INSTITUT DU MARIAGE ET DE LA FAMILLE CANADA IMFC INSTITUTE OF MARRIAGE AND FAMILY CANADA

Are the Kids All Right?

Children's mental health and what Canada ~~can~~ must do about it

KELLY SCHWARTZ, PHD,
IMFC RESEARCH FELLOW

JUNE 2011

Institute of Marriage and Family Canada
130 Albert St. Suite 2001
Ottawa ON, K1P 5G4
TEL: 613-565-3832
FAX: 613-565-3803
TOLL-FREE: 1-866-373-IMFC
www.imfcanada.org
info@imfcanada.org

EXECUTIVE SUMMARY

As we look to the future of our country it is necessary to pause and ask a substantive question: Are the kids all right? While Canada stands tall on the accomplishments and talents of its youngest citizens, there ripples an undercurrent of fear that children and youth in Canada are not doing so well. While the majority of our children are self-reporting that they are not only surviving but thriving, news headlines and popular discourse would lead us to believe that our youth are fraught with anger, disillusionment, lack of focus, and even a crisis of mental and physical illness.

As it turns out, the majority of our children and youth are doing more than just "all right." However, there is a significant minority who are not coping well. In particular, mental health is an identifiable concern for about one in five children and youth, but more troubling is the difficulty all children and youth (and their families) have in accessing services and professionals to strengthen and remediate mental health functioning. As a prosperous and progressive nation, Canada is simply not acknowledging or supporting the mental health needs of its youth and this needs to change.

One solution to this problem is briefly explored – a school-based mental health framework. This not only addresses the issue of accessibility, but empowers families, schools, and communities to come together to support the development of mental health for all Canadian children and youth. In this way, children and families are empowered to demonstrate their fullest potential in ways that will make our nation stronger.

Are the Kids All Right?

Children's mental health and what Canada ~~can~~ must do about it

KELLY SCHWARTZ, PHD, IMFC RESEARCH FELLOW

Early in 2010 *The Kids Are All Right* was released. The plot of the Oscar-nominated movie involves the story of the traditional "modern family" – lesbian parents of two children inseminated by the same biological father. It's about the travails of children who seek, find, and embrace their donor/father and through various events end up exposing all sorts of weak spots in the family system, "complete with confrontations, emotional breakdowns, and character scapegoating."[1] But even if one has never seen the movie (as this writer has not), the title alone catches our attention, especially if you are a) a parent, b) a developmental or clinical psychologist, c) a taxpayer, or d) all of the above. The movie's title begs that we consider more deeply an answer to this question: Are the kids in fact all right?

Reading the popular press on the issue of child and youth mental health, the answer to this question might seem obvious. The kids are *not* all right! Recent public history gives record to years pocked with school shootings, teenage pregnancies, substance use and abuse, peer-to-peer violence (most notably bullying), and a myriad of other behaviours that seem to indict children and youth in all form and manner of mental health issues. Heavy reliance on the medical model, built solidly on the framework that one's health is dictated by the amount of illness or disease one is currently experiencing, would also lead us to believe that our kids are not doing well at all. Childhood and adolescence are a period of life simply to be survived; come out intact and that is a developmental victory!

But the answer to the question of how well – or how poorly – our children are doing should not be hijacked by the medical model and its assumption that the absence of illness is health. It just isn't that simple! Children are complex creatures and this necessitates consideration of all the biological, social, psychological, and spiritual pieces. Each part pushes and pulls within a network of parental, peer, school and other ecologies.

It may be better to parse this question into three. First, we might begin by asking: How are the kids doing "all right?" Put differently, what do we know about how children and youth are not only surviving but thriving amidst their kaleidoscope of personal, social, and developmental change? Second, if children and youth are showing particular deficits in mental health, where are they and how bad is it? And finally, if it turns out that we do have significant numbers of Canadian children who are suffering with significant mental health issues, how are we as a nation

1. Chen, J. (2010). *ReelTalk Movie Reviews*. Retrieved from http://www.reeltalkreviews.com/browse/viewitem.asp?type=review&id=3539 on April 5.

fairing in terms of all levels of intervention – prevention, primary, and secondary – and where can we do better?

