

Consensus Conference on the Mental Health of Emerging Adults

Making Transitions a Priority in Canada



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uOttawa

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Ontario Centre of Excellence
for Child and Youth
Mental Health

Bringing People and Knowledge Together to Strengthen Care.



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BRIDGING THE GAP BETWEEN CHILD AND YOUTH MENTAL HEALTH SERVICES AND ADULT MENTAL HEALTH SERVICES

Theme and policy question(s)

1. How well is the mental health system responding to needs of emerging adults and what are the critical gaps?

- Current state of Canada's mental health system for emerging adults?
- What are the gaps, current pathways, and barriers faced by emerging adults in transitioning to adult services?

2. What are potential solutions to address the gaps?

- What principles or philosophies set the ground for successfully addressing gaps?
- What do we know about successful service delivery approaches including approaches to care, transition pathways and efforts at reframing the system?

What we know

Transitional difficulties and impact on young people:

- 13 to 22% children and youth have at least 1 psychiatric disorder
- More than 75% adults with mental illness and addictions onset at an age less than 25
- 16 to 24, peak age of onset, highest burden of illness, system weakest and most discontinuous (Singh 2008, McGorry 2007, Pottick 2007)
- Untreated children and youth with MH and A concerns are more vulnerable and less resilient over time

What we know

Transitional difficulties and impact on young people:

- TRACK study, 4% have optimal transition to AMHAS
- 60% of youth with MH and A problems disengage during the transition (Harpaz-Rotem 2004)
- Most vulnerable youth most likely to disengage e.g. socially isolated males with high service needs
- Re-engagement usually crisis driven to AMHAS
- Lack of easy transition jeopardizes life trajectories of young people (Pottick 2007)

What we know

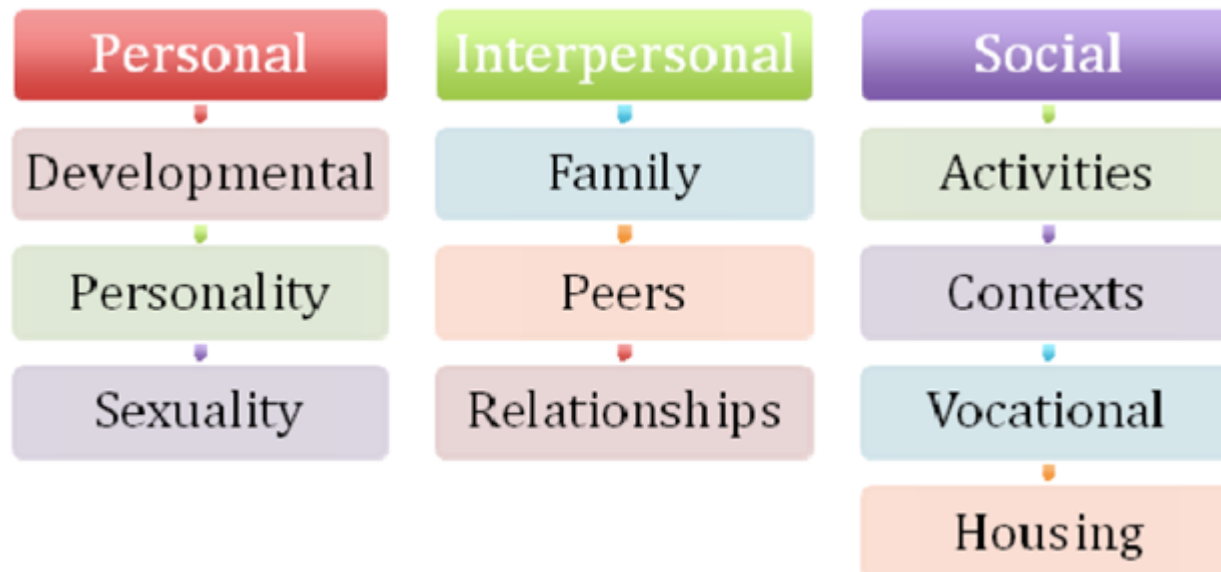
Current Issues About EA Care:

- Under funded
- Fragmentation specialists within and between sectors
- Planning not inclusive
- Serious wait times and access issues
- Generally no authentic youth and parent engagement
- Mental health and addictions often still siloed
- Few evidence informed practices
- Insufficient research and evaluation

