

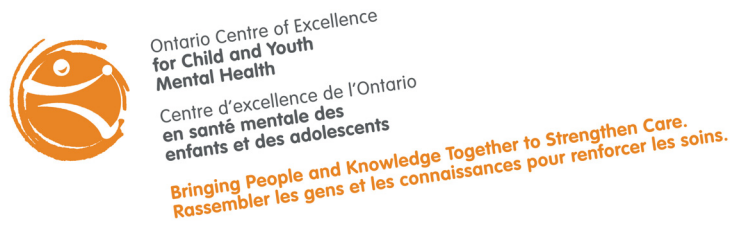
Making mental health matter in 2014 and beyond: It all begins with children and youth

Submission to the Standing Senate Committee
on Social Affairs, Science and Technology

Thursday, November 3, 2011

Examining the progress in implementing
the 2004 10-year Plan to Strengthen Health Care

Submission by: Ian Manion, PhD, CPsych
Ontario Centre of Excellence for Child and Youth Mental Health



Introduction:

In 2004, the federal government and first ministers embarked on an ambitious action plan to strengthen health care and ensure that all Canadians have access to the care they need, when they need it. Seven years later, the progress is undeniable. While there still remains much work to be done, people aren't waiting as long for health-care service in key priority areas such as joint replacement, diagnostic imaging, sight restoration and cancer treatment. More Canadians are receiving care within the comfort and convenience of their own homes and innovations in primary care continue to deliver timely and appropriate care to Canada's diverse population. While it is important to recognize and celebrate these successes, it also crucial to look ahead to the future of the 2014 Health Accord, and ensure that it addresses the needs of all Canadians.

Unfortunately, there are still millions of Canadians who have not been able to benefit from the achievements of the past. Those who struggle with mental, rather than physical, illness were left out of the 2004 Health Accord – ultimately leaving Canada's overburdened mental health services on their own to tackle the ever-present issues of access, wait times, human resources, integration, quality of care, prevention and promotion. The historic disparities between health and mental health services are compounded by a further imbalance between mental health services for adults and those specific to children and youth.

The rationale for addressing the inequities between health care and mental health care is clear. Mental illness carries the highest global burden of disease among non-communicable sources – including both cancer and heart disease. Mental illness is the leading cause of disability in Canada and costs the economy approximately \$51 billion each year. Furthermore, there is compelling evidence that the best way to reduce the lifetime burden (financial, emotional, physical and societal) of mental illness is to strengthen prevention, early identification and effective intervention where it matters most – among children and youth.

Recommendations

In close partnership with provinces and territories, the federal government should:

#1: Address inequities in the Canadian health-care system by identifying child and youth mental health as an explicit priority in the 2014 Health Accord with dedicated funding for reform and innovation.

#2: Increase investment in mental health research, with an immediate emphasis on applied research in child and youth mental health.

#3: Establish a pan-Canadian child and youth mental health surveillance system to obtain ongoing and reliable nationwide incidence and prevalence data to support evidence-informed decision making at all levels.

#4: Develop and implement a National Suicide Prevention Strategy that is supported by a full continuum of evidence-informed mental health services.

#5: Develop and implement a universal parenting program.

Recommendation #1: Address inequities in the Canadian health-care system by identifying child and youth mental health as an explicit priority in the 2014 Health Accord with dedicated funding for reform and innovation.

“The time has come to take action and implement best practice solutions across the country in a coordinated manner so that every Canadian child and adolescent has access to high-quality, professional mental health services.”

Dr. Kellie Leitch, in *Reaching for the Top*, a report by the Advisor on Healthy Children and Youth

There is growing recognition throughout Canada that unaddressed mental health challenges pose a serious threat to the health and well-being of citizens, communities and the economy. There are important discussions taking place in all regions of the country and at every level of government. Through the 2014 Health Accord, the federal government has an opportunity to build a consistent, coordinated and effective action plan that addresses the needs of all Canadians – regardless of their age, location, background or income.

Approximately 14-25 percent of Canadian children and youth suffer from a diagnosable mental health disorder, while many more experience emotional and/or behavioural symptoms that prevent them from fulfilling their potential at home, at school and in the community. Currently, less than one quarter of young people who need mental health support actually receives it, and may unnecessarily carry the burden into adulthood when the long-term personal, emotional, economic and societal costs are amplified.

