

Youth struggle with access to mental health and addictions care, study shows

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Credit: FLICKR

People with mental illness in Manitoba have better access to family doctors and rely less on emergency departments than in four other Canadian provinces, a comparative study has found.

But youth in Manitoba attempt suicide at higher rates than in the other provinces that were studied (Alberta, British Columbia, Ontario and Quebec). And overall, youth in all five provinces have poor access to mental health and addictions care.

A report on the landmark study, [Toward Quality Mental Health Services in Canada](#), was published today on the website of the Centre for Applied Research in Mental Health and Addiction (CARMHA) at Simon Fraser University in B.C.

This is the first study to make a detailed comparison of care and outcomes of people with mental illness and addictions across five provinces.

"We found that youth with mental illness and addictions across Canada are struggling and not having their needs properly met," says James

Bolton, associate professor and director of research in the department of psychiatry at University of Manitoba's Max Rady College of Medicine.

Bolton was part of a team of scientists from the five provinces who conducted the study by analyzing existing data from the provincial health-care systems. In Manitoba, researchers used anonymous health data stored at the U of M's Manitoba Centre for Health Policy, where Bolton is an adjunct scientist.

"What we found were striking variations in access and outcomes of care, and a concerning theme of poor access to mental health and addictions care among youth," says Paul Kurdyak, co-author of the study, psychiatrist and scientist at the Institute for Clinical Evaluative Sciences (ICES) in Ontario.

"Stakeholders have been calling for national reporting on the quality of mental health and addictions services for nearly two decades in Canada, and this report is a first step in being able to do that," said Amanda Butler, study co-author and research program manager at CARMHA.

In order to compare the situations in different provinces, the researchers developed six health-care performance indicators, including whether an individual with a mental disorder or [addiction](#) had ongoing access to the same family doctor; whether the first treatment contact was at a hospital emergency department; and whether there was physician follow-up after hospital discharge for a mental disorder or addiction.

They also compared rates of suicide attempts, death by suicide and overall mortality among those diagnosed with a [mental disorder](#) or addiction.

"Based on these findings, I hope to see more resources dedicated to suicide prevention among young people in Manitoba, particularly in the Indigenous population, where we know this is a

major concern," Bolton said.

"It's encouraging to see that individuals with [mental illness](#) in Manitoba have better access to [family doctors](#). However, we need more systematic hospital discharge followup for those who have been treated for a mental health or addiction issue."

The scientists said they hope to see standardized processes so that reporting on mental [health](#) and addictions care can be streamlined, and data from all Canadian provinces and territories can be measured and compared.

In Manitoba, Bolton said, the study points to the need for a commission or advisory council to review ways to address critical [mental health](#) and addictions issues.

Provided by University of Manitoba

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