

# COVID-19 and Children's Mental Health in Canada

Policy Brief for the House of Commons Canada  
Standing Committee on Health

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***We celebrate the Indigenous Peoples on whose traditional territories we are all privileged to live and work.***

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*Children are not the face of this pandemic. But they risk being among its biggest victims. All children, of all ages, in all countries are being affected, in particular by the socioeconomic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. This is a universal crisis and, for some children, the impact will be lifelong. Moreover, the harmful effects of this pandemic will not be equally distributed. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those already in disadvantaged or vulnerable situations.<sup>1</sup>*

## **I. Children's Mental Health Needs Were High Before COVID-19**

Mental health, or social and emotional wellbeing, is a crucial resource for all children – enabling them to flourish, meet their potential and be resilient in the face of adversity.<sup>2</sup> Yet based on high-quality epidemiological studies, an estimated 13% of children aged four-to-18 years – or nearly 800,000 young people in Canada at any given time – were experiencing mental disorders causing significant symptoms and impairment before COVID-19.<sup>3</sup> The most common conditions include: 1) anxiety disorders; 2) attention-deficit/hyperactivity disorder (ADHD); 3) oppositional defiant and conduct disorders; 5) substance use disorders; 6) depression; 7) autism spectrum disorder; 8) obsessive-compulsive disorder; 9) bipolar disorder; 10) eating disorders; 11) posttraumatic stress disorder (PTSD); and 12) schizophrenia.<sup>3</sup>

All children with mental disorders require effective treatments, and many additional children would benefit from receiving effective prevention programs before disorders arise. But pre-pandemic, only 44% of children with mental disorders in Canada were receiving any interventions for their mental health conditions<sup>3</sup> – resulting in stark shortfalls that violate children's rights<sup>4</sup> and that Canadians would deem unacceptable for physical health conditions, such as childhood cancer or diabetes. This is despite ample high-quality research evidence on effective interventions.<sup>5</sup>

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## 2. Emerging Data on Children and COVID-19

### 2.1 Impact of the pandemic on children

Research on the impact of COVID-19 on children is still emerging. However, observational studies were conducted after previous health disasters such as the Severe Acute Respiratory Syndrome or SARS pandemic, and after natural disasters such as earthquakes, floods and fires. Data from these studies suggest that during and beyond the pandemic we may see two-to-10-fold increases in childhood anxiety, PTSD, depression and behaviour problems.<sup>6</sup> Data from these studies also suggest that risks will be higher for children coping with more severe adversities, such as losing loved ones; at the same time, risks will be lower for children with positive adult and peer supports.<sup>6</sup>

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### 2.2 Who is being disproportionately affected?

The COVID-19 public health crisis has created significant challenges for all children in Canada – including social restrictions and school interruptions. Yet emerging data warn of deep disparities in COVID-19's impact.<sup>6</sup> Economic losses due to the pandemic will cause even greater hardships for children whose families were already experiencing disadvantage.<sup>7</sup> Children in these families will experience even greater exposure to stress as well as increased risk for added problems such as family violence.<sup>8</sup> Pre-existing food and housing insecurities exacerbate the burdens for many Canadian families. For example, many children from low-income families rely on essential services such as school programs, not only for education but also for food in some cases so school closures, too, have disproportionate impact.<sup>9</sup> Compounding these problems, considerable research evidence shows that socioeconomic disadvantage contributes to the development of childhood mental health problems.<sup>10</sup> The pandemic has the potential to amplify these inequalities – in turn further disadvantaging the least advantaged children in Canada.

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Beyond socioeconomic disadvantage, mental health needs are predicted to be higher during the pandemic for children with developmental conditions, particularly following disruptions in essential services.<sup>6</sup> These conditions include autism spectrum disorder, fetal alcohol spectrum disorder and developmental disabilities.<sup>11-13</sup>

Racism may also contribute to COVID-19 having a disproportionate impact on some children.<sup>6</sup> Anti-Asian racism, in particular, flared after the first known outbreaks were identified in China.<sup>14</sup> Racism has also long

been identified as a pressing public health problem with many deleterious mental health effects for children<sup>15</sup> – in addition to being a violation of children’s rights.<sup>4</sup>

Indigenous communities have long been coping with multiple adversities as a result of the many destructive legacies of colonialism. In addition to racism, these legacies have resulted in continuing socioeconomic disadvantages for many Indigenous communities that are unparalleled in Canada.<sup>16-17</sup> These adverse conditions put children’s mental health at risk.<sup>18</sup> Indigenous leaders and communities have long persevered in addressing these legacies with strength and resilience. Yet Indigenous communities are coping with the consequences of COVID-19 with far fewer resources than other Canadians<sup>19</sup> – in turn compounding longstanding rights violations for Indigenous children.<sup>20</sup>

### **3. The Children’s Mental Health Policy Opportunities**

The COVID-19 pandemic has created unprecedented public health challenges in Canada and globally. Yet at the same time, the pandemic presents unprecedented policy opportunities to address children’s mental health service shortfalls in Canada. These opportunities include: making, implementing and sustaining comprehensive children’s mental health plans nation-wide; ensuring adequate budgets and effective services for all children in need; and tracking Canada’s collective progress.

