



# Changes in the Prevalence of Child and Youth Mental Disorders and Perceived Need for Professional Help between 1983 and 2014

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## BACKGROUND

Over the past three decades, Canadian governments have created mental health strategies and allocated resources to child development programs. These came partly in response to the levels of need identified through the 1983 Ontario Child Health Study (OCHS).

Research examining the presence of mental disorders among children and youth in the general population can inform policy and program priorities. Three decades on, the **2014 OCHS** serves as a second province-wide study of child and youth mental health.

Current evidence shows that the prevalence of child and youth mental disorders in Canada is high. However, there is limited evidence on how the prevalence has shifted over recent decades. This paper examines the extent to which the prevalence of child and youth mental disorders and perceived need for professional help in Ontario has changed **between 1983 and 2014**. Furthermore, it assesses whether these changes vary as a function of age, sex, urban/rural residency, household poverty, and immigrant background.

## METHODS

The 1983 and 2014 OCHS are provincially representative surveys of children (4-11y) and youth (12-16y) in Ontario. The **1983 OCHS** enlisted 3,294 children and youth and 1,869 households, while the **2014 OCHS** enlisted 10,802 children and youth and 6,537 households. Across these two studies, **identical measurements** were used to assess mental disorder and perceived need for professional help.

**Mental disorders** over the past 6 months (based on DSM-III criteria<sup>1</sup>) were assessed using a checklist administered to the parent of the child/youth (4-16y), teacher of the child (4-11y), and to youth themselves (12-16y). The mental disorders measured include **conduct disorder, hyperactivity, and emotional disorder** (depression and anxiety). Disorders among children were classified as present if parent and/or teacher ratings met threshold scores. And disorders among youth were classified as present if parent and/or youth ratings met threshold scores.

**Perceived need for professional help** was assessed by asking parents, teachers, and youth themselves whether they thought the child or youth had emotional-behavioural problems over the last 6 months, and if so, whether they thought professional help was needed for these problems. A 'yes' response to both parts of the question subsequently identified children and youth with a perceived need for professional help. The same rule used to combine informant responses in classifying mental disorder was applied here.

## RESULTS

### Changes in Mental Disorder: 1983 vs. 2014

The overall prevalence of any mental disorder among children and youth saw no significant changes (16-18%).

1. Diagnostic and Statistical Manual of Mental Disorders, Third Edition, (1980).

Among **children (4-11y)**, the prevalence of any mental disorder increased from 15% to 20%. This difference was primarily attributable to **males** (17% to 24%) given their steep increase in **hyperactivity** (9% to 16%). The prevalence of hyperactivity among all children rose from 6% to 11%.

Among **youth (12-16y)**, there were no changes in the overall prevalence of any mental disorder. Emotional disorder increased from 9% to 13%, while conduct disorder decreased from 7% to 3%. Notably, there was a substantial reduction in conduct disorder for **male** youth (10% to 3%).

With regards to sociodemographic characteristics, the prevalence of any mental disorder increased more among children/youth living in **rural** (12% to 19%) and **small-medium urban areas** (14% to 20%) versus large urban areas. Additionally, the prevalence of any disorder decreased for children/youth from **immigrant** families (15% to 12%) and increased for those from **non-immigrant** families (16% to 23%). No change in prevalence was observed based on household poverty.

### Changes in Perceived Need: 1983 vs. 2014

Over the past 30 years, the prevalence of perceived need for professional help rose significantly from **7% to 19%**. This pattern was similar for both males and females, and for both children and youth.

Similar to the prevalence of mental disorder, perceived need for professional help increased more in **rural** (4% to 18%) and **small-medium urban areas** (6% to 25%) compared to large urban areas (8% to 17%).

In addition, increases in perceived need for professional health were higher for children and youth in **non-immigrant** (8% to 24%) vs. immigrant (6% to 11%) families.

## WHY IS THIS IMPORTANT?

Recognizing the challenge of defining mental health need in the population, this study reports on changes in the prevalence of mental disorders and perceived need for professional help in Ontario children and youth over a 30-year period.

Changes in the prevalence of mental disorders over time can improve our understanding of shifts in the burden and distribution of disorder in the population. Moreover, changes in the prevalence of perceived need for professional help may provide insight into whether there have been transformations in mental health literacy, stigma associated with disclosing mental health problems, attitudes towards help seeking, and expectancies and concerns for child and youth mental health.

Despite overall decreases in conduct disorder, the increase in other mental disorders and perceived need for professional help, particularly among children/youth in non-immigrant families and in rural and small-medium urban areas, underscore the urgency for **effective and efficient prevention and intervention programs** in Ontario.

For more study and contact information, please visit:  
<https://ontariochildhealthstudy.ca>

*This brief summary has been co-developed with:*



#### Lead Institutions



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