Infant and Early Mental Health Promotion | SickKids

Changing the Future Starts Earlier

Infant and Early Mental Health as a Response to Canada's Mental Health Crisis

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Hospital for SickKids



Land Acknowledgement

I would like to begin by acknowledging the land on which SickKids operates. For thousands of years it has been the traditional land of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. Today, Toronto is home to Indigenous Peoples from across Turtle Island. SickKids is committed to working toward new relationships that include First Nations, Inuit, and Métis peoples, and is grateful for the opportunity to share this land in caring for children and their families.



Art by Emily Kewageshig

From the facts to the opportunity

Fact

12% → 26%

of Canadian youth rated their mental health “fair” or “poor” in 2023, up from 12% in 2019.

Source: Statistics Canada, CHSCY

The question

Could promotion, prevention and early intervention, even before children start school, change the trajectory of Canada’s growing mental health crisis?

The opportunity

What if we strengthened and increased our investments in promotion, prevention and early intervention before school entry?

To change the facts, answer the question and embrace the opportunity: let’s bring infant and early mental health into the conversation across Canada.

We cannot treat our way out of this crisis

2020 | How many are waiting

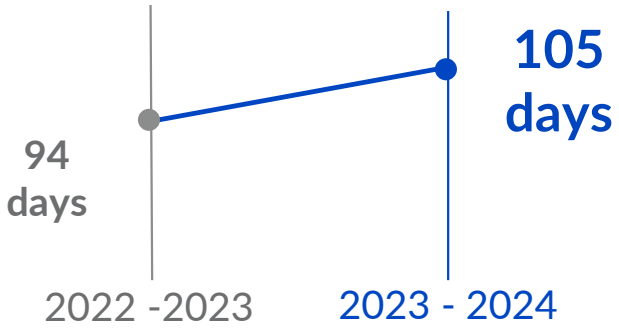
28,000

Children and youth on waitlists, some up to 2.5 years

An estimated **200,000** more need care but never reach a centre.

(CMHO, 2020)

2025 | How long they wait



(OAGO, 2025)

We cannot treat our way out of this crisis

The reality

Canada cannot treat its way out of a growing mental health crisis.

The shift

Look earlier: promotion, prevention and early intervention, before challenges become entrenched.

The science and the lived experience of thousands should collectively inspire us to do something differently.



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The Science of Infant and Early Mental Health

Section 1

Why the earliest years matter

Lifelong mental health is built early



Relationships:
Safe, responsive relationships with caregivers are where mental health begins.



Environments:
Family, community and systems either buffer children or add stress.



Experiences:
Early experiences shape how children learn to feel, cope and connect.



Development:
Rapid early development means added demands have lasting effects.

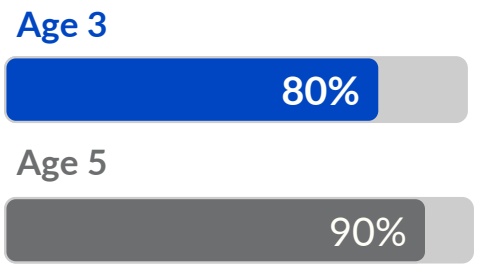
The brain builds its foundations fastest in the first years of life

Neural Connections

1M+

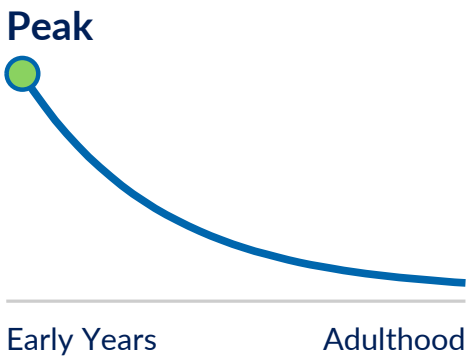
new neural connections form every second in the first few years of life

Brain Size



of adult brain size is reached by age 3, and 90% by age 5

Brain Plasticity



These are the foundations everything else is built on.

Early experience gets under the skin

Telomeres

Early adversity is associated with shorter telomeres, a marker of cellular aging (41 studies, over 30,000 people).

(Ridout et al., 2018)

Toxic stress

Prolonged stress without the buffer of a responsive adult can disrupt developing brain architecture.

(NSCDC, 2005/2014)

Buffering

Responsive, serve-and-return relationships with caregivers support healthy brain development

(NSCDC, 2005/2014)

The same plasticity that makes young children vulnerable makes them responsive to support.

Vulnerability can be recognized earlier

Added demands on development

- Adversity and inequity
- Family and community stress
- Health challenges
- Other circumstances that make early life harder

What a stronger approach to infant and early mental health offers

1. Recognition of vulnerability earlier
2. A strengthened approach to supporting the relationships and environments around children
3. Creation of opportunities that can change developmental trajectories

Who we need to pay attention to

Infants

The foundations for lifelong mental health begin here.

Toddlers

Relationships and experiences keep shaping development.

Preschoolers

Earlier recognition changes trajectories before challenges entrench.

Caregivers

Supporting those who care for children supports children.