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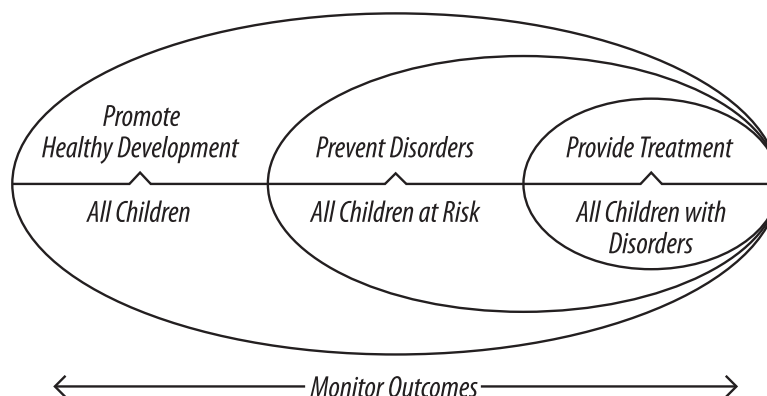
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#### **3.1 Make, implement and sustain comprehensive children’s mental health plans nationwide**

Most provinces and territories have yet to develop, implement and sustain comprehensive children’s mental health plans<sup>21</sup> – an essential first step in addressing the high levels of need during COVID-19 and beyond. Encompassing children of all ages from birth through 18 years and encompassing all of the most common childhood mental disorders, these plans need to address four goals. (See Figure 1.)

- 1) Promote healthy development for all children by addressing childhood adversities such as socioeconomic disadvantage that contributes to mental health problems;
- 2) Provide effective prevention programs for all children who could benefit;
- 3) Ensure access to effective treatment services for all children with disorders; and
- 4) Monitor child mental health outcomes across the population.

**Figure 1: Population Strategy for Children's Mental Health<sup>a</sup>**



a. Adapted from Waddell 2008.<sup>22</sup>

Vigorous leadership is required to ensure that comprehensive plans are implemented, sustained over time and coordinated across all relevant sectors within provincial/territorial governments. Children's mental health falls within provincial/territorial jurisdiction in Canada. Yet the Federal Government's leadership is crucial: in coordinating efforts nationwide; in keeping children's mental health on the public policy agenda; in offering economic incentives for dedicated children's mental health programming; and in ensuring equitable access to high-quality services across the country.

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### 3.2 Ensure adequate budgets and effective services

To address pre-COVID-19 shortfalls, at a minimum, children's mental health budgets need to be doubled to meet the goal of treating all children with disorders, as well as providing prevention programs. Even greater increases are warranted to also address the impact of the pandemic. While initial costs will be high, long-term benefits and cost-savings will be higher. For example, preventing just one case of a severe childhood mental health problem such as conduct disorder can yield lifetime savings of up to \$8M.<sup>23</sup> Similarly, Nurse-Family Partnership (NFP) – a prevention program that reduces child maltreatment and improves child mental health – has yielded net benefits of approximately \$6,000 per child.<sup>24-25</sup> (American figures have been translated into 2020 Canadian dollars. NFP is also now showing success in Canada.<sup>26</sup>) In both cases, long-term savings were realized through averted expenditures across multiple public sectors including healthcare, special education, child protection and justice. The Federal Government is in a strong position to support and encourage new prevention and treatment investments for children's mental health.

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As well as leading to cost benefits for society, effective mental health services are a basic right for all children in need.<sup>4</sup> For those with early symptoms, effective prevention programs can stop the progression to mental disorders, while for those with disorders, effective treatments can reduce distress and speed the return to healthy development and functioning.<sup>5</sup> Effective interventions are also known for all the conditions expected to increase during COVID-19 – including cognitive-behavioural therapy for anxiety disorders, PTSD and depression, and parent training for behaviour problems.<sup>5</sup> The Federal Government can take leadership in encouraging new investments in effective children's mental health interventions.

