Review Paper

Child and Adolescent Mental Health Policy and Plans in Canada: An Analytical Review

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Objective: Child and adolescent mental disorders are common, with a substantial disease burden, yet services for young people are nationally inadequate. As services should be based on policies and (or) plans, we analyzed the availability and content of child and adolescent mental health policies and plans in all provinces and territories.

Method: The World Health Organization (WHO) framework for Child and Adolescent Mental Health Policy and Plans was applied.

Results: Four provinces in Canada have a child and adolescent mental health policy and (or) plan. The other provinces do not have a policy or plan in place, or else try to integrate these components into existing mental health strategies. Among the policies and plans that exist, there is substantial variability regarding content as well as degree of adherence to the WHO template. Five essential content areas: legislation and human rights, information systems, quality improvement, improving access to and use of psychotropics, and human resource development and training are poorly or very poorly addressed in existing policies and (or) plans.

Conclusion: This lack of specific policy and (or) plans for child and adolescent mental health care and the variability of content in plans that exist may help explain why child and adolescent mental health services are poorly developed across Canada. We suggest that a national child and adolescent mental health policy framework be developed for Canada so that the provinces and territories may be encouraged to create or amend their current child and adolescent mental health frameworks in a manner that may enhance national cohesion and commonly addresses service needs in this population.

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Clinical Implications

- Child and adolescent mental health policies and (or) plans are necessary to direct mental health care for young people.
- Canada has no such national policy or plan and most provinces and territories similarly do not have such policies or plans.
- Improvement in child and adolescent mental health care is dependent on the development and implementation of appropriate policies and (or) plans.
- These should be addressed nationally and within provinces and territories.

Limitations

- A rational child and adolescent mental health policy and (or) plan may not be appropriate given Canada's federal health care system.
- Appropriate funding must be available to allow for the implementation of child and adolescent mental health plans.

Key Words: *child, adolescent, mental health, policies*

Child and adolescent mental disorders are highly prevalent; carry a substantial burden of illness and disability; lead to poor social, interpersonal, and economic outcomes in both the short and long term, and may continue across the lifespan as chronic conditions exacting a substantial cost to the person, families, and to society.[1–3] Epidemiologic data indicate that 13% to 18% of Canadian children and adolescents (more than 1 million Canadian youth) suffer from a mental disorder[4,5] and, as Kessler et al[6] have noted, these conditions typically continue into adulthood, with one-half of all lifetime cases of mental disorders onsetting by age 14, and three-fourths by age 24. Unaddressed problems tend to persist leading to substantive distress and impairment throughout adulthood. For example, Weissman et al[7] report that 73% of adolescents with MDD experienced another episode of MDD in adulthood, had a higher suicide rate, increased occurrence of psychiatric and medical hospitalization, greater impaired functioning in work, and increased problems in their social and family life when compared with a control group of subjects without psychiatric illness. The lifelong impacts of early onset mental disorders are substantial by economic measures as well. Mental health problems rank among the most costly conditions in Canada and are considered to be the single largest contributor to lost economic productivity in the workplace, with costs relating to mental health problems estimated to exceed $14.4 billion annually.[8]

Suicide is the second leading cause of death among people aged 15 to 24 years, and Canada has the third highest adolescent suicide rate among Organization for Economic Cooperation and Development countries.[9,10] Unrecognized and untreated mental disorders in young people are the most significant risk factor for youth suicide,[11,12] and the addition of other factors to mental health problems can significantly increase youth suicide as evidenced by the high suicide rates in First Nations and Inuit youth.[10,13] Unaddressed mental health problems in children and adolescents may increase the risk of criminal behaviour, health-damaging behaviours (such as unprotected sex or dangerous driving), and substance abuse (including nicotine and alcohol abuse),[14–16] leading to tragic consequences not only for the affected young person but for others as well.

Despite the well known negative impacts of unaddressed mental disorders, and the building evidence for effective interventions, there is a significant lack of appropriate services for child and adolescent mental disorders, with reports suggesting that only 25% to 40% of youth who require such services, receive them.[4,17,18] Children's Mental Health Ontario notes that average wait times for child mental health services in the province are 5.5 months and that 1600 children in Ontario have been waiting for more than one year for care. Services provided are limited by the level of available funding rather than the level of need.[19,20] In a recent public address, Senator Michael Kirby noted that almost 50% of Canadians aged 18 to 24 years who suffer from depression are not receiving mental health services.[21] There exists a substantial misbalance between service availability and service need in child and adolescent mental health. The Senate Report *Out of the Shadows at Last*[1] declared children's mental health services to be the "most neglected piece" of the Canadian health care system.

