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ADVOCACY

A submission to a Senate standing committee: Children's mental health

On the occasion of International Child and Youth Care Workers Day, Richard C. Mitchell, Brock University Professor of Child and Youth Studies, presents a May 6, 2005 Submission to The Canadian Senate Standing Committee on Social Affairs, Science and Technology towards developing an Action Plan for children's mental health.

A Canada Fit for Children One Year Later – A Rights-based Action Plan for Promoting the Mental and Emotional Well-Being of Canada's Young Citizens

Honourable Senators and colleagues, thank you for the opportunity to contribute today to your work on behalf of Canada's young people, their families and caregivers. The possibilities take on greater salience as we watch our current Parliament's possible

dissolution, and with it I would contend, a loss of democratic perspective. I am a professor in Child and Youth Studies at Brock University here in Ontario where I teach and conduct research using the UN Convention on the Rights of the Child (or CRC) . To date, there are a very small number of post-secondary educators in Canada who have specifically chosen this important new field of child and youth study.

The UN Committee on the Rights of the Child has repeatedly recommended that a nationwide education campaign be launched to sensitize the population at large and children themselves to "the principles and provisions" of the Convention outlined in Article 42. To accomplish this, the Committee also requested that Canadians integrate the Convention into the "training curricula for professional groups dealing with children, (Concluding Observations on Canada Section D-19, 1995; also 2003 Concluding Observations on Canada for similar critique). Neither has yet to occur. A sociologist acquaintance of mine, Dr. Francisco Pilotti of the Organization of American States, has argued that "the UN Convention on the Rights of the Child is a text without a context" (Personal Communication, 2001). In the attempt to frame a Canadian mental health context for children's rights, I ask you to recall Article 24.1 of the Convention requires us to recognize the "right of the child to the enjoyment of the highest attainable standard of health... [and] that no child is deprived of his or her right of access to such health care services".

From 2001-04, I was engaged in a doctoral study in the United Kingdom and I began this research utilizing the "sociology of childhood" theoretical framework rather than the "population health" model I adopted in a previous Canadian study (Mitchell, 2000). With field trips to the UN General Assembly in New York, and the UN High Commission for Human Rights in Geneva, I gradually compared how the CRC is being brought into policy, practice and pedagogy within the education systems of both nations. There were a number of key findings based upon the numerous variations I could see within new legislation and social policy in the UK.

- The Convention is being more widely researched at the graduate and post-graduate levels and taught throughout many UK universities, colleges and public schools while it is still relatively unknown in the academy and not well understood in Canada particularly by those who work with children day-to-day.

- Core principles from the CRC are embedded within recent UK legislation and provide

for democratic participation within schools and communities while this is currently not occurring within Canadian jurisdictions.

- Many UK children are being viewed by decision-makers, and constructed within policy documents, as "competent social actors" and "citizens". In Canada they are economically viewed as "investments" and "future citizens" and through medical model deficit-labelling as "problems".

Based upon this research, I want to urge a shift away from the dominant, medicalized and economic versions of childhood we utilize to regulate and understand young people in Canada (*A Canada Fit for Children*, # 21; Canadian Policy Research Networks, 2004; Dodge, 2003; also Four Nations Child Policy Network, 2004; Institute for Citizenship, 2003; Hallett & Prout, 2003; James and Prout, 1997; Mayall, 2000; Mitchell, 2003a, b; Stasiulis, 2002; Watt, Dickey, Grakist, 2004; White, 2002). I urge you also to include a human rights-based approach in your Action Plan in order to provide a "standard of living adequate for the child's physical, mental, spiritual, moral and social development" (UN Convention on the Rights of the Child, Article 27.1).

Finally, I'm here to argue for your adoption of key components from the little-known document *A Canada Fit for Children* (Social Development Canada, 2004) released almost one year ago today in order to promote a human rights-based shift towards mental and emotional well-being. From the preamble of this comprehensive policy document we read:

As part of our commitment during the 2002 UN Special Session for Children, Canada's National Action Plan was developed with contributors from every sector of society and all levels of government in partnership with children themselves. It accurately reflects our view of the key issues affecting children and suggests opportunities for action that can be taken to improve the lives of our young people. It lays out a roadmap to guide Canada's collective efforts for and with children.

As one element of the monitoring of progress and results, it includes examples of directional signposts and milestones for the Government of Canada, and it calls for strategies that are child-centred, multi-sectoral, forward-looking and collaborative. It also signals emerging issues and identifies ways to promote and protect children's rights, including greater public awareness of the United Nations Convention on the Rights of the Child (*A Canada Fit for Children*, 2004).

