POLICY BRIEF

APRIL 2022

Child & Youth Mental Health

Scope of the problem

Mental health problems are common among children and youth. Yet while emotional, behavioural and psychosocial problems serious enough to disrupt functioning and development affect approximately 1.2 million children and youth in Canada, fewer than 20% receive appropriate treatment¹.

Children and youth who are recent immigrants or refugees, BIPOC, and/or who live in rural or remote communities are even less likely than their peers to receive appropriate mental health care and are more likely to use services like emergency rooms when in crisis².

Even before the pandemic, children and youth often faced long wait lists and limited access to quality mental health care. Fragmented services and supports, insufficient accountability measures and inequitable access are common problems that have left many young people languishing for years with little improvement to well-being. The significant financial costs associated with accessing mental health care in Canada further exacerbates inequities in access, particularly for families with no or inadequate insurance coverage.

The direct and indirect effects of the pandemic have significantly eroded the mental health and wellness of many Canadians, with specific and unique impacts on children and youth. Children's hospitals across the country have reported increased—and in some cases unprecedented—numbers of youth presenting with anxiety, depression, suicidal thoughts, substance misuse and eating disorders³.

Since 2020, school closures, social isolation, physical distancing measures and increased levels of stress, anxiety and uncertainty have contributed to a worsening of mental health and wellness for many children, youth and their families. Two-thirds of parents polled by UNICEF Canada in 2021 reported that their child's mental health had worsened during the pandemic, and 48% reported their child was experiencing new mental health challenges since the onset of the pandemic⁴. If current data and past disaster research are any indication, the mental health effects of the pandemic are likely to be felt for some time.

Responses to the mental health impacts of the pandemic must be nuanced and reflective of the heterogeneity of experiences. According to a large cross-sectional study conducted in 2020 of Canadian children, youth and parents, while 67-70% of children and adolescents experienced deterioration in at least one mental health domain (depression, anxiety, irritability, attention, hyperactivity, or obsession/compulsions), 19-31% (depending on the age group) experienced improvement in at least one domain⁵.

Acting early must be part of the solution

Early identification and intervention is critical. Timely and appropriate care can have life-long impacts on health and well-being, especially given that the majority of mental health disorders reported in young adults start in childhood and adolescence⁶. Accessible, evidence-based treatments can help mitigate long-term disabilities and support academic and occupational success.



CHILD & YOUTH MENTAL HEALTH

Early identification and treatment of mental illness also decreases symptom severity, hospitalizations and other negative health outcomes⁷.

To support children, youth, and their families, Canadians need a fully funded system with measurable targets that is publicly accountable, culturally sensitive, and centered around achieving meaningful improvements in mental health outcomes.

To that end, a full array of publicly funded and evidence-based mental health programs, services and supports is necessary to ensure that essential mental health care is available to all children and youth, when and where they need it. Strengthening Canada's mental health care system and addressing persistent and discriminatory gaps in access will help young people recover from the impacts of the pandemic and support the health and development of future generations.

Policy recommendations

To address long wait lists and service backlogs for paediatric mental health care, reduce disparities in access along rural, Indigenous, racialized and economic divides, and increase access to qualified providers capable of delivering evidence-based paediatric mental health support and services across a continuum of care, the federal government should implement the following three policy recommendations.

 Allocate 30% of federal transfer payments under the Canada Mental Health Transfer towards ensuring timely and equitable access to mental health care for children and youth under the age of 25. This share recognizes their significant need, the unique barriers to accessing mental health care for children and adolescents, the importance of receiving timely care at a young age for life-long health and well-being, and their proportion of the population. The new federal commitment to establish a permanent Canada Mental Health Transfer is an opportunity to improve the state of child and youth mental health care across the country through targeted funding for youth. Those under the age of 25 have been uniquely impacted by the pandemic⁸. In addition to the stress and anxiety of living through a global pandemic, they have experienced disrupted access to in-person learning and identity-affirming activities, reduced academic and economic opportunities, and missed social connections, milestones and memories. Improving access to timely, appropriate and affordable mental health care for youth in Canada must be prioritized across all levels of government. Targeted and reliable funding would help to address both immediate and long-term needs.

 Commit \$25 million over 5 years to fund the development of patient-centered stepped care clinical practice guidelines to support evidence-based mental health care for children and youth.

The current paediatric mental health care system is inefficient, fragmented, costly and complex. By funding the development of patient-centered clinical guidelines, the federal government can reduce inequities in the access and delivery of services and supports across provinces and territories, and between urban/rural centres, while reducing unnecessary complexity and confusion. Ensuring that these guidelines adopt a stepped care approach will reduce inefficiencies and increase improved outcomes by prioritizing the most effective and least resource-intensive treatments before "stepping up" to more intensive services according to the needs of the individual.

3. Commit \$50 million over 5 years to fund multidisciplinary educational resources and training programs that increase competencies in paediatric mental health care.

Children and youth across Canada have struggled to access quality, affordable and accessible paediatric mental health services for decades. Increased demand associated with the

CHILD & YOUTH MENTAL HEALTH

pandemic has brought a struggling system to its breaking point. Investment is needed to help meet this demand, clear backlogs and waitlists, and most importantly, reduce the number of youth who reach a point of crisis. The federal government should fund the development and support the delivery of multidisciplinary educational resources and training programs to increase the skills, confidence and competencies of all those who support the health and wellbeing of children and youth.

The implementation of these recommendations could meaningfully improve the health and well-being of children and youth across the country—particularly those who are currently facing the greatest barriers to care.

For more information

To discuss any of these recommendations further with Canada's paediatricians, contact: samanthag@cps.ca.

Canadian Paediatric Society Suite 100, 2305 St Laurent Blvd Ottawa, ON K1G 4J8 https://cps.ca/en/

References

- Mental Health Commission of Canada. Children and Youth: https://mentalhealthcommission.ca/what-we-do/children-and-youth/ (Accessed March 18, 2022).
- Mental Health Commission of Canada. Immigrant, refugee, ethnocultural and racialized populations and the social determinants of health: A review of the 2016 Census Data, February 2019: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-03/irer_report_mar_2019_eng.pdf (Accessed March 18, 2022).
- Children First Canada. Kids are in Crisis Canada's Top Advocates and Experts Unite to Declare #codePINK, May 2021: https://childrenfirstcanada.org/code-pink/kids-are-in-crisis-canadas-top-advocates-and-experts-unite-to-declare-codepink/ (Accessed March 21, 2022).
- UNICEF Canada. Vote for Every Child: 2021 Policy Book: https://oneyouth.unicef.ca/sites/default/files/2021-08/EN_UNICEF Policy-Book 2021.pdf (Accessed March 16, 2022).
- Cost KT, Crosbie J, Anagnostou E, et al. Mostly worse, occasionally better: Impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. Eur Child Adolesc Psychiatry 2021:1-4. <u>DOI: 10.1007/s00787-021-</u> 01744-3.
- McGorry PD, Purcell R, Goldstone S, Amminger GP. Age of onset and timing of treatment for mental and substance use disorders: Implications for preventive intervention strategies and models of care. Curr Opin Psychiatry 2011;24(4):301-6.
- 7. Williams J, Klinepeter K, Palmes G, et al. Diagnosis and treatment of behavioral health disorders in pediatric practice. Pediatrics 2004:114(3):601-6.
- Public Health Ontario. Negative Impacts of Community-based Public Health Measures on Children, Adolescents and Families During the COVID-19 Pandemic. Updated Rapid Review, January 11, 2021: https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/01/rapid-review-neg-impacts-children-youth-families.pdf?la=en (Accessed March 17, 2022).

