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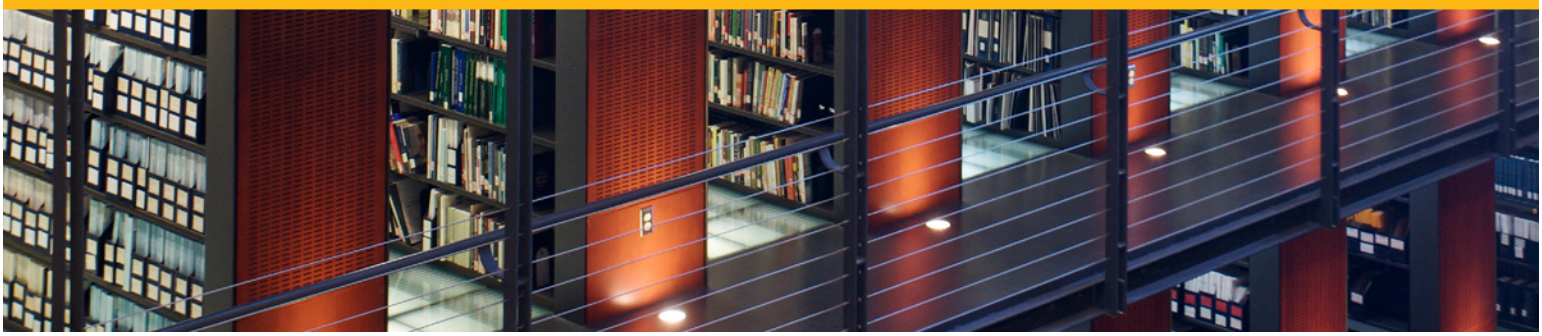

Child and Youth Mental Health in Canada

Publication No. 2018-35-E
27 September 2018

Sonya Norris

Legal and Social Affairs Division
Parliamentary Information and Research Service

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Child and Youth Mental Health in Canada
(Background Paper)

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Ce document est également publié en français.

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CHILD AND YOUTH MENTAL HEALTH IN CANADA*

1 INTRODUCTION

According to mental health experts, between 10% and 20% of Canadian youth may be affected with a mental health illness or disorder.[1] While the prevalence of mental disorders among youth has remained stable since 2007,[2] fewer than one in five affected young people receive appropriate treatment.[3]

Mental health wellness and illness affect health and well-being throughout a person's life. According to a 2011 report by Canada's Chief Public Health Officer, positive mental health[4] is associated with a higher likelihood of completing school, positive social relations, higher levels of self-confidence, higher income potential and increased resilience.[5] Mental illness[6] is associated with an increased risk of physical health problems, including chronic respiratory conditions and heart disease.[7] Rates of poverty and unemployment,[8] as well as rates of incarceration,[9] are also higher among people with mental illness.

This Background Paper briefly examines current mental health issues faced by young people in Canada, highlights the role of the federal government in addressing these challenges and describes some recent federal initiatives and investments.

2 OVERVIEW OF CHILD AND YOUTH MENTAL HEALTH ISSUES

Certain emotions (e.g., moodiness, irritability and impulsiveness), beliefs (e.g., low self-esteem) and behaviours (e.g., experimentation with drugs and alcohol, and changes in academic performance) are often seen as a normal manifestation of development in adolescence – a time of self-discovery, experimentation and rebellion. However, the persistence of these signs over time, and the extent of their interference with the young person's daily life, may be indicative of a mental health problem. Listed below are some of the most prevalent mental health disorders and behaviours among Canadian children and youth. Individuals may experience one or more of these issues at any given time and each can persist into adulthood.

