

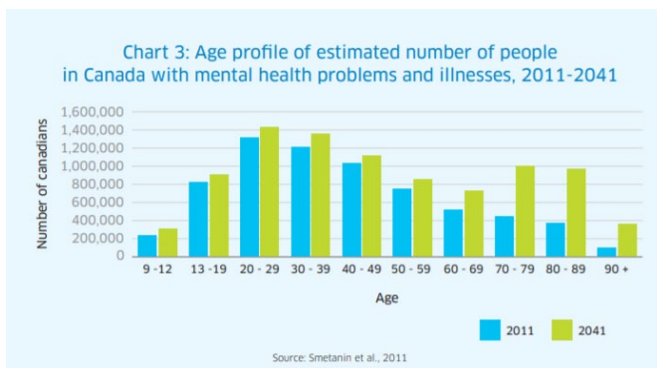
# Youth Mental Health in Canada

## WHY WE NEED TO INVEST NOW



## WHAT WE KNOW

In 2012, 1 in 3 Canadians reported having experienced a mental illness or substance use problem in their lifetimes.<sup>1</sup>



75% of mental health problems have their onset before age 25.<sup>2</sup>



In 2019, 10-20% of Canadian children and youth were at risk for developing a mental disorder.<sup>3</sup>



In 2012, it was reported that Canadian youth aged 15-24 had higher rates of mood and substance use disorders than all other age groups in the previous year.<sup>1</sup>



In 2016, suicide was reported as the second leading cause of death for young people aged 15-24.<sup>16</sup>



For every suicide death in Canada in 2016, it was estimated that there were at least 5 self-inflicted injury hospitalizations and 25-30 suicide attempts.<sup>16</sup>

In 2011, First Nations people were 3 times more likely to die by suicide than non-Indigenous people, with rates doubling for First Nations people living on reserves. Suicide rates and disparities were highest in youth and young adults (15-24 years old) among First Nations males and both Inuit males and females.<sup>17</sup>



Suicide rates for Inuit youth are among the highest in the world, at about 40 times the Canadian average for Inuit males in some regions. Overall, the rates for Inuit peoples in Canada ranges from 5 to 25 times the Canadian average.<sup>18</sup>

## IMPACTS OF PANDEMIC

There is growing concern that the COVID-19 pandemic will significantly impact young people's mental health with increases in distress, anxiety, depression, uncertainty about the future, disrupted education, reduced social connections, more difficult access to services and a higher risk of suicide.<sup>4,5,6,7,8,9</sup>

The intersection of the pandemic and pre-existing instabilities makes some groups more vulnerable (e.g., people experiencing homelessness, youths in abusive homes, etc.<sup>10,11</sup>). These groups were already more vulnerable to mental ill-health even before the pandemic.<sup>12,13,14,15</sup>

# WHERE WE FALL SHORT

## NOT COST-EFFECTIVE

In 2011, mental illnesses were estimated to cost the Canadian economy \$42.3 billion in direct costs. This was a gross under-estimate because it did not include informal caregiving costs to the justice, educational, social service systems; costs of child and youth services, etc.<sup>19</sup>

In 30 years, direct costs in Canada are expected to climb upwards of **\$2.3 trillion**.<sup>19</sup>

Mental health is **underfunded**. Nationally, the portion of total public spending on health that was spent on mental health decreased from 5.4% in 2003 to 4.9% (\$6.75 billion) in 2013.<sup>20</sup> In fact, what is spent in Canada is at least 3-4 times lower than what would be expected given the burden of disease due to mental and substance use problems.<sup>21</sup>

## UNMET NEEDS

Of Canadians aged 15 or older who report having a mental health care need in the past year, about 44% stated that their needs were not fully met.

In 2012, only 49.7% of Canadian youth with mental health problems and 25.8% of those with substance use disorders had sought professional help over the past year.<sup>22</sup>

## SENDING YOUTH TO EMERGENCY



Emergency rooms are becoming the front door for mental health help for youth. In just over 10 years, there has been a 75% increase in visits by youth to the emergency department for mental health help in Canada.<sup>3</sup>



Between 2006–2007 and 2017–2018, there was a 75% increase in visits to the emergency department (ED) by youth, a 65% increase in hospitalizations for mental health disorders and a 24% decrease in hospitalizations for other conditions.<sup>3</sup>



39% of children and youth who visited the ED for a mental health problem had 3 or more visits to the ED. Repeat visits to the ED can indicate challenges with access to services or a lack of services.<sup>11</sup>



Mental health visits to the ED cost more than non-mental health visits; the average cost per visit to the ED for mental health in Canada was \$396 per visit (\$309 for non-mental health-related visits) in 2017-18.<sup>11</sup>



In the ED, youth with mental health and addictions use more resources; representing 4% of total ED visits, but using 7% of ED patient hours in 2017-18 (data from Ontario, Alberta and Yukon).<sup>11</sup>

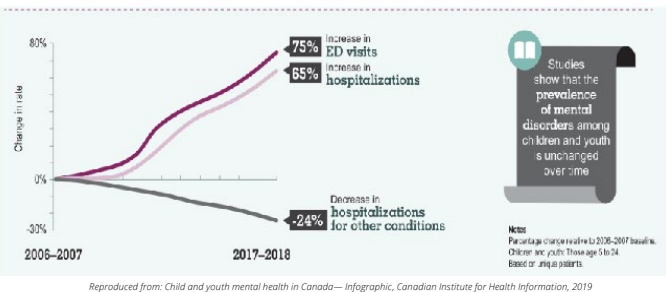


Across the world, youth's pathways to mental healthcare are often complex, stressful/traumatic (e.g., involving emergency rooms or police) and involve long delays before getting help.<sup>12</sup>



