



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Consensus Conference on the Mental Health of Emerging Adults

Making Transitions a Priority in Canada

## Vulnerable populations:

One missed opportunity after another

**Chris G Richardson, PhD**

Associate Professor and CIHR New Investigator,  
School of Population and Public Health,  
University of British Columbia

Scientist,  
Centre for Health Evaluation and Outcome Sciences,  
Providence Health Care





Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



# WHO ARE EMERGING ADULTS?

# Theme and policy question(s)

## Policy points I plan to touch on:

Is it useful to discuss emerging adulthood as a distinct period?

Who are the marginalized/vulnerable emerging adults and how do their mental health outcomes fare in this developmental stage compared to the general population?

Where are the opportunities for intervention, and how can this influence the outcomes for emerging adults?

What do family caregivers experience during this stage and how can they receive the support they need?

# Objectives

## To reflect on my experiences as a parent, advocate, scientist and member of a extremely dedicated clinical team supporting vulnerable youth in Vancouver, British Columbia

This is based on:

- Being a parent of 3 amazing young Aboriginal women from a small village in the Yukon (Mayo) for the past 20 years who have managed to not only survive but “thrive” despite experiencing numerous periods of extreme adversity
- Being actively involved in the non-profit From Grief to Action ([www.fgta.ca](http://www.fgta.ca)) for the past 8 years
- Being an Associate Professor at UBC/MSFHR Scholar/CIHR New Investigator interested in using new technology to identify emerging vulnerabilities in youth and connect them with appropriate services and supports
- Working with Dr. Steve Mathias and the rest of the Inner City Youth Program in Vancouver to connect youth with integrated services that meet them where they are and enable them to shift their trajectories in ways that many people in the system do not think is possible

What ~~we know~~ have I experienced

**Emerging adulthood may be the “period” when the train goes off the rails – often in spectacular fashion - but many of our most vulnerable youth would have benefitted substantially from ongoing supports that started much earlier**

- Children in government care
- Children in high risk families (poverty, violence/neglect/abuse, family history of mental health and substance use)
- Children with developmental challenges (FASD, Autism, other cognitive issues)
- Aboriginal children – both on reserve and in urban centres

The lack of resources and urgency involving the delivery of targeted comprehensive long term supports for the most vulnerable children and youth in Canada is shocking!

# What ~~we know~~ have I experienced

**The needs of vulnerable youth with emerging mental health and substance use issues are complex and require highly skilled and passionate service providers who are able to easily assemble health supports in conjunction with safe housing, opportunities for friendship, education and meaningful employment.**

- Aboriginal youth with concurrent disorders often end up living in very high risk environments where they are systematically exploited
- Many transition into exploiters in a “contained” micro-climate of normalized violence, substance use and dysfunction
- The system’s response frequently includes expulsion from school, corrections, independent living in an SRO, and harm reduction (safe crack kits, safe injection sites, decriminalized prostitution)
- Traditional health, social service and non-profit agencies work hard to keep vulnerable youth from drowning but rarely teach them to swim → there appears to be an embedded lack of hope for anything better
- Starting to see meaningful engagement with youth to determine what would help them best address their complex challenges and transition into healthy – happy – engaged adults
- However, passionate care providers who do make an effort can quickly become burnt out and overwhelmed trying to navigate a system focused on “putting out fires”

# What ~~we know~~ have I experienced

## Resources for parents and other family members are extremely limited.

- Family members frequently perceived as part of the problem yet relied on to pick up the pieces
- Stigma, especially when substance use is involved, makes it very difficult for many families to ask for help and when they feel (and probably are) judged
- Many family supports for mental illness are not appropriate for youth with addiction/concurrent disorders
- Families frequently have to “go public” to get care for their children but this often strains relationships with care providers and they feel ostracized by the very system meant to support them
- Many families are not in a position to push the system and don’t realize their rights to evidence-based health care – especially in Aboriginal communities
- There is a two-tier system for mental health and especially for addictions that would never be tolerated in the context of other diseases – families are often exploited by for-profit drug treatment centres
- Families represent a huge untapped resource for our youth – a little information and support can go a long way!

# Implications and Recommendations

## There is no simple solution to address the mental health needs of our vulnerable youth and their families

- Resist the easy way out of increasing funding to the very system that allowed the current situation to develop – increased funding alone is not going to solve this problem
- Vulnerable children (and their families) can be identified and supported into adulthood but this takes sustained programming, collaboration and flexibility – especially when working in partnership with First Nations communities
- We need to consider the impact of broad interventions on vulnerable populations – how many vulnerable families take advantage of these benefits and do they further reinforce marginalization and socio-economic disparities?
- We need meaningful accountability in the system – after 20 years of reports/forums/Royal Commissions there is a growing sense among parents that litigation is ultimately what needs to happen to change the current system
- System change must be supported from the ground up and the top down and be able to adapt to local communities in both urban and rural environments → Collective Impact?