Mental health challenges among children and youth essentially serve as the barometer of the overall health and well-being of our families and communities. Half of all lifetime cases of mental illness begin by the age of 14 years, 70 percent appear by the age of 18 years and three-quarters emerge before the age of 24 years. Additionally, it is estimated that 70 percent of childhood cases of mental health problems can be effectively addressed through early diagnosis and interventions that come from appropriate investments and access to treatment. Many of these interventions are psychologically based and have been developed through extensive research. Like many physical

health problems, early action represents our best chance to promote lifelong health and reduce long-term costs within the health care system.

The challenge is significant, but can be met by launching a strong and coordinated effort to build a flexible and responsive child and youth mental healthcare system that includes a full continuum of evidence-informed services to meet the growing needs of this particular sector. This includes coordinated efforts in health promotion, illness prevention, early identification, intervention, recovery and chronic care.

As stated by pediatrician Diane Sacks in the Senate report *Out of the Shadows at Last*:

“The greatest omission in the work that I see is that it fails to stress the reality that most of the mental health disorders affecting Canadians today begin in childhood and adolescence. Failure to recognize this fact leads us to dealing with a stage-four cancer, often with major secondary effects, instead of a stage-one or stage-two disease. Like obesity, mental health issues, if not addressed early in life, threaten to bankrupt our health care system.”

Fixing what’s broken in mental health is a challenge that must be met with solid resources and a commitment to cooperation, knowledge exchange and improved outcomes among the federal, provincial and territorial governments. The federal government can maximize the impact of its investment with a child and youth mental health priority in the 2014 Health Accord that is supported by protected funding aimed at results-based reforms throughout the country.

Change is difficult, and the federal government’s role in reform means making mental health an explicit priority and backing up that commitment with dedicated funds to make change happen. In collaboration with provinces and territories, the 2014 Health Accord should link those dedicated funds to outcome-based targets while maintaining the flexibility first ministers require to address the needs of diverse and changing populations.

Recommendation #2: Increase investment in mental health research, with an immediate emphasis on applied research in child and youth mental health.

We know that only a small minority of children and youth who need mental health services actually receive them. Unfortunately, even for those accessing services, there is no guarantee that the interventions provided are effective or based on any credible evidence. New investments are essential to correct the inequities between health and mental health services, and must be accompanied by increased accountability and quality standards that are common in other disciplines. This includes correcting the research funding inequity between research efforts in physical and mental health. There are many sources of excellence and innovation across the country that can inform a meaningful national dialogue on effectiveness in child and youth mental health. Any ongoing measurement of the impact of reforms and innovation must be based on the quality of accessible services rather than the quantity of children and youth served.

In Ontario, the Ontario Centre of Excellence for Child and Youth Mental Health has supported a long-term transformation strategy aimed at promoting evaluation and continuous quality improvement throughout the province's diverse child and youth mental health service sector. Within a five-year period, there has been a dramatic shift towards applied, outcome-based and immediately relevant research that could be replicated on a national level with federal investment.

An effective child and youth mental health care system requires applied research, not theoretical research. This must be the key focus of federal investments. Children, youth and families facing mental health challenges need help now, and bridging knowledge gaps with immediately relevant evidence is crucial. Community-university partnerships must also be encouraged and supported with sustained knowledge exchange activities that promote the transfer and adoption of effective and evidence-informed practices across the country.

Recommendation #3: Establish a pan-Canadian child and youth mental health surveillance system to obtain ongoing and reliable incidence and prevalence data to support evidence-informed decision making at all levels.

Canadian incidence and prevalence data in the child and youth mental health sector is based on estimates obtained from regional studies that are often out-of-date and conducted using inconsistent measures and definitions. To effectively address the challenges in child and youth mental health, we must begin by building a system through which we can clearly define the problems, track ongoing results and identify changing needs as they emerge. This surveillance system requires a consistent approach to definition, measurement and data collection that does not currently exist in Canada. The federal government, in partnership with the provinces and territories, has an important role to play in leading and supporting this important national initiative.

