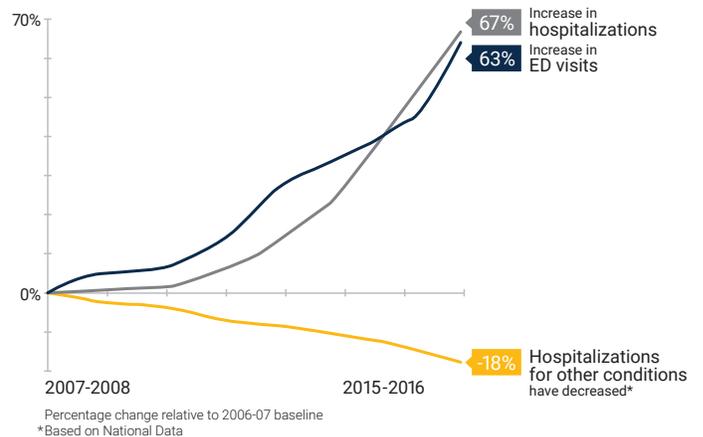
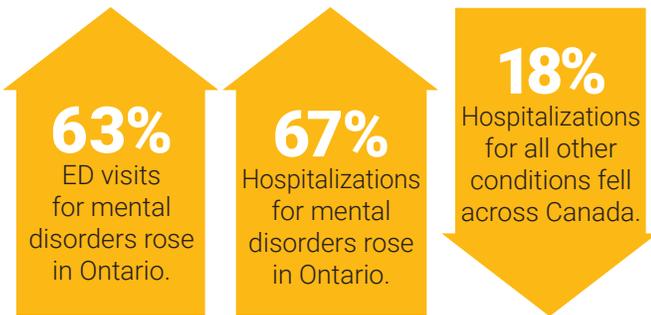


Backlog at community-based child and youth mental health centres sends kids to hospitals at alarming rates

Meanwhile, ED and hospital usage rates for other conditions among children and youth continue to decrease. Investments in the community sector could save the government \$1 billion over the next five years.

During a time when rates of emergency department (ED) visits and hospitalizations among children and youth are generally declining across the country, the Canadian Institute for Health Information (CIHI) reported in 2015 that ED visits and hospitalizations for mental disorders among these age groups are significantly increasing—particularly in Ontario. Updated figures just released on May 1, 2017 indicate this problem continues to worsen.

New CIHI Data Between 2006-2007 and 2015-2016, among children and youth (ages 5-24):



Potential Causes

Prevalence is Steady. CIHI reports that the prevalence of mental disorders is unchanged over time, which suggests there are other causes of children and youth with mental health disorders increasingly seeking care in hospitals.

Demand is Rising as Stigma is Declining. *Bell Let's Talk* reports that between 2010 and 2015, mental health awareness is growing, attitudes toward mental health are improving, and stigma surrounding mental health issues is declining. This has likely had the positive effect of empowering more children and youth to seek care.

Capacity in the Community is Eroding. Since 1992, there have been only two base funding increases for child and youth mental health centres: 3% in 2003 and 5% in 2006. But since 1992, inflation has risen by more than 55%. As a result, the capacity of community agencies to deliver timely care to children and youth has been diminished by 50%.

The Solution? Invest in Community-Based Mental Health and Addictions Treatment

Children and youth with mental health and addictions issues need evidence-based clinical treatment from mental health experts. A well-resourced community sector will have the capacity to provide timely, more clinically appropriate, and more cost-effective care to children and youth, making it easier for them to get the care they need, and in doing so, significantly reducing unnecessary demand in hospitals.

The recently announced investments in youth service hubs in Ontario is a welcomed and important step in enhancing services for youth ages 12-25 with mild-to-moderate mental health issues. However, these investments won't provide support for infants and children under the age of 12; and they won't provide support for infants, children, and youth with moderate-to-severe mental health or addiction issues. In order to support all these individuals, child and youth mental health centres must be resourced to match community need.

Additional Data

CIHI data also indicates that, among children and youth, in 2015-2016:

- There were nearly 49,000 ED visits and over 15,000 inpatient hospitalizations for mental disorders.
- The median stay in hospital for mental disorders was six days, compared to two days for other conditions.
- The percentage of clients with three or more ED visits for mental disorders was 38% compared to 15% for other conditions; for three or more hospitalizations, these numbers are 10% and 4% respectively.

Previously, CIHI has reported that anxiety, mood disorders (including depression and bipolar disorder), and substance-related disorders were the leading causes of ED visits for mental disorders; mood disorders and “other” mental disorders (e.g., conduct disorder and eating disorders) were the most common reasons for inpatient hospitalizations. Importantly, these conditions—*anxiety disorders, mood disorders, substance-related disorders*—are best treated in the community.

Based on CIHI’s data, Children’s Mental Health Ontario estimates that we could prevent up to 60,000 children and youth from seeking treatment in hospitals through strategic investments. Further, CMHO estimates that with investments in the community-based child and youth mental health sector of \$118 million, the government has an opportunity to save approximately \$175 million this year alone—and \$1 billion over the next five years.

“It wasn’t until she tried to take her life that we were finally provided with the care she had needed all along. But even then it was only for a short period of time. As soon as she started to feel better, she was discharged from treatment in hospital, without support to ensure that all the progress she made wasn’t lost.”

Nicole German, mother of Maddie German Coulter who died by suicide April 11, 2015, while waiting for treatment

“The number of adolescents accessing our emergency room for psychiatric help has skyrocketed in the past few years. In large part this reflects a limited access to community resources: this is a direct result of lack of understanding by families and health care providers of what is out there, long wait lists and, frankly, lack of services in common and disabling conditions.”

Dr. Anthony Levitt, Chief, Brain Sciences Program, Sunnybrook Health Sciences Centre

“The challenges that families have securing community-based mental health treatment for their children is a real problem impacting real people. Every day in our emergency department we see the hopelessness and frustration as children and their families reach desperation in finding the care they need. The time is now to pay greater attention to children with mental health issues and create a more accessible, coordinated, and capable system for them.”

Dr. Mike Apkon, President and CEO, SickKids

“It is good that children and youth are more likely to seek help when they are struggling with mental illnesses and addictions. However, it is imperative that we have a system in place where children and youth, and their families, have access to services in addition to Emergency Departments.”

Dr. Paul Kurdyak, Director of Health Systems Research at CAMH and Lead, Mental Health and Addictions Research Program, ICES

Child and Youth Mental Health Centres and Children’s Mental Health Ontario

Child and youth mental health centres are the backbone of Ontario’s community-based child and youth mental health system. They provide a complex array of programs and services delivered by trained mental health professionals including: targeted prevention; brief services; counselling and therapy; family capacity-building and support; specialized consultation and assessments; crisis support services; and intensive treatment services.

Children’s Mental Health Ontario (CMHO) works to identify and develop solutions to important policy issues affecting the child and youth mental health sector. We represent close to 100 accredited child and youth mental health centres that provide treatment and support to infants, children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services for those with complex and/or persistent mental health and addictions issues.