If at all possible, I would also urge this Committee to directly elicit the views of children and young people themselves who have lived experiences of the mental health systems across Canada. Before embarking upon doctoral research, I spent 10 years as a counsellor in a children's inpatient mental health facility in Victoria, BC. During that period, I determined that approximately 1/3 of the young people who came to us remained the same after our efforts, about 1/3 became somewhat better, and sadly, about 1/3 became worse. Indeed, an unknown number of those young women and men may have committed suicide due to our interventions, and Health Canada and pharmaceutical giant GlaxoSmithKline (2003) have now acknowledged this potential due to inappropriate psychiatric prescription of Paxil for under-18's during that same period.

As you are also doubtless aware, another Senate Standing Committee on Human Rights is currently seeking, collating and analyzing expert evidence regarding the Convention on the Rights of the Child and the growing controversy surrounding Canada's lack of implementation (Senate of Canada, 2001, 2005). In reviewing the literature, we also find that Canadian legislation rarely recognizes children, and thus their fundamental civic, social and political freedoms are wholly dependent upon the goodwill of adults (Mooney, Knox, Schacht & Nelson, 2004, p. 183; also Canadian Coalition for the Rights of Children, 1999, 2001; Blatchford, 2004; CBC Radio News, 2004; Hume, 2002). With regard to children's healthy development and their human rights, while most Canadian children fare well I must tell you my concern that we are also failing badly in a number of growing areas. In fact, our OECD partners have begun to notice and complain that we lag far behind them in many important capacities such as child poverty and early childcare provisions (see UNICEF, 2005). A 2004 National Child Day survey conducted by Ipsos-Reid reinforced this growing failure to implement children's human rights domestically. "From coast to coast Canadians scored poorly when quizzed on issues affecting Canadian children - answering on average with a 33% accuracy rate when asked about HIV, poverty, abuse, labour, and childcare issues relating to Canadian children. Not one Canadian answered all 5 questions correctly" (Ipsos-Reid & Save the Children Canada, 2004). The Canadian Coalition on the Rights of the Child also supports these findings with an observation that "rights education is not part of our schools' core curricula and children's convention rights have not been widely promoted in Canada" (Canadian Coalition for the Rights of Children, 2001, p. 5; see also Butler, 2000; Hainsworth, 2000).

Also based upon current research, I'm making the case that there is a relationship between the promotion of children's rights and the promotion of mental and emotional well-being –

particularly when one studies the interconnectedness of the treaty's "principles and provisions" (CRC Article 42; see also Armstrong, Hill and Secker, 1998; Cairns, 2001; Kirby and Bryson, 2002; Mayall, 2000; Morrow, 1999; Mitchell, 1996, 2002, 2003a, b; Mitchell and Bramly, 1999; Stasiulis, 2002; White, 2002). Perhaps the best known support for these contentions may be found in the Ontario Early Years Study which notes the life-long links between mental and emotional stability and early experiences of violence in the home (McCain & Mustard, 1998, pp. 93, 122; see also Watt, Dickey and Grakist, 2004, p. 31). Whether one overhears, one witnesses, or one is the victim of violence there are long-term damaging consequences psychologically, socially and academically which include, but are not limited to, feelings of anxiety, depression and shame, sleep disturbances, fearfulness, lower school achievement and social withdrawal. In this regard, any historical question of whether children are too young to remember, or to understand violence in the home or in the community is moot.

During the recent Senate Hearings on children's rights, Dr. Claire Crooks, Associate Director of the Canadian Centre for Addiction and Mental Health reported: "the answer is *yes* they are affected in profoundly damaging ways in the area of neuro development. Compelling evidence is available on what happens to a baby's brain when it is constantly under stress and not being soothed. From a developmental perspective, children of different ages are affected differently but they are all affected. Another way in which little ones are affected is in the area of development of secure and safe attachments with adult caregivers. That is the primary job of an infant. Those secure bonds form the basis for how they view the world and how other relationships are developed. Attachment for an infant is based on having its needs met. If an infant is exposed to a great deal of screaming and yelling, it will become distressed and have difficulty sleeping, compounded by the lack of soothing and comfort provided by the caregiver. Children do not have to remember an event to be affected by it" (February 14, 2005). While the life-long impacts of these events have been called into question critically by some – particularly UK-based childhood theorists (James, Jenks and Prout, 1998; Moss and Petrie, 2002), the male, adult prison populations of most countries remains a strong source of anecdotal support.

