Mental Health Commission of Canada

Commission de la santé mentale du Canada

Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada

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INTRODUCTION

Changing Directions, Changing Lives: the Mental Health Strategy for Canada (Strategy), written and released by the Mental Health Commission of Canada (MHCC) in 2012, makes a number of recommendations for action on child and youth mental health. In order to better serve emerging adults in particular, the Strategy recommends the removal of barriers that can prevent successful transitions from child and youth to adult mental health and addiction services.

Building on recommendations put forward in the *Strategy*, the MHCC commissioned a research team from the Children's Hospital of Eastern Ontario to conduct a comprehensive assessment of the current state of policies and practices for youth transitioning from child and youth to adult mental health and addiction services in Canada. The resulting report, entitled *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults*, makes a series of recommendations for building a seamless continuum of services for emerging adults and for improving inter-sectoral policies that address challenges faced by emerging adults in current service systems. With this report as context and background, in November 2015, the MHCC convened the first Canadian consensus conference on the mental health of emerging adults. The release of the *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* coincides with current discussions on the Health Accord. This timely report has the potential to inform provincial and territorial thinking about how to prioritize youth and emerging adult mental health within funding streams earmarked for mental health.

Louise Bradley, MHCC President & CEO addressing the conference delegates.

In November 2015, the MHCC convened the first Canadian consensus conference on the mental health of emerging adults.

ABOUT THE CONSENSUS CONFERENCE

The goal of the *Consensus Conference on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* (the *Conference*) was to develop a consensus statement with concrete recommendations aimed at improving the mental health of emerging adults and to address the challenges they face in current service systems.

The *Conference* was attended by 200 delegates from across Canada. Delegates ranged from emerging adults, families, policy makers, representatives from provincial and territorial mental health administrations (including Quebec), researchers, mental health organizations, clinicians and professionals across education, mental health and addiction, child welfare, social service and justice sectors.

A consensus development conference is a gathering of experts and community leaders who translate personal and lived experiences and expert knowledge of evidence into policy and practice recommendations on a specific policy topic. It relies on a jury to generate consensus on specific and actionable policy recommendations in a short amount of time.

The MHCC modified the traditional consensus development format for the *Conference*. Leading up to the event, two advisory groups – a panel of emerging adults (EA Innovators) and a group of leading experts and policy makers in mental health – helped co-design the format, themes and outcomes of the *Conference*. At the *Conference*, there were opportunities for input by the EA Innovators and delegates. In keeping with its commitment to involving young people and their families, the MHCC also provided 25 delegates, many of whom have lived experience, with full or partial subsidies to attend the *Conference* in order to ensure involvement by those who would not otherwise have been able to participate.

Top: (left to right) Her Excellency Sharon Johnston; Louise Bradley, MHCC President and CEO; Dr. Manon Charbonneau, MHCC Board Member. Bottom: Conference delegate.

Members of the Jury and EA Innovators from across the country represented a wide spectrum of knowledge, expertise and sectors and included mental health professionals, policy makers, people working in post-secondary education and justice, emerging adults living with mental health problems and illnesses, their families, diverse populations, as well as First Nations, Inuit and Métis experts in mental health.

The *Conference* was anchored by presentations from twelve speakers who presented evidence and addressed specific questions developed by the two advisory groups. Each presentation was structured under one of four interrelated policy themes:

1. **Defining emerging adulthood as a stage of life.**
2. **Bridging the gap between child and youth and adult mental health services.**
3. **Transitions across service systems.**
4. **Mechanisms for improving mental health system responsiveness.**

Following each block of thematic presentations, the sixteen person Jury, EA Innovators and conference delegates asked questions of the speakers. While the Jury and EA Innovators deliberated on each theme, delegates shared their perspectives at their tables and key points were captured by facilitators. Individual feedback was also recorded on separate forms in order to give delegates the opportunity to feed their perspectives directly to the Jury and EA Innovators. On the final morning of the *Conference*, the Jury presented its draft consensus statement to delegates who then discussed it in groups and plenary. The oral and written feedback was considered by the Jury and EA Innovators in the months following the *Conference* as they finalized the consensus statement.[1]

Top: Speakers Alicia Raimundo, Dr. Chris Richardson and Dr. Gilles Bibeau. Bottom left: Speaker Dr. Patrick McGorry. Bottom right: Speakers Dr. Alan Leschied (not seen), Catherine Willinsky, Dr. Steve Mathias, and Angela Kays Burden.

1 See Appendix A for the list of jury members, EA Innovators and speakers.

WHO IS THE AUDIENCE FOR THE CONSENSUS STATEMENT?

The principles and recommendations put forward in this consensus statement are aimed at those who have a role to play in improving the mental health of emerging adults, particularly those who have influence over policy making and the funding of services across the health, mental health, education, justice, child welfare and social service sectors at national, provincial/territorial, regional and local levels. The audience also includes service providers and agencies and their accrediting bodies, as well as training institutions, professional societies and research bodies. The statement can also be used to influence change by those who advocate for improved services for emerging adults, including emerging adults themselves, families and caregivers and advocacy organizations. This statement is also intended to serve as a framework for those who play a role in supporting knowledge translation and implementation science in the mental health sector.

Our conference speakers interacting with delegates.

MESSAGE FROM THE JURY

We are sixteen men and women from across Canada with wide ranging professional, educational and ethno-cultural backgrounds and personal experiences. We were convened by the Mental Health Commission of Canada (MHCC) to build a consensus process on emerging adult mental health. We brought to the table our shared passion and belief that the mental well-being of emerging adults is a priority and more must be done to provide EAs with the supports they need to transition into adulthood.

The Jury's role was to consider all of the evidence, including the expertise and lived experience of conference delegates, deliberate, debate and ultimately reach consensus on key policy recommendations on emerging adult mental health.

