

# Care for Children and Youth with Mental Disorders in Canada

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Child and youth mental health is a significant concern in Canada and globally. An estimated 20% of Canadians will experience a mental disorder during their lifetime, and, for most, the onset will occur during childhood, adolescence or young adulthood (Kessler et al. 2005; Kim-Cohen et al. 2003; Mental Health Commission of Canada 2012; Public Health Agency of Canada 2002). If not identified, diagnosed and effectively treated, mental disorders with onset early in life can lead to substantial negative health and social outcomes, including early mortality.

Although most mental healthcare services for children and youth are accessed in the community, hospital-based emergency and inpatient care can often be the first point of access for children and youth dealing with significant mental disorders. Emergency departments (EDs) can be used for emergency mental healthcare needs, as well as other concerns related to emotional, behavioural or social challenges. Inpatient hospitalizations may be necessary depending on the nature and severity of the mental disorder, availability of community-based support and the safety of the child and his or her loved ones.

Using information from Canadian Institute for Health Information (CIHI) databases, we found that 5% of ED visits and 18% of inpatient hospitalizations for children and youth age 5–24 years in Canada were for a mental disorder in 2013–2014. This translates into 1,371 per 100,000 Canadian children and youth visiting an ED and 409 per 100,000 Canadian children and youth having an inpatient stay for a mental disorder. Rates of ED visits and inpatient hospitalizations for mental disorders among children and youth have increased to 45% and 37%, respectively, between 2006 and 2007 and between 2013 and 2014. The greatest increases in rates of hospital service use are among youth aged 10–17 years, those with mood and anxiety disorders and those living in urban areas.

Treating mental disorders in the youth involves a variety of interventions, including psychosocial therapy and medications.

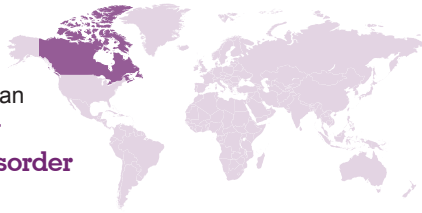
Pharmacotherapy alone is not recommended for youth and should ideally be preceded and/or complemented by psychosocial therapy. Concerns have been raised about the appropriate use of psychotropic medications and whether there is sufficient clinical monitoring of youth taking these medications.

In 2013–2014, 1 in 12 youth were dispensed a psychotropic mood/anxiety or antipsychotic medication, and this has increased over time. For youth dispensed psychotropic medications, the increase in use is confined to those living in urban or suburban areas being dispensed selective serotonin reuptake inhibitors and the antipsychotic medication quetiapine. Further examination of medication dosages found that quetiapine was often dispensed in doses low enough to indicate treatment of conditions other than schizophrenia or bipolar disorders (e.g., as a sleep aid, as a treatment for symptoms of attention deficit hyperactivity disorder or conduct disorder).

The use of ED and inpatient care by children and youth with mental disorders has increased over time, as has the use of psychotropic medications. There are several possible explanations for these trends, including improvements in the ability to identify and treat youth with mental disorders, fragmentation amongst community-based services, a reduction in stigma resulting in more youth seeking help and/or reliance on hospital care and psychopharmacology in the face of limited access to services in community settings. Many Canadian jurisdictions continue to work towards building a coordinated, cross-sectoral system of mental healthcare that includes promotion, prevention and intervention services. Continued monitoring of healthcare utilization over time will help to understand any changes in the mental healthcare needs of this group. Additionally, better data and information on community mental health services will help to understand their contribution to the overall mental health system for children and youth. **HQ**

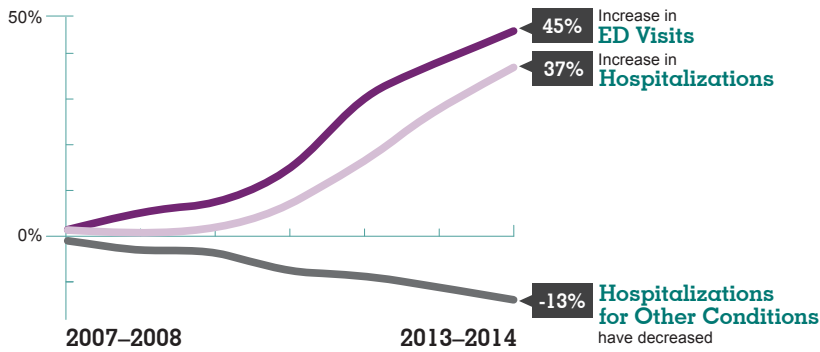
# Child and Youth Mental Health in Canada

10% to 20% of Canadian children and youth may develop a mental disorder



Mental disorders accounted for 13% of the global burden of disease

## Has hospital use for mental disorders changed?



Percentage change relative to 2006–2007 baseline

Studies show that the prevalence of mental disorders is unchanged over time

## How many youth received medication for mental disorders?

1 in 12 youth\*



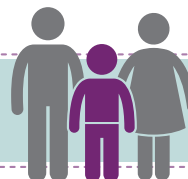
were dispensed a mood/anxiety or antipsychotic medication



The most commonly prescribed antipsychotic medication was dispensed to youth almost exclusively at dosages below the recommended range for treating schizophrenia and bipolar disorders.

\* 6.5% (61,503) of youth living in B.C., Saskatchewan and Manitoba were dispensed at least 1 medication to treat a mood or anxiety disorder, and 1.6% (14,894) were dispensed at least 1 antipsychotic medication. This equates to about 1 in 12 adolescents in 2013–2014.

Visit [www.cihi.ca](http://www.cihi.ca) for more detailed information about youth and mental health in Canada.



Canadian Institute for Health Information  
Institut canadien d'information sur la santé

**References**

Kessler, R.C., O. Demler, R.G. Frank, M. Olfson, H.A. Pincus, E.E. Walters et al. 2005. "Prevalence and Treatment of Mental Disorders, 1990 to 2003." *New England Journal of Medicine* 352(24): 2515–23.

Kim-Cohen J., A. Caspi, T.E. Moffitt, H. Harrington, B.J. Milne, R. Poulton. 2003. "Prior Juvenile Diagnoses in Adults with Mental Disorder: Developmental Follow-Back of a Prospective-Longitudinal Cohort." *Arch Gen Psychiatry* 60(7): 709–17.

Mental Health Commission of Canada. 2012. *Changing Directions Changing Lives: The Mental Health Strategy for Canada*. Calgary, Alberta: Mental Health Commission of Canada. Retrieved December 10, 2015. <<http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>>.

Public Health Agency of Canada. 2002. "A Report on Mental Illnesses in Canada". Ottawa, ON: Author. Retrieved December 10, 2015. <[http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men\\_ill\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf)>.

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