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Current Issues in Mental Health in Canada: Child and Youth Mental Health

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(In Brief)*

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CONTENTS

1	INTRODUCTION.....	1
2	OVERVIEW OF CURRENT ISSUES.....	1
3	THE ROLE OF THE FEDERAL GOVERNMENT	3
4	CURRENT FEDERAL PRIORITY AREAS AND INITIATIVES	4
4.1	Suicide Prevention	5
4.2	Bullying.....	5
4.2.1	Cyberbullying.....	6
5	CONCLUSION	6

CURRENT ISSUES IN MENTAL HEALTH IN CANADA: CHILD AND YOUTH MENTAL HEALTH

1 INTRODUCTION

Between 15% and 25% of Canadians experience at least one mental health problem or illness before they turn 19, and these individuals have a higher likelihood than others of facing a second one later in their lifetime.¹ Unfortunately, only one in six people under 19 is adequately diagnosed,² and only one in five under 12 receives the treatment he or she needs.³

Mental health wellness and illness affect health and well-being throughout a person's life. According to a 2011 report by Canada's Chief Public Health Officer, positive mental health⁴ is associated with a higher likelihood of completing school, positive social relations, higher levels of self-confidence, higher income potential and increased resilience.⁵ Mental illness⁶ is associated with increased risks of physical health problems, including chronic respiratory conditions and heart disease.⁷ Rates of poverty and unemployment,⁸ as well as rates of incarceration,⁹ are also higher among people with mental illness.

This paper briefly examines current mental health issues faced by young people¹⁰ in Canada and highlights the role of the federal government in addressing these problems. In particular, this paper summarizes two federal initiatives. The first of these is related to suicide prevention. The second relates to the prevention of bullying, which has been identified as a cause of mental health issues among young people.

2 OVERVIEW OF CURRENT ISSUES

Certain emotions (e.g., moodiness, irritability and impulsiveness), beliefs (e.g., low self-esteem) and behaviours (e.g., experimentation with drugs and alcohol, and changes in academic performance) are often seen as a normal manifestation of development in adolescence – a time of self-discovery, experimentation and rebellion. However, the persistence of these signs over time, and the extent of their interference with the young person's daily life, may be indicative of a mental health problem.¹¹

Table 1 summarizes some recent literature on the most common mental health issues faced by young people in Canada today. Individuals may experience one or more of these issues at any given time.

Table 1 – Summary of Major Mental Health Issues and Disorders Faced by Young People in Canada

Issue/Disorder	Description
Anxiety disorders	People with anxiety disorders, such as generalized anxiety disorder, panic disorder, phobias and obsessive-compulsive disorder, experience “long periods of intense feelings of fear or distress out of proportion to real events.” ^a Feelings of fear and dread may be so extreme that a young person is unable to go to school, socialize or participate in an activity. In 2009, 5% of Canadian youth and young adults were diagnosed with an anxiety disorder. Proportions were higher among young women and in Aboriginal populations.
Attention-deficit/hyperactivity disorder	Attention-deficit/hyperactivity disorder (ADHD) is one of the most common disorders affecting young people, especially young boys. ADHD interferes with a child’s attention span, concentration and learning processes. ^b According to the Canadian Paediatric Society, ADHD affects one in 20 children worldwide. ^c
Eating disorders	Eating disorders, such as anorexia nervosa and bulimia nervosa, are characterized by preoccupation with food and body weight. Eating disorders can lead to serious health problems, such as heart conditions and kidney failure, and can even be fatal. There are few recent authoritative statistics on the prevalence of eating disorders in Canada. In 2012, an estimated 1.1% of young women aged 15 to 24 years in Canada reported that they had been diagnosed with an eating disorder. ^d Although eating disorders are more prevalent in women than in men, recent research suggests that the incidence of eating disorders among men is growing, as males are increasingly seeking help and being identified for treatment. ^e
Intentional self-harm (other than suicide)	Often used as a coping strategy to deal with overwhelming emotions, non-suicidal self-injury includes cutting, burning of the skin, scratching, hitting objects or oneself, or pulling out one’s hair. These types of behaviours often begin between the ages of 12 and 15 years and are more prevalent among youth and young adults than in any other age group. In 2009–2010, self-injurious behaviours led to over 17,000 hospitalizations among Canadians aged 15 and older; the highest incidence was among adolescent girls (aged 15 to 19 years). Individuals who engage in non-suicidal self-injuries are at greater risk of committing suicide later in life. ^f
Mood disorders	People affected by mood disorders, such as depression and bipolar disorder, experience “highs” and “lows” with more intensity and for longer periods than the average population. In 2009, 6.3% of Canadian youth and young adults were diagnosed with a mood disorder. Proportions were higher among young women and in Aboriginal populations.
Psychosis and schizophrenia	<p>People with psychoses have difficulty telling the difference between what is real and what is not. Symptoms often appear for the first time between the ages of 16 and 30. Psychosis may be especially challenging for young people, as it may interrupt healthy development of their self-esteem, confidence, relationships and outlook on life.</p> <p>Psychosis is a common symptom of schizophrenia. Schizophrenia affects approximately one person out of every one hundred. Although schizophrenia is not as common as other mental illnesses, the Canadian Mental Health Association describes it as “youth’s greatest disabler.”</p>
Substance abuse	Youth and young adults often experiment with tobacco, alcohol, cannabis and other substances. For some individuals, experimentation leads to more serious substance abuse or heavy use problems. In 2009, 13% of surveyed youth (aged 15 to 19 years) were smokers. In other surveys conducted in 2009, 32% of youth reported heavy drinking, and 27% of youth reported that they had used cannabis in the previous 12 months. Effects of substance abuse can range from physical effects (increase in heart rate, convulsions and increased blood pressure), cognitive effects (interference with concentration, and impaired memory and information processing), increased health risks (increased risk of lung cancer) and psychiatric effects (paranoia, panic attacks, risky or violent behaviour and psychosis). Addictive behaviours may lead to decreased performance at school and work, isolation and, in extreme cases, death.

