

Falling through the safety net: Youth are at the heart of Canada's mental health crisis

January 28 2021, by Ranmalie Jayasinha and Patricia Conrod



Significant reform of youth mental health care in Canada is needed to address the high rates of mental illness in young people. Credit: Unsplash/Devin Avery

Canada is grappling with a [major youth mental health crisis](#) characterized by high rates of mental illness, suicide, hospitalizations and considerable delays in access to services. These issues are [exacerbated by the COVID-19 pandemic and opioid overdose epidemic](#). With limited signs of progress, [significant reform](#) of youth mental health care in Canada is paramount.

As mental [health](#) researchers in the field of prevention and early intervention, we recognize the importance of [youth](#) engagement in [mental health issues](#), and present here not only our own opinions but the lived experiences and perspectives of youth.

Our national youth advisory team informs multi-site research trials and supports the development and use of evidence-based youth mental health interventions. Through this collaboration, we present key challenges within the Canadian [mental health-care](#) system for youth, and offer novel solutions and recommendations for progress.

Funding prevention and early intervention

A key issue is the continued limited government funding for mental health, especially prevention. The [2019 federal budget](#) prioritizes mental health literacy, harm reduction treatments for opioid use and a suicide crisis hotline.

Because [70 percent of adults with mental health issues](#) begin experiencing symptoms in adolescence, greater investment in youth mental health and prevention is vital. Specifically, evidence-based early intervention and prevention—such as the [Canadian PreVenture program](#)—can reduce the prevalence of [youth mental health and substance use disorders by about 50 percent](#). Despite the science, current funding for prevention [represents less than one percent of all costs to society related to substance use disorders](#).

Another ongoing issue is affordability and accessibility of services. Although free psychological help is available, [waiting times are notoriously long](#). For youth, such delays can make the difference between the need for preventive services versus treatment.

The alternative—privatized care—is largely unaffordable. Fees often

[range from around \\$100 to \\$225 per hour](#), preventing access for many youth, especially those exercising their right to privacy and agency by seeking care without a guardian.

Giving youth access to privatized mental health care for free would reduce the strain on the public system. A step in the right direction would be for Canada's public health plan to include [universal access to mental health services](#), particularly preventive and [early intervention](#) supports, at least until age 25.

Accessibility of services

However, our youth advisers noted the importance of addressing concerns beyond affordability. They list services' efficiency—wait times and staff capacity, for instance—as well as functioning hours, inclusiveness, appropriateness to youth needs and location as significant obstacles to accessing care.

Adapting evidence-based programs, including cognitive behavioral therapies and peer support services, to be [distance/virtually delivered](#) offers a new way to rapidly reach under-served youth. This is particularly pertinent in light of [recent reports of deteriorating youth mental health](#) and substantial disruptions in access to mental health care during the ongoing COVID-19 pandemic.

While youth may have access to mental health professionals in schools, our youth advisers found such personnel were often heavily focused on academic concerns. Indeed, school psychologists' time and effort may be diverted towards educational assessments and evaluations of learning disabilities and behavioral problems more than other mental health conditions and research.

The ratio of students to psychologists also tends to be higher than the

recommended [1,000 youth per professional](#), reaching [2,000 to 8,000 students](#). Furthermore, many school-based drug education programs delivered to students have [limited evidence of effectiveness](#).

To address this, national standards are needed for school psychologists, focused on providing clinical support to students and participating in research that will help further mental health services for youth.

Towards new models of care

[In response to the need for reform](#), new, more holistic models of care are emerging, which include a greater consideration of a persons' developmental stage in life, and the severity of their diagnosis.

For example, youth-focused and integrated services like [Foundry BC](#) and [Youth Wellness Hubs Ontario \(YWHO\)](#) follow a similar model to [Australia's Headspace](#) and Canada's [ACCESS Open Minds](#) to provide fast access to evidence-based, innovative mental health services incorporating in-person, virtual and outreach care. They also seek to delay transitions to adult services by extending care to [young adults](#).

However, these services remain largely dependent on young people actively seeking help and contacting them independently, which introduces biases in the type of young person served. In this regard, partnerships with schools could be beneficial. Schools can provide clinics with the opportunity to reach more youth (potentially all youth), and clinics can assist schools in addressing mental health demands that they cannot manage on their own.

Engaging young people

Finally, despite growing evidence of the benefits of [engaging youth in](#)

[research and services](#), there is a [lack of sustained opportunities](#) for youth to inform mental health care.

Notably, our youth advisers expressed some reticence about openly discussing mental health because they feared stigmatization and had doubts that [service](#) providers, researchers and policy-makers would listen to their views. Overall, however, most felt that raising awareness of young people's mental health experiences could be beneficial, and could contribute to the creation of appropriate and relevant services.

While we engage youth in research, YWHO and Foundry BC involve youth in service development and delivery via [advisory committees, outreach work and peer support](#). [By integrating these different young engagement platforms into their institutions](#) and committing to gathering youth feedback in accessible and meaningful ways, service providers can shape their resources to better serve the needs of youth. Co-ordination between service providers and schools may also create new avenues for youth participation.

The pandemic and the opioid crisis highlight the urgency of developing a more adaptable mental health-care system that reaches youth across the country. Canadian youth deserve affordable and accessible mental health care that's backed by science, informed by their own voices and coordinated and funded nationally and provincially.

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