



It Is Time to Call a Code for the Healthcare Crisis: Canada is Failing Children’s and Youth’s Mental Health

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People say the world is recovering from COVID-19, but the crisis has expanded far beyond the pandemic. Hospitals and emergency rooms across Canada are reporting an unprecedented number of visits and significantly higher wait times, especially for mental health-related concerns. According to the [Canadian Institute for Health Information](#) (CIHI), during the first year of the pandemic, almost 25% of hospitalizations for children and youth (between the ages of 5 to 24) were mental health-related. Debra Lefebvre, an Ontario Mental Health Registered Nurse, explains that the “uncertainty, unpredictability, and isolation” brought on by the pandemic have escalated children and youth’s mental health to “crisis proportions.” Examples, such as those below, highlight the negative impact of COVID-19 on children’s and youth’s mental health.

- In 2021, SickKids Hospital observed a 25% increase in emergency room visits for mental health-related concerns
- Patients with substance use disorders who visited McMaster Children’s Hospital increased by over 200%
- Children’s Hospital for Eastern Ontario (CHEO) saw a similar increase of around 200% for patients with eating disorders
- Repeat hospitalizations for mental health-related concerns continually increased over the course of the pandemic ([CIHI](#))

During the COVID-19 pandemic, many hospitals reduced the numbers of beds allocated for children to protect adults who were disproportionately impacted by the virus. Two and a half years later, however, this imbalance persists and hospitals do not have the resources to see child and youth patients in a period that is considered safe due to inadequate space and time. “CHEO has fewer than half the number of beds compared to when it opened in 1974,” according to [Alex Munter](#), the hospital’s president.

With respiratory syncytial virus (RSV) and pneumonia further exacerbating long wait times and worsening patient acuity, mental health services continue to be neglected. Dr. Melanie Bechard,

a pediatric emergency medicine physician at CHEO and President of [Canadian Doctors for Medicare](#) has noted that patients visit emergency departments for a variety of concerns; because no two cases are exactly the same, additional time and attention is needed from health care professionals to provide proper support and treatment to children and youth.

“The gaps in mental health care are arguably even wider [than for physical health],” Dr. Bechard pointed out. The gaps stem from inconsistencies in provincial and territorial public health plans for access to mental health professionals (including psychotherapists, social workers, etc.). In response to the youth mental health crisis in Canada, [Children First Canada](#) organized the #codePink campaign in 2021. Code Pink is a term often used in hospitals to announce a pediatric emergency. Many of the top children’s hospitals and advocacy organizations across Canada, including the Young Canadians Roundtable on Health, have come together to declare #codePink.

As a result of the #codePink, Young Canadians Roundtable on Health urges First Ministers to take action and recommends the following:

- 1) **Support a Pan-Canadian network of peer-led community organizations.** [Mood Disorders Society of Canada](#) (2022) proposed the creation of a Pan-Canadian network of peer-led community organizations who collaborate to share knowledge, resources, and programming. Increasing opportunities for this network to work with primary care providers would result in more accessible shared resources and facilitate an improved referral process, so no child falls through the cracks.
- 2) **Reduce barriers to access mental health services.** Increasing resourcing to support low-barrier mental health services (such as free, sliding scale, and virtual services) to support children and youth upstream before they need to access emergency health care services. This will mitigate the pressures experienced by emergency rooms across the country.
- 3) **Promote pediatric equity through targeted investment in mental health and substance use services for children and youth.** Services that were reduced or discontinued during the pandemic deserve both replacement and additional professionals (whether from additional educational funding or expanding services to include different types of healthcare professionals). Improved support would result in an increase in the resources available to provide care and treatment to children and youth.

Supporting our recommendations, [Act for Mental Health](#) suggests that the federal government create a permanent Canada Mental Health and Substance Use Health Transfer equivalent to 12% of provincial and territorial health care spending (\$5.3B), which would be ramped up over five years, with 50% directed to community services. Further, increased investments in substance use prevention, harm reduction, treatment, and recovery services are needed. According to Act for Mental Health, “Canadians pay at least \$1 billion per year on private psychological services.” Government funding for mental health services is a wise investment, as “every dollar spent on mental health returns \$4 to \$10 to the economy... investment in mental

health and substance use health is not new money “out.” It is money saved, and it is money injected back into the economy.”

The COVID-19 pandemic has had numerous impacts on children and youth across Canada and revealed inequitable access to mental health care across the country. This continues to be further exacerbated by other illnesses, burnout, attrition of health care providers, and the deprioritization of children and youth by politicians and policymakers. This needs to change. There are 8 million children who deserve better access to health care in this country. Every day of a child's life matters. It is time for Canadian governments to act... before it is too late.