



Manitoba Advocate for Children and Youth's
Submission to
The Standing Committee on Health's
Children's Health Study

August 11, 2022

Introduction

The Manitoba Advocate for Children and Youth (MACY) is an independent office of the Manitoba Legislative Assembly and is empowered by *The Advocate for Children and Youth Act* (ACYA) to advise children, youth, and young adults of their rights and the services which should be available to them. We do this by providing direct advocacy support to young people and their families, by reviewing public service delivery after the death of a child, and by conducting child-centred research regarding the effectiveness of public services in Manitoba. The Advocate also has the responsibility to raise issues with government on behalf of the province's children, and to advise the government on issues and areas of concern.

Accordingly, and pursuant to Standing Order 108(2), the following report is presented to the Standing Committee on Health to inform its children's health study. Specifically, this report focuses on some of MACY's recent child-centred research on youth suicide and infant mortality including in Manitoba's rural, racialized, low income, and Indigenous communities, as well as how the pandemic has impacted children's health and access to services in our province.

Children's Health is a Children's Rights Issue

The Governments of Canada and Manitoba have acknowledged that all children have rights and assumed responsibility for the protection and fulfillment of these rights by ratifying the *United Nations Convention on the Rights of the Child* (UNCRC). The UNCRC recognizes children and the support they need to help them experience happy, healthy, and safe childhoods.

The Manitoba Advocate is empowered by the ACYA (s.12) to raise awareness and understanding of the rights of children. In addition to children's rights, the Manitoba Advocate is committed to reconciliation between Indigenous and non-Indigenous communities. This submission is aligned with the principles of the UNCRC, the *United Nations Declaration on the Rights of Indigenous People* (UNDRIP) and the *Calls to Action* of the Truth and Reconciliation Commission of Canada (TRC). Thus, in particular, this submission reinforces Article 21 of UNDRIP, which asserts Canada's responsibility to improve the health of Indigenous children and *Call to Action* 19, which calls for the reduction in health gaps, including infant mortality, between Indigenous and non-Indigenous communities.

Youth Suicide in Manitoba's Rural, Racialized, Low Income, and Indigenous Communities

Death by suicide remains the second leading manner of death for young people ages 10-24 in Canada,¹ and is the leading manner of death for youth ages 10-17 in Manitoba.² Between January 2020 and May 2022, MACY was notified of 58 youth deaths by suicide. In 1995, the

¹ Mental Health Commission of Canada. (2017). *Suicide prevention*. <https://www.mentalhealthcommission.ca/English/what-we-do/suicide-prevention>

² Manitoba Advocate for Children and Youth. (2020). *Stop giving me a number and start giving me a person: How 22 girls illuminate the cracks in the Manitoba youth mental health and addiction system*. <https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Suicide-Aggregate-2020.pdf>

Royal Commission on Aboriginal Peoples estimated that the national rate of suicide among Indigenous youth was five to six times higher than non-Indigenous youth.³

Research indicates that the overrepresentation of Indigenous youth with respect to deaths by suicide in Canada remains unchanged since the Royal Commission and Indigenous youth continue to be at high risk of suicide.⁴ A report recently published by MACY found that 91% of female youth (ages 10-17) who died by suicide in Manitoba, and who were involved in the child welfare system between 2013 and 2019, were First Nations or Metis. In a similar study of 45 boys with experience in the child welfare system who died by either suicide or homicide between 2009 and 2018, 78% were identified as First Nations youth and 49% lived in northern Manitoba. The mental wellness of Indigenous children, youth, and their families must become a top priority for governments. This priority must align with their inherent and fundamental rights of First Nations, Metis, and Inuit, as articulated in the UNCRC and the UNDRIP.⁵

In August 2020, my office released *The Right to be Heard*, a special report that summarizes the voices and opinions of nearly 300 young people from across Manitoba.⁶ Through this special report, young Manitobans delivered a clear message: leaders and decision-makers must make more investments in accessible programming for mental health and addictions and more recreational activities that provide healthy opportunities for community and belonging.