The Jury found that there is limited scientific evidence on the best ways to support emerging adults with mental health problems and illnesses as they move through this critical stage of life. This poses particular challenges, but also presents us with an opportunity to design and conduct research that incorporates the wisdom of EAs themselves, input from their families, caregivers and service providers.

This document provides a solid platform from which to advance policy and practice targeted to improving the mental well-being of emerging adults across the country. It is the Jury's fervent hope that this consensus statement will spur policy makers, service providers and researchers to authentically engage with emerging adults and their caregivers and families of choice in the co-creation of policies, programs and evidence that will ensure that all EAs in Canada get the support and care they need.

Consensus Conference Jury during deliberations.

MESSAGE FROM EMERGING ADULT INNOVATORS

THE TIME FOR ACTION IS NOW!

Policies that surround the mental health of emerging adults have become an increasingly important topic of discussion. The current strategies, programs and research supporting mental health and addictions services for emerging adults, or youth transitioning into the adult health care system, are scarce. We believe that the time is ripe to open up the dialogue for people from coast-to-coast-to-coast to discuss this critical area of our mental health system.

As the Emerging Adult Innovators, we are a group of seven young people from across Canada who came together at the *Consensus Conference* to advocate for EAs everywhere based on our personal experiences with mental health issues. We know firsthand the troubles and challenges of a disjointed system. Drawing on this knowledge, we presented the emerging adult perspective on the themes discussed at the *Conference*. Our goal was to represent the diversity of emerging adults in Canada and we've used that lens to incorporate our input into these recommendations.

In the last several months following the *Conference* we worked with the Jury and MHCC staff to refine the recommendations and to ensure that the voice of emerging adults is present in these recommendations. We hope to build off of these recommendations and work with stakeholders to advance seamless mental health policies and services that support EAs and their families.

We all play a part in this and we can't wait to start working together!

EA Innovators (left to right) Dexter J. Nyuurnibe, Jasmine Ali, Don Mahleka, and Molly Schoo.

ENGAGEMENT WITH FIRST NATIONS, INUIT AND MÉTIS

The *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* does not aim to speak for First Nations, Inuit and Métis emerging adults, their families, or communities. Although First Nations, Inuit and Métis were represented on the Jury, members of the Jury and conference delegates raised legitimate concerns that there was inadequate representation of First Nations, Inuit and Métis experts and voices among conference participants, that First Nations, Inuit and Métis were engaged too late in the process, and that their national organizations were not engaged prior to the conference. Before finalizing the statement, the Jury agreed that the MHCC had to first take the time to engage with First Nations, Inuit and Métis emerging adults in a process that was satisfactory to the respective national organizations. At the time of release of this document, discussions with the Métis Nation organizations have been completed (see Supplemental Statement for Métis-specific considerations, principle, and recommendation). Updated versions of this document will be issued as parallel discussions with other Indigenous organizations are completed.

KEY CONSIDERATIONS

During the *Conference*, we heard about the challenges associated with emerging adulthood and how Canada's emerging adults are not having their needs met in current systems. We also heard that transformation is urgently needed across systems, programs and policies in order to support wellness and recovery for all young Canadians. This section highlights key considerations that underpin the recommendations for system transformation.

WHAT IS EMERGING ADULTHOOD?

Emerging adulthood is a critical developmental stage – a time when young people deepen their understanding of their identities and relationships, take on new responsibilities and define their individual truths. It is a period marked by transition and exploration, of wandering and wondering, choosing and becoming.

Emerging adulthood can be a period of great volatility, marked by exploration and experimentation with new identities and roles. Emerging adults experience frequent and fast-paced life-course changes, such as transitioning in and out of living with family; moving in and out of dating or marital relationships; cohabitating with partners or living independently for the first time; entering the labour force and changing jobs; and transitioning into and out of college, university, vocational school, the military and other institutions. We heard from Dr. Gilles Bibeau at the *Conference* that young people today currently live on the border of many worlds and are under immense pressure to make sense of things on their own.

Emerging adulthood is also a time when young people are ushered out of child and youth mental health and addiction services into adult services and programs. Too often, these transitions are far from seamless and cause major disruptions to the well-being of emerging adults. In the case of the child welfare system, for example, many 18 and 19 year olds "age out" of care without the necessary supports or skills to flourish. Transitions out of the youth justice system can also be extremely difficult. While turning 18 or 19 used to signify a clear threshold into adulthood, young adults today are taking longer to reach economic and social maturity and they require adequate support getting there.

Research shows that up to 75 per cent of mental health problems have an age of onset occurring in childhood, adolescence or young adulthood (Carver et al., 2015). Emerging adulthood is the life stage during which early symptoms of diagnosable mental disorders and first onset of major mental illnesses are most prevalent (Carver et al., 2015). The prevalence of mental health problems and illnesses among emerging adults rises progressively as they transition to adulthood and peaks by the time they reach 29 years of age (Smetanin et al., 2011).

Unfortunately, this population of young people is being overlooked. The way that the current system is set up – with EAs being forced to transition from youth to adult services because of policies and programs structured around the age of majority (age 18 or 19, depending on province or territory) – means that many emerging adults are not able to access vital services and programs precisely at the time when they need them most. Emerging adults with mental health problems and illnesses who access services and establish therapeutic relationships within the child and youth system, who then find themselves "aging out" of this system, may choose not to build a new therapeutic relationship or may not have access to services in the adult system at all. In addition to a lack of coordination between child and youth and adult mental health services and systems, long wait times and differences in the culture and training between these two systems pose barriers to continuity of care (Embrett et al., 2015; McLaren et al., 2013; Singh et al., 2010). Analysis of systems in the United Kingdom and the United States, for example, have found that upwards of 45 per cent of youth stop receiving services after they reach the age of majority (Carver et al., 2015). This point of transition for emerging adults also generally corresponds to major transitions in education, employment and other social services.