For our purposes, mental health is pragmatically defined as the ability of a child or adolescent to work creatively and productively, relate to others in a mutually satisfying manner, to feel comfortable in situations where he or she is alone, and to develop a rich and fulfilling inner self.[2] With this definition in mind, the intent of this paper is to put into perspective how and where Canada's children and youth are doing well, where they are not doing well, and how we must advocate for systemic change in the policies and strategies that will serve the mental health needs of *all* Canadian children and youth.

The intent of this paper is to put into perspective how Canada's children and youth are doing well, where they are not doing well, and how we must advocate for systemic change in the strategies that will serve the mental health needs of ***all*** Canadian children

How well are our children?

Canadian children and youth present a consistently strong message that they have not only the potential but also the capacity to be healthy, productive members of our society. Physically, recent estimates from the Canadian Community Health Survey[3] show that two-thirds (67 percent) of teens rate their health as being excellent or very good, while another 28 percent rate it as good. Similarly, roughly three out of four 12 to 14-year-old males and females (76 and 71 percent, respectively) are moderately active or active in leisure-time physical activity. (Both of these percentages decrease somewhat to 74 percent and 61 percent, respectively for youth aged 15 to 19 years.) Thus, although much is made – and rightly so – of the concerns relating to body weight for children and youth, the overwhelming majority of Canada's kids see themselves as physically healthy and are backing this up with physical activity. As far as perceived physical health is significantly related to mental health, the majority of Canadian youth see themselves as active, healthy kids.

Matching their physical health, children and youth in Canada also report high levels of personal, social, and mental health. The Canadian Institute for Health Information (CIHI) analyzed the 2000-01 data from Statistics Canada's National Longitudinal Study of Children and Youth (NLSCY)[4] and found that almost three out of four (71 percent) of youth aged 12 to 15 years self-reported high levels of self-worth. At least two-thirds (68 percent) also indicated high levels of prosocial behaviour, including demonstrations of sympathy towards others, willingness to help those in need, willingness to include

2. Arboleda-Florez, J. (2005). The epidemiology of mental health in Canada. *Canadian Public Policy*, *31*, 13-16.
3. Statistics Canada (2003). Canadian Community Health Survey (CCHS) 2.1.
4. Canadian Institute for Health Information (2005). *Improving the health of young Canadians*. Retrieved from http://www.cihi.ca/cphi on April 6.

others in activities, and attempts to resolve conflict. Evidence shows 92 percent self-reported low levels of anxiety among this sample of 12 to 15-year-olds. Thus, there is much going well with Canadian children and youth in terms of self-reported areas of development.

Children and youth mental and physical health is heavily invested in the social contexts that nurture and support development. Known as developmental assets or strengths,[5] these contexts include parent-child relationships (e.g., nurturance, monitoring), school engagement, peer connectedness, and involvement in volunteer activities. As indicated in Table 1, the 2000-01 NLSCY data reveals the additive power of such assets, meaning that the self-reported development in the areas of high self-worth, low levels of anxiety, and excellence in health are all positively related to an increasing presence or quantity of these ecological assets. More specifically, youth with four or five assets are more likely to report high levels of self-worth and better overall health than youth with two or three assets, and these youth also self-report better functioning than those with one or no assets. Conversely, engagement with positive parent, peer, school, and community assets also decreases the risk of alcohol, drug, and tobacco use. Surrounding children and youth with significant social supports and providing them opportunities to demonstrate prosocial development correlates with a trajectory of increasing mental and physical health.

TABLE 1

	0 to 1 positive asset	2 to 3 positive assets	4 to 5 positive assets
Low level of anxiety	84%	88%	94%
Excellent or very good health	54%	74%	83%
High self-worth	48%	68%	82%
Alcohol use	55%	44%	26%
Marijuana use	36%	24%	12%
Tobacco use	31%	22%	11%

Notes: *Adolescents aged 12 to 15. A positive asset is defined as a high level of parental nurturing; parentingal monitoring; school engagement; peer connectedness reported by a child; or as participation in a volunteer activity by a child in the last 12 months before the survey.*

Source: *Canadian Institute for Health Information analysis of Statistics Canada's National Longitudinal Survey of Children and Youth data.*

How our children are not doing so well

In a wealthy nation like Canada, it might be reasonable to expect that our children and youth would be at or near the very top in terms of their social and emotional health. Sadly, this is not nearly the case. Of the 34 countries that are members of the Organization for Economic Cooperation and Development (OECD), Canada ranks 21st in child well-being, including child mental health.[6] An accurate estimate of mental health is difficult to determine in the best of circumstances, and gauging the status of what this ranking means in terms of real numbers of Canadian children and youth is especially perplexing.

