



An RBC White Paper on the findings from the
RBC Children's Mental Health Parents Poll

Silent Families, Suffering Children and Youth



RBC
Children's Mental
Health Project

Executive Summary

New parents expect to contend with the physical emergencies of childhood. They trust themselves to cope with broken bones and ear infections, knowing they are not alone. They can call the family doctor, canvass other parents or rush their child to the ER. They instinctively follow the road map that began when they were children being tended by their own parents for the predictable aches and pains of growing up.

When a child's pain is emotional, no such road map exists. Today's parents grew up when mental illness was considered too shameful to discuss. Small wonder that few know how to tell the difference between a mental health problem and a passing phase, much less where to go for help.

Nearly one in five Canadian children and adolescents will be touched by a mental disorder serious enough to cause social, emotional or academic problems¹. They will not outgrow what ails them: 70 per cent of adults with a mental illness first experienced symptoms as children or youth². Timely treatment can prevent years of struggle — but only if parents know when and how to take action on one of the most daunting challenges any family can face.

RBC believes that emotionally healthy kids need empowered parents. To track the fit between needs and reality, we created the RBC Children's Mental Health Parents Poll. Prepared in consultation with an expert editorial panel and reflecting the experience of thousands of Canadians with at least one child under 18, each national online poll adds depth to an evolving portrait of parents trying to do their best against great odds. In 2010, the first poll by Ipsos Reid found few parents confident of their mental health IQ³. The 2011 poll by Rogers Connect and Today's Parent magazine shone a spotlight on the obstacles to treatment⁴.

In the 2012 poll, Leger Marketing surveyed more than 2,500 parents whose rising awareness of children's mental illness and street-level perspective on its impact are the primary focus of this report⁵. Unlike previous generations, today's parents understand the toll of mental illness on children. They have seen it in their own circles. Against great odds, they are seeking information that will help them support their children. But few are taking the most fundamental step: talking about mental health at home.

The poll is an initiative of the RBC Children's Mental Health Project, a multi-year philanthropic commitment to support community-based programs that reduce stigma, provide early intervention and increase public awareness about children's mental health issues. Since 2008, the RBC Children's Mental Health Project has donated over \$16 million to more than 200 organizations across Canada.

For a full copy of the RBC Children's Mental Health Parents Poll results, visit www.rbc.com/childrensmentalhealth

¹ D.R. Offord, M.H. Boyle, P. Szatmari, N.I. Rae-Grant, P.S. Links, D.T. Cadman, J.A. Byles, J.W. Crawford, H. Munroe Blum, C. Byrne, H. Thomas and C.A. Woodward. "Ontario Child Health Study: II. Six-Month Prevalence of Disorder and Rates of Service Utilization." *Archives of General Psychiatry* (Sep. 1987) 44(9):832-6.

² Government of Canada (2006). "The Human Face of Mental Health and Mental Illness in Canada." http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.

³ 2010 RBC Children's Mental Health Project Parent Poll. Press release and key findings available at <http://www.rbc.com/community-sustainability/community/childrens-mental-health/parent-poll.html>.

⁴ 2011 RBC Children's Mental Health Project Parent Poll. <http://www.rbc.com/community-sustainability/community/childrens-mental-health/parent-poll.html>.

⁵ 2012 RBC Children's Mental Health Project Parent Poll. Available on request via <http://www.rbc.com/community-sustainability/community/childrens-mental-health/parent-poll.html>.

A new frankness in the media, but not in the family room

Most parents know that mental illness touches everyone. Fifty-seven per cent know of an adult in their family with a diagnosed mental health condition; 28 per cent are related to a diagnosed child. One in five know someone who has lost a child to suicide, the number two cause of death in young people⁶.

Parents realize that childhood can be full of anguish. Two-thirds know that most mental illness in adults began in childhood — an increase from 54 per cent in 2011. Just over half have looked for

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information on children’s cases of mental illness. Although only 29 per cent say the reason was concern about their own child.

