



Canadian Mental  
Health Association

Association canadienne  
pour la santé mentale

**Child and Youth – Access  
to Mental Health  
Promotion and Mental  
Health Care**

CMHA Public Policy Position  
approved by the CMHA National  
Board of Directors on May 31, 2014

**POSITION**

**“Every child and youth living in Canada deserve to grow up in supportive and nurturing environments, and develop the social and emotional skills they need to work with others cooperatively, resolve conflict and cope with challenges they face in life.**

**“Every child and youth living in Canada should have access to a range of relevant mental health services, treatment and supports as soon as the need for these services arises.”<sup>i</sup>**

## **BACKGROUND**

CMHA believes that all residents of Canada have a right to mental health care<sup>ii</sup> services that are *universal, comprehensive, accessible, portable and publicly administered*. These *Canada Health Act* principles should be applied fully and formally to mental health care across Canada. Mental health care must be available<sup>iii</sup> to the public as a component of Medicare and aligned with social programs we know influence social and environmental factors related to our mental health and our physical health. Achieving equity between mental health and general health services is critical to improving the health outcomes of Canadians.

### **Mental Health Promotion, Prevention and Population Health**

Mental health care<sup>ii</sup> does not only focus on the treatment of illness, but also promotes the maintenance and improvement of mental health in a variety of settings. Care also means using population health approaches (not labels<sup>iv</sup>) to positively affect the social and environmental factors that influence our health (e.g. work, income, education, housing, and peer and family supports).<sup>v</sup>

Investing in evidence-informed strategies for children and youth can help meaningfully reduce the risk of serious mental health problems and illnesses developing in adulthood.<sup>vi</sup>

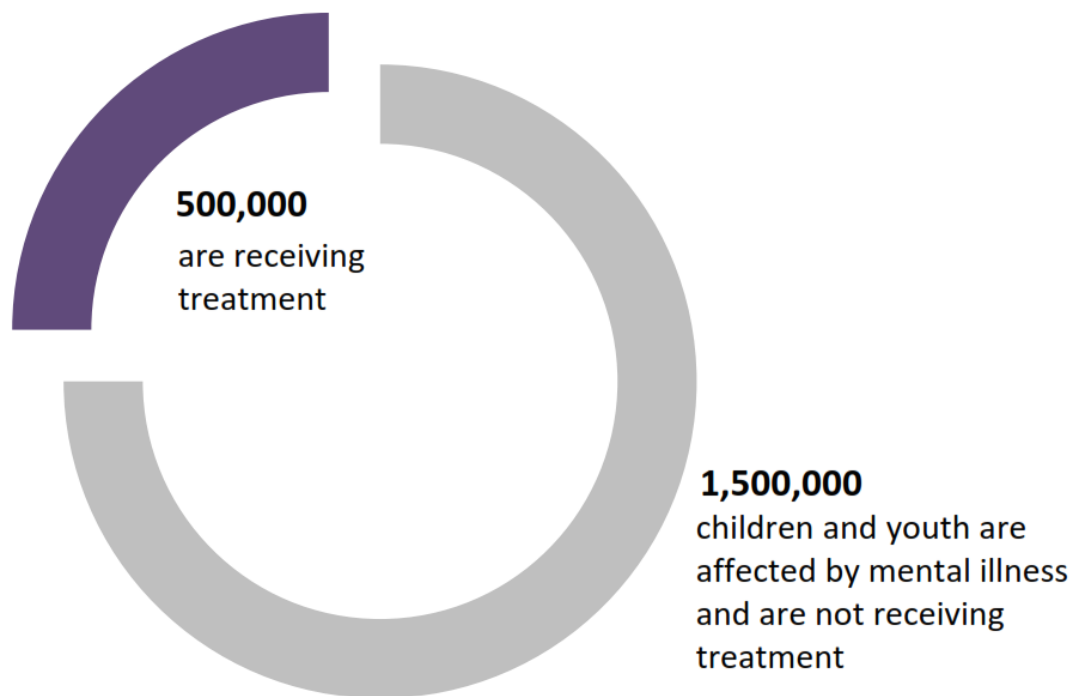
CMHA believes that pan-Canadian efforts to improve health outcomes and quality of life of Canadians as well as sustainability of the health care system can be achieved by finding ways to include youth in the development of policies regarding their health and their future.

Governments can also further align investments they already make in support of improving mental health and preventing mental illness. This is consistent with all governments' publicly stated goals related to health promotion, health education and strategies to prevent illness<sup>vii</sup>, These include investments in:

- Parents (Early Childhood Education, Parental and Child Health);
- Children (Early Childhood Development);
- Schools (Social and Emotional Learning), Colleges and Universities (Supports and Counselling);
- Community organizations (Health promotion and prevention);
- Health Providers and Professionals.

