

Child and Youth Mental Health: Investing in the Front End

Stan Kutcher, ONS, MD, FRCPC, FCAHS¹

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When the Standing Committee on Social Affairs, Science and Technology released its seminal 2006 report *Out of the Shadows at Last*,¹ one sentence, perhaps somewhat lost in the voluminous amount of text, stood out for all those who work at the front end of addressing mental health care: “Children and youth are at a significant disadvantage when compared to other demographic groups affected by mental illness, in that the failings of the mental health system affect them more acutely and severely. The Committee believes it is imperative to move aggressively to tackle key problems now” (item 6.1).

It is well appreciated that the mental disorders are the chronic diseases of young people, and we have known for some time now that the majority of mental disorders can be diagnosed by age 25 years.² Early identification, followed by rapid access to effective interventions, can be expected to lessen the burden of illness significantly, with substantial return on initial investments in the delivery of care.³ Early investment in treatment for young people can also be expected to pay a population dividend, because the burden and cost of illness will be lessened as they age along the life span.

About a decade has passed, and there are concerns that the pace of change has been slow,⁴ with, as the report from Children’s Mental Health Ontario⁵ noted, continued long wait times for mental health care, challenges with data collection and management, and fragmentation of services. Suicide rates in young people have begun to rise after years of decreasing and in 2012 were about 50% higher than their 2006 nadir.⁶ According to the Canadian Institute of Health Information,⁷ the rate of emergency room visits and hospitalisations for mental health reasons by young Canadians has increased substantially, while the prevalence of mental disorders has not so increased. Media coverage of this situation demonstrates the human face of this lack of progress (e.g., <http://www.lfpress.com/2017/01/31/mental-health-kids-with-serious-mental-illness-waiting-months>).

Evergreen, the 2010 child and youth mental health framework created for the Mental Health Commission of Canada under the leadership of its Child and Youth Advisory Committee (see <http://www.mentalhealthcommission.ca/sites/>

default/files/Diversity_Evergreen_Framework_Summary_ENG_0_1.pdf), was a first national attempt to sketch out a framework that could be used by provincial/territorial governments and interested organisations to move forward an agenda that could advance child and youth mental health across Canada addressing domains of promotion, prevention, intervention and ongoing care, research, and evaluation.⁸ More recently, an application of this framework was successfully completed in the Yukon Territory (<http://www.degrootemcmaster.ca/files/2012/08/final-yukon-child-and-youth-research-report-reduced-size.pdf>), where it informed the development of the child and youth mental health policy.⁹ Some innovative research interventions are under way (e.g., the Canadian Institute for Health Research [CIHR] and Boeck Foundation-funded ACCESS project nationally [<http://www.douglas.qc.ca/news/1268?locale=en>] and the Project ECHO Ontario [<http://www.echoontario.ca/Register/Child-and-Youth-Mental-Health.aspx>]), but results of substantial enough impact to influence care directions, if they are positive, may yet be years out.

In the interim, a number of initiatives that have already demonstrated positive or promising results could be frugally applied and modified as new information becomes available. Using the Evergreen framework as a reference point, the following could be considered as new federal funds begin to flow to provinces and territories that have agreed to the new funding arrangement.

Promotion

Much effort is being expanded in mental health promotion with enthusiastic uptake at the population level and within

¹ WHO Collaborating Center, Dalhousie University and the IWK Health Centre, Halifax, Nova Scotia

Corresponding Author:

Stan Kutcher, ONS, MD, FRCPC, FCAHS, Dalhousie University Faculty of Medicine, 5850 University Ave., PO Box 9700, Halifax, NS B3K 6R8, Canada.
Email: Stanley.Kutcher@iwk.nshealth.ca

professional organisations. The national initiative by Bell “Let’s Talk” is a good example. While there may be many benefits of such enthusiasms, recent research cautions that not all promotion activities may have the hoped for results. Indeed, there is some emerging evidence that some kinds of social marketing campaigns may increase demand for services amongst those at low risk for negative outcomes yet decrease demand for services for those at high risk.¹⁰ Community-based suicide intervention programs that encourage talking about suicide may not prevent suicide, nor is there evidence to show that they do not result in increased rates of self-harm or suicide attempts.¹¹ Thus, one important intervention that could be considered is requesting that mental health-related social marketing campaigns undertake the necessary research needed to provide a reasonable degree of comfort that both the message that they promote and the method in and by which they promote it be more likely to lead to wanted rather than unwanted outcomes, before they launch.

