

**NECESSITY OF IMPLEMENTING FINANCED MENTAL HEALTH PROGRAM FOR
FINANCIALLY DISADVANTAGED YOUTH IN BRITISH COLUMBIA**

Addressed to:

Honourable Mitzi Dean, Minister of Child and Family Services B.C.

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ENGL 301 - 98A

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July 27, 2022

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August 3, 2022
Honourable Mitzi Dean
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Subject: Necessity for Implementing Financed Mental Health Program for Financially
Disadvantaged Youth in British Columbia

Dear Honourable Mitzi Dean,

Please find attached my report that determines the feasibility of implementing a financed mental health program for financially disadvantaged youth in British Columbia. This report details the necessity of administering such a subsidized project.

The data gathered from the survey displays enthralling outcomes in support of the importance of implementing a financed mental health program. Further, in the 'Recommendations' section of this report, I offer a suggestion on why it is a crucial step in Canadian health care to acknowledge these gaps of inequality within our system, and work towards providing additional resources to those who are disadvantaged.

Thank you for taking the time to review this report. Please contact me if you have any questions or concerns. I look forward to hearing from you.

Sincerely,

Hanul Seo

Enclosure

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Abstract

The importance of socio-economic status continues to be a vital discussion pertaining to the inequalities within the mental health care system. This report aims to analyze primary research conducted to determine if current individuals working with youth believe that there is a correlation between mental health and socio-economic status, as well as attempts to systematically review various publications regarding the correlation of financial disadvantages to youth's mental health status. In order to collect the data needed for the study, an anonymous survey consisting of five questions were distributed to current youth care workers. These questions refrained from the disclosure of personal information, and focused on their individualized opinions on if they believed there was a correlation between financial status and youth's mental health. The results depicted that the majority of youth care workers believed that there was a correlation between financial status and the mental health of BC youth. I recommend that these findings and implications resulting from this report should be considered, as they depict the reality of the current state of financially disadvantaged at risk youth within BC. Moreover, in witnessing these results, the correlations of the inequalities of socio-economic status and mental health, should not be ignored when curating recovery programs for those with mental health struggles.

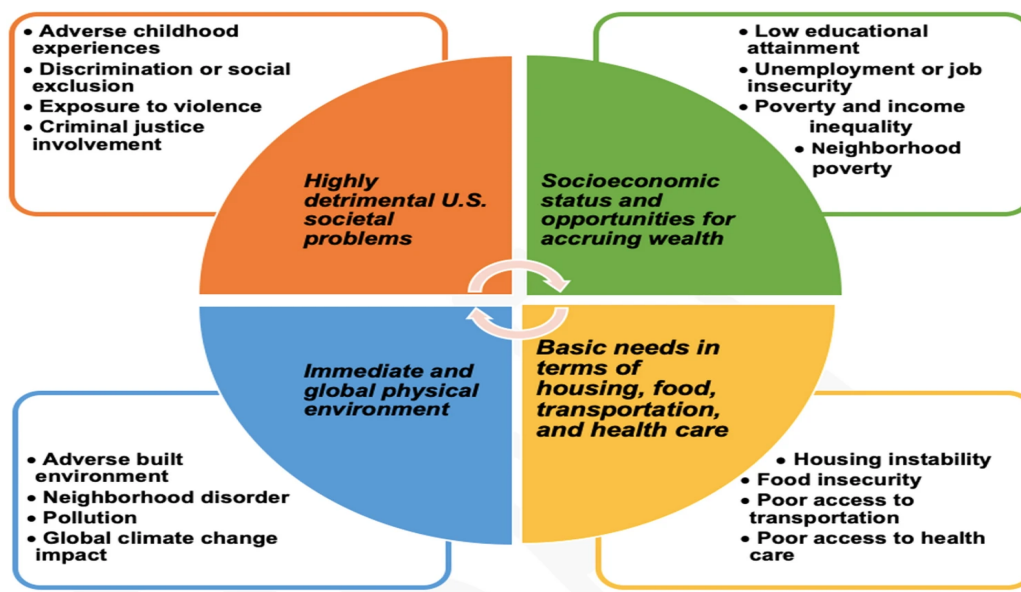
INTRODUCTION

Studies demonstrate that children and youth raised in financially disadvantaged circumstances are more likely to suffer increased stresses and overall reduced access to mental health resources and at the same time they are at higher risk of suffering numerous health and social problems: juvenile delinquency, bullying, and suicide being three of the most serious. (Goodman 2005). This is a proposal to investigate ways for the ministry to alleviate some of these risks by providing a subsidized program for mental health resources for youth at risk.

