expertise of the staff (via their training in mental health crises) and service protocols (standards for treatment) to support the quality of the service.

There isn't enough capacity to meet demand

Despite the good quality services available in Oxford County, the texts produce and reproduce a dominant discourse that the capacity of those services does not meet the demand. Health-care providers – psychiatrists in particular – and services available to individuals seeking help before a crisis has occurred are identified in the texts as pressing needs for Oxford County. The texts assign responsibility for improving capacity largely to the provincial government and its associated ministries. In particular, the texts identify more resources, especially money from the provincial government, as the key to solving this problem. Fundraising events and donations from citizens and businesses are juxtaposed against calls for the province to "open their wallets"¹⁵ to help fill the gaps.

Authors of the texts use both statistics and personal stories to demonstrate the need for increased service capacity. The statistics show how many people could possibly require service,

already utilize specific services or are left unable to access the services, illustrating scope of the problem. Service providers, book authors and organizations such as the World Health Organization are cited when statistics are provided in the newspaper articles to reinforce the reliability of the numbers. Sympathy is again used as a discursive device,¹⁰ this time equating wait times with escalating severity and poorer outcomes, thereby confirming the need for greater capacity. One text provides statistics and describes wait times for mental health services as “spiraling”¹⁶ – a word that connotes a worsening lack of control, just like the way people’s lives are described prior to accessing mental health services. Another text uses the same word to describe a service user’s drug use:

His drug use was spiraling out of control, he had lost his job and, now, he was even facing incarceration.

“He had been using drugs and alcohol for a very long time,” explained [name removed], chair of the [committee name removed]. “He was a young man in his 30s, disconnected from family and friends. He had been picked up by the police.”¹⁷

Personal stories, by contrast, illustrate the importance of the problem. The stories show the reader how mental health concerns impact all aspects of life: personal wellbeing, family dynamics and school and work performance. In this way, the need is defined as not just as an individual problem, but also as a community issue.

“We call it an epidemic,” said [name removed], adding the main reasons many grandparents are suddenly re-called to the parenting front relate to issues with alcohol, mental health, drugs, and developmental disabilities....

“Once you get custody, you get nothing,” said [name removed], adding that if a child were allowed to remain in the social services system, and were to go into a stranger’s foster home instead of into the care of a grandparent or relative, that child would cost the system far more than if the government gave grandparent caregivers even a small allowance of \$500 a month....”¹⁸

Services don’t meet the needs of youth in particular

Within this discourse, the texts define youth services as particularly under-resourced and failing to meet the needs of youth. The cluster of youth suicides in 2016 is described in the same text as complaints by teens about not being heard by adults, calls for more in-school supports,

summaries of a coordinated walkout of high school students and pleas from parents for more youth mental health beds in hospital. This use of *convenientia*¹⁰ directly links the failings of the services to the “tragic” and “preventable” suicides by youth, establishing youth services in particular as an imminent area of concern. Interestingly, the texts give youth a voice that they identify is lacking in the services themselves, dedicating significant space to direct quotations. This discursive choice reinforces both the need and its solution: seeking out and listening to Oxford County youth’s opinions.

“All, some, or even one of their deaths could have been prevented if the educational system took more action to educate and provide mental health services to students. Stop the silence. We need to talk about mental health. Keeping our struggles silent is killing us.” — [Name removed], Grade 10, Notre Dame Catholic high school.

“Recently, I lost two of my friends due to depression and anxiety. It’s been really tough. I feel like nobody helps us out enough these days.” — [Name removed], 17, St. Mary’s Catholic high school¹⁹

Although some texts portray school boards as providing insufficient support to students, counter-discourses are evident. The texts use *antipathy*¹⁰ to separate inaction from a lack of awareness of activities, making it clear that the school boards are in fact providing services even if the public doesn’t know about them:

Local school boards have been criticized, especially online, for not providing enough in-school support.

But superintendents from all the local school boards said they’re working together to combat the suicide crisis – their actions just aren’t always public.

“We’re doing a lot and we have been for a long time,” said [name removed], superintendent for the [school board name removed], pointing to mental health strategic plans that were put in place long before the suicides in Oxford. “People just aren’t always aware of it.”²⁰

Stigma limits service access

The stigma perceived or felt by people with mental health concerns is cited as a primary reason for individuals not seeking help and not feeling comfortable talking about mental health, mental illness and suicide. The texts define how stigma acts to reduce service access in four ways:

- Making people feel like they are the only person experiencing poor mental health or mental illness.
- Making people feel like they will be judged by others.
- Limiting discussion about mental health concerns and how to address them.
- Limiting people's use of existing mental health services, thereby reducing demand.