Prevention

As of yet, it is not clear which mental disorders arising in young people can be prevented, and while there has been great interest in application of numerous potentially preventive interventions (such as cognitive behaviour therapy for youth with symptoms of depression), well-designed controlled studies^{12,13} have not come to the same conclusions as less robust evaluations (<http://childhealthpolicy.ca/wp-content/uploads/2014/10/RQ-4-14-Fall.pdf>).

Here, then, is yet another opportunity for relatively simple better address of interventions purported to prevent mental disorders. There is a plethora of well-marketed mental health prevention programs (<http://childhealthpolicy.ca/wp-content/uploads/2014/10/RQ-4-14-Fall.pdf>) for which some modest impact on some measures of emotional and behavioral features exists but for which there is little or no robust evidence for prevention of mental disorders. Policy makers and those who apply prevention programs in their settings should be clear about the goals for which those programs are being applied and should favor the application of those interventions for which there is good evidence based on independent systematic critical review of preventive impact. The Public Health Agency of Canada or Health Canada could consider establishing such a review process, setting acceptable standards and providing a regulatory framework that would independently and critically evaluate vendor submissions prior to marketing. Such regulation already exists for pharmaceutical products, and that model could be applied to other health-related interventions as well.

Intervention and Ongoing Care

One reality that cannot be ignored and that was identified as an action item in the *Out of the Shadows at Last* report (item 6.2.1) is that most young people spend considerable portions

of their day in school. Indeed, the education system has solved the problem of access—a problem that the health system has not solved. Schools are the ideal location to address mental health literacy¹⁴ and should be the site of health services that integrate mental health with all health care, either through school-based health centers or smaller site-based activities with appropriate mixes of health and mental health providers.¹⁵ This “health for all just down the hall” model can certainly be built into some of the innovative school mental health literacy^{16,17} and structural school mental health initiatives (such as SMH-ASSIST: <http://smh-assist.ca/>) that are currently under way. This approach not only promotes site-based integration of human services needed by young people but also can help ensure that education and health services, the 2 most frequently used human services by youth, are also integrated. Such an approach fits well with recent evidence for positive results in enhancing capacity for mental health care for youth with high-volume/low-intensity mental disorders into primary health care (e.g., <http://www.gpsc.bc.ca/what-we-do/professional-development/psp/modules/child-and-youth-mental-health/tools-resources>), a health system development that is essential for future improvements in population mental health care.¹⁸

Research and Evaluation

While there is attention being drawn to the concern that mental health care is underfunded (see <http://www.healthcarecan.ca/wp-content/uploads/2015/06/B.-Funding-for-mental-health.pdf>), there is growing concern that mental health research is itself significantly underfunded, with child and youth mental health research funding well below what may be expected to be able to bring forward the much-needed evidence upon which best-in-class mental health care can be built (<http://childhealthpolicy.ca/mental-health-funding/>; <http://www.rcpsych.ac.uk/mediacentre/pressreleases2016/underfundedcamhsresearch.aspx>). While there has been some additional new dollars dedicated to child and adolescent mental health research from national funding agencies such as CIHR, these fall far short of what is needed. Novel funding mechanisms should be considered and moved forward. A possible path in this direction is the example of the innovative joint CIHR and Boeckh Foundation funding for TRAM: Transformative Research in Adolescent Mental Health. Without this agency and private philanthropic collaboration, this initiative would not have been able to move forward. While credit must be given to those who came together to create this initiative, Canada may benefit if a framework could now be developed that would marry the best of both these worlds: a solid, respectful partnership between federal and provincial health funding agencies and private philanthropic organisations. Federal leadership on this would be welcomed.

In short, while much work needs to be done on improving mental health care in Canada, the recent federal health funding initiative provides an opportunity to move forward on

this. As movement occurs, it is essential that substantial investment in effective address of mental health care needs of young people takes front and center. We cannot afford to ignore the fact that most mental disorders can be diagnosed prior to age 25 years and that while effective treatments are available, most youth who need care cannot access it in a timely manner. We cannot continue trying to patch up the back end without paying attention to the front end. Investing our resources where they may have the most long-lasting impact, early in the life span, is essential to improving mental health outcomes for Canadians.

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