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Facing Accessibility Barriers: Mental Health and Canadian Youth by Taylor Smith

Introduction

People with lived experience of mental health issues or addictions (PWLE) may experience discrimination or accessibility barriers in many areas of life, including health services.¹ An estimated 1.5 million Canadian children and youth (aged 0-24) are affected by mental health illness and are not receiving access to appropriate supports, treatment, or care,² with as much as 70 percent of young adults living with mental health problems or illnesses reporting that symptoms started in childhood.³ The importance of early intervention by means of accessible services for youth cannot be overstated, as timely access to services can often increase the likelihood of positive outcomes in terms of managing mental health issues, as well as living a fulfilling and productive life.⁴ The troubling difficulty children and youth (and their families) have in accessing services and professionals to strengthen and remediate mental health functioning suggests there needs to be a greater emphasis placed upon removing accessibility barriers to mental health resources in the context of public health policy.

In this paper I argue that a more comprehensive and holistic approach needs to be taken within the public health policy sector to ensure Canadian youth and children suffering from mental health issues are provided with the access and resources they require at any stage of their illness. This paper provides a description of the current

¹ Human Rights and Accessibility - Canadian Mental Health Association, Ontario Division. (n.d.). Retrieved November 15, 2015, from <http://ontario.cmha.ca/public-policy/cmha-public-policy/current-issues/human-rights-and-accessibility/>

² Child and Youth – Access to Mental Health Promotion and Mental Health Care - Canadian Mental Health Association. (n.d.). Retrieved November 15, 2015, from http://www.cmha.ca/public_policy/child-youth-access-mental-health-promotion-mental-health-care/#.Vk3i3oSTs_s

³ About the Youth Council. (2008, June 13). Retrieved November 4, 2015, from <http://www.mentalhealthcommission.ca/English/people/8536/about-youth-council>

⁴ Office, O. T. C. A. Y. (2014). The Case for Change: Children and Youth with Complex Needs and Access to the Mental Health System: Mental Health Symposium: February 19, 2014. Edmonton, AL, CAN: Office of the Child and Youth Advocate of Alberta. Retrieved from <http://www.ebrary.com>

mental health picture in Canada, and contextualizes current accessibility strengths and weaknesses by looking at the provincial case of Nova Scotia. This paper will then frame an analysis by examining federal and national approaches to dealing with the problem of accessibility for youth and children, and where these approaches are lacking. Finally, this paper will discuss the future of addressing accessibility barriers for youth and children, and make recommendations for health policy to positively impact the future of mental health services.

Accessibility and Mental Health

Between 15-25% of Canadians experience at least one mental health problem or illness before the age of 19, and these individuals have a higher likelihood than others of facing a second one later in their lifetime.⁵ Unfortunately, only one in six people less than 19 years of age is adequately diagnosed,⁶ and only one in five under the age of 12 years old receives the treatment he or she requires.⁷ The Canadian Mental Health Association (CMHA) believes that all residents of Canada have a right to mental health care 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 and access across Canada.⁸ Seventeen percent of Canadians aged 15 or older report

⁵ Mental Illness and Addictions: Facts and Statistics. (n.d.). Retrieved November 4, 2015, from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

⁶ Children's Mental Health and the Need for a National Mental Health Movement: The Empire Club Addresses. (n.d.). Retrieved November 4, 2015, from <http://speeches.empireclub.org/65371/data>

⁷ Leitch, K. K. (2007). *Reaching for the Top: A Report by the Advisor on Healthy Children and Youth*. Ottawa, ON, CAN: Health Canada. Retrieved from <http://www.ebrary.com>

⁸ Child and Youth – Access to Mental Health Promotion and Mental Health Care - Canadian Mental Health Association. (2014, May 31). Retrieved November 6, 2015, from http://www.cmha.ca/public_policy/child-youth-access-mental-health-promotion-mental-health-care/#.Vk3rooSTs_s

having a mental health care need in the past year; one third of those individuals report that their needs were not fully met⁹, and the rate is even higher for children and youth.¹⁰ More than any other mental health population group, access to the right services and care is most critical for children and youth. The needs of children and youth with mental health issues are complex due to the specific nature of their circumstances; the needs and/or services issues are exacerbated in their complexity due to challenges in the health system to respond effectively.¹¹ Every individual should be able to access the full range of mental health services, treatments, and supports, yet for many people, particularly youth, the mental health system is comparable to a maze. Because every individual case is unique, there will never be a blanket approach or solution to mental health services. However, there is much to be done to ensure that no matter where an individual enters the system, they can get the care that they require. Youth with untreated mental health disorders require higher rates of services such as health care, justice and corrections, special education programs, foster care, and income support.¹² This is in contrast to children who are resilient with good mental health. Children with increased resiliency often have strong learning abilities, good social skills, long-term support from one or more adults, feelings of competency, positive beliefs about their purpose in the world, and cohesive families and communities.¹³ Thus, while accessible services and care for