Research shows that untreated mental health issues in early adulthood may lead to an increased risk of developing severe and enduring mental health problems later in life (Carver et al., 2015). The period of transition from youth to adulthood therefore offers an opportunity to impact the lifetime trajectory of mental illness and well-being (Carver et al., 2015). As Alicia Raimundo emphasized during the *Conference*, the system today is powered by good intentions – things that used to work but don't anymore. In order to better meet the needs of emerging adults, policy makers and service providers need to listen, act and partner.

"Research shows that untreated mental health issues in early adulthood may lead to an increased risk of developing severe and enduring mental health problems later in life.... The period of transition from youth to adulthood therefore offers an opportunity to impact the lifetime trajectory of mental illness and well-being."

(Carver et al., 2015).

EQUITY, DIVERSITY, RACISM AND VULNERABLE POPULATIONS

The capacities, needs, aspirations and abilities, as well as the social, cultural and economic backgrounds of emerging adults are extremely diverse. In Canada, certain populations of emerging adults are more likely to be overrepresented at the intersection of various social systems, to be living in poverty, to experience racism and to face challenges accessing mental health services. Unfortunately, we know that access to timely, appropriate and quality services is influenced by an EA's race, sexual orientation, immigration status, gender, income and level of education (CAMH, 2012). Mental well-being is deeply impacted by social determinants of health, such as precarious housing, poverty, social exclusion, racism and other forms of discrimination. Certain populations who are exposed to unequal social, economic and environmental conditions are at higher risk of mental health problems and illnesses (World Health Organization & Calouste Gulbenkian Foundation, 2014).

Additionally, many youth and emerging adults can face difficulty finding service providers and professionals that share their racial, ethnic, religious, cultural and linguistic backgrounds and culturally safe and appropriate support can be hard to find. We heard from young people involved in the *Conference* that marginalized EAs with mental health problems get stuck in an endless cycle of being marginalized. Unfortunately, existing systems are failing to meet the diverse mental health needs of all emerging adults equally, and some populations are chronically underserved. This needs to change.

Top: EA Innovators Christal Huang and Amanda Ghazale Aziz.
Bottom: Emerging Adult Innovators panel members Dustin Garron and Christal Huang..

Health equity must underscore any approach to providing mental health, problematic substance use and other social services to diverse and vulnerable EA populations across Canada.

MENTAL HEALTH AND PROBLEMATIC SUBSTANCE USE

Problematic substance use can complicate an already challenging transition into adulthood for emerging adults with mental health problems or illnesses. Rates of co-occurrence of mental health problems or illness and problematic substance use tend to be highest during emerging adulthood. Data gathered through the Canadian Community Health Survey in 2002 revealed that youth between the ages of 15-24 were more likely to report mental health problems or illnesses and problematic substance use of illicit substances compared to any other age group in Canada (Statistics Canada, 2003). Subsequent research revealed that youth and emerging adults were five times more likely than adults over the age of 25 to report harm due to substance use. Alcohol, marijuana and prescription opioids are the most common substances misused (Canadian Centre on Substance Abuse, 2007). In the United States, 36 per cent of those with co-occurring serious mental health conditions and substance use disorders are ages 18-25 years (SAMHSA, 2003 as cited in Davis et al., 2012). Emerging adults with concurrent mental health and substance use/abuse problems face increased difficulties in accessing and maintaining access to the services they need.

While most provinces and territories have already amalgamated mental health and addiction services, collaboration and service integration at the agency level remains challenging, despite evidence that better collaboration among mental health, addiction and primary care providers can improve the delivery of services and support EAs most in need.[2]

Because of the inextricable links between mental health problems and illnesses and problematic substance use, improved collaboration and integration of services between the mental health and addictions sectors is fundamental to a more seamless continuum of services for EAs.

2 Throughout this statement, it is implied that mental health services include addiction services, even when the latter are not explicitly named. The term "problematic substance use" is used throughout to refer to the problem area, while addiction is used when referring to services because most jurisdictions describe them in this manner.

DISTINCT MENTAL WELLNESS NEEDS OF FIRST NATIONS, INUIT AND MÉTIS EAs

Strategic Direction Five in the *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* recognizes the distinct mental wellness needs of First Nations, Inuit and Métis and acknowledges the unique circumstances, rights and cultures of Indigenous peoples (MHCC, 2012). The experience of First Nations, Inuit and Métis in Canada over the past several hundred years has been marked by consistent colonial intervention aimed at assimilation, which the Truth and Reconciliation Commission of Canada has qualified as tantamount to cultural genocide (Truth and Reconciliation Commission of Canada, 2015).

Opening Prayer by Elder Claudette Commanda.

Past colonization and ongoing colonialism have disrupted the wellness of many Indigenous individuals, families and communities across generations (Royal Commission on Aboriginal Peoples, 1996). Many First Nations, Inuit and Métis emerging adults continue to face inequitable circumstances that can greatly impact mental wellness and transitions across systems and into adulthood. These persistent gaps are unacceptable. Many young people do not have access to culturally relevant or culturally safe programs and services. It is all too common in Canada for many First Nations, Inuit and Métis youth living in rural, remote and northern regions to face severe barriers to mental wellness services and supports. Supporting the mental wellness of First Nations, Inuit and Métis emerging adults involves honouring the strength, resilience and expertise of Indigenous emerging adults, their families, and communities.

PRINCIPLES OF A CHANGED SYSTEM

During their deliberations, the Jury and EA Innovators identified a number of foundational characteristics of a transformed system – one that is better able to meet the mental health and problematic substance use needs of emerging adults.

The following principles both underpin and cut across the action-oriented recommendations that follow.

