



## **Children's Health- CCRC Submission**

### **Submission to the Standing Committee on Health**

**44<sup>th</sup> Parliament of Canada**

**October 2022**

**Canadian Coalition for the Rights of Children**

#### **Overview**

The CCRC is a national umbrella group of organizations and individuals across Canada who promote the rights of children and the full implementation of the Convention on the Rights of the Child in Canada and globally. We are pleased to put forward this submission to the Standing Committee on Health on children's rights and health in Canada in 2022.

As you will see as you read this submission, we focus this report on our recommendations that we brought forward in the spring of 2022 to the United Nations Committee on the Rights of the Child. Canada was reviewed by the UN Committee on the Rights of the Child for implementation of children's rights across the country. Alternative reports and additional submissions to the official government report are an important part of the process. Young people and groups who work with children provide missing information and different perspectives on the situation of children in Canada. The CCRC prepared an umbrella report and worked with others to encourage a wide range of reports. These reports provide a rich resource for the review and for continuing work on children's rights in Canada.

## 1) Health, mental health services and resources

Implementation of the Convention on the Rights of the Child would be an important step for Canada to take. Its' strong focus on creating healthy conditions for children would be an asset for health policy, which is dominated by clinical care approaches and fragmented between various government departments and agencies. There is well-documented research on existing gaps and the benefits of providing more resources to preventive health care for children. Three areas that we see as ripe for action include: a more holistic approach to children's health policy; equity analysis to ensure access to services for vulnerable groups, and considering the views of children in health policy.

### Recommendations:

*Based on excellent research in Canada, the CCRC recommends that Canada:*

- *Shift from narrow, discreet interventions to treat children as whole persons in formulating health policy and programming for children;*
- *Allocate resources for preventive measures based on the research findings in the field of the social determinants of health for children; and*
- *Establish a mechanism to investigate and address evidence of inequitable access to health care for vulnerable groups, as recommended in the second review in 2003.<sup>i</sup>*
- *Give high priority to children's well-being in the development of a new well-being index for measuring progress in Canada, consult with those who have done significant research and development in this field to develop a robust approach, and use rights-based tools to help coordinate multiple actors and provide transparency and accountability.*

## 2) Over prescription of psychotics

Canada's Public Health Agency was asked to investigate the over-use of prescriptions of psycho-stimulants, especially for children in care, based on evidence from those children presented before the 3th/4<sup>th</sup> review. The current response fails to address the essence of the original, rights-based claim. It does not address the consent rights of children in care; it does not address access to alternative forms of treatment, and it does not address perverse incentives when foster parents receive additional support if wards are on these drugs.

As well as being an important issue in itself, this response shows how rights-based claims are obfuscated by the way Canada deals with children's rights. It also shows how Canada would benefit from taking a rights-based approach; the focus on outcomes and ensuring rights are protected would contribute to the prevention efforts cited in the response.

### Recommendation:

- *Ensure that there are processes in place to address the consent rights of children in care, and make it more difficult for over prescription to become the norm for children in and from the care systems.*

### 3) Access to Mental Health Services

Access to good quality mental health services is frequently named by young people as a high priority issue. Reliable estimates indicate that one in five children have a mental illness and a high percentage of adults report that their mental illness started during childhood. Suicide is the second leading cause of death among young people. At the same time, only one in three young people receive required services on a timely basis. Discrimination and stigma are identified as other barriers that children experience.

Many provisions in the Convention on the Rights of the Child relate to mental health, including the following:

- Article 2 → the rights of the convention must be applied to all children, regardless of their status, and they must be protected from discrimination.
- Article 3 → the best interests of the child must be a priority in all decisions that affect the child and the best interests of children must be a priority for allocating public resources.
- Article 12 → the child’s voice must be included in all decisions affecting the child, and their views should be given due influence, based on age and development.
- Article 23 → children have the right to supports that facilitate their full participation in society, regardless of disability.
- Article 24 → children have a right to the “highest attainable standard of health” and to treatment of illness and rehabilitation of health.
- Article 25 → children in alternative care have a right to periodic review of treatment and all other circumstances relevant to placement for “physical or mental health.”
- Article 39 → states are obligated to take all measures to “promote physical and psychological recovery and social reintegration” of any child victim of neglect, abuse, cruel and inhumane treatment, or armed conflicts.

