



CHILD AND YOUTH MENTAL HEALTH



Canadian Teachers' Federation
Fédération canadienne des enseignantes et des enseignants

www.ctf-fce.ca

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Twenty years ago it is unlikely that the topic of youth mental health would have been high on the agenda when looking at ways to support Canadian families and their children/youth. But times have changed – the headlines are increasing in number and the data presented is sobering.

For example, a 2011 survey of more than 100,000 students (Grades 7-12) in the Toronto District School Board identified stress and anxiety as the most prevalent emotional issues. Emotional challenges such as losing confidence, being under a lot of stress, and feeling nervous/anxious were particularly acute among Grade 9-12 students (O’Toole & Brown, 2013).

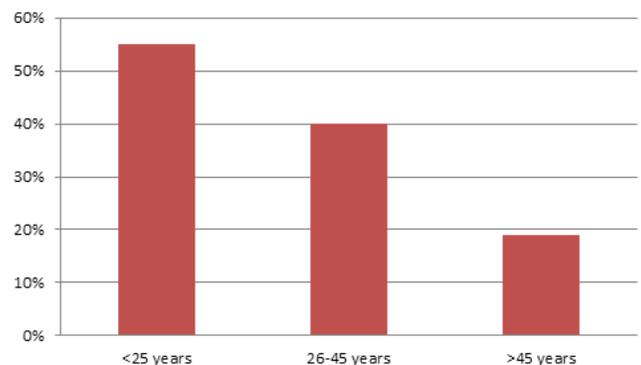
Dr. Stan Kutcher et al. (2009) state that in Canada, “approximately 15 to 20% of children and youth suffer from some form of mental disorder – 1 in 5 students in the average classroom.”

Dr. Ian Manion and Dr. Kathy Short (researchers with the School-Based Mental Health and Substance Abuse Consortium) stated that 70% of adults living with a mental illness indicated the onset occurred before they were 18 years of age; 50% indicated that it started before age 14. This point cannot be emphasized strongly enough – as most mental health problems begin in adolescence or early adulthood, early identification followed by effective intervention is critically important.

Manion and Short also noted that suicide is the second leading cause of death among 16-24 year-olds. Most people who commit suicide have a diagnosable mental illness.

Arguably one of the greatest barriers preventing people from getting help is stigma.

Percentage Treated for Mental Health Condition Reporting Some Stigma in the Past Year (Weighted %)



This graph¹ uses data from a Statistics Canada Rapid Response survey of a representative sample of approximately 10,000 Canadians. The Opening Minds Program of the Mental Health Commission of Canada funded the survey. People who reported having been treated for a mental health condition in the year before the survey were asked if, in the last year, they thought they had been treated negatively or unfairly because of their current or a past mental health condition. This graph shows a clear trend. Those in the youngest age group (18-25 years) were the most likely to report a stigmatizing experience and this declined with age. These results highlight the importance of targeting youth and young adults for anti-stigma initiatives.

1 Produced by Opening Minds, Mental Health Commission of Canada, Heather Stuart, Senior Consultant, Opening Minds Initiative; Professor and Bell Canada Mental Health and Anti-stigma Research Chair, Queen’s University, February 2013.



Dr. Heather Stuart, the Bell Canada Mental Health and Anti-Stigma Research Chair at Queen's University, frames the stigma and discrimination faced by people with mental illness as a human rights issue:

Stigma, broadly defined as society's negative response to people who have a mental illness, is often described as more disabling than the illness itself. It prevents individuals and families from seeking early identification and treatment for a mental illness; it tarnishes their reputation and social standing; and it results in serious inequities in educational, economic, health, and other social entitlements that non-disabled people take for granted. It is a form of social oppression that violates the human dignity and human rights of its victims.

According to the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) "self-stigma occurs when people with mental illness and their families internalize society's negative attitudes towards them, leading to self-blame and low self-esteem".

And not to be lost in the conversation is the link between low income families and mental illness.

According to Lipman and Boyle (2008):

There is a strong association between poverty and child and youth mental health problems. The odds of a child or youth from a family living in poverty having a mental health problem are three times that of a child from a family that is not living in poverty. This relationship is stable and consistent across countries, measures of poverty, methods of determining diagnosis and different times.

The economic costs of mental illness in Canada are enormous. A recent article in the *Financial Post* reported the findings of a federal study which showed that "there are as many as 800,000 well-educated workers in Canada who suffer from mental disabilities but who are perfectly capable of working

if offered the right conditions in which to do so – a staggering number considering the labour shortages faced by many of the nation's critical industries."

Another study found that "just absenteeism and presenteeism (being physically present but otherwise too unwell to be fully productive) due to mental health problems cost Canadian businesses \$6-billion annually." The Mental Health Commission of Canada reports that "mental health is the fastest-growing disability claim in Canada's workplace 21.4% of the working population currently experiences mental health problems that can affect productivity. Much of that is made up of individuals in their prime working age of 25 to 54." (Lopez-Pacheco, 2013)

Teachers themselves have contributed to the array of information recently available on the subject. In February 2012, in collaboration with the Mental Health Commission of Canada, the Canadian Teachers' Federation conducted a national survey of teachers. Nearly 4000 teachers responded to a survey on teachers' perspectives on student mental health. Key findings include:

