Early Childhood Mental Health: 'What We Heard'

Report Summary

Mental Health Commission of Canada

Commission de la santé mentale du Canada

Contents

Introduction

> There is lots of evidence-based research behind the importance of early childhood experiences and the individual's life course, including physical and mental health. However, there is a disconnect between this and the services provided to support change.
>
> — survey respondent

Infant and early childhood mental health,

> sometimes referred to as social and emotional development, is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage and express a full range of emotions; and explore the environment and learn — all in the context of family, community, and culture.[1] (p. 1)

The nature and quality of relationships in the first years of life profoundly affect the brain. Warm, consistent caregiving and secure attachment are the foundation for healthy development and mental health across the lifespan.[2]

Conversely, chronic exposure to toxic experiences, also known as adverse childhood experiences (ACEs) — like abuse, neglect, and broader stressors that include neighbourhood violence, discrimination, and poverty — negatively impact brain development and early childhood mental health. Exposure to four or more ACEs greatly increases a child's susceptibility to numerous future health and social risks, such as mental illness, problematic substance use, other non-communicable diseases, homelessness, and interactions with the criminal justice system.[3]

Early intervention and prevention in early childhood are among the smartest social policy investments — with every dollar spent in the early years equivalent to three dollars for school-aged children and eight dollars for young adults.[4] Yet only 5.4 per cent of provincial health budgets in Canada are allocated to public health and prevention.[5]

Our mandate

The Mental Health Commission of Canada's (MHCC's) 2019-2021 mandate from Health Canada identified early childhood mental health as a new priority area. While new for the MHCC, many organizations have been working in this area for decades.

By reaching out to those involved in the system, the MHCC's Mental Health Advancement team conducted an initial "listening phase" between April and November 2019 to better understand early childhood mental health in Canada.

This critical phase provided valuable information on the current state of evidence, services, and policies to help us (as a pan-Canadian organization) align our activities with other stakeholders, provide them with support, and respond to the needs, gaps, and opportunities in services and the system.

This report highlights what the MHCC heard during this listening phase.

Methods

We used three sources of information to better understand the state of infant and early years mental health. The MHCC's commitment to sex- and gender-based analysis (i.e., considerations of differences in needs, realities, and the priorities of programs, policies, services, and research) was embedded across our search strategies and data collection instruments. The sources included a scoping review, key informant interviews, and a countrywide survey.

Scoping review

The scoping review assessed the last 20 years (1999-2019) of evidence (screened for relevance), which included highly synthesized and comprehensive academic and grey literature from western and developed countries.

Key informant interviews

Twenty key informant interviews were conducted using a semi-structured interview guide. We adopted a snowball sampling strategy[*] to identify and engage with interviewees focused on infant and early years mental health, which included parents with lived experience and persons in the following sectors: mental health, primary care, public health/public policy, early child development, early childhood education, child care, advocacy organizations, and community coalitions. In addition, we had one regional consultation as part of the Atlantic Summer Institute annual forum.

Survey

A countrywide survey was sent to a large electronic mailing list of MHCC contacts with a focus on children's mental health. The online survey included a mix of closed and open-ended questions, modelled on the key informant interview guide. Participants were also asked about their demographic, professional, and geographic backgrounds. A total of 1,756 stakeholders completed the survey in English, with 49 completed in French.

The key themes that emerged from the three sources of information were then compared, consolidated, and summarized. The results in the following section outline the most prevalent themes from all information sources.

What we heard

Challenges and opportunities

In the survey and key informant interviews, we asked what people saw as the major challenges and opportunities in early childhood mental health in Canada. While our questions were asked separately, the answers overlapped significantly: what some saw as a challenge, others saw as an opportunity for improvement.

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[*] A process in which the key informants already recruited are asked to suggest other eligible participants.