Background of the Problem

As stated in Rotter et al., descriptive study on *The Social Determinants of Mental Health* (2022), various social factors are determined to test their relevance and influence on an individual's mental health. Through this analysis, Rotter et al. (2022), was able to determine 4 interconnected structural elements which displayed a significant impact on the mental health of citizens.

Fig.1 - Social Determinants of Mental Health (Rotter, et al., 2022)



Statement of the Problem

The Ministry of Children and Family Development's Child & Youth Mental Health team works to "provide a range of mental health assessment and treatment options for children and youth (0-18 years of age) and their families at no cost." -

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health>. Although B.C. makes efforts to implement supplementary mental health programs to assist youth with their conflicts, most programs go only as far as providing treatment options at no costs. Therefore, although these families, or youth are provided with the best route of solution, it is very plausible that they will not be able to follow up with such suggestions as counselling as well as psychotherapy treatments are quite costly, and often not covered under insurance. As a result, young adults are left to deal with their issue in solitary with little to no help on how to resolve this internalized conflict.

Methods & Data Collection

Participants

The present study was anonymously carried out on 27 current youth care workers within the lower mainland of Vancouver, B.C. Participants in the study were 27 employees of public (N=27, 100 %) companies. The subjects were asked to participate in the study and they were not paid for their participation in this study.

Assessments & Measures

The survey was designed in the context to target those within the youth care industry to attain their professional and first handed opinions regarding the current state of mental health resources for financially disadvantaged youth. Using this rationale, we analyzed four key

dimensions of the participants' responses to the correlation between mental health and financial disadvantages: (a) the subject's exposure to families or youth who could not afford mental health resources, despite their needs; (b) influences various characteristics and their relationship to mental health; (c) personal opinions of the accessibility of existing subsidized mental health programs for financially disadvantaged youth (d) personal opinion on the correlation with youth from low SES (socio-economic status) being more susceptible to risk; and (e) the effectiveness of various proposed initiatives to create a subsidized mental health programs for financially disadvantaged youth.

Purpose & Scope

Purpose

The purpose of this report is to address Honourable Mitzi Dean, Minister of Child and Family Services B.C., and discuss the necessity of a subsidized, or free mental health care plan for disadvantaged youth suffering from mental health issues – the overall community would benefit as this care plan would facilitate the positive growth of the next generation, and create a more balanced society.

Scope

To evaluate the necessity of providing a subsidized program for mental health resources for youth at risk, this report will focus on five primary questions catered to current youth-care workers:

1. How often do you come across families or youth who could not afford mental health resources, despite their needs?
2. Rank what you think affects youths' mental health the most?
3. Do you think that there are currently enough subsidized mental health programs for financially disadvantaged youth?

4. Do you notice a correlation with youth from low SES (socio-economic status) being more susceptible to risk?
5. Categorize the proposed initiatives to create a subsidized mental health programs for financially disadvantaged youth
 - a. Creating new subsidized mental health programs for financially disadvantaged youth.
 - b. Changing the MSP coverage for financially disadvantaged youth with mental health diagnosis.
 - c. Financing the mental health treatment plans for financially disadvantaged youth

By asking these questions – we avoid disclosure of personal information as the questions are very generalized, as well as allow for more professional insight regarding this topic. The report will conclude by denoting the importance of implementing such a program - as shown in the results section, and how implementing these programs will benefit the province as a whole.

DATA & RESULTS

Primary data was collected to assess the necessity of implementing a subsidized mental program for financially disadvantaged youth within B.C. Survey indicates that out of 27 youth care workers (N = 27), 67% experienced a great amount of encounters where they came across families or youth in need of mental health resources, who could not afford. 33% of participants experienced moderate encounters with such individuals. Interestingly out of the 27 (N = 27) participants, no one disclosed to not have any exposure to families or youth in need of mental health resources, who could not afford Findings for the impact of oral health on overall health is demonstrated below in Figure 2.

