

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2014-OPH-HPDP-0006

**SUBJECT: Update on the Ottawa Public Health Mental Health Strategy for
Children and Youth**

**OBJET: Le point concernant la stratégie sur la santé mentale pour les
enfants et les adolescents de santé publique Ottawa**

REPORT RECOMMENDATIONS

**That the Board of Health for the City of Ottawa Health Unit receive this report for
information.**

RECOMMANDATIONS DU RAPPORT

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne
connaissance du présent rapport à titre d'information.**

EXECUTIVE SUMMARY

In May 2011, the Board of Health approved the three-year Ottawa Public Health (OPH) Mental Health Promotion and Suicide Prevention Strategy for Children and Youth. This strategy was developed in response to growing concerns about youth suicide and the lack of mental health services in Ottawa. It was designed to address gaps that were identified through consultations with local mental health experts and community partners. The largest gaps identified in Ottawa were:

- 1) Inadequate support for parents of children and adolescents as well as a lack of awareness of existing resources;
- 2) A lack of a coordinated approach to suicide prevention; and,
- 3) Limited mental health promotion programs and services for children and youth

The City of Ottawa allocated \$300,000 annually to OPH to address the identified gaps. Further, the Board of Health recognized the advancement of mental health promotion services for children and youth as one of the strategic objectives in the 2011 to 2014 Board of Health Strategic Priorities.

In partnership with community partners, OPH implemented the strategy by focusing on three major priorities: community engagement, parental engagement and suicide prevention (tertiary prevention).

The burden of mental illness including addictions is becoming more recognized. In Ontario it is more than 1.5 times the burden of all cancers, and seven times the burden of all infectious diseases. As reported in the State of Ottawa's Health 2014 report, mental health and substance misuse issues continue to be a significant public health issue locally: 10% of Ottawa residents age 19 and over report having been diagnosed with a mood disorder; 9% report an anxiety disorder; one in four students in grades 7-12 report visiting a mental health professional at least once in the past year and nearly 1,200 emergency room visits were reported due to self harm among Ottawa residents.

Since the time of strategy implementation, mental health promotion has been increasingly integrated across OPH programs and services, with particular efforts to improve access to services to support children, youth and parents as they transition between settings and services. As well, in keeping with our four pillar approach to substance misuse prevention, OPH has also worked to better integrate addictions into mental health programming. For example, OPH school-based programming includes both prevention as well as enhanced access to treatment and referral services.

Concurrent with these activities at OPH, mental health awareness has become more prominent within the Ottawa community. Local leadership through the Champlain Local Health Integration Network (LHIN), the Royal Ottawa Mental Health Centre, the Children's Hospital of Eastern Ontario (CHEO), Youth Services Bureau (YSB), the Canadian Mental Health Association Ottawa Chapter (CMHA), and Ottawa school boards has significantly increased public awareness and worked to reduce the stigma of both youth suicide and mental health issues.

In addition, over the past few years the provincial government has increased its focus on mental health with the release of a number of key guidance documents which outline the burden of mental health and addictions in Ontario, including the significant personal and economic implications. The economic burden of mental illness in Canada is estimated to be \$51 billion per year and \$22.8 billion for substance misuse. These figures account for the burden on services, such as health care, law enforcement, loss of productivity at work or home and reductions in health-related quality of life. These reports also reinforce the urgent need for prevention, with children and youth as a priority, consideration to mental health promotion across the lifespan and continued suicide prevention work.

As a community, Ottawa has started to recognize the importance of good mental health and the need to put more supports and services in place. Over the past three years there have been a number of collective efforts to reduce stigma, improve awareness of mental health and establish concrete services and programs for residents. OPH staff recognize that mental health is an issue across the lifespan and efforts to integrate mental health promotion into existing programming are ongoing.