In the texts, stigma is discussed in close proximity to stories about negative mental health outcomes and choosing not to access services, creating a direct causal link between the two concepts (i.e., through *convenientia*¹⁰). Authors use specific words, like “stigma,” “suicide,” “hospital” and “death” in these texts to make the relationship clear. In contrast, the use of *analogy*¹⁰ in the texts creates an indirect relationship between stigma and reduced access through the use of synonyms, metaphors and euphemisms. For example, authors use words and phrases including “don't like to talk about it,” “shame” and “misconceptions” instead of “stigma.” The outcomes (e.g., suicide, hospitalization, relapse, etc.) are referred to as “struggles,” “wouldn't be here” and “back slide.”

Sharing personal stories, hosting events, talking to people about one's experiences of poor mental health and reaching out for help are designated by authors as tangible activities to address these barriers. Celebrities, service users, parents and those affected by someone else's mental health concerns are key actors in the texts, responsible for “shattering” and “eliminating” stigma. In this way, people who have lived experience are constructed as crucial contributors to improved mental health outcomes and services. The texts reinforce this subjectivity by biographizing individuals who want to help others feel and do better. Each biography includes a description of how the individual's mental health concerns were draining social systems (e.g., health or justice), employers and loved ones. Next, the biographies include a description of the positive consequences of speaking about their personal experience and reaching out for help: their cost to the system and the burden they place on friends and family is reduced and, in some cases, the individual is contributing to the delivery of the services that

helped them. In these texts, the act of sharing one's story is a technology of the self¹¹ (Foucault, 1988): it changes the person from a burden on the community to an activist and an asset.

Increased knowledge will improve service access

The texts position the activism of sharing one's story as a way to educate and raise awareness of mental health concerns and local supports: "They [community members] say we need to focus on creating an educated community in order to remove the stigma of mental illness."¹³

The texts explicitly identify a need for increased knowledge of symptoms of mental illness, how to assist someone who is experiencing poor mental health and the services available in Oxford County. Although the responsibility for sharing personal stories to reduce stigma is assigned to people with lived experience, the service providers are the important actors in this discourse:

Based on the advice of the students, [name removed] said the school board realized that they need to be more explicit about the supports that are available.

"We've been getting input from kids over the summer about how we can do that," she said.

[Name removed] said they will be posting pictures of ASIST trained staff members in the schools so students know who to go to. Information on mental health and wellbeing will also be inside of the student's planners and positive messages will also be put into the schools through announcements and artwork.²¹

Friends, family and employers are then responsible for applying this knowledge to help people with mental health concerns access appropriate services. After someone has accessed a service, the texts construct the service providers as the responsible party for navigating the system and connecting the user to additional services.

Discussion

This situational assessment demonstrated that there are over 200 services available in Oxford County to support children, youth and families with mental health concerns and these services are considered to be of high quality. However, the analysis of dominant discourses identified

established understandings of stigma, insufficient capacity of services – particularly for those serving youth – and insufficient knowledge as barriers to accessing these services.

Accessibility of Services

Three key dimensions (physical access, affordability and acceptability²²) are used in the following sections assess accessibility of services for children, youth and families with mental health concerns and identify subpopulations that may experience greater barriers to accessibility.

It should be noted that the data analyzed in this situational assessment are limited to those that were readily available online during the study period. Organizations were not contacted to clarify the information on their websites or to provide additional service information. As a result, service information not provided on the organization's website or news articles that were not listed in the first 10 pages of the search results were excluded from analysis, possibly excluding additional services, discourses and counter-discourses from informing these conclusions. However, our findings and conclusions do reflect the information that is readily available to the public and can therefore influence what services they access and what they believe about the accessibility of those services.

Physical access

Physical access includes not only the location of the service, but also its availability, resources and capacity.²² In Oxford County, there are over 200 health and social services available to children, youth and families with mental health concerns, but the number of each type of service (e.g., counselling, inpatient, respite, etc.) is not distributed equally. Similarly, the services are not equally spread out across the geography of Oxford County, with the vast majority of services located in Woodstock, Tillsonburg and Ingersoll and eight available online or over the phone. Availability of services is more difficult to ascertain from the environmental scan. Only 15% of services are available for drop-in appointments or are open 24 hours, but an even smaller percentage (5.4%) require a third-party referral and do not offer a self-referral option.