At the same time, it is crucial to address the social disparities that amplify risks of harm during and following a global pandemic such as COVID-19, paying particular attention to children who are already living with disadvantage.<sup>6</sup> In response to the pandemic, Canada has an opportunity to launch initiatives ensuring that fewer children are living in precarious socioeconomic circumstances – including rectifying inadequate living conditions in many Indigenous communities, and raising the levels of funding and support to achieve parity with non-Indigenous communities.<sup>18, 20</sup> Given the likelihood that COVID-19's impact may be enduring, building these foundations for resilience now can help to ensure that all Canadian children can flourish. The Federal Government is in a strong position to lead these kinds of socioeconomic initiatives, as it has been doing throughout the pandemic.<sup>27</sup>

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### 3.3 Track our collective progress

Finally, it is important to track mental health outcomes for all children – to accurately depict the needs over time and to inform the evaluation of initiatives designed to meet these needs. Ideally, monitoring would take the form of robust population-based surveys conducted in large representative samples of children, comparing child mental health outcomes before and after COVID-19. Statistics Canada conducted such a survey in a large, representative sample of Canadian children aged one through 17 years in 2019 – the Canadian Health Survey on Child and Youth (CHSCY).<sup>28</sup> If repeated, CHSCY could fill existing data gaps including – uniquely – allowing the tracking of child outcomes related to the pandemic. The Federal Government is ideally situated to take leadership by supporting the continuance of this survey. Available data also suggest that many children who experience mental health problems after disasters eventually recover.<sup>6</sup> So tracking outcomes is also a way of measuring success.

## 4. Conclusions

In responding to COVID-19, Canada must make children's mental health a high priority – by addressing pre-existing service shortfalls and social disparities, and by ensuring that children do not experience additional adversities due to either the pandemic or the public health responses. There are many competing demands on public budgets. But failing to address children's mental health now will lead to greater societal costs in the future if mental health problems are allowed to persist unnecessarily into adulthood – costs that are estimated to exceed \$68B annually in Canada.<sup>29</sup> Beyond the economic costs, failing to address children's mental health now may lead to a generation of young people being scarred by the pandemic – to the great detriment of these individuals and of all Canadians. COVID-19 is an unprecedented public health crisis. Yet it also presents an unprecedented opportunity – to make Canada a place where the social and emotional wellbeing of all children is highly valued and where children are the focus of sustained collective efforts to ensure their healthy development.

*Although the COVID-19 pandemic has threatened child health, it can also be a catalyst to start afresh. Children's rights must be central in the recovery phase and in future planning, to regain lost ground and to accelerate progress towards a more equitable, resilient, and sustainable world for all.<sup>30</sup>*



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A child and adolescent psychiatrist with longstanding interests in health policy and population health, Charlotte worked with British Columbia's (BC's) 200 First Nations communities on public health and health education programs before earning her MD at McMaster University in 1991, followed by residencies in Family Medicine and Psychiatry. After a research fellowship at McMaster's Offord Centre for Child Studies, Charlotte was assistant professor with the Centre before moving to the University of BC in 2000. In 2006, she was then recruited to Simon Fraser University (SFU) to take up a Canada Research Chair in Children's Health Policy, and to found the Children's Health Policy Centre. Now University Professor at SFU, she leads studies on the policy process and studies for informing policy – including systematic reviews and evaluations of large-scale child health initiatives. Over her career, with collaborators she has held more than \$35M in research grants; as well she has trained more than 200 mentees and has provided more than 400 publications and presentations. She also regularly consults with policymakers on all aspects of children's mental health – and as a psychiatrist, continues to care for children who are coping with serious adversities. These young people inform and inspire every aspect of her work.

**The Children's Health Policy Centre**  
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Founded in 2007, we are an interdisciplinary research group in the Faculty of Health Sciences at SFU. We focus on improving social and emotional wellbeing for all children, and on the public policies needed to reach these goals. Working with policy and academic collaborators, we conduct systematic reviews of the best available intervention and epidemiological research evidence, as well as evaluating public policy initiatives intended to benefit children. In addition to academic venues, we share our systematic review findings through the *Children's Mental Health Research Quarterly*, a free online publication for policymakers, practitioners, teachers, families and advocacy groups. Our evaluation work includes the first Canadian randomized controlled trial assessing the Nurse-Family Partnership program in a sample of 1,500 mother-child dyads – aiming to learn how we can promote prenatal health and early child development and mental health, while also preventing child maltreatment. Recent findings show reductions in prenatal substance use while findings on reducing child injuries and improving child mental health and development will be ready in 2021–2022. Our funders include: the Canadian Institutes of Health Research; the BC Ministries of Children and Family Development and Health; the BC Representative for Children and Youth; and the Djavad Mowafaghian and R. and J. Stern Family Foundations.