We therefore combined the top 10 challenges and opportunities under the following themes:[*]

1. **ACCESS TO EARLY MENTAL HEALTH SERVICES**

    > In my catchment area, health programs exist for mild-to-moderate developmental delays; however, we have done a poor job branding/marketing these programs to our communities. Families simply don't know how to access services. There are no mental health services for preschool populations. Period.
    >
    > — survey respondent

Access to early mental health services was the most frequently mentioned theme across our information sources. While service access was the highest-rated challenge, increased funding for services was the highest-rated opportunity. These challenges were also well described in the literature, including a growing level of need for children's mental health supports (rising to 22 per cent from seven per cent) over the past 30 years.[6] A significant increase in mental health-related hospital visits has also occurred for children (compared to 11 years ago), with one Ontario study reporting that 90 per cent of parents saw long wait-times for mental health services as the biggest gap in care.[7]

Respondents noted several contributing factors for this lack of access, including the

- lack of clear referral pathways (e.g., schools to mental health clinics)
- lack of funding designated to early childhood mental health programs
- unaffordability of child mental health specialists
- unaffordability of developmental service providers (e.g., autism services)
- significant lack of services for rural and remote communities.

2. **IMPROVING OUR UNDERSTANDING OF CHILD AND INFANT MENTAL HEALTH**

    > Mental health problems in early childhood are not something you hear a lot of. The general assumption is kids are just kids and it's not something that's really talked about on the ground level.
    >
    > — key informant

Increasing our understanding of the importance and impact of early childhood mental health was another significant theme. The concept of early childhood mental health continues to be misunderstood and unappreciated among health-care providers, families, and society at large. Notably, survey respondents rated parents' and caregivers' awareness of the importance of early years mental health as the second greatest challenge. Key informants noted the existence of an opportunity to embed parental education programs in early learning centres, daycares, and hospitals.

Many respondents cited concerns about the impact of technology use on child development and secure attachment. Some blamed parents for their lack of knowledge and, in some cases, an apparent unwillingness to learn. Yet our survey showed that parents were most likely to ask for more parent and caregiver training in early childhood mental health.

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[*] See the full list of themes in the Appendix.

3. POLICY COHERENCE

> In the early years there is a clear and strong intersection between developmental and mental health supports. We have numerous resources and services working in various ways to support early attachment and mental health, yet we are not integrated in our offerings. The primary issue to me is the integration of plans and services with a focus on early mental health and leveraging the broader system to provide this. There appear to be significant resource issues, but these are hard to quantify when a system has not efficiently and effectively integrated around a common framework and processes to support that.
>
> — survey respondent

Multiple sources spoke about the need to create a common language and understanding and a collective response to early years mental health. Respondents stressed that services for children under six are inconsistent across jurisdictions and ministries, and they vary by breadth and quality throughout Canada. The literature stressed that the same definition of infant and early years mental health should be adopted across Canadian jurisdictions and ministries as a first step toward garnering a common understanding and response to this issue (i.e., reducing fragmentation).[8-11]

Respondents noted several specific opportunities that are emerging. These include:

- Embedding infant and early years mental health more explicitly within primary care and public health mandates.
- Creating stronger alignment and ensuring better availability and integration of children's mental health within schools, early learning centres, and child protection services.
- Looking to examples of promising practices within certain jurisdictions; notably,
  - Manitoba's cross-ministerial approach to early child development, which over the past 25 years, has allowed for a clearer delineation of roles and responsibilities across sectors and has enabled the long-term monitoring of children as they age across settings
  - the City of Toronto for bringing multiple sectors together to support young children and their families and caregivers.

4. NEED FOR MORE PARENTAL SUPPORTS

> We need to introduce educational programs in the early years, in daycares, and for new parents coming home from the hospital.
>
> — key informant

The need to expand supports for parents and caregivers was the fourth-ranked opportunity in our survey responses. Respondents emphasized that infant and early years mental health is inseparable from parent/caregiver mental health. The literature notes that 23 per cent of new mothers experience symptoms consistent with postpartum depression, and up to 75 per cent of caregivers continue to report unmet mental health service needs.[12,13] Several policy documents strongly endorsed the need to provide supportive parenting practices.[14,15] Many respondents saw a stronger role for home visiting and positive parenting programs, which promote training in good communication, positive reinforcement, and attachment from birth onward. In the survey responses, parents and health-care providers were the most and second most likely, respectively, to endorse the expansion of supports for parents and caregivers.

