Government Monitoring of the Mental Health of Children in Canada: Five Surveys (Part II)

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Abstract

Objective: Canadian governments produced 64 reports containing data about the mental health of children but no reports could adequately be called monitoring reports. Surveys sought to clarify definitions, challenges and processes that could help lead to regular reports. **Method:** (Details in Part I). The 2006 survey clarified government current data use and future need, challenges to producing reports and the role of NGOs. The 2008 survey clarified the definition of reports, governments' most desired indicators, and national factors. **Results:** Governments wanted the data for policy making, program construction, priority setting and resource allocation. The most challenging difficulties were governments themselves: coordinating among departments, lack of funding, lack of an agency and lowered priority. Governments most wanted indicators of child functioning, population health and early identification. Reports needed to meet specific criteria for contents, indicator qualities, population characteristics and regularity. **Conclusions:** Governments wanted a national strategy, national framework and agreement on a measuring agency. Good general agreement existed about reporting criteria. A partnership model may lead to quicker results given the difficulties within governments. NGOs and others need to continue collaborative advocacy. Monitoring is one of two steps that could help turn collections of services into self-regulating systems.

Key words: *government, population surveillance, mental health, children*

Résumé

Objectifs: Au Canada les gouvernements ont produit 64 rapports sur la santé mentale des enfants, mais aucun de ces rapports ne répond à la définition de rapport de suivi. Les sondages étaient destinés à clarifier les définitions, les défis et les processus pouvant conduire à des rapports standards. **Méthodologie:** (Voir les détails dans la première partie de l'article.) Le sondage de 2006 clarifiait l'utilisation, par les gouvernements, des données actuelles et des besoins futurs, mentionnait les obstacles à surmonter pour produire des rapports et précisait le rôle des ONG. Le sondage de 2008 clarifiait la définition de rapport, précisait les indicateurs souhaités par les gouvernements et les facteurs nationaux. **Résultats:** Les gouvernements voulaient se baser sur ces données pour établir des politiques, construire des programmes, fixer les priorités et attribuer les ressources. Les principales difficultés se trouvaient au sein des gouvernements eux-mêmes: manque de coordination entre ministères, crédits insuffisants, agence inexistante et manque de priorisation. Les gouvernements souhaitaient principalement avoir des indicateurs sur le fonctionnement de l'enfant, sur la santé de la population et sur le dépistage rapide des troubles mentaux. Les rapports devaient respecter certains critères spécifiques en ce qui avait trait au contenu, à la qualité des indicateurs, aux caractéristiques de la population et à la périodicité. **Conclusions:** Les gouvernements souhaitaient se doter d'une stratégie nationale, mettre en place un cadre national et arriver à un consensus sur une agence chargée de mesurer les résultats. Ils étaient en général d'accord sur les critères à inclure dans les rapports. Un modèle de partenariat pourrait accélérer l'obtention des résultats, vu les difficultés qui existent au sein des gouvernements. Les ONG et les autres organismes doivent continuer à défendre la collaboration. Le suivi est l'une des deux étapes qui peut aider à regrouper les services et en faire des systèmes autorégulés.

Mots clés: *gouvernement, suivi de la population, santé mentale, enfants*

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Part I reported on the introduction, methodology, the 2002, 2004 and 2005 surveys and overview analysis of the 64 known reports from federal, provincial and territorial (F-P-T) governments containing five or more indicators of the mental health of infants, children or youth. Although 13 governments stated a commitment to monitoring, no government produced combined monitoring reports of their overall and regional child population and the service user population. No government produced reports as defined by the agreed upon 2008 criteria (see this results in this paper).

Part II reports the results of the 2006 and 2008 surveys and provides the overall discussion and conclusions of the five surveys.

2006 Survey: Current and Future Monitoring, Challenges to Monitoring and General Comments

Governments were given anonymity for their written comments on this (and the 2008) survey as it was the amalgamated information that was sought, not the work of individual governments.

Current Monitoring Uses and Future Goals

Continued Commitment to Monitoring (12/12) (affirmative answer/number of replying governments). All responding governments remained committed to the concept of monitoring of the mental health of children.

Current and Future Use (10/12). The resulting categories of reported uses and future needs for data are reported in Table 1. Low numbers in a particular category should not be interpreted as lack of interest or importance, rather as reflective of a free form essay answer format in which emphases, content and logical flow was different for each person in each government. In this essay format, themes emerged. Categories were elaborated and quotes were extracted. Neither categories nor quotes should be taken as representative of all governments or as the totality of comments by any particular government.