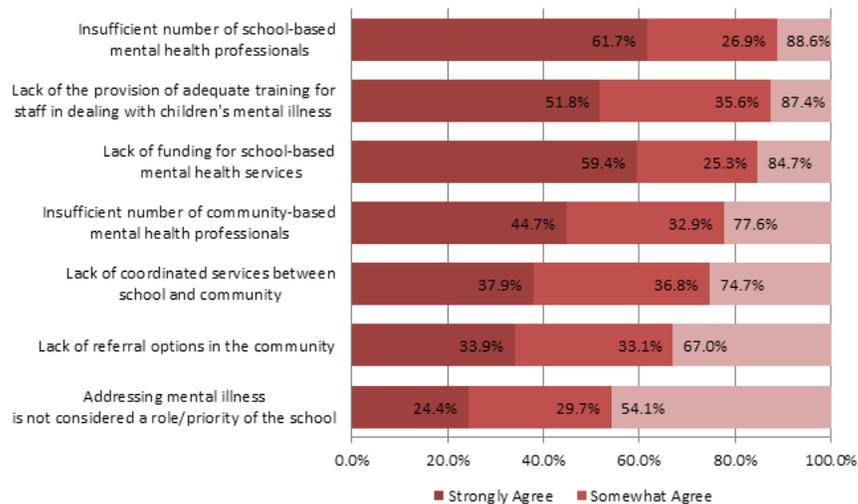
- 9 in 10 teachers surveyed agreed that attention deficit disorders and attention hyperactivity disorders, as well as learning disabilities such as autism spectrum disorder and dyslexia were pressing concerns in their school.
- 79% of teachers agreed that stress was a pressing concern.
- 73% of teachers agreed that anxiety disorders were a pressing concern.
- Almost 7 in 10 teachers have not received professional development to address student mental illness in their schools.

Teachers told us that mental health problems among children and youth have become a major issue in public schools. In addition, numerous barriers exist to mental health service provision for students

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including an insufficient number of school-based mental health professionals; lack of adequate staff training in dealing with children’s mental illness; lack of funding for school-based mental health services; and stigma and discrimination. Teachers support the need to continue and broaden the important emerging conversation about child and youth mental illness and mental health in order to raise awareness, and reduce and ultimately eliminate harmful stigma. While teachers feel they are part of the solution, they clearly cannot do it without support.

Majority of teachers consider surveyed factors potential barriers to student mental health service provision

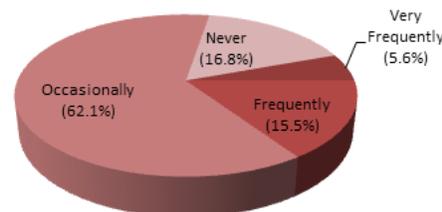


BULLYING OF STUDENTS WITH MENTAL ILLNESS

Unfortunately the stigma attached to mental illness can result in negative consequences for students such as bullying. Teachers were asked how frequently they have seen a student being treated unfairly, bullied or teased as a result of having a mental health problem.

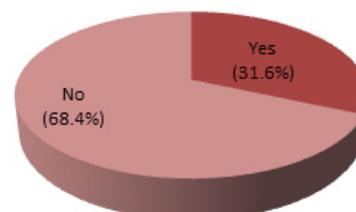
Twenty-one percent of teachers surveyed (1 in 5) said they had “very frequently” or “frequently” seen a student being treated unfairly, bullied, or teased as a result of having a mental health problem, including 6% who indicated “very” frequently. Only 17% of teachers could say that they had “never” witnessed unfair treatment because of a mental health problem.

1 in 5 teachers surveyed have often* seen students with a mental health problem being bullied



* Includes “frequently” and “very frequently” responses.

Almost 7 in 10 teachers surveyed have not received professional development to address student mental illness in their school



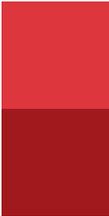
RECOMMENDATIONS

- Commit to a comprehensive federal poverty reduction strategy for Canada that includes realistic targets and timelines developed in broad consultation with provincial and territorial governments, Aboriginal governments and organizations, non-governmental organizations and people living in poverty.
- Collaborate with provincial and territorial governments as well as educational and other partners (such as the Council of Ministers of Education (Canada), Canadian School Boards Association, Canadian Mental Health Association, Mental Health Commission of Canada, Canadian Teachers' Federation, etc.) to develop and fund a national program aimed at supporting schools to both promote child and youth mental health and prevent and address mental illness that:
 - o Increases human resources to support schools, families and communities.
 - o Enhances opportunities for teacher professional development.
- Provide support for the distribution and implementation of programs based on scientific research and best practice as identified by such organizations as the Mental Health Commission of Canada.
- Work with provincial and territorial teacher certifying agencies to establish a pre-service program on child and youth mental health for aspiring teachers in Bachelor of Education programs across the country.

So what can be done? If we look south of the border we see the recent response to concerns about guns and mental health following the Newton, Connecticut tragedy. Nearly 20,000 of the 30,000 deaths from guns in the United States in 2010 were suicides. On January 31, 2013 Senator Al Franken introduced the *Mental Health in Schools Act* that would:

- Expand access to mental health services in schools;
- Support schools that work with community-based organizations to expand access to mental health services for students;
- Provide assistance through grants to schools to train staff, volunteers, families, and other members of the community to recognize the signs of behavioral health problems in students and refer them for appropriate services; and
- Authorize \$200 million in grant funding per year over five years, and eligible schools may apply for up to \$1 million per grant year, based on the size of their student population. http://www.franken.senate.gov/?p=hot_topic&id=2284

It is time to ask the question – what is Canada prepared to do to address what some would characterize as an increasing mental health crisis among our children and youth?



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