

Response to the Standing Committee on Health

Study on Children's Health

Overview

Children's Healthcare Canada the national association representing healthcare delivery organizations serving children, is pleased to submit to the House of Commons Standing Committee on Health's study of children's health.

Children and youth have paid a high price throughout the pandemic. Prolonged school closures, delays in access to essential healthcare services, and social and physical isolation from friends and extended family have deeply impacted the mental and physical health and well-being of children – the effects of which will not be fully appreciated for many years to come.

Even before the pandemic, Canada was lagging many developed countries with respect to children's health and well-being outcomes. According to the 2020 UNICEF Report Card, Canada ranks 30 out of 38 wealthy countries regarding children's physical health; 31 of 38 countries with respect to children's mental health.

In response to these devastating findings, in 2021, Children's Healthcare Canada partnered with the Pediatric Chairs of Canada, UNICEF Canada and CIHR Institute of Human Development, Child and Youth Health to launch a pan-Canadian initiative called [Inspiring Health Futures](#) to measurably improve the health and wellbeing of children, youth and families. A consultation engaging youth, parents/caregivers, healthcare professionals, educators, policy makers and researchers identified five interlinked recommendations to create conditions for children to thrive.

Implementing these recommendations will change the trajectory for millions of children, youth, and families. Unified, values-driven federal leadership is required to address complex, longstanding challenges in our healthcare systems and set children, youth, and families on the path to thrive. When it comes to the future of Canadian kids, we cannot keep repeating the same mistakes.

Children's Mental Health

The COVID19 pandemic has had a devastating impact on many children's mental health and wellbeing.

Across Canada, children's hospitals, community hospitals, children's rehabilitation centres, home care, palliative care and respite provider agencies report a measurable increase in concerns, visits and admissions related to mental health since the pandemic began. This is consistent with published, peer review research that has found that the prevalence of depression and anxiety symptoms amongst children during COVID-19 has doubled compared to pre-pandemic estimates (Racine et al., 2021).

Research conducted by SickKids (2021) involving 350 children and youth reveals that over 70 per cent reported the pandemic had evoked symptoms of depression, anxiety, irritability, reduced attention span, hyperactivity, or obsessions. Among children identifying as visible minorities, almost 28 per cent reported poor mental health symptoms, and 30 per cent experienced symptoms consistent with "moderate" or "severe" generalized anxiety disorder.

Children's healthcare providers are also seeing up to a threefold increase in visits and admissions for acute and increasingly complex eating disorders, observations that are supported by peer-reviewed research (Holly Agostino et al., 2021).

Children and youth in Canada have long experienced extended delays to access local, publicly funded mental health services. For some families, the wait is over two years. In 2021, public opinion research conducted by Children's Healthcare Canada and Abacus data found that 62% of parents reported the pandemic was exacerbating existing mental health challenges of their children, 48% suggesting it had created new mental health challenges. 54% of parents indicated they would be seeking out new or more mental health services for one or more of their children.

Children's mental health systems are stretched to the limit. We have normalized rationing and waiting for mental health services to the detriment of children, youth and families, while we know that early intervention pays lifelong dividends.

Federal leadership is urgently required to help build capacity to address growing mental health concerns amongst children and youth, particularly those with disabilities, those who are racialized, low-income or otherwise come from marginalized communities (including LGBTQ, First Nations, Inuit, or Metis youth).

Recommendations consistent with those issued by Inspiring Healthy Futures:

1. Develop a pan-Canadian child and youth mental health strategy to ensure timely and equitable access to mental health services for children and youth from coast to coast.
2. Earmark 25 per cent of federal investments (via the Canada Mental Health Transfer) to address child and youth mental health priorities.
3. Improve pan-Canadian data and outcomes monitoring of child and youth health and mental health and well-being. Provide sustainable funding for a national longitudinal survey (Canadian Health Survey for Children and Youth).

Research, Data Collection, and Sharing Data

For Canada to maximize the impact of policies, programs and services for children, youth, and families in the wake of COVID-19, a robust, cross-sector health research and data strategy is necessary. While Canada has historically achieved significant success contributing to children's health and disease outcomes worldwide, significant gaps are emerging related to our understanding of COVID19 and beyond. Child and youth-focused health research is critical to generating new knowledge and ensuring Canadian decision-making, policy development and regulatory reform is rooted in sound data that meets the needs of our children and youth and the unique challenges of our pandemic recovery pathway.

The federal government is an important stakeholder both as a funder and beneficiary of child health research, data, and knowledge. The federal government also has an important role to play removing regulatory barriers to interprovincial clinical trials and research.

Recommendations consistent with those issued by Inspiring Healthy Futures:

1. Develop a lifecycle approach to understanding health and wellbeing from pre-conception through to later life.
2. Accelerate the mobilization of knowledge to policy, practice and health promotion, empowering Canadians to make evidence informed decisions.
3. Develop a comprehensive, cross-disciplinary approach to understanding and mitigating the impact of COVID19 on health, education, wellbeing and social development, family finances, at-risk and transitional youth, and how to support equitable solutions for recovery.
4. Develop a comprehensive open, accessible data strategy across research communities.
5. In partnership with First Nations, Metis, and Inuit communities, develop evidence and guidelines for health, education and social services that reflect cultural needs.