Categories and Quotes

Baseline Data: Current Use. Governments sought: baseline information about children, specific groups of children, social determinants, characteristics of the user and general population, comparing regions and years. *–Future use.* Expand data sources, better quality, less data gaps, identify determinants and risk factors. "Monitoring the mental health status of children and youth is something that [province] believes is important in order to assess whether goals are being met and strategies are effective."

Table 1. Current uses and future needs for data by categories. (2006 survey, 12 governments)

Current use		Categories	Future needs	
# Items	#Gov'ts		# Items	# Gov'ts
25	9	Baseline Data	21	11
1	1	Analysis of Data	7	2
3	3	Policy Making	2	2
11	6	Priority and Planning	8	6
2	2	Budget and Resource Allocation	4	4
4	3	Evaluation	14	5

Number of times items in a category were noted by number of governments reporting in this category.

Analysis of Data: Current Use. Identify current conditions and trends "... [Report name] provides descriptive, population-based analyses of the health and educational outcomes of ....children, at the level of health regions and sub-regions." *–Future use.* Enhance indicator development, integration, interpretation, collaboration and dissemination of information. "…to identify what is needed, develop a surveillance framework and look at common and specific tools and methods, data specific interpretation and dissemination. It is also exploring how to expand data sources, fill gaps in data, and enhance collaborative planning and evaluation among all stakeholders and link surveillance to community program funding."

Policy Making: Current Use. Policy development "...Data are used for three principal purposes: policy development, program planning and health surveillance." *–Future use.* Policy development "…leading the development of a province wide comprehensive policy framework for children and youth mental health services."

Priority and Planning: Current and Future Use. Priority setting, planning and program development: "…we plan to implement these measures across all regional health authorities to create a base to evaluate and improve services." "The plan also stresses the need to increase recognition, awareness and understanding of the needs of children and youth with mental illness and benefits of effective prevention, early intervention and treatment programs."

Budget and Resource Allocation: Current and Future Use. Resource allocation: "...will facilitate decision making and planning for resource use and a differential distribution of resources in the different regions." "…outcomes of treatment would allow decisions on treatment program funding and training."

Evaluation: Current and Future Use. Government performance, service effectiveness "...measures which will be

Table 2. Number of governments reporting challenges that would prevent, or delay (by 2 or more years), their ability to implement a regular monitoring process. (2006 survey, 12 governments)

Locus of difficulty	Type of difficulty	Prevent	Delay	Total	Adjusted total**
Government	Coordinating among departments/ ministries	2	6*	8*	7
Government	Lack of funding	3*	2	5*	4
Government	Lack of an agency to do the measuring	1*	4	5*	4
Government	Lowered priority on monitoring	1	3*	4*	3
Science	Determining the most significant qualities to measure	1	2*	3*	2
Science	Determining the best indicators to use	1	2*	3*	2
Community	Clinician culture not yet fully supporting monitoring	1	0	0	1
Science	Selecting the best measuring tools to use		1	1	1
Community	Burden of response in sparse population base		1*	1*	0
Government	Having the personnel to do the monitoring.				0

*Includes governments with less than 500,000 population. Adjusted total excludes all ** governments.

used to monitor Government's performance in keeping vulnerable children and youth healthy, safe and supported." "... will allow comparisons on the number of clients served and the types of disorders treated."

Summary. By far, the most common direct use of the data collected was to continue defining the populations when they had data and to seek even further clarification of changes and trends for the future. The need for this was driven by a desire to establish priorities, planning and programming (which would have budgetary and resource allocation implications). Although difficult to determine from the reported information, governments that had data sought and were increasingly sophisticated in their future uses of refining how to analyse, integrate and disseminate results. Not surprisingly, governments sought to use future data to analyse effectiveness of services delivery from a variety of perspectives. Importantly, six governments described surveillance and baselines as the only way of determining change in the mental health of children. The fact, that governments desired more and better monitoring in the future and expected this to have major effects on services, was reassuring.

Challenges in Monitoring

Only challenges that presented significant difficulties to governments (would prevent creation of reports or would delay their ability to do so by two or more years) were included in Table 2. Since governments with less than 500,000 population (see *) could possibly skew results, for comparison, scoring was done with all governments (total) and without them (adjusted). The two community difficulties were added by two separate governments and were not known to other governments to allow a broader rating.