If we are to take a big picture look at the mental health of

5. Scales, P., Benson, P., Leffert, N., & Blyth, D. A. (2000). The contribution of developmental assets to the prediction of thriving among adolescents. *Applied Developmental Science*, 4, 27-46.
6. OECD (2010). Country statistical profile: Canada. *Country statistical profiles: Key tables from OECD*. Retrieved from 10.1787/20752288-2010-table-can on April 11.

children in North America, the image is blurry at best and somewhat alarming at worst. Beginning with estimates of those children who experience significant mental health problems that interfere with normal daily functioning, as many as one in five in the United States experience some type of difficulty, and one in 10 have a diagnosable disorder that causes some level of impairment.[7] These numbers are likely an underestimate, since they do not include children who manifest sub-clinical or undiagnosed disturbances that place them at a higher risk for later development of more severe issues. Evidence gathered by the World Health Organization (WHO) suggests that by the year 2020, childhood neuropsychiatric disorders will rise by over 50 percent internationally, to become one of the five most common causes of morbidity, mortality, and disability among children.[8]

If we take a big picture look at the mental health of children in North America, the image is blurry at best and somewhat alarming at worst

With a specific focus on the mental health of our nation's children and youth, the Offord Centre for Child Studies reports that one in 10 Canadian children has an aggressive behaviour problem, and that twenty percent of children and adolescents suffer from developmental, emotional, and behavioural problems.[9] Prevalence rates in Canada show that about 15 to 18 percent of children and adolescents present with conditions impacting mental health, many of whom are presenting with multiple or comorbid (for example, anxiety and depression) problems.[10] Findings from a previous study conducted in Canada indicated that approximately 18 percent of children aged four to 16 presented with significant psychopathology, but that only 6.5 percent of these children received mental health services.[11] This is not good news, as it means that at least one in three children with clinically significant mental health issues are going untreated.

One might ask if the problem is due to lack of attention to research in both diagnosis and treatment of children's mental health. The data would suggest that the answer is no. For example, within the past three decades, the prevalence of mental illness among children and youth has remained relatively stable despite scientific advancements in neuroscience and the development of clinical treatment programs for behavioural and emotional problems.[12] Children and adolescents, especially those belonging to minority groups or those experiencing internalizing disorders, have been described as being

7. Costello, E. J., & Angold, A. (2000). Developmental epidemiology: A framework for developmental psychopathology. In A. J. Sameroff, M.Lewis, & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed., pp. 57-73). New York: Cambridge University Press.
8. U.S. Public Health service. (2001). *Report of the Surgeon General's conference on children's mental health: A national action agenda*. Washington, DC: U.S. Department of Health and Human Services.
9. Offord Centre for Child Studies. (2011). Retrieved from http://www.offordcentre.com/about/who.html on April 13, 2011.
10. See Browne, G., Gafni, A., Roberts, J., Bryne, C., & Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: a synthesis of reviews. *Social Science & Medicine*, *58*, 1367-1384.
11. Costello, E. J., & Janiszewski, S. (1990). Who gets treated? Factors associated with referral in children with psychiatric disorders. *Acta Psychiatrica Scandinavica*, *81*, 523-529.
12. Hoagwood, K., & Olin, S. (2002). The NIMH blueprint for change report: Research priorities in child and adolescent mental health. *Journal of American Academy of Child and Adolescent Psychiatry*, *41*, 760-761.

THE KIDS ARE ALL RIGHT

Two-thirds (67 percent) of teens rate their health as being excellent or very good

28 percent rate it as good

Three out of four (76 percent) 12 to 14-year-old males and 71 percent of 12 to 14-year-old females were moderately active or active in leisure-time physical activity

74 percent of 15 to 19-year-old males and 61 percent of 15 to 19-year-old females were moderately active or active in leisure-time physical activity

Three out of four (71 percent) of youth aged 12 to 15 years self-reported high levels of self-worth

68 percent indicated high levels of prosocial behaviour, including demonstrations of sympathy towards others, willingness to help those in need, willingness to include others in activities, and attempts to resolve conflict

92 percent of youth self-reported low levels of anxiety among this sample of 12 to 15-year-olds.

