



chapter 7

MENTAL HEALTH OF CHILDREN



Key Messages

- Females have significantly poorer self-reported mental health compared to males.
- High school students report high levels of stress.
- 8% of students have seriously considered suicide in the past year.

Mental health is more than merely the absence of mental illness. Positive mental health includes having a sense of satisfaction and control over life; having stable, responsive and secure relationships with others; and living within safe and supportive environments.^{6,70} Positive mental health is shaped by individual, family, social, cultural, environmental, political and economic environments.^{6,70,71}

It is difficult to assess the prevalence of mental health issues among children and youth for a number of reasons:

- Children may not have yet been diagnosed with a mental health condition.
- Individuals may be hesitant to self-report a mental health condition due to perceived stigma.
- Health-care utilization data only capture conditions severe enough to require hospitalization or emergency department visits.



Definition

Mental illnesses or mental health issues include changes in thinking, mood, or behaviour that lead to distress and impaired functioning, including: mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, suicidal behaviour, and addictions such as substance dependence and gambling.⁷¹

A number of factors are used to assess positive mental health including: the ability to enjoy life and deal with life's challenges; emotional and spiritual well-being; social connections; and respect for culture, equity, social justice, and personal dignity.

Childhood and adolescence are critical periods of development during which lifelong health behaviours, beliefs, and attitudes are established.⁷² Transitions such as starting school and puberty can lead to stress, and feelings of isolation, loneliness and emotional distress. Responsive relationships between parents and young children influence the development of mental health and coping strategies later in life. Dealing with change and developing coping strategies earlier in life may protect children and youth from mental illness in adulthood.⁷¹



Measurement

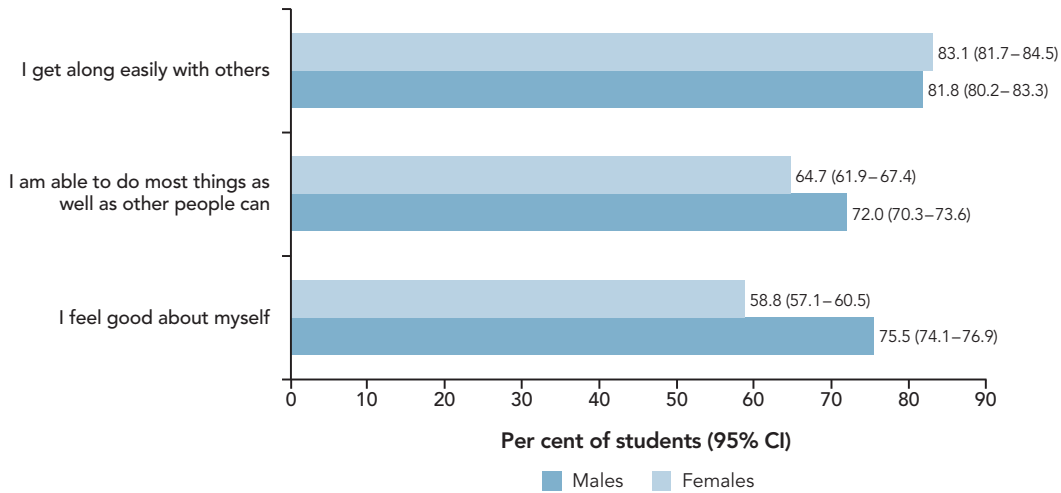
Measuring Mental Health

A person's mental health may have both positive and negative aspects, both of which are important to understand the impact of mental health on health status. Optimal mental health is not simply the absence of negative mental health issues but also the presence of positive attributes. Mental health may be measured using behavioural aspects (externalized) or emotional aspects (internalized).⁴¹

Positive Mental Health

The majority of Peel youth report having excellent, very good or good mental health (97%).^{D1} Female students are less likely to report feeling good about themselves or feeling that they can do most things as well as others, when compared to male students (Figure 7.1).

