

Mental Health and Children’s Rights: Working Paper

The CCRC appreciates the contributions of Tanya Halsall and Lisa Lachance in the preparation of this Working Paper on Mental Health. It is designed to foster discussion on this aspect of children’s rights during the current review of how Canada implements the Convention on the Rights of the Child. This is a Working Paper. The CCRC welcomes suggestions for additions and improvements in analysis and advocacy, for use in Canada and then for the review by the UN Committee on the Rights of the Child. For further information on the substance of this paper, send a message to info@rightsofchildren.ca. Information on the review process will be updated on the CCRC website at www.rightsofchildren.ca.

Introduction

Mental health is frequently named by young people as a high priority issue. Reliable estimates indicate that one in five children have a mental illness (Georgiades et al., 2019) and a high percentage of adults report that their mental illness started during childhood (Kessler et al., 2005). Suicide is the second leading cause of death among young people (Pearson et al., 2012). At the same time, only one in three young people receive required services on a timely basis (Pearson et al., 2012). Discrimination and stigma are identified as other barriers that children experience (Gulliver et al., 2010).

Children’s Rights and Mental Health

Many provisions in the Convention on the Rights of the Child relate to mental health, including the following:

- Article 2 → the rights of the convention must be applied to all children, regardless of their status, and they must be protected from discrimination.
- Article 3 → the best interests of the child must be a priority in all decisions that affect the child and the best interests of children must be a priority for allocating public resources.
- Article 12 → the child’s voice must be included in all decisions affecting the child, and their views should be given due influence, based on age and development.
- Article 23 → children have the right to supports that facilitate their full participation in society, regardless of disability.
- Article 24 → children have a right to the “highest attainable standard of health” and to treatment of illness and rehabilitation of health.
- Article 25 → children in alternative care have a right to periodic review of treatment and all other circumstances relevant to placement for “physical or mental health.”
- Article 39 → states are obligated to take all measures to “promote physical and psychological recovery and social reintegration” of any child victim of neglect, abuse, cruel and inhumane treatment, or armed conflicts.

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These provisions in the Convention relate to numerous factors identified in the growing body of research on children's mental health in Canada:

- Realizing the rights of children includes a strong focus on the social determinants of health to create healthy conditions for growing up. Mental health is closely related to the social determinants of health.
- Rights of non-discrimination and equitable treatment speak to issues such as access to treatment, the nature of community-based services, and exclusion from activities because of mental health issues or disabilities;
- Participatory rights relate to respect for the views of children, right of consent to treatment, and age-appropriate information and treatment;
- Right to recovery and rehabilitation after abuse or violence relates to inclusion of mental health services in individual case plans and group programs.

Research on Children's Mental Health in Canada

Since the last review of children's rights in Canada, in 2012, there has been a significant amount of research into children's mental health in Canada. This includes proposals for public policies that would improve support for all children and special services for those who need it. In 2015 the Canadian Mental Health Commission released [A Mental Health Strategy for Canada – Youth Perspectives](#). It provides useful analysis of the situation of children's mental health in Canada and a comprehensive framework for improvement, developed with young people from across Canada. It parallels the adult-focused Mental Health Strategy for Canada, released in May 2012, and builds on the earlier 2010 report entitled, *Evergreen: A Child and Youth Mental Health Framework for Canada*.

Investing in children's mental health would be a good investment for Canada. That is one of the findings in a cost-benefit analysis done by the Canadian Mental Health Commission in 2017, entitled [Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations](#).

There is also a growing body of knowledge about good practices in providing mental health support for all children through school and community programs, age-appropriate interventions for specific issues, and strategies for the inclusion of children with mental health issues in education and community programs. The major challenge in Canada is very uneven access to both preventive and remedial services for children. A patchwork of policies and programs across the country means increased risk that vulnerable children fall through the cracks of fragmented services and parents have difficulty in finding appropriate, accessible services for their children. This is reflected in the evidence of long waiting times and high percentages of families reporting they were unable to find help for children experiencing mental health issues.

