## Mr. Harper and Child Psychiatry— I wanna get Political, Political

n June 5<sup>th</sup> and 6<sup>th</sup> I attended the *Models of Early Child*hood Services conference in Montreal. The conference was filled to capacity and the organizers needed to turn away potential registrants. Speakers spoke of their passion for early childhood interventions and how to get a politician's attention; for some it was getting the issue on the politician's radar before the next election, for others it was to make the right to early quality child care (ECE) an "untouchable" area of policy. Others stated we needed "champions" while others talked of knowing people in high places. One of the speakers who stated that there would be no new money for early education by cash strapped governments, was then challenged by a member of the audience who opined that when it comes to fighter jets, prisons or bankrupt companies, federal money mysteriously appears for some of these dubious projects.

Of course everyone envied the Nordic countries where access to high quality child care is an "untouchable", so much so that it has become part of the national psyche. It was inspiring to hear how cash-strapped Ireland, even in the midst of the 2008 market collapse, still managed to squirrel off some of its budget for ECE. A former international businessman (George Hosking) spoke of his "Damascus experience" where he became so angry and shocked after he heard about an individual child abuse story that he left his successful career to champion the cause of ending violence against women and children. Margaret McCain spoke elegantly about her co-author and friend Frazer Mustard (deceased Nov 2011) and his "fire in the belly" for the cause of early intervention. Finally the ex-president of Chile (2006-2010), Michelle Bachelet, the closing plenary speaker, received a standing ovation for numerous social policy reforms under her tenure such as tripling the number of free ECE centres for low-income families and allocating billions of dollars for social protection programs for women and children.

After the meeting, I was part of a fact-finding delegation from Nova Scotia to get a close-up look at two model sites of ECE in Peel County (Ontario) and in Saskatoon. At each site what made the difference were passionate people willing to take on a leadership role and go beyond the traditional ways of delivering services. In Peel County, special hub sites were embedded in schools to serve high-risk communities (children of immigrant and poor families). In Saskatoon, in response to abysmal health care in the Aboriginal population, a partnership between the Catholic school board, the tribal council and the department of pediatrics,

under the stewardship of Mr. Gary Beaudin, resulted in a school-based pediatric clinic where children in need could get their health care and education under one roof. The founding pediatrician of the school-based clinic, Dr. Maryam Mehtar, explained that the current system is not working for those who need it the most. The integration of services to make the system work did not come from special government edicts or reforms from above but creative solutions from devoted individuals close to the street and the suffering in their communities.

In a Canadian Medical Association Journal editorial (2012) by assistant editor Matthew Stanbrook entitled "The new federal health strategy: Give the money and run", Dr. Stanbrook decried the Fed's unilateral decision to transfer funds without provincial input or obligation, "without countervailing federal action, a real danger exists that the principles of the Canada Health Act, notably universality and comprehensiveness of health care, will become no more than a distant dream". In Dr. Stanbrook's opinion, the Harper government missed an opportunity for the establishment of national standards and equity of health care across the country.

With the feds "MIA", Mr. Harper has left it up to the provinces, whatever political stripe they may be, to undertake the vital, if not embarrassing, task of raising Canadian standards in ECE and playing catch-up to where other developed and even less wealthy countries are. Getting a good start in life should be the right of any Canadian child, regardless of the province or territory he/she is born into. In the leadership vacuum left by federal politicians, pan national organizations such as the Canadian Academy of Child and Adolescent Psychiatry and the Canadian Paediatric Society could serve an important leadership role in ensuring standards of uniformity in early access to education and care across provinces especially for children and families at high risk.

It should be one of those "untouchables".

## Reference

Stanbrook, M. (2012). Editorial: The new federal health strategy: Give the money and run. Canadian Medical Association Journal, 184(7), 741.

Normand Carrey, Editor