

The SFU logo consists of the letters "SFU" in white, bold, sans-serif font, set against a solid red square background.

Children's Health Policy Centre

FACULTY OF HEALTH SCIENCES

# Improving the Mental Health of BC's Children and Youth

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## Mental Health and Disorder

- Mental health → social and emotional wellbeing
  - A resource for living and learning
  - Essential for all children and youth to flourish and meet their potential
- Mental disorders → clinically significant conditions
  - Involves both symptoms and impairment
  - Impedes healthy development → at home, at school, in the community

## Prevalence of Mental Disorders in Young People

Disorder	Prevalence (%)	Age (y)	Population Affected (#)	
			BC	Canada
Anxiety Disorders	3.8	4-17	25,300	204,400
ADHD	2.5	4-17	16,600	134,500
Substance Use Disorders	2.4	11-17	8,400	66,400
Conduct Disorder	2.1	4-17	14,000	113,000
Major Depressive Disorder	1.6	4-17	10,600	86,100
Autism Spectrum Disorder	0.6	4-17	4,000	32,300
Bipolar Disorder	0.6	11-17	2,100	16,600
Eating Disorders	0.2	11-17	700	5,500
Schizophrenia	0.1	11-17	300	2,800
<b>Any Disorder</b>	<b>12.6</b>	<b>4-17</b>	<b>83,700</b>	<b>677,900</b>

## When Do Mental Disorders Start?

### Early childhood

*Birth → 6 years*

Anxiety Disorders

*Separation Anxiety*

Attention-Deficit/Hyperactivity Disorder (ADHD)