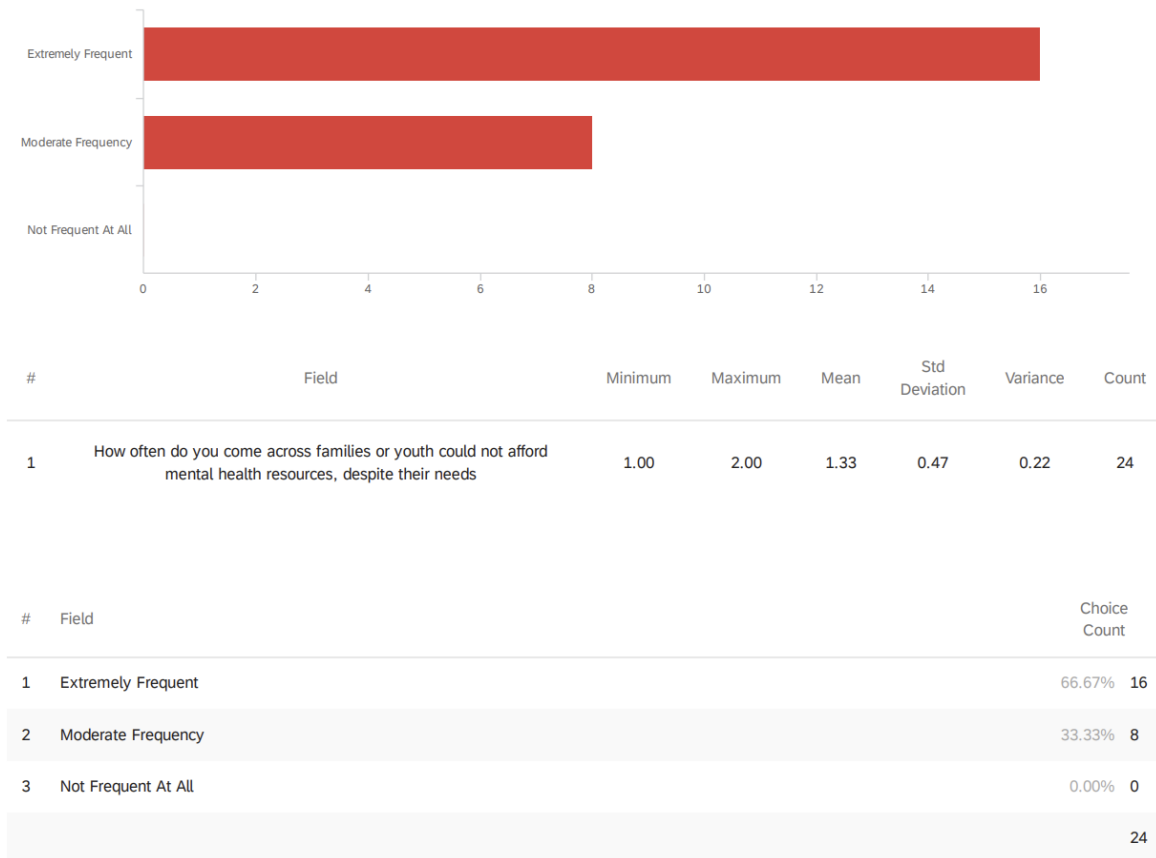


Figure. 2

The influence of different variables (background & environment, genes, personality) of mental health were heterogeneous. When asked regarding the significance of these variables, 47% stated that they believed an individual's background and environment was the most impactful on one's mental health, 26% stated that a person's genes were the most influential, and 26% of participants stated that personality was the primary determinant - as shown in Figure 3 below.

