



ARE WE HAPPY ?

Mental well-being

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Mental well-being

Most adults in Canada cite happiness as a top priority for child and youth well-being, and young people themselves identify happiness and mental health as fundamental for a good life.¹ The UNCRC has given child and youth mental health significant consideration in relation to affirming a child's right to enjoy the best possible health (Articles 24 and 25).² The committee has called for immediate action by signatories, including Canada, to ensure adequate treatment and recovery of child and youth mental illness, to engage in suicide-prevention efforts, and to protect children from significant psychosocial stress.²

The ability to achieve positive mental health and well-being in childhood and beyond is strongly influenced by the quality of social, economic, and environmental conditions that shape experiences.³ Interconnected factors at the level of the child or youth, the family, the school, the community, and the society may serve to protect or challenge positive mental health and well-being. Some of these factors can be modified through the actions of individuals, schools, communities, and governments.

For example, at the level of the individual child or youth, physical health status and level of physical activity influences the status of mental well-being.⁴ At the level of the family, factors like the caregiver's mental health and the strength of the relationships and attachments between caregiver and child are important.⁵ In school, the experience of bullying and connection to a supportive adult, sense of belonging, social inclusion, and experience of racism or discrimination may also influence mental well-being for children and youth.⁶

At the community level, mental well-being is influenced by threats known as Adverse Childhood Experiences (ACEs), traumatic or highly stressful events that occur before the age of 18.⁷ These include neglect, physical or sexual abuse, household violence, racism, and deep poverty. When a child experiences multiple ACEs without the support of a protective adult, they endure "toxic stress." Toxic stress excessively activates the body's stress-response system, which has direct impacts on brain development.⁸ The trauma of ACEs and toxic stress can have lasting and profound impacts on well-being and the propensity for developing mental illness.^{7,9}

AT A GLANCE

- Nova Scotia
- Canada

Dimension	Indicator		
Life satisfaction	Normal to high life satisfaction	Percentage of students that reported normal to high life satisfaction (6 or greater on the Cantrell ladder scale)	80.1%
			82.2%
	<i>Health Behaviour in School-aged Children survey, 2018/2019*</i>		
	Low life satisfaction	Percentage of students that reported low life satisfaction on the Cantrell ladder scale	19.9%
			17.8%
<i>Health Behaviour in School-aged Children survey, 2018/2019*</i>			
Affective states	Feelings of hopelessness and sadness	Percentage of students that reported feeling so sad or hopeless every day for two weeks or more that they stopped doing their usual activities	33.8%
			30.3%
	<i>Health Behaviour in School-aged Children survey, 2018/2019*</i>		
	Low or depressed mood	Percentage of students that reported feeling low or depressed for a week or more	30.5%
			27.4%
<i>Health Behaviour in School-aged Children survey, 2018/2019*</i>			
Mental health status	Perceived mental health of young children	Mental health of children aged 1 to 4 years that is perceived to be very good or excellent by the person most knowledgeable about the child	91.7%
			93.4%
	<i>Statistics Canada, Canadian Health Survey on Children and Youth, 2019 Table: 13-10-0763-01</i>		
	Perceived mental health in middle childhood	Mental health children aged 5 to 11 years that is perceived to be very good or excellent by the person most knowledgeable about the child	82.9%
			81.8%
<i>Statistics Canada, Canadian Health Survey on Children and Youth, 2019 Table: 13-10-0763-01</i>			

* Indicates a custom data request from the data source indicated.