These treatment delays are problematic because longer durations of untreated mental illnesses have been associated with worse outcomes and greater suffering for young people and their families.<sup>14</sup>

### Has hospital use for mental disorders changed?



Across much of Canada, long waiting lists significantly delay evaluation and treatment for adolescents.<sup>13</sup>

# WHAT WE CAN DO



## EARLY INTERVENTION IS KEY

Mental health promotion and illness prevention aimed at youth can provide significant and long-term impacts.<sup>15</sup>

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The majority of evidence outlining the benefits of early intervention in mental health show that services with reduced treatment delay (while providing high-quality care through open, rapid access along with evidence-based practice) have reduced suicide and improved clinical, social and economic outcomes for patients.<sup>16,17</sup>

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Other international early intervention-based initiatives (e.g. Headspace, Australia) have demonstrated significant improvements in young people's access to mental health services in a youth-friendly environment.<sup>18</sup>

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A review of 43 evaluations of youth mental health services found that young people were more willing to access such services and be highly satisfied with them.<sup>19</sup> They liked many aspects of these services, such as youth-friendly staff, few barriers to access and a holistic focus (not just on symptoms but also on wellbeing, employment, etc.). Though evidence is still emerging, outcomes thus far seem promising.



## INVEST IN EARLY INTERVENTION

A Canadian study modeled that by reducing the relative risk associated with a prior mental illness in childhood or adolescence by only 10%, over 40,160 fewer Canadians will be living with a major mental illness by 2041 which could result in over **\$583 million saved** in direct health care costs annually.<sup>19</sup>

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While not youth-specific, in Canada, every \$1 invested in covering psychological services would yield \$2.00 (\$1.78 to \$3.15) in savings to society. Covering psychological services as part of Medicare for individuals with an unmet need for mental health care would pay for itself.<sup>20</sup>

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A study from the United Kingdom estimates that improving a single child's mental health from moderate to high has been found to result in lifetime savings of **\$140,000** per person.<sup>21</sup>

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The London School of Economics and Political Science has shown that early intervention in psychosis services can save the system £40 million a year (CA\$63 million).<sup>22</sup>

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Other international reports have concluded that prevention programs for juvenile offenders have been demonstrated to produce net cost benefits ranging from \$1,900 to \$31,200 per youth.<sup>23</sup>

# INVEST IN YOUTH MENTAL HEALTH

There is a clear need to improve access to mental health supports and services for youth now and to help reduce the burden of mental illness in the future.

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The emergency department has increasingly been used as the front door for accessing services by youth and is generally the least cost-effective and welcoming way to access help.



# WHY ACCESS OPEN MINDS CAN LEAD THE WAY

## DEVELOPING CANADIAN EVIDENCE-BASED SOLUTIONS



Since 2014, ACCESS Open Minds has been developing evidence-based approaches to improving youth mental health services through testing innovative approaches to care across Canada and meaningfully evaluating their impact and outcomes on youth, caregivers, communities and return on public investment.

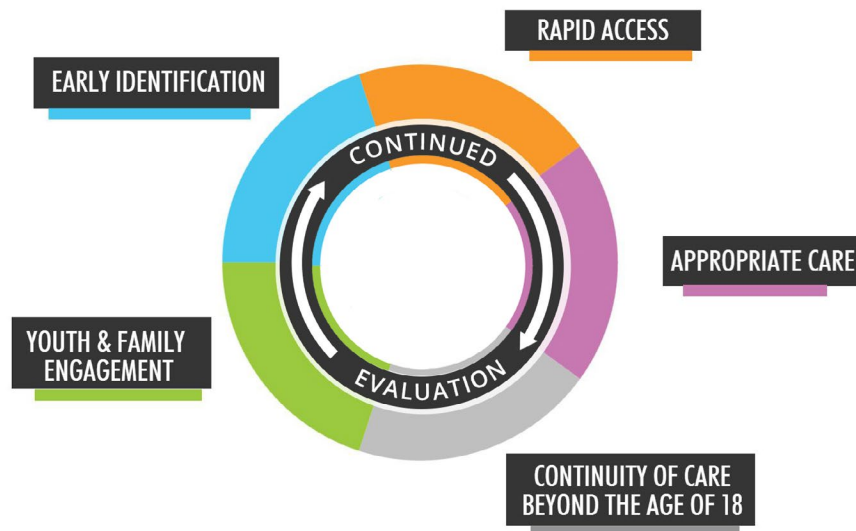


Developed with diverse youth, families, service providers, researchers and policymakers, the ACCESS Open Minds approach builds on local strengths along with youth, family and community engagement to improve mental health services for youth.



Locally built, each ACCESS Open Minds site, while different in delivery are united by standard service and evaluation components that work together to ensure that services are best meeting the needs of youth in their community.

## ACCESS OPEN MINDS SERVICE FRAMEWORK<sup>38</sup>



The [ACCESS Open Minds Service and Evaluation Frameworks](#) and related benchmarks have been adopted by many other youth initiatives and are currently standard approaches that exist in services in diverse contexts across the country.

### 1. Early Identification:

Youth in need get help as soon as possible. Youth and families know where they can get help.

### 2. Rapid Access:

Help is offered right away and can be accessed through multiple ways (walk-in, phone, email).

### 3. Appropriate Care:

Youth and their families are connected to the right services and are fully supported until they receive the proper care.

### 4. Continuity of Care:

There are no age cut-offs at 18 years old. Services are available for anyone 11-25.

### 5. Youth and Family Engagement:

Youth and families/carers are engaged in the design of services and are partners in their care.

### 6. Continued Evaluation:

This is integrated into services to understand their impact, respond to community needs and to inform return on investment.

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