1. All emerging adults across Canada have equitable and timely access to high-quality, publicly funded mental health care. Regardless of where they live, their racial or cultural background, socio-economic means, sexual orientation, citizenship status or personal history, all emerging adults can expect an equitable range and calibre of services.
2. The system is defined by a culture of hope, collaboration and integration. The system is rooted in the belief that recovery is possible, individuals can gain resilience and that providers work together across sectors to generate an integrated, seamless system of care that focuses on promoting wellness and reducing risk factors as much as on providing care.
3. Emerging adults are full co-creators of solutions designed to meet their needs.
4. Mental health and problematic substance use services are strengths-based, client-driven and holistic, covering the full range of an emerging adult's needs as determined by and wrapped around them in accordance with best recovery oriented practices.
5. Mental health care is flexible. Instead of imposing one fixed model, the system is able to adapt and respond equitably to the diverse needs of particular communities and individuals.
6. Services are locally, culturally and personally relevant. Services are culturally safe and competent and incorporate the wellness models and treatment approaches preferred by Canada's diverse populations.
7. Emerging adults with mental health needs have access to supportive peers and professionals to whom they can relate. Relatability promotes trust and a sense of authentic engagement.

8. Services empower the individual and create a sense of community and belonging. Services forge strong community connections and support family and other nurturing relationships.

9. Services are highly responsive to the needs of all vulnerable people. The system is welcoming, inclusive and competent at meeting diverse needs and takes into account the ways in which racialization, immigration status, sexual orientation, gender identity and gender presentation, homelessness and involvement with the child welfare and criminal justice systems intersect with mental health.

10. Services are family informed and responsive to the diverse needs and roles of EAs and their family of choice. Services see an emerging adult's circle of care as allies and involve them appropriately and meaningfully in care decisions and system design.

11. The service system evaluates performance in a coordinated and timely manner based on shared priorities and measures for desired outcomes across the continuum. This is key to continuous quality improvement and keeping the system transparent and accountable.

RECOMMENDATIONS

Building on the principles of a reformed system, the following recommendations are aimed at people who have a role to play in improving the mental health of emerging adults, particularly those who have influence over policy making and the funding of services across the health, mental health, education, justice, child welfare and social service sectors. This includes people working at national, provincial, territorial and regional levels of government. It also includes service providers and agencies, their accrediting and regulatory bodies, as well as training institutions, professional associations and research organizations. Those who advocate for improved services for EAs, including emerging adults themselves, families, caregivers and advocacy organizations, can also use the following recommendations to advance policy and practice.

The consensus process – which included speaker presentations, table discussions and feedback from conference delegates – resulted in synthesized recommendations written by the Jury and EA Innovators. Each recommendation responds to specific areas in which services and systems can better serve emerging adults.

The recommendations are grouped into three categories: recommendations that are foundational to change; recommendations that address service gaps; and recommendations for generating action and sustaining momentum.

RECOMMENDATIONS THAT ARE FOUNDATIONAL TO CHANGE:

1 Recognize emerging adulthood as a developmental stage of life and base policies, programs and services on need instead of categorizing them by age.

Systems must operate with a common definition of emerging adulthood that is based on a developmental continuum instead of on chronological age. The definition should be flexible enough to resonate with the realities of young people facing mental health problems and illnesses from diverse sexual, gender, socioeconomic, community, spiritual, religious and cultural backgrounds. Although emerging adulthood does not fall within any specific span of years, a broad guideline for determining emerging adulthood for the purposes of policy and service development might be between the ages of 14 and 25 – although it can span as young as age 12 and as old as age 30.

Defining emerging adulthood along a developmental continuum means that no EA experiences a rupture in services because of their age. In order to put this into practice, age cut offs need to be reviewed, consent and confidentiality must be revisited and an enhanced continuum of services needs to be developed that is based on emerging adults' individual preferences and needs. We do not want or need to create a separate silo for EAs. We want an inclusive system that builds bridges across the developmental continuum and supports EAs in fostering resilience and well-being. In British Columbia, the Integrated Youth Services Initiative (British Columbia Integrated Youth Services Initiative, 2015) has committed to applying flexible, age-based inclusion criteria to youth services. Young people in the general population ranging in age from 12 to 24 years, and up to age 29 in First Nations, Inuit and Métis communities, can access services that meet their needs.

2 Collaborate in joint partnership with EAs as experts in their own health care to define outcomes and determine the most appropriate services to meet their needs.

Emerging adults must be engaged as experts in their own health care and in the management of their own well-being. Emerging adults require increased ownership over individualized treatment plans that draw on various systems and evolve over time and need to be meaningfully engaged in all initiatives for system change. Professionals must work with EAs from all populations to co-create outcomes, evaluation approaches, services, programs and policies that meet their needs. True engagement entails collaboration in the initial phases of planning and development, right through to evaluation. EAs do not want to be called upon as tokens at the end of the process. For true engagement to occur, EAs need to be supported in developing capacity to effectively advocate for what they need. Increased paid opportunities for EAs to sit at decision-making tables, such as on boards and advisory councils, facilitates their continuous and meaningful input. Governance policies that incorporate payment for EA engagement in decision-making reduce barriers to participation and recognize the value of their contributions. Professionals also need to be supported in developing capacity to work in authentic partnership with emerging adults. Ensuring that professionals and policy makers working with EAs on policy and program design have access to best practices in youth engagement is an important component of genuine collaboration.

3 Apply principles of health equity, anti-oppression and anti-racism to tailor approaches and solutions to all populations of emerging adults. Take into account intersectionality, individual identities, social and cultural contexts and capacities.

Policies, services, and programs need to account for the fact that not all emerging adults have equal access to mental health services and programs, nor do existing approaches and services meet the needs of all EA populations. Targeted strategies to promote health equity must be enhanced to reach vulnerable EA populations and those typically overlooked or underserved by child, youth and adult services, such as young people in the care of the child welfare system or involved in the criminal justice system, youth who are homeless or who live in precarious housing, First Nations, Inuit and Métis, LGBTQ2+, newcomer immigrant and refugee youth, minority language speakers and young people with dual diagnoses, severe diagnoses and problematic substance use issues.