2.1 ANXIETY DISORDERS

Anxiety disorders, which include generalized anxiety disorder, panic disorder, phobias, post-traumatic stress disorder and obsessive-compulsive disorder, are the most common mental health challenge and can affect people of all ages. Individuals suffering from anxiety disorders experience "long periods of intense feelings of fear or distress out of proportion to real events," and which may be severe enough to a person from participating in daily activities.[10] In 2012, 7.65% of Canadian youth aged 15–19 years and about 10% of young adults aged 20–29 years accessed services for anxiety disorders. These disorders are higher among females at every life stage.[11]

2.2 Attention Deficit/Hyperactivity Disorder

Another of the most common mental health disorders affecting young people is attention deficit/hyperactivity disorder (ADHD). ADHD interferes with a young person's attention span, concentration, activity level and impulsivity. The disorder may affect as many as one in eight young people and is three to four times more prevalent among boys than girls.[12]

2.3 Eating Disorders

Eating disorders include anorexia nervosa, bulimia nervosa and binge eating disorder (BED). Anorexia and bulimia are characterized by a preoccupation with food and body weight and image, while BED involves compulsive overeating in short time periods. These disorders can lead to serious health problems, such as heart conditions and kidney failure, and can be fatal if left untreated.[13] There are few recent authoritative statistics on the prevalence of eating disorders in Canada, although estimates suggest 2%–3% of the population is affected, with the highest incidence of the disorders occurring in girls between 10 and 12 years of age.[14]

2.4 Mood Disorders

"Mood disorders" is a collective term for a variety of conditions, primarily depression and bipolar disorder, that affect mood. Depression is the most common mood disorder and can affect 3.5% of children and up to 7% of adolescents.[15]

2.5 Nonsuicidal Self-injury

Often used as a coping strategy to deal with overwhelming emotions, nonsuicidal self-injury (NSSI) includes cutting, burning, scratching, hitting oneself, hitting objects or pulling out one's hair. NSSI is most prevalent among youth and young adults, affecting 15% to 20% of that age group. The typical age of onset for this behaviour is 13 or 14. Individuals who engage in nonsuicidal self-injury are at greater risk of dying by suicide later in life.[16]

2.6 Schizophrenia

Schizophrenia is usually diagnosed in late adolescence or early adulthood for males (between 18 and 25 years of age) but later for females (between 25 and 35 years of age). It is most commonly characterized by psychosis, which includes delusions, hallucinations and losing touch with reality. In addition, affected individuals may experience symptoms that include paranoia, feelings of invincibility and anti-social tendencies.[17] Schizophrenia affects approximately one in a hundred people.[18] Although schizophrenia is not as common as other mental illnesses, the Canadian Mental Health Association describes it as "youth's greatest disabler."[19]

2.7 Substance Use Disorders/Addictions

Substance use disorders, often simply referred to as addiction or substance abuse, can apply to licit substances (e.g., prescription drugs, alcohol and cannabis) or to illicit substances (e.g., heroin, cocaine, etc.). Addiction can be applied more broadly to behaviours such as gambling and eating. Among adolescents and young adults, problematic substance use is often associated with additional mental health challenges, including anxiety and depression. The prevalence of risky substance use is highest among people under 25 years of age; however, the proportion of the population with a substance use disorder is unknown because the statistics do not distinguish between one-time users and frequent abusers.[20] Youth and young adults often experiment with tobacco, alcohol, cannabis and other substances. For some individuals, experimentation leads to substance abuse or heavy-use problems. Effects of substance abuse can include physical effects (e.g., increase in heart rate, convulsions, increased blood pressure and an increased risk of lung cancer); cognitive effects (e.g., interference with concentration, and impaired memory and information processing); and psychiatric effects (e.g., paranoia, panic attacks, risky or violent behaviour and psychosis). Addictive behaviours may lead to decreased performance at school and work, isolation and, in extreme cases, death.

