

NATIONAL HEALTH CARE AND THE MENTAL HEALTH OF CHILDREN

During the fall of 2001, the Canadian Alliance Party, Health Care Advisory Committee requested comments from the Canadian Academy of Child Psychiatry on the Statement of Purpose and the five Key Issues of their Discussion Framework document.

On 2002-04-22, the Academy sent its reply to the following political parties and organizations:

- The Canadian Alliance Party
- The Liberal Party of Canada
- The New Democratic Party
- The Progressive Conservative Party
- The Bloc Quebecois
- The Canadian Pediatric Society
- The Canadian Institute for Child Health
- The Commission on the Future of Health Care in Canada

That reply is noted here.

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What arrangements for funding and delivery of essential medical services would best serve the interests of the patient?

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What is the most effective balance of responsibilities between the federal, provincial [and territorial] governments and local organizations in overseeing our health care system.

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EXECUTIVE SUMMARY

Our society is evolving toward a knowledge based economy. We desire citizens who are able to participate in this and citizens who take an active role in the attainment and maintenance of their health. These goals are fundamental to the success of our society. The roots to success in both are through the mental health of children. This is where we raise the children capable of functioning in a knowledge based economy and who understand and care about their role in their health. An 18% problem rate is unacceptable.

Since the future functioning and health of our society is dependent on the growth and development of children today, we believe the mental health and well-being of children and youth should be among the highest priorities for society and for health care services.

In order to determine if we are succeeding with the health of our children and youth, we must measure outcomes and publish Progress Reports on a regular basis. We must use incentives to encourage our communities to use these reports and take corrective action to make ever progressive improvements in the health of our children and youth.

Children and youth cannot pay for their health care and the continuance of publicly funded care is essential for them. In addition, such care should be broadened to include full range of comprehensive care and costs for medications and services not covered by other insurance payments.

Health care cannot be delivered without resources and there have been three longstanding resource problems affecting the care of children and youth. First, the overall resources to meet the mental health needs of children and youth are rarely equitably proportional to those resources set aside for adults. Second, in human resources there is an inadequate number of training positions (including psychiatry) reserved for those who work with children and youth and incentives to attract and keep professionals in this work. Third, research resources are equally under funded. Ideally, not only should Canada's research funding more closely match the costs and epidemiology of mental disorders in society but there should be a component, equivalent to the percent of children and youth, set aside for work with this population.

Lastly, Canadians may know that health care is a provincial responsibility but they also know that we are a mobile population and want minimum national standards. Thus, the CACP supports a strong role for the federal government in setting national standards for health care services and in ensuring that governments allow freedom of movement across the country of professionals working with children and youth.

The mental health of children and youth needs to move from everyone's verbal priority to actual funding and resource allocation lists of governments. A healthy well-functioning population and healthy gross national product depend on this. We expect all governments to support this by raising the profile, attention and support for the mental health of our children and youth.

SUMMARY OF RECOMMENDATIONS:

Recommendation 1. The mental health and well-being of Canadian children and youth should be among the highest priorities of Canadians and the for the health care system.

Recommendation 2. The federal, provincial and territorial governments of Canada measure the health (including mental, emotional and behavioral health), well-being and functioning of Canadian children and youth regularly enough and in jurisdictions small enough to determine trends in their health and well-being.

Recommendation 3. The information from regular measurements be made available through regular Progress Reports to all in Canada with an interest in the health of children and youth.

Recommendation 4. Governments develop incentives and rewards for organizations, communities and regions that will encourage and promote ever more improvements for the health and well-being of children and youth.

Recommendation 5. Children and youth be able to obtain full and complete health services regardless of socio-economic circumstances and regardless of how governments choose to fund health care services.

Recommendation 6. Full and complete health care services for children and youth must include medications, dental care, care for vision and hearing and the full range of professionals to provide a continuum of mental health services not covered by other co-insurance plans.

Recommendation 7. Since the federal/provincial/territorial governments have already recognized that human resources in health care affect all governments all F/P/T committees addressing human resources ensure that adequate training positions be available for all mental health professional disciplines who work with children and youth.

Recommendation 8. A formula be developed to fund research and Canadian Institutes for Health Research that bears some connection to their proportion in the population and their position as among the highest priorities in health care.

Recommendation 9. Federal funding and transfer payments to provincial and territorial governments be reviewed for their effects on provincial and territorial governments specifically with respect to creating divisiveness among the provincial services affecting the mental, emotional and behavioural health of children and youth. The goal should be to encourage and promote funding arrangements that allow provincial and territorial governments the evolve services that are holistic and child and family centred.

