



Alliance nationale pour les enfants

National Children's Alliance

Mental Health in Middle Childhood

**Policy Brief prepared for the Middle Childhood Initiative of
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By: Wood's Homes

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Introduction:

Issue topics

According to *Out Of the Shadows at Last, Transforming Mental Health, Mental Illness and Addiction Services in Canada*, the final report of the Standing Senate Committee on Social Affairs, Science and Technology (May 2006), the prevalence rate of Canadian children affected by anxiety, attention deficit, depression, addictions and other disorders is conservatively estimated at 15% or 1.2 million young people at any given time. The needs of children with psychological dysfunction are complex. In order to provide children with quality care and appropriate management of mental health problems, it is important to understand some of the contextual issues that underlie a child's diagnosis of a mental disorder.

In theory, children's mental health is conceptualized as the total well-being of a child, which includes psychological, emotional and physical status (Fisher & Robertson, 2001). This definition also addresses those conditions which moderate or directly affect the mental health of a child; specifically the social environment, family dynamics, poverty and other demographic characteristics. Children's mental health is often defined as different than "adult mental health" and more multifaceted, because of the many important developmental milestones that complicate the presentation and identification of psychological illness in children.

One factor readily identified as contributing to the development of psychological problems in children is poverty. A review of the literature shows that children growing up in low-income families are at greater risk for developing psychological problems, particularly because differing familial priorities and financial strain may prevent accessibility to services (Walrath, Mandell, Holden, & Santiago, 2004). Health, whether poor or good, depends on a number of variables including genetics and the socioeconomic conditions in which people live. When looking at psychological well-

being, many experts cite socioeconomic status as being a strong predictor of health status (*Out of the Shadows at Last*, 2006). Both depression and personality disorders in children have most commonly been correlated to socioeconomic status (Hudson, 2005).

A second factor also known to magnify the risk for not only developing psychological problems but also impacting later adolescent and adult development is family violence (Buckner, 2004). Exposure to family violence can have serious negative effects on children and produce internalizing problems such as depression, anxiety, and Post Traumatic Stress Disorder (PTSD), as well as externalizing problems such as aggressive and/or substance abusing behaviour (Cicchetti & Lynch, 1993; Buckner, 2004). In one study examining a sub-population of children in low-income households with correlated exposure to severe forms of family violence, results indicated that 62% of the sample (N = 95; age range from 8 to 17 years) had experienced at least one form of violence. Moreover, internalizing problems (i.e. anxiety, depression) were experienced across this sample of children, although the relationship was stronger in girls compared to boys (Buckner, 2004). This study provides a strong example of the severe effects of trauma on internal resiliency, especially when financial and social supports are scarce.

Another sub-group of children with disproportionate amounts of mental health dysfunction are those in foster care placements. Children in foster care tend to have significantly higher rates of mental health issues than other normative samples in the general population (Leslie et al., 2005). Young children in foster care have rates as high as 35% to 40% for major mental health problems, particularly externalizing problems (Urquiza, Wirtz, & Peterson, 1994; Leslie et al., 2005). These same children also have significant developmental impairments compared to children in the general population (between 4% and 10%). A reported 60% of children in foster care are affected by some form of intellectual deficit (Drillen, Pickering & Drummond, 1988; Leslie et al., 2005). Children in foster care placements tend to have many overlapping issues that complicate assessment and adequate targeting of treatment. A strong

theme arising out of the literature concerning the numerous variables negatively affecting children in foster care is the need to develop a more comprehensive approach to addressing and supporting the multiple needs of these children (Leslie et al., 2005).