Dimension	Indicator		
Mental health status (cont'd)	Positive self-rated mental health Percentage of youth aged 12 to 17 years that reported their mental health status as excellent or very good <i>Statistics Canada, Canadian Community Health Survey, Annual Component, 2020 Table: 13-10-0096-01</i>	61.1% 68.6%	
	Absence from school due to mental health Percentage of students that reported missing school in the past 30 days due to mental health concerns <i>Province of Nova Scotia, 2018/2019 Student Success Survey</i>	31% N/A	
Mental health disorders	Children and youth diagnosed with an anxiety disorder Percentage of children and youth aged 5 to 17 years diagnosed with an anxiety disorder by a health professional, as self-reported or reported by the person most knowledgeable <i>Statistics Canada, Canadian Health Survey on Children and Youth, 2019 Table: 13-10-0763-01</i>	7.3% 5%	
	Children and youth diagnosed with a mood disorder Percentage of children and youth aged 5 to 17 years diagnosed with a mood disorder by a health professional, as self-reported or reported by the person most knowledgeable <i>Statistics Canada, Canadian Health Survey on Children and Youth, 2019 Table: 13-10-0763-01</i>	2.7% 2.1%	
Emotional skills	Belief in one's ability to handle problems Percentage of students that reported feeling their ability to handle unexpected and difficult problems is good, very good, or excellent <i>Health Behaviour in School-aged Children survey, 2018/2019*</i>	78.9% 80.7%	
	Belief in one's ability to handle demands of daily life Percentage of students that felt their ability to handle day-to-day demands in life was good or excellent <i>Health Behaviour in School-aged Children survey, 2018/2019*</i>	85.6% 86.5%	
Suicide	One-year suicide mortality rate Suicide rate per 100,000 population among children and youth aged 10 to 24 years <i>Nova Scotia Medical Examiner, 2019</i> <i>Canadian Vital Statistics, Statistics Canada, Table: 13-10-0392-01(2019)</i>	11.7 per 1,000,000 8.1 per 1,000,000	
	Ten-year suicide mortality rate Ten-year suicide rate per 100,000 population among children and youth aged 10 to 24 years <i>Nova Scotia Medical Examiner, 2019</i> <i>Canadian Vital Statistics, Statistics Canada, Table: 13-10-0392-01(2019)</i>	9.9 per 1,000,000 8.3 per 1,000,000	

* Indicates a custom data request from the data source indicated.

ARE CHILDREN AND YOUTH IN NOVA SCOTIA HAPPY AND THRIVING?

Happiness is a state of mind influenced by a multitude of factors such as life satisfaction, emotional status, and how well core social and psychological needs are being met (e.g., having a life purpose, feeling self-confident or being in control).¹ Children and youth in Nova Scotia are not often asked directly about their happiness. The *Health Behaviour of School-aged Children survey* gathers the responses of children and youth in grades 6 to 10 on key contributors to a state of happiness.¹⁰

Life satisfaction

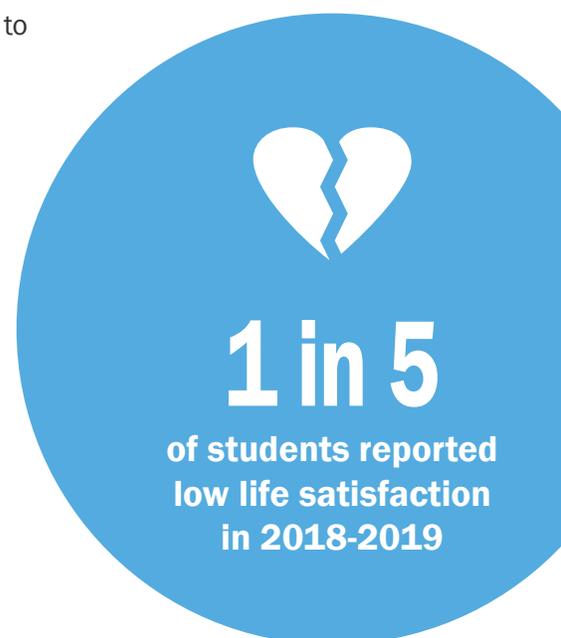
Most children and youth who responded to the *Health Behaviour of School-aged Children survey* reported normal to high life satisfaction (80.1 percent).¹⁰ However, one in five young people reported low life satisfaction.¹⁰ Concerning trends toward lower life satisfaction are also seen in international studies of industrialized countries, with Canada faring particularly poorly in recent years.¹¹

Emotional status

Roughly 33 percent of *Health Behaviour in School-aged Children survey* respondents in Nova Scotia reported feeling so sad or hopeless every day for at least two weeks that they stopped doing some of their usual activities.¹⁰ This was most often seen among grade 9 and 10 girls who reported feelings of sadness and hopelessness at a rate of 1 in 2 (53 percent) compared to 45 percent of their peers nationally. Feelings of loneliness were also seen, especially among teenage girls, with 45 percent of grade 9 and 10 girls agreeing that they often felt lonely. Over the six months leading up to the survey, 51 percent of students in grades 6 to 10 reported rarely or never feeling low while the remaining 49 percent of students reported feeling low at least weekly (29.8 percent) or monthly (19.2 percent).¹⁰

Self-confidence

Just a little over half of students in grades 6 to 8 who responded to the 2018-2019 *Health Behaviour in School-aged Children survey* reported having confidence in themselves (58.2 percent) compared to 59.6 percent nationally. Girls in grades 9 and 10 were least likely of all groups to report self-confidence at a rate of 38 percent compared to 45 percent of their peers.¹⁰



PASS THE MIC

“To have a good life and be happy, it is important to do fun hobbies without feeling like you are wasting time that could be spent doing work. Everyone needs a break sometimes.”