Several factors that contribute to the lack of support for parents and caregivers were noted:

- generally poor maternal, paternal, or parental mental health coverage
- a lack of information on available resources and/or health-care providers not sharing information
- a relative lack of rigorous evaluations on the impact of positive parenting programs
- a need to provide a more comprehensive compendium of pre-, peri-, and post-natal services and supports (e.g., breastfeeding supports, peer support, family therapy, information on trauma, positive parenting)
- an apparent under-representation in parenting programs among single parents, fathers, members of First Nations, Inuit, and Métis and LGBTQ2+ communities, and parents and families affected by the law

5. WORKFORCE DEVELOPMENT — EARLY CHILDHOOD EDUCATION

As an early childhood educator (with an honours bachelor's degree in child development) working with preschool children, I have seen the gap between what I learned in the early childhood education and the child development program. I strongly believe there is a lack of understanding in this area pertaining to children's social-emotional development and mental health in the earliest years of their lives among the individuals who work closely with young children.

— survey respondent

Many respondents recognized that young children spend much more time in early education settings than in health care. The literature highlighted the importance of high-quality, developmentally appropriate early childhood education (ECE) in promoting social-emotional development and promptly identifying challenges.[16-21] Accordingly, training and education for early educators in the principles of ACEs, trauma, and infant and early childhood mental health was both the fifth-ranked opportunity and fifth-ranked challenge. In the survey responses, early educators were the most likely to endorse the need to improve awareness and training in infant and early years mental health and the quality of early education programs.

That said, increasing development among the ECE workforce faces several challenges, including funding cuts, low pay, high expectations, and a perceived lack of quality in training programs. One survey respondent noted that, without more funding and opportunities for workforce development, early educators may continue to leave the field.

6. NEED FOR SERVICE AND SYSTEM INTEGRATION, SYSTEMS NAVIGATION, AND CONTINUITY OF CARE

The lack of uniformity from province to province makes it harder to identify the best services at any given time, even when they are available. . . . Separating infant mental health from child/family development is impossible, yet systems are set up that way. Children's mental health versus developmental services versus early childhood educators and so forth. *All* of these services need to be streamlined to work together.

— survey respondent

The need for a more comprehensive, coordinated approach to early childhood mental health was cited across our three information sources. The literature stressed the importance of creating more coordinated approaches to care with clear protocols for identification, assessment, treatment, referral,

and linkages to services.[22-25] It further suggested that "one-stop shops" are needed for young children, which include primary care, child care, and justice and social services. Given pediatricians' access to infants and young children (and new parents), proposals were put forward to make primary care settings potential hubs for infant and early years mental health needs. However, for key informants, information gathered from pediatricians' offices and early learning centres are often not transmitted to the classroom, so further integration would be of value. Respondents also noted that integrated service systems are especially crucial for children who present with complex needs, including developmental delays and co-occurring mental health problems.[26]

7. WORKFORCE DEVELOPMENT — HEALTH-CARE PROVIDERS

> Health-care providers (family doctors) are typically the first and most consistent contact that parents will reach out to for help. Knowing the red flags for early signs of mental health in an infant/young child, *and* how the parent is coping and responding, could support early identification, leading to early intervention. Consistent screening tools used by doctors during regular checkups are a start.
>
> — survey respondent

Training and educating health-care providers in the importance and relevance of early childhood mental health was another key theme we heard across sources. Some respondents felt that clinicians deny the existence of mental illness among infants and young children or are reluctant to diagnose children under six when a diagnosis is required for treatment. Others pointed to the shortage of child psychiatrists and psychologists as a barrier to early intervention. As well, respondents noted that some models of care focus on children alone rather than on the family unit. Also mentioned was that training in early childhood mental health must include all health professionals who provide care to infants and young children, including midwives, pediatricians, nurses, and family physicians.