Ethnicity or cultural background has also been documented as a contributing factor with children's mental health. Specifically, in the United States, where most of the research on child mental health has been conducted, studies show that children from minority groups such as African American, Hispanic American and Aboriginal communities are at increased risk for developing emotional or psychological dysfunction. These children are much more likely to live in low income homes or lack other essential supports needed for healthy development (Ouellette, Briscoe & Tyson, 2004). One study investigated the mental health service use of minority youth aged 2-14 years, who were involved in the child welfare system (Burns et al., 2004). Forty-eight percent of the sample were Caucasian, approximately one third was African American, while the remainder were Hispanic and from other minority groups. While 45% of youth scored in the clinical range of the Child Behaviour Checklist (CBCL) for mental health problems, only 12% accessed mental health services (Burns et al., 2004). A second study investigating health issues of refugee children in Britain found significant differences in psychiatric morbidity between refugee children (27%), children from ethnic minority groups (9%) and Caucasian children (15%). Refugee children had three times more psychological morbidity than either Caucasian children or children from ethnic minority groups who were born in Britain (Fazel & Stein, 2003). These rates of mental health disturbance highlight the need for specialized supports that are particularly focused on delivering services that are embedded within a cultural framework that effectively address the needs of these groups of children.

Difficulties related to culture and ethnicity are associated with the various testing procedures that are used to assess the presenting problem. Standardized assessments such as the CBCL have been challenged for their psychometric and practical sensitivity to cross-cultural mental health issues in children. Issues of validity, reliability, test bias, and clinical significance are concerns when attempting to draw inferences from

standardized tests given to children from ethnic minority backgrounds (Ouellette, Briscoe & Tyson, 2004).

The clinical (versus theoretical) definition of children's mental health focuses on the identification and classification of emotional or psychological dysfunction as well as the treatment of such psychological ailments. The clinical concept of mental health is heavily embedded in the medical model of mental dysfunction and in attaching labels to those clinical signs and symptoms which align with some form of pathology (Horowitz, 2004). Diagnoses that are given more frequently to children include: Conduct Disorder, Affective Disorders such as PTSD and Attention Deficit Disorder. While the theoretical and clinical definitions differ, both have played key roles in facilitating the following (Horowitz, 2004):

- An increase in diagnosing children with identified psychological disturbance
- Growth in research around treatment of psychological disturbance in children
- A focus on the needs of children and families
- Implementation of specialized services to manage these needs

Description of the work and experience of the organization:

Since 1914, Wood's Homes has provided support, counseling and treatment for young people and their families in Calgary Alberta Canada and surrounding areas. Our mission is:

to promote and assist in the development and well-being of children, youth and families within the community.

We accept the most challenging youth and create services designed to uncover and foster competency for the youth, family and extended systems. Wood's Homes is nationally accredited by the Canadian Council on Health Services Accreditation (CCHSA), and is a sustaining member of the Alberta Association of Services to Children and Families (AASCF), and the Child Welfare League of Canada (CWLC). Wood's employs more than 250 full-time staff who serve about 400 young people and their families on a daily basis.

Children and youth with complex mental health needs, those who have suffered neglect and maltreatment, including witnessing family violence, and those experiencing family crisis, including family breakdown, remain our central focus. We provide intensive residential treatment programs as well as community-based crisis, support and counselling services. We have partnerships with both the Calgary Board of Education and the Calgary Catholic Board of Education to provide a combination of education and clinical treatment services to address the complex mental health challenges that affect children's ability to experience success in school. Wood's creates a safety net to catch children and families who are falling through the cracks, by giving them opportunities to change their lives and make positive decisions regarding their future. Wood's supports a stand-alone research department to assist the agency and the field to deliver high quality care.

Overview of existing policy and legislation:

There appear to be no consistent standards or policies across Canada to ensure that children aged 6 – 12 receive the same standard of care regardless of jurisdiction. “The absence of a national approach to mental health issues represents an important national deficiency,” (*Out of the Shadows at Last, 2006*). Although standards differ across provinces, the basic tenets underlying the goals of delivering mental health services are similar. When examining provincial initiatives, some common goals appear to support the following needs of children, youth and their families with mental health issues:

- To ensure equitable access to services for clients
- To support, mentor and promote mental health services
- To enhance mental health programming
- To reduce risk for mental health problems and provide preventative mental health supports
- To incorporate evidence-based practices into the delivery and treatment of mental health services

- To partner with other agencies and institutions that provide holistic mental health care to children, youth, and families
- To engage children, youth and families in their participation and management of mental health services.