In our work with children and youth, we asked them about their priorities for mental health, and this is what we heard

1. Easy access to child-friendly mental health services
2. Listen to children to implement best practices
3. COVID-19 has been a very stressful time for children, so recognizing the need for more supports for those particularly affected by the pandemic is especially important

#### **Recommendations:**

- *Culturally diverse and age-appropriate mental health services and resources for children and their families.*
- *Action plans by provinces and territories to monitor how and where funds allocated for mental health are spent with accountability through transparent reporting to children and CSOs who work with them.*

#### **4) Access to Sexual Education**

In the past, the federal government has said that provinces have jurisdiction for education in Canada, making it difficult for them to mandate sexuality education. While provinces have primary jurisdiction for education in Canada, the federal Public Health Agency could do more to ensure that all children have access to comprehensive sexual education, as a matter of children's rights. Furthermore, a National Strategy could ensure that provinces and the federal government work together to ensure that all children realize their right to comprehensive sexuality education.

##### **Recommendation:**

- *Canada's Public Health Agency plays a leading role, in cooperation with related CSOs, to ensure that every child in Canada has access to adequate and accurate information about sexual and reproductive health.*

#### **5) Corporal Punishment**

Corporal punishment refers to any form of punishment which is intended to cause physical pain to a person. In Canada, it is the most common form of violence against children today, it physically injures children, impairs development, and is universally harmful.

The Committee on the Rights of the Child has noted in previous reports that Canada has failed to make ending corporal punishment a priority. In 2012, it noted:

*"The Committee is gravely concerned that corporal punishment is condoned by law in the State party under Section 43 of the Criminal Code. Furthermore, the Committee notes with regret that the 2004 Supreme Court decision Canadian Foundation for Children, Youth and the Law v. Canada, while stipulating that corporal punishment is only justified in cases of "minor corrective force of a transitory and trifling nature," upheld the law. Furthermore, the Committee is concerned that the legalization of corporal punishment can lead to other forms of violence."*

Giving high priority and specific attention to the ending violence against children, it is essential to have effective legislation and to fulfill Canada's duties under the Convention on the Rights of the Child, which Canada ratified thirty years ago.

In 2015, the Truth and Reconciliation Commission of Canada released its summary report and Calls to Action, documenting how the past 150 years of Canada's relationship with Indigenous Peoples have been characterized by broken treaties, by physical, sexual, emotional, and cultural violence, and by the "destructive dynamics" of an oppressive colonial system. Prime Minister Trudeau has said that he wants to implement the TRC Calls to Action. With this in mind, we ask that you consider TRC #6, which states:

*We call upon the Government of Canada to repeal Section 43 of the Criminal Code of Canada.*

Call to Action 6 is addressed specifically to the Canadian government, although we realize other duty-bearers, such as Christian churches have responsibility as well. Normative Western European interpretations of Christian texts were used to justify and propagate violence toward Indigenous children in the residential schools. These texts continue to be used to rationalize and normalize corporal punishment against children today. Call to Action 6 makes visible a complex and multi-dimensional problem: it is about child violence and the health of children; it is about religion; and it is about the ongoing process toward decolonization and reconciliation.

The recent report by the Laurent Commission on child protection in Quebec recognized the importance of prohibiting corporal punishment for preventing violence against children. It recommends that Quebec adopt its own legislation to prohibit corporal punishment. That would mean some children in Canada will have less legal protection from violence than other children in Canada. It would be more equitable, as well as consistent with Canada's obligations under the Convention on the Rights of the Child, for Canada to protect all children in Canada from all forms of violence, including corporal punishment.

### **Recommendation:**

- *Prohibiting corporal punishment is essential to preventing violence against children. The Committee on the Rights of the Child has consistently called on Canada to prohibit all corporal punishment of children. Therefore we ask this standing committee to take the necessary steps to repeal Section 43 of the Criminal Code and ensure better well-being for all children in Canada.*

### **Who we are:**

***The CCRC is a national umbrella group of organizations and individuals across Canada who promote the rights of children and the full implementation of the Convention on the Rights of the Child in Canada and globally.***

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<sup>i</sup> The recommendations in the CCRC's 3th/4<sup>th</sup> report in health are still valid.