

TOWARDS A BRIGHTER FUTURE: SHEDDING LIGHT ON THE MENTAL HEALTH OF MANITOBA'S CHILDREN

A summary of the report *The Mental Health of Manitoba's Children* by Mariette Chartier, Marni Brownell, Leonard MacWilliam, Jeff Valdivia, Yao Nie, Okechukwu Ekuma, Charles Burchill, Milton Hu, Leanne Rajotte, and Christina Kulbaba

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Take a moment to think about the people you know who are living with mental illness. Children are probably not the first group that comes to mind. But mental health problems in children are more common than most people realize. In fact, they are more common than physical illnesses like asthma or diabetes. Some of the mental disorders that can affect children are described in Figure 1.

Figure 1. Types of Mental Disorders in Children

Behavioural Disorders and Addictions

- Attention Deficit Hyperactivity Disorder (ADHD) act without thinking, have trouble focusing, are hyperactive
- **Conduct Disorder** often are aggressive, bully others, destroy or steal things that belong to others
- Substance Use Disorder overuse alcohol, opioids, or other drugs that get teens into trouble

Mood and Anxiety
Disorders

- **Depression** feel very sad, hopeless, or numb for long periods of time
- **Anxiety** feel nervous, worried or afraid in situations where these feelings are more intense than expected

Psychotic Disorders



Schizophrenia – see or hear things that aren't real, say or do unusual things, do not show their feelings

Developmental Disorders



- Fetal Alcohol Spectrum Disorder have trouble with learning and getting along with others, struggle to learn from past experiences
- **Autism Spectrum Disorder** have trouble with learning and relating to others, have strong focus on certain activities or topics

Suicidal Behaviours



Suicides and Suicide Attempts – most children who attempt suicide already have one or more mental disorders

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challenges. Children with mental illness may struggle to build good relationships with others. They may do poorly in school, have trouble entering the workforce, and be unable to live on their own as adults. Mental illness has a huge impact on the well-being of children and the adults they become.

But children who show signs of mental illness don't always receive care right away. This may be because:

- Recognizing mental disorders in children is difficult. Warning signs and symptoms can develop over long periods of time, making it hard to see patterns.
- It's not always easy for children to talk about how they feel. They have different moods and temperaments, may "act out" or be strong-willed, and may have short attention spans. Are they showing signs of a mental disorder, or are they simply "kids being kids"?

- The families of children with mental health problems may face challenges in getting access to a doctor to diagnose a disorder, especially in rural areas.
- Some families may not know enough about mental illness to recognize the warning signs. The family or the child may also face stigma or shaming for having mental health problems. This stigma makes it less likely that they will talk to a doctor about their mental health.

Understanding the scope of mental illness and what factors make it more likely will allow for better planning and support for children's mental well-being. The Manitoba Centre for Health Policy (MCHP) just completed a study to learn more about the mental health of children in Manitoba. In this study, we measured how common mental disorders are in children in Manitoba and what puts them at higher risk for developing a disorder. We also looked at the impact of mental illness on children's health and school outcomes.

How Common Are Mental Disorders in Children?

To measure how common mental disorders are in children, we used information from MCHP's Data Repository. When a patient visits a doctor's office, the doctor records the reason for the visit and any diagnosis made. In the same way, when a child or family comes into contact with the education, justice, or social service systems in Manitoba, a record of that interaction is kept. A copy of this information is sent to the Data Repository at MCHP, a large collection of data from different sources that can be linked together for each person in Manitoba. Using linked records, we can follow virtually all Manitobans' contacts with the healthcare, education, social services and justice systems. Their privacy is protected, however, because all personal information is removed from the data before it arrives at MCHP. For this study, we counted the number of children (from 0-19 years old) who were diagnosed with a mental disorder by a doctor over four years (from 2009/10 to 2012/13). There is no data available on children who only had warning signs of mental illness, or who visited other healthcare providers, like psychologists or school counsellors. For this reason, there are more children dealing with mental health problems than we could identify in this report.

Figure 2. Children with a Mental Disorder in Manitoba

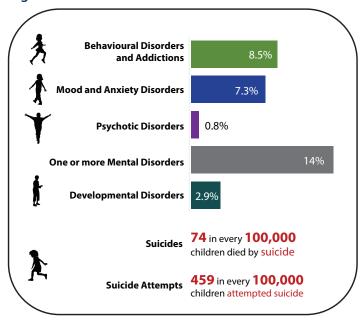


Figure 2 shows the results for this part of the study. Overall, 14% of children were diagnosed with at least one mental disorder and almost 3% of children were diagnosed with a developmental disorder. The most common types were behavioural disorders and mood & anxiety disorders. The rate of suicides (measured in teens aged 13-19) is cause for concern as it is twice as high as the Canadian average.