The following table lists most of the current mental health initiatives for school age children from across Canada. The table illustrates the disparity across regions and the lack of connections between them.

Province	Who is affected? Identified Prevalence	Policies, Procedures and/or Principles	Programs (examples, descriptors)	Promising Practices
British Columbia	140,000 children and youth identified with mental health problems	2003 – Child and Youth Mental Health Plan	Community-based specialized services (both in-patient and out-patient)	-The Mental Health Evaluation and Community Consultation Unit (MHECCU); linking research, education, and policy making at all levels -Partnering with other community-based agencies -Evidenced-based services -niche programming
Alberta		-Children’s Mental Health Initiative (coordinate children’s mental health services) -The Policy Framework provides an integrated approach to delivering mental health services	-e.g. CASA (Child and Adolescent Services Association) in Edmonton, Wood’s Homes in Calgary (community-based providers)	-relationship building across allied health fields for delivering services

Province	Who is affected? Identified Prevalence	Policies, Procedures and/or Principles	Programs (examples, descriptors)	Promising Practices
Saskatchewan	4,500 children and youth are treated annually for mental health problems (however, there is an estimated prevalence rate of 42, 488 children and youth with mental health issues)	-Mental Health Axis system (adopted from Newfoundland and Labrador – 2001) (2continuous axis: 1) good mental health – poor mental health; and 2) severe mental illness – no mental illness)	-Mental Health Services Program -Community-based services (out-patient; assessments; crisis services, etc.) -in-patient services	-Mental health care delivery for children is adapted from the 8 key elements defined by Health Canada (focused primarily on the needs of adults, but based on the health of populations; base decisions on evidence, etc.)
Manitoba		-The Healthy Child and Adolescent Development initiative	-Shift from institutional based care to community-based care - continuum of health services ranging from preventative to treatment related services for children and families	
Ontario	148,000 children and families utilize mental health services	-The Policy Framework: mental health for Ontario's children and youth (integrated approach to providing services)	-Accreditation program to ensure that standards of care are met	-a standardized Client Information System that tracks the intake and release of children -delivery of evidenced based practices

Province	Who is affected? Identified Prevalence	Policies, Procedures and/or Principles	Programs (examples, descriptors)	Promising Practices
Quebec				<p>-provincial survey into the correlates of mental dysfunction in children and adolescents (published in the Journal of Abnormal Child Psychology)</p> <p>- 1998 Quebec Incidence Study of Reported Child Abuse, Neglect, Abandonment and Serious Behavioural Problems (QIS)</p>
New Brunswick			<p>-inpatient and community-based programs</p>	
Nova Scotia			<p>-mental health residential rehabilitation treatment centre (community-based treatment teams)</p> <p>-preventative and promotion oriented programs</p>	
Prince Edward Island			<p>-comprehensive multi-disciplinary children's mental health program</p>	

Province	Who is affected? Identified Prevalence	Policies, Procedures and/or Principles	Programs (examples, descriptors)	Promising Practices
Newfoundland/ Labrador		Mental Health Axis System (continuous axis: 1) good mental health – poor mental health; and 2) severe mental illness – no mental illness)		
Yukon		-Yukon Collaborative Care Project (integrating primary care with multidisciplinary teams)		-collaborative practices
Northwest Territories		-Draft Children and Youth Mental Health Framework - Mental Health and Addictions core services Ten Year Plan	- Child and youth mental health promotion programs (ie. Resiliency for Life, Youth Net) - Community based programming (ie. community counselling program, therapeutic foster homes) - Youth residential treatment programming (ie. Trailcross Treatment Centres)	- Territorial integrated service delivery model - Working as primary community care teams

Issues:

Experience the agency has with children aged 6-12:

Wood's Homes has been providing services to families with children aged 6-12 for many years through community-based walk-in counselling services, a mobile-response crisis service, in-home support and a Fetal Alcohol Spectrum Disorder Parent Mentoring program. Two years ago Wood's began offering an intensive residential program, *Exceptional Needs Under 12 Program*, for children presenting with serious behavioural and mental health issues that could not be resolved via in-home support, and had resulted in placement breakdown. This program met an emerging need as expressed by the local children's services agency, who were seeing an increasing number of children in this age group requiring intensive residential treatment. A profile of the children admitted to this program since its inception reveals that 61% of children have either Permanent or Temporary Guardianship Status. Thirty-three percent of children in the program have had a negotiated custody arrangement and the remaining 6% have had no children's services involvement at all.

Issues identified through this work:

For those children admitted to the Exceptional Needs U-12 Program with children's services status, family of origin issues have included low socioeconomic status, parental mental health issues, serious substance abuse issues and domestic violence. For those children who remain at least partially in the care of their families, the issues are similar and result in multiple transitions and lack of stability. Often the parents are young and struggle as a result of multiple issues to the extent that kinship or foster care services are utilized. This often results in attachment issues for children as they experience multiple placements over the course of their young lives. Exceptional Needs U-12 demographics and life circumstances are very similar to the findings of the Senate 2006 report *Out of the Shadows at Last* cited in the introduction, including the connection with maltreatment and government care. While the dysfunctional family context may be a precursor to out-of-home placement, the children's services system is not seen as the best choice for longer-term placement in order to support these children to reach their optimal potential. The Exceptional Needs U-12 Program operates with

the belief that sustained efforts should be placed on intensive and effective family enhancement and support.

Although we have been working with a relatively small sample size, of the children admitted to the program since its inception, 56% have had a medical diagnosis – most commonly ADHD and FASD. Eighty-three percent have been identified as having attachment issues and 72% have experienced neglect. A full 78% have at least one mental health diagnosis – most frequently cited are PTSD and Depression. Twenty-eight percent of clients have more than one diagnosis.

Issues with the highest priority:

Addressing the socioeconomic status of these families and the resulting instability would be considered a high priority in order to address the context of the lives of school-age children accessing mental health services. SES permeates many other contextual variables associated with children's mental health including parental mental health, substance abuse, domestic violence; lack of social supports and issues around ethnicity.

According to the Canadian Incidence Study of Reported Child Abuse and Neglect (Trocme, et al., 2005), 40% of children in substantiated cases of maltreatment live in families with few social supports. Unforeseen expenditures can throw a family already living in poverty into a cycle of homelessness and insufficient resources to meet their basic human needs. Another risk factor noted is the presence of mental illness in adults who are parenting at-risk children. In 27% of substantiated cases of maltreatment parental mental health is cited as a caregiver functioning issue (Trocme et al. 2005).

At the level of policy and service development the issue of uncoordinated initiatives and gaps in the provision of mental health services to children, both provincially and nationally, is another high priority problem.

Consequences of not dealing with these issues:

Without addressing these contextual factors children will continue to be exposed to environments that have been shown to negatively affect the mental health of young children. Health regions across the country will continue to struggle with gaps and overlaps in service provision to seriously at-risk children and their families.

Suggested Policy Framework

Policy goal:

To establish a national protocol to ensure that children and families receive the same standard of mental health care across the country. The policy must be integrated, multidisciplinary and assist children to be supported by family, extended family and their community. We must address the root causes of children's mental health issues as well as the ease of access to prevention and early intervention services. Finally, we must build on the knowledge base, especially in the area of cultural diversity.

Policy gaps:

Themes concerning children's mental health appear throughout the literature related to the following issues: diverse populations, ease of service access, quality assessment and treatment, and familial support for the delivery of mental health services. Programs developed to comprehensively support the mental health needs of children are focused on reduction of mental illness and preventing psychological or emotional morbidity (McLennan, MacMillan & Jamieson, 2004). These programs are typically multidisciplinary and designed to address the needs of the whole child within the context of family and community. However, suitable responses to certain issues remain unclear. How is effective care provided to those populations with an inability to locate and access the proper resources? How do health care providers determine the needs of minority populations and children living in low-income families? How does a mental health care system reach out to populations who appear to have the most psychological trauma, who are encumbered by a myriad of risk factors but receive the least health resources?