2.8 Suicide, Suicidal Thoughts and Behaviour

Suicidal behaviour is often associated with mental disorders. In 2016, suicide was the second leading cause of death among youth and young adults, after unintentional injuries or accidents.[21] In that year, 487 individuals aged between 15 and 24 died by suicide in Canada. In addition, for every completed suicide, there may be as many as 22 visits to the emergency room and five hospital admissions for suicide attempts.[22]

3 ROLE OF THE FEDERAL GOVERNMENT

As with other aspects of health, child and youth mental health is an area of shared federal and provincial jurisdiction[23] in which the provinces have primary responsibility for the delivery of services.[24] The federal government has undertaken a number of initiatives aimed at addressing mental health issues among Canadian youth. It also contributes to funding mental health service delivery through the Canada Health Transfer.[25]

According to a 2007 report by the Advisor on Healthy Children and Youth to the federal Minister of Health, Canadian citizens believe that the federal government should play an important role in several specific areas related to child and youth health, including the following:

- providing leadership;
- raising awareness about healthy behaviours;
- empowering parents;
- fostering collaboration and networking;
- developing national standards;

- conducting and supporting research; and
- collecting and disseminating data.[26]

3.1 Ongoing Federal Programs

Although there is no single federal department or branch dedicated to child and youth health, Health Canada and its agencies manage a number of federal programs that target the health of Canadian children, youth and young adults, including mental health.[27] For example, the Public Health Agency of Canada (PHAC) supports a number of community-based projects, such as the Aboriginal Head Start in Urban and Northern Communities[28] program and the Community Action Program for Children,[29] both of which promote the healthy development of preschool-aged children. The federal government also provides funding through the Institute of Human Development, Child and Youth Health, of the Canadian Institutes of Health Research to support research on child and youth development and mental health in Canada.[30]

In addition, the federal government provides ongoing financial support to the Mental Health Commission of Canada (MHCC), which manages and contributes to many projects related to child and youth mental health. In 2010, the MHCC published the Evergreen Framework, which it described as "a roadmap for governments and organizations to follow to help them build mental health strategies targeted at children and youth."[31] Further, the MHCC's 2012 national mental health strategy (MHS) included a focus on mental health promotion and mental illness prevention for children and youth.[32] Building on the 2012 strategy, the MHCC's youth council produced a version of the MHS aimed at a youth audience in 2016.[33]

3.2 Recent Federal Initiatives and Investments

3.2.1 Cannabis Use

Budget 2018 announced investments to support research on cannabis use in Canada following the legalization of recreational marijuana use as of 17 October 2018, including monitoring the effects of cannabis use on mental health. These investments include $10 million over five years to both the MHCC and the Canadian Centre on Substance Use and Addiction.[34]

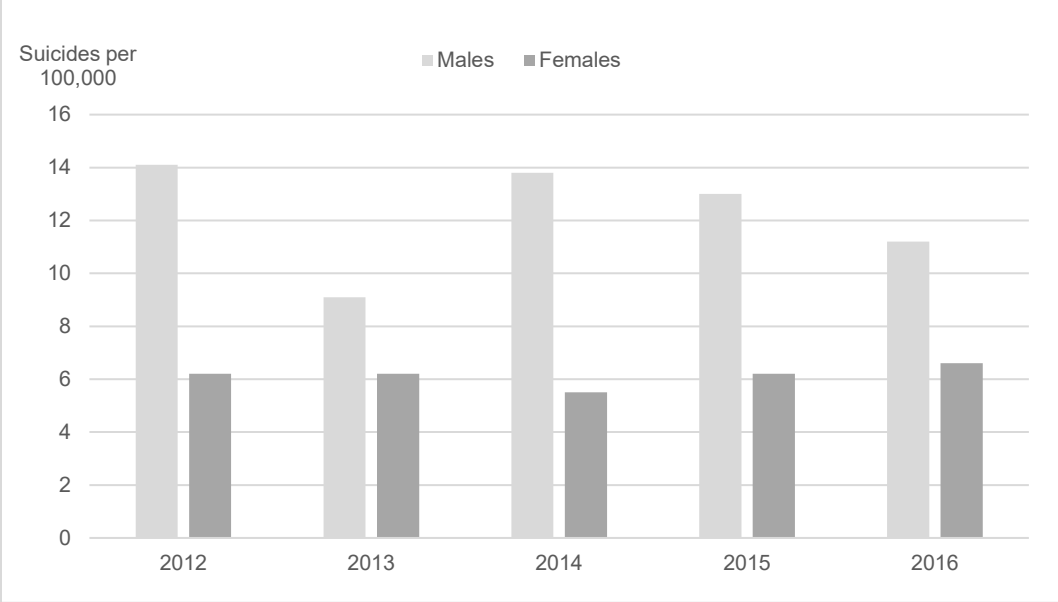
Budget 2018 specified that all measures were informed by Gender-Based Analysis Plus (GBA+).[35] The budget's GBA+ of the measures noted above found that the use of cannabis was "more prevalent among youth (aged 15 to 19) and young adults (aged 20 to 24) than among adults aged 25 years and older."[36] Thus, youth could be one of the groups targeted by this research.

