



Children's Mental Health Ontario

Santé mentale pour enfants Ontario

Pre-Budget Submission 2010



Children's Mental Health Ontario

Children's Mental Health Ontario champions the right of every child and youth in Ontario to mental health and well-being. Our membership includes more than 85 community based mental health centres that are the backbone of Ontario's mental health system for children and youth. These agencies provide support to families, and treatment to young people who present with a range of social, emotional and behavioural problems including: bullying, violence, defiance, ADHD, eating disorders, depression, self harm, anxiety, and addictions. Many of these children and youth experience significant impairment in functioning within their families, schools and communities, and may also be involved with child welfare or the youth justice system.

Every year Children's Mental Health Ontario makes a submission to the Ministry of Finance as part of the pre-budget consultations. In order to prepare for our submission, we ask our member agencies to comment on the state of their agency. Specifically we survey about staffing levels including retention and recruitment, program expansions or reductions, salaries, and increases or decreases in the number of children and youth being served.

Our survey results this year have indicated, more than at any other time, the increased difficulty our agencies are having just *maintaining* the level of service they traditionally offer.

A brief history of funding for child and youth mental health

The Provincial Auditor indicated in his 2008 Annual Report that Ontario spent \$434 million in transfer payments to 440 partners providing child and youth mental health services. This figure indicates an increase of \$119 million from the last audit conducted by the Provincial Auditor for this budget line at the Ministry of Children and Youth Services in 2003 (*2008 Annual Report, Office of the Auditor General of Ontario, page 125*).

The \$119 million difference in funding between 2003 and 2008 can be attributed to two sources: (1) base funding increases of 3% and 5% in 2003 and 2006, respectively (the only base funding increases provided to the sector since 1992); and (2) new program initiatives (according to the Auditor). This latter investment does not in any way impact our bottom line (except in those circumstances when dollars traditionally spent in one program must be reduced to pay for the administrative costs of a new program which are not covered). Therefore, with the exception of the two base funding increases, our member agencies budget shortages have steadily mounted since 1992.

In a 2009 Status Report, the Canadian Paediatric Society indicated that "mental health problems continue to grow among children and youth and are predicted to increase by 50% by the year 2020. What's worse, three out of every four children who need specialized services do not receive them....access to mental health services continues to be insufficient, and in some cases, is declining. For example, Ontario's Auditor

General recently found an overall decrease in mental health services in that province” (*Are We Doing Enough? A Status Report on Canadian Public Policy and Child and Youth Health, 2009 Edition, page 12*).

Even more unsettling is that Ontario stands out as the only province to have a downgraded status (since 2007) in child and youth mental health care planning.

Incidence Rates

Research demonstrates that **1 in 5** children and youth under the age of 19 suffers from a child psychiatric disorder (*Offord et al., Ontario Child Health Study: Summary of selected results. Can J Psychiatry 1989;34:483–91*): In real terms, this incidence rate translates to an enormous group of 560,000 children and youth in Ontario.

The Mental Health Commission of Canada has described the state of child and youth mental health services as the “most neglected piece” of our health care system (*Out of the Shadows, The Standing Committee on Social Affairs, Science and Technology, May 2006*). 75% of children and youth with mental health disorders never obtained the specialized treatment they need. We lose far too many children and youth due to mental health issues that lead to suicide, the second leading cause of death for 15-18 year olds.

While these rates continue to rise, our funding for Ontario’s child and youth mental health agencies decreases.

Inflation

Since 1992, inflation has increased 35.94% according to the Bank of Canada. In that same time period, budgets for child and youth mental health services have risen by 8% (2004, 2007). At the same time we have had reductions in our budget in 1992 of 1%, and in 1996 of 5%. That leaves **an almost 36.94% gap in inflationary funding for the child and youth mental health sector over the past 18 years – a 36.94% loss in service capacity.**

Each year Ontario’s agencies serving children and youth with mental health needs struggle to protect the services they provide to the children and youth in their communities. The fact remains that three successive governments have failed to provide annual inflationary increases to our sector, let alone provide increased funding for programs and services to meet the growing number of children and youth in need of mental health support and services.

The economy today

As the Hon Dwight Duncan, Minister of Finance referenced in his remarks to the Canadian and Empire Clubs last October, the global economic downturn, has had a

significant impact on Ontario, more than any other Canadian jurisdiction. Stimulus packages, increased public debt and deficits coupled with a significant decline in revenue have made our once sound financial footing very tenuous. As he noted, however, “during a recessionary period, the demand for government services rises.” It is true that at more than any other time, during an economic downturn, “people rely more heavily on public services” (*Remarks of Address to the Canadian and Empire Clubs, October 20, 2009*).

This is nowhere more evident than in the increased need for child and youth mental health services.

What we need to carry on...

A brief review of our funding history offers a clear rationale for our funding request to simply maintain services and manage inflationary costs.

We require:

- financial assistance to manage the wait list of children and youth needing mental health supports and services,
- inflationary increases to help our agencies retain their highly trained and motivated staff, and
- additional funding to address the lack of capacity within our system to meet the needs of the children and youth who suffer from a mental health disorder but avoid children’s mental health agencies because of their notoriously long wait times.

In this era of economic restraint it is reasonable and necessary in our view to request a 3 per cent budget increase so that our agencies can continue to provide their much needed services to children and youth.

There are also other areas the government can explore that would help our sector, and require no allocation of money. Reviewing the amount of administrative burden created through paperwork would reduce the time that managers spend on that exercise. Allowing flexibility within and between budget lines, so that dollars can be moved to best accommodate the client, would also assist.