To be clear, there are four core principles of the Convention on the Rights of the Child in Articles 2, 3, 6 and 12 which direct and inform rights-based social policy and ethical practice with and for young people. These include the right of young people to be free from discrimination, the deciding principle of 'best interests', their rights to life and healthy development, and perhaps most significantly, their right to meaningfully participate in

matters concerning them. From a mental health perspective, none of these rights may be exercised fully without a commensurate understanding and simultaneous exercise of the other three. In the past, exclusive consideration of "the best interests of the child" by adults in authority omitted the other three principles and often led to ideological and patriarchal decision-making, particularly with regard to children from First Nations and Aboriginal communities (Kline, 1992; Mitchell, 1996).

In this project of promoting children's participation rights in Canadian society, I'm reminded of nine-year-old Ms. Hannah Taylor of Winnipeg who addressed Toronto's Empire Club a couple of weeks ago after raising $500,000 with her Ladybug Foundation to address homelessness. I consider that there are likely many thousands of Canadian children such as Hannah - if we simply offer them the opportunity to participate with adults in matters that concern them.

To sum up, once again I recommend the core human rights of children be utilized to promote life-long mental and emotional wellness as *citizens* and *subjects*, and no longer simply as *objects* of concern in research, legislation and policy. Last week, I held discussions with the Chief Medical Officer in my Niagara Region Dr. Robin Williams as well as some of my colleagues at Brock University. In closing my remarks, based upon their many identical suggestions I offer a list of recommendations on key mental health issues that are found within *A Canada Fit for Children* (2004) as well as recent UN child rights reports (Canadian Coalition for the Rights of Children, 1999, 2001; UN Concluding Observations - Canada, 2003).

Recommendations for Action

Issue: Current conceptual frameworks for supporting the healthy development of Canadian young people are narrowly focused upon incomplete-adult, age-and-stage theories and do not include emerging theoretical developments allowing for participatory 'citizenship' similar to those found within UK and other OECD states.

> *Action*: Widespread research, promotion and adoption of **Priorities for Action** from *A Canada Fit for Children* to understand children's human rights across interconnected, interdisciplinary fields of mental health promotion, prevention of illness and early intervention (*A Canada Fit for Children* # 53-84).

Issue: There is neither mandate nor accountability for children's mental health programs to use combinations of therapeutic interventions since current professional/disciplinary monopolies restrict the delivery of services. Outcome evaluations are rare and undue emphases on medical model, DSM-IV-R diagnoses restrict mental health interventions.

> *Action*: Recommend transdisciplinary community- and/or school-based mental health teams be developed by provincial Ministries to include support for parents, families and caregivers pre- and post-natal, as well as during transitions to school with nursing, psychological, medical, educational, social work, recreational and child and youth care practitioners - each of whom are trained in rights-based approaches and multi-modal counselling techniques (see also *A Canada Fit for Children*, #94-96).

Issue: There are currently no interdepartmental mechanisms for cooperation to eradicate child poverty, to promote human rights or mental health issues for young people across federal/provincial/ territorial jurisdictions - this includes the investigation of deaths within mental health service delivery systems.

> *Action*: As requested in the UN's Concluding Observations under CRC Article 44 (2003, Section 1, #15), appoint a federal Children's Commissioner or Ombudsman with the mandate to coordinate, implement, promote and monitor all aspects of the UN Convention on the Rights of the Child and our commitments in the 2004 Action Plan (see also *A Canada Fit for Children #* 53).

Issue: The mental health and well-being of significant populations of children with disabilities as well as asylum-seeking children and those from First Nations, Métis, Inuit and urban Aboriginal communities continue to be an international human rights concern (Concluding Observations - Canada, 1995, 2003).

> *Action*: Appoint interdisciplinary provincial and territorial specialists including young people themselves with expertise in these policy and practice arenas to support a federal Children's Commissioner or Ombudsman similar to the approach taken by Ontario's Office of Child and Family Service Advocacy (see also *A Canada Fit for Children*, # 66-84, 87).

Issue: We know that Foetal Alcohol Spectrum Disorder is preventable (A Canada Fit for

Children, 2004, p. 57) and yet has become an issue of concern for the UN Committee on the Rights of the Child (Concluding Observations, 2003, Section 5 - #34).

> **Action**: Recommend increased funding for all federal/provincial/territorial "prevention programs and treatment programs for alcoholic women which could dramatically reduce the incidence of FASD. Early diagnosis and new techniques of therapy, medical treatment, education, and residential facilities could allow people with FASD to lead productive lives." (FAS World Canada, 2005; see also *A Canada Fit for Children* # 105-107).

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