Dominant discourses construct providers of mental health services in Oxford County as qualified professionals and their organizations as resources that are well-equipped to support various

types of mental health concerns including crisis situations. For some professionals, this expertise comes from their education and credentials, whereas others are qualified because of their lived experience of mental illness and system navigation. However, the discourses identify one particular resource as lacking: psychiatrists. As a result, access to medical services (e.g., diagnosis and prescription medications) may be limited. Overall capacity of services is questioned in the community, as wait times are described as “spiraling” and a significant barrier to timely support, but the discourses do not single out specific populations as experiencing greater wait times than others. In contrast, youth are identified as a priority population whose needs are not being met by current services. Interestingly, of the three target populations, the most services were identified in the environmental scan for youth (97), but the definitions of “youth” and “mental health services” in this assessment were quite broad compared to the definitions found in the texts. Still, the discourses produced by the newspaper articles and agency reports defined services as adult-centric: there are not enough services targeting youth and service providers have not consulted youth in their planning. Although several different types of services were identified in the environmental scan, the scan could not assess how many people could be served at any given time due to the limited number of organization websites that provide this information.

Physical access to mental health services in Oxford County may also be negatively affected by the inconsistency of information about those services available online. The environmental scan revealed that information about the services’ eligibility, intake and description as well as specific service details varied widely across the organizations’ websites and the databases. Moreover, over half (54.8%) of services were found only on the organization’s website or on the organization’s website and a single database. Potential service users can only access a service if they or the person connecting them to services knows about it. If the information about the service is incorrect, potential users may not be aware that they are eligible or that it will meet their needs.

Affordability

The cost of the service for both the provider and the consumer are addressed in the affordability dimension of access.²² Just over one-quarter (28.5%) of services identified in the environmental scan do not require the user to pay a fee. Although this information was excluded from the findings of the discourse analysis because it was not related to mental health services

specifically, several agency reports identify transportation as a significant barrier to accessing services in general. Potential service users must travel to access services within and outside Oxford County, particularly if they do not have a car or live in rural areas.^{13,23} In addition to the direct costs of transportation (e.g., gas, taxi fare, bus tickets), potential users experience indirect costs in the form of time and lost wages. Therefore, although a service may not require users to pay a fee, there are other costs associated with accessing services in Oxford County. Costs to service providers were alluded to in the texts, with additional funding – particularly from the provincial government – identified as a need. This need was equated with reduced capacity to provide services within Oxford County, which may subsequently result in increased indirect costs to service users.

Acceptability

The final dimension, acceptability, refers to the fit of the service with the individual's "culture, beliefs and personality."^{22,p.4} The environmental scan did not evaluate service quality and therefore cannot provide insight into client satisfaction and outcomes beyond the discourses produced in the texts. However, the texts produced a dominant discourse whereby stigma prevents people from seeking out help and utilizing specific services. Stigma surrounding suicide in particular was noted as contributing to poor service access, for both people experiencing suicidal thoughts and those bereaved due to suicide. The texts also construct individuals experiencing mental health concerns as responsible for reducing stigma by sharing their stories; service providers' responsibility is attached to increasing knowledge about mental health concerns and the services available in our communities. In addition, the texts construct the lack of consultation with youth in service planning as undermining the acceptability of services to youth.

Recommendations

Based on the findings of this situational assessment, the following is recommended to improve access to mental health services for children, youth and families in Oxford County:

1. Ensure accurate service information is readily available across multiple platforms.
2. Create supportive social environments to talk openly about mental health concerns.

3. Explore innovative approaches to service delivery to improve equitable access to services regardless of where people live.

Recommendation 1: Ensure accurate service information is readily available across multiple platforms

This recommendation aligns with one of Ontario's strategic actions for mental health and addictions: providing the right care, at the right time, in the right place. A desired outcome is that "Ontarians will know whom to contact for all their health and social service needs."⁴ The information available on organizations' websites and the databases regarding local services available to children, youth and families is incomplete and inconsistent across platforms. These information sources are expected to be accurate and up-to-date as both potential service users and service providers use them to identify appropriate and available community supports. Service providers can make an immediate impact on what potential service users' access by creating internal systems for regularly updating and confirming the information available on their website and the four databases searched here: 211 Ontario, SouthWesthealthline.ca, Information Oxford and ConnexOntario.