While strides have been made in terms of increased mental health awareness and services there is still much work to be done over the coming years. Best practices indicate that meaningful impacts resulting from mental health promotion and suicide prevention programs and services take time and are seen over years, not months. With this continued surge in demand, it is imperative that OPH continue to offer mental health promotion and services. As such, OPH has identified the following areas for focused attention over the coming years:

- **Sustain the community momentum** in promoting awareness of mental health and deepening capacity for suicide prevention through expanding the suicide safer initiatives to populations with higher suicide rates
- **Better integrate mental health and addictions programming**

- **Promote attachment and resiliency in infants and children**

OPH recognizes the importance of positive mental health and its impact on overall health and well being. In collaboration with our partners OPH will continue to work to reduce the morbidity and mortality associated with mental health and addictions issues.

RÉSUMÉ

En mai 2011, le Conseil de santé a approuvé la stratégie triennale de promotion de la santé mentale et de prévention du suicide auprès des enfants et des jeunes de Santé publique Ottawa (SPO). Cette stratégie, qui visait à répondre aux inquiétudes croissantes suscitées par le suicide chez les jeunes et le manque de services en santé mentale à Ottawa, a été conçue pour combler les lacunes cernées lors de consultations auprès d'experts et des partenaires communautaires locaux en santé mentale. Voici les principales lacunes relevées à Ottawa :

- 1) Soutien insuffisant pour les parents d'enfants et d'adolescents et méconnaissance des ressources existantes;
- 2) Absence d'une approche concertée de prévention du suicide;
- 3) Nombre limité de programmes et de services de promotion de la santé mentale destinés aux enfants et aux jeunes.

La Ville d'Ottawa a accordé à SPO 300 000 \$ par année pour remédier à ces lacunes. En outre, le Conseil de santé a ciblé l'avancement des services de promotion de la santé mentale destinés aux enfants et aux jeunes comme objectif stratégique dans ses priorités stratégiques de 2011 à 2014.

En collaboration avec des partenaires communautaires, SPO a mis en œuvre sa stratégie en ciblant trois grandes priorités : l'engagement communautaire, la participation des parents et la prévention du suicide (prévention tertiaire).

Le fardeau de la maladie mentale, notamment la toxicomanie, est de plus en plus reconnu. En Ontario, il est de plus d'une fois et demie celui de l'ensemble des cancers, et de sept fois celui des maladies infectieuses. Comme l'indique Santé publique Ottawa dans son rapport État de santé de la population d'Ottawa en 2014, les problèmes de santé mentale et d'abus de substances demeurent un important enjeu de santé publique à l'échelle locale : 10 % des Ottaviens de 19 ans ou plus ont déclaré avoir reçu un diagnostic de trouble de l'humeur, et 9 %, un diagnostic de troubles anxieux. En outre, le quart des élèves de la 7e à la 12e année ont déclaré avoir consulté un

professionnel de la santé mentale au moins une fois durant la dernière année, et près de 1 200 visites à l'urgence de résidents d'Ottawa ont été attribuées à un acte autodestructeur.

Depuis la mise en œuvre de la stratégie, la promotion de la santé mentale est de plus en plus intégrée à l'ensemble des programmes et services de SPO. Des efforts ciblés ont d'ailleurs été déployés en vue d'améliorer l'accès aux services pour aider les enfants, les jeunes et les parents à faire la transition entre différents milieux et services. De même, conformément à son approche de prévention de l'abus de substances à quatre piliers, SPO s'est efforcé de mieux intégrer la toxicomanie à ses programmes de santé mentale. Par exemple, ses programmes en milieu scolaire comprennent à la fois de la prévention et un accès amélioré aux services de traitement et d'aiguillage.

Parallèlement, la sensibilisation à la santé mentale a pris de l'ampleur au sein de la collectivité d'Ottawa. Le leadership local du Réseau local d'intégration des services de santé (RLISS) de Champlain, du Centre de santé mentale Royal Ottawa, du Centre hospitalier pour enfants de l'est de l'Ontario, du Bureau des services à la jeunesse, de la Section d'Ottawa de l'Association canadienne pour la santé mentale et des conseils scolaires d'Ottawa a grandement accru la sensibilisation du public et contribué à réduire la stigmatisation associée au suicide et aux problèmes de santé mentale chez les jeunes.

