

# CAPC & CPNP Programs Promote Mental Health in Vulnerable Canadian Children

1.2 million young Canadians live with anxiety, attention deficit, depression, addiction, and other disorders. Mental health disorders affect 14% of children, and are arguably the leading health problems that children face after infancy.

Poverty, teen parenting and other risk factors are linked with higher levels of mental health disorders. The more risk factors in a child's life, the more likely a mental health disorder will occur.

**CAPC & CPNP programs reach teen moms and families living in poverty. They promote resilience and early identification of mental health issues in children. They are in every province and territory, and are valuable partners in the efforts nation-wide to improve children's mental health.**

In his 2002 report, *The Health of Canadians – The Federal Role*, the Honourable Michael J.L. Kirby stated “**It is conservatively estimated that a total of some 1.2 million young Canadians live with anxiety, attention deficit, depression, addiction, and other disorders.**” In 2007, an article in the *Canadian Journal of Public Health* entitled “Preventing Mental Disorders in Children: A Public Health Priority” stated “mental disorders affect 14% of children, cause significant long-term disability and are arguably the leading health problems that Canadian children face after infancy .

In fact families living in conditions of risk are more likely to have mental health issues. **When children are born to teenaged mothers they are more likely to have emotional and behavioural problems in their early childhood** (Hetherington, 1997). Poverty and low socio-economic status play an important role in how children manage over the course of their development (Dodge, Pettit and Bates, 1994; Sampson and Laub, 1994). **Using data from the NLSCY study, Offord and Lipman (1996) reported an inverse relationship between income adequacy and behavioural problems.** As income decreased, behavioural problems increased.

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**The Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) are federally funded programs that:**

- ◆ Help ensure the more vulnerable members of our society acquire knowledge, resources, and life skills to lead healthy lives
- ◆ Support families living in conditions that may impact on their ability to reach optimal health and development
- ◆ Use a population health approach to improve the health of the population as a whole as well as to close gaps and reduce inequality in health
- ◆ Provide concrete assistance, education, and resources around conditions of risk: e.g. geographic and social isolation, poverty, lack of adequate food, unsafe environments
- ◆ Leverage other partnerships and funding to maximize the services and programs needed by vulnerable families and children

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Research from the University of Alberta in 2006 confirmed that **changes in income are associated with changes in child mental health**. If household income improves after early childhood, child mental health improves. Conversely, drops in income increase depression and antisocial behaviour. (*Science Daily*, 2008)

*Risk and Resilience in Six- and Ten-Year-Old Children* published by Human Resources Social Development Canada found that multiple risks occurring together compound the negative effects. “Rutter (1979) reported that it was only when risks occurred together that children showed an increase in behavioural problems. He found that 5% of children with two risks showed serious disorder compared to 20% of children with four or more risks. Sameroff, Seifer, Bartko (1997) have also found that **it is when several risks occur together that development is most compromised.**”

*Preventing mental disorders in children: A systematic review to inform policy-making* published in the Canadian Journal of Public Health in 2007 states that “**treatment services alone cannot meet children’s mental health needs. Specialized treatment services only reach 25% of children with disorders.**” Whereas prevention and early intervention programs, especially those targeted at families facing multiple risk factors, hold the potential to reduce the number of children with disorders in the population.



The Resiliency Research Centre at Dalhousie University states that resilience requires that individuals and communities be supported in the development of their capacity to find resources that bolster well-being, while also emphasizing that it is up to families, communities and governments to provide these resources in ways individuals value. In this sense, resilience is the result of both *successful* navigation to resources and *negotiation* for resources to be provided in meaningful ways.

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National Network of CAPC & CPNP Projects, 2008  
[www.healthycanadianchildren.com](http://www.healthycanadianchildren.com)



**The Canadian Pediatric Society in October 2007 stated:**

**“in regard to health policy, successive federal governments have emphasized wait-time reductions for cardiac, cancer, eye and orthopedic care, and diagnostic imaging.**

**While applauded by aging baby boomers, these initiatives also represent ‘opportunity costs’, and come at the expense of other critical areas of the health care system.**

**Poor children, after all, usually live with their parent(s), who themselves are disproportionately burdened with addictions, mental health issues, adolescent pregnancies and domestic violence.**

**What will diverting limited resources to federal wait-time initiatives mean for programs addressing these poverty-related children’s health issues?”**