Recommendation 2: Create supportive social environments to talk openly about mental health concerns

This recommendation aligns with Ontario's Comprehensive Mental Health and Addictions Strategy goal to create healthy, resilient, inclusive communities where residents experience less stigma and discrimination.^{24,p.7} The texts analyzed in this situational assessment indicated that the social environment is a deterrent to mental health service access in Oxford County. Recent research review found that the social environment had a small-to-moderate impact on help-seeking behaviours and that factors also identified in the texts, including social judgment and rejection, judgmental professionals and shame/embarrassment, discourage service access.²⁵ Similarly, factors that enable help-seeking behaviour (normalizing mental health problems, rejecting stigma, less stigmatizing forms of care and non-judgmental/respectful professionals²⁵) were identified in both the research review and the texts analyzed here.

Recommendation 3: Explore innovative approaches to service delivery to improve equitable access to services regardless of where people live

This situational assessment demonstrated that Oxford County residents living in rural areas may have greater barriers to physical access and affordability than those living in Woodstock, Tillsonburg and Ingersoll. Very few services identified in the environmental scan were available online or by phone, signaling a need for people to travel to access a service. As previously discussed, this travel can be cost-prohibitive for rural residents, but adopting a physical location from which to deliver services outside of Woodstock, Tillsonburg and Ingersoll can be cost-prohibitive for service providers. Ontario's Comprehensive Mental Health and Addictions Strategy identified telepsychiatry expansion as a means to reduce inequities in access to care for children, youth and families in rural areas through the Ontario Child and Youth Telepsychiatry program.²⁴ In addition, online and mobile health interventions have also shown promising results for anxiety and depression outcomes for children, youth and young adults.²⁶⁻²⁸

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Appendix A – Information Sources

211 Ontario

“211 is a helpline and online database of Ontario’s community and social services.” The website contains information for services in the following categories: Aboriginal Peoples, abuse/assault, child/family services, community programs, disabilities, emergency/crisis services, employment/training, food, Francophones, government/legal, health-care, homelessness, housing, income support, mental health/addictions, newcomers, older adults and youth. Annual funding for 211 is provided by the (provincial) Ministry of Community and Social Services, with other funding received from United Way, the Ontario Trillium Foundation and Citizenship and Immigration Canada.²⁹

SouthWesthealthline.ca

“SouthWesthealthline.ca is an online directory of health and community services.”³⁰ The database includes over 5,000 health and community services, organized by location (e.g., Oxford and Norfolk counties), health-care options (e.g., facilities and professions), health topics (e.g., mental health), population served (e.g., youth) and choices (e.g., blood, organ and tissue donation). This site also contains event listings, a news feed and job postings.³¹

Information Oxford

Information Oxford is an online resource of services, businesses, events and government information relevant to Oxford County residents; it is maintained by the County of Oxford. It provides information about services in the following main categories: abuse, alternative and holistic, caring for family, children and parenting services, crisis and safety, education facilities, employment, financial/housing, fitness/nutrition, instruction/lessons, legal/justice, medical services and supplies, public health/safety, senior, special care and youth. Within each main

category, there are one or more subcategories, including mental health services, legal aid, sexual health and leisure.³¹

ConnexOntario

Funded by the Government of Ontario, “ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling.” The database is restricted to services and programs funded by the Ministry of Health and Long-Term Care^e and includes information about the service’s location, how to access it and how long a person may have to wait to access the service. This information is available via phone by calling one of their three helplines or online. For this project, ConnexOntario provided an Excel spreadsheet with Oxford County services for each of the three service categories.³²

^e 2016 email correspondence from K Cobb, Data, Product and Project Management – Senior Business Technical Support Specialist for ConnexOntario.

Appendix B – Categories Searched to Identify Mental Health Service Organizations

211 Ontario Categories	
Aboriginal peoples	In-person crisis services
Addiction counselling	Justice/mental health programs
Addiction support groups	Learning disabilities associations
Addiction treatment	Legal education/information
Advocacy for people with disabilities	LGBTQ
Camps	Meals for seniors/people with disabilities
Child abuse services	Mental health employment programs
Child mental health	Mental health housing programs
Children with disabilities	Parent/child programs
Community Care Access Centres	Psychiatric hospitals
Community health centres	Recreation for children/families
Community information	Recreation for youth
Community legal services	Refugees
Community mental health centres	Settlement services
Community/recreation centres	Sexual assault support
Counselling for abused women	Sexual/domestic assault treatment centres
Crisis lines for abuse/violence	Shelter for abused women
Crisis lines for abused women	Shelters for abuse
Disabilities employment programs	Shelters for youth
Disability associations	Social assistance
Distress lines	Street outreach
Domestic abuse crisis services	Summer employment
Emergency financial assistance	Support groups
Employment Insurance (EI)	Supportive housing (semi-independent)
Food banks	Transitional housing
Francophones	Transportation for people with disabilities
Free/low-cost meals	Victims of abuse support programs
Health and developmental disabilities	Victims of crime support programs

