Government Monitoring of the Mental Health of Children in Canada: Five Surveys (Part II)

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Abstract

Objective: Canadian governments produced 64 reports containing data about the mental health of children but no reports could adequately be called monitoring reports. Surveys sought to clarify definitions, challenges and processes that could help lead to regular reports. Method: (Details in Part I). The 2006 survey clarified government current data use and future need, challenges to producing reports and the role of NGOs. The 2008 survey clarified the definition of reports, governments’ most desired indicators, and national factors. Results: Governments wanted the data for policy making, program construction, priority setting and resource allocation. The most challenging difficulties were governments themselves: coordinating among departments, lack of funding, lack of an agency and lowered priority. Governments most wanted indicators of child functioning, population health and early identification. Reports needed to meet specific criteria for contents, indicator qualities, population characteristics and regularity. Conclusions: Governments wanted a national strategy, national framework and agreement on a measuring agency. Good general agreement existed about reporting criteria. A partnership model may lead to quicker results given the difficulties within governments. NGOs and others need to continue collaborative advocacy. Monitoring is one of two steps that could help turn collections of services into self-regulating systems.

Key words: government, population surveillance, mental health, children

Résumé


Mots clés: gouvernement, suivi de la population, santé mentale, enfants

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Part I reported on the introduction, methodology, the 2002, 2004 and 2005 surveys and overview analysis of the 64 known reports from federal, provincial and territorial (F-P-T) governments containing five or more indicators of the mental health of infants, children or youth. Although 13 governments stated a commitment to monitoring, no government produced combined monitoring reports of their overall and regional child population and the service user population. No government produced reports as defined by the agreed upon 2008 criteria (see this results in this paper).

Part II reports the results of the 2006 and 2008 surveys and provides the overall discussion and conclusions of the five surveys.

### 2006 Survey: Current and Future Monitoring, Challenges to Monitoring and General Comments

Governments were given anonymity for their written comments on this (and the 2008) survey as it was the amalgamated information that was sought, not the work of individual governments.

#### Current Monitoring Uses and Future Goals

**Continued Commitment to Monitoring (12/12)** (affirmative answer/number of replying governments). All responding governments remained committed to the concept of monitoring of the mental health of children.

**Current and Future Use (10/12).** The resulting categories of reported uses and future needs for data are reported in Table 1. Low numbers in a particular category should not be interpreted as lack of interest or importance, rather as reflective of a free form essay answer format in which emphases, content and logical flow was different for each person in each government. In this essay format, themes emerged. Categories were elaborated and quotes were extracted. Neither categories nor quotes should be taken as representative of all governments or as the totality of comments by any particular government.

#### Categories and Quotes

**Baseline Data: Current Use.** Governments sought: baseline information about children, specific groups of children, social determinants, characteristics of the user and general population, comparing regions and years. **Future use.** Expand data sources, better quality, less data gaps, identify determinants and risk factors. “Monitoring the mental health status of children and youth is something that [province] believes is important in order to assess whether goals are being met and strategies are effective.”

**Analysis of Data: Current Use.** Identify current conditions and trends “... [Report name] provides descriptive, population-based analyses of the health and educational outcomes of ....children, at the level of health regions and sub-regions.” **Future use.** Enhance indicator development, integration, interpretation, collaboration and dissemination of information. “...to identify what is needed, develop a surveillance framework and look at common and specific tools and methods, data specific interpretation and dissemination. It is also exploring how to expand data sources, fill gaps in data, and enhance collaborative planning and evaluation among all stakeholders and link surveillance to community program funding.”

**Policy Making: Current Use.** Policy development “...Data are used for three principal purposes: policy development, program planning and health surveillance.” **Future use.** Policy development “...leading the development of a province wide comprehensive policy framework for children and youth mental health services.”

**Priority and Planning: Current and Future Use.** Priority setting, planning and program development: “...we plan to implement these measures across all regional health authorities to create a base to evaluate and improve services.” “The plan also stresses the need to increase recognition, awareness and understanding of the needs of children and youth with mental illness and benefits of effective prevention, early intervention and treatment programs.”

**Budget and Resource Allocation: Current and Future Use.** Resource allocation: “...will facilitate decision making and planning for resource use and a differential distribution of resources in the different regions.” “...outcomes of treatment would allow decisions on treatment program funding and training.”