The literature and several policy organizations reinforced the need for further workforce development, and more offerings in coursework, curriculums, and practicums for all professionals who serve caregivers and young children.[27-31] Key informants saw an opportunity for primary care to do more screening and followup for children and families who present with an elevated psychosocial risk (e.g., poverty, exposure to domestic violence, parental substance use, etc.). However, one key informant spoke of implementation issues: the volume of requests already placed on primary care.

8. PERSON-CENTRED, CULTURALLY SAFE SERVICES AND SUPPORTS

> Many of the families who are experiencing the highest risks are often not accessing services due to inadequate programs that are designed to address the barriers they face. High-risk families are often not going to reach out for support unless the programs are specifically designed to address access issues, like (1) the need to have transport-ation and child care provided, (2) the fear of stigma in reaching out for help, and (3) isolation in rural areas.
>
> — survey respondent

While person-centered, culturally safe services were not among the top five challenges or opportunities, survey respondents were unanimous in their support. Emphasized both in the literature and among survey respondents was that families from diverse cultural backgrounds and those who experience socio-economic disadvantages face additional barriers — including disparities in access, psychological

safety, experiences of discrimination, and a lack of trust toward health-care providers — all of which can amplify pre-existing health, social, and economic inequities. To our open-ended questions, survey respondents also commented on the relative inflexibility of services and a persistent lack of transportation and child care for those needing help.

9. IMPROVING OUR UNDERSTANDING OF ACEs, BRAIN SCIENCE, AND TRAUMA

> An additional major challenge when working in field of childhood mental health is the lack of awareness and early intervention (evidence based), understanding that exposure to early traumatic experiences have a direct impact on brain development for young children and can lead to mental health concerns if not identified and treated early.
>
> — survey respondent

As the ninth-ranked theme, many spoke about the need for better societal understanding of brain development — and the role of poverty, trauma, and colonialism in health and mental health inequities.[32-34] The literature notes that ACEs affect more than one in three Canadians over the age of 15.[35] Furthermore, there is a higher prevalence of ACEs among certain population groups, including low-income and racialized populations[36,37] and children involved with child protection services.

Several policy papers, key informants, and open-ended survey respondents emphasized the need for trauma- and family violence-informed systems of care that could prevent or break cycles of child maltreatment and intergenerational trauma — including greater emphasis on child neglect and trauma-specific and family systems therapy.[38-40]

10. NEED TO FOSTER TOTAL CHILD DEVELOPMENT

> Community mental health (CMH) is the responsibility of society, it is about communities and its members having what they need to raise healthy, happy children. I have been doing this work for close to 30 years and CMH is not a clinical issue, it is a societal one.
>
> — survey respondent

Both the literature and open-ended survey respondents said it is impossible to separate early years mental health from development more broadly. Many sources mentioned the impacts on infant and early years mental health of community trauma, social isolation, lack of access to green spaces, poverty, insecure housing, and food insecurity. The need to promote total child development was also related to the concept of "proportionate universalism,"[*] which could be used to shift overstretched resources focused on highly complex needs toward supporting wellness among children/parents/caregivers at a population-level (tailored and sensitive to differences in levels of need, demographic realities).[41-43] This approach involves better supporting those across diagnostic thresholds, which may be required for service or program eligibility.

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[*] That is, funding and delivering services universally but in a way that is also proportionate to need, including different levels of disadvantage a population experiences.

The research reviewed found that community-based interventions for early child development are up to six times more cost effective than clinical ones.[44] Yet a continued overreliance on diagnosis (versus prevention) remains a significant challenge. [45]

The MHCC's role

Respondents were also asked what role they saw for the MHCC, which of the top 10 challenges or opportunities should be focused on from a pan-Canadian perspective, and why.