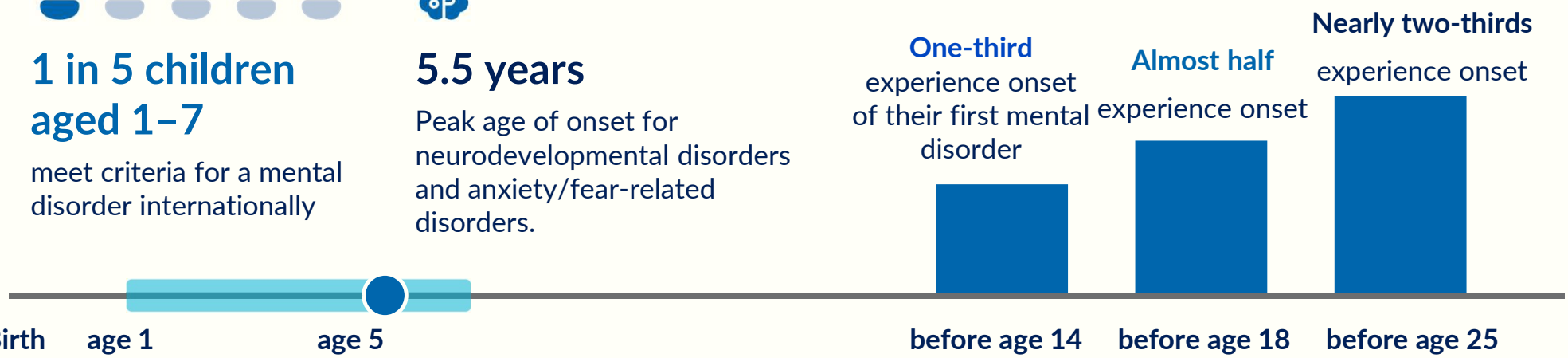
Mental health challenges starts early

1 in 5 children aged 1–7

meet criteria for a mental disorder internationally

5.5 years

Peak age of onset for neurodevelopmental disorders and anxiety/fear-related disorders.



(Solmi et al., 2022; Vasileva et al., 2021)

So, the conversation must start earlier

01

Foundations

The foundations are built in infancy and early childhood

02

Relationships

Relationships and environments shape those foundations

03

Timing

Waiting for adolescence misses critical windows of opportunity to mitigate mental health challenges

Infant mental health belongs at the centre of Canada's mental health response



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From Science to Practice: 17 Years to 17 Months

Section 2

Moving evidence into action now

IEMHP move evidence into practice in 17 months, not 17 years.

Science → **Practice**

What research tells us

What children and families receive



17 years

With system of Care Pathways and Nurturing the Seed

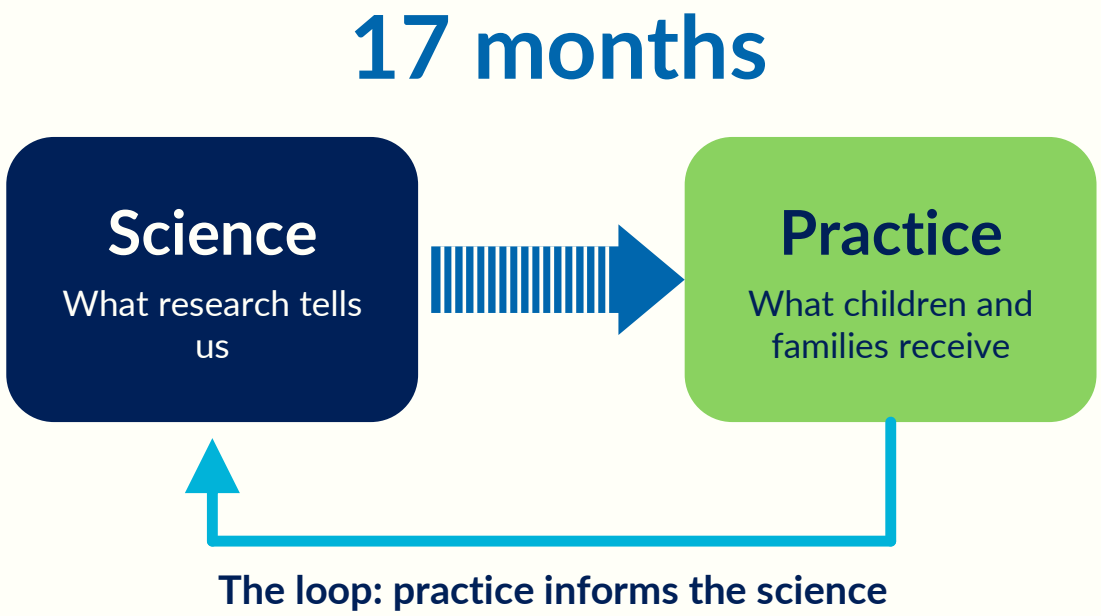


17 months

A baby born today could be 17 before the evidence reaches them.

(Rubin, 2023)

Practice also feeds the science



Not just a shorter gap

Practice generates new questions and real-world evidence that move the science forward.

Three initiatives closing the gap

System of Care Pathways

- Strengthens how communities identify and respond to young children's developmental and mental health needs
- Puts the science to work in communities now
- Shortens the path from knowledge to practice

Nurturing the Seed

- Developed and implemented in partnership with Indigenous communities
- Advances promotion, prevention and early intervention
- Community leadership and relationships at the centre

Canadian Database of Development, Infancy to Six (CanDDIS)

- Builds a national picture of how children from birth to six are doing developmentally
- Lets data inform practice, systems and policy
- Shows where earlier support is needed

Knowledge mobilization and implementation science, embedded in every initiative

Moving evidence into practice, and learning from practice to strengthen the evidence


Round Table: From a Sectoral Lens
Primary and Allied Health Care
(psychologists, family physicians, nurses, and allied health providers)
Employers and workplaces
(HR, occupational health, unions)
Government and policy
(health ministries, public health agencies, municipalities)
Funders and philanthropy
(foundations, corporate donors)
School boards and post-secondary
(K-12, campus mental health, student services)
Mental Health Consultation
Research and academia
(universities, research institutes)
Community and non-profit
(mental health & addictions agencies, crisis lines, peer support)
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Infant & Early Childhood Mental Health

So why aren't we doing it?

If we want to change the trajectory of mental health in Canada, the conversation needs to start earlier.

We do not have to wait 17 years for knowledge to change practice.

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Contact

Thank You

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