3.2.2 Suicide Prevention

According to Statistics Canada, 3,978 Canadians died by suicide in 2016, of which 487 were young people aged 15–24, comprised of 345 males and 142 females. Figures 1 and 2 below illustrate the suicide rates for youth aged 15–19 and 20–24 by sex between 2012 and 2016.[37] A 2013 survey led by the Centre for Addiction and

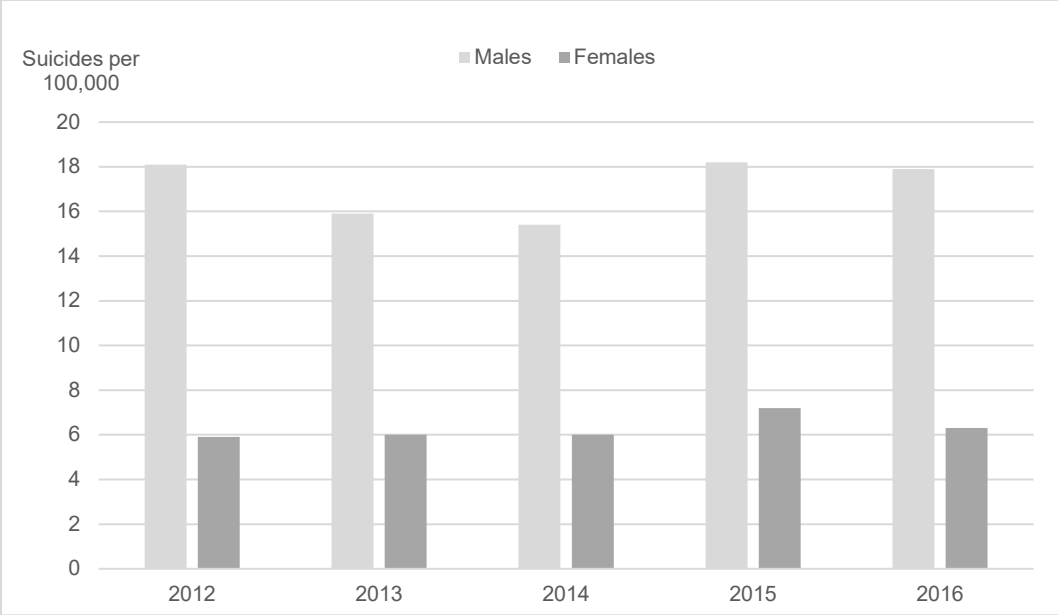
Mental Health (CAMH) revealed that 47% of youth and young adults between the ages of 12 and 24 had suicide-related thoughts at some point in their lifetimes, while 14% of the sample reported that they had had suicidal thoughts in the past month.[38]

Figure 1 – Age-Specific Mortality Rate by Suicide for Persons Aged 15–19, Canada, 2012–2016 (per 100,000 Population)



Source: Figure prepared by the author using data obtained from Statistics Canada, "Deaths and age-specific mortality rates, by selected grouped causes," Table 13-10-0392-01, accessed 9 October 2018.