Figure 7.1
Proportion of Students who Believed Self-Esteem Statements were Always or Often True for Them by Sex, Peel, 2011



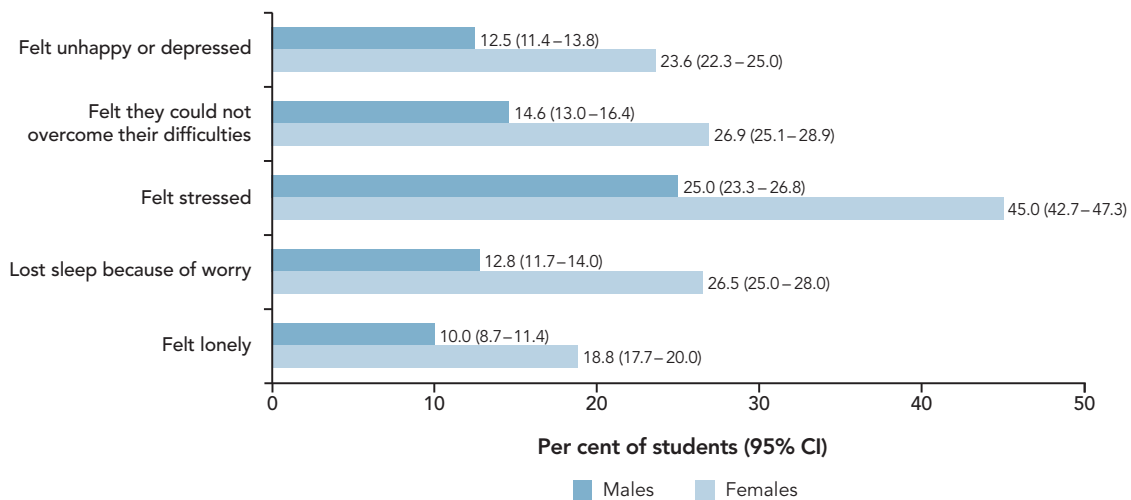
Note: 95% CI reflects the 95% confidence interval of the estimate.
 Source: Student Health Survey 2011, Peel Public Health.

Negative Aspects of Mental Health

A substantial proportion of students in Peel report feelings of emotional distress within

the past few weeks (Figure 7.2). Female students are significantly more likely to report frequent emotional distress compared to males.

Figure 7.2
Proportion of Students Who Reported Feelings of Emotional Distress Always or Often by Sex, Peel, 2011



Note: 95% CI reflects the 95% confidence interval of the estimate.
 Source: Student Health Survey 2011, Peel Public Health.