The key feature to note was that the main challenges governments had were governments themselves. Some components of assessing mental health functioning, interventions and major populations were in other government departments (e.g. social services, education and justice) and coordinating information was difficult. Obtaining funding to do the monitoring was a challenge. For smaller governments in particular, lack of an agency to do the measuring was a major concern. In the end, all the above was summarized in the fourth challenge, there was a lack of priority on monitoring.

Additional Comments and the Role of Non-Government Organizations

Additional comments. An invitation to make additional comments noted surprising spontaneous unanimity in 2006 among seven governments. All said there was a need for a national framework of indicators and a national mandate with either an existing or new organization to do the surveillance. Four governments added that there was a need for a national child mental health strategy. No other comments in written sections were repeated by governments more than two or three times. The six additional recommendations were by one government each and centred on program development including more of, or more information about: funding, training, evaluation, client satisfaction, access and quality.

Expansion on 2006 comments. The 2008 survey followed the 2006 comments with specific questions, giving replies from 13 governments in total (affirmative/number of replying governments). They expressed a need for a:

- National strategy on mental health of children (9/13)
- National framework for indicators (11/13)
- National organization to do the measuring (11/13).

Table 3. Indicators most desired by governments. (Number of governments) (2008 survey, nine governments)
1. Assessments of functioning (6)
Adolescent Development Instrument (ADI [as in EDI])
Adolescents feeling confident about their future
Adolescents feeling support by one or more adults
Child and Adolescent Functional Assessment Scale
Child and family functioning
Global Assessment of Functioning
Outcome Rating Scale
Quality of Life
Readiness for parenting
Session Rating Scale
Standardized intake assessments (e.g. Brief Child & Family Phone Interview)
Strengths and Difficulties Questionnaire
2. Population health (6)
Co-morbidity: medical illnesses and mental disorders, substance use, handicaps, learning disorders
Longitudinal course and risk factors
Maternal health screening
National Longitudinal Survey of Children & Youth with aboriginal, immigrant and institutional population
Personality disorders in adolescents
Population surveys of incidence and prevalence (in general and in specific behavior disorders, depression and anxiety)
3. Early problem identification (5)
Developmental milestones by grade primary
Early Development Instrument (EDI)
Early problems/diagnoses related to development
4. Services performance indicators (4)*
Accessibility
Efficiency
Non-attendance rates
Safety and effectiveness
Service continuity
Utilization costs
Utilization rates
Wait times
5. Educational completion and functioning (3)
High school graduation rates
Overall academic achievement levels
Return rates to educational institutions
6. Specific miscellaneous indicators (6)
Foster care placements
Indicators facilitating links to other indicators
Medication use (all medication use in children; Attention-Deficit Hyperactivity Disorder)
Suicide rates

*Service performance indicators were mentioned but are not outcome indicators of the mental health status or functioning of children.

Only six governments answered the question about a specific national organization to do the monitoring, no government supported creating a new agency for this purpose. Support was given equally to the Canadian Institute of Health Information (CIHI) and Statistics Canada (Statscan). Two governments preferred to do their own surveys and to roll up results into the national survey. Most provinces and territories did not have the resources to do their own surveys.

The Role of Non-Government Organizations (NGOs). Three recommendations were given to NGOs. Nine governments noted the need for well researched indicators and tools that would inform government policy and practice. Four governments emphasized the importance of advocacy regarding the mental health of children, especially in partnership with other organizations outside government. Three noted the need for more research and dissemination of information regarding the best practices for working with children. Government quotes best illustrated their statements, "Facilitate achieving national consensus on agreed upon measures and indicators for children's mental health." [NGOs could] "Work to ensure that mental health issues for children and youth are kept high on the agendas of communities, NGOs, service organizations and all levels of government."

2008 Survey: Defining Desired Indicators, Reports and Supportive Environments

Most Desired Indicators (9/9)

The most desired indicators from governments were amalgamated into categories with the number of governments expressing an interest in each category noted after the title of the category. The list revealed a strong and common desire in governments to learn how well children were functioning on a population basis.