Emerging adults need services that meet them where their identities and life circumstances intersect with their individual mental health needs. EAs need access to professionals to whom they can relate and whom they trust. In order that supports and services do not serve to marginalize the people they are designed to assist, professionals working with EAs must receive training in this developmental stage, in cultural safety and cultural competence, listening to lived experience, education on the histories and processes of colonization, racialization and guidance on identifying and addressing racism and marginalization.

Ontario's Health Equity Impact Assessment is a practical assessment tool that assists with applying an equity lens to decision-making and informing change. It can be used to assess programs prospectively and retrospectively and includes a public health and a francophone services supplement (National Collaborating Centre for Methods and Tools, 2012).

4 Create pathways and develop tools to meaningfully engage families of choice in providing mental health care and support for emerging adults at all levels of the service system.

The service system must work with families of choice as allies to support emerging adults in their recovery. An important characteristic of the development phase of emerging adulthood includes increasing personal autonomy and independence. It is therefore important that emerging adults have the opportunity to define their family of choice and that service providers recognize that this may change over time. Additionally, the engagement of families must take into account the diversity of family composition and backgrounds, include the full circle of care and caregivers and respect the emerging adult's personal and cultural situation. When emerging adults do not have family support, service providers need to take the time with emerging adults to identify their circle of care and involve them.

The child and youth mental health system is generally based on family-centred care, but this is less often the case within the adult mental health system. Adult services need to draw on good practices to create distinct pathways and to develop tools for the meaningful engagement of families in the care of emerging adults. This can include effective communication protocols, engaging the family of choice together with an emerging adult rather than treating them in silos and ensuring evidence-based peer support and other support services are available to families. Families of choice can also offer important insights on how to improve services. Families of emerging adults have asked that guidelines be developed that provide policy makers and service providers with best practice guidance on engaging and involving families. These can build on the Mental Health Commission of Canada document *Guidelines for a Comprehensive Services System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*, which reflects a broad consensus among a wide spectrum of family caregiver advocates (MacCourt et al., 2013; see also Mental Health Commission of Canada, 2015).

RECOMMENDATIONS FOR ADDRESSING SERVICE GAPS:

1 Create a seamless recovery-oriented continuum of care that fosters resilience, meets emerging adults where they are and bridges gaps in transitioning from youth to adult mental health and addiction services.

Child and youth and adult mental health service systems must employ multiple strategies to bridge discontinuity between them and improve access. Timely access to services needs to be improved by ensuring availability of a comprehensive basket of services across the five tiers.[3] Ensuring timely access also requires publicly-funded coverage for community-based psychologists and other qualified counsellors, availability of services outside of regular business hours, transportation support, emergency room protocols and strengthening the capacity of primary care to provide services. Best practices for improving access through the use of technologies, including texting, should be assessed and shared. Services should be made available in the least restrictive environment possible and at the level of intensity needed for effective recovery and treatment. This includes making services available at youth-friendly access points, such as university health services, high schools and community centres. Additionally, health equity must become a priority. Access to adequate and appropriate services in all contexts, particularly in First Nations, Inuit and Métis, rural and remote and culturally diverse communities, must be improved.

3 The five tiers of service include service responses across five levels: universal public/community; primary and community care; mental health and addiction service systems; specialist and acute services; and highly specialized inpatient/residential settings (Carver et al., 2015).

Special attention needs to be paid to improving service availability, including trauma-informed practices and care, for all populations, regardless of the complexity of their needs, and improving quality of care within each service. EAs with fetal alcohol spectrum disorders, autism spectrum disorders, eating disorders and dual developmental delays and/or mental illnesses (dual diagnoses) need access to quality services. The unmet needs of EAs with co-occurring mental health and problematic substance use disorders need to be addressed through improved collaboration between the mental health and addiction sectors. Improving quality of care for all EAs at each level of service requires strong recovery-oriented practices and person-centred care that builds resiliency, ensures service plans are based on need, evolves and stays with emerging adults as they age and provides interdisciplinary care.

Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults offers detailed recommendations for building a full continuum of mental health and addiction services for EAs across five tiers and identifies core baskets of services at provincial/territorial and regional levels (Carver et al., 2015, pp. 50-58). It also offers exemplars of transition management and EA system design models (Carver et al., 2015: pp 93-105). In combination with a province-wide, anti-stigma and awareness campaign, the BC Integrated Youth Services Initiative (British Columbia Integrated Youth Services Initiative, 2015) is in the process of establishing a number of "one-stop," youth-friendly, storefront service centres for young people aged 12 to 24. The initiative is supported by the Graham Boeckh Foundation and builds on the promising components of the headspace model in Australia. This service model links primary care, mental health, addictions, social services, financial literacy, skill development, recreation, food security, childcare, transportation, legal aid and clinical navigation services together in multidisciplinary, multisector responses that meet young people where they are (BC-IYSI, 2015).

2 Remove barriers to collaboration and integration of services and sectors to ensure continuity of mental health care for all emerging adults.

All levels of government, ministries, institutions, organizations and professionals must make concerted and bold efforts to collaborate and break down service silos. For emerging adults reaching out for support, every door into service must be the right door. Integration and coordination across and within sectors can make a significant difference to the outcome trajectories of emerging adults. Working relationships between hospitals and community mental health and addiction services must improve in order to deliver multidisciplinary and integrated care for emerging adults. All service providers involved in supporting the mental health of emerging adults, including people working in mental health and substance use services, university health services, child welfare organizations, housing and policing, need to reach out to one another and work collaboratively at all levels. They also need to recognize and value the roles and contributions of individual agencies and professions.