These findings reflect the growing prominence of mental illness on the national agenda. Awareness has surged in the past decade thanks to awareness campaigns, heightened media coverage, straight-talking celebrity survivors from Margaret Trudeau to Olympian Clara Hughes, and the recent launch of Canada’s first mental health strategy⁷. Never before have so many been so publicly frank about an issue once veiled in shame.

Yet in Canada’s family rooms, the poll finds a worrisome silence. Most parents assume that if their child had a mental health concern, either they or the other parent would be the first to know. Both mothers and fathers tend to see Mom as the confidante of choice (one of several signs in the poll that the emotional responsibilities of parenthood still affect women disproportionately). Most parents don’t know that, in many cases, their children aren’t turning to them when struggling emotionally.

RBC decided to ask children and youth whom they would trust with a mental health concern. In a companion poll of 115 young people who visited the website of Kids Help Phone, a free and confidential counselling service for children and youth, half said they would turn to a friend — the most popular choice by a wide margin, with Mom a distant second at 30 per cent. Twenty per cent would not share their pain with anyone. A young person who cannot open up may obsess over solvable problems while marks plummet, friends drift away and suicide begins to look like an option.

Much larger studies underscore the warning. In fact, the data from Kids Help Phone minimize young people’s dangerous silence, according to Dr. Ian Manion, advisor to the RBC Children’s Mental Health Project and executive director of the Ontario Centre of Excellence for Child and Youth Mental Health. His studies of thousands of young people through the Youth Net / Réseau Ado Program show that close to a third of girls and nearly half of boys are keeping mental health concerns to themselves. Alarming, the same pattern emerged in the most vulnerable youths — those who have experienced suicidal thoughts or had attempted suicide. And only about 10 per cent of all respondents had shared their feelings with a family member⁸.

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⁶ Statistics Canada. “Leading Causes of Death.” The Daily (December 4, 2008). <http://www.statcan.gc.ca/daily-quotidien/081204/dq081204c-eng.htm>.

⁷ Mental Health Commission of Canada, Calgary, Alberta. “Changing Directions, Changing Lives: the Mental Health Strategy for Canada” (2012). <http://www.cpa.ca/docs/file/Practice/strategy-text-en.pdf>.

⁸ S. Hyman, I. Manion, S. Davidson and S. Brandon. “‘Youth Friendly’ Characteristics of Professionals in Mental Health Settings.” *Vulnerable Children and Youth Studies* (2007), 2(1):261-272.

Why are children so reluctant to confide in the people who love them most? If they sense that a topic is off limits, chances are they will not bring it up. The poll suggests that parents unwittingly discourage conversations that could be life-saving.

Fifty-three per cent of parents have never discussed their child's mental health with anyone. Overwhelmingly, they say it is either "not necessary" or has "never come up." A mere five per cent admit they're not comfortable discussing mental health, and even fewer feel the topic should not be discussed. But it's one thing to know that mental illness affects your social circle and another to face the fact that your child could be vulnerable. "Parents don't want to believe it," says Dr. Manion. "They'll tell themselves, 'He'll get over it,' when in fact they're seeing a sign of something serious."

When a child begins to struggle

The poll asked parents how they would respond to concerning behaviours in their children. Most would take a wait-and-see approach to possible symptoms including exaggerated fear, constant anxiety about going to school, persistent sadness or moodiness and a sudden change in grades. They would only take immediate action if a child repeatedly injured him/herself or others.

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This does not surprise Dr. Manion, who has found that parents tend to wait until someone else pushes them to take action — often a teacher concerned about school performance or classroom behaviour.

"We have socialized our children to tell us right away when they experience physical symptoms like an earache, and we act on these early signs right away, knowing that the problem will get worse if it is not treated," he says. "For mental health symptoms we have actually socialized our children to 'suck it up' unless it's really bad. Our watchful waiting can contribute to untreated issues becoming more severe and more difficult to treat."

The preference for watchful waiting is particularly strong in men. Keli Anderson, founder and executive director of F.O.R.C.E., a British Columbia-based, parent-led organization that supports families with children facing mental health challenges comments: "Men will say, 'He just needs more discipline. You're being too soft.' Mothers will say, 'He's fragile.'"

