



# Sun Life Financial Chair in Adolescent Mental Health

Issue 1

Newsletter for the Mental Health Community

Spring 2007



## Message From Stan

### Dear Friends of the Chair,

Since my last update in December the Sun Life Financial Chair in Adolescent Mental Health has been busy and I wanted to take this opportunity to update you on our work. This newsletter is a new communication tool for the Chair and will allow us to keep you informed about our latest projects, successes to date and upcoming activities.

I am pleased to announce we have hired David Venn as a public relations officer who will assist the Chair in developing communication channels and strategies to promote its work. David's background is in PR, mental health, philosophy and research, and he will be a great asset to our team as we move forward. Jacquie Boucher has joined us to work on a book about the various life transitions that young people go through during adolescence. We have also hired several summer students who will help with the Chair's research.

The Chair has undertaken several new memberships and appointments which will help advance the profile and work we are doing. I have been asked to sit as a member on the Journal of Mental Health and Disasters review board and have been appointed to the Psychiatric Facilities Review Board of the Province of Nova Scotia. I have also become a scientific reviewer for the Archives of General Psychiatry, European Child and Adolescent Psychiatry, and in February I was invited to a Special Session of the Global Business and

Economic Roundtable on Addiction and Mental Health (Convened by the Hon. Michael Wilson) in Washington, DC.

Over the past three months I have given lectures and education sessions for health and education professionals in Halifax, Calgary, Toronto, USA, Guyana and Denmark on the topics of adolescent depression, teen suicide prevention, and mental health needs in low-income countries. In February I gave two presentations under a new evolving UNESCO collaboration to education professionals in Paris on child and adolescent mental illness and as part of Brain Awareness Week (March 12-18) I gave a public lecture in Halifax about teenage brain development.

Two papers have been published, one in the Child and Adolescent Psychopharmacology News, and a second co-written by Dr. Davidson of CHEO which appeared in the Canadian Medical Association Journal. Along with academic publications the Chair has worked to advance its public face and promote teen mental health by publishing an op-ed in the Chronicle Herald (with Dr. Noni MacDonald), a letter to the editor in the Globe & Mail (with Dr. Davidson and Dr. Manion), and by speaking on local radio and television programs. I have also participated in the submitting of a team grant to CIHR about stigmatization and structural discrimination in persons with severe mental illness.

If you would like any more information on the activities of the Chair please contact David or Ricardo. This newsletter will be distributed again in a couple of months when we have more updates.

Sincerely,

Dr. Stan Kutcher

## Facts

- The overall prevalence of mental illness in Canadian children and adolescents, at any given point in time, is about 15%
- This translates into approximately 1.2 million of Canadian children and adolescents who experience mental illness.
- If not recognized and treated in the early stages, mental illness can progress, becoming deeply entrenched and more difficult to treat by the time the person reaches adulthood.

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## We're losing mental-health ground by sticking with the status quo

Simon Davidson, Ian Manion and Stan Kutcher  
Special to Globe and Mail Update

André Picard's column *Mental Health Services Shortchanging Children Of Our Soldiers* laid it all out in terms of the issues facing children and youth in need, military and civilian, with a language and intensity appropriate to the crisis at hand.

Without a doubt, more funding is needed to meet the mental-health needs of our young. Our associates at Children's Mental Health Ontario and similar groups across the country have been diligently working to raise the alarm about the lack of sufficient evidence-based services to equitably meet the mental-health treatment needs of Canada's young people. Not only are we neglecting the services for which children and youth are in dire need, we are also not investing in the research and service innovations that will help us to better meet those needs now and in the future.

The World Health Organization notes that 15 per cent to 20 per cent of young people worldwide suffer from a mental disorder that would benefit from mental-health treatment. Canada faces the same burden. In addition to these young people, however, are others who demonstrate significant distress because of difficult family or social situations. They also need timely, effective interventions that may prevent the onset of later mental disorders and

improve their functioning at school, at home and in the community. Our health services currently do not adequately meet these needs.

Instead, we lurch from crisis to crisis, frantically trying to put out fires in what we call a "system," while not facing up to the fact that we do not have a system. We have groups of professionals, academics, institutions and governments often working in isolation from one another, competing to sustain both their authority and their funding.

We have a mental-health-care silo, which is largely separated from usual health-care delivery. We have huge gaps in service provision to our teenage population. Our research community fails to allocate funding proportional to the need that would help us better understand how to provide effective mental-health care to our young.

As a society, we seem to be largely unaccountable to the needs of our aboriginal communities, whose youth are committing suicide at an alarming rate, to youth who, by their teen years, are already marginalized street kids, to parents and families who desperately search for help for their children, to the 10 per cent to 15 per cent of young people who require mental-health care. And we continue to stigmatize those who suffer from mental disorders. If heart disease affected 15 per cent of our young, for example, there would be cardiac clinics on every corner. For the mentally ill, there are long waiting lists or no care whatsoever. Every so often, we are stirred out of our lethargy for a day or so by reports that make headlines, then disappear.