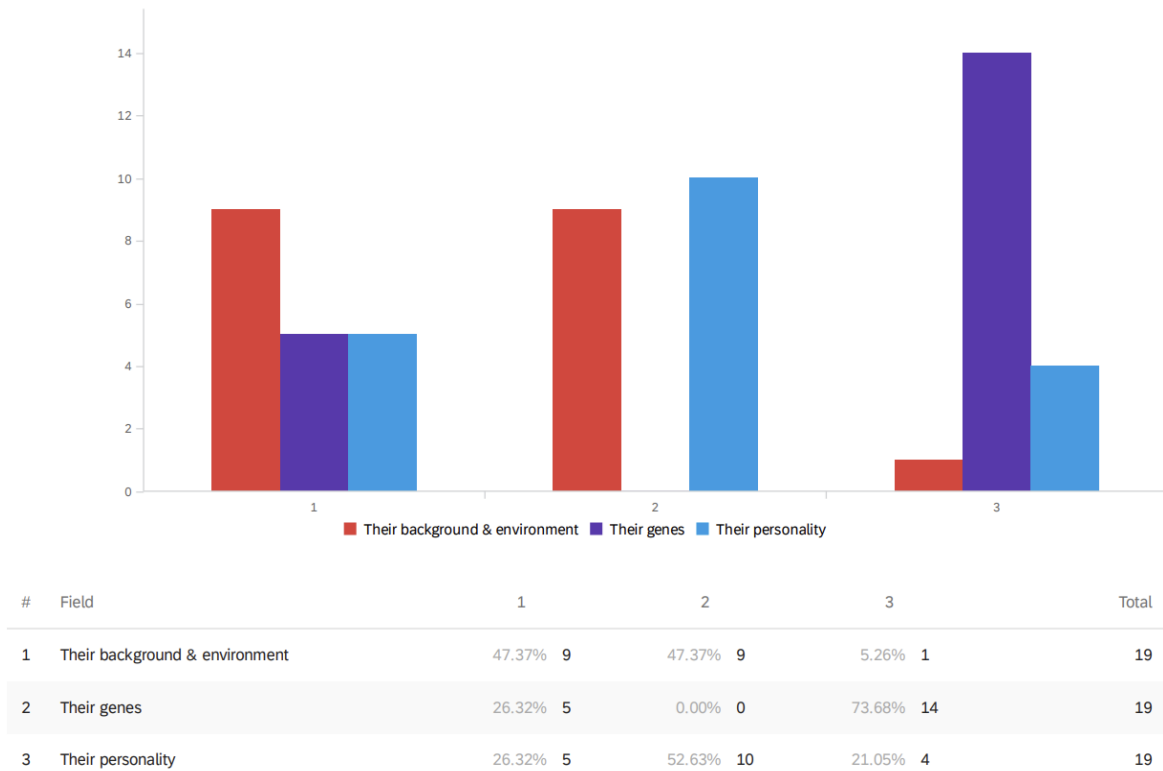


Figure. 3

The existence of current subsidized mental health programs for financially disadvantaged youth was also questioned by asking “Do you think that there are currently enough subsidized mental health programs for financially disadvantaged youth?” 62% of participants stated there were definitely not enough programs, 29% stated there were a moderate amount, and 8% stated there were enough programs currently set in place - shown in Figure.4.