- Child participant

Mental health

While nurturing happiness in children and youth is critical, it is not possible or necessary for individuals to always be happy. It is important that adults foster a range of healthy emotions and strong positive mental health in young people, as defined by the ability to realize one’s own abilities, cope with the normal stresses of life, and work productively to contribute to one’s community.⁶

In 2020, 61.1 percent of youth aged 12 to 17 years in Nova Scotia rated their mental health as very good or excellent, down from 72.2 percent in 2019.¹² This is comparable to trends seen at the national level with 68.6 percent of youth in other jurisdictions reporting very good or excellent mental health in 2020, down from 73 percent in 2019.¹² While gendered data on this topic must be used with caution for 2020, a clear gender gap was present in the respondents in 2019. Then, 61.1 percent of 12 to 17-year-old females in Nova Scotia reported excellent or very good mental health compared to 82.9 percent of males.¹² This gender gap was greater in Nova Scotian youth than nationally. There is also a data gap for children and youth who identify as 2SLGBTQ+ (see the section on the health and well-being of 2SLGBTQ+ populations for more information).



Nearly **8 in 10**
students felt they could
handle unexpected and
difficult problems in their
lives in 2018-2019

In the 2019 *Canadian Health Survey on Children and Youth*, the person most knowledgeable about children aged one to four was asked about the perceived mental health of a child in their home. This person was the birth, step, or adoptive parent for 98 percent of survey responses nationally.¹³ The mental health of young children in Nova Scotia was perceived by parents in this survey as very good or excellent for 91.7 percent of children, slightly lower than the Canadian average of 93.4 percent.¹³

Data from the 2018-2019 *Health Behaviour in School-aged Children* survey indicate that most young people in Grades 6 to 10 in Nova Scotia are coping well by their own report.¹⁰ For example, 78.9 percent of students felt their ability to handle unexpected and difficult problems was excellent, very good, or good, and 85.6 percent reported their ability to handle the day-to-day demands in life as excellent, very good, or good.¹⁰

However, according to the 2018-2019 *Nova Scotia Student Success Survey*, 64 percent of survey respondents missed school in the past month one or more times. Nearly one third reported mental health concerns as one reason.¹⁴ This was lowest in grades 4 to 6 (19 percent) and highest in grades 10 to 12 (41 percent).¹⁴ Female students were more than twice as likely to report missing school due to mental health challenges than male students.¹⁴

A deeper understanding of the mental health and well-being of Nova Scotian children and youth requires more opportunities to examine who is most impacted. Having more complete gender, race, and socio-economic data would support this.



MENTAL ILLNESS AMONG CHILDREN AND YOUTH IN NOVA SCOTIA

Like physical health and physical illness, positive mental health exists along a continuum with mental illness. For example, a child or youth may feel physically unwell for a period but not have a serious medical illness. In the same way, a child or youth may experience periods of decreased mental health without having one or more mental illnesses. The opposite is also true: a child or youth may live with a mental illness but have strong positive mental health and achieve a good quality of life.¹⁵

There are numerous mental illnesses that impact young people. While not every individual will experience a mental illness, many will face challenges to their mental health. These challenges may be short or prolonged. Similarly, symptoms of a mental illness may be experienced episodically or chronically.¹⁵ Because 70 percent of Canadians with mental illness develop symptoms before the age of 18, it is necessary that adults and government address risk factors for mental illness while adequately supporting children and youth when mental illness is present.¹⁶

No existing single data source accurately reflects rates of mental illness among Nova Scotian children and youth. Administrative data from healthcare visits may serve as a proxy measure for mental illness but do not comprehensively reflect the diagnosis of a mental disorder. For example, a child or youth may visit a physician or emergency department in a time of decreased mental health, but not have a specific mental illness.