Recommendation 10. The federal government must set the basic standards of health care in a manner that all Canadians can receive satisfactory treatment regardless of their province or territory of residence or any moves between them.

Recommendation 11. The Federal government must ensure that its transfer of funding to the provincial and territorial governments are substantive enough to allow it to have a strong voice in the delivery of health care in Canada, in particular, the setting of basic national standards for health care.

Recommendation 12. The federal government support the right of Canadians to freedom of movement and work within their own country by supporting national accreditation of professionals who work with children and youth.

RESPONSE: CANADIAN ACADEMY OF CHILD PSYCHIATRY

to

The Canadian Alliance Health Care Advisory Committee Statement of Purpose and the Five Key Issues

STATEMENT OF PURPOSE

The objective of the Canadian Alliance federal health policy is to ensure that prompt, quality and sustainable health care is available to every Canadian regardless of financial means. Our policy will seek to:

- a. *Ensure that policies are based on the best interests of the patient,*
- b. *Secure the responsible use of health care resources by both the users and providers of health services, and*
- c. *Identify the proper balance between federal, provincial and local responsibilities.*

COMMENTS:

The Canadian Academy of Child Psychiatry does not believe that present health care services are meeting the best interests of the mental health of children and youth morally, politically, scientifically, ecologically and rationally.

Morally

The moral imperative of society's responsibility to its children was most eloquently stated by UNICEF in its report, ***The State of the World's Children 1990***¹.

"The Principle of First Call

Transcending its detailed provisions, the *Convention of the Rights of the Child*² embodies a fundamental principle which UNICEF believes should affect the course of political, social and economic progress in all nations over the next decade and beyond. That principle is that the lives and the normal development of children should have **first call** on society's concerns and capacities and that children should be able to depend upon that commitment in good times and bad, in normal times and in times of emergency, in times of peace and in times of war, in times of prosperity and in times of recession."

"Failure to protect the physical, mental and emotional development of children is the principal means by which humanity's difficulties are compounded and its problems perpetuated. And *special measures* to protect children from the inadequacies and mistakes of the adult world is a principal means by which many of mankind's most fundamental problems might ultimately be allayed."

We do not have evidence that this moral imperative is being followed in Canada. Indeed, despite Canada being rated by the United Nations as the number one country to live in on the planet, we could argue that Canada is not the best place to raise children.^{3, 4, 5}

Politically

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The United Nations has recognized the problem of priorities in the political agenda of nations and addressed it, not only with the *Principal of First Call* but also with the ***Convention on the Rights of the Child***.

This Convention was ratified by the Canadian parliament on December 11, 1991. The legal and administrative rules were established to ensure the universal rights of children so they may be fully prepared to live an individual life in society and brought up in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.

As long as the mental health and well-being of children and youth remain as troubling, as prevalent and unaddressed as at present^{6, 7}, we will continue to hear words of concern and motherhood about our children. These are appreciated but it is actions that count. Children and youth need to be removed from political priority lists and placed on funding and resources lists.

Scientifically

With the publication by two Canadian researchers of *Developmental Health and the Wealth of Nations*⁸ in 1999, scientific evidence was added to the need to give greater attention to the mental health and well-being of our children and youth.

We used to think that the brain unfolded its development in accordance with a plan predetermined by the genetic endowment received from the parents. We now know we were too simplistic. The nature of the brain that develops in the child is dependant upon the environment within which it must function. The very structure of the nerve cell connections, the fundamentals of the brain's role in the developing immune system and the brain's regulation of the endocrine system of hormones are affected by the circumstances of the family, society and ecology around it. The embedding of these basic structures and the process of how children function in later, adult, life are believed to be the means by which the socio-economic status of the child affects the health of the adult. These processes are the connection that help explain the long noted observation that health status depends upon many determinants in the environment beyond the mere presence of a health care system.

If our society wants adults with good health, if we want adults capable of taking charge of looking after their health, if we want adults capable of participating in a knowledge based economy, more than ever in our past history, must we start by nurturing the brains and mental development of our children. As adults, all of us live and make decisions from our experiences and our mental and emotional capacities. These experiences and decisions determine the nature and health of our society. They start in childhood. We have the science, we have the importance of the child's brain, do we have the courage and conviction to use it for them, for ourselves and for our society?