Why Are Some Children at Higher Risk?

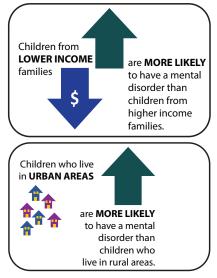
Even though mental illness can develop in children from any background or area, some children are at higher risk for

developing a disorder. When we looked at risk factors for mental disorders, we saw several patterns among children in Manitoba (Figure 3). In most cases, children from lower income families were more likely to have a mental disorder than children from higher income families. There were two exceptions to this trend:

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children in rural areas were more likely to have ADHD or autism spectrum disorder if they were from higher income families. Another trend we noted was that mental disorders in children were more commonly diagnosed in urban areas of Manitoba than in rural areas. Again, there were a few disorders that did not fit this pattern. The number of teens with a substance use disorder and the number who had attempted suicide were considerably higher in rural communities.

Figure 3. Children at Higher Risk for Mental Disorders



How do we explain these trends? Our study doesn't give us a simple answer, but we know that social issues like poverty and poor housing have a huge impact on children's mental health. It makes sense, then, that mental disorders would be more common within lower income families. The pattern we see of more mental disorders being diagnosed in urban settings may be explained by access to healthcare. Psychiatrists and other mental healthcare providers tend to work in cities, and rural families must often travel long distances to visit these providers. This barrier makes it less likely that children from rural areas will receive a diagnosis. There may not actually be fewer children with mental disorders in rural areas compared to urban areas, but instead, fewer specialized services in place to recognize them. Case in point, the much higher number of suicide attempts and cases of substance use disorder in rural areas tell us that some of these children are in great distress.

What is the Impact of Mental Disorders?

Finally, we looked at how a mental health diagnosis affected different aspects of children's lives. We compared children

Children with mental health problems are more likely to have trouble in school. with at least one mental disorder to children without mental disorders to see if there were differences between them in a number of outcomes (Figure 4). We found that children who have mental health problems are at a disadvantage in many areas, including their physical health, their school achievements, and their

involvement with the justice system. These disadvantages were seen across all the types of mental disorders we measured.

To give a few specific examples, compared to children with no disorders:

- children with mood and anxiety disorders were 5 times more likely to be in care of child welfare services
- children with suicidal behaviours were 9 times more likely to be accused of a crime
- children with behavioural disorders and addictions were 70 times more likely to die of suicide, accidental injuries or poisoning, or other causes.

Towards a Brighter Future for All Children

Overall, it's clear that childhood mental illness is a serious and widespread problem in Manitoba with long-lasting impacts on children's lives. Based on the results of this study, researchers at MCHP and other mental health experts suggest several actions to support children with mental disorders better.

We recommend:

- Continuing to invest in Manitoba's Child and Youth Mental Health Strategy to prevent and treat mental illness:
- Focusing on programs and services that promote strong mental health - these supports can help to slow or prevent mental disorders;
- Supporting higher-risk groups of children and their families so that they get the services they need;
- Providing more training for service providers in schools, social services, and the justice system to build up their knowledge and skills to meet the mental health needs of children.

With these steps, we can tackle some of the root causes of mental illness, creating hope and better life-long health and success for Manitoba's young people.

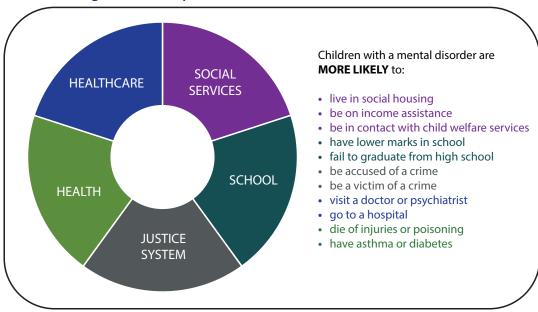


Figure 4. The Impact of Mental Disorders on Children's Lives

The Manitoba Centre for Health Policy is a unit of the Department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences. MCHP conducts population-based research on health services, population and public health and the social determinants of health.

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