**Evaluation: Current and Future Use.** Government performance, service effectiveness “...measures which will be

### Table 1. Current uses and future needs for data by categories. (2006 survey, 12 governments)

<table>
<thead>
<tr>
<th>Current use</th>
<th>Categories</th>
<th>Future needs</th>
<th># Items</th>
<th># Gov’ts</th>
<th># Items</th>
<th># Gov’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Data</td>
<td>25</td>
<td>9</td>
<td>21</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of Data</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Making</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority and Planning</td>
<td>11</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget and Resource Allocation</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>4</td>
<td>3</td>
<td>14</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of times items in a category were noted by number of governments reporting in this category.
used to monitor Government’s performance in keeping vulnerable children and youth healthy, safe and supported.” “... will allow comparisons on the number of clients served and the types of disorders treated.”

Summary: By far, the most common direct use of the data collected was to continue defining the populations when they had data and to seek even further clarification of changes and trends for the future. The need for this was driven by a desire to establish priorities, planning and programming (which would have budgetary and resource allocation implications). Although difficult to determine from the reported information, governments that had data sought and were increasingly sophisticated in their future uses of refining how to analyse, integrate and disseminate results. Not surprisingly, governments sought to use future data to analyse effectiveness of services delivery from a variety of perspectives. Importantly, six governments described surveillance and baselines as the only way of determining change in the mental health of children. The fact, that governments desired more and better monitoring in the future and expected this to have major effects on services, was reassuring.

Challenges in Monitoring

Only challenges that presented significant difficulties to governments (would prevent creation of reports or would delay their ability to do so by two or more years) were included in Table 2. Since governments with less than 500,000 population (see *) could possibly skew results, for comparison, scoring was done with all governments (total) and without them (adjusted). The two community difficulties were added by two separate governments and were not known to other governments to allow a broader rating.

The key feature to note was that the main challenges governments had were governments themselves. Some components of assessing mental health functioning, interventions and major populations were in other government departments (e.g. social services, education and justice) and coordinating information was difficult. Obtaining funding to do the monitoring was a challenge. For smaller governments in particular, lack of an agency to do the measuring was a major concern. In the end, all the above was summarized in the fourth challenge, there was a lack of priority on monitoring.

Additional Comments and the Role of Non-Government Organizations

Additional comments. An invitation to make additional comments noted surprising spontaneous unanimity in 2006 among seven governments. All said there was a need for a national framework of indicators and a national mandate with either an existing or new organization to do the surveillance. Four governments added that there was a need for a national child mental health strategy. No other comments in written sections were repeated by governments more than two or three times. The six additional recommendations were by one government each and centred on program development including more of, or more information about: funding, training, evaluation, client satisfaction, access and quality.

Expansion on 2006 comments. The 2008 survey followed the 2006 comments with specific questions, giving replies from 13 governments in total (affirmative/number of replying governments). They expressed a need for a:

- National strategy on mental health of children (9/13)
- National framework for indicators (11/13)
- National organization to do the measuring (11/13).

Table 2. Number of governments reporting challenges that would prevent, or delay (by 2 or more years), their ability to implement a regular monitoring process. (2006 survey, 12 governments)

<table>
<thead>
<tr>
<th>Locus of difficulty</th>
<th>Type of difficulty</th>
<th>Prevent</th>
<th>Delay</th>
<th>Total</th>
<th>Adjusted total**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Coordinating among departments/ministries</td>
<td>2</td>
<td>6*</td>
<td>8*</td>
<td>7</td>
</tr>
<tr>
<td>Government</td>
<td>Lack of funding</td>
<td>3*</td>
<td>2</td>
<td>5*</td>
<td>4</td>
</tr>
<tr>
<td>Government</td>
<td>Lack of an agency to do the measuring</td>
<td>1*</td>
<td>4</td>
<td>5*</td>
<td>4</td>
</tr>
<tr>
<td>Government</td>
<td>Lowered priority on monitoring</td>
<td>1</td>
<td>3*</td>
<td>4*</td>
<td>3</td>
</tr>
<tr>
<td>Science</td>
<td>Determining the most significant qualities to measure</td>
<td>1</td>
<td>2*</td>
<td>3*</td>
<td>2</td>
</tr>
<tr>
<td>Science</td>
<td>Determining the best indicators to use</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Community</td>
<td>Clinician culture not yet fully supporting monitoring</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Community</td>
<td>Burden of response in sparse population base</td>
<td>1</td>
<td>1*</td>
<td>1*</td>
<td>0</td>
</tr>
<tr>
<td>Government</td>
<td>Having the personnel to do the monitoring</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes governments with less than 500,000 population. Adjusted total excludes all ** governments.
Table 3. Indicators most desired by governments. (Number of governments) (2008 survey, nine governments)

