



# Child and Youth Officer

f o r B r i t i s h C o l u m b i a

## ISSUE PAPER 1

### Child and Youth Mental Health: Access to Services for Under-Served Populations

#### Issue

The vast majority of young people with significant mental disorders are not gaining access to the formal child and youth mental health system in British Columbia. Certain populations have been particularly affected by this reality: high-risk youth, children and youth of immigrant and refugee families, and Aboriginal children and youth are disproportionately represented among those with the greatest need and lowest access to mental health services in the province.

Canadian census data indicate that the populations of Aboriginal, immigrant and refugee children and youth are growing as a proportion of the total population of children and youth in British Columbia.<sup>i</sup> Without a concerted effort to improve access to mental health services for these young people, it is anticipated that they will become increasingly disproportionately represented among those with unmet mental health needs. How can the province's mental health plan reverse this trend?

#### Background

- Researchers at the University of British Columbia have concluded that approximately 150,000 of the province's one million children and youth have clinically significant mental disorders - an estimated prevalence rate of 15% based on six studies with comparable populations.<sup>ii</sup>
- While there is a lack of research on the prevalence of mental disorders among Aboriginal, immigrant and refugee children and youth, there is compelling evidence, from related studies, that rates of anxiety and depressive disorders are likely much higher than that estimated for the general population of children and youth in the province. The evidence also suggests that there is a higher prevalence of anxiety, depressive, learning, behaviour, and substance-related disorders among high risk youth.
- Every year, approximately 13% of the estimated 150,000 eligible children and youth receive services from the formal mental health system in British Columbia.<sup>iii</sup>
- In February 2003, the government of British Columbia released a five-year plan to improve mental health services for the province's children and youth.<sup>iv</sup>



- While recognizing that existing programs have not served Aboriginal populations well, the child and youth mental health plan pledges support for Aboriginal communities having access to the full range of services. The plan envisions Aboriginal leaders and individual communities taking the lead, with government support, in developing their own capacity to improve mental health outcomes for their children and youth. The province has committed just over \$10 million over two years for the development of new services that will be delivered by Aboriginal agencies.
- Many Aboriginal communities have found barriers to engaging with the province's mental health planning process. Aboriginal communities generally favour less individualistic, more integrated and holistic services, based on a model of well-being that reflects the importance of their cultural and spiritual belief systems and practices, mutual support in the context of community, and group belonging in the context of extended family - a paradigm different from that of the mainstream approach in British Columbia.
- Another of the outcomes envisioned in the implementation strategies for the child and youth mental health plan is that the population served by the mental health system will accurately reflect the ethno-cultural profile of the province.
- British Columbia's population includes the second highest percentages of foreign-born residents (26%) and members of visible minorities (22%) in Canada.<sup>v</sup> These percentages are poised to rise dramatically within the next dozen years: it is projected that by 2017, nearly one in three British Columbians will be a member of a visible minority.<sup>vi</sup>
- In order to achieve the outcome of the population served reflecting the province's ethno-cultural profile, the child and youth mental health plan envisions improvements in the responsiveness of existing services to members of ethnic and cultural minority communities.

## **Observations**

- Part of the challenge in developing a strategy for more equitable access to the mental health system for under-serviced populations is the lack of outreach and culturally relevant services.
- Currently, individual children and youth receive services largely from designated mental health workers, clinicians, psychologists, physicians, and psychiatrists, on a first-come, first-served basis, with a steady inflow of referrals and no incentive to move from an office-based system to an integrated program with different access points.
- An informal network of non-governmental organizations acts as a "safety valve" in many communities, propping up the mental health system by providing support for under-serviced groups such as high-risk youth, Aboriginal children and youth, and immigrant and refugee children and their families, often without adequate expertise, resources or funding.



- The province has provided infrastructure support to bring Aboriginal perspectives into the planning process. Aboriginal regional planning committees have been asked to take a lead through their own planning processes, and a provincial Aboriginal child and youth mental health planning committee has been established. (The role of Aboriginal communities in planning and delivering child and youth mental health services will be the subject of another issue paper.)
- There is currently no infrastructure support for the involvement of ethno-cultural minority communities in child and youth mental health planning at the regional level.
- Youth are also not involved in planning processes.

### **Advice**

How can the issue of inequitable access to mental health services be addressed within the context of the province's child and youth mental health plan?

- Set clear expectations for those responsible for implementing the mental health plan about increasing the proportion of high-risk youth and young people from immigrant and refugee families receiving services from the mental health system.
- Continue to support the work of Aboriginal planning committees to develop a plan for mental health services for Aboriginal children and youth that is consistent with the committees' overall approach.
- Pursue the partnerships concept in the mental health plan to include ethno-cultural minority communities and organizations, and youth organizations, in research and regional planning processes.
- Address the gaps in evidence concerning the prevalence, perception, course, detection, and treatment of mental illness among children and youth of under-served populations and find out how they perceive mental health and where they feel comfortable going for services.
- Develop culturally relevant programs and services based on this evidence.
- Engage with youth-driven, research-oriented organizations to build the evidence base for more responsive and effective mental health services for high-risk youth.
- Promote and support ethno-cultural minority community leadership in child and youth mental health.
- Provide expertise and resources to enhance the support services already being delivered by the existing informal network of non-governmental organizations. In addition, work with those organizations to develop strategies to increase access of under-served populations to other, more specialized services for those with the greatest need.

The child and youth mental health system in British Columbia is at a crossroads. The province has made a laudable commitment to increase the capacity and improve the quality of the current programs and services. A strategy to improve access for under-



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serviced populations must be a priority in the implementation phase of the mental health plan. To achieve more equitable access, it will be crucial to engage youth, ethno-cultural, and Aboriginal agencies and communities as separate partners in the planning, design and delivery of child and youth mental health services for those populations.

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- <sup>i</sup> Statistics Canada. 2001 Census. Analysis Series. Ethnocultural portrait.  
[http://www12.statcan.ca/english/census01/products/analytic/companion/etoimm/provs.cfm#proportion\\_foreign\\_born](http://www12.statcan.ca/english/census01/products/analytic/companion/etoimm/provs.cfm#proportion_foreign_born)
- <sup>ii</sup> Waddell, C. & Shepherd, C. (2002). Prevalence of Mental Disorders in Children and Youth: A Research Update Prepared for the British Columbia Ministry of Children and Family Development. Mental Health Evaluation and Community Consultation Unit, Department of Psychiatry, Faculty of Medicine, University of British Columbia.
- <sup>iii</sup> Government of British Columbia. (2003). *Child and Youth Mental Health Plan for British Columbia*.
- <sup>iv</sup> Government of British Columbia. (2003). *Child and Youth Mental Health Plan for British Columbia*.
- <sup>v</sup> Statistics Canada. 2001 Census. Analysis Series. Ethnocultural portrait.
- <sup>vi</sup> Statistics Canada. (2005). *Population Projections of Visible Minority Groups, Canada, Provinces and Regions, 2001 to 2017*. Catalogue no. 91-541-XIE.