We cannot continue to react to only the most blatant crises. We definitely need more resources to alleviate

the suffering of our young. We need more research and more innovation in how to provide effective and evidence-based care. We also have to build a real system, one that is based on solid scientific evidence and addresses the full continuum of care, including mental-health promotion and prevention, early identification, intervention, recovery, rehabilitation and continued care.

The first step is to admit that there is a problem and that a solution must be found. This will require leadership and commitment — federally, provincially and locally. It will require innovation and investment, and it will require divestment of traditional, professional and institutional frameworks and the shared realization that it is the needs of those we serve that should direct how we can best serve them.

In short, we all must share the responsibility and we must all act accordingly. Only then can we, without shame, look into the eyes of those who are suffering. Child and youth mental health is everyone's business, and we need to change how we do our business.

*Dr. Simon Davidson is executive director of planning and development at the Ottawa-based Provincial Centre of Excellence for Child and Youth Mental Health, and Dr. Ian Manion is executive director of operations. Dr. Stan Kutcher is the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University in Halifax.*

## Youth mental health: time to act

Dr. Stan Kutcher and Dr. Noni MacDonald  
Chronicle Herald op-ed

Young people are this country's most valuable resource. We are obliged for moral, economic and political reasons to do our best to optimize the growth and development of our youth in healthy and productive ways. The Nova Scotia Government's response to the Nunn Inquiry illustrates an increased awareness of this responsibility.

Youth travel through a period of major physical, emotional, social and financial changes as they move from childhood into adulthood. This is a major developmental period, a time of experimentation, of new experiences and of choices.

From a health perspective, the youth years are among the most physically healthy. However, emotional and behavioural problems in youth arise from many factors, which can result in high-risk behaviors. Many of the most severe and persistent brain disorders that manifest themselves as mental illnesses such as depression, manic-depression, and schizophrenia also come on during these years. These disorders are due to alterations in brain development that create difficulties in thinking, mood and behavior.

Suicide is highly related to mental disorders — especially those unrecognized and untreated. Mental disorders beginning in these years tend to be chronic and persistent illnesses. They are also related to the onset and premature death from other medical issues — including diabetes and heart disease. Some youth may exhibit a variety of high-risk behaviors, which even in the absence of mental illness, will lead to both short and long term negative outcomes

including injury and death. In total, about 20 – 25 percent of youth may suffer from problems that will significantly interfere in their ability to mature and develop.

Effective medical and social interventions for young people suffering from mental disorders are available and more are being developed and evaluated. Many of our young offenders have significant mental disorders, substance abuse or emotional/behavioral problems—they need better access to programs and interventions known to be helpful.

The province's response to the Nunn Report lists approximately 75 programs that are available to address the needs of our young people ([www.gov.ns.ca/just/documents/NunnResponse.pdf](http://www.gov.ns.ca/just/documents/NunnResponse.pdf)). Attention to making appropriate changes to the Young Offenders Act, increasing youth accountability, improving the delivery of offender services, increasing accountability for youth services and enhancing the integration amongst the many players in the youth services arena are necessary and appropriate, but these in and of themselves, will not be sufficient to meet the needs of youth.

To achieve success, programs and policies need to be more than well intentioned. First, all interventions must be based on validated data from scientifically sound research. Second, programs or other interventions need to meet both the developmental needs of youth and the social-cultural realities of the communities in which they live. Third, programs need to be integrated across jurisdictions — education, health, justice, community services at the government level, as well as integrated in communities and schools. Fourthly, interventions must be properly evaluated to ensure that they are achieving the expected effects. Finally, there needs to be an increased investment in high quality research designed to study which interventions are most helpful, un-helpful or even harmful for our youth.

We are pleased that the Province has decided to address the needs of young people and acknowledge that the justice/corrections system areas highlighted by Nunn must be urgently considered. We are heartened that the government is looking to prevent youth crime through identifying and dealing with root causes. The Interdepartmental Steering Group to Develop a Child and Youth Strategy (outlined in response 26 and 27 of the Province's response) is a major step forward. We urge the Province to implement effective programs that address the wider mental health needs of young people, not just of the mental health needs of those within the justice system, or for those at risk of criminal activity.

Our province is blessed with expertise that could be harnessed to meet the broad range of mental health needs of our youth. Practitioners and researchers, who are nationally and internationally recognized for the innovation and quality of their work, are available. What is required is the infusion of a small amount of resources and the development of an infrastructure that has the authority and responsibility to lead, utilize and direct our collective expertise in a manner that will change youth mental health outcomes in our province. We are optimistic. The Nunn Inquiry and the government's response have set the stage — now we need action.

*Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health; IWK Health Centre, Dalhousie University. Dr. Noni MacDonald, Professor of Paediatrics, IWK Health Centre, Dalhousie University.*