Focusing on IEMH in Northern Communities – Engagement Session

Background

We know that between birth and age 6, the brain develops at an unparalleled rate, and life experiences and events – both positive and negative – influence outcomes that shape a person's life significantly in later years. Early exposure to negative factors like toxic stress and insecure parent/caregiver/child relationships can give rise to mental health challenges, substance use and addictions, and hospitalizations for serious mental illnesses. There are significant, wide-ranging, and long-term intergenerational impacts of negative childhood experiences, including neurobiological, cognitive, physical, mental health, social and behavioural consequences. Conversely, secure attachment and few adverse childhood experiences can contribute to better mental health.

Although there are a number of evidence-based prevention and early intervention programs being delivered in the province of Ontario to help promote good mental health in infancy and the early years, families have shared that it can be hard to know where to go for help, what services are available, and how different organizations work together.

The Lead Agency Consortium (Consortium) has worked with the Knowledge Institute on Child and Youth Mental Health and Addictions (Knowledge Institute) and Children's Mental Health Ontario (CMHO) and the Ministry of Health (Mental Health and Addictions Branch) to establish a province-wide, evidence-based infant and early mental health (IEMH) model of service delivery that:

- Is designed to ensure high, quality consistent service delivers clear service expectations for MoH-funded agencies providing infant, child and youth mental health services in the community
- Works in a coordinated, aligned way with early years programs funded by the Ministries of Education and Children, Community and Social Services
- Is focused on improving seamless access to services
- Will produce positive outcomes across the life course

Our Work to Date

Over the last 8 months, we have collaborated with clinicians, families, experts in IEMH and organizational leaders to develop a Draft Infant and Early Mental Health Model of Service Delivery. This model is about helping babies and young children from birth to age six and the people who support them to develop solid relationships, explore the world around them and express their emotions in a good way. It is meant to give community-based infant, child and youth mental health organizations across Ontario a consistent way to offer services that are welcoming, easy to understand, and responsive to each family's needs. As well, this model helps make the system clearer. It explains who services are for, what families can expect, and how organizations can work

with partners in health care, public health, early learning and childcare, child welfare, education, developmental services, Indigenous and community-led supports, and other local services. At the heart of the model is the understanding that young children grow and heal through safe, caring relationships, connection to culture and community, and support for caregiver wellbeing.

Strengths and Challenges of Northern Communities

We know that Northern Ontario is not one region. Here, families face several unique challenges when accessing IEMH services. The geography is vast and varied, often requiring that they travel great distances for services, sometimes in extreme weather conditions; there is limited broadband for virtual supports; there are workforce shortages that make accessing culturally and linguistically responsive services difficult or impossible, and result in reduced access to clinical supervision and learning; there are fragmented pathways between cross-sectoral partners, including health, public health, early years and child welfare; and there is a higher burden on informal supports. These circumstances (sometimes referred to as a "geographic tax") often translate to missed appointments, limited transportation and childcare options and uneven availability of specialized supports and consultations. In small communities, privacy concerns and stigma can further reduce help-seeking for IEMH needs.

Northern communities also bring significant strengths that could shape how IEMH services are designed, resourced and delivered. These strengths include deep relational networks, strong informal helping systems, long-standing cross-sector collaboration, local knowledge of families and geography, and a practical ability to adapt when formal systems are stretched. In many communities, people know one another across roles and sectors, which can make warm handoffs more personal, responsive and accountable when privacy and consent are handled carefully.

In creating this model, we can learn from northern communities by building on what already works: relationship-first practice, flexible service delivery, community-led problem solving, shared responsibility for children and families, and approaches that recognize culture, land, language and belonging as central to wellbeing. Rather than importing a one-size-fits-all model, implementation should protect local strengths, support Indigenous-led and community-governed pathways, and resource the coordination, travel, outreach and trust-building work that northern providers and families already do.

Our Goals for Today

Every Northern family – regardless of geography, language or identity – should have timely access to culturally safe, relationship-based IEMH supports that promote family well-being, secure attachment, healthy development and thriving communities. To that end, IEMH services in the North should be differentiated by sub-region, resourced for the geographic tax and grounded in Indigenous-led and/or community-led and culturally safe pathways. Geography is a structural determinant; therefore, planning and funding should explicitly address travel time and distance (e.g., through mileage reimbursement, gas cards, volunteer driver partnerships, coordinated transportation, etc.), weather, connectivity and leverage local capacity.

During this session, we are bringing together partners to:

1. Validate the draft model's key elements in the context of families and service delivery organizations in the North.
2. Identify what's already working well, what's missing and where the "geographic tax" is most visible in the service delivery context.
3. Define the top 3-5 concrete actions to help implement this model in Northern communities over the next year.

Agenda

10 - 10:30 am	Welcome, introductions, overview of goals for the afternoon
10:30 – 11:30 am	Overview and feedback on the draft model
11:30 am – 12:30 pm	Lunch
12:30 – 2:00 pm	Discussion re: IEMH in the North (what's working, what's missing, etc.)
2:00 – 2:30 pm	Action planning
2:30 – 3:00 pm	Summary and closing reflection

Pre-session Questions to Consider

1. **What does good IEMH care look and feel like for families in your community?** What makes care trustworthy, culturally safe, and useful?
2. **Where does the current system work well?** What strengths, relationships, or local practices should the strategy protect and build on?
3. **Where do families fall through the cracks?** Consider pregnancy/postpartum, primary care, public health, early years, CYMH, adult mental health/addictions, child welfare, housing/IPV supports, and school transition.
4. **How does geography change the model?** What must be different for remote/fly-in, rural, highway corridor, and small-city communities?
5. **What would make warm handoffs real?** What agreements, consent practices, shared care planning, or navigation roles are needed?
6. **What must be Indigenous-led or community-governed?** What decisions, pathways, workforce roles, and evaluation approaches should not be centralized?
7. **What should happen in the next 12 months?** What are the highest-priority actions, who should lead/support them, and what resourcing is required?