Par ailleurs, au cours des dernières années, le gouvernement provincial a renforcé l'attention portée à la santé mentale et publié un certain nombre de documents d'orientation mettant en évidence le fardeau des problèmes de santé mentale et de toxicomanie en Ontario, y compris leurs répercussions personnelles et économiques considérables. Au Canada, le fardeau économique de la maladie mentale est estimé à 51 milliards de dollars par année, et celui de l'abus de substances, à 22,8 milliards de dollars. Ces chiffres tiennent compte du fardeau associé aux services, notamment les soins de santé, l'application de la loi, la perte de productivité au travail ou à la maison et la diminution de la qualité de vie liée à la santé. Ces statistiques soulignent également le besoin urgent de faire de la prévention visant en priorité les enfants et les jeunes, de prendre en considération la promotion de la santé mentale tout au long de la vie et de poursuivre les efforts de prévention du suicide.

La collectivité d'Ottawa a commencé à reconnaître l'importance d'une bonne santé mentale et la nécessité de mettre en place davantage de mesures de soutien et de services. Au cours des trois dernières années, bon nombre d'efforts collectifs ont été entrepris pour réduire la stigmatisation, accroître la sensibilisation à la santé mentale et

établir des services et des programmes essentiels destinés aux résidents. Le personnel de SPO est conscient que des problèmes de santé mentale peuvent se poser à tout moment de la vie et déploie des efforts constants en vue d'intégrer la promotion de la santé mentale aux programmes existants.

Bien que des progrès aient été réalisés en matière de sensibilisation à la santé mentale et d'accroissement des services, il reste beaucoup à faire pour les années à venir. Les pratiques exemplaires indiquent qu'il faut du temps pour que les programmes et services de promotion de la santé mentale et de prévention du suicide produisent un effet marqué, et que ce temps se compte en années plutôt qu'en mois. Étant donné le pic soutenu de la demande, il est impératif que SPO continue d'offrir des programmes et des services de promotion de la santé mentale. Il a donc ciblé les domaines suivants, auxquels il accordera une attention particulière pour les années à venir :

- **Maintenir l'intérêt de la collectivité** au moyen de la sensibilisation à la santé mentale et du renforcement de la capacité en matière de prévention du suicide par le déploiement d'initiatives de lutte contre le suicide au sein de populations particulièrement touchées.
- **Améliorer l'intégration des programmes de santé mentale et de toxicomanie.**
- **Favoriser l'attachement et la résilience chez les nourrissons et les enfants.**

SPO reconnaît l'importance d'une bonne santé mentale ainsi que ses bienfaits pour la santé et le bien-être en général. En collaboration avec ses partenaires, il continuera de s'efforcer de réduire la morbidité et la mortalité associées aux problèmes de santé mentale et de toxicomanie.

BACKGROUND

In May 2011, the Board approved the three-year Ottawa Public Health (OPH) Mental Health Promotion and Suicide Prevention Strategy for Children and Youth. This strategy was designed to address gaps relating to growing concerns about youth suicide and the availability of mental health services. At the time of the report, data from the 2009 Ontario Student Drug Use and Health Survey (OSDUHS) revealed that 8% of Ottawa youth had seriously considered attempting suicide within that year. OSDUHS data also indicated only 30% of Ottawa youth that rated their mental health as poor and had seen a mental health professional in that year, and there was an 18% decrease in reported "excellent mental health" as students moved from grade 7-8 to 9-12. Consultations with

local mental health experts and public members affected by mental illness and suicide identified that the largest gaps in Ottawa were:

- 1) inadequate support for parents of children and adolescents as well as a lack of awareness of existing resources;
- 2) a lack of a coordinated approach to suicide prevention; and,
- 3) limited mental health promotion programs and services for children and youth

