To: Mayor and Members
   Board of Health

From: Elizabeth Richardson, MD, MHSc, FRCP
      Medical Officer of Health
      Public Health Services

Telephone: Ext.3501
           (905) 546-4075
Facsimile: erichard@hamilton.ca
E-mail: erichard@hamilton.ca

Date: September 26, 2006

Re: Mental Health - Issues and Public Health Services PH06041 (City Wide)

Council Direction:
Not applicable

Information:
The purpose of this report is to provide the Board of Health with an overview of mental health issues and an update of related services provided by Public Health Services.

Mental Health Issues

Children and Youth

One in five children and youth under the age of 19 has a mental health disorder. Provincially, more than 300,000 children have more than one mental health disorder, with seriously impaired day-to-day functioning. (Statistics Canada 2003) Suicide is now considered the leading cause of non-accidental death in 10 to 19 years olds. (Children’s Mental Health Ontario, April 2006)

The most common mental health problems among children and teens are depression, conduct disorder (such as aggression, theft, vandalism) and attention deficit hyperactivity disorder (ADHD). Anxiety disorders, eating disorders, schizophrenia, autism and bi-polar disorders also affect many young Ontarians (Ontario Child Health Study 1989 and Statistics Canada 2003)

Common symptoms of mental illness in young people include bullying, stealing, lying, drug abuse, poor school performance and school behaviour problems, social withdrawal, gang involvement or other criminal activity, risky sexual behaviour and frequent conflict
Suicide

Suicidal behaviour is an important and preventable public health problem that has gone largely unrecognized as a health and safety issue in Canada. Every year approximately 4,000 Canadians die by suicide and since 1992, the number of suicides has been consistently higher than the number of road traffic fatalities. In 2001 there were 3,688 reported suicides, about one-third more than the 2,781 traffic fatalities that year.

As one of the leading causes of mortality and hospitalization in Canada, suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds. Although women are hospitalized for attempted suicide at 1.5 times the rate of men, the mortality rate due to suicide among men is four times the rate among women.

In Ontario, there were 2,911 suicides in 1997-1999, representing approximately 25% of all injury deaths in the province. There were 47,462 self-inflicted injury hospitalizations in Ontario over the five-year period from 1997/98-2001/02 which account for about 12% of all injury hospitalizations in Ontario. About 1% of persons admitted to hospital with a self-inflicted injury died during their hospital stay.

The Sudden Death Breakdown Report (1999 – 2005), prepared by the Hamilton Police Services, reported 332 deaths by suicide in Hamilton during that 7 year time period with a 34% increase from 1999 to 2005. In 2005, there were 51 deaths by suicide, outnumbering all deaths attributable to motor vehicle collisions (20 deaths) and homicides (9 deaths) that same year.

Suicide is not a disease but a multidimensional disorder, which results from a complex interaction of biological, genetic, psychological, sociological and environmental factors. Suicidal behaviour has a large number of complex underlying causes, including poverty, unemployment, loss of loved ones, arguments, breakdown in relationships and legal or work-related problems. A family history of suicide, as well as alcohol and drug abuse, and childhood abuse, social isolation and some mental disorders including depression and schizophrenia, also play a central role.

Suicide Prevention and Treatment

Research indicates that the prevention of suicide involves a series of activities, ranging from the provision of the best possible conditions for bringing up children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programs.
A comprehensive program includes the following strategies:

- Increase public awareness and decrease the stigma associated with suicidal behaviour.
- Address determinants of health, including housing, income, education, employment and community attitudes.
- Implement prevention programs for youth, for individuals at high risk for suicidal behaviour, and for family members post-suicide.
- Provide and ensure equitable access to co-ordinated, integrated services, including crisis phone counselling and treatment of mental illnesses.
- Reduce access to lethal means of suicide, particularly firearms and lethal doses of prescription drugs.
- Train service providers and educators in the early identification of predisposing factors and management.
- Conduct research and evaluation to inform the development of effective suicide prevention programs.

**Mental Health Programs Provided by Public Health Services**

Public Health Services provides various services addressing mental health issues along the spectrum from prevention through treatment:

**The School Program** provides health promotion in schools through the provision of resources and peer support groups such as Girl Talk, which promotes healthy body images for girls. The Healthy Kids Newsletter (March 2006), a source of information and resources for elementary school teachers, featured an article on suicide prevention highlighting awareness, community resources and opportunities for education. Collaboration with Hamilton-Wentworth District School Board and Hamilton Wentworth Catholic District School Board regarding school board suicide prevention protocols/guidelines revisions is ongoing.