Recommended focus areas

EDUCATION AND AWARENESS

Potential MHCC role. Supporting general education and awareness on the issue of early childhood mental health and its importance.

Why. Society is generally unaware of the concepts in early childhood mental health, early adversity, and brain science and of the impact early experiences have on later life. The MHCC could help increase awareness around these concepts and support other programs and services already doing so.

ADVOCACY

Potential MHCC role. Advocating to government to raise the profile of early childhood mental health.

Why. Advocacy is important for improving access and increasing overall funding for early child mental health services and for identifying worthwhile areas of investment.

PROFESSIONAL TRAINING

Potential MHCC role. Supporting training efforts in early childhood mental health and brain science for early childhood educators and for service providers in health care and child protection.

Why. This is supported by the main challenges and opportunities we heard. The MHCC has created and supported numerous successful in-person and online training programs.

AFFORDABILITY/INCREASED FUNDING

Potential MHCC role. Funding some training projects or programs.

Why. Training programs for early childhood mental health remain inaccessible to the workforce. Many programs lack the funding needed to expand and spread support to children and families. The MHCC could help make them more affordable or easier to access.

STANDARDS/STRATEGIES/GUIDELINES

Potential MHCC role. Supporting the development of a pan-Canadian strategy on early childhood mental health and countrywide standards on screening tools and early intervention protocols.

Why. To facilitate collaboration across programs, jurisdictions, and sectors.

Limitations

The purpose of our listening phase was to inform the MHCC's next steps in early childhood mental health. Because it was not conducted as a formal research project, it does not represent all perspectives on this topic.[*]

Next steps

This report represents the highlights of what we heard during the listening phase. Through the survey, scoping review, and key informant interviews, the MHCC gained a high-level understanding of the ongoing challenges and opportunities in early childhood mental health, along with a number of potential areas for action.

The MHCC's next steps include the following:

1. Share, discuss, and validate these results with a group of experts in the sector.
2. Further refine where the MHCC is best suited to
   a. align itself with activities/actors
   b. support others
   c. respond to service and system needs, gaps, and opportunities.
3. In keeping with steps 1 and 2, draft a proposed plan for potential collaboration and funding to support the advancement of early childhood mental health.

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[*] Nor do the summarized ideas in this report necessarily represent the views of the MHCC.

References

[1] Cohen, J., Oser, C., & Quiqley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health.* Zero to Three. https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health

[2] Harvard University Center on the Developing Child. (2015). *Early childhood mental health* [Summary]. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf

[3] Di Lemma, L. C. G., Davies, A. R., Ford, K., Hughes, K., Homolova, L., Gray, B., & Richardson, G. (2019). *Responding to adverse childhood experiences: An evidence review of interventions to prevent and address adversity across the life course.* Public Health Wales, Cardiff and Bangor University. https://www.bangor.ac.uk/news/documents/RespondingToACEs-PHW2019-english.pdf

[4] Heckman, J. J. (2008). The case for investing in disadvantaged young children. *CESifo DICE Report, 6*(2), 3-8. https://heckmanequation.org/resource/the-case-for-investing-in-disadvantaged-young-children/

[5] Canadian Institute for Health Information. (2019). *National health expenditure trends, 1975-2019.* https://www.cihi.ca/sites/default/files/document/nhex-trends-narrative-report-2019-en-web.pdf

[6] Georgiades, K., Duncan, L., Wang, L., Comeau, J., & Boyle, M. H. (2019). Six-month prevalence of mental disorders and service contacts among children and youth in Ontario: Evidence from the 2014 Ontario Child Health Study. *Canadian Journal of Psychiatry, 64*(4), 246-255. https://doi.org/10.1177/0706743719830024

[7] Children's Mental Health Ontario. (2019). *Annual report card: The burden of kids mental illness on families and the economy.* https://cmho.org/wp-content/uploads/CMHO_ReportCard_web-min-1.pdf