To address these issues, OPH collaborated with community partners to implement an OPH strategy based on the three priority areas identified in the 2011 report:

- Community engagement
- Parental engagement, and;
- Suicide prevention (Tertiary prevention)

Subsequent to the Board of Health approval of the Mental Health Promotion and Suicide Prevention Strategy for Children and Youth, the City of Ottawa allocated \$300,000 annually to OPH to address the identified gaps. Further, the Board of Health recognized the advancement of mental health promotion services for children and youth as one of the strategic objectives in the 2011 to 2014 Board of Health Strategic Priorities. A [memo from the Medical Officer of Health](#) outlining the strategy's progress and next steps was submitted to the Board of Health in May of 2013.

Since the time of the strategy implementation, mental health promotion has been increasingly integrated across OPH programs and services. For example, OPH's Healthy Eating Active Living strategy includes messaging relating to healthy eating, body image and self esteem. The Community Connect, Workplace Health, Tobacco and Sexual Health team all provide targeted services for vulnerable populations and have adapted their services to be more inclusive of mental health issues. As well, OPH has also adopted an approach to better integrate substance misuse and addictions programming with mental health. As noted in the report [Addressing Substance Misuse in Ottawa](#) which was approved by the Board of Health in March of 2013, OPH utilizes the four pillar approach which includes prevention, harm reduction, treatment and referral services and enforcement.

Concurrent with these activities at OPH, mental health awareness has become more prominent within the Ottawa community, in part due to initiatives including the Royal Ottawa Mental Health Centre's "You Know Who I Am" campaign, the leadership of

bereaved parents including the Richardson and Hubley families, and the establishment of a new Community Suicide Prevention Network which mobilized over 50 organizations to work together to prevent future deaths. Local leadership through the Champlain Local Health Integration Network (LHIN), the Royal Ottawa Mental Health Centre, CHEO, YSB, the CMHA Ottawa Chapter, and Ottawa school boards has significantly increased public awareness and worked to reduce the stigma of both youth suicide and mental health issues.

In addition, over the past few years the provincial government has increased its focus on mental health with the release of the following key guidance documents:

- Ontario's Comprehensive Mental Health and Addictions Strategy "Open Minds, Healthy Minds" from the Government of Ontario, 2011
- Opening Eyes, Opening Minds, technical report from Public Health Ontario, 2012
- Make No Little Plans from Ontario's Chief Medical Officer of Health, 2013
- Connecting the Dots research report from the Centre for Addiction and Mental Health, 2013

These reports outline the burden of mental health and addictions in Ontario, including the significant personal and economic implications. The economic burden of mental illness in Canada is estimated to be \$51 billion per year and \$22.8 billion for substance misuse¹². These figures account for the burden on services, such as health care, law enforcement, loss of productivity at work or home and reductions in health-related quality of life. These reports also reinforce the urgent need for prevention, with children and youth as a priority, consideration to mental health promotion across the lifespan and continued suicide prevention work.

The role of public health units is noted in all of the above referenced reports and recent work through Public Health Ontario's [Locally Driven Collaborative Projects](#) has highlighted that health units are increasingly becoming involved in mental health promotion in response to community need. OPH is recognized provincially for its proactive and collaborative programming in mental health and participates on provincial and municipal research and planning tables to inform the development of best practices for community mental health promotion and improvement of access to services to support children, youth and parents as they transition between settings and services.

Highlights of Strategy

Highlights from the past three years of OPH's Child and Youth Mental Health Strategy are presented in full in Document 1 of this report.