Why it makes sense to fund community based child and youth mental health agencies

Patients with mental health problems are treated in ordinary health care services at unnecessarily high costs because their referral or access points for mental health treatment are missing. Navigating the system is difficult for most parents, leading the Canadian Pediatric Society to conclude that almost half of the office visits to their physicians are for mental health issues. Mapping data reports that each of these visits costs \$66 in 2007, totaling \$35 million. Underfunding community based mental health services leads to the use of more expensive and inappropriate health services and can

lead to tragedy. Mapping data reports that 25% of all emergency room visits related to mental health in 2007 involved children and youth, the average cost of each emergency room visit in Ontario is \$148 (*Canadian Institute for Health Information's Canadian Management Information Systems Database, 2005-2006, and Discharge Abstract Database, 2005-2006*).

Pre-Budget Submission Questions

What process should the government put in place to enable it to move out of deficit?

As the Minister of Finance stated in the midst of the global economic downturn leading to the 2009 budget, the province must “protect the quality of our public services as we manage our finances” because “in these uncertain times, Ontario families count more than ever on the vital services that the government provides.” While the economy has made some improvement, the fact remains that families continue to suffer job loss, economic hardship and the resulting stress. Unemployment in Ontario is forecast to rise from 9.7% to 9.9% in 2010. Children and youth are struggling to cope with their anxiety, stress and depression. Children’s Mental Health Ontario supports the government running a deficit to protect the programs and services needed during an unprecedented economic downturn. Agencies did not receive any increase in funding in 2007, 2008 and 2009 and have spent the past year managing an increased demand for service without any additional dollars.

Since then, the province has reinforced that the education system is its priority, with a heavy emphasis on high school graduation rates and tremendous investments in full day junior and senior kindergarten. Consideration should be given to all of the support necessary to help children and youth succeed in both school, and in life. One in five children and youth will suffer from a mental health issue before they reach age 18. Research clearly indicates that early intervention is critical in overcoming mental health issues. Children and youth cannot succeed in school (or in their home life, in their communities, on the playground) unless their mental health needs are addressed. Given the significant education investments they have made, the provincial government must recognize mental health services as a necessary step in achieving its education related goals of more high school graduates, and young children who are ready to learn when they reach grade 1.

What steps should the government take to streamline and provide better public services to Ontarians?

The provincial government and Ministry of Children and Youth Services can expedite the implementation of “*A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health*” which is critical in ensuring the coordinated care that families and caregivers, communities, service providers, government and all child and youth serving sectors that are responsible for the healthy development of Ontario’s children and youth. Since its creation in 2005, there has been agreement from all partners to achieve its vision of “an Ontario in which child and youth mental health is recognized as

a key determinant of overall health and well-being and where children and youth grow to reach their full potential.”

Through the implementation of this framework, the province can better define its role in providing services through a legislative framework for children and youth with mental health issues, service providers will have clearer direction on the programs and services they provide and both can work towards ensuring that all children and youth have their needs met by accredited, community based agencies that use evidence based practices supported through stable funding.

Government priorities are job creation, health care, education, strong fiscal management and economic growth. How should the government balance this multitude of priorities? Given the considerable fiscal challenges, what should be the core priorities of the 2010 budget?

Child and youth mental health is at the heart of, or supports, all of the government’s priorities. Providing support for children who are dealing with mental health challenges allows them to succeed in school – this is critical for the overall success of Ontario’s education system. Community based mental health agencies reduce the costs for health care and the already overburdened health system. In order to achieve strong fiscal management and economic growth, the government must consider supporting those services that will help give every young person the opportunity to make a strong contribution to the economy over their lifetime.

The Facts

- Suicide is the 2nd leading cause of death among 15 to 19 year olds (24% of all deaths; leading cause is accidents) (*Canada Yearbook, 1999: Statistics Canada*)
- Each year, on average, about 110 children and youth in Ontario commit suicide – more than two each week [Canada-wide statistics pro-rated @ 38%] (2003: *Statistics Canada*)
- Conduct disorder ... is associated with adult criminality, marital problems, poor employee relations, unemployment and poor physical health. Conduct disorder can predict educational underachievement, substance use and dependence, anxiety, depression and suicide (*Briefing: Mental Health of Children and Adolescents. WHO European Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions," Helsinki, Jan 12, 2005*)
- [C]hildren’s emotional and behavioural problems and associated impairments are most likely to lower their quality of life and reduce their life chances. No other set of conditions is close in the magnitude of its deleterious effects on children and youth ... Children with these disorders are at a much greater risk for dropping out of school ...” (*Report of the Surgeon General’s Conference on Children’s Mental Health, 2001: US Public Health Service*)

- Young people with mental health disorders are at greater risk for dropping out of school
- **By 2020, childhood neuro-psychiatric disorders will rise by more than 50 percent internationally** to become one of the five most common causes of morbidity, mortality and disability in kids
- Immigration, migration, changes in family structure, alterations in future opportunities for employment and the continuing stresses of conflict all impact on child and adolescent mental health.
- The onset of most mental illnesses occurs in adolescence or early adulthood. 75% of mental illnesses first occur in people aged 15 to 24.
- Timely access to children’s mental health services is often critical for ensuring the best possible outcomes.
- Children respond well to treatment because they adapt readily and symptoms are not yet entrenched.
- New research indicates that anxiety and depression are risk factors for major heart-related events among patients with stable coronary artery disease.
- More Canadians will be hospitalized due to mental illness and addiction – more than cancer and heart disease combined.
- Treating mental health issues in children and youth will prevent excessive costs in health care over their lifetime and better ensure a productive life as a tax paying citizen, as opposed to a health care consumer.
- “Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population ... The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent.”
- “Generally, regardless of the type of program used or the youths’ background, recidivism rates among those who received treatment are as much as 25 percent lower than the rates of those children and teens in untreated control groups. The best, research-based programs, however, can reduce recidivism rates even more – from 25 to 80 percent.”