Issue/Disorder	Description
Suicide	According to Statistics Canada, over 3,600 Canadians die by suicide every year. ⁹ Among youth and young adults, suicide is the second leading cause of death, after unintentional injuries or accidents. ^h In 2009, over 750 young people aged 10 to 29 committed suicide in Canada – representing over one fifth of deaths in this age group. ⁱ These statistics do not capture suicidal ideation or suicide attempts not resulting in death. ^j A 2013 study led by the Centre for Addiction and Mental Health revealed that 47% of sampled youth and young adults between the ages of 12 and 24 indicated that they had suicide-related thoughts at some point in their lifetime, and 14% of the sample reported that they had had suicidal thoughts in the past month. ^k

- Notes:
- a. Health Canada, “Background,” [Mental Health – Anxiety Disorders](#).
 - b. Centre for Addiction and Mental Health, [Attention-Deficit Hyperactivity Disorder \(ADHD\)](#).
 - c. M. Feldman and S. Bélanger, “[Extended-Release Medications for Children and Adolescents with Attention-Deficit Hyperactivity Disorder](#),” Canadian Paediatric Society Position Statement, *Paediatric Child Health*, Vol. 14, No. 9, 2009, pp. 593–597.
 - d. Statistics Canada, Table 105-1101, “[Mental Health Profile, Canadian Community Health Survey–Mental Health \(CCHS\), by age group and sex, Canada and provinces](#),” CANSIM (database).
 - e. Eric Strother et al., “Eating Disorders in Men: Underdiagnosed, Undertreated, and Misunderstood,” in *Current Findings on Males with Eating Disorders*, eds. Leigh Cohn and Raymond Lemberg, Routledge, New York, 2014, p. 14.
 - f. Janis Whitlock, “[The Cutting Edge: Non-Suicidal Self-Injury in Adolescence](#),” *Research Facts and Findings*, ACT for Youth Centre of Excellence, Ithaca, New York, December 2009.
 - g. Statistics Canada, Table 102-0551, “[Suicides and suicide rate, by sex and by age group](#),” CANSIM (database).
 - h. Data calculated by the authors using data from Statistics Canada, Tables 2-4 to 2-7, “[Mortality, Summary List of Causes: 2009](#),” Catalogue no. 84F0209X, July 2012.
 - i. Ibid.
 - j. According to a Canadian study, “In the United States, for every suicide there are an estimated 5 hospitalizations and 22 emergency department visits for suicide-related behaviors” (see “[Reducing Risk Factors Through Group Intervention for Suicide-Related Behavior](#),” *Annals of Clinical Psychiatry*, Vol. 21, No. 1, 2009, p. 18).
 - k. Centre for Addiction and Mental Health, [National Youth Screening Project Report](#), 2013.