Community Engagement:

- Working with local coalitions and networks to create suicide safer communities by providing Safe Talk training to municipal staff and City councillors, community agencies, youth and caregivers, has resulted in over 450 City staff and 500 community members now trained to intervene in situations where there may be a suicide risk
- Participating in awareness-raising events such as: Rainbow Youth Forum, CTV's Mental Health Town Hall, Mayoral proclamation of Ottawa Suicide Prevention Day, Youth Justice Mental Health Conference, Children's Mental Health Ontario Conference, and Think Global Act Local Suicide Prevention Event
- Partnering with the Community Suicide Prevention Network and local service providers to develop resources including Know What to Do Preventing Youth Suicide guide, and the [OPH Mental Health Referral Tool](#)
- Publishing a Special Edition of the Physicians' Update on Mental Health reaching over 1,500 physicians in Ottawa
- Responding to increasing interest from employers by promoting new Workplace Psychological Health and Safety Standards to at-capacity seminars, as well as providing highly popular resources on managing stress to workplaces
- Contributing to community initiatives including a new telephone support service through the Parent Lifelines of Eastern Ontario, guidelines for media reporting on suicide and a community response team to assist with post suicide supports

Parent Engagement:

- Implementation of Healthy Transitions, a mental health promotion program for grade 7 and 8 students, teachers and parents that has reached 75% of grade 7-8 students to date
- Launch of video based educational resources for parents called [Have THAT Talk](#), that provides four modules: mental health and teenagers; teaching teens how to cope; how to talk about mental health; and what every parent should know about depression and suicide. To date the campaign has received over 170,000 views

Suicide prevention (Tertiary prevention):

- Funding the YSB to expand their Mental Health Walk-In Clinic which has provided over 3,000 hours of additional clinical counselling over the past three years
- Partnering with CHEO, the YSB, and the Royal Ottawa Mental Health Centre to implement the new Bridges project which aims to support teens with complex and persistent mental illness and their parents to transition safely from the hospital to the community. With support of an OPH public health nurse, the Bridges project, has provided clinical support to over 100 youth and families since its implementation in April 2013
- Supporting the Substance Abuse and Youth in School (SAYS) project of the Ottawa Network for Education (ONFE) which counselled over 1,600 students, 500 parents and reached another 6,200 students with prevention and education sessions in the 2012-2013 school year

DISCUSSION

The burden of mental illness including addictions is becoming more recognized. In Ontario it is more than 1.5 times the burden of all cancers³, and seven times the burden of all infectious diseases⁴. Depression represents the single largest contributor to the burden of disease among Canadians aged 15-59, and compared to any other disease, depression causes the greatest number of years lost to premature death and disability⁵. Furthermore, at a national level, 15-20% of patients seeking mental health services also had an addiction, and over 50% of patients seeking addiction services also had a mental illness⁶. Locally, youth in grades 9-12 who presented with various substance misuse issues had higher rates of mental health issues than their peers⁷. Promoting positive mental health is a protective factor for substance misuse and research has shown that it can also reduce the burden of other significant health issues including; a reduction in lifetime mortality rates, increase life expectancy by 7.5 years, improvement in overall health. Positive mental health has also been shown to reduce stroke incidence and improve survival rates, reduce heart disease, and lower the number of chronic diseases overall⁸.

As reported in the OPH [State of Ottawa's Health 2014 report](#), mental health and substance misuse issues continue to be a significant public health issue locally: 10% of Ottawa residents age 19 and over report having been diagnosed with a mood disorder; 9% report an anxiety disorder; one in four students in grades 7-12 report visiting a mental health professional at least once in the past year and nearly 1,200 emergency room visits were reported due to self harm among Ottawa residents.

More than 60 people die by suicide in Ottawa every year and 12% of grade 7 to 12 students report that they had seriously considered attempting suicide in the past year. Of the students who considered suicide, over 70% of these youth said there was a time in the last year where they wanted support but did not know where to turn⁹. To date, OPH has focused most efforts towards children and youth. For young people, mental health is strongly linked to school performance and positive behaviours, such as avoidance of substance misuse, violence and risky sexual activity¹⁰.