1. Assessments of functioning (6)
   - Adolescent Development Instrument (ADI [as in EDI])
   - Adolescents feeling confident about their future
   - Adolescents feeling support by one or more adults
   - Child and Adolescent Functional Assessment Scale
   - Child and family functioning
   - Global Assessment of Functioning
   - Outcome Rating Scale
   - Quality of Life
   - Readiness for parenting
   - Session Rating Scale
   - Standardized intake assessments (e.g. Brief Child & Family Phone Interview)
   - Strengths and Difficulties Questionnaire

2. Population health (6)
   - Co-morbidity: medical illnesses and mental disorders, substance use, handicaps, learning disorders
   - Longitudinal course and risk factors
   - Maternal health screening
   - National Longitudinal Survey of Children & Youth with aboriginal, immigrant and institutional population
   - Personality disorders in adolescents
   - Population surveys of incidence and prevalence (in general and in specific behavior disorders, depression and anxiety)

3. Early problem identification (5)
   - Developmental milestones by grade primary
   - Early Development Instrument (EDI)
   - Early problems/diagnoses related to development

4. Services performance indicators (4)*
   - Accessibility
   - Efficiency
   - Non-attendance rates
   - Safety and effectiveness
   - Service continuity
   - Utilization costs
   - Utilization rates
   - Wait times

5. Educational completion and functioning (3)
   - High school graduation rates
   - Overall academic achievement levels
   - Return rates to educational institutions

6. Specific miscellaneous indicators (6)
   - Foster care placements
   - Indicators facilitating links to other indicators
   - Medication use (all medication use in children; Attention-Deficit Hyperactivity Disorder)
   - Suicide rates

*Service performance indicators were mentioned but are not outcome indicators of the mental health status or functioning of children.

Only six governments answered the question about a specific national organization to do the monitoring, no government supported creating a new agency for this purpose. Support was given equally to the Canadian Institute of Health Information (CIHI) and Statistics Canada (Statscan). Two governments preferred to do their own surveys and to roll up results into the national survey. Most provinces and territories did not have the resources to do their own surveys.

The Role of Non-Government Organizations (NGOs). Three recommendations were given to NGOs. Nine governments noted the need for well researched indicators and tools that would inform government policy and practice. Four governments emphasized the importance of advocacy regarding the mental health of children, especially in partnership with other organizations outside government. Three noted the need for more research and dissemination of information regarding the best practices for working with children. Government quotes best illustrated their statements, “Facilitate achieving national consensus on agreed upon measures and indicators for children’s mental health.” [NGOs could] “Work to ensure that mental health issues for children and youth are kept high on the agendas of communities, NGOs, service organizations and all levels of government.”

2008 Survey: Defining Desired Indicators, Reports and Supportive Environments

Most Desired Indicators (9/9)

The most desired indicators from governments were amalgamated into categories with the number of governments expressing an interest in each category noted after the title of the category. The list revealed a strong and common desire in governments to learn how well children were functioning on a population basis.
Definition of a Report (9/9)

- Age range of prenatal to 18 years (modifications in cut off age)
- Status and functional indicators relevant to mental, emotional, behavioral, cognitive domains*
- Characteristics of the general population and service users with regional comparisons
- Minimum of three with 2-3 year intervals to be considered regular (7/7)
- Available on government website

*The status of having or not having a disorder and the degree of functional impairment can vary independently.

Preferred Names (7/7). Three preferred names for such reports included: Progress Reports, Progress of Province’s Children and Youth and Status Report. There was no support for the use of the term Report Card. ‘Report Card’ carried connotations of children passing or failing which seemed misleading to the concept of monitoring the mental health of all children for years an decades to come.
defined criteria to be a regular progress report. This is an area for future research.

The desired indicators could be compared with other developing frameworks (Canadian Child & Youth Health Coalition) and form an opportunity for further NGO, research centre and government partnerships. The desire for a mental health plan supported the creation of the Mental Health Commission of Canada and its work to develop a plan for children’s mental health. As an organization with government representatives but not specific government representation, it could more easily bring a national focus to the mental health planning for children.

Limitations and Future Directions
The methodology of using an interactive dialogue with governments and building upon previous work, allowed further examination of new questions as they arose. Another option, using individual contacts by telephone or in person, may have resulted in more information and better understanding of significant issues. Even a pilot encounter with representatives of two or three governments, additional areas of interest could have been uncovered for the written survey questions.

Governments, ministers and administrators all changed over the survey years. As a result, despite requests for updates with each survey, opinions in some sections could have changed from what was reported. Governments and respondents could have more interest in what was happening to the children who used services or program evaluation, than the general population. At the same time, there was little evidence that, other than in Ontario, reports were generated and placed online about the overall service user population. The surveys were not about specific programs, but about population health and governments could vary in their priority in gathering information. In summary, although the surveys are about population mental health of children in general and of service users as a subcategory, intentions to monitor may change or have different priorities over the years.