The essence of the message of this book is to add science to the reasons to attend to children and youth and rationale to the importance of this for the future of our society.

Ecologically

Our own government agencies have produced data that clearly correlate rises in children admitted to hospitals for respiratory difficulties directly follow the changing smog index in our large cities. It is our children who will bear the brunt of the effects of pollution, climate change and chemicals in their environment and their growing bodies. The Canadian Institute of Child Health has recognized this with its additional measurements of children and the environment⁹ and its publications, *Environmental Hazards: Protecting Children*¹⁰ and *Changing Habits, Changing Climate: A Foundation Analysis*¹¹. While Canadians may perceive themselves as taking a leadership role in environmental matters, until our children can grow and develop in an environment which will support a stable climate, a reduction in pollution of the air, water and soil and testing policies for pesticides and chemicals that address the health needs of growing children, we cannot provide them with an environment that will support a healthy future for them.

Rationally

If the above arguments are not enough reason to address the problems of the mental health of our children and youth, we would point out that it is also in our rational self interest as adults engaged in the process of promoting the success of Canadian society.

The shift from national to global economies and from the manufacturing of goods to the electronics of a digital world require that Canadians prepare for a knowledge based economy. Participation in the economies of the future require citizens able to participate with the best of their educated abilities. Those with poor mental health and well-being cannot do so.

If we choose to sacrifice the developmental health of our children and youth, we are also choosing to sacrifice the economic wealth of our nation.

A Vision

The Canadian Academy of Child Psychiatry would like a Canada in which all children are raised to adulthood able to attain their optimal potential for mental health and well-being.

The mental health and well-being of our children and youth ought to be among the highest priorities in the country for the health care system.

Recommendation 1.

The mental health and well-being of Canadian children and youth should be among the highest priorities of Canadians and the for the health care system.

KEY ISSUE 1

How to ensure that prompt, quality health care as defined by measurable standards is available to Canadians when they need essential medical services, both in the immediate future and the long term.

COMMENTS:

This is an accountability issue for governments in which the key word is 'measurable'.

Accountability is essential for governments to ensure that the money that is spent is creating measurable change in the desired direction. Without a vision, we do not establish direction, where we are going. Without measurement, we do not know if we are attaining our vision. Since governments have already established that they have a significant role in the health and well-being of children,^{12,13,14} accountability for this role reflects the already declared intention of governments to take a population health approach¹⁵ to the health of Canadians.

The Canadian Academy of Child Psychiatry strongly supports the need for a population health approach, for accountability and for measurement. Indeed, we would like all federal, provincial and territorial governments to tell us:

“By what measurement(s) of the mental and emotional health and well-being of our children and youth does your government hold itself accountable for the dollars spent in efforts to improve this status?”

Monitoring the progress of children and youth in the population as they grow and as they use services, is an essential component of a population health approach and is a step to appropriate accountability for the funds of taxpayers. Governments could create an Index of Child Well-Being that should be given the same importance as our Gross National Product.

It is only by monitoring the health and well-being of our children and youth on a regular basis that we will be able to determine the trends that will allow us to make rational decisions and take corrective action in services delivery. Furthermore, as suggested in one of the documents, *Celebrating Success: A Self-Regulating Service Delivery System for Children and Youth: A Discussion Paper*,¹⁶ governments must also begin to provide incentives and recognition for jurisdictions not only to make improvements but continually to strive for ever more improvements in the health and well-being of our children. These measures will help improve the efficiency of health care delivery and the quality of health care.

Recommendation 2.

The federal, provincial and territorial governments of Canada measure the health (and, in particular, the mental, emotional and behavioral health), well-being and functioning of Canadian children and youth regularly enough and in jurisdictions small enough to determine trends in their health and well-being.

Recommendation 3.

The information from regular measurements be made available through regular Progress Reports to all in Canada with an interest in the health of children and youth.

Recommendation 4.

Governments develop incentives and rewards for organizations, communities and regions that will encourage and promote ever more improvements for the health and well-being of children and youth.

KEY ISSUE 2

What arrangements for funding and delivery of essential medical services would best serve the interests of the patient?

COMMENTS:

Arrangements for the funding of health care services in Canada have been a subject of discussion by a variety of organizations, health care experts, politicians and members of the public. Frequently this has raised the question of what components of health care should have public funding, what should have private funding and whether there is room for a mix.

