



DISCUSSANTS

The urgency in child welfare services is addressing poor mental health trajectories

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Close to 300,000 children, nearly 5% of children under 16 in Canada, were investigated by child welfare authorities in 2019 because of concerns related to child maltreatment (1). Less than 2% of all investigations involved substantiated maltreatment with documented physical harm, with 0.4% having required medical intervention, and 2% having included concerns about sexual abuse (2). While more children and families are being reported to child welfare authorities, only 20% or one in five reports lead to ongoing involvement of child welfare services (1). For many families facing difficulties, especially families living in poverty, child welfare organizations have become the default point of access to a range of child and family support services. It is time to reexamine the appropriateness of relying on concepts of child maltreatment as the lens through which young people and families with difficulties are offered services.

MacDonald, Desrosiers, Laporte and Iyer's study on mental health service use of young people in child welfare services in Quebec casts new light on our understanding of the needs of young people and families who are served by the child welfare system (3). A detailed review of the charts of 226 youth, 11-17 years of age, who received services from two urban child welfare agencies, shows that most youth (83%) had at least one contact with mental health services during their involvement with child welfare. A third of these youth encountered mental health services because of suicidal

ideation and 39% because of substance use. In any given year, between 36-45% of the youth had at least one contact with mental health services, double the rate for youth in the general population (3).

Detailed examination of the timing of referrals to child welfare and mental health services shows that mental health services use was highest in the two months before and one month after referral to child welfare. Although the case files from which the data were collected had limited information about the severity of the presenting mental health problems, the severity of the problems faced by these youth can be inferred by the sheer number of different mental services involved in treating these youth. Close to half (45%) of the youth had accessed mental health services in at least three different types of settings, such as an emergency department, an outpatient clinic, a community-based primary healthcare clinic or a private sector service. These are youth in crisis for which their families, the professionals involved with them, and the youth themselves are turning to multiple services for help for mental health concerns.

Building on their earlier study of use of emergency departments by youth in child welfare, the authors raise concerns about the apparent lack of coordination of services and question the appropriateness of hospital emergency departments as an entry point for mental health care (3). The same question can be asked about child welfare services, where child and youth mental health needs are framed as a parenting

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failure, rather than a mental health problem requiring appropriately tailored services. The needs of this population are well established, and sadly the failure of child welfare to address those needs is also well documented (4).

Parent blaming and service fragmentation speak to a policy failure to address the needs of the most vulnerable children and youth in Canada. The results of this study are particularly disconcerting given that it was conducted in Quebec, a province that has a strong tradition of publicly funded integrated health and social services. Unfortunately, the most recent attempt to integrate services in the form of amalgamated regional health and social service agencies has created mega agencies whereby the child and family social service and mental health mandates are dwarfed by hospital and medical priorities (5).

Given the sheer number of child welfare investigations conducted annually in Canada, under-detection is not the problem. Instead, the issue seems to lie in the way we frame the needs of these young people and their families. We are unlikely to develop effective supports and treatments if child and youth mental health problems are defined through

the lens of child maltreatment or hospital emergency department crises. The urgency in child welfare services is addressing poor mental health trajectories for the children, youth, and families we serve.

References

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