

# News Release

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**For Immediate Release**  
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## **Mental health screening, programming urgently needed for B.C.'s children in care**

VICTORIA – A new report released today by the Children's Health Policy Centre (CHPC) at Simon Fraser University and commissioned by the Representative for Children and Youth (RCY) shows that young people in government care in comparable jurisdictions to British Columbia have dramatically higher rates of mental health disorders than the general population. The report is the first in a series of brief reports on mental health and wellness for children and youth.

The CHPC's findings are drawn from studies of children in care in Europe, the United States and the United Kingdom because robust data for the corresponding population group does not exist in B.C., nor elsewhere in Canada. But Representative Jennifer Charlesworth said there is no reason to believe that prevalence rates are any less in B.C. than in these other high-income countries.

"Indeed, the rates of mental health disorders among B.C.'s children in care may be higher, as we are consistently seeing greater complexity in the challenges faced by children in care in our RCY Advocacy calls," Charlesworth said. "However, the lack of data that would enable us to determine these rates for B.C. is of great concern and should be addressed. We particularly need to understand the mental health needs of First Nations, Métis, Inuit and Urban Indigenous children in care, as there is a significant gap in information here and across Canada."

In an accompanying report to the CHPC study, *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care*, the Representative makes six recommendations to government, including a recommendation to collect such B.C.-specific data.

"Through a rigorous systematic review, the CHPC report provides evidence that children in care have an approximate one-in-two chance of having a mental health disorder," Charlesworth said. "As alarming as that number is, it is not a surprise, as the poor mental health outcomes for young people in care have been well documented, including by my Office."

Because First Nations, Métis, Inuit and Urban Indigenous children are disproportionately represented among B.C.'s children in care, a culturally relevant continuum of supports that wraps around Indigenous children and families is critical to addressing the issue in this province, as are mental health screening and effective programming for all children who come into care.

The CHPC report, led by Drs. Christine Schwartz and Charlotte Waddell, examined three areas: effective programs to support families to prevent children and youth from needing to come into care; the magnitude of the problem of mental health disorders among young people in care; and effective programs for preventing and treating mental disorders in the child-in-care population.

“We used systematic review methods to identify the strongest studies pertaining to children in care,” said Waddell. “This is the best standard for ensuring that public policymaking is informed by good research evidence.”

According to the studies, overall, about half of children in care are estimated to have at least one type of mental disorder, a rate nearly four times greater than in the general population of children. Looking at specific diagnoses:

- the prevalence of anxiety disorders is more than three times higher among children in care than in the general child population
- nearly 10 times higher for depression
- 40 times higher for post-traumatic stress disorder.

More positive news is that the report identified several scientifically proven programs to prevent child maltreatment that can help avoid bringing children into care, as well as programs that are effective in preventing and treating mental health disorders among children who do come into care.

“For preventing child maltreatment, Nurse-Family Partnership stood out, as did Parent-Child Interaction Therapy and Multisystemic Therapy. These programs mainly work by supporting families to support children,” said Waddell. “If children have had to come into care, Fostering Healthy Futures and Middle School Success can prevent mental health problems including substance misuse. Meanwhile, Parent Management Training and Multidimensional Treatment Foster Care can treat mental health problems if these do develop,” she added. “Policymakers have a range of good options for helping these children. And all of these programs can also be culturally adapted for groups such as Indigenous young people.”

While government and health authorities in B.C. have widely implemented one of the proven programs to prevent child maltreatment – the Nurse-Family Partnership program – it’s a different story with respect to mental health prevention and treatment programs for young people already in care in B.C. There is no organized system of targeted, trauma-

informed and evidence-based mental health intervention services for children in care in this province.

“One would expect that a reasonable parent who knows, for example, that their child has an approximate 50 per cent chance of experiencing a serious disorder would ensure that screening resources were put into place to flag problems at the earliest possible time, and then to provide appropriate services,” Charlesworth said. “But that is not the case with children in care in B.C. None of the research-based programs identified as successful in the CHPC review have been implemented systemically in our province. They should be considered for implementation.”

Among the six recommendations in the accompanying RCY report are:

- That government and Indigenous Child and Family Services Agency (ICFSA) Directors co-lead comprehensive research to identify the prevalence of the range of mental health disorders amongst children in care in B.C.
- That government and ICFSA Directors co-lead the development and implementation of initial mental health screening of all children at risk of admission into care or who have been admitted into care, with periodic screening thereafter, as required.
- That government and ICFSA Directors co-lead the development and implementation of targeted, voluntary assessment services and evidence-based, voluntary mental health program services for children in care and children at risk of being brought into care, with particular attention to culturally appropriate and trauma-informed services for First Nations, Inuit, Métis and Urban Indigenous children.
- That development and implementation of the recommendations above be informed by and aligned with the ICFSA Directors' *Culture is Healing: An Indigenous Child and Youth Mental Wellness Framework*.

The full report, including the CHPC review, is available [here](#).

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