⁹ Mental Illness and Addictions: Facts and Statistics. (n.d.). Retrieved November 4, 2015, from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

¹⁰ *ibid.*

¹¹ Mental health publications. (n.d.). Retrieved November 2, 2015, from <http://www.health.alberta.ca/newsroom/pub-mental-health.html>

¹² Children's Mental Health and the Need for a National Mental Health Movement: The Empire Club Addresses. (n.d.). Retrieved November 4, 2015, from <http://speeches.empireclub.org/65371/data>

¹³ Leitch, K. K. (2007). Reaching for the Top: A Report by the Advisor on Healthy Children and Youth. Ottawa, ON, CAN: Health Canada. Retrieved from <http://www.ebrary.com>

youth and children with mental health illnesses may not address or improve every aspect of life, access to adequate care provides the context for youth to reap the benefits of strong mental health and positively engage with society.

A Provincial Case

In the fall of 2010, an advisory committee was formed and tasked with developing recommendations for improving mental health and addictions services in Nova Scotia. Their statement read “better care sooner for Nova Scotians is the only outcome we will accept. Nova Scotians living with mental illness and addictions and their families deserve it, and, as a province, we have waited too long.”¹⁴ Though its five year plan “*Come Together*”, goals were set to ensure better treatment and care for Nova Scotians, specifically prioritizing children and youth and accessibility to services in a timely manner in their agenda.¹⁵ Thus in 2012 Nova Scotia released its first mental health strategy “*Together We Can*”¹⁶ with the guiding principle of accessibility. In the context of this strategic plan, actions to date have had a prominent focus upon justice (e.g. removing youth from court who are deemed unfit to stand trial and transference to a secure care unit) and targeting very specific mental health illness populations (e.g. children with autism). While these actions are undoubtedly important, they are narrow in scope and fail to emphasize points of access to mental health services for youth more generally.

Despite these drawbacks with the provincial plan, the ‘SchoolsPlus’ program was initiated through a collaborative interagency approach, which aims to provide

¹⁴ Nova, S. D. O. H. A. (2012). *Together We Can: The Plan to Improve Mental Health and Addictions Care for Nova Scotians*. Halifax, NS, CAN: Nova Scotia Department of Health and Wellness. Retrieved from <http://www.ebrary.com>

¹⁵ *ibid.*

¹⁶ *ibid.*

government services to children/youth in the school setting.¹⁷ Each SchoolsPlus site has a regional advisory committee with representation from various government departments such as Justice, Community Services, Education, and Health and Wellness; the advisory committees help identify gaps in services or resources, and help identify solutions.¹⁸ While the SchoolsPlus program does not have an explicit focus upon mental health services, it is a comprehensive program with access to various services in the school setting and provides an exemplary framework for future programs targeting mental health to make themselves available to children and youth beyond a provincial context, in a setting that is familiar to them.

The Federal Context

In practice, the Canadian federal government plays a role in the delivery of mental health care in Canada by funding pan-Canadian initiatives that focus on mental health promotion, research and data collection, policy development, and improved access to mental health services across the country.¹⁹ The federal government has developed mental health services and benefits for specific population groups for which it has responsibility for under the *Constitution Act*, 1867. However, the type of mental health benefits and services offered to these population groups vary, reflecting both their needs and their relationship to the Canada Health Act.²⁰ In 2007, the federal government established the Mental Health Commission of Canada (MHCC), funded by Health

¹⁷ SchoolsPlus. (n.d.). Retrieved November 10, 2015, from <https://schoolsplus.ednet.ns.ca>

¹⁸ *ibid.*

¹⁹ Butler, M., & Phillips, K. (2013). *Current Issues in Mental Health in Canada: The Federal Role in Mental Health*. Ottawa, ON, CAN: Parliamentary Information and Research Service. Retrieved from <http://www.ebrary.com>