In addition, it was difficult to know if the person who filled out the reports had adequate information for all the questions, if the survey questionnaires were distributed to other departments and whether the respondent had a broad or narrow definition of children’s mental health. Future surveys may benefit from a closer discussion with government officials.

It is not known whether missing governments in some surveys or missing specific questions would have changed the outcomes.

The use of the survey was a monitoring process of its own. Despite billions of dollars spent in efforts to improve children’s mental health there was no satisfactory answer as to whether the money was having its desired outcome. This represented lost opportunities for governments and communities to learn if, where, how, and maybe why, children were doing better in some domains or regions and provide incentives that stimulated others to match or exceed those outcomes.

Perhaps the most important implication was that, as a public process, monitoring the progress of and outcomes of government should continue.

Conclusions
1. Governments Have Committed Themselves To The Concept Of Monitoring
Governments use information for a number of purposes. Since the costs of services in programs intended to improve the mental health of children across the 14 governments cover billions of dollars, monitoring outcomes is important.

2. Implementation Probability
Implementation of monitoring was strongest when the First Ministers signed a document and when NLSCY data was used. The second strongest implementation came from the Partnership Model with the EDI used on a population basis. Continued surveys with the EDI, and proposed Adolescent Development Instrument (ADI), may represent the most realistic beginnings of regular population based statistics on children’s mental health. Similar tools for use at birth, 18 months and middle childhood would fill additional important gaps.

3. Definition of reports
A basic agreement on criteria for “Reports” exists. As further reports are created in the future, they can be rated as stages of completion relative to the full criteria.

4. Challenges to report production
The factors inhibiting implementation of monitoring are powerful and lie within governments. Governments had difficulty coordinating among departments, providing the funding, did not have or form an agency to do the measuring and did not place a high enough priority on monitoring. Governments did not believe there would be a problem finding personnel to do the measuring. Factors arising out of concerns about the science were minimal. This fact suggests an ongoing need for public advocacy to help governments find a means to overcome their internal challenges.
5. National implications

Canada needs a national mental health strategy for children and a national framework for indicators. Within the context of a national framework, governments are particularly seeking indicators of assessment of functioning, population health, and early identification and intervention. There is a strong role for research centres, NGOs and governments to develop and validate specific indicators.

Despite the request for a national strategy and framework for indicators, unless there is an F-P-T structure to create strategy and framework, it is unlikely that these goals will be achieved. This may be one reason why the Partnership Model may lead the way.

6. National agency to do monitoring

The F-P-T governments need to commit to an existing national agency or method to do the monitoring: Statscan, CIHI or the Partnership Model. Most P-T governments do not have the resources to do it. Governments that wish to do their own monitoring can still include indicators from a national framework along with their own unique additions.

7. Turning services into systems

If government intervention in the development of children was done with the vision that children would attain their potential for optimal mental health and functioning by adulthood, it would not be possible to know if this was attained without measurement. Monitoring is the first step. Knowledge alone may not complete the loop to decisions and actions intended to improve the results. Environmental factors already exist (differing political priorities, differing departmental legislation, varying departmental funding, differing departmental administrative structures, non-co-terminal regional departmental boundaries, special interest groups, contradictory public demands and the focused but sometimes misplaced pressure of media) all interact, sometimes as powerful disincentives, to a focus on improving outcomes. Further research is needed on the role of incentives, rewards and disincentives in improving outcomes. This may be the second step to complete the loop. In the future, as a society, it will be essential to have a feedback system that self regulates focusing on ever improving outcomes.

8. Implications for non-government organizations and individuals

The implications of this study may demonstrate that government has much to do but there are also implications for organizations and individuals with an interest in the mental health of the children and youth in Canada. Governments noted significant roles for NGOs and research centres, “Partner actively with other agencies and organizations that would support a concerted lobby effort.” “Advocate for the mental health needs of children to be considered a high ongoing priority for Canadians.”

NGOs and research centres can unite for advocacy, fund the research on indicators and support our governments and those inside them who are making the case for the priority on the mental health of our children and youth. It may well be useful for more NGOs and individuals to ask the accountability question of our governments but each of us individually could be asking every person who runs for office the initial research question:

“Since your government will be spending millions of taxpayer dollars in attempts to improve the mental health of Canadian children and youth: What measurement(s) of the mental and emotional health and well-being of our children and youth will your government adopt to provide accountability for monies spent in efforts to improve this status?”

Acknowledgements / Conflicts of Interest

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References