THE KIDS ARE NOT ALL RIGHT

One in 10 Canadian children has an aggressive behaviour problem

Twenty percent of children and adolescents suffer from developmental, emotional, and behavioural problems

15 to 18 percent of children and adolescents present with conditions impacting mental health (for example, anxiety and depression) problems

Eighteen percent of children aged four to 16 presented with significant psychopathology, but only 6.5 percent of these children received mental health services

In Canada, suicide accounts for 24 percent of all deaths among 15 to 24 year olds and 16 percent among 16 to 44-year-olds

Suicide is the second leading cause of death for Canadians between the ages of 10 and 24

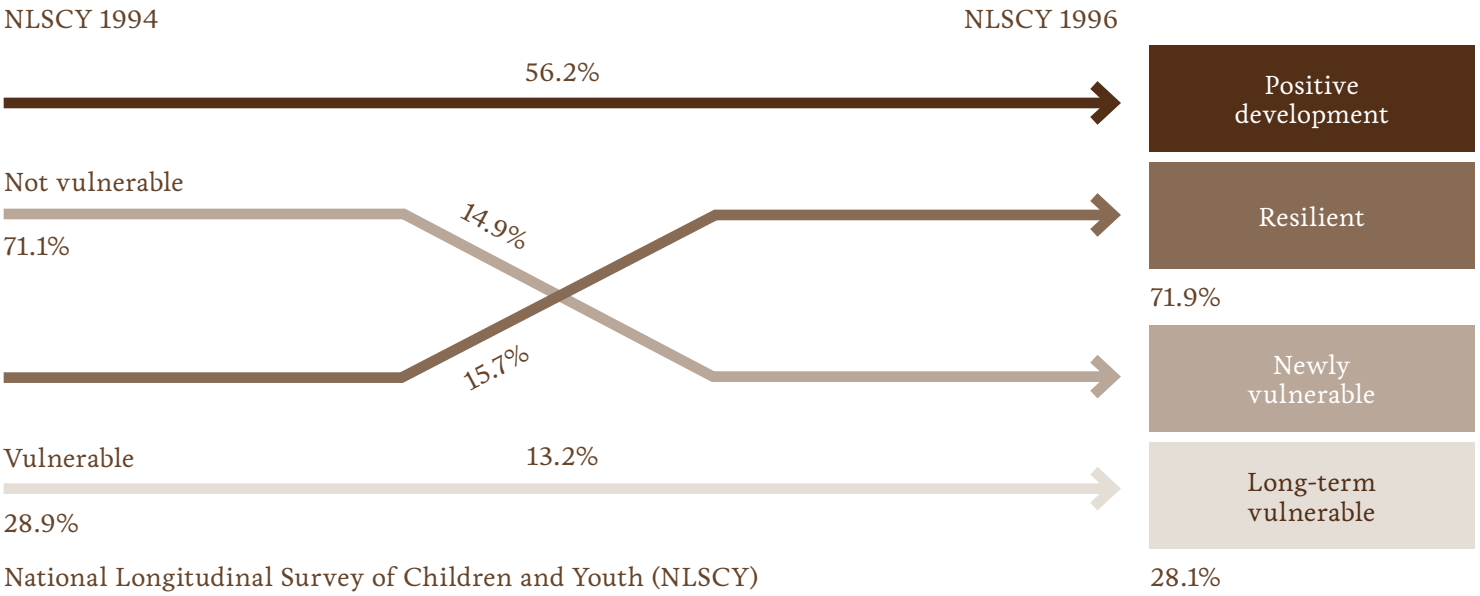
the most neglected group to receive services for mental health problems.[13] Sadly, in the most extreme cases, suicide (or attempts) are also a concomitant outcome reserved for those with significant mental health issues, of which approximately 300 per year are children and youth. In Canada, suicide accounts for 24 percent of all deaths among 15 to 24-year-olds and 16 percent among 16 to 44-year-olds. Suicide is the second leading cause of death for Canadians between the ages of 10 and 24.[14] So, the true tragedy is that for those youth who are suffering with issues of mental health, some take matters into their own hands with devastating personal and family consequences.