What we know

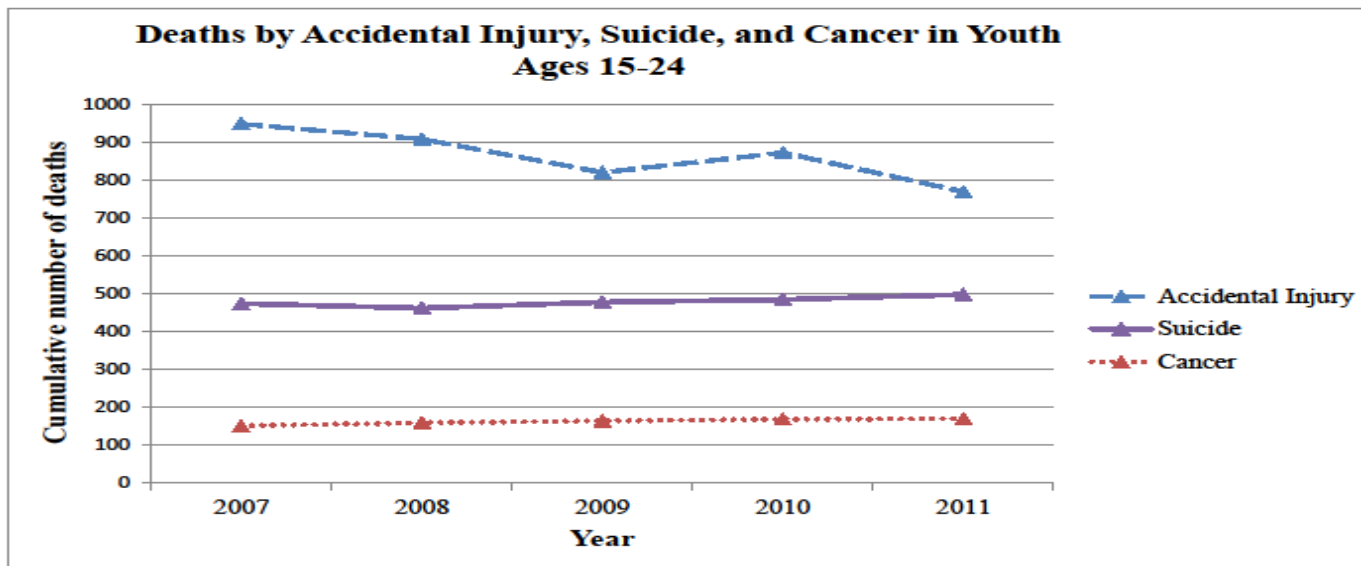
Not just about Mental Health & Addiction

Multiple transition factors (interface between institutions, community and individual factors)



What we know

Deaths Rates of 15 to 24 year old Canadian Youth: Stats Canada Data



What we know

Notwithstanding these difficulties, there are Pockets of Excellence in Services for Young People



(However, they remain among the best kept secrets in the world!)

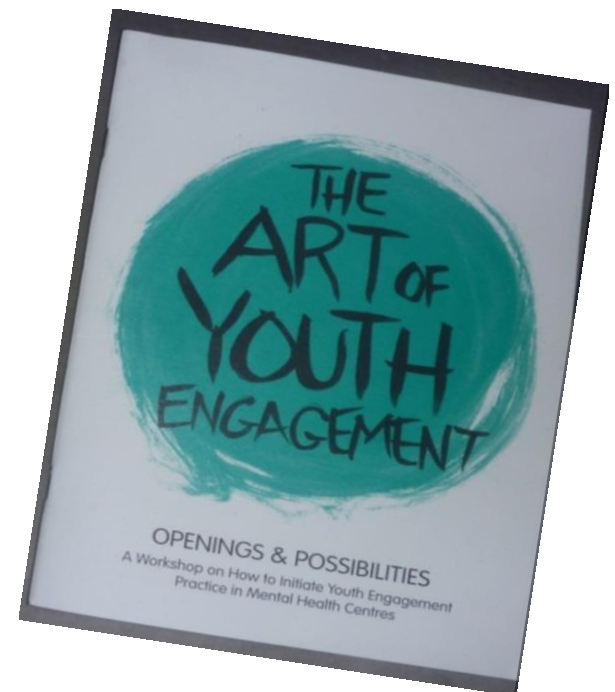
What we know

Youth Engagement...