Infant Mortality in Manitoba's Rural, Racialized, Low Income, and Indigenous Communities

Sleep-related infant deaths (sometimes referred to as SIDS or SUID), as with other measures of child health, disproportionately impact households experiencing conditions of poverty. A report on the health of Manitoba's youth noted that as of 2018, "one in two First Nations children, one in four Metis, one in four Inuit, and one in six non-Indigenous children in Manitoba live in poverty, all higher than in Canada overall."⁷

A MACY study found that 58% of sleep-related infant deaths occurred in neighbourhoods where the average household income was less than \$35,000 per year, while 25% of infants who died unexpectedly in their sleep did not have a safe surface available in their home, meaning those deaths were preventable.⁸

³ Royal Commission on Aboriginal Peoples (1995). *Choosing life: Special report on suicide among Aboriginal people*.

⁴ Canada, Parliament, House of Commons. (2017, June). *Breaking point: The suicide crisis in Indigenous communities – Report of the Standing Committee on Indigenous and Northern Affairs*. 42 Parl., 2nd sess. Ottawa, ON.

<http://www.ourcommons.ca/Content/Committee/421/INAN/Reports/RP8977643/inanrp09/inanrp09-e.pdf>

⁵ Canadian Council of Child and Youth Advocates (CCYA). (2019). *National paper of youth suicide*.

<http://www.cccya.ca/Images/english/pdf/CCYA%20National%20Suicide%20Paper%20Final%20September%2025%202019.pdf>

⁶ Manitoba Advocate for Children and Youth. (2021). *The right to be heard*. <https://manitobaadvocate.ca/adult/reports-publications/special-reports/>

⁷ Healthy Child Manitoba. (2018). *Child and youth report*. Winnipeg, MB.

⁸ Manitoba Advocate for Children and Youth. (2020). *Safe and sound: A special report on the unexpected sleep-related deaths of 145 Manitoba infants*. <https://manitobaadvocate.ca/wp-content/uploads/SafeSleep-Report.pdf>

Indigenous infants are overrepresented in sleep-related infant deaths in Manitoba. According to population projections, Indigenous infants accounted for between 20-30% of live births in Manitoba between 2009 and 2018, but represented at least 85% of sleep-related infant deaths.⁹ This overrepresentation of Indigenous infants in sleep-related deaths is tied to structural inequality and poverty. This study also found that Indigenous infants who died in their sleep were less likely to have a safe sleep surface, like a crib or bassinette or culturally appropriate alternative, available in their home than non-Indigenous families.¹⁰ As a result, Indigenous infants are significantly more likely than non-Indigenous infants to have been placed to sleep on an unsafe surface, such as an adult mattress or couch.¹¹

Finally, another Manitoba study found “First Nations infants had higher rates of preterm births, large-for-gestational-age births and newborn readmissions and lower rates of breastfeeding compared to all other Manitoba infants. Higher rates of stillbirths and child mortality were found among First Nations children compared to all other Manitoba children. Children living on-reserve had a higher mortality rate than those living off-reserve.”¹²

Of note, we found that at the time of the special report release in 2020 only 23 of the 63 First Nations communities in Manitoba had access to a maternal-child health program, an essential resource known to address infant mortality and child health. Responses to this severe gap in health resources and outcomes must be self-determined, planned, implemented by Indigenous Peoples, and consistent with the TRC’s *Call to Action 19*.

Pandemic Impacts on Children’s Health and Access to Services

Our office has identified numerous systemic advocacy concerns that demonstrate the negative impacts the pandemic has had and continues to have on children’s health and access to services. In the child welfare system, for instance, advocacy officers have observed child-family/caregiver attachment impacts resulting from a reduction in face-to-face contact and increase in virtual visitations. Moreover, reported child welfare staff vacancies as a result of the pandemic have impacted both timely service delivery and the quality of case management.

In the disabilities domain, we have observed the pandemic has left many children and youth suddenly without access to previous supports, basic necessities, and meaningful human contact. Practical supports, such as transportation to and from services and appointments, were frequently suspended, resulting in confusion and impediments to accessing basic needs for many children and youth with disabilities.

⁹ Godoy, M., & Maher, M. (2022). A ten-year retrospective case review of risk factors associated with sleep-related infant deaths. *Acta Paediatrica*, 111(6), 1176–85.