A rational first step toward addressing the mental health needs of Canada's young people is the development and application of national or provincial and (or) territorial child and adolescent mental health policies and (or) plans. Nationally, there is no policy framework for child and adolescent mental health. In fact, Canada is the only G8 country without a national mental health strategy. Among the provinces and territories, there appears to be no consistency regarding the address of youth mental health. But it is generally not known what child and adolescent mental health policies and plans are available across Canada and whether those that are available are consistent with suggested international frameworks.

Moreover, there is a disturbing trend of provincial action on addressing child mental health needs in the wake of dramatic and highly publicized cases, often involving the youth criminal justice system or other tragic consequences of the lack of a system of care. This reactive approach has the potential to fuel public misconceptions about mental illness in general and child and adolescent mental health in particular—deepening the stigma toward youth with mental illness.

The purpose of our study was to examine whether Canadian provinces and territories are addressing youth mental health through the development of child and adolescent mental health polices and plans. We attempted to determine if such policies exist and the extent to which those policies are translated into plans. We also compared the components of existing policies and plans against the international template for child and adolescent mental health policy developed by the WHO.[22]

Abbreviations used in this article

MDD major depressive disorder

WHO World Health Organization

Methods

As there is no standard definition of this population used by provinces and territories, and terminology often varies across programs and services within a jurisdiction, for the purpose of this project, we considered that the terms used by different jurisdictions to define this population: child and (or) adolescent, child and (or) youth, and youth refer to the same cohort. We consider that these terms refer to young people ranging in age from 1 to 25 years.

The study team contacted each of the provinces and territories directly though emails sent to program leads as identified

Table 1 WHO process steps for developing a child and adolescent mental health policy

	Provinces and territories												
	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC	YT	NT	NU
1. Gather information and data for policy development	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
2. Gather evidence for effective strategies	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
3. Undertake consultation and negotiation	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
4. Exchange with other countries	No	No	No	No	n/a	n/a	No	n/a	n/a	n/a	No	No	No
5. Develop the vision, values, principles, and objectives of the policy	No	No	No	No	No	Yes	No	Yes	Yes	Yes	No	No	No
6. Determine areas for action	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
7. Identify the major roles and responsibilities of different stakeholders and sectors	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No

n/a = not applicable

through the Federal, Provincial, and Territorial Mental Health Policy Task Force. For many of the initial communications, we were directed to more appropriate people. Emails were then sent to these people. Where we did not receive email replies, we telephoned the identified person. In the case of several provinces and territories where the current contact information was not valid or where we did not receive a response to our telephone contact, we connected with the relevant provincial or territorial department involved with mental health. In all of our inquires, we requested an update on child and adolescent mental health policy and (or) plans in the province or territory, direction to any appropriate documents relating to child and adolescent mental health, and referral to any other people that they considered useful for us to contact. Additionally, we conducted a comprehensive search of the relevant provincial and territorial department websites involved with mental health, youth, and social services.

Adapting the methodology used in the WHO Assessment Instrument for Mental Health Services project,[23] for each province and territory, we developed a summary sheet indicating documents reviewed, websites reviewed, and a list of personal communications either by email or telephone. A brief synopsis of our findings for the respective province or territory was sent to each provincial and territorial contact to verify our findings.

Policy Review

For each province and territory, we summarized the current status of child and (or) adolescent mental health policy. We found that 4 provinces (Ontario, Saskatchewan, Alberta, and British Columbia) have an identified child and adolescent mental health policy or plan, and we evaluated them based on the WHO framework outlined in the module on child and adolescent mental health policies and plans (Mental Health Policy and Service Guidance Package).[22] This evaluation included both process and component aspects. For the process aspect, we determined whether or not each jurisdiction had undertaken the essential process steps as suggested by the WHO (for example, stakeholder consultations, evidence gathering, and action determinates) (Table 1).

This WHO template was chosen as it is the only internationally recognized and internationally developed mental health policy framework currently available.

Jurisdictions were scored as either: completed the step (Yes), did not complete the step (No), or not applicable (n/a).

