



Canadian Psychiatric Association

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Association des psychiatres du Canada

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**Presented to:**

**Standing Senate Committee on Social Affairs, Science and Technology**

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**Presented by:**

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Thank you, honourable senators, for the opportunity to be here today, and good afternoon.

My name is Dr. Chris Wilkes, and I am a psychiatrist from Calgary, Alberta, specializing in child and adolescent psychiatry. I am the Section Chief of the Child and Adolescent Addiction Outpatient, Community and Specialized Services Division of Alberta Health Services and the University of Calgary. I am also a Professor with the University of Calgary's Department of Psychiatry.

I am pleased to be here today on behalf of the Canadian Psychiatric Association, which is the voluntary professional association for Canada's 4,800 psychiatrists and 900 psychiatric residents.

Psychiatrists are licensed physicians with extensive medical training in the causes, diagnosis, treatment and ongoing care of mental disorders in patients of all ages. Their medical training and expertise in psychological development allow psychiatrists to understand the interaction between the physical, social and psychological aspects of mental disorders. This training allows psychiatrists to appropriately prescribe medication, to provide psychotherapeutic treatments, and to work with patients, especially those with chronic or episodic conditions, to improve their quality of life. Often part of the treatment or rehabilitation plan will include referral to or collaboration with a range of social and support services. Psychiatry is an evidence-based profession, and as such, the CPA advocates for policies grounded on the best research evidence that allow the best possible mental health outcomes for Canadians

I would like to begin by thanking you, on behalf of the CPA, for the care and diligence this committee has exercised in fulfilling its duty to explore the important and complex topic of child and youth mental health in Canada.

Research has shown that healthy emotional and social development in the early years lays a foundation for mental health and resilience throughout life. According to the Mental Health Commission of Canada, an estimated 1.2 million children and youth in Canada are affected by mental illness, yet fewer than 20 per cent will receive appropriate treatment.

We are clearly not "out of the shadows."

Recent studies have found that half of all adult mental health disorders had their onset during childhood or adolescence. The developing brain is vulnerable, and multiple adverse child experiences are correlated with mental health and addiction disorders, suicide, as well as other health problems such as heart disease, obesity, diabetes and cancer. Investing in child and youth mental health—including early intervention and improved access to appropriate, evidence-based treatments—is essential if we are to avoid lifelong consequences for Canadians.

Social determinants, such as food insecurity, inadequate housing, unemployment, racism and poor access to health care, increase the likelihood of developing a mental illness. Indigenous youth face additional challenges and disparities due to current and historical injustices, intergenerational trauma, socioeconomic conditions and political marginalization. Innovative projects such as Ontario's early intervention program, *Better Beginnings, Better Futures*, have demonstrated how investing in prevention and promotion in early childhood can prevent poor developmental outcomes that then require expensive health, education and social services.

In 2015, just over seven per cent of Canada's total health care spending went to non-dementia-related mental health care, which is far less than countries like the UK and Australia that spend between 12 and 14 per cent. Thanks to public awareness and anti-stigma efforts, more Canadians are seeking help for mental disorders, but this has increased pressure on under-resourced services and lengthened wait times. A 2015 survey by Children's Mental Health Ontario found that agencies have been experiencing a 10 per cent increase each year in the number of referrals they receive for long-term counselling and therapy, and wait times have reached 18 months for its most in-demand services.

There is still much more that needs to be done to ensure better access to quality care. Suicide remains the second-leading cause of death for youth between the ages of 15 and 24 years. On average, 11 people die by suicide every day in Canada, and rates of completed suicide are significantly higher among Indigenous people than the national average. Chronic underfunding has led to inadequate access to comprehensive, biopsychosocial care. We need to provide effective interventions to children and youth that are based on the best available evidence and delivered by the most appropriate health care provider in a tiered approach to care.

Youth and emerging adults are particularly vulnerable as they age out of child and adolescent mental health services and must transition to adult services. Up to 52 per cent of young people who are transitioning to adult services disengage at a time when serious mental illnesses are most likely to occur. Without access to needed assessment and treatment, health, social and employment outcomes are compromised, leading to a greater human and economic cost. Evidence-based service delivery approaches need to be implemented and tracked for this population across provinces and territories.

With 1.6 million Canadians reporting unmet mental health needs, and 75 per cent of children not obtaining necessary care, it is important to not just invest in additional services and supports, but to collect and analyze data to understand and measure the impact of additional resources on outcomes for children and youth. Unfortunately, there is currently a lack of reliable, comparable data that span children's services, social services, education, justice and health departments across provinces and territories. Electronic health record systems exist in silos, which leads to multiple consultations and uncoordinated treatment for complex patients.

There have been improvements, and with increased and sustained funding, greater progress can be made. One such improvement is the power of partnerships. This extends not only to psychiatrists working with primary care physicians in a shared care model, but also to ministries of health, child welfare and social services, justice departments and school boards. Working in an integrated, comprehensive and responsive manner is now recognized as the best approach.

In summary, the CPA recommends:

- Effective leadership for greater investments in child and youth mental health, including early intervention and improved access to appropriate, evidence-based treatments.
- Support for the spread and delivery of innovative, cost-effective evidence-based programs, strategies and models for mental health promotion, prevention, early intervention and access for children and youth, youth at high-risk, as well as for youth who are transitioning to adult services.
- Improved data collection and analysis across provinces and territories to promote research, inform policy and measure the impact of additional resources on outcomes for children and youth.
- Increased access to services at the primary and community care levels that are integrated, comprehensive and responsive across the lifespan.

Thank you for the opportunity to appear before the committee on this important issue. I'd be happy to answer any questions.