Evidence to support the need for new policy directions:

The Standing Senate Committee on Social Affairs, Science and Technology, in their final report *Out of the Shadows at Last* (2006) makes a number of recommendations pertaining to children's mental health, at all government levels and at the community level, to address the outstanding issues as presented in this policy brief. The primary recommendation was the formation of a Canadian Mental Health Commission. This commission would examine and draw attention to the gaps in services and work with all stakeholders to improve the lives of Canadians. Additionally the commission would be responsible for:

- Providing information to governments, stakeholders and the public on mental health issues
- Developing benchmark capacity requirements for different types of service along the entire spectrum of mental health services
- Encouraging research – both exploratory and explanatory as well as program evaluation
- Facilitating the sharing of knowledge across jurisdictions and stakeholder groups regarding effective approaches, developments and innovations
- Mounting targeted communications campaigns on specific aspects of mental illness (e.g. the signs of depression) aimed at specific target audiences (e.g. school-aged children)

Policy Recommendations

Rather than creating a new commission it may be more practical to use an existing national body such as the Canadian Mental Health Association, or the National Children's Alliance to develop policies focused exclusively on children's mental health. The literature reviewed for this paper and the experience of Canadian mental health practitioners all suggest the following recommendations for policy directions:

Knowledge:

- More research into the areas of maltreatment and poverty and its relationship to mental illness in children would serve to inform all proposed initiatives
- Incorporating a curriculum about children's mental health into education programs for teachers, youth workers, day care workers and other health care providers would promote early identification for screening
- Implementing education and awareness campaigns could reduce stigma and discrimination
- A 'Children's Committee' made up of nationally recognized personnel and services, as a part of the proposed Canadian Mental Health Commission, could take responsibility for issues related particularly to children's mental health
- A roundtable organized at the national level could initiate the creation of a national strategy on children's mental health
- Carry out research to replicate adult mental illness studies and explore further the link between socioeconomic status/social supports, parental mental illness, parental substance abuse, and domestic violence on children's mental health
- Creating a Children's Mental Health Knowledge Bank for the purpose of awareness, funding potential and education

Early Intervention:

- Standardized provincial and national protocols are needed for elementary school children for early identification of mental health issues that considers for screening the three most common contextual factors impacting children's mental health (child welfare involvement, domestic violence, and SES/few social supports)
- Standardized provincial and national protocols for addressing mental illness in substantiated Child Welfare investigations
- Preventative programs need to be developed that promote ways in which children can become more aware of and develop the vocabulary to speak about the issues affecting them

Treatment:

- It would be beneficial to develop regional and national standards and to build capacities that align services across the spectrum of health related disciplines
- Assessment processes and the delivery of services need to be multidisciplinary and family-systems oriented, treating the illness within the many contexts where the child resides and incorporating the family as a major treatment partner
- Outreach services to children in school settings will improve ease of access to mental health treatment
- There is a need for more specialized caregivers and residential treatment beds for children in this age range experiencing complex mental disorders
- Although there are a number of publicly funded programs addressing the treatment and health needs of children with mental health problems, there appear to be major challenges to providing timely and specialized services to those children with complex needs

Expected impact or outcomes of such initiatives:

A focused multidisciplinary initiative developed and carried out at a national level, designed to address the specific concerns of children and their mental health, would counteract the piecemeal and relatively inefficient array of services and approaches that exist currently. The 2006 *Out of the Shadows at Last* Report provides the impetus to develop new, innovative and comprehensive strategies and policies that address current complex difficulties related to the prevention, early intervention and treatment of children and their mental health issues at a national level. With the additional contribution of other recent research an environment exists to challenge current practices and bring about significant change that benefits all Canadian children, their families and their communities.

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