Health Human Resources

The global pandemic has exacerbated labour shortages in the health sector and has taken an unprecedented physical and mental toll on those who work within it.

While the one-time transfer of \$7 billion to provinces, territories, cities, and First Nations communities to help cover COVID-19 related costs was welcomed, targeted funding to address longer term labour shortages in children's healthcare is desperately needed to support evolving healthcare needs of children and youth.

A federal action plan to strategically and impactfully identify the stressors on healthcare systems related human resources is critical in addressing these issues proactively and sustainably.

Simply put, a health human resources strategy including a focus on the unique skills and experience required to deliver healthcare services to children and youth is long overdue.

Recommendation:

1. Lead the development of a broad-sweeping Action Plan to address current labour gaps in the healthcare sector and develop a 'look forward' plan to foster the resilience and sustainability of our workforce so that children and youth have timely and efficient access to the supports they need.

Surgical Wait Times

Many children wait too long for surgery in Canada. In addition to prolonged suffering and anxiety, extended waits for children's surgery beyond critical developmental periods has potential for lifelong impact. Ongoing health human resources challenges, coupled with the persistence of COVID-19, has created a perfect storm for children requiring surgical interventions, now experiencing unprecedented delays and compromising outcomes of their care.

Prolonged wait times for surgical interventions are not uncommon in publicly funded health systems. In the past, Canadian governments have made the reduction of wait times a priority, however efforts have almost exclusively focused on interventions relevant only to the adult population (for example, hip and knee replacement, cardiac care and cataract surgery).

Data collected in 2022 by the Pediatric Surgical Chiefs in seven (of sixteen) children's hospitals shows that there is currently a waitlist of over 20,200 pediatric patients for elective and medically necessary surgery across surveyed children's hospitals.

The average number of wait-listed patients per children's hospital surveyed is 2,891; 49.3 per cent of surgery patients have passed the window for timely intervention. Many children are experiencing backlogs of up to one year for elective (essential) surgeries, and in some cases, wait times for pediatric patients have exceeded 24 months.

Sainte-Justine Children's Hospital in Montreal is reporting a waitlist of 4,466 children and youth. Of those, 687 - nearly 15 per cent - had been waiting between 12 and 24 months for surgery; 284, - nearly six per cent - had waited more than 24 months. The Children's Hospital in London, Ontario reports 843 patients on a wait list, with 58 of those patients having passed the window for effective intervention. Similar stories of surgical delays for children exist across the country.

While Budget 2022's commitment to provide a one-time top-up to the Canada Health Transfer to address surgical backlogs is welcome news, we fear that children and youth will lack priority, when extended delays result in long-term negative health outcomes. We must ensure children and youth are included in those endeavours.

Recommendations:

1. Ensure that Budget 2022's one-time top-up to the Canada Health Transfer to clear the backlog of surgeries and treatment procedures addresses delays experienced by children and youth.
2. Ensure a broader health human resources strategy specifically addresses the training and development of child health disciplines related to surgical interventions to meet the future demands of children and youth.

COVID-19 Vaccinations

As of April 1, 2022, 57% of children aged 5-11 years have received a single dose of a COVID19 vaccination, while 38% have received two doses. Children under the age of five remain ineligible for vaccination at the time of submission. Rates of vaccination of children under 11 are well below those of youth 12-18 and adults over the age of 18 in Canada, rendering children at high risk of COVID infection, and for immunocompromised or otherwise vulnerable children, hospitalization. Despite the efforts of many in the children's health community to communicate the safety and efficacy of the COVID-19 vaccine for kids, there remains a high degree of uncertainty amongst parents about the benefits and risks of vaccination.

Recommendation:

1. A pan-Canadian vaccine campaign is urgently required to communicate the safety and efficacy of the vaccines, underscore the urgency of vaccination, and maximize the number of children protected from COVID.

Summary

The Government of Canada has called COVID-19 the crisis of our generation. The economic and health impacts of this pandemic will be felt for years to come – and for children and youth, most likely a lifetime.

As Canada embarks on the road to recovery, we believe that children must be a central focus to ensure a sustainable recovery and avoid long-term social and economic hardship for all Canadians. From a health perspective, putting children first means prioritizing their access to physical and mental health services across the continuum of care so that kids do not suffer long term consequences, the result of delayed assessments, diagnoses, or interventions. It means investing in the child health research enterprise to ensure that Canada continues to lead in the development of life changing and life-saving therapies. And it means planning for the future to ensure we have appropriately trained a cohort of health professionals appropriate to meet the needs of our growing population.

Canada's children do not have the luxury of waiting for this pandemic to pass. Their needs are urgent, they are measurable, and they are well within scope to address at the federal level. Indeed, investing in our children is not only a moral imperative, but also an economic one too.

As David Morley, President, and CEO of UNICEF Canada, said: *“Let the end of the pandemic be the start of something better for our kids.”*

About Us:

Children's Healthcare Canada is a national association serving healthcare delivery organizations that care for children and youth. Membership includes all 16 children's hospitals in Canada, community hospitals, children's treatment centres, regional health authorities, palliative care, respite, and home care agencies.

The **Pediatric Chairs of Canada** represents the Department Heads of Pediatrics within Canada's 17 medical schools.