Disruptive Behaviour

Autism Spectrum Disorder

### Middle childhood

*7 → 12 years*

Anxiety Disorders

*Phobias*

*Posttraumatic Stress Disorder*

*Obsessive-Compulsive Disorder*

Conduct Disorder

Major Depressive Disorder

### Adolescence

*13 → 18 years*

Substance Use Disorders

Bipolar Disorder

Eating Disorders

Schizophrenia

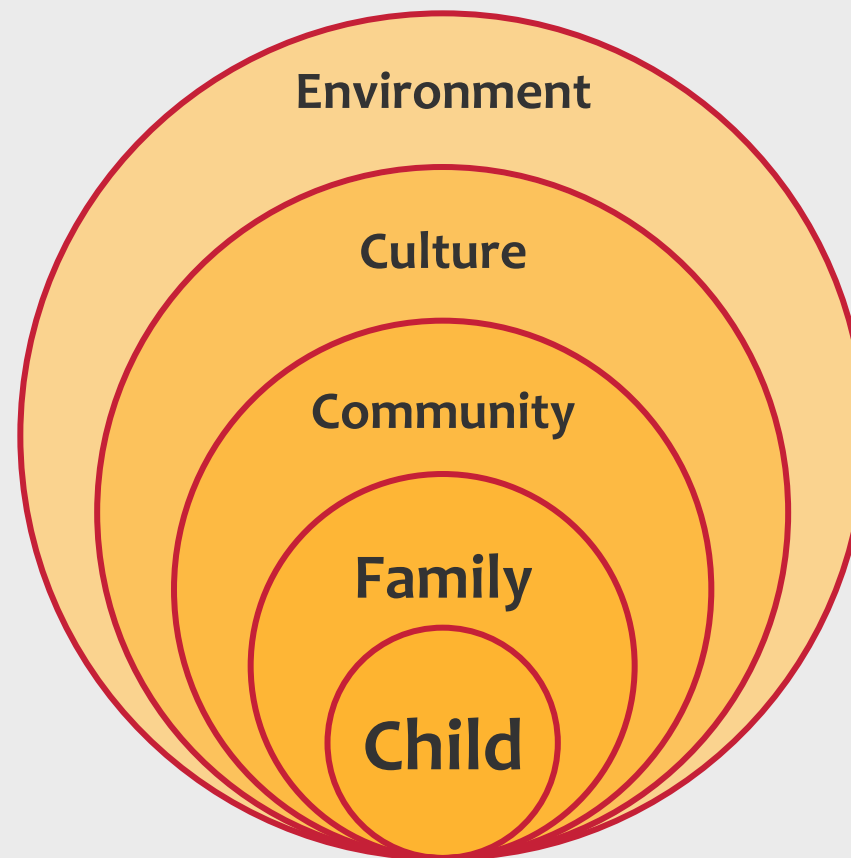
## Impact of Mental Disorders

- Without effective interventions, there are profound adverse individual consequences
  - Enormous distress, social exclusion, increased risk of suicide for children and youth
  - Enormous distress and costs for families
  - Most disorders also persist into adulthood, leading to reduced life chances including reduced education, underemployment, increased physical health problems, increased early mortality