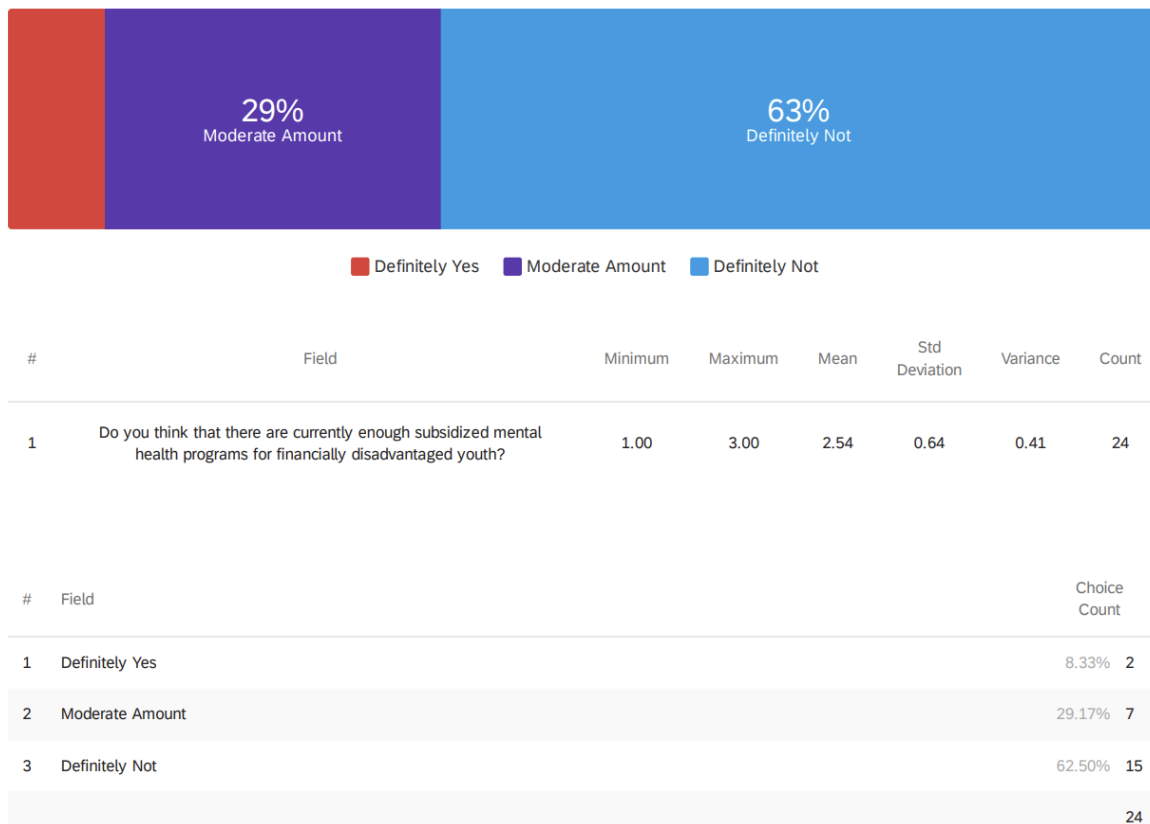


Figure.4

Although the perception of whether there were enough subsidized mental health programs in place differed, 96% of youth care providers highly agreed that there was a correlation between SES and being more susceptible to risk. This contrasted from the remaining 4% who stated that there was no correlation. Interestingly, out of 27 (N = 27) participants, 0 stated that they highly disagree with the statement “Do you notice a correlation with youth from low SES (socio-economic status) being more susceptible to risk?” - as shown in Figure. 5