? Did You Know

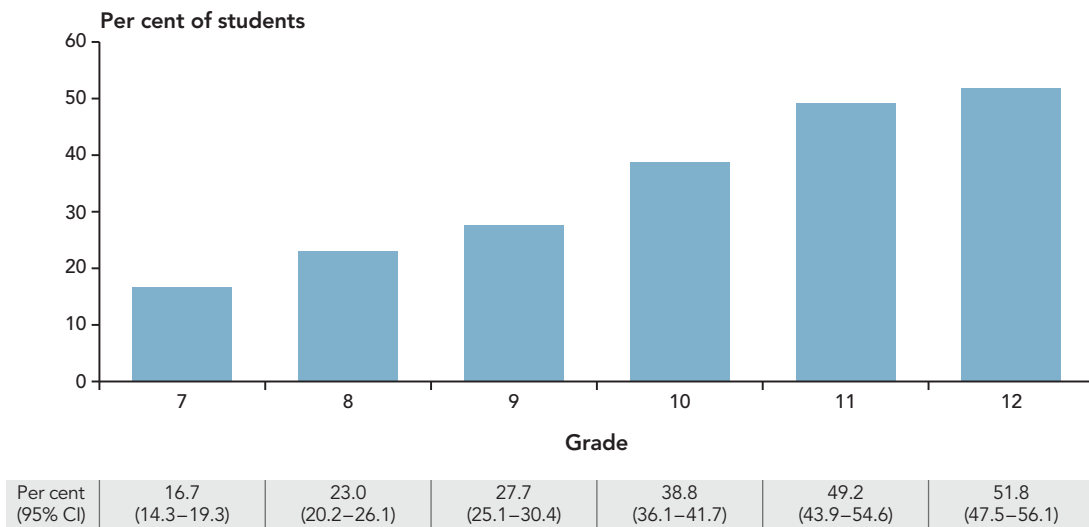
Sex Differences in Mental Health

Girls have more negative mental health outcomes than boys regardless of the mental health measure examined. This includes higher levels of emotional problems, lower levels of emotional well-being, lower life satisfaction, a higher likelihood to wish that they were someone else, lower self-confidence, higher number of backaches (psychosomatic symptom), feeling depressed or low more often, and higher rates of feeling bad tempered or irritable more often.⁴¹ In addition, although the mental health scores of boys remained relatively consistent across grades, scores for girls declined as they aged – with positive indicators decreasing and negative indicators increasing.⁴¹



The proportion of high school students who always or often feel stressed significantly increases with each grade. By Grade 12, half of students feel a significant level of stress (Figure 7.3).

Figure 7.3
Proportion of Students Who Always or Often Felt Stressed[†] by Grade, Peel, 2011



[†] Over the past few weeks.
Note: 95% CI reflects the 95% confidence interval of the estimate.
Source: Student Health Survey 2011, Peel Public Health.

Talking About Mental Health

Four per cent of Peel students have discussed mental health issues with a professional in the past 12 months.^H Females are more likely to have spoken to a professional than males (6% vs. 3%).^H



Community Capacity

Peel Children's Centre

Peel Children's Centre is one of the largest children's mental health treatment agencies in Canada. They provide no-cost treatment for young people under the age of 18 who live in the Region of Peel. Services are available for children, teenagers, and families who are having serious issues with relationships, feelings, or behaviour. They provide services to more than 3,600 children and teenagers, and their families every year.

For more information, see peelcc.org.

Eating Disorders



Definition

Eating disorders encompass a number of different clinical conditions, where there is a definite disturbance in eating habits or weight-control behaviour. There are three diagnostic categories of eating disorders: anorexia nervosa, bulimia nervosa and atypical eating disorders.

One specific aspect of mental health that is often discussed with respect to youth is eating disorders. The impacts on young people, women especially, that result from

media portrayals of western society's perception that a thin body is considered to be desirable, have received increased attention in recent years. The causes of eating disorders are difficult to determine and therefore prevention and treatment are also difficult. Among patients with anorexia nervosa, for example, low weight tends to be viewed as an accomplishment rather than an affliction and therefore patients may have limited motivation to accept treatment and change their behaviour.⁷³

The incidence and prevalence rates of eating disorders are difficult to measure because they are an extreme outcome of potentially common behaviours among youth (e.g., dieting, exercising, weight control) and many of those who have eating disorders do not receive treatment. For the period 2003 through 2005, the estimated incidence of eating disorders among Canadian children aged five to 12 years seen by pediatricians was 2.6 per 100,000 person-years.⁷⁴

Thirty-one per cent of 10-year-old girls recruited from schools across southern Ontario reported that they were currently "trying to lose weight," a figure which increased to 44% by age 14 years.⁷⁵ Forty-seven per cent of Canadian girls reported being "a bit" or "very" unhappy about their weight, with 5% reporting currently engaging in binge eating or purging (or both) at a frequency of twice a week or more.⁷⁶

With the increase in obesity rates among Canadian youth, there is a growing disparity between what is considered the "ideal" body weight and type and the reality for most young women. This difference likely contributes to the high prevalence of dieting and disordered eating. Among Peel students who had tried to change their weight in the past six months, females are more likely than males to restrict food intake as a method to lose weight.^H

Mental Health Hospitalizations

There were over 5,000 hospitalizations for children and youth in Peel as a result of mental health issues between 2006 and 2010 (Table 7.1). This means that, on average, approximately 1,050 hospitalizations per year or three hospitalizations per day result from mental health issues among children and youth. The rate of mental health hospitalizations was lower for males and females in Peel compared to the provincial rate.