²⁰ *ibid.*

Canada, with a ten-year mandate to act as a catalyst for improving the mental health system.²¹ The MHCC was formed in 2006, in response to a Standing Senate Committee's completion of the first-ever national study of mental health, where it found an alarming number of challenges facing Canadians with mental health issues.²² The Committee's concerns were detailed in the report "*Out of the Shadows at Last – Transforming Mental Health, Mental Illness, and Addiction Services in Canada*".²³ The report highlights two major goals, one of which is to work with stakeholders to improve mental health services and supports; it also emphasizes children and youth as one of the most important groups to target.²⁴ Since its implementation in 2006, the MHCC released "*Changing Directions, Changing Lives: The Mental Health Strategy for Canada*" which identifies six strategic directions to improve Canada's mental health care system, one of these steps being: "provide access to the right combination of services, treatments and supports, when and where people need them."²⁵ The problem with this statement is that it is broad in scope and lacks accountability for younger victims of mental illness not knowing what the "right" combination is, and how to easily access required services. The entire six-point strategy itself is rooted in the concept of recovery, but to reach the point of recovery, knowledge of access to the proper resources is necessary. This idea is

²¹ About MHCC. (n.d.). Retrieved November 15, 2015, from <http://www.mentalhealthcommission.ca/English/who-we-are>

²² *ibid.*

²³ *Out of the Shadows, Forever.* (2006). Retrieved November 4, 2015, from http://www.mentalhealthcommission.ca/English/system/files/private/Diversity_Out_Of_The_Shadows_For_ever_Overview_ENG_0.pdf

²⁴ *ibid.*

²⁵ Mental, H. C. O. C. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Ottawa, ON, CAN: Mental Health Commission of Canada. Retrieved from <http://www.ebrary.com>

particularly difficult and overwhelming for children and youth who may not have a stable support system (e.g. a parental unit) or access to knowledgeable sources.

One area of the MHCC that has been successful in recognizing children and youth is the creation of the Youth Advisory Council. The Youth Council is made up of youth who have lived experience with mental health problems or illnesses. Since its inception in 2008, the Youth Council has provided the MHCC with personal experience to inform their work.²⁶ The Youth Council aims to increase youth participation in decisions related to mental health service delivery and policymaking, and increase the impact of youth involvement in system change.²⁷ This is an effective approach as it represents the voices of individuals who know firsthand what is necessary in navigating a mental health system, and how accessibility and service delivery standards can be augmented to successfully reach youth suffering with mental illness.

Another Canadian governmental attempt at recognizing the gap in accessible care for youth is the recent creation of ACCESS Canada, a private/public research partnership that seeks to address where and how youth have the least access to mental health care. This pan-Canadian initiative developed by TRAM (Transformational Research in Adolescent Mental Health) specifically aims to improve youth engagement and awareness of mental health issues, leading to early identification to those in need, and to make appropriate, evidence-informed youth-friendly mental health care accessible to youth as early as possible.²⁸ One could argue that this public/private partnership could

²⁶ About the Youth Council. (2008, June 13). Retrieved November 4, 2015, from <http://www.mentalhealthcommission.ca/English/people/8536/about-youth-council>

²⁷ *ibid.*

²⁸ Archived - Fact Sheet - ACCESS Canada, a research network developed by TRAM - Transformational Research in Adolescent Mental Health. (n.d.). Retrieved November 13, 2015, from <http://news.gc.ca/web/article-en.do?nid=856669>

blur lines in the context of who maintains what responsibilities and what role each institution plays; however, this dual partnership with equal funding over five years (12.5 million from the Government of Canada and the Graham Boeckh Foundation²⁹) creates a unique opportunity for collaboration, research, and resources that may have otherwise not been feasible.

The Future of the Canadian Mental Health System

In light of the evident issues surrounding access to mental health care services for children and youth, several recommendations are put forth to address this gap in care and help structure the mental health system to prioritize children and youth, as well as the general population.

Mental health is undoubtedly an illness that impacts numerous areas of a youth's life (e.g. health, education, justice, social services, etc.), and therefore cohesive and collaborative services must reflect the encompassing impacts of this type of illness. Related to this notion is a collective impact approach that may foster cooperative services for children and youth. A collective impact approach is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.³⁰ Large-scale change, which is necessary in this context, comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.³¹ Therefore, rather than multiple organizations working on the same specific problem of engaging youth in mental health care for better informed work (e.g.