On vulnerability and risk

If there is good news that most Canadian youth are functioning reasonably well in term of their mental and physical health, and there is bad news that up to one in five youth have mental health issues that go undiagnosed and/or untreated, then what is the ugly news as it relates to Canadian child and adolescent mental health? The ugly news is this: there are "at-risk" or vulnerable children whose cognitive, behavioural, and emotional functioning exists at a sub-threshold level of clinical diagnosis. For example, children who live in families characterized by chronic poverty, family instability (e.g., breakup, single parenthood, homelessness), direct or indirect exposure to traumatic events, adjustment problems of children in immigrant families, and/or conditions associated with the impact of prematurity or drug/alcohol exposure are at increasing risk for the development of mental and physical disorders.[15] For the majority of these children, mental health problems in particular tend to go both undiagnosed and unremediated; only about

13. Weist, M. D., Myers, C. P., Hastings, E., Ghuman, H., & Han, Y. L. (1999). Psychosocial functioning of youth receiving mental health services in the schools versus community mental health centers. *Community Mental Health Journal*, *35*, 69-81.
14. Canadian Mental Health Association. (2011). Retrieved from http://www.ontario.cmha.ca/fact_sheets.asp?cID=3965 on April 11.

FIGURE 1



Source: Human Resources Development Canada - Applied Research Branch (2000).

20 percent who require identification and intervention actually receive some form of help, a statistic that has not changed for some time.[16] Thus, as will be discussed below, there is an immediate and substantive need for Canada to institute a coordinated system of mental health identification and intervention for *all* children and youth, healthy, identified, or otherwise.

Not all Canadian children and youth, however, are equally vulnerable, nor do they demonstrate immutable trajectories in terms of their risk over time. For example, the 2007 Report by the Advisor on Healthy Children and Youth presents a recent analysis of the 1994 and 1996 cycles of NLSCY data. The results reveal "many vulnerable children did not remain the same from one cycle to the next. The percentage of vulnerable children (28 percent) remained unchanged; however, in the second cycle, 16 percent were no longer considered vulnerable, while a new 15 percent of children became vulnerable."[17] Thus, as indicated in Figure 1, there is critical necessity for mental health support for all children and youth, both to support those who demonstrate resilience in the face of adversity and to identify those whose risk status changes over the course of short periods of time.

15. Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
16. Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M. Z., & Erkanli, A. (1995). Data watch: Children's mental health service use across service sectors. *Health Affairs*, *14*, 288-308.
17. Leitch, K. K. (2007). *Reaching for the top: A report by the advisor on healthy children & youth*. Ottawa, ON: Health Canada. p. 13.

Crisis or no crisis, we must do better for our children

The evidence as presented is quite clear: Eighty percent of our Canadian children and youth are not only surviving but thriving in most facets of their development. For up to 20 percent of Canada's young, however, the prospect of an uninterrupted childhood or adolescence is historically not very plausible. The plight of our children would not be so troubling were it not for an equally dismal national strategy in addressing the mental health needs of all Canadian children and youth. Even when children are identified and receive help for their problems, this help may be less than optimal. The reasons for this are many: Lack of standardized screening, inaccessibility (especially for rural and northern Canadian youth), cost, a lack of perceived need on the part of the parents, parental dissatisfaction and frustration with services, and the stigmatization and exclusion often experienced by these children and their families.[18] But in Canada, there may be a more systematic reason why all children – healthy, vulnerable, and/or identified – are not readily and adequately served by a coordinated effort to support mental health.

There have been several notable documents published in the last few years that have each issued a clarion call for coordinated and funded mental health services for Canadian children and youth. For example, among other recommendations pertaining to a national injury prevention plan and reducing childhood obesity, the 2007 Report by the Advisor on Healthy Children and Youth unequivocally states that Canada lacks a strategic plan to examine "health (and) human resource issues as they relate to mental health services for children and youth."[19] In addition, the report calls for a longitudinal cohort study to determine the success of programs and policies that will help to improve the health and wellness of Canadian children and youth. Canada is a member of the highest ranked nations in the world in terms of economic and social prosperity and yet does not have the coordinated leadership, national standards, nor data upon which to base a program to serve its youngest citizens and their mental health. This is regrettable.