Parents say they would react with mixed emotions if someone else raised a warning flag. On the plus side, 53 per cent would be grateful. Yet 60 per cent — and 65 per cent of mothers — would be worried. Mothers are also more prone to guilt or to the fear that they are failing as parents. After decades of two-paycheque marriages, most women have yet to shake the notion that children's happiness is entirely up to them.

Who can help? Where to go?

Parents who suspect that their child is in trouble find themselves on an obstacle course. More than 80 per cent of all respondents say that the number one issue facing children with mental health conditions is not stigma but access to information and services.

Internet searches bombard anxious parents with facts and theories they must filter for themselves. Navigating the online maze, they turn to resources of varying credibility, from health professionals and organizations to blogs by parents of children with mental health conditions. More than two-thirds say they are not sure which information to trust; more than half describe their search as “a nightmare.” Only family doctors inspire near-unanimous trust. But are family doctors really qualified to help?

No question, family doctors are uniquely placed to screen young patients for mental illnesses such as depression, which can run in families, and to pick up others that reveal themselves in adolescence — the danger zone for the onset of mental disorders. Most of these cases will be mild to moderate, easily treated by a well prepared family doctor. The catch is that few family doctors (or pediatricians, for that matter) know much about mental illness. Their training in it is “woefully inadequate,” according to Dr. Stan Kutcher, a professor of psychiatry at Dalhousie University and an expert in adolescent mental health.

The solution might seem obvious: change medical education. Yet for various reasons, it is anything but. “Changing the curriculum of a medical school is harder than moving a graveyard,” says Dr. Kutcher, himself a former associate dean of medicine. Besides, a state-of-the-art curriculum would not help family doctors already in practice to serve young patients better. More fundamentally, family doctors are not the only players in primary health care. Nurse practitioners, community clinics and school-based youth centres, among others, could and should join the effort to give kids with mental illnesses the help they need. This rarely happens. Says Dr. Kutcher, “Most child and youth workers graduate with no training in mental disorders. The same is true of teachers.”

There is a practical, affordable way to improve mental health care for young people: build the skills of professionals who work with them. A flurry of recent initiatives are doing just that. For example, British Columbia's new Child and Youth Mental Health Practice Support Program will train 500 family doctors across the province to identify and treat mental illness in young people, reducing the burden on specialists. These doctors will work with school counsellors and specialist physicians to expand the emotional safety net for kids and their families.

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Who stigmatizes mental illness?

Every conversation about mental health comes around to stigma sooner or later. It has long been the number one reason why mental illness goes untreated. As recently as 2008, a survey by the Canadian Medical Association found that nearly half of Canadians thought mental illness was an excuse for bad behaviour⁹. Four years later, the 2012 RBC poll shows that stigma persists in an attenuated form.

Most parents think they take an enlightened view of mental illness. Only one-third agree with the statement "If my child was diagnosed with a mental health condition, I would not want anyone outside of my immediate family to know." If a neighbourhood child were diagnosed, three-quarters of parents would want to help the child's family.

"When parents look for information on children's mental health, fear of stigma clouds the search."

Yet parents do not think that others are enlightened. Eighty-four per cent believe that children with mental health conditions are stigmatized by peers; 76 per cent say that adults do likewise. When parents look for information on children's mental health, fear of stigma clouds the search. Seventy per cent say it is important to search anonymously, lest their child be stigmatized or labelled.

When parents talk about stigma blighting their child, they could also be talking about judgment of their own best efforts. As parent advocate Anderson sees it, this is the real deterrent to an honest request for help. "If you try to build your knowledge with anything else in life, it's seen as a smart thing to do. If you do it with parenting, you're seen as not effective."



⁹ S. Hyman, I. Manion, S. Davidson and S. Brandon. "Youth Friendly' Characteristics of Professionals in Mental Health Settings." *Vulnerable Children and Youth Studies* (2007), 2(1):261-272.

