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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2025-INFO-44
Date: May 30, 2025

Subject:

Child and Youth Mental Health

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on a data publication entitled [Child and Youth Mental Health](#), released by the Canadian Institute for Health Information (CIHI) on May 1, 2025.

2. Background

- 2.1 [CIHI](#) prepares data and information products that are used to improve healthcare, health system performance, and public health.
- 2.2 This CIHI data publication examines children and youth aged five to 24 in Canada who received care for mental health disorders, including visits to the emergency department (ED), hospitalizations, visits to physicians, and medication use. It also examines how age, sex, income, geography, and diagnosis affect patterns of care.
- 2.3 Child and youth mental health continues to be a concern. By age 25, approximately one in five Canadians are diagnosed with a mental illness and the majority (70 per cent) experienced symptoms before age 18.
- 2.4 Data suggest that the prevalence of mental health disorders, particularly mood and anxiety disorders may be increasing over time.
- 2.5 Many organizations and governments across the country are investing in mental health care. Canada's federal, provincial and territorial governments have agreed to

work together to improve health care and to measure progress in priority areas, including improving access to mental health and substance use services.

3. Key Findings

Where Mental Health Care is Occurring

3.1 Where children and youth get mental health care is changing. Data suggest a shift towards receiving care by physicians, moving away from care in EDs and hospitals. Data are reported by fiscal year.

- a. In 2023/2024, the rate of children and youth who visited the ED for mental health disorders was 1,090 people per 100,000. This is 31 per cent lower than in 2018/2019.
- b. In 2023/2024, the rate of children and youth who were hospitalized for mental health was 368 people per 100,000. This rate is 23 per cent lower than in 2018/2019.
- c. In 2023/2024, the rate of children and youth who visited a physician for mental health was 16,029 people per 100,000. This rate is eight per cent higher than in 2018/2019. There was a sharp increase in this rate starting in 2021, and prior to that (2018 to 2021), this rate was stable.
 - More than half of mental health–related physician visits were with general practitioners or family medicine doctors (63 per cent), followed by pediatricians (23 per cent) and psychiatrists (12 per cent).

3.2 Seeing patterns of where young people get mental health care shift away from EDs and hospitals and towards primary care settings may reflect trends in the practice patterns of family physicians. Family physicians are increasingly providing care for complex conditions outside of typical primary care services. This shift may also reflect the benefits from a sustained effort by federal, provincial and territorial governments to improve access to mental health services. Although EDs and hospitals play an important role in mental health care (i.e., during emergencies), these are not optimal places for non-emergency care. For this reason, access to quality community-based mental health services is critical.

Medication Use Trends

3.3 Psychotropic medications are used to treat mood disorders (e.g., depression and bipolar disorder), anxiety disorders and schizophrenia. For children and youth experiencing mental health disorders, medications may be an effective first-line intervention when combined with other treatment such as community-based psychosocial therapy.

3.4 In 2023/2024, the rate of children and youth who were dispensed medications for mood/anxiety disorders was 7,836 per 100,000. This rate was 6,659 people per 100,000 in 2018/2019. That represents an 18 per cent increase over six years.

- 3.5 In 2023/2024, the rate for antipsychotic medication dispensed was 1,788 per 100,000. This rate was 1,576 per 100,000 in 2018/2019. That represents a 13 per cent increase over six years.

Sociodemographic Trends

3.6 Sex:

- a. ED visits for mental health disorders by children and youth were higher among females than males. The rate was almost 50 per cent higher for females than males in 2023/2024. Similar patterns were observed for hospitalizations.
- b. In part, the difference between female and male rates reflects the prevalence of mental health disorders and may also in part be related to stigma and males being less likely to seek help.

3.7 Age:

- a. The highest rates of ED visits and hospitalizations for children and youth occurred in those aged 15 to 24.
- b. Among females in this age range, the highest rates were among those with mood, trauma and stressor-related disorders and anxiety disorders.
- c. Among young males specifically, those aged 18 to 24 had the highest rates of ED visits and hospitalizations. These rates were associated with substance-related disorders (for ED visits) and schizophrenic and psychotic disorders (for hospitalizations).
 - These trends can be linked to the incidence of certain mental health disorders and the age when symptoms generally begin.

3.8 Income:

- a. Although young people are generally moving toward community-based care over hospital care for mental health supports; this is not the case for those living in the lowest-income neighbourhoods.
 - In 2023/2024, rates of hospitalization for children and youth living in the lowest-income neighbourhoods were almost twice as high as rates for those living in the highest-income neighbourhoods. Similar results were seen for ED visits.
 - In contrast, rates of physician visits for mental health disorders, as well as prescriptions for mood and anxiety medications, were lower among children and youth living in the lowest-income neighbourhoods compared with those living in the highest-income neighbourhoods.
- b. Individuals and their families living in the lowest-income neighbourhoods may seek care at a hospital if services in the community, particularly those resulting in out-of-pocket expenses, are less accessible.

Eating Disorders

- 3.9 It is important to track care for eating disorders over time, since previous research has indicated that eating disorders increased substantially during the COVID-19 pandemic. Eating disorders are complex and potentially life-threatening conditions involving an obsession with food, weight and/or appearance that negatively affect people's health and daily living.
- 3.10 Both hospitalizations and ED visits for eating disorders spiked in 2021/2022, and although they have been decreasing slowly since the spike, the rates remain higher than pre-pandemic levels.
- a. In 2023/2024, ED visits were 16 people per 100,000, and hospitalizations were at 19 people per 100,000.
 - b. These rates are highest among females aged 10 to 17.

4. Local Initiatives

- 4.1 DRHD provides mental health resources and supports, including information on crises, available at durham.ca.
- 4.2 All Durham Region elementary and secondary schools have an assigned public health nurse to deliver health promotion and support comprehensive school health, which could include strategies related to substance use and mental health. Strategies are based on school needs and planned in collaboration with school communities.
- 4.3 Data and local trends related to mental health indicators are available on DRHD's [Health Stats](#) webpage.

5. Previous Reports and Decisions

- 5.1 Report [2023-INFO-74](#) provided information on DRHD's school-based health promotion services, including mental health promotion and substance use prevention.
- 5.2 Report [2024-INFO-84](#) provided an update on the report: [The State of Mental Health in Canada, 2024](#).

6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following Strategic Direction and Pathways in Durham Region's 2025-2035 Strategic Plan:
- a. Healthy People, Caring Communities
 - H1. Implement preventive strategies to support community health, including food security.

- H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.
- H3. Integrate and co-ordinate service delivery for positive life outcomes, including investments in poverty prevention, housing solutions, and homelessness supports.
- H4. Support the development of healthy children and youth, including access to affordable and quality child care.

7. Conclusion

- 7.1 Child and youth mental health continues to be a public health issue in Canada. Healthy emotional and social development in a person's early years lay the foundation for mental health and resilience throughout the lifespan.
- 7.2 While CIHI's latest data publication does not signal that mental health among young people is improving, it does at least signal improvements in access to mental health care, which is a positive shift.
- 7.3 CIHI's data publication brings attention to disparities in mental health care that need to be addressed, especially access to mental health care among young people in the lowest income neighbourhoods.
- 7.4 It is important to continue to monitor trends in mental health among children and youth so that the mental health system, including public health, can respond to this population's unique needs.

Respectfully submitted,

Original signed by

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