Even when children are identified and receive help for their problems, this help may be less than optimal

As part of the response to this 2007 Report, a positive first step in addressing the exposed systemic gap has been the establishment in 2008 of the Mental Health Commission of Canada (MHCC). Subsequently, the Child and Youth Advisory Committee (CYAC) was tasked with developing a national child and youth mental health framework that could be used by governments and organizations to assist with the development of mental health policies, plans, programs, and services. CYAC states the concern that "for too long, child and youth mental health has been orphaned within a mental health system that is itself orphaned within Canadian health care." The first product of this CYAC was the 2010 *Evergreen* document that is hoped to make explicit the values and

18. Hinshaw, S. P., & Cicchett, D. (2000). Stigma and mental disorder: Conceptions of illness, public attitudes, personal disclosure, and social policy. *Development and Psychopathology, 12*, 555-598.
19. Leitch, K. K. (2007). *Reaching for the top: A report by the advisor on healthy children & youth*. Ottawa, ON: Health Canada. p. 5.

strategic directions necessary to frame and direct this needed change.[20]

While exhaustive in its exploration of all aspects of child and youth mental health care – promotion, prevention, intervention and ongoing care, and research and evaluation – the *Evergreen* document reflects only the conversational views and unsubstantiated commentary of stakeholders and is admittedly not prescriptive in its final recommendations. The report desperately lacks attention to evidence-based approaches that would be invaluable to estimating and then addressing the mental health development of all Canadian children and youth. Although a national, federally funded response is not the only answer to the problem of child mental health, Canada's children will be served best when the silos of education and health come together in a comprehensive mental health framework. Such a response would be best initiated and supported at the community level while still drawing on nationally-collected data and common infrastructure.

Families, schools, and communities: Supporting all childrens' mental health

The *Evergreen* report highlights hearing from parents that there is "the need to be active partners and decision makers in matters related to their (children's) health and mental health."[21] This fact is made all the more pertinent by the continued presence of youth who are experiencing significant mental health issues and calls for new models of child mental health services and research that addresses these needs and specifically focuses on the issue of engagement of youth and their families.[22] Thus, the role of families, schools, and communities in an integrated model for supporting the mental health development of all children and youth can no longer be dismissed as idealistic or unworkable, but rather must represent a holistic approach to responsible child development for Canadian kids.

Families: When considering the factors that influence engaging families in child mental health services, a major issue relates to service access. For example, families may not be engaged in child mental health services simply because services are not available. The sheer volume of children and families estimated by large epidemiologic studies to be in need of child mental health services far outstrips the number of available mental health care practitioners.[23] The disparity between estimated need and available programs and/or practitioners alone speaks of problems in accessing services.

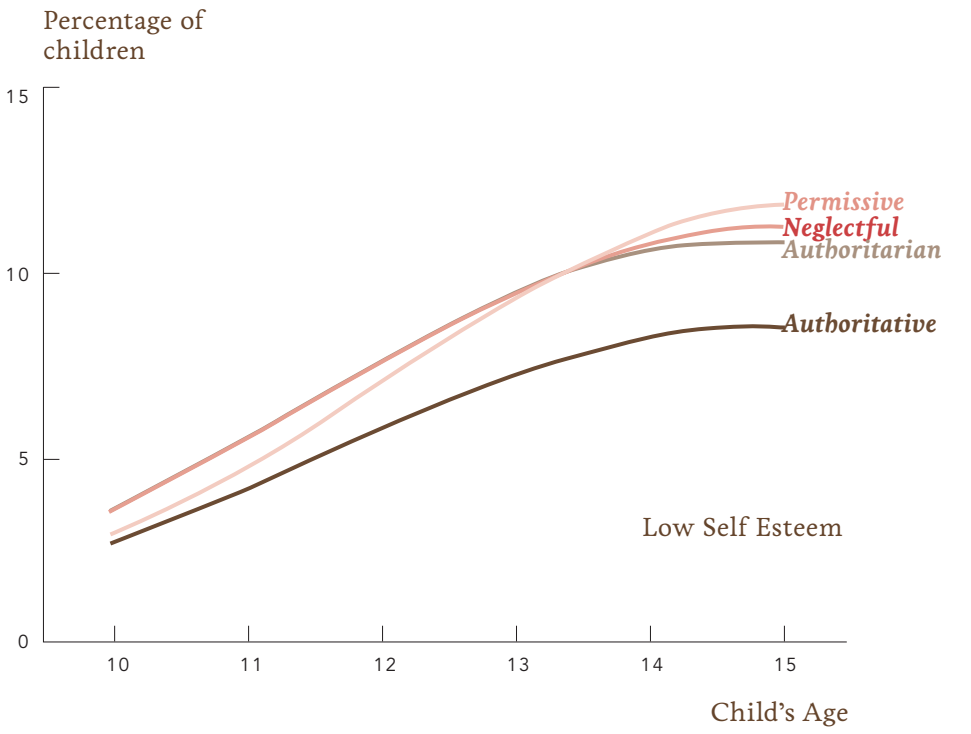
Assuming access is not an issue, including families in mental health service delivery for children and youth involves at least four principles: Approach, attitudes, atmosphere, and actions.[24] ***Approach*** encompasses the framework for interacting with families, and includes the notion that optimal outcomes for children are accomplished when parents, schools, and practitioners develop shared goals and have congruence in their expectations across all settings. ***Attitudes*** involve parents' and other professionals' perceptions of the value of the partnership in seeking the appropriate assessment and