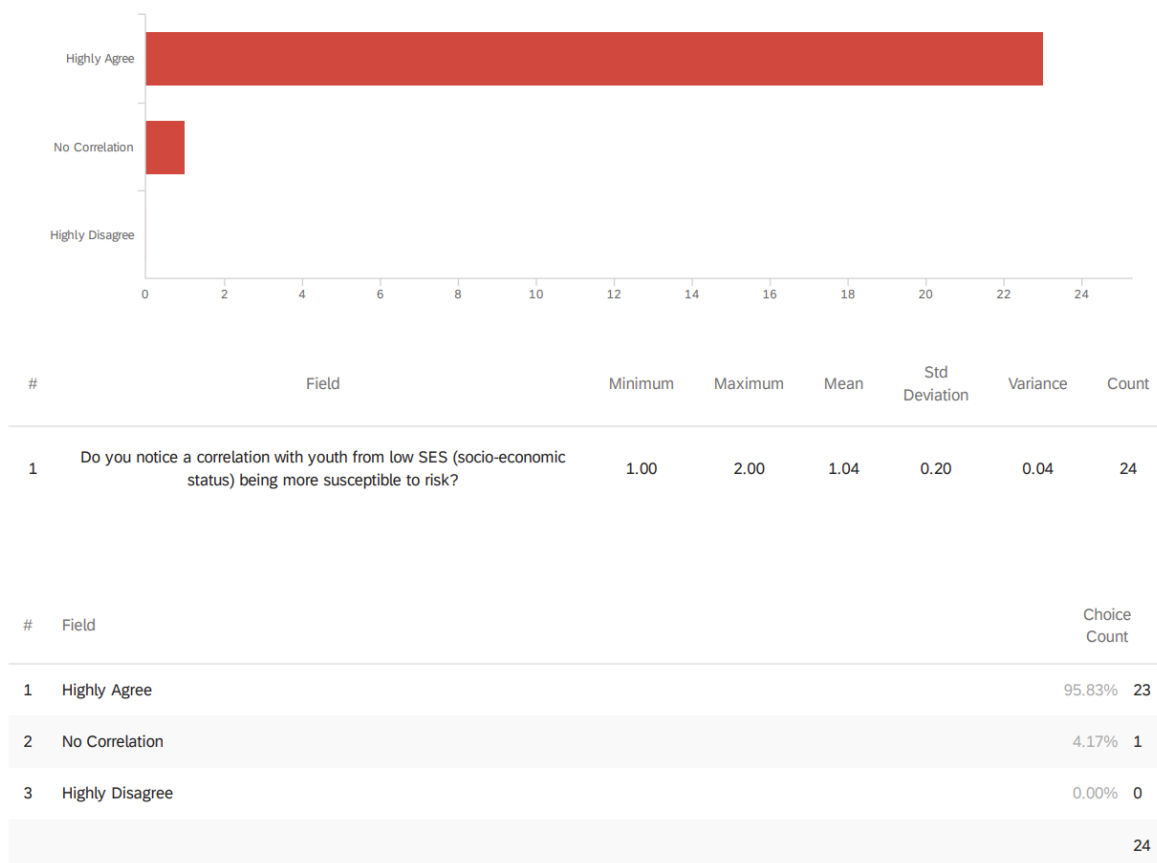


Figure. 5

When asked how effective professional youth care workers believe that implementing a subsidized mental health program would be for financially disadvantaged youth, 38% believed it would be very effective, 16% believed it would be moderately effective, and 33% believed that it would not be effective at all. Similarly, When suggested to implement changes to MSP coverages, 53% believed that this solution would be moderately effective, 30% believed it would be very effective, and 17% believed it would not be effective at all. These findings are shown in Figure. 6 below.

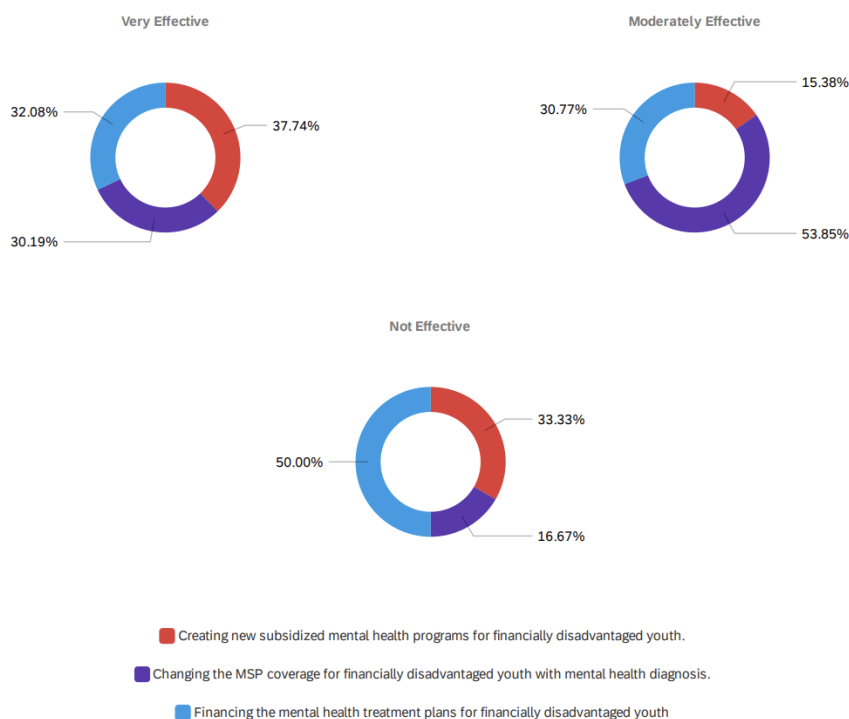


Figure. 6

Secondary Sources

To better understand the relationship between low SES (socio-economic status) and its relationship to the decrease of mental health, various other academic sources have been reviewed and analyzed in greater depth.