[8] Infant and Early Childhood Mental Health. (2019). *Infant and early childhood mental health* [Infographic]. https://www.ottawapublichealth.ca/en/professionals-and-partners/resources/Documents/iecmh/iecmh-infographic-en.pdf

[9] Infant Mental Health Promotion. (2015). *Embedding the science of infant mental health in practice and policy* [Executive summary]. http://www.eccdc.org/infant-mental-health/wp-content/uploads/2015/11/Embedding-the-Science_Executive-Summary_Final.pdf

[10] Waddell, Georgiades, K., Duncan, L., Comeau, J., Reid, G. J., O'Briain, Lampard, R., & Boyle, M. H. (2019). 2014 Ontario Child Health Study findings: Policy implications for Canada. *Canadian Journal of Psychiatry, 64*(4), 227-231. https://doi.org/10.1177/0706743719830033

[11] Zero to Three, & Manatt Health. (2016). *Planting seeds in fertile ground: Steps every policymaker should take to advance infant and early childhood mental health* [Webinar]. https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health#downloads

[12] Children's Mental Health Ontario. (2019). *Annual report card: The burden of kids mental illness on families and the economy.*

[13] Statistics Canada. (2019, June 24). *Maternal mental health in Canada, 2018/2019*. The Daily. https://www150.statcan.gc.ca/n1/en/daily-quotidien/190624/dq190624b-eng.pdf?st=ERNUs3vR

[14] Di Lemma, et al. (2019). *Responding to adverse childhood experiences: An evidence review of interventions to prevent and address adversity across the life course.*

[15] Infant Mental Health Promotion. (2015). *Embedding the science of infant mental health in practice and policy*.

[16] Zero to Three, & Manatt Health. (2016). *Planting seeds in fertile ground: Steps every policymaker should take to advance infant and early childhood mental health.*

[17] Kulkarni, C., Khambati, N., Sundar, P., Kelly, L., Summers, N., & Short, K. (2019). *Beyond building blocks: Investing in the lifelong mental health of Ontario's three- to six-year-olds*. Ontario Centre of Excellence for Child and Youth Mental Health. https://www.cymh.ca/Modules/ResourceHub/?id=2292beff-ff42-4294-b65f-2fe515ee1b31

[18] Poissant, J. (2014). *Conditions for success of actions to promote total child development: State of knowledge.* Institut nationale de santé publique du Québec. https://www.inspq.qc.ca/pdf/publications/1889_Actions_Promote_Child_Development.pdf

[19] National Academies of Sciences, Engineering, and Medicine. (2019). *Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda*. Washington, DC, United States: National Academies Press. https://doi.org/10.17226/25201

[20] Hutchings, J., & Gardner, F. (2012). Support from the start: Effective programmes for three to eight year-olds. *Journal of Children's Services, 7*(1), 29-40. https://doi.org/10.1108/17466661211213652

[21] McLuckie, A., Landers, A. L., Curran, J. A., Cann, R., Carrese, D. H., Nolan, A., Corrigan, K., & Carrey, N. J. (2019). A scoping review of mental health prevention and intervention initiatives for infants and preschoolers at risk for socio-emotional difficulties. *BMC Systematic Reviews*, 8, Article 183 (2019). https://doi.org/10.1186/s13643-019-1043-3

[22] Di Lemma, et al. (2019).

[23] Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N., Janus, M., Kulkari, C., & Williams, R. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Ontario Centre of Excellence for Child and Youth Mental Health. https://www.cymh.ca/Modules/ResourceHub/?id=af13e20f-f63b-40b8-a2e4-84c98ff479df

[24] Infant Mental Health Promotion, & Public Health Agency of Canada. (n.d.). *Community reports: A collaborative approach to embedding the science of infant mental health and enhancing infant mental health services.* http://www.eccdc.org/infant-mental-health/wp-content/uploads/2015/10/Community-Reports-IMHP.pdf

[25] Royal College of Physicians and Surgeons of Canada. (2014). *Early childhood development* [Position statement]. http://www.royalcollege.ca/rcsite/health-policy/initiatives/early-childhood-development/early-brain-biological-development-early-learning-ebbdel-e

[26] Mowat, V., Barretto, J., Dunkel-Jackson, S., & Goodman, L. (2019). *Putting children and youth first: Integrating autism and mental health services in Ontario*. Kinark. https://www.kinark.on.ca/wp-content/uploads/AHM-2019.pdf

[27] Children's Mental Health Ontario. (2019).