20. Kutcher, S., & McLuckie, A. (2010). *Evergreen: A child and youth mental health framework for Canada*. Calgary, AB: Mental Health Commission of Canada. p. 2.
21. Kutcher, S., & McLuckie, A. (2010). *Evergreen: A child and youth mental health framework for Canada.* Calgary: Mental Health Commission of Canada. p. 29.
22. McKay, M. M., & Bannon, W. M (2004). Engaging families in child mental health services. *Child and Adolescent Psychiatric Clinics in North America*, *13*, 905-921.
23. Wolraich, M. L. (1995). Services in the primary care context. In L. Bickman & D. J. Rog (Eds.), *Children's mental health services: Research, policy, and evaluation.* Thousand Oaks, CA: Sage Publications.
24. Christensen, S. L., & Sheridan, S. M. (2001). *Schools and families: Creating essential connections for learning.* New York: Guilford Press.

intervention necessary for the child and his or her mental health needs. Such shared attitudes encourage a belief that a positive, asset-based orientation can lead to successful mental health programming. ***Atmosphere*** is the general climate that parents and families provide to move the mental health plan forward, the culmination of which is the promotion of trust among all parties that social and emotional development is a reachable goal for the child or youth.

The final principle – ***action*** – is enervated by the systems-ecological perspective, one that acknowledges that parents and families are embedded in a rich milieu of social contexts that can share in the responsibility for all child or youth mental health development. Parents need to be both empowered and equipped to model healthy relationships and adopt healthy lifestyles that children and youth can observe and participate in.[25] Take the development of self-esteem for example. Data is showing that children who grow up in homes where parent-child relationships are characterized by both reasonable demands and developmentally appropriate responsiveness – called authoritative parenting – are much less likely to have a negative impact on the child's self-esteem over time (see Figure 2 below).[26] Specifically, it is the continuous give-and-take between child and parent that provides what nothing else in the world can offer, including experiences that are individualized to the child's unique personality style, build on his or her own interests, capabilities, and initiative, shape self-awareness and stimulate the growth of his or her heart and mind.[27] Thus, parents provide a critical context for the foundational development of mental health in a way that cannot be duplicated or imitated in any

FIGURE 2



Source: Wilms, D. (May, 2009). *Successful transitions during early childhood.* Presentation at Parent Education Today: Impacting Practice symposium, May 8, 2009, Calgary, Alberta.

25. Leitch, K. K. (2007). *Reaching for the top: A report by the advisor on healthy children & youth.* Ottawa, ON: Health Canada.
26. Wilms, D. (May, 2009). *Successful transitions during early childhood.* Presentation at Parent Education Today: Impacting Practice symposium, May 8, 2009, Calgary, Alberta.
27. National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved from http://www.developingchild.net on April 14.

Including families in mental health service delivery for children and youth involves at least four principles: Approach, attitudes, atmosphere, and actions

other social relationships.

