

The Issue

The Mental Health Commission of Canada (MHCC) states that 1 in 5 Canadians is affected by a mental illness or addiction issue every year. Seventy percent of mental health and substance use problems begin in childhood. ⁱ

The Cost

Mental illness and addiction-related harms are costly to Ontarians, both financially and socially. Costs are incurred at every level, including healthcare, law enforcement, our judiciary system, our social system, the workforce, and premature deaths.

- The burden of mental illness and addictions in Ontario is more than 1.5 times the burden of all cancers, and 7 times the burden of all infectious diseases. ⁱⁱ
- Suicide is a major cause of premature and preventable death, mental illness is the most important risk factor for suicide, and suicide occurs across all ages, incomes, ethnicities, and social factors (Navaneelan, 2017)
- There is a national opioid overdose crisis with more than 9,000 deaths in Canada between January 2016 and June 2018 related to opioids; ⁱⁱⁱ In 2017, more than 1,250 Ontarians died from opioid-related causes. ^{iv}
- The annual economic burden of mental illness (costs of health care utilization, absenteeism from work, and declined quality of life) is about \$51 billion in Canada. ^v
- 72% rise in emergency department visits and a 79% spike in hospitalizations for children and youth seeking help for mental health and substance use problems in 2016/2017. ^{vi}

What Can Be Done

Mental health and addictions are complex issues with multiple causes and contributing factors across the lifespan. A comprehensive strategy includes:

- **Mental Health Promotion:** there is strong evidence that promotion, prevention and early intervention, especially among children and youth, can produce significant net cost benefits, i.e. home visitation is an evidence-informed primary prevention strategy provided to prevent disorders and promote protective factors ^{vii}
- **Treatment and harm reduction:** comprehensive interventions can require a combination of centre-based care (high-quality day care), home visitation and participation in effective parenting groups ^{viii}, specific attention should be given to connecting to adult services when those services are key to child well-being, for instance mental health services, employment services, housing and addictions
- **Healthy public policy:** policies that create a social and physical environment that promotes mental health and reduces the risk of substance use should be place-based (cross-sectoral public policies at the community level) and support skill-building for parents, while reducing time pressures ^{ix}
- **Addressing social factors:** children living in conditions with multiple and cumulative risks (poverty, child welfare involvement, single parent homes, caregivers with addictions, subsidized housing) require complex, collaborative supports from multiple systems including child mental health, child welfare, early education, and adult mental health and addictions ^x

Mental Health Promotion includes increasing protective factors and reducing risk factors for mental illness and addictions. Improvements in these factors promote positive mental health, reduces the likelihood of mental illness and addictions, and may support recovery and treatment from mental illness and addictions. There are a broad range of protective and risk factors, many of which apply to the prenatal and early childhood period: maternal education, parental employment status, parental mental illness, parental substance misuse, physical health in infancy, single parent household, parent-child attachment and relationship, parenting style, family relationships and harmony, child abuse or neglect, self-esteem and resiliency, childhood poverty, food insecurity, adequate housing, sense of safety in the neighbourhood and social support or exclusion for the family. ^{xi}

Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life. ^{xii} Substance use and substance use disorders during pregnancy are becoming more common and can lead to multiple social and health problems for both mother and child. ^{xiii}

The importance of early childhood experiences

The prenatal and early childhood period is a critical time for neurological development with broad reaching consequences for the rest of the child's life. Brain development starts soon after conception and during early childhood, neurological development is rapid and greatly influenced and affected by the social environment such as interactions with caregivers, nurturing engagement or neglect, and stressors created by the socioeconomic circumstances of the family. The extent to which the early childhood experience is supported by the social and family setting has a well-established effect on physical health, cognition, language, behavior, emotional and social development, and mental health. This subsequently impacts readiness to start school, school success and achievement, post-secondary educational attainment and likelihood of employment in adulthood. ^{xiv}

Return on Investment

Programming that focuses on supporting children and families during early childhood and enhancing the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system, and reduced utilization of the social services. Every \$1 invested in early childhood development can save \$9 in future spending on health, social and justice services. ^{xv} Investing in the early years can save the system nearly 25% in publicly funded services per person^{xvi} Improving a child's mental health from moderate to high can lead to lifetime savings of \$140,000. ^{xvii}

HBHC

While there are a variety of programs that focus on the early childhood experience, this background paper focuses on a prominent program currently implemented provincially: Healthy Babies Healthy Children.

Healthy Babies Healthy Children (HBHC) is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are

at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. HBHC is a free, voluntary program funded by the Ministry of Children, Community and Social Services (MCCSS) (formerly the Ministry of Children and Youth Services (MCYS)) and is delivered through Public Health Units across Ontario. HBHC was introduced in 1998 as a mandatory program under the Health Protection and Promotion Act (HPPA) and Ontario Public Health Standards (OPHS).