International research shows that times of major life transitions, especially in early adolescence, coincide with high onset rates of mental illness and addictions^{11,12}. It is reported that 50% of all mental health problems begin by age 14 and 75% begin by age 24¹³. In fact, the 15-24 age group is more likely to experience mental illness and/or addictions than any other age group in Canada¹⁴. Evidence shows that the greatest return on investment in mental health is seen in work with children and adolescents¹⁵ and produces significant net cost benefits^{16,17}. Peer reviewed research shows there is a lifetime savings of \$140,000 when a child's mental health is improved from moderate to high¹⁸.

Best practice interventions such as parent education, early childhood and school based education in resiliency and coping skills, anti-bullying/anti-stigma programs, and suicide awareness and prevention will yield return on investment ratios ranging from \$1.80 to \$17.07 for every dollar invested in these initiatives¹⁹.

While youth are a population at risk for mental health problems, the risk is even higher for some subpopulations. Rural youth have been found to have higher risk factors for suicide^{20,21}, and gay, lesbian, bisexual, transgendered, two-spirited, queer and questioning (GLBTQ) youth are 2-7 times more likely to attempt suicide than their heterosexual peers^{22,23,24,25,26}. Within the First Nations population, suicide rates are twice the national average²⁷.

Investing in early childhood mental health programs can reduce the onset of mental illness and improve the health and well being of the child and the family^{28,29,30}. Maternal and newborn health programming, such as OPH's home visiting service is one important public health intervention that is effective in reducing long term health, social service and justice system costs³¹. However, availability of local programming to support infant mental health promotion, particularly related to attachment, is an area that many of our community partners have identified as an area for improvement in Ottawa. Community partners, such as Crossroads Children Centre, which offer clinical infant and child mental health services, have indicated that there has been a significant

rise in complex mental health needs among families with children 0-12 years and their families.

In a recent report, [Charting Outcomes: Community Actions for Healthy Development of Children and Youth in Ottawa](#), it was noted that the percentage of “vulnerable” children in senior kindergarten who are rated low in social competence has increased significantly in the 2010 – 2011 results³². Best practice interventions on positive parenting, promoting healthy family dynamics and access to early childhood education align with recommendations in many of the guidance documents noted earlier, as well as in the recommendations from the 2012 Mental Health Commission of Canada’s National Strategy “[Changing Directions, Changing Lives](#).”

NEXT STEPS

As a community, Ottawa has started to recognize the importance of good mental health and the need to put more supports and services in place. Over the past three years, there have been a number of collective efforts to reduce stigma, improve awareness of mental health and establish concrete services and programs for residents. OPH staff recognize that mental health is an issue across the lifespan and efforts to integrate mental health promotion into existing programming are ongoing. For example, the workplace health program offers Balancing Work and Life resources, and new information for those who provide care for people with mental illness and addictions is being added to the Caregiver Compass, accessible via OPH’s website.

However, the epidemiology and community consultations indicate that despite the strides that have been made in terms of increased mental health awareness and services there is still much work to be done over the coming years. Best practices indicate that meaningful impacts resulting from mental health promotion and suicide prevention programs and services take time and are seen over years, not months³³. With this continued surge in demand, it is imperative that OPH continue to offer mental health promotion and services. As such, OPH has identified the following areas for focused attention over the coming years:

Sustain the community momentum in promoting awareness of mental health and deepening capacity for suicide prevention through expanding the suicide safer initiatives to populations with higher suicide rates; assuming continued funding for mental health initiatives.