¹⁰ Manitoba Advocate for Children and Youth. (2020). *Safe and sound: A special report on the unexpected sleep-related deaths of 145 Manitoba infants*. <https://manitobaadvocate.ca/wp-content/uploads/SafeSleep-Report.pdf>

¹¹ *Ibid.*

¹² Chartier M., Brownell M., Star L., Murdock N., Campbell R., Phillips-Beck W., Meade C., Au W., Schultz J., Bowes J.M., Cochrane B. *Our children, our future: The health and well-being of First Nations children in Manitoba*. (2020). Winnipeg, MB. Manitoba Centre for Health Policy.

In the education domain, we received a report from a school division which noted the pandemic has resulted in a sharp increase in the number of students presenting with mental health issues. A recently published study on the stressors encountered by Manitoba's children during the pandemic confirms what MACY has observed. The study found that during both in-person and remote learning, Manitoba's children struggled with many stressors affecting their mental and physical health, including less interaction with friends or classmates, worrying about grades, less interaction with teachers, too much screen time, and less physical activity.¹³

Overall, it is clear the pandemic severely impacted the mental health of many of Manitoba's youth. During the first year of the pandemic, the proportion of youth hospitalizations for mental health disorders increased from 17.1% to 17.7% compared to the previous year; and a disproportionate amount of the youth (40%) who were hospitalized for mental health disorders were from Manitoba's lowest-income neighbourhoods.¹⁴

These statistics, of course, only capture those youth who received hospitalization for their mental health challenges. Because of service constraints imposed by the pandemic, unfortunately, not all youth were able to receive the services they needed or to which they were entitled, especially those in rural or remote parts of Manitoba. Our office was made aware of cases where appointments for youth were moved from in-person to virtual, but sometimes these youth did not have access to a phone or the technology required to attend them. This, tragically, was the case for two female youths whose deaths were reviewed by our office.

In reviewing both deaths, we observed restrictions to services resulting from the COVID-19 pandemic were difficult for the youth (e.g., school and mental health appointments, along with meetings with support workers were predominantly virtual). These restrictions were documented to be isolating and may have been a factor to the deteriorating mental health of the two youth in question. In the case of one of the youth, the psychiatrist assigned to work with her was unable to perform the assessment they wanted to because their last appointment was virtual and the assessment was required to be in-person. Although an in-person meeting was scheduled to complete the necessary assessments, unfortunately the youth died by suicide before being able to attend the appointment. Similarly, in the other case, the youth was moved to a rural placement where mental health support, already more limited, was also impacted by the pandemic, including limits to travel and in-person meetings. She was unable to attend an in-person mental health assessment due to COVID-19 symptoms presenting with close contacts in her home, and her appointment was rescheduled. Tragically, she died by suicide prior to making it to that appointment.

¹³ Afifi, T. O., Salmon, S., Taillieu, T., Pappas, K. V., McCarthy, J. A., & Stewart-Tufescu, A. (2022). Education-related COVID-19 difficulties and stressors during the COVID-19 pandemic among a community sample of older adolescents and young adults in Canada. *Education Sciences*, 12(7), 500.

¹⁴ Canadian Institute for Health Information. (2022). Mental health of children and youth in Canada. Data tables. <https://www.cihi.ca/sites/default/files/document/care-for-children-youth-with-mental-disorders-data-tables-en.xlsx>

Conclusion: Moving forward

A key responsibility of the Manitoba Advocate is to develop and track compliance with recommendations to increase the effectiveness and responsiveness of provincial services. To date, the Manitoba Advocate has made numerous recommendations to various public bodies aimed at improving the effectiveness and responsiveness of public services as they pertain to children's safety, health, mental health, accesses to resources, cultural supports, and more. A full list of these recommendations is available on MACY's website.¹⁵

While such recommendations are issued to Ministers responsible for those services and/or other public bodies or persons that the Advocate considers appropriate (ACYA, s.31(1), s.31(2)), it is important to note that safeguarding the health and rights of Manitoba's children to develop to the fullest extent possible (UNCRC, Article 6) is a shared responsibility and cannot depend on any one program, one system, or one government (or level of government) to be accomplished.

In my role as Advocate for children, youth, young adults, and families in Manitoba, I urge the committee to focus on two preventable causes children die in Canada: the mental health crisis and youth suicide crisis, and infant deaths in sleep-related environments. Both issues are disproportionately impacting First Nations, Metis, and Inuit families as a result of the ongoing legacies of colonization and structures that continue to systemically oppress communities.

Respectfully submitted,



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¹⁵ <https://manitobaadvocate.ca/recommendation-tracking/>