Schools: Mental health services have been applied in a number of settings, including mental health clinics, juvenile courts, child welfare agencies, and home-based settings. However, mental health prevention and intervention programs are most commonly implemented in school settings.[28] School-based mental health programs are defined as any program, intervention or strategy implemented within the school system that intends to encourage and enhance students' emotional, behavioural or social wellbeing.[29] To ignore the fact that this might already qualify as Canada's "unofficial" child and adolescent mental health program would be erroneous, as approximately 70 to 80 percent of all children who receive mental health services already receive them at their school.[30] This is of little surprise considering that a substantial body of research links social and emotional functioning with learning and academics.[31]

A substantial body of research indicates that school-based mental health programs are beneficial for numerous reasons: a) They provide greater accessibility for children to receive care within a natural and familiar environment, particularly for minority children or children in regular classrooms, b) they encourage opportunities for early detection and prevention, c) they enable a community approach to treatment that involves parents, teachers and peers and d) they provide enhanced clinical productivity.[32] Over the years, variations of school-based mental health programming have been developed to foster social and emotional well-being, including prevention, early intervention, treatment, and crisis intervention. Program services address a variety of psychological and behavioural problems, including school adjustment and attendance problems, school dropout, physical and sexual abuse, substance abuse, relationship problems, emotional upset, delinquency and violence.[33]

Communities: As Peter Benson outlines in his book, *All Kids are Our Kids*[34], the community has a vital role to play in the development of child and youth mental health. This can include important developmental assets that have been shown to contribute to positive youth development,

28. Hoagwood, K., & Johnson, J. (2002). School psychology: A public health framework from evidence-based practices to evidence-based policies. *Journal of School Psychology*, 41, 3-21.
29. Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3, 223-241.
30. Ringeisen, H., Henderson, K., & Hoagwood, K. (2003). Context matters: Schools and the "research to practice gap" in children's mental health. *School Psychology Review*, 32, 153-168.
31. Paternite, C. E. (2005). School-based mental health programs and services: Overview and introduction to the special issue. *Journal of Abnormal Child Psychology*, 33, 657-663.
32. Browne, G., Gafni, A., Roberts, J., Bryne, C., & Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: A synthesis of reviews. *Social Science & Medicine*, 58, 1367-1384.
33. Adelman, H. S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology*, *21*, 309-319.
34. Benson, P. L. (1997). *All kids are our kids: What communities must do to raise responsible and caring children and adolescents.* San Francisco, CA: Jossey-Bass.

including commitment to learning, social competencies, and positive identity. Such a concerted effort on the part of the community does not happen, however, without significant investment in understanding the landscape of children's current mental, emotional, and social functioning. For example, as stated in the 2007 Reaching for the Top report, "to determine the success of programs and policies that help improve the health and wellness of Canada's children and youth – and then subsequently adjust those programs to make them more successful – high-quality data and information is essential."[35]

The success of coordinated community-based mental health programs requires the deliberate and careful collection of information about the mental health status of *all* children. With due care to being overly intrusive and with appropriate parental/guardian consent, good decisions about mental health activities must be based on good data. More specifically, the use of a community-based model for collecting, analyzing, and applying evidence-based principles in all decisions is critical. Ideally, community-based mental health services have at least four goals: a) to promote the psychological well-being of all children so that they can achieve developmental competence; b) to promote caretaking environments that nurture children and allow them to overcome minor risks and challenges; c) to provide protective support to children at high risk for developmental failures; and d) to remediate social, emotional, and behavioural disturbances so that children can develop competence.[36] In this way, mental health advocacy, promotion, support, and remediation are made available to encourage the development of mental health functioning in all children and youth, a system of support that is radically different from the medical/illness model that currently dominates most approaches to child and adolescent mental health here in Canada.

The kids can be all right

The mental health of children and youth in Canada far surpasses the ability of current national and provincial systems to respond to them. However, the development of a more comprehensive mental health strategy that involves families, schools, and communities can bring together professionals from three key sources – education, mental health, and social services – with the goal of developing a true system of mental health care for Candian youth and families. More than the challenges faced by thousand of children and youth on a daily basis, the real task may lay squarely at the feet of lay advocates (e.g., parents), professionals (e.g., teachers, psychologists), and elected policymakers to significantly improve their respect for and trust in each other and their respective jurisdictional responsibilities. In this way, children and youth can be freed to demonstrate the capacity for mental health, allowing Canada to proudly lead the way in promoting the mental health development of children: the next generation of parents and families.

35. Leitch, K. K. (2007). *Reaching for the top: A report by the advisor on healthy children & youth.* Ottawa: Health Canada.
36. Doll, B., & Cummings, J. A. (2008). Why population-based services are essential for school mental health, and how to make them happen in your school. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children.* Thousand Oaks, CA: Corwin Press.