Shilling, Aseltine Jr, and Gore (2007) - surveyed 1093 (N = 1093) high school seniors from diverse socio-economic backgrounds (Rotter et al., 2022). The results show the significant association of the financial status of the child and their family with their overall mental health. Further providing evidence for the close relationship between the subjects discussed. Shilling, Aseltine Jr, and Gore (2007), concluded by stating that socio-economically challenged youth display higher levels of adverse childhood experiences, ultimately affecting their behaviour, substance use, and health (Shilling, Aseltine Jr, Gore, 2007). Additional findings within various

studies such as; *Socioeconomic status, stressful life situations and mental health problems in children and adolescents* (Reiss, et al., 2019), and *A family-oriented psychosocial intervention reduces inflammation in low-SES African American youth* (Miller, Brody, Yu, Chen, 2014) - adds evidence to the influence the socio-economic status of a child and their family has on his/her overall mental health.

CONCLUSION

Summary of Findings

The impact of deteriorating mental health is a phenomenon that we as a society experience. By continuing to discuss the importance of how mental health influences our communities, we must continue to develop innovative plans and resources to help individuals who are suffering from poor mental health. This report attempts to use primary and secondary data sources to display the importance of acknowledging the interconnectedness of financial status and the state of mental health an individual may be in. According to the survey conducted, current youth care workers highly associate the SES (socioeconomic status) of a child with their exposure to risks in mental health. This phenomenon should not go unnoticed, as these participants are at the front lines of providing help for these members of our society.

Additionally, by analyzing the pre existing studies regarding the affiliation between mental health and financial status of the youth, and his/her family members, all the cited studies suggest a correlation between low socioeconomic status and poor mental health. Moreover, the secondary sources provide us with authentication of the correlation between financial status, and youths' mental health. Findings by Shilling, Aseltine Jr, Gore (2007), Reiss, et al. (2019), and Miller, Brody, Yu, Chen (2014), all provide supporting evidence to this phenomenon as the experiences of financially disadvantaged youth differ significantly from their more fortunate

peers. These studies highlight, and argue for the importance of health agencies to consider socio-economic status as a crucial determinant when designing resources for these individuals.

Aside from analyzing the existing studies regarding the relationship between socio-economic status and mental health. Research concerning pre-existing resources for financially disadvantaged youth within B.C. was also conducted. The government of B.C. does in fact have various resources available for youth with mental health challenges - <https://www2.gov.bc.ca/gov/content/family-social-supports>. However, upon further investigation, these resources were found to be more informational, rather than strategic - <https://www2.gov.bc.ca/gov/content/family-social-supports/youth-and-family-services>.

Therefore, by taking the results of the data collected by the survey, secondary sources, and recognizing the current resources available, the necessity of implementing a financed mental health program for low SES B.C. youth, is ever so apparent.

Recommendations and Discussion

Through this research and analysis of the primary and secondary sources as described above, we are able to acknowledge that the stressors associated with youth from lower SES, limits their accessibility to food, housing, transportation, and health care. As a result, these young members of society are at more risk due to their heightened exposure to stress. My recommendation to get to grips with this conflict, would be to implement more subsidized mental health programs (with treatment plans included) for these financially disadvantaged youth. In order for the province to create a more balanced demographic, there needs to be accountability for this lack of care plans for at-risk youth within B.C.

As implementing this change will require great consignment of resources, consider the following when determining the necessity of these programs.

1. Funding will improve quality and generate more public benefits.
2. Minimizes the risk of chronic diseases resulting from stress, anxiety, substance use, and other means of internal conflict.
3. Mental health has a direct relation to quality of life within the community.
4. Considering the impact of mental health results in individuals who are challenged by this to build relationships, careers and facilitates promotion of healthy growth.

Moreover, if B.C were to implement these care plans, such actions will enable a strong foundation to be curated within Canadian children leading to a healthier, happier and more productive population of Canadian youth.

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