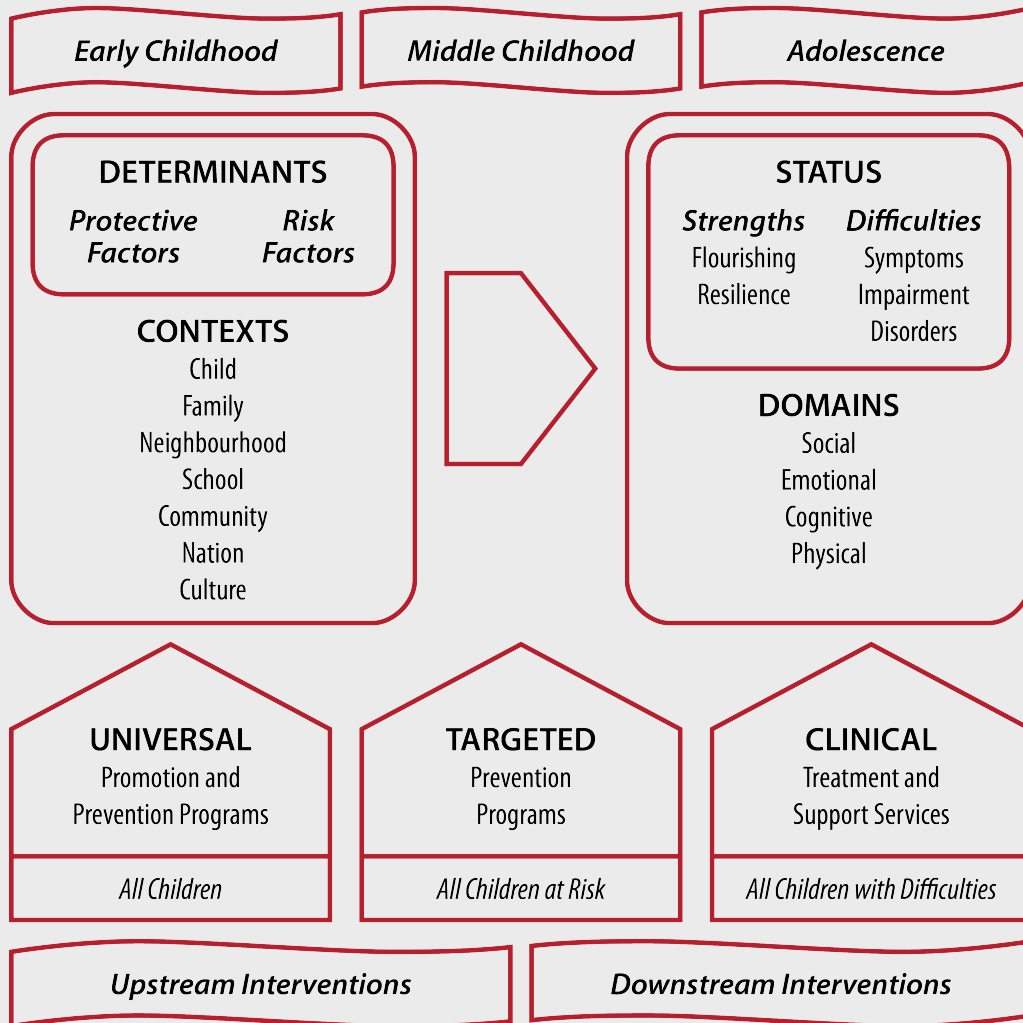
## Impact of Mental Disorders

- Without effective interventions, there are also profound adverse collective consequences
  - Leading cause of lifelong disability worldwide
  - Costs exceed \$50 billion annually in Canada
  - Many costs are avoidable, e.g., averting one case of conduct disorder saves \$2–5 million (childhood → adulthood)
    - Healthcare, child protection and foster care, special education, income assistance, justice system (police, court, custody, victims' services) costs

# Healthy Human Development



# Population Framework for Child and Youth Mental Health





## Types of Mental Health Interventions

- Prevention programs
  - Addressing risks before disorders develop → reducing new cases of avoidable disorders
- Treatment services
  - Addressing symptoms after disorders develop → reducing distress, reducing impairment
- Support for children, youth and families
  - Essential for everyone affected by mental disorders

## “Evidence-Based” Interventions

- Research evidence is just one source of information among many for guiding policymaking
- Research nevertheless helps ensure that children and youth receive the most effective interventions possible
- Randomized controlled trials (RCTs) are the “gold standard” for evaluating intervention effectiveness

## “Evidence-Based” Interventions

“How do we know that we're doing the right things,  
and that we're doing them right?”  
(Drucker, 1993)

## Preventing and Treating Anxiety (~25,300 children and youth in BC)

- **Prevention** (middle childhood)
  - Cognitive-behavioural therapy or CBT programs (*FRIENDS*)
- **Treatment** (middle childhood → adolescence)
  - CBT, eye-movement desensitization and reprocessing
  - Antidepressants (fluoxetine)

## Treating ADHD

(~16,600 children and youth in BC)

- **Treatment** (early childhood → adolescence)
  - Behavioural therapy, CBT, parent training, neurofeedback
  - Stimulants (methylphenidate, dextroamphetamine, atomoxetine)

## Preventing and Treating Substance Misuse (~8,400 youth in BC)

- **Prevention** (middle childhood → adolescence)
  - Resistance skills training, parent training
- **Treatment** (adolescence)
  - CBT, family therapy

## Preventing and Treating Conduct Disorder (~14,000 children and youth in BC)

- **Prevention** (early childhood)
  - Parent training, social skills training (*Nurse Family Partnership* or *NFP*, *Positive Parenting Program*, *Incredible Years*)
- **Treatment** (early childhood → adolescence)
  - Parent training, CBT combined with parent training and family therapy (*Multi-Systemic Therapy*)
  - Newer antipsychotics (quetiapine, risperidone) (for challenging behaviours that do not respond to other treatments)

## Preventing and Treating Depression (~10,600 children and youth in BC)

- **Prevention** (middle childhood → adolescence)
  - CBT
- **Treatment** (adolescence)
  - CBT, interpersonal psychotherapy
  - Antidepressants (fluoxetine)



## Preventing and Treating Eating Disorders (~700 youth in BC)

- **Prevention** (middle childhood → adolescence)
  - Media literacy training
- **Treatment** (adolescence)
  - Family therapy (for anorexia)

## Treating Other Disorders

- **Autism Spectrum Disorder**
  - ~4,000 children and youth in BC
  - Intensive behavioural intervention and family support
  - Newer antipsychotics (risperidone, aripiprazole) (for repetitive and challenging behaviours that do not respond to other treatments)
- **Obsessive-Compulsive Disorder**
  - ~2,700 children and youth in BC
  - CBT and family support
  - Antidepressants (fluoxetine, sertraline)