“Empowering all youth as valued partners in addressing and making decisions about issues that affect them personally and/or that they believe to be important.”

The New Mentality

Ontario Centre of Excellence releasing - A YE Toolbox



What we know

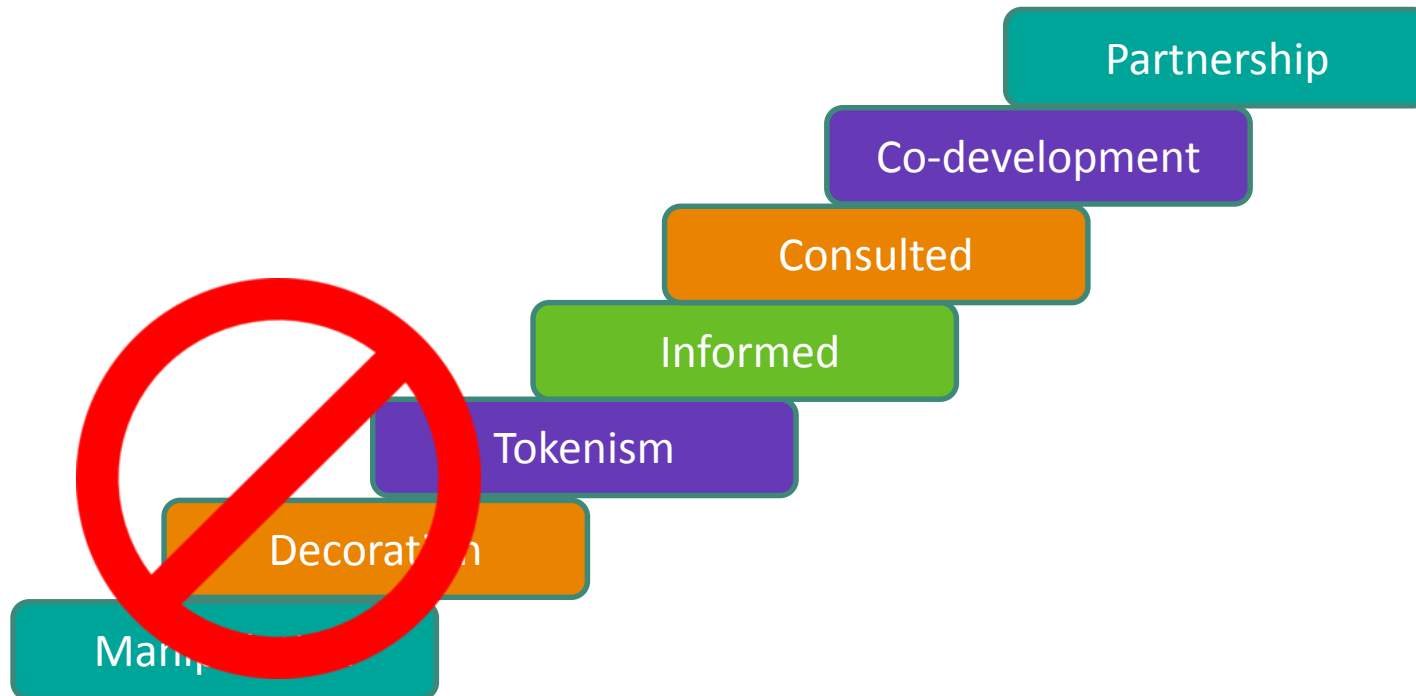


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Roger Hart's Ladder of Young People's Participation

(Adapted from Hart, 1992, Children's Participation from Tokenism to Citizenship)



What we know

Youth Mental Health and Addictions Service System Bottom Line:

- Fully funded and sustainable
- Young people and parent engagement
- A well integrated full continuum of mental health and addictions services for young people, timely, accessible, developmentally appropriate and culture fair
- Comprehensively evaluated standardized and comparable between models and approaches

What we know

Transitional models for young people:

- Generally two different approaches/models
 - EPPIC approach to All MH and A problems
 - Transitional/ bridge
- No best practices in transitional models / approaches, both have strengths and weaknesses
- Transition Interventions
 - US approach to successful transition- individualized goal driven approach using best practices in preparing EA for adulthood e.g. TIP