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Canada's Response to Previous Recommendations

The government's official 5th/6th report on children's rights in Canada shows little progress on the general implementation of children's rights, which would contribute to healthy conditions for growing up and positive mental health. With regard to specific policies for children's mental health, the response to previous recommendations in the official report is inadequate. Further action is needed as part of the review process, including the following areas:

- **Mental health support for every child through schools:** Canada was asked to ensure that every child has access to confidential counselling services through its education systems. While the official report includes a few good examples of school programs, it fails to respond to the recommendation for equitable access by all children and it fails to provide data and analysis to show how education policies and school systems across the country are addressing this aspect of children's rights. Meanwhile, research and the strategy developed by the Mental Health Commission of Canada highlight the importance of preventive approaches that integrate mental health supports into schools and community programs for children.
- **Suicide prevention:** Another specific recommendation was improvement in quality and accessibility of suicide prevention programs for young people. While the official report includes as progress the development of a federal framework for suicide prevention, the current national framework for suicide prevention does not include a specific focus on children.
- **Youth voice in mental health decisions and policy-making:** While there are some good practices in participatory children's mental health program development and delivery, many young people do not have access to such services. There is no policy to realize children's right to have their views considered in individual decision-making and policy and program development.
- **Non-discrimination and exclusion:** Evidence of exclusion from education because of mental health conditions was not addressed in Canada's official reports for either the Convention on the Rights of the Child or the last report on implementation of the Convention on the Rights of Persons with Disabilities. Further analysis, transparency, and action to prevent exclusion and non-discrimination are needed as part of the current reviews under both conventions.
- **Over-reliance on medication:** Canada was specifically asked to investigate reports of over-reliance on psychotropic drugs to control behaviours related to mental health, instead of other forms of treatment; monitor the use and impacts of such drugs with children; and ensure respect for the right of young people to be informed and consent to the choice of treatment. The official report does not provide data and analysis to address this concern; more in-depth analysis and discussion with all stakeholders is needed as part of this review of how children's rights are implemented in Canada.

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Recommendations for federal and provincial level action

- Federal and provincial governments should implement the United Nations Declaration on the Rights of Indigenous Peoples and the Report of the Truth and Reconciliation Commission to address issues of reconciliation, decolonization and the effects of trauma on the mental health of young Canadians, Indigenous and non-Indigenous.
- Federal and provincial governments should respond to the general and specific recommendations Canada received in the 3th/4th review of how Canada implements the Convention on the Rights of the Child. This includes providing relevant data and analysis of children's mental health in Canada, as well as examples of new specific initiatives. If governments do not agree with the substance of a specific recommendation, the report should include an explanation and alternative response to the identified issue.
- The federal government should provide leadership and dedicated funding to provinces and territories to ensure quality mental health services are available for children who need them.
- Target federal budget funds for youth mental health services and increase mental health services funding for First Nations, Inuit and Metis children on and off reserve.
- Increase recognition of mental illness as a disability under federal disability support programs.
- Add a child-focused section to the Government of Canada's Framework for Suicide Prevention
- Ensure child and youth engagement in treatment decision-making, mental health literacy, mental health system design and policy development
- Promote employment, education and recreation accommodations to support diverse youth voices
- Apply a holistic measurement of child and youth developmental outcomes
- Utilize strengths-based comprehensive approaches to support mental health promotion for children and youth
- Implement a federal commissioner or commission for children to hold governments to account for gaps, inequalities and jurisdictional differences in child and youth mental health policies and services.

Sources of Information

The CCRC appreciates the contributions of Dr. Tanya Halsall and Lisa Lachance in the preparation of the working paper and related fact sheet on mental health. Dr. Tanya Halsall is a Postdoctoral Fellow with the Royal's Institute of Mental Health Research, affiliated with the University of Ottawa. Lisa Lachance is a PhD Candidate, Dalhousie University and President, Wisdom2Action Limited.

Reference documents for information cited in the Working Paper:

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