Definitional Criteria for Reports

Proposed Contents of a Report (9/9)

- Demographics (numbers, ages, gender, family structure, diversity of population)
- Total and regional statistics for content areas
- Developmental phases (perinatal, infancy, toddlerhood, child, adolescent)
- Domains of functioning (self, family, peers, school, workforce, community)
- General epidemiology (measures of health status and functioning, protective factors, risk factors, disorders, co-morbidity)
- Service user population (measures relevant to child welfare, special education needs, mental health, young offenders, drug dependency, public health, overlap with medical and chronic illnesses)
- Degree of overlap among service user populations
- Determinants of health (income, socio economic status, education, employment, environment, health practices, healthy child development, health services)

Desired Qualities for Indicators (6/6). Relevant to general and user population goals, standardized definitions and methodology, validity, reliability, sensitivity, specificity, adjusted for demographic trends, cross cultural validity, F-P-T useable, available, cost efficient, sensitive to geographic and temporal variation, sensitive to interventions, comparability with international studies.

Definition of a Report (9/9)

- Age range of prenatal to 18 years (modifications in cut off age)
- Status and functional indicators relevant to mental, emotional, behavioral, cognitive domains*
- Characteristics of the general population and service users with regional comparisons
- Minimum of three with 2-3 year intervals to be considered regular (7/7)
- Available on government website

*The status of having or not having a disorder and the degree of functional impairment can vary independently.

Preferred Names (7/7). Three preferred names for such reports included: Progress Reports, Progress of *Province's* Children and Youth and Status Report. There was no support for the use of the term Report Card. 'Report Card' carried connotations of children passing or failing which seemed misleading to the concept of monitoring the mental health of all children for years an decades to come.

Future use of Monitoring to Drive Improvements

In 2006, two governments considered the use of a feedback loop with incentives to use the data to drive continuous improvement in the mental health of children.

In 2008, the survey included a list of possible methods of recognition and incentive for consideration by governments for use with regional service delivery organizations:

- Cabinet level letter to all relevant administrators (5)
- Public ceremony (2)
- Financial Rewards from government (2)
- Individual others (1 for each item): e-mail, public news release, awards presentations, financial rewards from the community,
- None (1) "Providers are already committed to best possible supports, programs and outcomes."

Discussion

Regardless of the presence or not of population and outcome data (and it is mostly 'not'), governments make important policy and financial decisions about services. The absence of monitoring reports means the decisions and funding allocations have been made with inadequate data about the mental health of children. The 2006 survey revealed that governments sought more information in the future to improve their policy making, priority setting, services delivery and self-evaluation. This was reassuring.

The most significant challenges were inside government. These reflected the complex web of administrative arrangements, funding, legislative mandates and political goals that influenced service delivery and regional organizations. Even a need for appropriate accountability has not been able to overcome the complexity. One of the four initial reports identified these and more structural problems and described the two main steps to create a self-regulating service that could overcome such challenges (Health Canada, December 2000). These difficulties may well be reflected in the advice from governments that NGOs can help advocates within government by maintaining a strong advocacy outside. It was worth noting that no government considered a lack of skilled personnel to do the work as a major problem.

The recommended criteria for regular monitoring reports were very comprehensive and may present two problems. They could be too comprehensive for any government to reach. They may not be necessary. There is not enough information on indicators to know what minimal numbers and types are needed to serve the needs of administrators, politicians and the public. That number may be less than is in the

defined criteria to be a regular progress report. This is an area for future research.

The desired indicators could be compared with other developing frameworks (Canadian Child & Youth Health Coalition) and form an opportunity for further NGO, research centre and government partnerships. The desire for a mental health plan supported the creation of the Mental Health Commission of Canada and its work to develop a plan for children's mental health. As an organization with government representatives but not specific government representation, it could more easily bring a national focus to the mental health planning for children.

Limitations and Future Directions

The methodology of using an interactive dialogue with governments and building upon previous work, allowed further examination of new questions as they arose. Another option, using individual contacts by telephone or in person, may have resulted in more information and better understanding of significant issues. Even a pilot encounter with representatives of two or three governments, additional areas of interest could have been uncovered for the written survey questions.

Governments, ministers and administrators all changed over the survey years. As a result, despite requests for updates with each survey, opinions in some sections could have changed from what was reported. Governments and respondents could have more interest in what was happening to the children who used services or program evaluation, than the general population. At the same time, there was little evidence that, other than in Ontario, reports were generated and placed online about the overall service user population. The surveys were not about specific programs, but about population health and governments could vary in their priority in gathering information. In summary, although the surveys are about population mental health of children in general and of service users as a subcategory, intentions to monitor may change or have different priorities over the years.