## Treating Other Disorders

- **Bipolar Disorder**
  - ~2,100 youth in BC
  - Newer antipsychotics (risperidone, aripiprazole, quetiapine)
  - Youth and family support
- **Schizophrenia**
  - ~300 youth in BC
  - Newer antipsychotics (risperidone, olanzapine)
  - Youth and family support

## Cost-Effectiveness

- Many interventions also highly cost-effective, e.g., *NFP*
  - Starts prenatally, improves parenting by supporting young, low-income, first-time mothers until their children turn 2 years old
  - Prevents child maltreatment and adolescent conduct disorder; may also reduce child/youth anxiety, depression and substance misuse; increases mothers' economic self-sufficiency
  - Estimated to **save \$3–\$6.00 for every \$1.00 invested**, if reduced spending is considered across multiple sectors over 5–10 years  
→ healthcare, child protection and foster care, special education, income assistance, justice (police, courts, custody)

## Policy Implications

“Mental health is the orphan child of healthcare.”

(Romanow, 2002)

“Children's mental health is the *orphan's orphan*.”

(Kirby, 2006)

## Stark Service Shortfalls

- An estimated **12.6%** of children and youth — **84,000** aged 4–17 years in BC — likely have (one or more) mental disorders needing treatment at any given time
- **Only 31%** of young people with disorders — just under a third or **26,000** in BC — are estimated to be receiving treatment services, indicating high unmet needs
- Prevention programs are could reduce the number of children and youth needing treatment, yet across Canada, few such programs are funded

## Stark Service Shortfalls

- Shortfalls persist despite substantial health spending across Canada
  - Over \$200 billion annually (> \$3,000 – \$20,000 per Canadian)
  - 94% goes towards healthcare, mainly for Canadians > 65 years
  - Health spending accounts for approximately 40% of Provincial budgets

## Stark Service Shortfalls

- Shortfalls are compounded by systemic inefficiencies
  - Many effective interventions are unavailable, e.g., group CBT
  - Ineffective interventions persist, e.g., untested therapies
- Programs and services are fragmented
  - Across multiple sectors, e.g., health, child services, education
  - Across developmental stages, e.g., children versus youth
  - Across diagnoses, e.g., autism, substance misuse
- These stark shortfalls would not be tolerated for physical health problems, e.g., cancer or diabetes



## Improving Child and Youth Mental Health in BC

- *Child and Youth Mental Health Plan for BC (2003–2008)*
  - Led by Ministry for Children and Family Development (MCFD)
  - Substantive new treatment investments, e.g., CBT for anxiety and depression in community settings
  - New prevention investments, e.g., *FRIENDS* in schools
- *Healthy Minds, Healthy People (2010–2020)*
  - Led by Ministry of Health and MCFD
  - Coordinated approach to prevention and treatment across the lifespan → early childhood through adulthood
  - New prevention investments, e.g., *NFP RCT*