Figure 2 – Age-Specific Mortality Rate by Suicide for Persons Aged 20–24, Canada, 2012–2016 (per 100,000 Population)

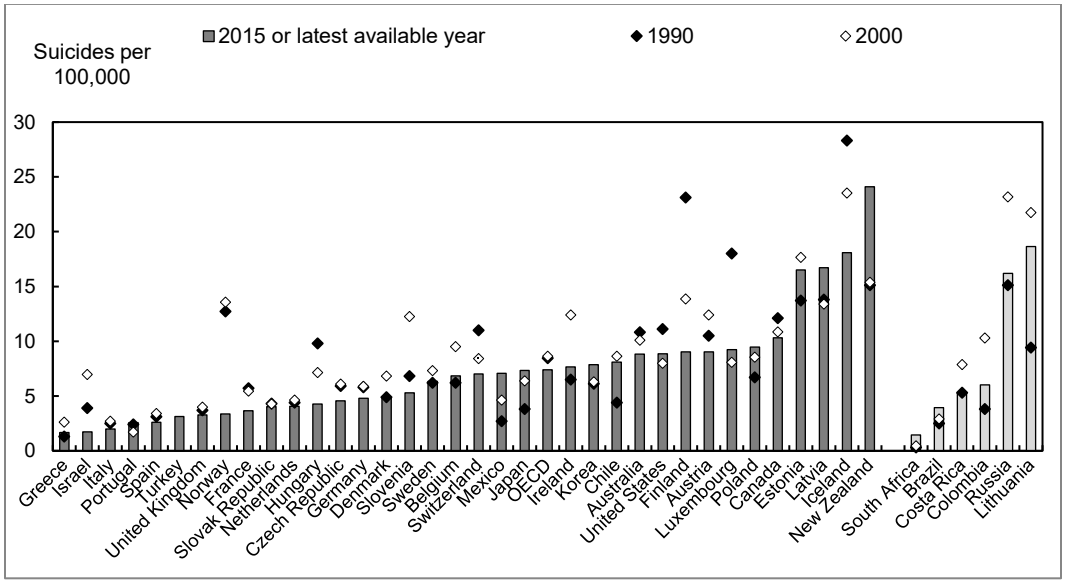


Source: Figure prepared by the author using data obtained from Statistics Canada, "Deaths and age-specific mortality rates, by selected grouped causes," Table 13-10-0392-01, accessed 9 October 2018.

According to the MHCC, 90% of people of all ages who die by suicide were experiencing a mental health problem or illness at the time.[39] The MHCC believes that to reduce suicide risk factors, suicide prevention and mental well-being initiatives should focus on promoting mental health and wellness, preventing mental illness, reducing the stigma related to mental illness, increasing mental health literacy, and providing access to services, treatment and support.

Youth suicide rates in Canada compare poorly to those in other countries. A 2017 report from the Organisation for Economic Co-operation and Development (OECD) indicated that Canadian youth aged 15 to 19 had one of the highest suicide rates (based on 2012 Canadian data) among the countries examined (see Figure 3 below).[40]

Figure 3 – Suicide Rate by Persons Aged 15–19 in Selected Countries, 1990, 2000 and 2015, or Latest Available Year (per 100,000 Population)



Source: Organisation for Economic Co-operation and Development [OECD], Social Policy Division, Directorate of Employment, Labour and Social Affairs, *CO4.4: Teenage suicides (15–19 years old)*, p. 2.