In addition, it was difficult to know if the person who filled out the reports had adequate information for all the questions, if the survey questionnaires were distributed to other departments and whether the respondent had a broad or narrow definition of children's mental health. Future surveys may benefit from a closer discussion with government officials.

It is not known whether missing governments in some surveys or missing specific questions would have changed the outcomes.

The use of the survey was a monitoring process of its own. Despite billions of dollars spent in efforts to improve children's mental health there was no satisfactory answer as to whether the money was having its desired outcome. This represented lost opportunities for governments and communities to learn if, where, how, and maybe why, children were doing better in some domains or regions and provide incentives that stimulated others to match or exceed those outcomes.

Perhaps the most important implication was that, as a public process, monitoring the progress of and outcomes of government should continue.

Conclusions

1. Governments Have Committed Themselves To The Concept Of Monitoring

Governments use information for a number of purposes. Since the costs of services in programs intended to improve the mental health of children across the 14 governments cover billions of dollars, monitoring outcomes is important.

2. Implementation Probability

Implementation of monitoring was strongest when the First Ministers signed a document and when NLSCY data was used. The second strongest implementation came from the Partnership Model with the EDI used on a population basis. Continued surveys with the EDI, and proposed Adolescent Development Instrument (ADI), may represent the most realistic beginnings of regular population based statistics on children's mental health. Similar tools for use at birth, 18 months and middle childhood would fill additional important gaps.

3. Definition of reports

A basic agreement on criteria for "Reports" exists. As further reports are created in the future, they can be rated as stages of completion relative to the full criteria.

4. Challenges to report production

The factors inhibiting implementation of monitoring are powerful and lie within governments. Governments had difficulty coordinating among departments, providing the funding, did not have or form an agency to do the measuring and did not place a high enough priority on monitoring. Governments did not believe there would be a problem finding personnel to do the measuring. Factors arising out of concerns about the science were minimal. This fact suggests an ongoing need for public advocacy to help governments find a means to overcome their internal challenges.

5. National implications

Canada needs a national mental health strategy for children and a national framework for indicators. Within the context of a national framework, governments are particularly seeking indicators of assessment of functioning, population health, and early identification and intervention. There is a strong role for research centres, NGOs and governments to develop and validate specific indicators.

Despite the request for a national strategy and framework for indicators, unless there is an F-P-T structure to create strategy and framework, it is unlikely that these goals will be achieved. This may be one reason why the Partnership Model may lead the way.

6. National agency to do monitoring

The F-P-T governments need to commit to an existing national agency or method to do the monitoring: Statscan, CIHI or the Partnership Model. Most P-T governments do not have the resources to do it. Governments that wish to do their own monitoring can still include indicators from a national framework along with their own unique additions.

7. Turning services into systems

If government intervention in the development of children was done with the vision that children would attain their potential for optimal mental health and functioning by adulthood, it would not be possible to know if this was attained without measurement. Monitoring is the first step. Knowledge alone may not complete the loop to decisions and actions intended to improve the results. Environmental factors already exist (differing political priorities, differing departmental legislation, varying departmental funding, differing departmental administrative structures, non-co-terminal regional departmental boundaries, special interest groups, contradictory public demands and the focused but sometimes misplaced pressure of media) all interact, sometimes as powerful disincentives, to a focus on improving outcomes. Further research is needed on the role of incentives, rewards and disincentives in improving outcomes. This may be the second step to complete the loop. In the future, as a society, it will be essential to have a feedback system that self regulates focusing on ever improving outcomes.

8. Implications for non-government organizations and individuals

The implications of this study may demonstrate that government has much to do but there are also implications for organizations and individuals with an interest in the mental health of the children and youth in Canada.

Governments noted significant roles for NGOs and research centres, "Partner actively with other agencies and organizations that would support a concerted lobby effort." "Advocate for the mental health needs of children to be considered a high ongoing priority for Canadians."

NGOs and research centres can unite for advocacy, fund the research on indicators and support our governments and those inside them who are making the case for the priority on the mental health of our children and youth. It may well be useful for more NGOs and individuals to ask the accountability question of our governments but each of us individually could be asking every person who runs for office the initial research question:

"Since your government will be spending millions of taxpayer dollars in attempts to improve the mental health of Canadian children and youth: What measurement(s) of the mental and emotional health and well-being of our children and youth will your government adopt to provide accountability for monies spent in efforts to improve this status?"

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