

A Call to Action in Support of Child and Youth Mental Health in Canada

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Approximately 20% of Canadian youth have a mental disorder; however only 25% of these youth receive mental health services (Mental Health Commission of Canada). Most adults with mental health conditions experienced onset in childhood and adolescence. The human brain develops into the mid 20s making early identification and treatment critical.

The pandemic has had significant impacts on the mental health of children, youth and families in Canada through social isolation, school closures, family stress, decreased structure, anxiety and trauma resulting in an increased demand for acute mental health services (Vaillancourt et al 2021). In a Canadian study, about 70% of children and youth experienced deterioration in their mental health related to increased stress from social isolation (Cost et al et al 2021). Colleagues across the country have witnessed a significant rise in emergency room visits for youth presenting with suicidality, deliberate self-harm, depression, anxiety, substance use, eating disorders and somatic symptom and conversion disorders. Canadian pediatric admissions have increased by 2-fold for suicide attempts, 3-fold for substance use and 60% for eating disorders (Childrens Healthcare Canada 2021). This is on top of pre-pandemic demand which saw a 60% increase in both emergency room visits and hospitalizations for mental disorders in youth over the past decade and 1 in 11 youth receiving prescriptions for antidepressant or antipsychotic medication (Canadian Institute for Health Information). In 2020, Canada ranked 31st out of 38 high income countries on well-being and 35th out of 38th on teen suicide rates (UNICEF 2020) with First Nations and Metis teen boys having the highest suicide risk (Stats Can 2019b).

Although the pandemic has shone a light on mental health, stigma remains regarding mental illness and mental health treatment at an individual and societal level. Pre-existing challenges with our underfunded and under-resourced mental health system, with resulting impacts on access, availability and coordination of quality mental health care, have only been exacerbated by the pandemic. There have been disproportionate impacts on indigenous youth, racial and ethnic minorities, LGBTQ+ youth, refugees, immigrant populations, rural communities, and other socially disadvantaged groups. Many factors impact mental health including physical health, and family stress related to low income, inadequate housing, and lack of support.

It is in this regard that we advocate to improve support for children and youth mental health. Similarly, American colleagues (AACAP, AAP, CHA) recently declared a national state of emergency in child and adolescent mental health and called on government to address the mental health crisis.

What is needed in Canada is a national strategy that emphasizes children and youth mental health, supporting coordinated and integrated care across sectors in a stepped care framework with improved access across the continuum of mental health supports (promotion, prevention, early intervention, treatment) for mental illness and substance use (Vaillancourt et al 2021).

By addressing the determinants of health, prevention efforts can provide communities with needed social, emotional and financial supports to build resilience (Mental Health Commission of Canada).

Health promotion efforts can support wellness and healthy development (social, emotional, cognitive, physical and behavioural) through enhanced mental health literacy for schools, communities, and religious organizations. Efforts to address mental health stigma and adverse childhood experiences and to support mental health treatment can improve health outcomes and decrease risk of school dropout and unemployment. Given the detrimental impact that social media can have on youth mental health, there needs to be greater accountability and transparency of tech companies.

School mental health services need to be enhanced to improve resiliency and mental health literacy, reduce stigma, support social emotional skill development, and provide stepped care for emotional and behavioural problems.

With respect to treatment, we need to improve triaging and access to evidence based and outcomes based culturally sensitive mental health care and substance use services, that reflect wise practices, provided by interdisciplinary treatment providers in a stepped care framework; across the age span (from maternal/perinatal health to infancy through to childhood and to transitional age youth into adulthood); covering the range of acuity, severity and complexity; across different settings (hospital, community, home, telemedicine, school, integrated and collaborative care); and, over the full continuum of mental health supports (promotion, prevention, early intervention and treatment). We need to ensure access to physical and mental health care for all, ensuring health equity by addressing those with social, economic and health disparities. We need to develop child and youth materials and services for Indigenous children and youth with Indigenous communities and address suicide in Indigenous communities – referencing the First Nations Mental Wellness Continuum Framework and the National Inuit Suicide Prevention Strategy (Vaillancourt et al 2021).

We need to invest in human resources (psychiatrists, psychologists, social workers, school counselors, child and youth counsellors, psychiatric nurses) to improve access and mitigate against burnout through increased training positions, and adequate reimbursement. There is a significant shortage of child and adolescent psychiatrists which can impact access to care for those with moderate to severe conditions; as such, there needs to be funding for more child and adolescent psychiatry residency positions. With the emergence of virtual care to improve

access, we need to ensure the electronic interface is effective, safe and available with better internet connection for those children and youth living in rural, remote and Northern communities. There needs to be more publicly funded therapy. Families need access to medications that have the best evidence of efficacy.

We need system coordination, ensuring collaboration and communication amongst different sectors (education, health, social services, child welfare, immigration, detention and other institutions serving children and youth) throughout the age spectrum from infancy to transitional age youth through to young adulthood and across the range of severity. Within systems of care, there needs to be better coordination and transition between hospital and community; primary care and specialist care; and pediatric and adult healthcare systems to prevent children and youth falling through the cracks.

We need the federal government to work with provinces to implement and evaluate evidence-based and wise practice and policy and ensure alignment. As public policies are introduced, these need to be reviewed for how they impact families, caregivers, and children's mental health. We need to invest in research and data collection to inform policy and program initiatives that improve health outcomes.

To meet the need, the government needs to scale up the funding for mental health and specifically for child and youth mental health and addictions. Increased funding can help build capacity, reduce wait times, and expand the range of services (Children's Healthcare Canada. 2021).

We are long overdue in meeting the mental health needs of our young people. The time to act is now. CACAP is committed to collaboratively advancing the mental health care of children, youth and families through advocacy, education and expertise.

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