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OPINION

Children's mental health care needs more than a stopgap

Uncertainty about future funding makes it harder to plan the sustained improvements families need.

BY EMILY FOSTER



agreement by year-end, I worry about the children and youth who need mental health and addictions services now, and how to build program and workforce capacity, writes Emily Foster. *The Hill Times photograph by Andrew Meade*

As the country focuses on the federal budget and the major projects and industrial sector investments that Canadian government leaders note as central to our economy, I can't help but wonder who will invest in the children, youth, and families who power that economy both now and in the future?

The federal health minister's announcement in late October of a one-year extension of $1.2-billion in annual funding for mental health, addictions, and home and community care is welcome news, but is only a stopgap. Provinces, territories, and community health-care leaders are left without the certainty needed to plan services, retain skilled professionals, and respond to the growing demands of Canadians seeking treatment and support.



Emily Foster is CEO of Children's Mental Health Ontario. *Handout photograph*

Despite the federal government's promise of further talks with provincial and territorial health ministers on a longer-term agreement by year-end, I worry about the children and youth who need mental health and addictions services now, and how to build program and workforce capacity. We know from Canadian Institute for Health Information data that 36 per cent of Canadian children and youth aged two to 17 with a diagnosed mental health condition had care needs that were partially or completely unmet in 2024.

The result of these unmet needs is kids who are struggling at school, whose daily life is disrupted, and their families are navigating a system that cannot always offer the type of treatment they need when they need it and in their communities. If increased productivity is a priority for Canada, that won't budge much if parents continue to miss work, cut back their hours, or are exhausted by the struggle of balancing work with caregiving. These early-onset conditions have been linked to higher school dropout rates, occupational challenges, and billions of dollars in annual economic losses in Canada due to reduced workforce participation.

This country spends substantial amounts on health care, and discussions and questions about value for money, accountability, and structural health-system reform, which have been raised by columnists and policymakers alike, are reasonable. Canadians are entitled to expect better health outcomes and more accessible services from public investment.

In children's mental health, we know that investments can lead to better care and less pressure on families. Community-based organizations provide counselling, treatment, and intensive services that help children and families access care closer to home. They also reduce pressure on already stretched hospital emergency departments where families often turn to find help or when they are in crisis. Treatment for child and youth mental illness and mental health issues requires qualified professionals, effective co-ordination with schools and hospitals, and the ability to respond before difficulties become more complex. Community-based care is also critical upstream infrastructure, helping prevent escalation and easing pressure on acute care.

As national data and Ontario research has shown, community child and youth mental health organizations are already managing workforce pressures, including recruitment challenges, turnover, and wage disparities. Uncertainty about future funding makes it harder to plan the sustained improvements families need.

Ontario has made important investments in community child and youth mental health services, helping stabilize a sector that has faced considerable strain. For example, wait times for young people in the northeastern region of Ontario were reduced by half, from 52 days in 2023–24 to 24 days in 2025–26. Without stable, long-term funding and the workforce needed to sustain them, progress can quickly erode. Longer-term agreements should therefore do more than maintain existing spending. They should provide a framework for strengthening access to evidence-based treatment, supporting the workforce, and demonstrating results.

Past federal-provincial and territorial health transfer agreements already include action plans, key performance measures, and reporting. Mental health-care providers, researchers, and policymakers continue to improve how mental health treatment programs are evaluated. But collecting and using that evidence requires investment to understand what works best, and the skilled people and time to share it. Longer-term agreements would give us a stronger foundation for that work, without imposing unnecessary reporting burdens on service providers.

While Canada plans a multi-generational budget to build infrastructure that will endure, I urge our government leaders to commit to sustainable funding for child and youth mental health. One year is simply not enough.

Emily Foster is CEO of Children's Mental Health Ontario.

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