- Introduce programming specifically for GLBTTQ through the Sources of Strength program with Community Suicide Prevention Network partners

- Increase the number of Master Trainers available for safeTalk
- Work with Youth Net/Réseau Ado to reach more rural youth and youth groups with mental health promotion and suicide prevention workshops and programs
- Work with the First Nations and Inuit community to tailor suicide prevention training to be culturally appropriate and meaningful

Better integrate mental health and addictions programming Research and best practices show that transition to high school is a key developmental period for effective intervention and reduces risks of substance misuse^{34,35}. OPH is enhancing the Healthy Transitions programming in Grade 7 and 8 by strengthening content on substance misuse prevention. OPH will continue to use social media to engage parents and teachers and further expand reach. As well, tailored parent support groups are being implemented within the Bridges program to better prepare the parent to support their child's recovery. Further, with accidental poisoning and serious substance misuse as a health concern in young adults, efforts to highlight the risks related to consumption of excessive alcohol as well as prescription and non-prescription drugs is called for. A harm reduction approach to reduce overdoses and promote safer partying among young adults will continue to be incorporated into partnerships and programming that OPH undertakes.

Promote attachment and resiliency in infants and children. As research in early child development is increasingly demonstrating the importance of infant and child mental health promotion, OPH will be enhancing parent support related to infant mental health, attachment and resiliency. This will be done by working with agencies that serve parents of infants and preschoolers as well leveraging the use of technology to reach more parents with important messaging about attachment and positive parenting.

RURAL IMPLICATIONS

There are no rural implications to receiving this report.

CONSULTATION

In preparation of this report, OPH consulted with more than 15 agencies to gauge the impact of mental health and suicide in Ottawa and to identify gaps in current services and programs. Feedback was provided by a wide-range of agencies and specifically from local partners that provide social services, mental health promotion, crisis and counselling services, suicide prevention services, and addictions services. OPH staff

also consulted with local suicide prevention networks and coalitions to ensure our work is aligned moving forward.

The recommendations for OPH to continue mental health promotion and suicide prevention programs and activities are supported and encouraged by all of the agencies and partners consulted in the social services, mental health and addictions sectors.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications with respect to accepting the recommendations as set out in this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TECHNOLOGY IMPLICATIONS

There are no new technology implications associated with this report.

BOARD OF HEALTH PRIORITIES

The recommendations in this report support the Board of Health Strategic Priority: A4 Increase community participation and engagement, B1 Advance mental health promotion and services primarily for children and youth, C1 Increase access to services for populations facing health inequities, D4 Increase programming to support healthy child development, E1 Build increased awareness of OPH programs, services and activities, and E3 Measure and report publicly on progress.

TERM OF COUNCIL PRIORITIES

The recommendations in this report support the Term of Council Priority: Healthy and Caring Communities.

SUPPORTING DOCUMENTATION

[Document 1](#): Accomplishments to date: Ottawa Public Health's Child and Youth Mental Health Strategy

DISPOSITION

This report is for information.

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 - ³ Flanagan W, Boswell-Purdy J, Le Petit C, Berthelot JM. Estimating summary measures of health: a structured workbook approach. *Popul Health Metr.* 2005; 3(1):5.
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 - ⁵ Public Health Agency of Canada (2011), The Chief Public Health Officer's Report on the State of Public Health in Canada, retrieved from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/cphorsphc-respcacsp-06-eng.php>
 - ⁶ Canadian Centre on Substance abuse. Substance abuse in Canada: concurrent disorders. 2009. Available from: <http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011811-2010.pdf>
 - ⁷ Ottawa School-based Substance Abuse Program-Evaluation Report. 2013. Ottawa Network for Education.
 - ⁸ L. Friedli and M. Parsonage, *Mental Health Promotion: Building an Economic Case* (Belfast, Northern Ireland: Northern Ireland Association for Mental Health, 2007).
 - ⁹ Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
 - ¹⁰ Patel V, Flisher AJ, McGorry P. Mental health of young people: a global public-health challenge. *Lancet.* 2007;369:1302-13.
 - ¹¹ Wade TJ, Cairney J, Pevalin DJ. Emergence of gender differences in depression during adolescence: national panel results from three countries. *J Am Acad Child Adolesc Psychiatry.* 2002; 41(2):190–8.
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 - ¹⁴ Statistics Canada (2013), Canadian Community Health Survey – Mental Health, retrieved from <http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.htm>
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