Sources: Table prepared by the authors using data obtained from the following sources, unless otherwise indicated: Canadian Mental Health Association, [Understanding Mental Illness](#); Canadian Psychiatric Association, [Youth and Mental Illness](#); and Public Health Agency of Canada, “[Chapter 3: The Health and Well-being of Canadian Youth and Young Adults](#),” in *The Chief Public Health Officer’s Report on the State of Public Health in Canada*, 2011.

3 THE ROLE OF THE FEDERAL GOVERNMENT

Along with many other aspects of health, child and youth mental health is an area of shared federal and provincial jurisdiction¹² in which the provinces have primary responsibility for the delivery of services.¹³ The federal government has undertaken several broad initiatives aimed at improving mental health among Canadian youth. It also contributes to funding mental health service delivery through the Canada Health Transfer.¹⁴

According to a 2007 report by the Advisor on Healthy Children and Youth to the federal Minister of Health, Canadian citizens believe that the federal government should play an important role in several specific areas related to child and youth health, including:

- providing leadership;
- raising awareness about healthy behaviours;
- empowering parents;
- fostering collaboration and networking;
- developing national standards;
- conducting and supporting research; and
- collecting and disseminating data.¹⁵

Although there is no federal department or branch dedicated to child and youth health issues, Health Canada (HC) and its agencies manage a number of federal programs that target the mental health of Canadian children, youth and young adults.¹⁶ For example, the Public Health Agency of Canada (PHAC) supports a number of community-based projects, such as the Aboriginal Head Start in Urban and Northern Communities program and the Community Action Program for Children, which support at-risk children by promoting mental health and reducing risk factors for mental health problems.¹⁷ Other PHAC community-based projects focus on reducing health inequalities, promoting positive mental health, or developing resilience in children and youth.¹⁸ The federal government also provides funding through the Canadian Institutes of Health Research (CIHR), the government of Canada's health research investment agency, to support research on the development and mental health of children and youth in Canada.¹⁹

In addition, the federal government provides ongoing financial support to the Mental Health Commission of Canada (MHCC), which manages and contributes to many projects related to child and youth mental health. In 2010, the MHCC published the Evergreen Framework, which it described as "a roadmap for governments and organizations to follow to help them build mental health strategies targeted at children and youth."²⁰ The MHCC's 2012 national mental health strategy further includes a focus on health promotion and illness prevention for children and youth.

4 CURRENT FEDERAL PRIORITY AREAS AND INITIATIVES

The issues presented in Table 1 in this paper reflect those discussed in the current literature on child and youth mental health. The federal government has recently focused on the prevention of suicide and bullying; for many youth, bullying can be a cause of or contribute to several of the mental health issues mentioned in the table.

4.1 SUICIDE PREVENTION

According to the MHCC, 90% of people of all ages who die by suicide were experiencing a mental health problem or illness. The MHCC states that to reduce suicide risk factors, suicide prevention and mental well-being initiatives should target the promotion of mental health and wellness, the prevention of mental illness, the reduction of stigma related to mental health issues, mental health literacy, and access to services, treatment and support.²¹

In December 2012, Bill C-300, An Act respecting a Federal Framework for Suicide Prevention, received Royal Assent.²² Under this statute, the federal government is required to develop a federal framework for suicide prevention in consultation with relevant non-governmental organizations as well as government entities at the federal, provincial, and territorial levels. PHAC is currently leading consultations with stakeholders²³ and is mandated to provide a progress report for Parliament by 2016.

Youth suicide rates are significantly higher among First Nations and Inuit populations than in the Canadian population overall. According to Health Canada, First Nations youth suicide rates are five to seven times higher than non-Aboriginal youth suicide rates, and Inuit youth suicide rates are 11 times the national average.²⁴ To combat the high rates of Aboriginal youth suicide, Health Canada is cooperating with national Aboriginal organizations to develop a National Aboriginal Youth Suicide Prevention Strategy founded in community-based solutions.²⁵ The CIHR also funds research projects to support policy-makers in the development of a national framework for suicide prevention and the evaluation of culturally based intervention programs aimed at preventing suicide in Aboriginal youth populations.²⁶