Implications

The Impact:

- Untreated children, adolescents and young adults with mental health concerns become “more vulnerable and less resilient” with time (Wattie, 2003; McGorry, 2012; Garber & Clarke, 2009, McGorry et al, 2011)
- Significantly higher rates of school leaving, justice involvement, unemployment (Davis et al, 2007; Davis et al, 2007; Newman et al, 2009; Wagner & Newman, 2012; Vander Stoep et al, 2003)
- Suicide and self-injury is the second leading cause of death for Canadian youth (Statistics Canada, 2009)

Implications

The Impact:

- One in 5 of all deaths among young adults 15 to 24 due to suicide (Government of Canada, 2006)
- Concern about marginalized young adults: youth released from Child Welfare, Aboriginal/Inuit, homeless, rural/remote, LGBTQI, justice-involved, some new Canadians

Recommendations

Proposed Emerging Adult Service Framework Continuum of Services Policy Scaffolding and System Supports

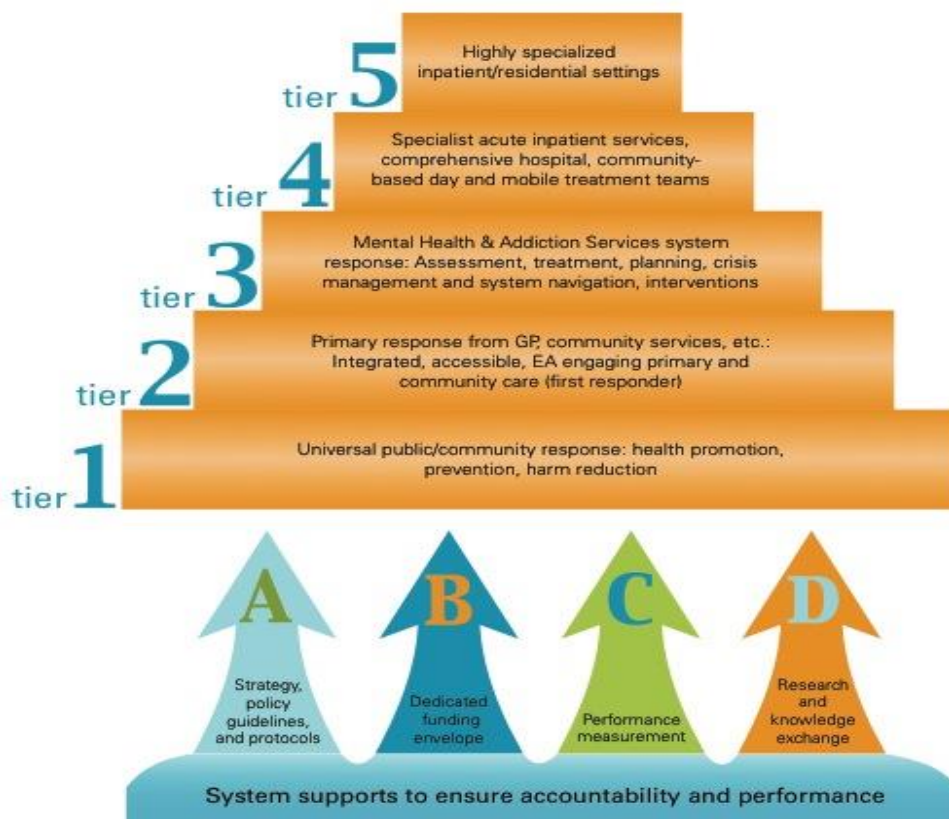


Figure 2 Emerging Adult Service Framework: access, flexibility, movement between tiers

Recommendations

Must Haves, No Matter What Model Is Used

- Adequate and Stable Funding
- Authentic Engagement of Youth and EA, Parents and Caregivers
- Fully Integrated System ALL working together to Influence Change for all groups of Youth and Emerging Adults
- A Full Continuum of Seamlessly Delivered, Timely, Accessible, Culture Fair, Developmentally Appropriate Inclusive Services Designed for ALL Youth and Emerging Adults*
- Comprehensively Evaluated, Over the Long-term, Using Standardized Methods that can be Compared with Other Models and Approaches

* Including all levels of MI and A severity, homeless, FNIM, LGBTQI, New Canadians and other minority groups