It should be noted that youth suicide rates are significantly higher among First Nations and Inuit populations than the rate for the population of Canadian youth overall.[41] According to Health Canada, the suicide rate for First Nations youth under 19 years of age is estimated to be five to seven times higher than the suicide rate of other Canadian youth, while Inuit youth suicide rates may be 11 times higher than the national suicide rate.[42] To combat the high rates of Indigenous youth suicide, in 2013, Health Canada, in cooperation with national Indigenous organizations, issued the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS), which incorporates community-based solutions.[43]

In December 2012, Bill C-300, An Act respecting a Federal Framework for Suicide Prevention, received Royal Assent.[44] Under this statute, the PHAC was tasked with developing a federal framework for suicide prevention. Following consultation with relevant non-governmental organizations and government entities at the federal, provincial and territorial levels, the PHAC published the Federal Framework for Suicide Prevention in 2016.[45] In 2018, the MHCC produced, in collaboration with other stakeholders, two tool kits: one for people who have attempted suicide and another for people who have experienced a loss due to suicide.[46]

3.2.3 Federal Funding for Provincial and Territorial Mental Health Initiatives

Budget 2017 included an investment of $5 billion over 10 years in support of mental health initiatives to the provinces and territories, beginning in fiscal year 2017–2018.[47] In the government's words, "[t]hrough this funding, Canadians can expect … better access to mental health support for as many as 500,000 young Canadians under the age of 25 who cannot currently receive even basic mental health services."[48]

4 CONCLUSION

The federal government's role in child and youth mental health is complex. The provinces are primarily responsible for the delivery of mental health services, while the federal government has taken on a role in the areas of research and funding. Given the scope of the challenge, all levels of government are called on to work together to improve the mental health of Canadian children and youth by providing better access to supports and services.

Mental illnesses often begin to manifest themselves in childhood and youth and can persist throughout life. Investing in research and early intervention can help to prevent the development of mental health problems in children and youth, allowing them to actively participate in their communities and reducing health care and social services costs in the long term.

NOTES

* This Background Paper is based on an earlier publication in the series "Current Issues in Mental Health in Canada." See Martha Butler and Melissa Pang, *Current Issues in Mental Health in Canada: Child and Youth Mental Health*, Publication no. 2014-13-E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 5 March 2014.

1. Canadian Mental Health Association [CMHA], *Fast Facts about Mental Illness*.
2. Canadian Institute for Health Information [CIHI], *Child and youth mental health in Canada – Infographic*.
3. Mental Health Commission of Canada [MHCC], *Children and Youth*.

4. Public Health Agency of Canada [PHAC], "The Health and Well-being of Canadian Youth and Young Adults," Chapter 3 in *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011: Youth and Young Adults – Life in Transition*, 2011, pp. 29–38. The report defines "mental health" as

   > the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

5. Ibid., p. 29. According to the CIHI, resilience is the ability "to cope successfully in the face of significant adversity or risk." See CIHI, *Improving the Health of Canadians 2009: Exploring Positive Mental Health*, Ottawa, 2009, p. 13. In addition, a fact sheet from the CMHA explains how the development of certain skills and positive attributes in childhood can increase children's resilience and better equip them to face challenges and disappointments. See CMHA, "Resiliency: at Home, at School and at Work – Fact Sheet," *Mental Health for All*.

6. According to the PHAC report, "[m]ental illnesses are characterized by alterations in thinking, mood or behaviour – or some combination thereof – associated with some significant distress and impaired functioning." PHAC (2011), p. 30.

7. Ibid., p. 29.

8. Ibid.

9. See, for example, Correctional Service of Canada, *Mental Health Strategy for Corrections in Canada: A Federal–Provincial–Territorial Partnership*; and John Service, *Under Warrant: A Review of the Implementation of the Correctional Service of Canada's 'Mental Health Strategy'*, Report prepared for the Office of the Correctional Investigator, September, 2010.

10. Government of Canada, *Mental Health – Anxiety Disorders*.

11. Government of Canada, "Summary Table: Use of health services for mood and anxiety disorders (annual), crude prevalence rate, percent, 2015 (fiscal year), Canada," *Public Health Infobase: Canadian Chronic Disease Surveillance System (CCDSS)*, accessed 9 October 2018.