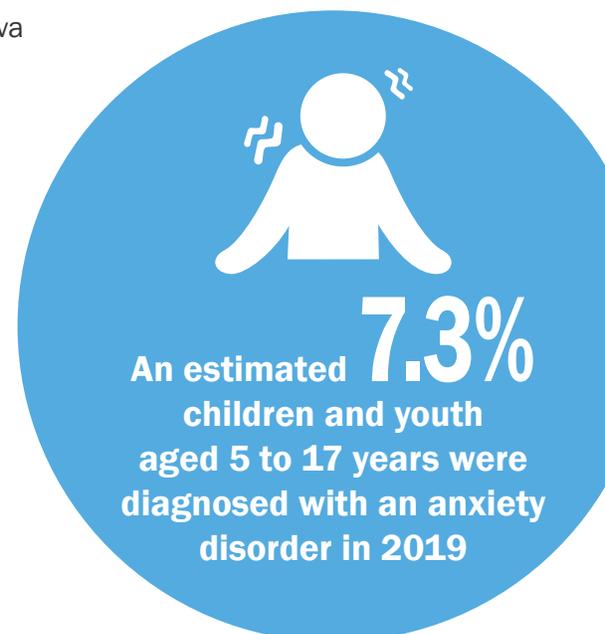
Comprehensive data pertaining to mental health-related health visits are not centrally kept or systematically compiled across the province at present.

In other jurisdictions, research has been carried out using healthcare billing data to estimate the prevalence of mental disorders,¹⁷ but no such study has been conducted in Nova Scotia.

Studies have, however, looked at healthcare use to glean information about mental illness. Data from the Canadian Institute for Health Information for example, indicate that across Canada there has been a 61 percent increase in emergency department visits and a 60 percent increase in hospitalizations for mental disorders among children and youth aged 5 to 24 years over the past 10 years.¹⁸ Further research is needed to understand the prevalence of mental illness among children and youth in Nova Scotia and its relationship to healthcare utilization.

National data represent our best estimate of the prevalence of certain types of mental illnesses such as rates of mood or anxiety disorders. In 2019-2020, an estimated 4.3 to 4.9 percent of Canadian young people aged 12 to 17 years old were diagnosed by a medical professional with a mood disorder such as depression, although Nova Scotia data were too unreliable to publish, likely due to small sample sizes.¹⁹ In the first cycle of the *Canadian Health Survey on Children and Youth* in 2019, an estimated 7.3 percent of children and youth ages 5 to 17 years in Nova Scotia had been diagnosed by a health professional as having an anxiety disorder (such as phobia, obsessive-compulsive disorder, or panic disorder), either by self-report or by the report of a person most knowledgeable in the household.¹³ This was compared to an estimated five percent in Canada as a whole.¹³ Estimates for children and youth aged 5 to 17 years who have been diagnosed by a health professional as having a mood disorder (e.g., depression, bipolar, mania or dysthymia) either by self-report or by the report of a person most knowledgeable in the household are 2.7 percent for Nova Scotia and 2.1 percent for Canada as a whole.¹³ While data about diagnosis of eating disorders is collected by this survey, they were too unreliable to publish for Nova Scotia, likely due to insufficient sample size.

When a child or youth dies by suicide, communities are reminded of the serious impacts of mental illness and poor mental well-being. Tragically, suicide is the second leading cause of death among young people aged 15 to 24 in Canada.²⁰ Though not always the case, suicide may be related to the presence of an underlying mental illness and therefore, is another important measure to monitor the status of mental illness. Data from the Nova Scotia Medical Examiner Service indicate that suicide mortality per 100,000 population aged 10 to 24 years in Nova Scotia was 11.7 per 100,000 in 2019.²¹ This compares to 8.1 per 100,000 in Canada as a whole.²² The rate of youth suicide has fluctuated over the last decade in Nova Scotia but has largely remained unchanged since 2008.²¹



IMPROVING CHILD AND YOUTH MENTAL HEALTH AND WELL-BEING IN NOVA SCOTIA

Due to the highly complex nature of mental health and well-being, it is critical that decision-makers follow the evidence and address modifiable risk and protective factors at a variety of levels, including the individual, family, school, community, and policy level.

Individual and family

Enhancing protective healthy coping-skills and emotional regulation at the individual level can help young people deal with healthy stress throughout their life.²³ Universal access to early childhood education, delivered by trained professionals in the first five years of life, is paramount to this effort, as is raising public awareness of mental well-being in early childhood.^{5,23} Efforts to increase the individual physical health of children and youth in Nova Scotia would also have direct benefits for their mental well-being.^{24,25}

At the level of the family, it is important that parents are supported in achieving their own mental well-being. Reducing stressors and threats such as poverty and food and housing insecurity is as essential as low-barrier access to mental health supports.⁵

PASS THE MIC

“I wish we had better access to mental health support online and at school. I wonder if every school has a counsellor? It’s good to have someone like that instead of sharing with people close to you. It can be hard to open up about stress and mental health”