Any surveillance system will help quantify what we already know – that child and youth mental health problems are diverse and complex. A full continuum of evidence-informed services is required to effectively meet the needs in a manner that is relevant, responsive and responsible. Prevention, promotion, early identification and multiple levels of intervention are each critical ingredients of success. High-quality preventative data will assist the province and the nation in developing mental health human resources plans that will effectively address the documented needs across the full continuum of care.

Recommendation #4: Develop and implement a National Suicide Prevention Strategy that is supported by a full continuum of evidence-informed mental health services.

One very important – and tragic – indicator of our collective effectiveness across this continuum of care is the rate of suicide among Canadians – particularly among children and youth. Suicide is the second leading cause of death in young Canadians aged 15-24, accounting for nearly a quarter of deaths in this age group annually.

Canada is one of only a handful of western countries without a nationally coordinated suicide prevention strategy. Approximately one quarter of Canadian youth aged 13 to 18 years have seriously contemplated suicide, with mental illness being documented in up to 90 percent of suicides. Given the

strong link between mental illness and suicide in youth, early identification and effective treatment is essential for effective prevention. It could be argued that the best suicide prevention strategy is a strong, effective and consistent continuum of mental health services across the lifespan, addressing challenges long before the pain is beyond a young person's ability to cope.

Accessible and effective community-based and specialized mental health services must be available to young people, particularly to those with increased suicidal risk. Unfortunately, a fragmented and underresourced system of care often presents a barrier to getting the right kind of help at the right time. Through the 2014 Health Accord, the federal government has a significant role to play in ensuring that mental health services, regardless of province, are coordinated, effective and properly resourced.

Recommendation #5: Develop and implement a universal parenting program.

The full continuum of mental health care is long, and it begins before birth. One often-neglected area that presents a tremendous opportunity to improve lifelong mental health and well-being can be found within the family in parenting and the parent-child relationship. Parenting is one of the most important and difficult challenges Canadians face, yet there is limited support available to help them be successful in their efforts to encourage mental health and well-being in their children.

A very strong evidence base exists for effective parenting programs. Such programs have been implemented universally elsewhere. Effective parenting may be the most substantive way that we can promote health and prevent illness at a population level. It has the potential to reduce abuse and trauma which are significant contributors to the development of mental health problems throughout the lifespan. Appreciating the need for evolving parenting skills throughout a child's life can also facilitate that child's adjustment through key transitions periods in their life (e.g., transition to school, into adolescence). Effective parenting skills can also reduce parenting stress and the burden that parents often face in being the primary caregiver for children that might have exceptional needs.

Summary:

Clearly, there is an opportunity for Canada to show significant leadership in how it conceptualizes mental health as a fundamental component of health. It is a population health concern that has been sorely neglected in our health-care planning historically. Furthermore, mental health is much more than an issue of health promotion/illness prevention. It is a serious health concern that requires attention at all stages of the continuum of care. It is of the highest relevance to our conversation on health promotion as there is no health without mental health.

The Mental Health Commission of Canada is leading a national dialogue on this issue and will be launching its national mental health strategy in the near future. The recommendations made here are consistent with the work of the Commission to date, and highlight several opportunities to turn those strategic directions into concrete action. The present submission has emphasized the point that it all begins with child and youth mental health.

The 2004 Health Accord focused on priorities of the day. The nation's understanding of mental health and illness was limited ten years ago. Times have changed and Canadians are now more aware than ever of the priority that mental health presents in their lives, be it at home, at school, in the workplace or in the community. The 2014 Health Accord must reflect this obvious concern by making mental health an explicit focus.

About Dr. Manion:

Dr. Manion is a clinical psychologist and scientist-practitioner who has worked with children, youth and families presenting with a variety of social, emotional, and behavioural problems. He is the Executive Director at the Ontario Centre of Excellence for Child and Youth Mental Health and a clinical professor in the School of Psychology at the University of Ottawa.

Dr. Manion is the inaugural Co-Chair of the National Infant, Child and Youth Mental Health Consortium, Past Co-Chair of the Canadian Child and Youth Health Coalition and the Principal Lead for the National School-Based Mental Health and Substance Use Consortium. He is actively involved in research on parent/child interactions, mental health promotion, youth depression and suicide. He is a committed advocate for child and youth mental health sitting on local, provincial, national and international boards and committees.

Dr. Manion is co-founder of Youth Net/Réseau Ado, a bilingual community-based mental health promotion program with satellites across Canada and in Europe.