



# Children's Mental Health Need and Expenditures in Ontario

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## BACKGROUND

The Ontario Ministry of Children and Youth Services (MCYS) was responsible for funding child mental health services for those aged 0-17y until August 2018. MCYS contracted individual service agencies to provide programs targeting the early identification of mental health concerns, as well as individual-, family-, and group-based interventions for those concerns.

However, limited information is publicly available on how MCYS has approached expenditure allocation decisions, or if their decisions considered the relationship between allocation and outcomes (i.e., how expenditure allocations get used once distributed, service effectiveness, etc.).

This paper evaluates the extent to which expenditures for MCYS children's mental health services are aligned with **population size** and **population need**. Comparisons were made for 13 of 33 MCYS service areas and for all 5 MCYS regions. This paper also quantifies the value of using a needs-based approach to expenditure allocations, over and above population size.

## METHODS

The **2014 OCHS** is a provincially representative study on child and youth mental health. This study included a sample of 6,537 households and 10,802 participants aged 4-17y in Ontario.

Child mental health need and service contact estimates from 2014 OCHS, MCYS expenditure data

from government administrative records, and population counts of children from the 2011 Census were combined to generate formula-based **expenditure allocations** according to 1) population size and 2) population need. Two definitions of need were used: **assessed need** (the presence of mental disorder) and **perceived need** (subjective perceptions of need for professional help for mental health concerns).

## Child Mental Health Need

### Assessed Need

One randomly selected child from each household (n=6,537) and their parent were interviewed using the MINI-KID<sup>1</sup> diagnostic tool. Youth aged 12-17y were also interviewed. Children meeting criteria for one or more disorders in the past 6 months, as identified by the parent or youth, were classified with assessed need. The remaining children (n = 4,265) were classified based on a total scale score cut-off from the OCHS-EBS<sup>2</sup>, a mental health symptom checklist. The cut-off was selected to produce a mental disorder prevalence rate matching that assessed by the MINI-KID.

### Perceived Need

Perceived need was defined as a positive response to a question asking whether the parent (for ages 4-17y) or youth (for ages 12-17y) believed that the child had any emotional or behavioural difficulties in the past 6 months. Children were classified with perceived need if either the parent or youth answered yes.

1. Mini-International Neuropsychiatric Interview for Children and Adolescents (2010).  
2. Ontario Child Health Study Emotional Behavioural Scales: Youth Version (2018).

### Population-Based

This formula calculates expenditure allocation solely based on **population size**. We divided total MCYS expenditures (\$341,367,552) by the 2011 Census count of children aged 0-17y in Ontario (2,683,795) to estimate an **average per capita allocation** of **\$127** in 2015-2016. To generate total expenditure allocations for each MCYS service coverage area/region, this amount was multiplied by the number of children in each area.

### Needs-Based

This formula calculates expenditure allocation by accounting for population size in addition to **population need**. We divided total MCYS expenditures (\$341,367,552) by the average number of service contacts (269,231), and then multiplied that amount by the number of children with (69,850) and without (33,630) mental disorder who had service contact. This resulted in an **average per capita allocation** of **\$428** for children with mental disorder and **\$39** for children without mental disorder based on assessed need. These steps were then repeated for perceived need.

## RESULTS

It was found that **26%** of MCYS expenditures at both the service area level and regional level would need to be reallocated to achieve a distribution aligned with levels of assessed need in the population. Based on perceived need, these amounts are **19%** and **27%** at the service area level and regional level, respectively. Depending on the definition of need used, the difference between needs-based and population-based allocations ranged from **8-23%** (15% on average) or from **\$17M – \$55M** (\$34M on average) in 2015-2016. This suggests that shifting from a population-based to a needs-based allocation approach would be valuable.

## WHY IS THIS IMPORTANT?

This study provides much needed information on the alignment between mental health expenditures and child mental health need in Ontario. It aims to contribute to informing government expenditure allocation decisions, and ultimately to improve children's mental health.

The absence of needs-based expenditure allocation for children's mental health in Ontario also reflects the lack of available data required for this approach. Policymakers would benefit from identifying data collection opportunities on the general population, or from exploring the potential usefulness of alternative indicators of need that are systematically collected.

In addition to informing and evaluating expenditure allocation decisions, the availability of data on child mental health spending, needs, and outcomes will provide an opportunity to establish an understanding about the funding required to serve children with mental health concerns and their families. To ensure the usefulness of this data, the following challenges will need to be addressed:

1. Achieving consensus on the definition of mental health need;
2. Finding commitment, resources, and capacity within governments to collect and use this kind of data; and
3. Coordinating initiatives and funding across the various sectors involved with children's mental health.

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

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



### Lead Institutions



### Study Funders