211 Ontario Categories

Help to find housing	Walk-in medical clinics
Home delivered meals	Workers compensation
Home support programs	Young parents
Homeless health programs	Youth advocacy/legal help
Homeless meals	Youth employment
Homeless shelters	Youth health services
Homeless/at-risk youth	Youth mental health
Hospitals	Youth with disabilities
Human rights	

SouthWesthealthline.ca Categories

Aboriginal health centres and programs	Life skills for women
Acquired brain injury	Manic depression
Addiction support groups	Meal delivery services
Addictions education and prevention	Mental health courts and diversion programs
Adult day programs	Mental health for children and youth
Adult survivors of abuse	Mental health for people with intellectual disabilities
Affective disorders	Mental health hospital programs
Alcohol and drug addiction assessment and treatment	Mental health peer and family programs
Anger management	Mental health promotion
Anorexia and bulimia	Mentoring programs for children and youth
Anxiety disorders	Mood and anxiety disorders
Attention deficit/hyperactivity disorder	Nurses
Autism	Nurse practitioner-led clinics
Bereavement	Obsessive compulsive disorder
Bereavement support groups	Occupational therapists
Bipolar disorder	Ontario early years centres
Care for the caregiver	Opioid dependence
Child abuse and welfare	Panic disorder
Child and youth community health care programs	Parenting education

SouthWesthealthline.ca Categories	
Child safety	Parenting groups
Children and youth with disabilities	Personal emergency response systems
Children with complex needs	Physicians
Community Care Access Centres	Physiotherapists
Community health centres	Postpartum depression
Community support services	Problem gambling
Complementary therapy professions	Psychiatrists
Counselling – personal, family and couple	Psychologists
Crisis intervention	Psychosis
Crisis pregnancy and maternity homes	Public health promotion
Depression	Public health units
Diseases and conditions support groups	Recreational and social programs for people with mental illness
Doctors	Rehabilitation services – in-home therapy
Domestic violence and sexual assault	Rehabilitation services – inpatient
Dystonia	Rehabilitation services – outpatient
Eating disorders	Rehabilitation services – private pay clinics
Emergency departments	Respite care for adults
Employment assistance for youth	Respite care for children
Family health teams	Schizophrenia
Family medical centres	Screening programs
Financial assistance for children and families	Self-abuse
Financial assistance for people with disabilities	Self-management support programs
Fitness, recreation and social programs for people with disabilities	Shelters and drop-in centres for youth
Friendly visiting	Shelters, transitional housing and drop-in centres for women
Health care facilities for children and youth	Shopping and grocery assistance
Hearing aids and communication devices	Sleep and wake disorders
Hoarding	Smoking cessation
Home help and homemaking	Social workers
Hospitals	Speech and language

SouthWesthealthline.ca Categories

Housing and residential care for people with intellectual disabilities	Speech language pathologists
Housing and residential care for people with addictions	Suicide
Housing and residential care for people with mental illness	Supportive housing
Independent living support	Tourette syndrome
Information services for children and youth	Urgent care centres
In-home personal support	Victim services
Intimate partner violence counselling	Walk-in medical clinics
Learning disabilities	Woman abuse
Lesbian, gay, bisexual, transgender, two spirited, queer (LGBTQ+)	Women's health care centres
Life skills for people with disabilities	Youth centres

Information Oxford Service Directory Categories

Abuse	Job banks
Abuse and sexual assault	Justice services
Addictions	Legal assistance
Adult day programs	Mental health services
Advocacy organizations	Parent workshops/groups
Children and family services	Prenatal/child health
Children's programs	Public health and emergency services
Counseling services	Public health services
Doctors	Quitting smoking
Emergency housing	Social assistance
Employment centres – youth	Social services
Employment services	Special needs
Home care and supports	Women's shelters/housing
Hospitals	Youth centres
Housing providers	



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