Table 2 Provincial and territorial child and adolescent mental health policy summary

Provinces and territories	Policy framework	Key dates	Status
NL	No	No	Newfoundland and Labrador released a mental health and addictions framework in 2005. The document raises youth issues and concerns.[27]
			Mental health programs and services are overseen by the Department of Health and Community Services as lifespan programs.
PE	No	No	In 2000, Prince Edward Island released a Mental Health Service Delivery Plan.[31] The plan identifies program and service priorities. While the plan is not youth-specific, several of the program and service priorities were directed at youth. The province also has a dedicated coordinator for child and adolescent mental health and a children's mental health therapist in all regions.
NS	No	No	There are program and service standards (not child- and youth-specific).[28] The province provides lifespan program and service delivery. Funding has been increasing incrementally to help health regions meet the standards.
			The Nunn Report has raised the profile of mental health problems among youth.
NB	No	No	The Community Mental Health Centres provide child and adolescent services as a core program.[32] In addition, the province has implemented a youth treatment program to respond effectively to young people with severe behavioural problems. The provincial suicide prevention program also has a youth component.
QC	No	No	Quebec released a mental health strategy in 2005.[33] The strategy includes a comprehensive section on children and youth. However, the document focuses on lifespan services and the delivery of primary level care services for all ages.
			Quebec's Suicide Prevention Strategy (introduced in 1998) has led to suicide and prevention programs and services for youth.[29]
ON	Yes	2006—child and adolescent policy	The Ontario policy (released in November 2006) was developed with extensive input from a multitude of stakeholders. There has been limited specific funding dedicated to implementing the policy but, given that the policy is still young, it is difficult to assess its impact and effectiveness.[20]
			The media attention around the long wait times for children of soldiers at Canadian Forces Base Petawawa to receive mental health services dramatically raised the profile of child mental health services in the province. The province responded by committing $24.5 million to mental health services, with $4.5 million specifically earmarked to help implement policy activities.
MB	No	No	Manitoba has policies and programs addressing youth but no overarching framework. Mental health has been identified as a government priority.[30]
			The province is targeting addictions, recognizing the co-occurrence of mental health and substance abuse. In addition, the province made a commitment to prevention and early intervention.
			Manitoba has initiated the development of a provincial mental health and addictions plan.

continued

Policy and (or) plan components for each jurisdiction were scored using a Likert scale. Possible scores were: fail (– –), poor (–), neutral (/), good (+), excellent (++), not applicable (n/a). Scores were assigned based on our consensus interpretation of how closely the policy document met the criteria description.

Results

Four provinces have a specific child and (or) adolescent mental health policy or plan: British Columbia, Alberta, Saskatchewan, and Ontario. British Columbia[24] released its child and adolescent mental health plan in 2003. Alberta,[25] Saskatchewan,[26] and Ontario[20] introduced their plans in 2006.

While the other provinces and (or) territories do not have specific child and adolescent mental health policies and (or) plans, most do have programs that address one or more specific issues of concern for youth such as suicide, substance abuse, or eating disorders. Some provinces such as Newfoundland and Labrador,[27] Nova Scotia,[28] Quebec,[29] and Manitoba[30] organize policies and plans around issues and not by age cohort. Newfoundland and Labrador, Nova Scotia, and Quebec emphasize the delivery of lifespan services and programs.

Table 2 provides a summary of provincial and territorial child and adolescent mental health policy, indicating whether or not the province or territory has a policy framework (including key

Table 2 continued

Provinces and territories	Policy framework	Key dates	Status
SK	Yes	2006—child and adolescent policy	Saskatchewan Health released its plan, A Better Future for Youth, in 2006.[26] The plan has a policy framework and is very prescriptive, outlining detailed action items. The plan has direct funding. Saskatchewan dedicated an additional $1 million in funding in October 2006, increasing to $2.5 million in 2007–2008, and to $3.0 million in 2008–2009 for a total expenditure of $15 million in 2008–2009. The child and adolescent policy was prompted by the Children's Advocate report, highlighting concerns regarding the quantity, quality, and accessibility of children's mental health services in Saskatchewan.
AB	Yes	2001—child and youth draft policy framework 2004—Provincial Mental Health Plan includes child and youth component 2006—child and adolescent framework for action Positive Futures	Alberta released a Provincial Mental Health Plan in 2004, which included a child and adolescent component.[25] The release of the 2006 framework for action Positive Futures—Optimizing Mental Health for Alberta's Children and Youth: A Framework for Action (2006–2016) signals a strong commitment to child and youth mental health. Over $38 million in funding over 3 years was committed to 5 provincial children's mental health projects that address suicide prevention and postvention, building community capacity, and mental health first aid in schools. A comprehensive implementation plan and accountability framework is currently under development and nearing completion.
BC	Yes	2003—Child and Youth plan	British Columbia has a well-developed and informed child and youth mental health plan.[24] It was the first child and youth mental health policy or plan in the country. British Columbia continues to be a leader in child and youth mental health programming and services. The 2005–2006 budget committed $34 million over 3 years in additional base funding for Phase 2 of the Child and Youth Mental Health Plan.
YT	No	No	Children and adolescents with mental health problems issues receive treatment according to request and need. There is no official policy or plan.
NT	No	No	The Northwest Territories has a Mental Health and Addictions Action Plan (2006–2010).[34] While there is no specific plan for child and adolescent mental health, the document does identify child and youth mental health promotion as an action item. In addition, the Territory has several specific programs targeting youth including the Friends for Life Training Program and the Youth Net Program.
NU	No	No	Nunavut released a suicide prevention strategy in 2003.[35] While the document is not youth-specific, it does have a youth component. Nunavut also released a mental health and addictions strategy in 2002.

dates) and identifying the status of child and (or) adolescent mental health policy in each jurisdiction.