**The “Youth Net Hamilton” Program** is a mental health promotion and early intervention program run by youth for youth. It is a partnership of community agencies, Public Health Services, and youth. The program offers young people the opportunity to talk with trained youth Focus Group Facilitators in a group setting about their views of mental health. The groups are offered in high schools, community centres, youth drop-ins, or anywhere youth congregate. If facilitators are concerned about discussion responses, they are trained to follow up with individuals after the group to assess the level of risk and connect youth with appropriate agencies/youth-friendly services. Youth Net focus groups offer the opportunity to openly discuss mental health, suicide, and Hamilton resources. Youth Net Hamilton utilizes two strategies of suicide prevention: raising awareness and decreasing stigma associated with suicidal behaviour and mental illness, and training service providers and educators in the early identification of predisposing factors and management.

Results from a 2004-2005 survey of 1,112 Youth Net Hamilton participants aged 13-18 found that 12% of females and 6% of males surveyed have had serious thoughts of killing themselves. In addition, 9% of females and 5% of males have purposely tried to
kill themselves and 17% of females and 18% of males were concerned about their own mental health. (Youth Net Hamilton Annual Report 2005).

**Project Hope** is an art event that celebrates the strengths and abilities of Hamilton youth, and builds on the protective factors (for example, being involved in creative activities and programs which create community connectedness, having a sense of empowerment, and enhancing positive self-esteem) that in the long-term, can help to prevent suicide. It is a partnership of community agencies, Public Health Services, and the Suicide Prevention Community Council of Hamilton. This month-long art exhibition is held every April at the Hamilton Public Library Central Branch. No charge March Break workshops are made available to all youth in several library branches in an effort to engage youth as well as provide access to programming and art supplies. www.artevent.ca

**Suicide Prevention Community Council of Hamilton** is a charitable organization involving professionals and individuals from the community who are interested in suicide prevention and its related issues as well as the promotion of public awareness. Its mission is to augment and enhance suicide prevention services and programs for all ages in the City of Hamilton by acting as a catalyst for collaboration, education and support across the community. Two Public Health Nurses are members on the council. This group provides annual community forums that offer professionals, students and community members education and awareness about suicide and the impact of suicide. The 6th forum, Suicide Prevention: Barriers, Trends and Treatments took place on September 26th, 2006. Along with the time dedicated by the two council member Public Health Nurses to the planning and coordination of the forums, the City of Hamilton also provides administrative support for the development of promotional materials and the registration process. www.spcch.org

**The Healthy Babies Healthy Children Program (HBHC)** provides home visiting for mothers experiencing post partum depression and other mental health disorders/issues. HBHC is a prevention/early intervention initiative designed to help families promote healthy child development. It is designed to provide all families the information and support needed to give their children a healthy start in life and achieve their full potential. More intensive services are provided for families where there is risk that a child may not meet developmental milestones. Tools and techniques are provided through home visits to increase parental capacity to provide a healthy, safe, stimulating and loving environment to allow the child to achieve optimal physical, emotional and social development.

**Child and Adolescent Services**
Child and Adolescent Services, within the Family Health Division, is 100% provincially funded. This program provides counselling for youth and their families through Brief Therapy, Forensic, Child and Family Intervention and Trauma Treatment Programs. Staff includes family therapists, social workers, clinical therapists, psychologists, and child and youth workers.

This service works towards developing an understanding of the causes of a young person’s distress and attempts to find methods to help the individual and their family
alleviate the symptoms through intensive counselling. Improved coping skills and the development of a stronger network of support, including the support of parents, can often assist the youth in finding alternatives to self harm or suicidal gestures. Many times family problems, such as marital discord or parent child conflict, have contributed to the young person’s feelings of hopelessness. Family therapy is utilized in these situations sometimes in combination with marital counselling.

An assessment of the individual youth and the family consists of psychosocial interviews, questionnaires and psychological screenings that may lead to a full psychological assessment. At times a referral to a child psychiatrist may result also in the use of anti-depressant medication in combination with ongoing individual and family therapy.

Collaboration with the community the youth lives in is important and most often involves the school and the family physician, but may also include other social or community agencies or hospitals that may be working with the youth and his or her family.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services