Table 7.1

Rate of Hospitalization due to Mental Health Conditions among Children[†] by Sex, Peel and Ontario, 2006 to 2010 Combined

Mental and Behavioural Disorders	Peel				Ontario			
	Female		Male		Female		Male	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Anxiety, Adjustment, Obsessive/Compulsive, Phobia, and Somatoform disorders	963	126.9	683	84.3	11,770	173.0	6,337	88.8
Mood disorders	1,123	147.9	478	59.0	16,073	236.3	7,695	107.8
Schizophrenia, Schizotypal and Delusional disorders	149	19.6	340	41.9	1,922	28.3	3,619	50.7
Disorders due to Psychoactive substance use	78	10.3	238	29.4	2,139	31.4	2,637	36.9
Eating disorders	244	32.1	16	2.0	4,534	66.6	430	6.0
All other disorders	342	45.1	591	72.9	6,157	90.5	9,554	133.8
Total	2,899	381.9	2,346	289.5	42,595	626.1	30,272	424.1

[†] Children aged 1 to 18 years.

Sources: Hospital In-Patient Discharge Database 2006-2010, IntelliHealth Ontario, Ministry of Health and Long-Term Care. Inpatient Discharge Adult Mental Health Assessment, Treatment, Diagnosis 2006-2010, IntelliHealth Ontario, Ministry of Health and Long-Term Care.

Population Estimates 2006-2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

Suicide

Suicidal behaviour is a sign of extreme distress in children and youth. Thoughts of suicide can be related to challenges children may face with identity formation, gaining acceptance from peers and family, perceived loss of valued relationships, and interpersonal conflict.⁷¹

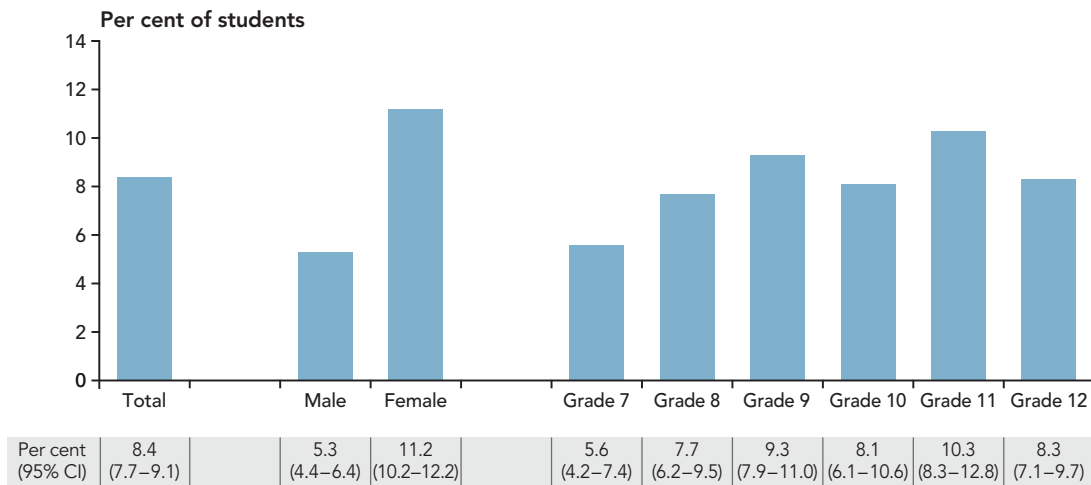
Suicide was the third most common cause of death among youth 10 to 19 years of age in Peel between 2003 and 2007, and the most common cause among those 20 to 29 years.^c Between 2003 and 2007, Peel youth (aged 10 to 19 years) had a lower mortality rate (1.4 deaths per

100,000) due to suicide than Ontario youth (3.4 per 100,000).^C Males had a higher rate of death due to suicide than females (all ages combined), whereas females had a higher rate of hospitalization due to attempted suicide.^L

Eight per cent of Peel students had seriously considered suicide in the past year – with female students being more likely to report considering suicide than male students (Figure 7.4). Three per cent of Peel students reported that they had attempted suicide in the past 12 months.^H

Eight per cent of Peel students considered suicide in the past year.

Figure 7.4
Proportion of Students who Seriously Considered Suicide in the Past 12 Months by Sex and Grade, Peel, 2011



Note: 95% CI reflects the 95% confidence interval of the estimate.
 Source: Student Health Survey 2011, Peel Public Health.