The HBHC program was created to improve outcomes for families experiencing challenges, to help children to get a healthy start in life and be supported to achieve their full potential. Program components of the HBHC program are:

- Screening and assessment to identify strengths and risks
- Home visiting and support services to families identified with risk
- Planning and coordination of services to families
- Referrals to community programs and resources to address key issues and support families
- Integration of service within a larger system of supports
- Evaluation and research of activities of the HBHC program

The home visiting component of the HBHC program uses a strength-based approach to support pregnant women and their families, and families with children from birth to their transition to school. Evidence-based tools are used to assess the needs and strengths of families in areas such as:

- Continued education/employment
- Independent life skills
- Effective settlement and cultural adaptation
- Financial stability
- Healthy nutrition and food security
- Safe environment
- Housing stability
- Effective breastfeeding maintenance
- Positive support network
- Optimal growth and development
- Optimal prenatal health
- Optimal parental health
- Healthy relationships
- Healthy attachment
- Effective management of addiction/dependency

Interventions are designed to improve outcomes in many areas including social and emotional development, parent child interaction, helping parents learn about and respond to baby's cues, fostering infant attachment, increasing parenting confidence and skills, and supporting and having a positive effect on maternal health outcomes. ^{xviii}

The HBHC program has a unique opportunity to provide services in the home environment where typical parent-child interactions take place in order to observe for the emergence of parent-infant dyadic challenges. The HBHC program is a relationship-based program which increases parent relational competence by teaching families about the importance of serve and return type interactions that are supportive of creating a safe base and secure haven for infants

and children. Home visiting provides protective therapeutic relationship opportunities by role modeling regulated, attentive, and attuned interactions with both parents and children which counteract the effects of early childhood adversities consistent with neglect, maltreatment and otherwise impoverished environments. Without foundational nurturing experiences during infancy and early childhood, children are at high risk for developmental, relational, and behavioral difficulties and are at an increased risk for mental illness. ^{xix}

HBHC staff provide direct care for women with perinatal mood disorder (PMD) and addictions which consists of screening, assessment, education and referrals to primary care, counselling and community supports. Supporting women suffering with mental health disorders or addictions provides protective interventions aimed at diminishing the impact of adversity on children by decreasing vulnerability to stress and creating supportive environments for families.

The period between conception and transition to school is the most critical period of a child's growth and development. Experiences during these early years can have health and social effects that last a lifetime. The HBHC program provides important and necessary services and supports to children and families at a critical period in time to supports healthy child development, effective parenting and to help children to achieve their full potential.

BUDGETARY IMPACT

In 1997, the province committed to funding the Healthy Babies Healthy Children program at 100%. Although fixed costs for salaries, benefits and overall operational costs are ever-increasing, funding for the HBHC program has remained static. In October 2012, MCYS announced the addition of base funding as part of the 36 new full time equivalents (FTE) public health nursing positions for Healthy Babies Healthy Children program (as part of the 9,000 Nurses Commitment). This funding supported salaries, benefits and operational costs associated with the HBHC Screening Liaison role only. With the exception of this new funding, MCCSS base funding for HBHC has not increased.

Costs associated with operating the HBHC program continue to increase with no consideration of and increase base funding to offset this pressure. Currently, deficits are being offset by cost-shared programs. The capacity for public health units to continue to offer high quality home visiting in a frequency and intensity of support that will have greatest impact is compromised by the budgetary conditions. Operating the HBHC program with the existing funding shortfall has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

CONCLUSION

Poor mental health, mental illness and addictions have a substantial burden of illness in Ontario and Nationally with subsequent costs to the health care system and social services. Addressing this problem must include strategic investments in mental health promotion particularly as it applies to early childhood experiences. Healthy Babies Healthy Children is a prominent program that targets high risk families and enhances protective factors and tackles risk factors to prevent mental illness and addictions. This program has been chronically underfunded for the past decade which threatens its ability to sustain service and meet the needs of families and young children.

RECOMMENDATIONS

1. That the Association of Local Public Health Agencies (ALPHA) actively engage with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions
2. that ALPHA engages with the Ministry of Children, Community and Youth Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario.

PREVIOUS ALPHA RESOLUTIONS

There are two previous ALPHA resolutions related to funding for Healthy Babies Healthy Children and Early Childhood development:

- 2011: Public Health Supporting Early Learning and Care
- 2016: Healthy Babies Healthy Children 100% Funding

This resolution differs from previous resolutions as it positions early child development programs and Healthy Babies Healthy Children as an effective, cost-saving strategic direction for programming and services to address the pervasive health problem of mental illness and addictions.

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