[28] Clinton, et al. (2014). *Supporting Ontario's youngest minds: Investing in the mental health of children under 6.*

[29] Infant Mental Health Promotion & Public Health Agency of Canada. (n.d.). *Community reports: A collaborative approach to embedding the science of infant mental health and enhancing infant mental health services.*

[30] Centre for Addiction and Mental Health, Public Health Ontario, & Toronto Public Health. (2013). *Connecting the dots: How Ontario public health units are addressing child and youth mental health.* http://eenet.ca/sites/default/files/pdfs/Connecting%20the%20Dots.%20How%20Ontario%20Public%20Health%20Units%20are%20Addressing%20Child%20and%20Youth%20Mental%20Health.pdf

[31] Zero to Three. (2018). *Planting seeds in fertile ground: Steps every policymaker should take to advance infant and early childhood mental health* [Policy brief]. https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health#downloads

[32] Waddell, et al. (2019). 2014 Ontario Child Health Study findings: Policy implications for Canada.

[33] Harvard University Center on the Developing Child. (2015). *Early childhood mental health* [Summary]*.*

[34] National Collaborating Centre for Environmental Health, & National Collaborating Centre for Determinants of Health. (2017). *Environmental influences on population mental health promotion for children and youth.* https://nccph.ca/images/uploads/general/03_Environmental_MentalHealth_NCCPH_2017_EN.pdf

[35] Burczycka, M. (2015). Section 1: Profile of Canadian adults who experienced childhood maltreatment. Family Violence in Canada: A statistical profile, 2015 (85-002-X). *Juristat.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14698/01-eng.htm

[36] Taylor, G. (2016). *The chief public health officer's report on the state of public health in Canada:* A focus on family violence in Canada. Public Health Agency of Canada. https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2016-focus-family-violence-canada.html

[37] Loomis, A., Randall, K., & Lang, J. (2019). *Helping young children exposed from trauma: A systems approach to implementing trauma-informed care*. Child Health and Development Institute of Connecticut. https://www.chdi.org/index.php/publications/reports/impact-reports/helping-young-children-exposed-trauma

[38] Di Lemma, et al. (2019).

[39] Clinton, et al. (2014).

[40] Infant Mental Health Promotion, & Public Health Agency of Canada. (n.d.).

[41] Di Lemma, et al. (2019).

[42] National Academies of Sciences, Engineering, and Medicine. (2019). *Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda*.

[43] Clinton, et al. (2014).

[44] Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., Fernald, L. C. H., MacMillan, H., Hanson, M., Wachs, T. D., Yao, H., Yoshikawa, H., Cerezo, A., Leckman, J. F., & Bhutta, Z. A (2017). Nurturing care: Promoting early childhood development. *Lancet, 389*(10064), 91-102. https://doi.org/10.1016/S0140-6736(16)31390-3

[45] National Academies of Sciences, Engineering, and Medicine. (2019).

Appendix

Full list of themes by rank

- Access to early mental health services
- Improving our understanding of child and infant mental health
- Policy coherence
- Need for more parental supports
- Workforce development — early childhood education
- Need for service and system integration, systems navigation, and continuity of care
- Workforce development — health-care providers
- Person-centred, culturally-safe services and supports
- Improving our understanding of ACEs, brain science, and trauma
- Need to foster total child development
- Standardized screening and assessment for early childhood mental health
- Need for better standardized programs
- Better support for dual diagnosis and proper special education
- Need for stronger social policy mechanisms and legislation
- Mental health problems worsening and appearing earlier

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