In EENet’s efforts to expand the reach of research, we asked people who represent different perspectives in the system to review selected journal articles relating to mental health and/or addictions and provide us with their views on what the research means to them.


Please note that the opinions in the reviews are those of the authors, and do not necessarily represent the views of EENet or its members.

If you have any feedback, questions, comments, or if you’re interested in writing for Out of the Ivory Tower, please contact eenet@camh.ca.

To read the original academic article, click here.

**Article:**


**Abstract:**

**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.
About our reviewers:

**Ione Clapham**, MSW RSW, provides us with the Service Provider Child Welfare perspective. Ione is currently the Service Director, Child and Protection Information Network (CPIN) Service Lead in St. Catharines, Ontario.

**Raymond Cheng** is a policy analyst and knowledge exchange facilitator with the Ontario Peer Development Initiative (OPDI), a provincial umbrella organization of consumer/survivor organizations. He considers himself a person with lived experience and is located in Toronto, Ontario.

EENet asked our reviewers to answer questions from their stakeholder perspectives based on their reading of the article. Here are their responses:

What was of most value to you in this article?

**Ione:** I was unaware that Canada does not have a consolidated national policy framework to address this very important issue despite the Senate report. It suggests to me that Canadians are not receiving equitable services and I was very surprised to read that Canada ranks third for adolescent suicides in the Economic Cooperation Development countries and is the only G8 country without a national mental health strategy. This highlights for me the need to engage in community efforts that move this forward.

**Raymond:** It was the realization that the development of a coherent, informed, and participatory policy framework at the provincial level is best cultivated through the direct engagement of consumers and family members. One of the consequences of investment in the Ontario Drug Treatment Program Funding (Ontario Systems Projects) is the recruitment of such people to stakeholder tables.

How do you envision incorporating this evidence into your life or work?

**Ione:** Participation in community initiatives across service sectors will be vital to moving this agenda forward. I plan to make participation on community committees a priority especially those that draw on cross sector services to add our voice in support of establishing a national framework.

**Raymond:** Knowing from the authors’ survey of the federal and provincial scene that Ontario is at the forefront of efforts to put together a credible framework for children and youth mental health is inspirational.

Do you foresee any challenges to incorporating this evidence into your life or work?

**Ione:** Government funded agencies are under pressure to contain costs in a time of mental health crisis for children and adolescents. Recent events highlighted adolescent suicides due to bullying. Where will the leadership come from and who will assume the role. The lifelong impact of untreated child and adolescent mental health on successful adult participation in the community through work, health and social stability impacts everyone.

**Raymond:** Balancing the expressed needs of service users and family members while recognizing the existing (scarce and under-resourced) programs in
place, and with an eye to the evidence base and limited funding, means that proverbial “quick wins” are harder to achieve. The authors also refer to a “reactive” approach where provincial governments respond to media-fuelled reports of children and youth involved in the mental health and/or justice system. Any ongoing collaborative and mutually respectful stakeholder consultation can be suddenly complicated or overturned at a whim by a new directive, for which the evidence base may be problematic at best, and the consultation non-existent at worst.

While it is disheartening to see this happen from time to time in adult mental health and addictions policy, it must be doubly discouraging when it comes to the interests of children and youth. The political capital to be gained from logical, incremental and respectful democratic decision-making is very limited for this vulnerable population – after all, they cannot mobilize directly by exercising their right to vote. Their proxies -- family members and agencies -- may express “asks” in services that are neither fully congruent nor prioritized with user-friendly preferences such as warm lines, peer self-help groups (in person or online) and access to street outreach workers. Meaningful participation in stakeholder consultation requires overcoming barriers as simple as being known to decision-makers or knowing where the decisions are being made.

If you could ask a question or make a comment to the authors, what might you say?

Ione: Can their research draw a connection to the Child Welfare system and make an argument for early intervention and preventive intervention, rather than picking up the pieces.

Raymond: I would ask the authors their thoughts on the role of consumers (children and youth) and family members in the development of any children and youth mental health framework.

Any other thoughts or comments you’d like to share about the article:

Ione: The article was well organized, the tables supported the argument and were easy to read and follow. The information was user friendly and is a good article to use to start a discussion with a variety of stakeholders coming from professional and lived experience.

Raymond: It was a very accessible article that summarized the incompleteness of a pan-Canadian mental health strategy for children and youth. It also hinted at a lack of a health awareness, promotion,
and prevention focus even in those jurisdictions with provincial frameworks, and moreover a more explicit goal towards relevant stakeholder participation in ongoing policy development and operationalization.

Can you tell us a bit more about yourself, and your context?

Ione: I have worked in Child Welfare for 33 years. Too often I see children defaulting into the child protection system when mental health services are unavailable or waiting lists are so long that exhausted parents give up. I also see the next generation of children entering child welfare, as the result of parental mental health challenges and bringing with them the prospects of poor outcomes for their future. It is only if we can treat and successfully support the family that we may see a reduction in child welfare expenditures.