



2014 Ontario Child Health Study: Methodology

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Canadian Journal of Psychiatry (2019) <https://doi.org/10.1177/0706743719833675>

BACKGROUND

Over the past 30 years, there have been social and economic changes in Canada, including increased income inequality, divorced families, and racial and ethnic discrimination. These demographic changes may pose threats to the mental health of children and youth. At the same time, the federal and provincial Canadian governments have created mental health strategies and have allocated resources to child development programs. These public initiatives came partly in response to the high level of children's mental health need identified in the 1983 Ontario Child Health Study (OCHS).

There is currently limited understanding of the overall impact of these demographic changes and government programs. The **2014 OCHS** is the sequel to the original 1983 OCHS, and it updates our knowledge on the patterns of childhood mental disorders in Ontario and factors that are related to them. Using rigorous methodology, the 2014 OCHS is the largest study of its kind in Canada. It hopes to inform future policy and research decisions aimed at improving the mental health of children in Canada.

The 2014 OCHS has five objectives:

1. Estimate how common childhood mental disorders are in 2014;
2. Find out whether the number of children affected by a mental disorder changed between 1983 and 2014;
3. Examine how well the health care system responds to the mental health needs of children and youth;
4. Assess the burden associated with childhood mental disorders and their co-occurrence;
5. Determine the potential influence of families, neighbourhoods, and schools on child mental disorders.

CONCEPTUAL FRAMEWORK

The conceptual framework used to guide the development of the 2014 OCHS combines Bronfenbrenner's "Ecological Model of Human Development" with a social determinants of health perspective. In this framework, mental disorders result from adverse experiences arising from the interplay of individual characteristics and the contextual influences of neighbourhoods, schools, and families. For example, disadvantages of low socioeconomic status (SES) may impact children's mental health through a lack of resources and opportunities and/or negative psychosocial responses to income disparity.

It is important to note the relational nature between these contextual influences and children's mental health. In other words, mental health is a complex phenomenon, and the connections between neighbourhood, school, and family factors are all intertwined. For example, low SES may force a family to settle in poorer neighbourhoods where schools are likely to be under-resourced. Thus, student safety and wellbeing supports at these schools would be expected to be lower, and consequently children's mental health.

STUDY DESIGN

The **2014 OCHS** is a provincially representative study of child and youth mental health. Eligible participants were all households occupied by families with children 4-17y listed in the 2014 Canadian Child Tax Benefit file. This study included a final sample of 6,537 households and 10,802

participants aged 4-17y in Ontario. The 2014 OCHS is a **cross-sectional study**, measuring outcomes at only one point in time (i.e., 2014). A key feature of 2014 OCHS is its **multi-informant** surveys, whereby multiple sources of data (youth, parents, teachers, administrative databases) are obtained to provide unique perspectives to the research findings.

Trained interviewers from Statistics Canada telephoned or visited households in-person to speak with the person most knowledgeable (PMK), most often a parent, about the family. The PMK was asked questions about their self, family, and neighbourhood characteristics. The PMK also reported on outcomes for their participating children and youth aged 4-17y. Furthermore, youth aged 12-17y independently self-completed a questionnaire about their self and emotional and behavioural health, in addition to their perspectives on family and school characteristics.

WHY IS THIS IMPORTANT?

Findings from studies on child mental health are useful for advocacy purposes. They can raise public concern about the mental health needs of children, and **prompt government policy and program responses**.

Cross-sectional studies on the general population, such as the 2014 OCHS, have their limitations. Firstly, they are unable to tell us about child development that occurs over time. This information is needed to tailor prevention and early intervention efforts. Secondly, families experiencing greater socioeconomic disadvantage are less likely to agree to participate in these studies. This poses concerns because it is important to have an adequate representation of the different types of families included in the data to avoid biased findings.

Acknowledging the inherent limitations of cross-sectional studies, a number of **unique design elements** were built into the 2014 OCHS to strengthen its usefulness and impact.

1. **Replicating** measurement and data collection strategies used in the original 1983 OCHS to facilitate analyses between 2014 and 1983;
2. **Adjusting** for uneven survey response rates between participants of different income status;
3. **Evaluating** contextual influences (i.e., family, neighbourhood, and school factors) on child mental disorders.

The 2014 OCHS represents a large public research investment in children's mental health and has the potential to inform the development of targeted mental health programs and policies, as well as research activities, in the coming years.

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

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