



Six-Month Prevalence of Mental Disorders & Service Contacts among Children in Ontario

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INTRODUCTION

Over the past three decades, the Canadian government has created mental health strategies and allocated resources to child development programs. These came partly in response to the levels of need identified through the 1983 Ontario Child Health Study (OCHS).

Research examining the presence of mental disorders among children and youth in the general population can inform policy and program priorities. Three decades on, the **2014 OCHS** serves as a second province-wide study of child and youth mental health. Its findings provide an evidence update on the prevalence of emotional and behavioural disorders, rates of mental health-related service contacts, and their associated socio-demographic characteristics among children and youth in Ontario.

METHODS

The 2014 OCHS is a **provincially representative** survey of 6,537 households and 10,802 children and youth. Mental disorders (classified by DSM-IV-TR¹) were assessed using a standardized interview tool called the MINI-KID².

Mental disorders were categorized as **mood disorder** (major depressive episode), **anxiety disorders** (generalized anxiety, separation anxiety, social phobia, specific phobia) and **behavioural disorders** (attention deficit/hyperactivity disorder, oppositional-defiant disorder, conduct disorder). Parents were interviewed to assess the occurrence of these disorders in their

children (4 to 11 years) and youth (12 to 17 years) within the past 6 months. Youth were also interviewed separately to obtain self-assessments of these mental disorders.

Mental health-related service contact was assessed by asking parents whether their child had seen a professional or had gone to a specific setting for mental health concerns in the past 6 months. **Types of providers** were grouped into: general health care provider; mental health provider; and a combination of complementary/alternative medicine providers and phone helpline or crisis hotline. **Service settings** were grouped into: specialized mental health or addictions agencies; walk-in, urgent care or hospital emergency room; and school-based setting.

RESULTS

Mental Disorders

The past 6-month prevalence of any mental disorder ranged from **18% to 22%** depending on age and informant. Behavioural disorders were most common among children, while anxiety disorders were most common among youth.

Among youth, the prevalence of any disorder was higher for **females** (25%) compared to males (19%), based on youth report. This was attributable to higher reports among females for major depressive episode (10% vs. 5%) and generalized anxiety (13% vs. 6%). When based on parent report, the prevalence of any disorder was generally higher for **males** (21%)

1. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (2000).
2. Mini-International Neuropsychiatric Interview for Children and Adolescents (2010).

compared to females (16%). This was attributable to the higher identification of attention-deficit/hyperactivity disorder (8% vs. 3%).

Sociodemographic correlates of mental disorder were consistent across age groups and informants. The prevalence of any mental disorder was higher among children and youth living with **one or no biological parent** (26-27%) compared to those living with two biological parents (14-19%). For those living in an **immigrant** family, the prevalence of mental disorder was found to be lower (8-13%) compared to those living in a non-immigrant family (23-27%). Furthermore, among youth, living in a **small-medium population area** was associated with higher prevalence of mental disorder (33% youth report) compared to living in large urban (19% youth report) and rural areas (23% youth report).

Mental Health-Related Service Contacts

Among individuals with a parent-identified mental disorder, overall rates of **any service contact** were **62%** for children and **61%** for youth. However, rates of any service contact were significantly lower (44%) based on individuals with a youth-identified mental disorder.

Children and youth identified with **co-occurring mood/anxiety and behaviour disorders** were most likely to receive any service contact (62-92%). Among children with mood/anxiety disorders, the rate of service contact was 45%, compared to 66% for those with behavior disorders.

Among youth, rates of service contact from **mental health providers** and **general health care providers** were similar (34% and 35% for parent-reported disorder). Among children (4 to 11 years), 26% and 36% saw mental health and general health care providers for mental health concerns, respectively. The most common setting or sector for mental health-related service contacts was the **school**.

Among those identified with a mental disorder, **immigrant** children and youth were less likely to have a mental health-related service contact (22-50%), compared to their non-immigrant peers (50-64%). When disorder was classified by youth self-assessment, **females** were also less likely to have a mental-health related service contact (38%), compared to males (52%). Lastly, children living with **one or no biological parent** were more likely to have service contact (74%), compared to those living with two biological parents (55%).

WHY IS THIS IMPORTANT?

Between 18-22% of children and youth in Ontario met diagnostic criteria for a mental disorder, but less than one-third had contact with a mental health provider. Among those who had any mental health-related service contact, the school was the most common setting in which professionals/providers were accessed.

The high prevalence of mental disorders and stark service gaps highlight the need to strengthen **prevention and early intervention** efforts, alongside enhancing **system capacity** to meet the mental health needs of children and youth in Ontario. Important **social disparities** should be considered, such as disproportionately lower service contact rates in immigrant families and disproportionately higher disorder prevalence in non-intact families.

These findings can potentially inform **policy and program priorities** for allocating mental health resources across the province.

For more study and contact information, please visit:
<https://ontariochildhealthstudy.ca>



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