For children and youth with mental, emotional or behavioral problems, there is a clear answer. A significant number of these children reside in disadvantaged families who are already suffering, even in a publicly funded system. They cannot afford medication for illnesses, they cannot make transportation arrangements for necessary services and they are already at the low end of one of the major determinants of health status, Income and Social Status.¹⁷

As a result, the Canadian Academy of Child Psychiatry has no wish to see any factors in place that could perpetuate a cycle of disadvantage for children and youth. All children and youth deserve an equal opportunity to attain their optimal potential for health and well-being by adulthood. Therefore, we would propose two recommendations.

Recommendation 5.

Children and youth be able to obtain full and complete health services regardless of socio-economic circumstances and regardless of how governments choose to fund health care services.

Recommendation 6.

Full and complete health care services for children and youth must include medications, dental care, care for vision and hearing and the full range of professionals to provide a continuum of mental health services not covered by other co-insurance plans.

KEY ISSUE 3

How to ensure adequate resources for health care including infrastructure, technology, and trained medical service providers.

COMMENTS:

The Academy has been developing a position paper regarding some of its resource concerns. In particular, there is a shortage specialists in many disciplines whose work is primarily with children. In addition, within the field of child psychiatry, the average age of those in practice has progressively risen. This has caused workload increases that make the field less attractive to new recruits.

A second area of shortage is in research. With so few specialists in the child and youth area, and a workload that appears to be increasing in numbers and severity of disturbed children and youth, much research is needed. Children and youth constitute roughly 25% of the population but research money for children and youth does not approach this amount. Improvements in the health and well-being of children are immensely helpful in reducing disorders in adulthood. Our understanding of effective treatment of disorders and factors that cause disorders in children and youth requires much further investigation. We are well aware that children are affected by a range of factors including alcohol and drugs during pregnancy, pesticides and hormone mimicking chemicals in the environment, increased levels of stress and trauma, genetic endowment, individual, familial and cultural change. Without research, we will be condemned to use yesterday's treatments and, perhaps even worse, unable to reduce the level of distress in children by directly reducing the causative factors.

Recommendation 7

Since the federal/provincial/territorial governments have already recognized that human resources in health care affect all governments all F/P/T committees addressing human resources ensure that adequate training positions be available for all mental health professional disciplines who work with children and youth.

Recommendation 8

A formula be developed to fund research and Canadian Institutes for Health Research that bears some connection to their proportion in the population and their position as among the highest priorities in health care.

KEY ISSUE 4.

How to ensure responsible use of health care resources by both medical services users and providers.

COMMENTS:

For the area of the mental health of children and youth, one of the key reasons resources are not used effectively lies in the provincial governments. Provincial governments divide these children and youth into at least five major *service groups*¹⁸ perhaps most simply understood with the following comment and question.

The bum that gets spanked is sent to *child welfare*, the emotion that then gets depressed is sent to *mental health*, when the mouth then turns to drugs, it is sent to *drug dependency*, when the hand steals to feed that mouth, it is sent to *young offender's services*...and after all that, we discover that their mind is not on school work...so it is sent to *special educational services*. Who looks after the whole child?

Children and youth do not come as neatly divided as government departments, financial accounting structures or administrative organizational charts. This problem plagues services to children and youth and thus, effective use of resources, use of providers and their time and, in the end, the mental, emotional and behavioral health of our children.

Effective services for children and youth require that the child be treated quickly (6 months delays are a lifetime in the fast paced development of children), and holistically. Services must be centered about the needs of the child and family, not the mandate of the particular service gate that was used to access the service.

This may seem to be a provincial problem but federal funding created it and still perpetuates parts of it. Provinces set up services to best recover funding in the various federal-provincial-territorial funding and transfer arrangements. The old divisions of Canada Assistance Plan, Extended Program Financing, Young Offender Shared Costs Agreements, Vocational Rehabilitation for Disabled Persons, Alcohol and Drug Treatment and Rehabilitation and others led to separating children and youth into groups that could be most eligible for capturing funds. This began the divisiveness in treating children, well identified by the CELDIC (Children with Emotional and Learning Disorders In Canada) Report in 1970¹⁹, and still not addressed today:

"If we were asked to put into a single word what distressed us most we would say divisions... We divide our services; health, education, welfare, corrections We provide these through different levels of government...and through public and private endeavour. The people who provide service are divided...There are many different professions and they all speak different languages. Their tribal jargon serves to separate

professions from each other and from other potential helpers. No single factor has caused us more concern than the picture of different professions struggling to establish their own power base, distrustful of each other, refusing to share their so called "confidential" information and in this division frequently foiling the child."