4.2 BULLYING

Bullying is “a relationship problem [characterized by] repeated aggression where there is an imbalance of power between the young person who is bullying and the young person who is victimized.”²⁷ It may involve physical, psychological or social harm or threats, and the exploitation of another person’s perceived vulnerabilities.²⁸

According to PHAC, in 2010, 22% of Canadian students between the ages of 11 and 15 reported being bullied, 12% reported having bullied others, and 41% reported both having been bullied and having bullied others.²⁹ Young people who have been victimized by bullying as well as those who have engaged in bullying are more likely than their peers to experience anxiety and depression, and they may be more likely to experience psychiatric problems that persist into adulthood. In some cases, severe bullying may lead to suicide.³⁰ In June 2013, the federal government announced funding for an anti-bullying project run through the Red Cross called “Stand Up to Bullying and Discrimination in Canadian Communities.”³¹

Sexual minority students are at particular risk of being bullied. Bullying based on perceived or actual sexual orientation or gender identity has been called “homophobic bullying.”³² In 2012, CIHR invested \$2 million in a national study led by researchers at the University of British Columbia to examine homophobic bullying and to improve outcomes for sexual minority youth.³³

4.2.1 CYBERBULLYING

Cyberbullying is a subtype of bullying that involves the same power dynamics as conventional bullying, but in which the aggressive, intimidating or embarrassing messages that form the basis of the bullying behaviour are relayed through electronic means (typically, social media).

In December 2012, the Standing Senate Committee on Human Rights tabled a report on cyberbullying.³⁴ The report noted that the perceived anonymity of the Internet can enable bullying by making those who bully feel that they can engage in harassment and intimidation with impunity. The report also suggested that cyberbullying may be particularly insidious because – unlike conventional bullying, which is more likely to occur in schools – cyberbullying’s effects may be felt almost at any time and in any place through mobile devices, making the youth who are targeted by these behaviours feel that there is no escape.

On 20 September 2013, the federal government announced funding of up to \$390,000 for provincial and territorial projects to address cyberbullying.³⁵ In another federal initiative, the Royal Canadian Mounted Police collaborated with PREVNet, a national network working to stop bullying in Canada,³⁶ to provide resources for school-aged children and teens in grades 4 to 12 on identifying, addressing and preventing cyberbullying.³⁷ The federal government also tabled legislation prohibiting the transmission of intimate images without consent in the fall of 2013.³⁸

5 CONCLUSION

The federal role in improving child and youth mental health is complex. As mentioned, the provinces are primarily responsible for the delivery of mental health services, but the federal government can – and has – played a role in improving child and youth mental health, particularly in the areas of research and funding. Given the scope of the challenge, all levels of government will likely need to work together to improve the mental health of Canadian children and youth.

Mental illnesses can begin to manifest in childhood and youth, and they can persist throughout life. However, there is evidence that certain factors can foster and protect the mental health of young people. By investing in early intervention, Canada can help to prevent the development of mental health problems in children and youth, allowing young people to actively participate in their communities, and saving health care and social services costs in the long term.

NOTES

1. Centre for Addiction and Mental Health, [Mental Illness and Addiction Statistics](#); and Mental Health Commission of Canada [MHCC], [Child and Youth](#). See also Michael Kirby, Chair, MHCC, “[Children’s Mental Health and the Need for a National Mental Health Movement](#),” Address to the Empire Club of Canada, 8 May 2008.
2. Kirby (2008).

3. K. Kellie Leitch, [*Reaching for the Top: A Report by the Advisor on Healthy Children and Youth*](#), Catalogue no. H21-296/2007E, Health Canada, Ottawa, 2007, p. 5.
4. Public Health Agency of Canada [PHAC], "[The Current Health of Canada's Youth and Young Adults](#)," in *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011: Youth and Young Adults – Life in Transition*, pp. 29–38. The report (p. 30) defines "mental health" as follows:

[T]he capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.
5. PHAC (2011). According to the Canadian Institute for Health Information, resilience is the ability "to cope successfully in the face of significant adversity or risk" (see Canadian Institute for Health Information, [Improving the Health of Canadians 2009: Exploring Positive Mental Health](#), 2009). A factsheet from the Canadian Mental Health Association explains how the development of certain skills and positive attributes in childhood can increase children's resilience and better equip them to face challenges and disappointments (see Canadian Mental Health Association, "[Resiliency: at Home, at School and at Work – Fact Sheet](#)," n.d.).
6. PHAC (2011). According to PHAC's report, "mental illnesses" are "characterized by alterations in thinking, mood or behaviour – or some combination thereof – associated with some significant distress and impaired functioning" (p. 30).
7. Ibid., p. 29.
8. Ibid.
9. See for example, Correctional Service of Canada, [Mental Health Strategy for Corrections in Canada: A Federal-Provincial-Territorial Partnership](#), 2012; and Office of the Correctional Investigator, [Under Warrant: A Review of the Implementation of the Correctional Service of Canada's 'Mental Health Strategy.'](#) 2010.
10. Unless otherwise stated, this publication defines "children" as individuals under the age of 12, "youth" as individuals aged 12 to 19, and "young adults" as individuals aged 20 to 29. The term "young people" encompasses all three age groups.
11. Ontario Ministry of Health and Long-Term Care, "Mental Health in Children and Youth," [Mental Health Matters: Understanding Mental Health](#).
12. For more information, please see Martha Butler and Karin Phillips, [Current Issues in Mental Health in Canada: The Federal Role in Mental Health](#), Publication no. 2013-76-E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 15 August 2013.
13. Section 92(7) of the [Constitution Act, 1867](#) (30 & 31 Victoria, c. 3 (U.K.)) assigns to the provinces legislative authority over the "establishment, maintenance, and management of hospitals."
14. Department of Finance, [Canada Health Transfer](#).
15. Leitch (2007), p. 34.
16. Ibid., p. 32.
17. Department of Justice, "[Backgrounder – Mental Health](#)," March 2013.
18. See, for example, PHAC, "[Harper Government Announces Funding to Support Positive Mental Health in Communities Across Canada](#)," News release, 8 June 2011.

19. See, for example, Canadian Institutes of Health Research [CIHR], Institute of Human Development and Child and Youth Health [IHDCYH], [IHDCYH Strategic research priorities](#).
20. MHCC, "[MHCC Commends Federal Investment in Child and Youth Mental Health](#)," News release, 8 June 2011.
21. MHCC, [Suicide Prevention](#).
22. [Bill C-300: An Act respecting a Federal Framework for Suicide Prevention](#), 1st Session, 41st Parliament (S.C. 2012, c. 30).
23. PHAC, "[Consultations on the Development of a Federal Framework for Suicide Prevention](#)."
24. Health Canada, "[Suicide Prevention](#)," *First Nations and Inuit Health*.
25. Ibid.
26. CIHR, "[Research Profiles – Suicide Prevention: Responding to the Warning Signs](#)."
27. Wendy Craig and Heather McCuaig Edge, "[Bullying and fighting](#)," in *The Health of Canada's Young People: a mental health focus*, Public Health Agency of Canada, 2011, p. 167. This publication is Canada's 2011 submission to the World Health Organization's cross-national survey called [Health Behaviour in School-Aged Children](#).
28. Craig and McCuaig Edge (2011).
29. Ibid., p. 170.
30. Debra Pepler et al., "Why Worry about Bullying?," *Healthcare Quarterly*, Vol. 14, No. 2, April 2011, pp. 72–79.
31. Canadian Heritage, "[Minister Moore Announces Support for Youth-Led Anti-bullying Project](#)," News release, 3 June 2013.
32. See, for example, CIHR, [Canadian Bullying Statistics](#). See also Catherine Taylor and Tracey Peter, [Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools](#), Final report, Egale Canada Human Rights Trust, May 2011, p. 36.
33. University of British Columbia, "[\\$2M national study on 'making it better' for lesbian, gay, bisexual – and straight – youth](#)," News release, 20 February 2012.
34. Senate, Standing Committee on Human Rights, [Cyberbullying Hurts: Respect for Rights in the Digital Age](#), Final Report, Ottawa, December 2012.
35. Department of Justice, "[Ministers MacKay and Shea Announce Funding to Address Cyberbullying](#)," News release, 20 September 2013.
36. Promoting Relationships and Eliminating Violence Network [PREVNet], [Welcome to PREVNet](#).
37. Royal Canadian Mounted Police, [Bullying and Cyberbullying – Resources](#).
38. [Bill C-13: An Act to amend the Criminal Code, the Canada Evidence Act, the Competition Act and the Mutual Legal Assistance in Criminal Matters Act](#) [short title: Protecting Canadians from Online Crime Act], 2nd Session, 41st Parliament.