



Tracking Children's Mental Health in the 21st Century: Lessons from the 2014 OCHS

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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. The **2014 OCHS** serves as a second provincially representative survey on mental health, including 6,537 households and 10,802 children and youth.

Ontario's commitment to addressing mental health in the population has revealed gaps in child mental health services. These gaps stem partly from a lack of information on the characteristics and outcomes of those receiving mental health care.

This paper points out the **limited information** recorded on the mental health of children accessing mental health services in Ontario. It also explains the value in collecting **standard information** on child mental health across sectors, and proposes a set of **core measures** that can be used to improve decision making for mental health policies and programming.

LIMITED INFORMATION RECORDED

In Ontario, children with mental health challenges access community-based mental health services through referrals from general practitioners or through direct requests for help.

Within these services, psychiatrists, psychologists and social workers collect data that is specific to their own practice. This results in inconsistent documentation and measurement of child mental health. Consequently, the lack of **standard assessment tools** makes it difficult to

combine data across sectors to examine the characteristics of children accessing services. Moreover, there is scarce data, if any, that can tell us whether children who are receiving care are actually improving.

Furthermore, administrative (governmental) data most relevant to understanding child mental health in Ontario is limited to diagnoses recorded by physicians during patient visits. This hinders the system-wide capacity to identify children with mental health difficulties outside of those accessing walk-in clinics, urgent care and emergency rooms, hospitals, and general physician practices.

It is important to note that while the proportion of children with a mental disorder having service contact for their mental health concerns has risen over the past 30 years, a significant proportion of children in need (**39-56%**) still remain without any service contact.

ALIGNMENT OF CORE MEASURES

Differences in defining child mental health and in methods of assessment make it extremely difficult to accurately evaluate the policies, programs, and services put forth by governments to address children's mental health needs. This challenge exists both in the general population, as well as in community-based mental health agencies.

Evidence gaps in the performance of our health system can be addressed by collecting a core set of child mental health measures both in the general population and in the subset of children accessing community-based mental health agencies. This alignment could provide the information needed to understand children's mental health needs in the general population and the province's ability to respond to these needs.

We believe that the **core measures** of child mental health should include three indicators:

1. Emotional and Behavioural Problems –

Although a variety of ways exist to define child mental disorders, there is agreement among child psychiatrists, psychologists, and service providers that assessments should revolve around problems of emotion and behaviour.

2. Perceived Need for Professional Help –

An individual's perceived need for professional mental health help may be closely linked to help-seeking behaviours and the potential to benefit from services accessed.

3. Functioning Characterized by Academic Achievement and Social Competence –

Indicators of functioning focus on aspects of human capabilities that are needed for productive and fulfilled lives.

These core measures should:

1. Be collected via a single measurement tool that is reliable and valid
2. Be inexpensive and practical to implement in general population surveys and as part of intake/follow-up assessments done by service agencies
3. Present minimal burden to respondents and service providers
4. Represent the viewpoints of youth and families

We believe a questionnaire that can be self-completed in **less than 7 or 8 minutes** by parents of children aged 4-17y and by youth aged 12-17y can meet these requirements for both clinic and general population samples. This type of instrument would be budget-friendly and easy to implement at a population level **every 3-5 years** – a time interval fit for examining any potential changes in mental health need.

IMPROVED DECISION MAKING

An information system featuring the core measures would provide data to evaluate the effects of child mental health policies and programs, with the ultimate goal of improving population health outcomes. In addition, this data would inform the government on health equity issues across the province, including social disparities in children's mental health.

Alongside the introduction of standard assessments from service providers, the proposed core measures could promote higher **accountability** through quantifying the responsiveness of community-based agencies to child mental health needs. This would provide estimates of **coverage** (percentage of children in catchment areas receiving services) and **service targeting** (percentage of children who meet criteria for need receiving services). Lastly, combining data on estimates of child mental health need and service expenditures/resource allocations could be used to determine whether the distribution of services and resources match general population needs across Ontario.

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

This brief summary has been co-developed with:



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