Recommendation 9

Federal funding and transfer payments to provincial and territorial governments be reviewed for their effects on provincial and territorial governments specifically with respect to creating divisiveness among the provincial services affecting the mental, emotional and behavioural health of children and youth. The goal should be to encourage and promote funding arrangements that allow provincial and territorial governments the evolve services that are holistic in scope and child and family centred.

KEY ISSUE 5

What is the most effective balance of responsibilities between the federal, provincial [and territorial] governments and local organizations in overseeing our health care system.

COMMENTS:

Canadians pay taxes to federal and provincial governments. Canadian families and professionals who supply services move throughout all provinces and territories. While federal and provincial governments engage in constant negotiations over the responsibility and funding boundaries between the F/P/T governments, citizens, who both receive and provide health care, require a minimal recognition that they live in a nation from sea to sea to sea.

Recognition of this brings some specific federal responsibilities. Canadian children and youth need universally accessible and basic standards of health care throughout the country. Good health care for children and youth should be a right of Canadians, not just Canadians of wealthy provinces.

Provinces have the constitutional responsibility for the delivery of health care services. Provinces know their regional and local needs and should have the flexibility to address them.

Most provinces and territories are so large that there needs to be sub jurisdictions and organizations to bring a community and individual voice to health care delivery.

In very simplified terms, the above factors bring some specific responsibilities to the F/P/T governments.

Recommendation 10

The federal government must set the basic standards of health care in a manner that all Canadians can receive satisfactory treatment regardless of their province or territory of residence or any moves between them.

Recommendation 11

The Federal government must ensure that its transfer of funding to the provincial and territorial governments are substantive enough to allow it to have a strong voice in the delivery of health care in Canada, in particular, the setting of basic national standards for health care.

Recommendation 12

The federal government support the right of Canadians to freedom of movement and work within their own country by supporting national accreditation of professionals who work with children and youth.

LETTER:

The office of Diane Ablonczy, MP
217 West Block
House of Commons
Ottawa, ON, K1A 0A6

Dear Ms. Ablonczy:

Re: The Canadian Alliance Health Care Advisory Committee

Thank you for the opportunity to address the Canadian Alliance Health Care Advisory Committee. Your letter requests comments from the Canadian Academy of Child Psychiatry on the Statement of Purpose and the five Key Issues of the Discussion Framework.

Our organization is national in scope and directly concerned about the mental health of all Canadian children and youth, the services to support and improve their mental health and the resources to provide those services. Our members live and work in all Canadian provinces and territories. Many have worked in more than one and are familiar with the condition of children and youth and the status of services across the country. Our comments are made from a national perspective.

Our organization is the only one in Canada whose direct concern is solely and totally the mental health and well-being of children and youth. There are many organizations for whom our concern is a facet of their's and we welcome their association and willingness to share our interest. In particular, the Canadian Pediatric Society and the Canadian Institute of Child Health have had a long standing interest in improving the mental health of children and youth.

In the process of developing a response to the Statement of Purpose and the Five Key Issues we have developed a number of recommendations, each preceded by the rationale for them.

Since we are a non partisan organization, we are reflecting the make up of our members by mailing copies of this document to all political parties.

If you have further questions or we can be of help in other ways, please feel free to contact us through our national office.

Yours sincerely

President
Canadian Academy of Child Psychiatry

cc.

The Liberal Party of Canada
The New Democratic Party
The Progressive Conservative Party
The Bloc Quebecois
The Canadian Pediatric Society
The Canadian Institute for Child Health
The Commission on the Future of Health Care in Canada

Endnotes:

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3. Department of Human Services. United States Department of Human Services 1989. (Canadian youth have a very high rate of suicide.)
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10. Environmental Hazards: Protecting Children. Canadian Institute for Child Health, Ottawa, Canada, 1997.
11. Changing Habits, Changing Climate: A Foundation Analysis. Canadian Institute for Child Health, Ottawa, Canada, 2001.
12. Investing in Early Child Development: The Health Sector Contribution. Health Canada. September 1999. Prepared by the Federal/Provincial/Territorial Advisory Committee on Population Health (ACPH), Working Group on Healthy Child Development; for the Conference of Federal/Provincial/Territorial Ministers of Health,

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16. Celebrating Success: A Self-Regulating Service Delivery System for Children and Youth. A Discussion Paper. Health Canada. December 2000. Prepared by the F/P/T Working Group on the Mental Health and Well-Being of Children and Youth.

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