Decision makers across sectors, including government, need to communicate and work with service organizations to create pathways that effectively cut across sectors at the provincial, regional and local community levels so that service providers in different sectors can make transitions truly seamless and serve the best interests of EAs. To this end, governments must mandate ministries with a role in emerging adult mental health to work together. The model employed by Healthy Child Manitoba serves as a guide on the structure and functioning of inter-ministerial collaboration (Healthy Child Manitoba, 2015).

Promising practices for strengthening collaborative relationships, including communication practices between and among professionals and frontline community personnel, must also be employed (Kates et al., 2011). Because many agencies and organizations are involved in providing mental health services to emerging adults within a region or locality, frameworks that incentivize organizations to collaborate and take risks, relinquish space and work together must be created. Regional health authorities or other lead funding bodies have an important role to play in this process, as changing funding silos facilitates integration in fragmented systems.

3 Invest in strengthening opportunities in the education system for children, youth and emerging adults to foster resilience and mental well-being as they progress through their education.

Early childhood settings, schools and post-secondary campuses must be supported to assume their vital role in mental health education, prevention and service delivery. Social and emotional learning should be compulsory for students in pre-school through high school. The teaching of empathy, coping strategies, resilience and conflict resolution skills should be built into curriculum at all levels of education. To enhance mental health outcomes, connections between various levels of the education system from early childhood onwards must be strengthened. Students must be supported to build social, emotional as well as academic readiness before they transition from one level of education to another. In addition to mental health education, continuing to address stigma in education settings at all levels is vital to fostering well-being. School and campus communities must work to destigmatize mental health through the development of appropriate policies, the establishment of mental health training requirements and competencies for education professionals and by actively fostering mental health literacy.

Education settings also need to serve as important access points for mental health services. Students must have opportunities to access early identification and treatment of mental illness throughout their academic careers. Schools could serve as health care hubs, offering services such as mental health support and care and sexual health education and services, including specialists such as psychologists, social workers and mental health nurses. There is particular urgency around ensuring that appropriate, integrated and well-developed mental health policies and supports are developed and enhanced at the post-secondary level.

The Canadian Association of College and University Student Services (CACUSS) guide, *Post-Secondary Student Mental Health: Guide to a Systemic Approach*, provides a framework for addressing student mental health in post-secondary institutions. It is based on a systemic approach that focuses on the creation of campus communities that foster mental well-being and learning (Canadian Association of College and University Student Services, 2014). This guide on post-secondary education student mental health draws on an extensive literature review and in-depth consultations conducted over the course of a number of years (McKean, 2011).

4 Expand peer support training and paid peer support opportunities across the continuum of care.

Paid peer support must be made a component of the system of care. Policies must be developed and investments made into training and paying peer supporters with lived experience to support emerging adults, their families of choice and caregivers. Informal and formal peer support offered by emerging adults, families of choice and caregivers, as well as people included in an EA's circle of support, are vital to building a sense of community for EAs living with mental health problems and illnesses. Governments and organizations need to work to ensure that best practices and strategies for promoting peer support and mentoring are shared and paid peer support opportunities are enhanced. To support the uptake of paid peer support across mental health services, Peer Support Accreditation and Certification Canada (PSAC) offers standards of practice, certification and training. The standards are based on recovery-oriented principles and designed to build on the authentic, organic nature of peer support. PSAC has also developed a web-based platform for the exclusive purpose of evaluating peer support in a highly confidential manner (Peer Support Certification and Accreditation Services Canada, 2012).

5 Establish a set of Canada-wide competencies for professionals working in the field of emerging adult mental health and work with professional and accreditation bodies to ensure that professionals are adequately trained and service quality is measured.

All professionals working in the field of emerging adult mental health need to be competent in, and adequately prepared for, working with this specific population. Professional associations, regulatory bodies and training institutions need to review the adequacy of existing training requirements, establish additional specific training requirements for their members and students and make accredited training opportunities available to ensure practicing clinicians have the appropriate competencies to work with EAs. Training for professionals must be assessed, designed and delivered through a health equity lens and include cultural safety and cultural competence, listening

to lived experience, education on the histories and processes of colonization, racialization and naming racism and marginalization. Training on the stages of development, including emerging adulthood, and approaches to properly engaging EAs in the management of their own wellness, must be built into competency-based curricula.

Competencies, training and support in primary care settings must also be enhanced to better equip providers to support emerging adults with mild and moderate mental health and problematic substance use disorders and improve triage and referrals. Increased support for primary care providers by mental health professionals needs to be built into the system.

RECOMMENDATIONS FOR GENERATING ACTION AND SUSTAINING MOMENTUM:

1 Use funding incentives to address the urgent and unmet mental health needs of emerging adults.

It is the responsibility of federal, provincial/territorial and municipal governments to provide stable, flexible funding that is tied to shared outcome targets in order to meet the mental health needs of emerging adults. Governments need to play a leadership role in incentivizing collaboration between levels of government and across ministries, sectors and organizations, by using funding to leverage and accelerate change in policy and practice. Collaboration and integration are foundational to change and accountabilities for these key characteristics need to be built into funding agreements.

In addition to changes in funding conditions to incentivize collaboration and integration, gaps in total funding for mental health need to be assessed and addressed across all jurisdictions and sectors. The longest standing gaps are within First Nations, Inuit and Métis mental health and wellness services and programming and these should be accorded the highest priority for new funding, followed by services in rural and remote communities. Other high priority, unmet needs include front-end investments in integrated community based services, removing financial barriers to accessing evidence-based psychological therapies and investing more in upstream efforts in prevention and positive mental health promotion.

2 Dedicate time and funds to improve evaluation, data collection, research and knowledge exchange in emerging adult mental health.

