
CANADA IS FAILING WHEN IT COMES TO THE MENTAL WELL-BEING OF CHILDREN

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The focus of UNICEF's latest 2020 [report card](#) is on understanding what factors shape the "health, skills, and happiness" of children living in rich countries. Mental well-being, defined as feeling positive and being in good mental-health, is highlighted as central for quality of life.

Leading child advocacy groups and organizations in Canada also recognize that mental well-being is a key component of children's health and wellness. Indeed, children's social-emotional health, a foundation for mental well-being, is cited by physicians as a fundamental consideration for re-opening schools during COVID-19. [SickKids](#) argues that educators need to balance the risk of infection against the negative impact of school closures on "developmental health, mental health, and learning". The [Canadian Paediatric Society](#), which also supports the safe return to school, contends that the "negative consequences of school closures on the health and well-being of Canada's children and youth must not be overlooked".

But the mental well-being of Canadian children has been overlooked. In fact, as was the case in previous UNICEF reports, Canada's youth fare miserably in the area of mental well-being, ranking 31 out of 38 countries. Canada's ranking on youth physical health is also dismal—30th. And Canada's youth suicide rates are the 7th highest in the world among economically advanced countries. This is inexcusable given the wealth of our country compared to others who ranked better than Canada.

How can there be such a disconnect between what we advocate for and the reality of life for Canadian children? Despite the rhetoric, Canada has not prioritized child and youth mental well-being in clinical practice or policy. Serving as a role model for countries worldwide, the [European Standards of Care for Newborn Health](#) has created benchmarks for the care of preterm and newborn babies as they age. These standards include a section on social relationships, a key component of mental well-being, stating that health care providers in the EU need to recognize that this area of development is an important health issue worthy of their attention. The main recommendation is that healthcare providers routinely screen for peer relationship difficulties in clinical settings and intervene if, and when, needed. Similarly,

the [UK](#) regularly publishes informative guidelines on evidence-based practices for the different mental health challenges that children and youth face.

There are no similar, high quality guidelines for Canadian health practitioners. Although there are targeted [guidelines](#) for practices such as screening for disruptive behaviour problems in preschool age children, no national standards of care for social-emotional development exist for medical professionals, even though our [educational system](#) has increasingly emphasized the importance of this domain of health as a central mandate for schools.

Canada can help improve the mental well-being of its children and youth by creating a national strategy that emphasizes children's social, emotional, and mental well-being as important for life success, as well as academic attainment, an area in which Canada [excels](#). In justifying school re-opening in the face of COVID-19, health care providers have emphasized the importance of social and emotional development, recognizing its foundation for child well-being. If actions speak louder than words, Canadian medical professionals need to incorporate this focus in their routine wellness checks and establish policies that place mental health at the centre of health.

Canada also needs to (1) collect data on the mental well-being of Canadian children and their healthy transition to adulthood, paying attention to groups that are especially vulnerable, (2) develop national strategies to deal with the tragedy of suicide in all segments of the population, but in particular, among First Nations people, Métis, and Inuit who are [disproportionately affected](#), and (3) reduce the striking disparity in practice and policy across the country when it comes to mental health.

This can only be done by a federal government that works with the provinces and territories to coordinate evidence-based practice and policy. In other words, we need a national children's commissioner who advises the Cabinet of Canada and contributes to all policies that impact children and youth. These suggestions are based on evidence. [Systematic reviews](#) of clinical practice guidelines in child and youth mental health find that the only guidelines to be consistently ranked highly, according to international standards, are those produced by arm's length government organizations like the National Institute for Health and Care Excellence in the UK. Accordingly, while professional bodies should continue to produce professional standards, the onus of developing practice guidelines and policies falls on the government.

It is time for the Canadian government to step-up. The mental well-being of Canadian children and youth depends on government action.

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