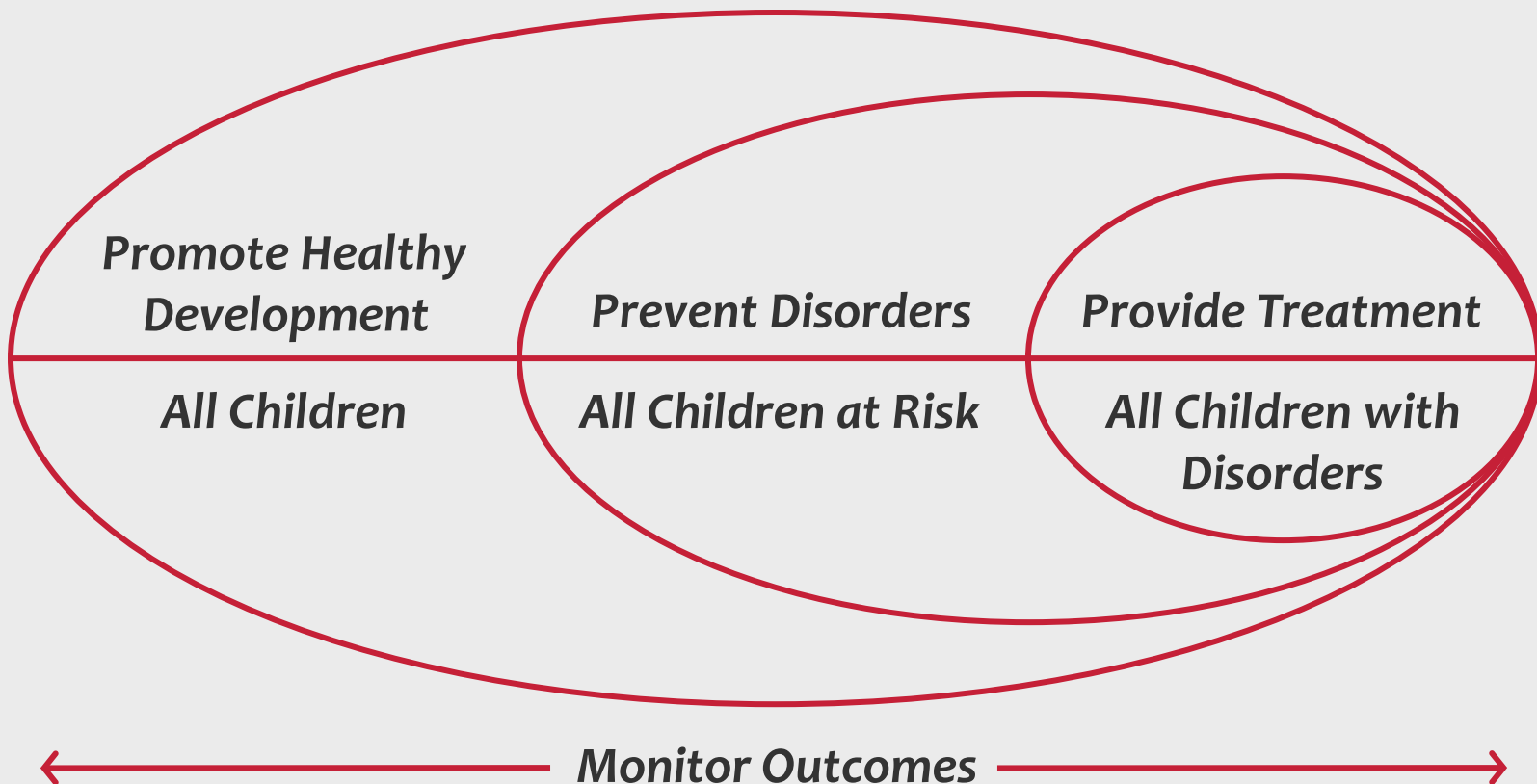
## Improving Child and Youth Mental Health in BC

- Provide a comprehensive range of evidence-based interventions at each stage of development, starting in early childhood and continuing through middle childhood and adolescence
- Triple investments in evidence-based treatment services to reduce symptoms and impairment among all children and youth with established mental disorders

## Improving Child and Youth Mental Health in BC

- Make equivalent investments in evidence-based prevention programs to reduce prevalence and to reduce the need for treatment services over time
  - Start with the four common preventable disorders (anxiety, substance use, conduct and depressive disorders)
- Evaluate all treatment services and prevention programs to ensure they are effective
- Invest in new data collection to monitor the prevalence of child and youth mental disorders over time

## Population Strategy for Child and Youth Mental Health



## Child and Youth Rights

- Canada endorsed the *UN Convention on the Rights of the Child* 25 years ago (1989)
- All children and youth have the right — to safety, to nurturing, and to opportunities to flourish and contribute
- Investments in the mental health of young people are among the most important investments that any society can make

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**Thank You!**



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