Several jurisdictions have mental health plans in which child and adolescent mental health is referenced. Table 2 also identifies provinces and territories that have developed and are implementing a child and youth mental health policy and plan.

Table 1 reports the extent to which the jurisdictions that have developed specific child and adolescent mental health policies and (or) plans, or which have specifically identified them within a provincial and (or) territorial mental health plan have done so in a manner consistent with WHO process criteria.

There are differences in how well each of the provinces have addressed the WHO criteria (Table 3), with some categories poorly or very poorly addressed by all jurisdictions (specifically: legislation and human rights, information systems, quality improvement, improving access to and use of psychotropic medications, and human resource development and training).

Discussion

Only 4 of 10 provinces and none of the territories in Canada have a child and adolescent policy and (or) plan, and among them there is variability in the extent to which they address essential components and translate policy to action, as tested

against WHO criteria. Nationally, there is neither a cohesive vision nor a common approach regarding how youth and adolescent mental health should be addressed.

This lack of consensus also characterizes jurisdictions that do not have specific child and adolescent mental health policies and (or) plans. Within their remits, there is no agreement about how to define this population or where to place responsibility for policy and (or) plan leadership. Some provinces and territories lack any defined polices or plans addressing child and adolescent mental health; some provinces focus on lifespan delivery of programs and services, although the value of this approach to effectively addressing child and adolescent mental health needs is unknown some provinces have a few youth-directed initiatives but no policy framework. However, even among provinces with a specific plan, the scope, detail, deliverables, targets, timeframe, and dedicated financial support vary dramatically. Links between child and adult mental health programs (which can be pivotal for patients and families during the years of transition in teen and [or] early adulthood years) are tenuous, if they exist at all, further compounding the challenge of coordinated, comprehensive care.

In our review we also attempted to determine if and how various jurisdictions considered the idea that they might create a specific child and adolescent mental health policy and (or) plan. In conversations with various provincial and territorial representatives we observed that a common motivator behind provincial strategies to address child and youth mental health policy has been reaction to public inquiries or external reports, resulting in stakeholder pressure to address shortcomings in service and program delivery. The recent funding announcement by the Ontario government to help implement the existing child and adolescent mental health policy was prompted by public backlash from media reports about long wait times to access mental health care for children of soldiers serving in Afghanistan. The conclusion from the Nunn Commission Report, in the province of Nova Scotia, found that unaddressed attention-deficit hyperactivity disorder contributed to the events leading to the death of Theresa McEvoy, has the potential to drive changes to youth mental health policy and program delivery in Nova Scotia. In Saskatchewan, one impetus to the development of their policy was a "small number of complaints of a compelling nature." The comprehensive youth suicide prevention strategy in Quebec was in part motivated by Quebec having one of the highest suicide rates among industrialized countries.[29]

However, some provinces seem to be attempting to address child and adolescent mental health issues without a specific policy and (or) plan, per se. The Manitoba Mental Health, Addictions and Spiritual Care Department, for example, is focusing on targeting prevention and early intervention, has added youth outreach as a priority issue, and is providing training to service providers emphasizing family integration and motivational interviewing. These efforts, while not explicitly part of a child and adolescent policy framework, seem to be directed at improving the delivery of mental health programs and services for youth. However, in the absence of a policy framework and a comprehensive plan, it is not clear what values, principles, or evidence base are being used to direct these initiatives. Nor is it clear how these activities have been prioritized or how they will effectively address mental health needs in a coherent and comprehensive manner. Such approaches that may prima facie seem reasonable, in the absence of a comprehensive policy framework and operational plan may possibly lead to fragmentation of services, misallocation of care provision, and contribute to worsening rather than improvement in mental health outcomes.

It may not be surprising that there are various approaches to the development and articulation of child and adolescent mental health policy and (or) plans across provincial and territorial jurisdictions given the different social, geographic, demographic, and economic contexts in each part of the country. Customization of policies, plans, and programs is a hallmark of the Canadian health care experience and can be a condition of success when delivering local services. However, this assumes that there is an overarching vision, articulated and agreed upon values and principles, and common body of scientifically valid evidence guiding provincial and territorial policy, plan, and program approaches. However, such is not the case with child and adolescent mental health in Canada.