- Youth participant



School

At the school level, where children and youth spend much of their waking hours, immediate efforts are required to reduce bullying through evidence-based programming and policy.⁵ In 2018-2019, students in grades 7 to 12 consistently reported being bullied at a rate higher than the Canadian average: 31.2 percent of Nova Scotian students in grades 7 to 9 reported being bullied at some point in the previous 30 days vs. 23.6 percent of their Canadian peers.²⁶ Additionally, 27.1 percent of students in grades 10 to 12 reported being bullied at some point in the previous 30 days vs. 19.9 percent of their Canadian peers.²⁶

Both middle and high school students reported that non-verbal forms of bullying, (e.g., being ignored, being excluded, being given dirty looks) were most common followed by verbal and cyberattacks. The negative impacts of bullying on mental health and well-being in childhood and beyond are well documented globally.⁵ Research on bullying in Nova Scotia has confirmed the adverse impacts of bullying on mental well-being.²⁵ A 2003 survey of grade 5 children who were victims of bullying had a higher rate of subsequently being diagnosed by a physician with an internalizing disorder such as depression or anxiety.²⁴

Community and policy

At the community and policy level, efforts to prevent adverse childhood experiences, including the trauma of abuse and neglect, are needed. From data provided by the Department of Community Services, 30 percent of referrals to the Department of Community Services related to child-protection concerns were substantiated between 2015 and 2019. This translates to approximately 4,100 Nova Scotian children a year who required protection because of neglect and/or physical, emotional, or sexual abuse.

Experiences of chronic poverty and material deprivation also create toxic stress with effects on mental well-being in childhood through to adulthood.

Student respondents to *Health Behaviour of School-aged Children* survey in grades 6 to 10 identified as having low socioeconomic status were at increased risk for reporting low life satisfaction (127 percent higher risk), feelings of depression or hopelessness (50 to 74 percent higher risk), or being lonely (74 percent higher risk) compared to their higher-income peers.¹⁰



Swift action is needed to address the social determinants of mental health and well-being by changing community and societal conditions in which children and youth live, learn, and play. Prevention of adverse childhood experiences must also be rooted in understanding adverse community environments.²⁷ The levers of change here are found across our social, political, and economic systems and structures.

Ensuring that children and youth are supported through times of decreased mental well-being or mental illness is also paramount. While it is encouraging that 94 percent of Nova Scotian youth surveyed in school have a friend to talk to when in need, it is concerning that just 84 percent of grade 4 to 12 students in Nova Scotia can identify at least one adult to turn to if they are in need.¹⁰ Enhancing the ability of children and youth to access the support of caring adults, including those with training to promote positive mental health, is critical. Promoting equity, diversity, inclusion, and reconciliation is essential to address discrimination, racism, and bullying and provide safe spaces for young people. Creating supportive, inclusive, health-promoting school environments can also help young people to achieve positive mental and physical health and well-being.⁵

Creating communities that are protective of mental well-being can reduce the need for young people to interact with care services. Although access to specialized mental health experts like psychologists and psychiatrists receives considerable attention from the public, media, and government, such services are a small piece of the effort needed to ensure mental well-being for children and youth in the province. It must be recognized that, as it relates to urgent pediatric mental health and addictions services in Nova Scotia, children and youth access care in a timely way; 90 percent of urgent cases across Nova Scotia were seen within one week of initial referral in between July 2020 to September 2020, while the remainder were seen within two weeks.²⁸ During that same period, non-urgent wait times varied greatly across different regions in the province from as low as 43 days in Yarmouth, to 72 days in the HRM, to as long as 257 days in Cape Breton.²⁸

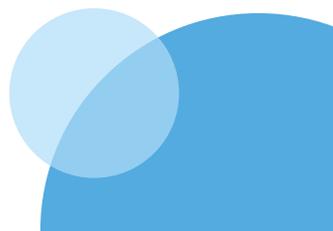
Waitlists for non-urgent mental health and addictions treatment would be greatly reduced if actions to address the social determinants of mental health—social inclusion, freedom from discrimination and violence, and access to economic resources—were taken.²⁹

THE BOTTOM LINE

To ensure children and youth enjoy their right to the best possible health including mental health and well-being, governments have an important responsibility to enhance policies and programs that support the environments in which children and youth live, learn, and play.³ Poverty reduction, access to nutritious food and affordable housing, increased access to green space, and opportunities for physical activity and safe, active outdoor play are all critical.^{3,30}

For children and youth to experience sound mental health they must also have access to environments that promote safe attachments and secure relationships, absent of harm and discrimination.

By enhancing protective factors, minimizing threats, and providing tools to navigate the normal ups and downs of life, we can collectively optimize the mental health and well-being of young people in Nova Scotia.



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