### **Access to Mental Health Care<sup>ii</sup>**

In addition to prevention and promotion activities described above, mental health care includes timely access to counsellors, medications, peer support workers, physicians, psychiatrists, psychologists, social workers, or other specialized provider or professional. An estimated 1.5 million Canadian children and youth (aged 0-24) are affected by mental illness and are not receiving access to appropriate supports, treatment or care.



**CMHA has published a more detailed, companion document entitled, *Public Policy Principles for a Pan-Canadian Mental Health System*, available upon request.**

#### About the Canadian Mental Health Association

CMHA was founded in 1918 and is one of Canada’s oldest not-for-profit organizations. With more than 10,000 staff and volunteers in over 120 communities across Canada, CMHA provides vital services and support to well over half a million Canadians every year. As the nation-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience and support recovery from mental illness.

<sup>i</sup> Partners for Mental Health, *Two-Tier Mental Health Services for Children and Youth: The Need for Mental Health Support Services for Children and Youth under age 25*, 2013. Also cfr. Waddell C, Offord DR, Shepherd CA, Hua JM, McEwan K. (2002). Child Psychiatric Epidemiology and Canadian Public Policy-Making: The State of the Science and the Art of the Possible. *Can J Psychiatry*, 47(9), 825-832.

<sup>ii</sup> **Mental health care** includes prevention and health promotion, not just treatment. Mental health care includes supports, services and programs that cover a range of prevention strategies, screening and health promotion activities, treatment and punctual interventions that help people maintain and improve their mental health status as well as promote recovery from mental illness. Mental health care is delivered in a variety of settings (at home, in school, at work, in health providers’ offices, in community organizations, general hospitals with psychiatric units, specialized clinics, and psychiatric hospitals) depending on a person’s needs.

<sup>iii</sup> This is consistent with one of the primary objectives of Canadian Health Care Policy, as defined by the *Canada Health Act*, namely “to protect, promote and restore the physical and mental well-being of residents of Canada”. Cfr. s. 3, *An Act relating to cash contributions by Canada and relating to criteria and conditions in respect of insured health services and extended health care services (Canada Health Act)*, R.S.C., 1985, c. C-6.

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<sup>iv</sup> Great care must be exercised to promote a positive concept of self and other positive childhood experiences, which have great potential to removing barriers to care and improving outcomes, while at the same time not inadvertently perpetuating stigma through the use of clinical labels. See notably, Rosenfield, S. (1997). Labeling mental illness: The effects of received services and perceived stigma on life satisfaction. *American Sociological Review*, 62, 660-672, and Skodol, A., Bender, D., Pagano, M., Shea, M., Yen, S., Sanislow, C., ... Gunderson, J. (2007). Positive childhood experiences: Resilience and recovery from personality disorder in early adulthood. *Journal of Clinical Psychiatry*, 68, 1102-1108.

<sup>v</sup> Charlotte Waddell, Kimberley McEwan, Cody A. Shepherd, David. R. Offord, and Josephine M. Hua. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50(4). “Children’s mental health has not received the public policy attention that is warranted by recent epidemiologic data. To address the neglect of children’s mental health, a new national strategy is urgently needed. Here, we review the research evidence and suggest the following four public policy goals: promote healthy development for all children, prevent mental disorders to reduce the number of children affected, treat mental disorders more effectively to reduce distress and impairment, and monitor outcomes to ensure the effective and efficient use of public resources. Taken together, these goals constitute a public health strategy to improve the mental health of Canadian children.”

<sup>vi</sup> Institute of Health Economics (IHE) *Return on Investment for Mental Health Promotion: Parenting Programs and Early Childhood Development*, 2012.

<sup>vii</sup> reflected notably in the *Integrated pan-Canadian Healthy Living Strategy*, 2005, which promotes collaborative action. Premiers reiterated their desire to work collaboratively on issues related to mental health promotion and mental illness prevention at their July 2013 Council of the Federation meeting when they stated the following: “Premiers recognized the challenges associated with mental illness and its effects on all sectors of society. They highlighted the importance of an integrated and coordinated approach to mental health services within each jurisdiction. Building on discussions at the 2012 Mental Health Summit held in Winnipeg, Premiers directed ministers responsible to host a meeting of private and public sector leaders on workplace mental health and wellness in 2013. **Premiers also directed ministers to continue to develop best-practices for mental health promotion and mental illness prevention and identify how approaches, treatments and supports can be shared across jurisdictions to reach all individuals and communities, including in Aboriginal and remote regions** [our emphasis].”