Conclusion

We recommend that in the same way as the federal government has committed to a process of determining patient wait time guarantees for access to certain medically necessary services, it could take the lead in developing a national child and adolescent mental health policy framework for Canada. Alternatively, an arm's-length body with a national mandate (such as the Mental Health Commission of Canada) may possibly initiate this process. Developing a national policy framework for child and adolescent mental health in Canada would create a needed template for provincial and territorial action. This policy framework would of necessity address high-level common issues such as values, principles, and the expected evidence base that could be modified by provinces and territories for their own jurisdictions as they develop or reform existing child and adolescent mental health initiatives.

A national child and adolescent policy framework would signal a level of commitment that all Canadians, regardless of geographic place of residence, are serious about addressing child and adolescent mental illness. Local interpretation of a national policy framework would allow for tailoring mental health care policies, plans, and programs to meet local realities. Local plans could operationalize the policy, implementing concrete actions reflective of local priorities. Moreover, a national policy framework could provide baseline targets and indicators to enhance the probability that a common

Table 3 WHO criteria for action for child and adolescent mental health

	Provinces and territories			
Area	ON	SK	AB	BC
Financing	Neutral	Excellent	Excellent	Excellent
Intersectoral collaboration	Poor	Excellent	Excellent	Excellent
Legislative and human rights	Neutral	Neutral	Neutral	Neutral
Advocacy	Excellent	Good	Good	Good
Information systems	Fail	Fail	Fail	Fail
Research and evaluation of policies and services	Good	Good	Good	Excellent
Quality improvement	Poor	Poor	Poor	Excellent
Organization of services	Good	Good	Good	Good
Promotion, prevention, treatment, and rehabilitation	Good	Excellent	Excellent	Excellent
Improving access to and use of psychotropic medicines	Poor	Poor	Poor	Poor
Human resources development and training	Neutral	Neutral	Neutral	Neutral

minimum level of care would be provided in all provinces and territories.

Given the now well-recognized gap between child and adolescent mental health care needs and the services available to meet them, and the realized necessity to provide a rational, integrated, comprehensive, and evidence-based approach to meet these needs, national leadership and provincial and (or) territorial support for the development of a Canada-wide child and adolescent mental health policy framework is both indicated and timely.

Since this paper was written and submitted for publication, the Child and Youth Advisory Committee of the Mental Health Commission of Canada has initiated the development of a national child and youth mental health framework. This framework, called Evergreen, is currently underway, with one of the authors of this paper involved in its development.

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Résumé : Politiques et plans de santé mentale pour les enfants et les adolescents au Canada : une revue analytique

Objectif : Les troubles mentaux des enfants et des adolescents sont fréquents, avec une charge de morbidité substantielle, et pourtant, les services pour les jeunes sont nationalement inadéquats. Comme les services devraient être basés sur des politiques et (ou) des plans, nous avons analysé la disponibilité et le contenu des politiques et plans de santé mentale pour les enfants et les adolescents dans tous les territoires et provinces.

Méthode : Le cadre des politiques et plans de santé mentale pour les enfants et les adolescents de l'Organisation mondiale de la santé (OMS) a été appliqué.

Résultats : Quatre provinces du Canada ont une politique et (ou) un plan de santé mentale pour les enfants et les adolescents. Les autres provinces n'ont ni politique ni plan en place, ou alors elles tentent d'intégrer ces composantes aux stratégies de santé mentale existantes. Parmi les politiques et plans qui existent, il y a une variabilité substantielle du contenu ainsi que du degré d'adhésion au modèle de l'OMS. Cinq domaines essentiels du contenu : la loi et les droits de la personne, les systèmes d'information, l'amélioration de la qualité, l'amélioration de l'accès aux psychotropes et à leur utilisation, et le développement et la formation des ressources humaines sont mal ou très mal élaborés dans les politiques et (ou) les plans existants.

Conclusion : Cette absence de politiques et (ou) de plans spécifiques pour les soins de santé mentale des enfants et des adolescents et la variabilité du contenu des plans qui existent peuvent contribuer à expliquer pourquoi les services de santé mentale des enfants et des adolescents sont mal développés partout au Canada. Nous suggérons que soit élaboré un cadre national de politiques de santé mentale des enfants et des adolescents au Canada, de manière à encourager les provinces et les territoires à créer ou à modifier leur cadre actuel de santé mentale des enfants et des adolescents, de façon à accroître la cohésion nationale et à faire face en commun aux besoins de services de cette population.