



2014 Ontario Child Health Study: Policy Implications for Canada

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BACKGROUND

Research on the prevalence of mental disorders in children and youth in the general population is crucial for informing policy and program priorities. **2014 OCHS** is a province-wide study filling this need. This study also has high national relevance given its rigorous methodology and large representative sample.

This particular paper: 1) summarizes the four main 2014 OCHS findings that have **policy importance**; 2) describes the **policy context** for children's mental health in Canada; and 3) proposes six **next steps** given this policy context.

FINDINGS WITH POLICY IMPORTANCE

1. Prevalence of Mental Disorders is High

Among children aged 4–17 years, **18–22%** had one or more mental disorders. This prevalence rate exceeds recent global estimates of 13%¹. Applying Canadian population figures, this finding means that more than one million (or **1 in 5**) children are affected at any given time.

2. Service Reach is Low

Sixty percent of children with mental disorders had mental health-related service contacts, accessed mainly through schools. However, only **22–33%** had contact with a **mental healthcare** provider for their mental health concerns, identifying a gap in specialized treatment.

3. Needs Have Increased Over Time

Over the past 30 years, **perceived need** for professional help for mental health concerns, as reported by parents, teachers and youth, has **more than doubled**.

Comparing results from the 1983 and 2014 OCHS, **overall prevalence** of any disorder has increased by 2%. But changes are greater for specific conditions. The prevalence of **ADHD** for younger boys (4–11y) increased from 9% in 1983 to 16% in 2014, and the prevalence of **anxiety and depression** for older girls and boys (12–16y) has increased from 9% to 13%.

4. Social Determinants Matter

2014 OCHS also shows that social determinants, such as relative **socioeconomic disadvantage** influences children's mental health. Children from low-income families had fewer mental health problems when living in poor neighbourhoods compared to wealthy neighbourhoods. However, low-income children disproportionately experienced more mental health problems when exposed to **neighbourhood adversity**, such as violence.

CHILDREN'S MENTAL HEALTH SERVICES IN CANADA

In Canada, provinces and territories are responsible and accountable for designing and delivering their own social, educational and health programs, including for children's mental health. As a result, service arrangements vary across the country.

1. Polanczyk GV, Salum GA, Sugaya LS, et al. Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry*. 2015, 56(3): 345-365.

A major challenge in children's mental health is the **diffusion of responsibility** across multiple sectors including health and education, as well as across groups, such as community organizations, school boards and regional health authorities. This can result in a lack of central expert policy leadership and planning for programs and services at the provincial/territorial level. Then it becomes difficult to ensure effective interventions and comprehensive service planning for children's mental health. Addressing the social determinants of children's mental health often requires even greater effort and coordination across all relevant public sectors.

A related challenge is **public budgeting**. Children's mental health services are not tied to legislated mandates or dedicated funding. Without effective oversight and accountability measures, children's mental health services suffer from persistent underfunding, as reflected by unacceptable wait times for community-based services and increased emergency room use.

PROPOSED NEXT STEPS

Considering the **Canadian policy context** for children's mental health services, six initiatives are proposed that provinces/territories could undertake:

1. Ensure coherent policy leadership

Creating central expert leadership mechanisms is crucial to ensuring that children's mental health commitments are coordinated, sustained and accounted for across all relevant sectors and groups at the provincial/territorial level.

2. Make and sustain comprehensive children's mental health plans

Comprehensive children's mental health plans are needed in each province/territory. These plans need to include: 1) addressing social determinants and promoting healthy development for all children; 2) preventing disorders; 3) intervening with all children with disorders; and 4) evaluating intervention efforts by monitoring outcomes.

3. Ensure the use of effective interventions

To fully address the needs depicted by 2014 OCHS, effective interventions need to be used for both prevention and treatment. This includes curtailing the use of unproven or ineffective approaches, such as unevaluated therapies or inappropriate prescribing.

4. Reach all children with mental disorders using innovative service approaches

Provincial/territorial plans should focus on developing tiers of mental health service that allow the efficient use of resources. Resources could be aligned by type and intensity of need – from promotion and prevention to specialized treatment. Access to care could also be enhanced by adopting and evaluating new service models, e.g., involving primary care and non-specialist providers to support children in need.

5. Address avoidable childhood adversity

Addressing the social determinants of children's mental health, including socioeconomic disadvantage, is an urgent policy priority. Yet this will require broadening mental health planning to include the housing, recreation, social services and justice sectors, in addition to health and children's services.

6. Ensure adequate and dedicated children's mental health budgets

Governments need to allocate dedicated funding for children's mental health and establish it as a public funding priority. Legislated mandates could also be considered to protect these budgets.

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

This brief summary has been co-developed with:



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