

The National Infant, Child and Youth Mental Health Consortium (*The Consortium*)

Terms of Reference

2008 10 26

Preamble:

Networks have been defined as “a set of autonomous organizations that come together to reach goals that none of them can reach separately”. The National Infant, Child and Youth Mental Health Consortium (“*The Consortium*”) is based on the recognition that the collective work of partners from a variety of communities and sectors is vital to achieving our vision and mission. *The Consortium* is open to membership by any individual, group or organization who endorses these terms of reference.

Vision:

Our vision is a Canada in which every infant, child and youth thrives within their families and communities, and has the opportunity to achieve their optimal mental health¹.

Mission:

The primary mission of *The Consortium* is to actively champion the development and implementation of a cohesive Infant, Child and Youth Mental Health National Action Plan. We accomplish this by informing, supporting, facilitating and mobilizing the collective work of our organizations and stakeholders.

Guiding Principles

Our work will be guided by:

- Collaboration as a primary principle.
- A true and active partnership of families, caregivers, infants, children and youth;
- The need to reduce the stigma surrounding mental illness
- The need to promote a positive image mental
- The integral role of prevention, promotion, early intervention, access and availability to comprehensive care, research, and education
- The diversity of peoples across Canada
- The unique diversity of First Nations, Inuit, and Métis peoples
- Working and partnering with key individuals, organizations and governments across sectors².

¹ Using the WHO definition that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

² (Including social service, health, justice, education, recreation organizations; municipal, provincial, territorial, indigenous and federal governments; professional organizations, NGOs, etc.)

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- Respecting the unique mission expertise, responsibilities, capacity and independence of each of *The Consortium* partners
- Promoting and facilitating collaborative opportunities that will enhance the capacity of *The Consortium* partners to achieve goals and objectives held in common;
- Maintaining a focus on priorities that add value to the work of partner organizations in the area of infant, child and youth mental health
- Actively seeking alliances with other organizations or individuals that share or support the goals of *The Consortium*
- Shared leadership so that different partners will take leads for different activities at different times

Operational Goals:

- Collaborate with the Mental Health Commission of Canada to enhance, respond and act upon recommendations as outlined in the 2006 Report by the Senate Standing Committee on Social Affairs, Science and Technology³.
- Establish a common language and understanding of infant, child and youth mental health;
- Ensure that mental health is recognized as a vital determinant in the overall health of our infants, children and youth.
- Promote the regular monitoring of the mental health status in Canadian infants, children and youth.
- In collaboration with other child-serving sectors, facilitate the development of resources, programs, and interventions that produce optimal infant, child and youth mental health across our communities.
- Collaborate to share knowledge and experience in infant, child and youth mental health, across both geography and sectors.
- Develop a communications strategy to enable members of *The Consortium* to share ideas and strategies, and to learn about the plans and actions of *The Consortium* and its members.
- Promote, support and monitor the uptake of evidence informed mental health practice and innovative models of care to ensure the best outcomes for infants, children, and youth.
- Advocate for improved and equitable access to infant, child and youth mental health services;
- Promote the development of national standards of care targeting both coordinated and integrated services that have the capacity to monitor and evaluate outcomes;

³ <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06high-e.htm>

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- Build collaborative research, education and training capacity across disciplines and sectors in ways that are informed by both evidence and practice
- Develop national mechanisms to promote infant, child and youth mental health research, program evaluation, and data sharing in collaboration with other stakeholders in the field.

Governance

Accountability

Members of The Consortium are accountable:

- For shared responsibility in reflecting and modeling our values and for the identification of opportunities to improve infant, child and youth mental health through collaborative efforts.
- To their own organizations for their participation in and work with The Consortium.
- To the infants, children and youth themselves, as well as their families and caregivers, as our collective efforts must meet their holistic needs.

Structure

The Consortium is an alliance of many organizations and individuals. In order to advance the work of *The Consortium*, a formal structure is required to facilitate the participation of members. This structure, through its accountabilities and relationships, must reflect and support *The Consortium's* Guiding Principles as stated above.

The proposed governance structure is one that recognizes the many individuals and organizations that have identified themselves as interested in joining in the activities of *The Consortium*, as well as the need for focused and efficient leadership and activity.

Members at large:

Members can elect to participate as individuals and/or as representatives or organizations that have formally acknowledged their willingness to be part of *The Consortium*.

All members will participate in the Consortium virtually through electronic correspondence (regular), teleconferences (at least quarterly), and through an annual face-to-face meeting to be organized in conjunction with other nationally held events (e.g., CAPHC annual conference; ad hoc infant, child and youth symposia; Mental Health Commission of Canada events).

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Steering Committee:

A Steering Committee of no less than five and no more than ten members, will be identified through nomination (i.e., self nomination and/or by nomination by another member) and approval by the members at large. This Committee will strive to be representative of the diversity of **The Consortium** membership (i.e., geography, sector, discipline, stakeholder groups, etc.). The Steering Committee will be responsible for organizing, advancing and communicating the work of **The Consortium**. The Steering Committee members will determine the structure for organizing its activities including selection of chair, vice chair, etc. As a group, they will represent The Consortium with external partners. The Steering Committee will meet via teleconference on a monthly basis. The Steering Committee members will be appointed for two years on a renewable basis. As the facilitator of **The Consortium**, CAPHC, through an identified representative, will be a standing member of the Steering Committee.

Sub-Committees:

As **The Consortium** progresses on its own work plan, working groups of interested members may be formed according to topic or need. Each working group will, as much as possible, be reflective of the larger membership and will also be inclusive of the expertise required on the given task around which they have been formed. The working groups will work on a collaborative basis with the Steering Committee. The chair of any working group formed will be included on the Steering Committee as an ad hoc member until completion of their stated activities.

Approved April 28th, 2008