Research and data on emerging adult mental health are urgently needed in order to strengthen the evidence base for services and programs. Research must be adequately funded, well-coordinated, collaborative, community-based and engage emerging adults, their families of choice and caregivers. A national clearinghouse where evaluation, data and best practices on emerging adult mental health would be gathered into an easily accessible and searchable repository is needed. This clearinghouse would include evidence-based interventions for mental health literacy, case identification, triage, referral and support across the lifespan. Existing and new mental health services and programs for emerging adults must be evaluated so that innovation and best practices can be shared. Knowledge translation and exchange need to leverage pockets of excellence through the creation and distribution of guidelines based on outcome research and adapted to the needs of specific populations. Common outcome metrics across services and a consistent feedback loop will facilitate the design of appropriate services and strengthen the case for investment in EA mental health. Ideally, evaluation will be "360 degrees," focusing not only on the person receiving services, but also on providers of care and an EA's circle of support. Organizations that do not have the capacity to evaluate their services and programs require robust and adequate support to accomplish this so that innovative best practices are not lost.

3 Champions of emerging adult mental health must be mobilized to work for change.

All three levels of government – federal, provincial/territorial, and municipal – need to be engaged and held accountable for improving services and systems for emerging adults. A coalition consisting of emerging adults and champions of emerging adult mental health must be established to work with policy makers in translating the 12 recommendations in this statement into policy, programs and practices. This coalition would also be responsible for the development of implementation and accountability mechanisms. Champions would educate policy makers and system leaders about the distinct and urgent needs of emerging adults and push specific targets for short and long-term change. Champions of emerging adult mental health would work with people with lived experience, EAs and their families and caregivers to advocate for system change.

This national level coalition will require financial and human resources in order to be effective. Policy makers need policy briefs that translate the recommendations into actionable strategies. Communities of practice should be created and supported. Advocacy tools, guidelines on meaningful youth engagement and a paper outlining promising policy directions should be developed. Governments and organizations need to commit the necessary resources to empower the coalition to make change happen.

A CALL TO ACTION: KNOWLEDGE EXCHANGE AND IMPLEMENTATION

As convener of the consensus process on emerging adult mental health, the MHCC will initiate the next phase of this project by developing a knowledge exchange and implementation plan, one that includes wide dissemination of the consensus statement to decision makers, policy makers, service providers and advocates of emerging adult mental health. The MHCC will convene a Canadian advisory group on emerging adult mental health whose mandate includes advising the MHCC's Knowledge Exchange Centre and its provincial/territorial partners on how best to advance the recommendations across sectors and jurisdictions. This group will consist of experts and policy makers from across sectors, including mental health, secondary education, campus mental health, addictions, justice, child welfare, adult mental health and knowledge exchange and implementation science in mental health. The MHCC will also engage stakeholders from LGBTQ2+, immigrant, refugee, ethnocultural and racialized, First Nations, Inuit and Métis populations, provincial/territorial ministry representatives, as well as emerging adults, their families of choice and caregivers from across Canada.

The MHCC looks forward to building from the policy recommendations put forward in this statement and working with our partners towards system change to improve the mental health and wellness of emerging adults in Canada.

As conference delegates urged, it will take everyone who is committed to improving the mental health of emerging adults to work together, to take action and do their part to advance the recommendations in this consensus statement.

If you are taking action to further these recommendations, we would like to hear from you. We will share this information with the advisory group guiding the MHCC's knowledge exchange strategy. Email us at consensus2017@mentalhealthcommission.ca.

SUPPLEMENTAL STATEMENT: THE MENTAL WELLNESS OF MÉTIS EMERGING ADULTS

ACKNOWLEDGEMENTS

The considerations, principle, and recommendation that follow in this section were developed by Métis emerging adults through engagement and dialogue over the summer and fall of 2016.

We want to thank the Métis National Council, the Métis Nation governing organizations, and their youth representatives (listed below) for leading the development of this content, and for sharing their knowledge with the Mental Health Commission of Canada. We would like to offer a special thanks to Tanya Davoren from Métis Nation British Columbia for her wisdom and support throughout this process, and to Eduardo Vides from the Métis National Council for his knowledge and guidance.

MÉTIS EMERGING ADULTS

Katelyn Alexine
Monique Auger
Shaughn Davoren
Caitlin Fedoriw
Justin Langan
Emily Sutherland
Mattingly Turgeon
One youth wished to remain anonymous

MÉTIS EMERGING ADULTS

Like other Indigenous peoples in Canada, many of the challenges faced by Métis youth and emerging adults today have their roots in colonization and colonialism. Métis rights to self-determination and self-government are vital to healing from the negative impacts of colonialism. Métis emerging adults speak about the strengths and challenges of walking in three worlds – Western, First Nations and Métis, the richness and importance of this diversity, but also of the distinct forms of discrimination they face in these worlds. Métis emerging adults face unique challenges accessing culturally safe and appropriate services, and obtaining funding for Métis-specific programs to meet their distinct needs. Generally, services available to Métis people are delivered in pan-Aboriginal settings, which tend to overlook distinct Métis needs, worldviews, and ways of knowing and being. Like other Indigenous peoples, Métis people view wellness, including mental wellness, holistically, and possess inherent knowledge of how to heal themselves. It is therefore important to approach wellness from a Métis-specific lens and recognize that there are distinct, traditional Métis ways of knowing that Métis people can draw from to get and stay well.

While language and traditional knowledge are vital aspects of wellness and healing, for some Métis emerging adults the lack of a legal land base[1] and the associated barriers to accessing land and land-based practices also contribute significantly to cultural disconnection. Given that for many Métis people, wellness and healing are closely tied to identity, feelings of disconnection can impact day-to-day life in real ways. Furthermore, the intersection of other dimensions of identity such as race, culture, religion, gender, sexual orientation, disability, and socioeconomic status can add additional layers that Métis young people are required to navigate on their journey towards wellness. All of these factors must be considered in any discussion of the wellness of Métis emerging adults.