12. CAMH [Centre for Addiction and Mental Health], *Attention Deficit Hyperactivity Disorder (ADHD)*.

13. CAMH, *Eating Disorders*.

14. National Initiative for Eating Disorders, *Canadian Research on Eating Disorders*, 2017.

15. CMHA, British Columbia Division, *Mood Disorders*.

16. E. David Klonsky, Sarah E. Victor and Boaz Y. Saffer, "Nonsuicidal Self-Injury: What We Know, and What We Need to Know," Canadian Journal of Psychiatry, Vol. 59, No. 11, November 2014.

17. CMHA, British Columbia Division, *Schizophrenia*.

18. CAMH, *Schizophrenia*.

19. CMHA, *Fast Facts about Mental Illness*.

20. Canadian Centre on Substance Abuse, *Childhood and Adolescent Pathways to Substance Use Disorders*, 2014, p. 7.

21. Statistics Canada, "Deaths and age-specific mortality rates, by selected grouped causes," Table 13-10-0392-01, accessed 9 October 2018.

22. Y. Bergmans, P.S. Links, "Reducing potential risk factors for suicide-related behavior with a group intervention for clients with recurrent suicide-related behavior," *Annals of Clinical Psychiatry*, Vol. 21, No. 1, January–March 2009. [Abstract]

23. For more information, see Martha Butler and Karin Phillips, *Current Issues in Mental Health in Canada: The Federal Role in Mental Health*, Publication no. 2013-76-E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 15 August 2013.

24. Section 92(7) of the *Constitution Act, 1867* assigns to the provinces legislative authority over the "establishment, maintenance, and management of hospitals." See *Constitution Act, 1867*, 30 & 31 Victoria, c. 3 (U.K.).

25. Department of Finance Canada, *Canada Health Transfer*.

26. K. Kellie Leitch, *Reaching for the Top: A Report by the Advisor on Healthy Children & Youth*, 2007, pp. 34–36.

27. Ibid., p. 32.

28. Government of Canada, *Aboriginal Head Start in Urban and Northern Communities (AHSUNC)*.

29. Government of Canada, *Community Action Program for Children (CAPC)*.

30. See, for example, Canadian Institutes of Health Research, Institute of Human Development, Child and Youth Health [IHDCYH], *IHDCYH Strategic Research Priorities*.

31. MHCC, "Mental Health Commission of Canada Commends Federal Investment in Child and Youth Mental Health," News release, 8 June 2011.

32. MHCC, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*, Calgary, 2012.

33. MHCC, *The Mental Health Strategy for Canada: A Youth Perspective*, Ottawa.

34. Government of Canada, *Equality + Growth: A Strong Middle Class*, Budget 2018, 27 February 2018, p. 178.

35. Gender-Based Analysis Plus (GBA+) is described as

> an analytical tool used to assess how diverse groups of women, men and gender-diverse people may experience policies, programs and initiatives. The "plus" in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences. We all have multiple identity factors that intersect to make us who we are; GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.

See Status of Women Canada, *What is GBA+?*

36. Government of Canada, Budget 2018, p. 267.

37. Statistics Canada, Table 13-10-0392-01.

38. CAMH, *National Youth Screening Project Report*, 2013.

39. MHCC, *Suicide Prevention*.

40. Organisation for Economic Co-operation and Development [OECD], Social Policy Division, Directorate of Employment, Labour and Social Affairs, *CO4.4: Teenage suicides (15–19 years old)*, p. 2.

41. The overall suicide rate for young people in Canada (males and females) is nine suicides per 100,000 population for young people aged 15 to 19 and 12.2 suicides per 100,000 population for those aged 20 to 24.

42. Government of Canada, *Suicide Prevention*.

43. Health Canada, *National Aboriginal Youth Suicide Prevention Strategy (NAYSPS): Program Framework*, 2013.

44. Bill C-300, An Act respecting a Federal Framework for Suicide Prevention, 1st Session, 41st Parliament (S.C. 2012, c. 30).

45. Government of Canada, *Suicide Prevention Framework*.
46. MHCC, *Suicide Prevention Toolkits*.
47. Government of Canada, *Building a Strong Middle Class*, Budget 2017, 22 March 2017, p. 156.
48. Ibid.