²⁹ *ibid.*

³⁰ Kania, J., & Kramer, M. (2011). *Collective impact.*

³¹ *ibid.*

the Youth Council and ACCESS Canada), a collaborative approach whereby resources are more effectively allocated would facilitate better problem-solving.

Another recommendation (also recognized by the Office of the Child and Youth Advocate of Alberta³²) is to build a system that helps navigate. As previously mentioned, it can be a daunting task for children and youth (and their families) to access and navigate the health system; because each individual's circumstance and needs are unique, there will never be a "one size fits all" path that young people can follow in accessing the necessary services.³³ Therefore, coordinated and knowledgeable professionals with substantial mental health training are required to help youth navigate the health system, and know what services are available. These professionals would ideally become a point of contact and reference, to be assigned to youth for consistency of relationship, and be present for their mental health journey.³⁴

Butler and Phillips note that there is currently no Canadian federal department or branch dedicated to child and youth health issues.³⁵ In order to adequately address the significant problems children and youth currently face with mental health illness, a designated branch must exist, which places clear responsibility on the government to take and facilitate action. Integral to government action (or inaction) is the cost of mental health care to the economy. While mental health illness accounts for more than 10% of

³² Office, O. T. C. A. Y. (2014). The Case for Change: Children and Youth with Complex Needs and Access to the Mental Health System: Mental Health Symposium: February 19, 2014. Edmonton, AL, CAN: Office of the Child and Youth Advocate of Alberta. Retrieved from <http://www.ebrary.com>

³³ *ibid.*

³⁴ *ibid.*

³⁵ Butler, M., & Phillips, K. (2013). Current Issues in Mental Health in Canada: The Federal Role in Mental Health. Ottawa, ON, CAN: Parliamentary Information and Research Service. Retrieved from <http://www.ebrary.com>

the burden of disease in Canada, it receives just 7% of health care dollars.³⁶ Where mental health service access and delivery is weak, it has significant impacts on the economy. For example, between 2006 and 2014 rates of inpatient hospitalizations that involved at least one overnight stay for mental disorders among children increased by 37%.³⁷ The associated costs to the health care system with these types of visits can be mitigated by direct care and services at defined points of access in the mental health system for children and youth. While it is not possible to eliminate all costs associated with mental illnesses, a better job can be done delivering services and programs that create better mental health outcomes and see cost benefits in the process.³⁸ If the number of people experiencing mental illness in a given year was reduced by 10% (something that is feasible in many illnesses among young people), after ten years the economy could save at least 4 billion a year.³⁹ There is strong evidence that promotion, prevention, and early intervention targeted at children and youth can produce significant net cost benefits, and programs that help people access treatment early can be very cost effective⁴⁰; for example, studies of early intervention programs in Alberta have shown a minimum savings of \$7.6 million.⁴¹ Thus, commitment from the federal government to invest in mental health to improve access to services now, can relieve the economy later and have lasting effects for children and youth.

³⁶ Mental Illness and Addictions: Facts and Statistics. (n.d.). Retrieved November 4, 2015, from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

³⁷ *ibid.*

³⁸ Mental, H. C. O. C. (2013). Making the Case for Investing in Mental Health in Canada. Ottawa, ON, CAN: Mental Health Commission of Canada. Retrieved from <http://www.ebrary.com>

³⁹ *ibid.*

⁴⁰ *ibid.*

⁴¹ Topics: Child and Youth. (n.d.). Retrieved November 11, 2015, from <http://www.mentalhealthcommission.ca/English/issues/child-and-youth>

Conclusion

Significant rates of children and youth across Canada suffer from mental illness and are not receiving access to services to aid their mental health. Accessibility to mental health services for children and youth is imperative to their well-being, and must reflect the uniqueness of their individual circumstance. Intergovernmental and sectorial collaboration is necessary to facilitate the implementation of pan-Canadian services and initiatives that aim to serve the complex needs of children and youth with mental illness. Moreover, strategic investment from the Canadian government in services that are accessible and work can positively impact youth and the economy in the future. Overall, mental health policy must reflect a commitment to Canada's children and youth, and ensuring their well-being is a priority now and in the future.

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