1 In the Prairie provinces, some traditional Métis settlements continue to exist and be recognized.

MÉTIS-SPECIFIC PRINCIPLE

All Métis emerging adults, regardless of citizenship, have timely access to Métis-specific, strengths-based services that foster mental health literacy, the culture, and unique identity of Métis people. Services and supports engage Métis emerging adults in a culturally connected and non-stigmatizing manner.

MÉTIS-SPECIFIC RECOMMENDATION

Métis people are resilient. Wellness must be supported from a strengths-based perspective, and take into account all of the social determinants of health. Services need to support community-based healing, mental wellness, and connection to the land in order to foster a sense of identity and mental wellness among Métis emerging adults. Métis emerging adults must be engaged in the design and delivery of programs from the ground up so they are relevant and meaningful. This engagement has to be done in a culturally connected manner with the support and involvement of Elders. Designing authentic Métis-specific services requires the adoption of a Métis-specific lens. An important aspect of authentic Métis-specific service delivery is the recognition that healing is a family affair, and, for Métis, family extends beyond biological ties, including spiritual and adopted families. This requires making traditional healers and knowledge more available and integrated seamlessly into mental health services. It also requires Métis-specific cultural safety training for service providers so that they practice in a culturally safe manner, with full recognition that Métis are distinct from Canada's other Indigenous peoples.

The availability of inclusive, Métis-specific services is rare. More funding is needed to provide Métis-specific services in order to close the large disparity in access to culturally-safe and appropriate mental health and substance-use services between urban and rural Métis communities. Funding is also needed to address the fact that most Métis people do not have access to the federal Non-Insured Health Benefits for First Nations and Inuit Program.[2] Telehealth services could be used effectively to reach Métis young people living in rural and remote communities. In addition, mental health literacy programs such as Mental Health First Aid and ASIST need to be made available to Métis youth and emerging adult leaders throughout the country. In order for this to occur, the nature of program funding needs to change. Métis-specific programs require consistent, long term funding. Emerging adults should not be excluded because of age-specific funding and programming requirements, and the unique cultural practices of Métis need to be acknowledged. Métis emerging adults also need their own safe places that can be accessed on the basis of self-identification. In the words of Métis emerging adults, "Nobody should get left behind and we should not have to fight to get well. There are already enough things to fight for outside of mental health."

Primary and secondary education curriculum and community school settings offer important opportunities to nurture and strengthen Métis identity. As a key social determinant of wellness, improving educational and professional training opportunities for Métis people is crucial to fostering and maintaining wellness over the life course.

There is also a need to develop Métis academics, Métis pedagogy, and Métis health and social service professionals who can authentically bridge Métis knowledge with mainstream services. Such professionals and services can guide a longer-term vision for how the Métis Nation and its peoples can thrive, while guarding against full assimilation and loss of Métis knowledge, traditions, and languages. This requires encouraging and better funding Métis emerging adults to pursue academia and professional disciplines.

2 The Government of Northwest Territories sponsors the Métis Health Benefits program. The program provides registered Indigenous Métis residents of the Northwest Territories access to a range of benefits not covered by hospital and medical care insurance, coverage that is generally the same as that provided to Inuit and First Nations through the Non-insured health benefits for First Nations and Inuit program.

APPENDIX A

CONSENSUS CONFERENCE ADVISORY GROUP

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Mario Cappelli, Children's Hospital of Eastern Ontario
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CONSENSUS CONFERENCE JURY

Nancy Reynolds (Chair)
Managing Partner of a consultancy firm and a faculty member of the Max Bell Foundation's Public Policy Training Institute, lecturing on the role of research in public policy.

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Jeanne Foot (family caregiver)
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Jasmine Ali
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Christal Huang
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Don Mahleka
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Dexter J. Nyuurnibe
Speaker for jack.org, a youth mental health initiative. Community Champion for the mental health clothing line Wear Your Label.

Molly Schoo
Advocate, speaker and Chapter Lead of Jack.Org-Brescia (UWO) and also a #JackTalks Speaker.

CONSENSUS CONFERENCE SPEAKERS

Theme 1: Defining emerging adulthood as a stage of life.

Dr. Gilles Bibeau
Emeritus professor of medical anthropology at the Department of Anthropology, Université de Montréal.

Alicia Raimundo (EA)
Advocate, speaker, mentor, author and a "mental health superhero."

Dr. Chris Richardson
Associate Professor at UBC with a research program focused on examining the biopsychosocial determinants of substance use in adolescence. Parent with lived experience.

Theme 2: Bridging the gap between child and youth mental health services and adult mental health services.

Dr. Simon Davidson
Chief Strategic Planning Executive of the Ontario Centre of Excellence for Child and Youth Mental Health, professor in the Departments of Psychiatry and Paediatrics and clinical professor in the School of Psychology at the University of Ottawa.

Dr. Patrick McGorry
Executive Director of Orygen, the National Centre of Excellence in Youth Mental Health, Professor of Youth Mental Health at the University of Melbourne and President of the Society for Mental Health Research in Australia.

Theme 3: Transitions across service systems.

Angela Kays-Burden
Formerly the Director of Innovative Practice at Reach Out Centre for Kids. She served as a senior policy advisor to the Ministry of Children and Youth Services Provincial System Transition Team.

Dr. Alan Leschied
Psychologist and professor in the Faculty of Education at the University of Western Ontario.

Dr. Steve Mathias
Child and adolescent psychiatrist and Clinical Assistant Professor at the University of British Columbia Department of Psychiatry. He is currently the Medical Manager and co-founder of the Providence Health Care Inner City Youth Program.

Catherine Willinsky
Senior Project Manager, Hospital for Sick Children.

Theme 4: Mechanisms for improving mental health system responsiveness.

Dr. Stan Kutcher
Sun Life Financial Chair in Adolescent Mental Health and Director World Health Organization Collaborating Center in Mental Health Policy and Training.

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