A burden on the family

A child's mental illness affects the whole family — not necessarily for the worse. Almost 20 per cent of parents with a diagnosed child say the condition has made their family closer. But these parents are a fortunate minority. Nearly 40 per cent report increased tension with their spouse; almost a third say other children in the family are feeling the strain. A few say the child's illness ended their marriage. Only 15 per cent say that nothing at home has changed.

Parents who share what their child and family are experiencing can help dispel the taint of stigma, and some are doing just that. Almost one-quarter of parents with a diagnosed child say friends have learned from their family's experience. But for others, life has never been so lonely. Twenty-six per cent are seeing friends less often than they once did.

Caring for a child with a mental illness is a full-time job, say three-quarters of respondents who have been there. Yet most of these parents need to earn a paycheque, and at work there is no upside to a child's mental illness. Close to one-quarter of parents say that caring for their child has cut into numerous sick days or vacation days; 20 per cent say at least one parent has had to take days off without pay. For a small minority, there is worse to come.

“Caring for a child with a mental illness is a full-time job”

Anderson knows the scenario well. A former manager with a credit union, she had to resign when frequent absences to care for her son became a sore point. At F.O.R.C.E., she employs 24 parents with similar stories to tell. “Every single one had to leave their previous job because of a child's mental illness. You're getting calls from the day care: ‘He won't settle down.’ Or calls from the school: ‘Come and get him.’ You've got a 45-minute commute home and you've only been at work for two hours.”

To be sure, similar pressures face employees whose children have a physical illness or disability. Is the workplace equally supportive when the child has an illness of the mind? The largest segment of respondents — 38 per cent — say yes, and only 17 per cent disagree (for the most part, the rest do not know). Tellingly, parents of diagnosed children have a different take. Twenty-five per cent believe colleagues are less supportive when the child has a mental illness.

Nora Spinks, CEO of the Vanier Institute of the Family, has noticed that the workplace continues to stigmatize mental illness, whether the person affected is an employee or a family member of any age. “Two employees could be sitting side by side. One goes on leave for cancer treatment, one takes a leave for a mental illness. With the cancer patient, colleagues rally. They pick up the slack, they visit. The person with the mental illness gets no visits and a lot of whispers. When this is transferred to children, it just gets magnified. If your child has a mental illness, you're seen as having done something wrong.”

The time to end stigma is now

The 2012 RBC Children's Mental Health Parents Poll finds respondents on the boundary between the stigmatizing silence of the past and the emerging spirit of acceptance. Their own children have already crossed that boundary. Raised in a tell-all celebrity culture, today's young people can speak among themselves about self-harm, substance abuse and other subjects that still discomfit parents. Says Spinks, "The next generation of leaders, of teachers, of parents will have the language to talk about kids in their entirety, including their illnesses."

RBC believes that the time for acceptance is now — not a generation from now. Life-saving conversations hinge on parents' comfort level with deeply unsettling topics, and on their trust that communities will rally to support them. Future RBC Children's Mental Health Parents Polls will continue to reflect our conviction that if parents and kids are to break a dangerous silence, Canada must engage and listen to parents. Every day they walk the gap between stigma and acceptance. They measure it in losses: peace of mind, sleep, income, social ties. They will be the first to know when it has finally closed for good.



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Ian Manion, Co-Chair National Consortium on Child and Youth Mental Health, Chair of RBC Editorial Panel

Dr. Claire Crooks, CAMH Centre for Prevention Science

Keli Anderson, ED, Institute of Families and Executive Director, F.O.R.C.E.

Donna Duncan, President and CEO, Hincks-Dellcrest Centre

Alisa Simon, Vice-President of Counselling Services and Programs, Kids Help Phone

Duane Singh, Youth Counsellor, Kids Help Phone

Sharon Wood, President and CEO, Kids Help Phone

Rona Maynard



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This report is also available in French at www.rbc.com/santementaledesenfants. For more information and resources on children's mental health, please visit www.rbc.com/childrensmentalhealth.