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No one oversees children's mental health in Ontario warn McMaster University researchers

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[\(/mailto:jfrketich@thespec.com\)](mailto:jfrketich@thespec.com) The Hamilton Spectator

No one in Ontario is ultimately responsible for children's mental health care or accountable for the massive gaps in service that result in two-thirds of kids going without the specialized care they need, [concludes a Hamilton study](https://journals.sagepub.com/doi/full/10.1177/0706743719830033) (<https://journals.sagepub.com/doi/full/10.1177/0706743719830033>).

As a result, ineffective treatments continue to be used while proven therapies are widely unavailable, flags the much anticipated 2014 update to the 30-year-old [Ontario Child Health Study \(OCHS\)](https://www.thespec.com/news-story/9290367-one-third-of-ontario-kids-get-the-mental-health-care-they-need-concludes-offord-centre-study/) (<https://www.thespec.com/news-story/9290367-one-third-of-ontario-kids-get-the-mental-health-care-they-need-concludes-offord-centre-study/>).

There is no comprehensive children's mental health service planning, so attention and funding is unbalanced and favours public advocacy.

In fact, it's not even possible to determine how much is spent on children's mental health or the system's overall capacity.

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"In essence, the 2014 OCHS provides a 30-year 'report card' on children's mental health, suggesting that for far too long, Canadians have tolerated an inadequate patchwork of services — which the public may be unaware of until children develop problems and families try to get help," concludes the research published April 12 in the [Canadian Journal of Psychiatry](https://journals.sagepub.com/toc/cpab/current) (<https://journals.sagepub.com/toc/cpab/current>).

The medical journal dedicated its entire issue to the study of 10,802 Ontario kids aged four to 17 years done by the Offord Centre for Child Studies affiliated with McMaster University and McMaster Children's Hospital. It included eight papers [primarily funded](https://www.thespec.com/news-story/3256788-mcmaster-gets-13-2-million-for-health-research/) (<https://www.thespec.com/news-story/3256788-mcmaster-gets-13-2-million-for-health-research/>) by the Canadian Institutes of Health Research and the Ontario government.

In addition, an accompanying editorial by University of Calgary chair in pediatric mental health Dr. Scott Patten called the OCHS "one of the most advanced health surveys ever conducted in Canada."

It paints a surprising portrait of children's mental health in 2014 compared to 1983, provides an alarming assessment of the inadequate specialized care available to the more than one million Ontario children with mental health issues and acts as a wake-up call to parents, policy-makers and health services.

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"I'm hoping this study will get people in government to start thinking about how they can use the information to better distribute resources, to provide better access to families that need it and evaluate what is going on because currently there is none of that," said Dr. Michael Boyle, co-principal investigator of both the 1983 and 2014 versions.

The OCHS contains six recommendations that starts with coherent policy leadership versus the current sprawl of providers that span public health, child protection, youth justice, multiple government ministries, schools, community agencies, early childhood education, health care services and community agencies

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"For children's mental health, the main governance challenge is the diffusion of responsibility and authority across multiple sectors and groups, with insufficient central expert leadership and planning at the provincial/territorial level," states the study. "The governance challenge causes several children's mental health service problems."

Next a comprehensive plan is needed to address the current limited reach of treatment, prevent disorders and substantially reduce prevalence, which has remained at one in five children having a mental health issue for more than 30 years. Otherwise policy is unduly swayed by public advocacy.

"Public advocacy can be singularly focused on one age group (such as adolescence) or one disorder (such as autism)," states the study. "This singularity can give rise to unbalanced and unco-ordinated policy responses."

One of the most concerning issues raised is the use of unproven and ineffective treatments including inappropriate prescribing that the study says needs to be curtailed.

"Without central expert policy leadership, it is difficult to ensure the provision of effective interventions as the standard of care, across all services being provided," states the OCHS. "For example, cognitive-behavioural therapy is effective with childhood anxiety and depressive disorders and parenting programs are effective with childhood behaviour disorders. Yet these approaches are still not widely available while unproven or ineffective approaches persist."

With the startling finding that the majority of kids go without the specialized mental health care they need, access to services has to improve concludes the study.

"The goal must be providing all these children with appropriate care for their mental health needs — as is typical for physical conditions such as childhood diabetes or cancer."

Addressing social determinants of health are an important part of mental health planning suggests the study, particularly considering the surprising finding that the environment low-income children grow up in determines their risk more than poverty itself.

"Exposure to unsafe neighbourhoods is both a violation of children's rights and an avoidable form of childhood adversity," states the researchers. "As an urgent policy priority, addressing this issue requires broadening children mental health planning to include, for example, the housing, recreation and justice sectors."

Lastly, the study recommends adequate and dedicated children's mental health budgets tied to governance mechanisms, increased service reach, effective interventions and improved outcomes.

"The service shortfalls documented by the 2014 OCHS suggest that children's mental health has yet to be established as a public funding priority," states the researchers.

A major gap revealed by the study is the lack of ongoing data collection and accountability measures to inform public policy. Considering [the major changes between the 1983 and 2014 \(https://journals.sagepub.com/doi/full/10.1177/0706743719830035\)](https://journals.sagepub.com/doi/full/10.1177/0706743719830035) versions of the OCHS, children can't wait decades again for knowledge to catch up with demand.

"I think what this study tells us, in conjunction with the 1983 study, that we should put in place information systems that will help us make informed decisions about how to allocate resources to services for kids," said Boyle. "We haven't even started to collect information that can be useful from a public health perspective in terms of planning services and evaluating the extent to which these services are allocated appropriately."

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