



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Executive Summary

Taking the Next Step Forward

Building a Responsive Mental Health and
Addictions System for Emerging Adults

Over the last two years, the Mental Health Commission of Canada's (MHCC) Knowledge Exchange Centre (KEC) has been working with a research team from the Children's Hospital of Eastern Ontario (CHEO) to produce a full-length report detailing the current state of policies and practices in the area of youth transitioning from child and youth to adult mental health and addiction services. From a policy perspective, "youth transitions" was identified early in the MHCC's mandate as a priority because of the complex needs that young people face as they move from child and youth to adult mental health and/or addiction services, or as they disengage from services entirely due to a lack of transition management between different sectors or provincial/territorial ministries. Throughout the development of this report, the research team came to describe this population of young people as the "emerging adult" (EA), a term used to describe the dynamic developmental years between 16 and 25, rather than a prescribed span of time defined by chronological age.

Early in 2015, the MHCC will release the resulting full report, entitled *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults*. The aim of the report is to advance recommendations for a more seamless continuum of EA services, one that is supported by the MHCC's *Changing Directions Changing Lives: The Mental Health Strategy for Canada*, and interministerial policies that specifically address challenges EA face throughout the transitioning stage of life. *Taking the Next Step Forward* builds an impressive case for why EA matter as a designated population within the broader field of child and youth mental health; why transition services are desperately needed; how transition policies might be adapted from existing international and provincial/territorial best practices and evidence-based policies; and, how new policies on the provincial/territorial and regional levels will help advance service delivery for EA. In releasing *Taking the Next Step Forward*, the MHCC hopes to add to a rapidly growing conversation about transition age youth and mental health and addiction services across Canada.

Following the release of *Taking the Next Step Forward* in early 2015, the MHCC will host a national consensus conference later that spring on the topic of youth transitioning. The event will bring together policy makers, researchers, mental health organizations, clinicians, and youth and their families from across Canada to help develop a more refined vision for how *Taking the Next Step Forward* – as well as other existing provincial/territorial strategies aimed at addressing issues around EA and youth more generally – might help to further advance EA policy and practices. The two and a half day conference will follow a consensus development format because of the ways in which this format uses and builds upon evidence-based practices and policies, garnering consensus around specific and actionable policy recommendations in a short amount of time.

In anticipation of the release of the more comprehensive report, and as we work toward hosting the consensus development conference, the MHCC is now pleased to publically provide an Executive Summary of *Taking the Next Step Forward*. This document offers a preliminary overview of recommendations found in the more comprehensive report. The Executive Summary outlines why the MHCC commissioned this report, highlights existing policies and services for EA that might advance the transitioning agenda in provinces and territories, and concludes with national, provincial, and regional recommendations for advancing better services for EA. We welcome your feedback on this preliminary document, and look forward to sharing the full-length research findings later this spring.

Executive Summary

Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults

BACKGROUND

The Mental Health Commission of Canada (MHCC) has identified “youth transitions” as a significant area of mental health policy concern. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (MHCC, 2012) recommends “remov[ing] barriers to successful transitions between child, youth, adult and seniors mental health services” (Sec. 3.3.5, p. 69). *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults* is a report produced by researchers from the Children’s Hospital of Eastern Ontario (CHEO) for the MHCC’s Knowledge Exchange Centre (KEC).¹ It considers the current state of Canadian and international policies and programs that support youth with mental health problems and mental illnesses transitioning into adulthood, argues that our current approaches are substantially limited, and offers a framework for bettering these practices in Canada.

What do we mean in this context when we talk about “transitions?” Emerging adults (EA) who are engaged in child and adolescent mental health services must transition into adult services at a prescribed age. EA are not adequately supported during this transition, despite evidence that interventions at this stage will positively impact an individual’s lifetime trajectory of mental health. Additionally, EA requiring services for the first time are often not able to find, access, or recover within the adult mental health and addiction service sector. We therefore envision a seamless continuum of EA services, supported by policy that specifically addresses challenges throughout this time of transition.

Emerging adults transitioning from child/adolescent mental health and addiction services to adult services disengage from service at a higher rate than other age cohorts. Although no longitudinal studies have been carried out in Canada, findings from the United States and the United Kingdom indicate that both treatment retention and successful engagement levels across the child to adult transition are concerning. Untreated mental health issues in early adulthood may indicate increased risk of developing severe and enduring mental health problems, and at least 75 per cent of mental health problems and mental illnesses have an onset in childhood, adolescence, or young adulthood. Issues such as leaving school early, youth unemployment, youth justice involvement, bullying, and traumatic release from care are amplified for young adults with mental illnesses. Unaddressed mental health and substance use issues lead to underemployment and lack of workforce participation, and they increase the human and economic burden of mental health problems and mental illnesses. Most alarmingly, suicide is the second leading cause of death for Canadian youth, and one in five of all deaths among young adults age 15 to 24 are due to suicide.²

This stage of emerging adulthood is challenging for all; however, it is a particularly vulnerable stage for EA with mental health issues and addictions problems. Moreover, EA from specific populations have an even greater chance of experiencing poor outcomes during their transition into adulthood. These groups include children born in poverty; First Nations, Inuit, and Métis EA; newcomer EA; EA involved with the justice and child welfare systems; EA with disabilities; and lesbian, gay, bisexual, transgender,

WHY USE THE TERM “EMERGING ADULT?”

Currently, the term “emerging adult” is increasingly used to describe youth and young adults (ages 16-25). The term highlights the significance of the growth and development during this part of our lifespan. Using the term “emerging” also acknowledges this phase as a dynamic process, rather than a prescribed span of time driven by chronological age. We use this term throughout the paper, often in its short form – EA.

¹ Throughout the Executive Summary, the pronoun “we” is used to describe the perspectives of the researchers from CHEO. Not all recommendations or actions expressed in this summary necessarily reflect those of the MHCC, although all parties involved in the production of this work appreciate the urgent need for this document, and many others across Canada, to advance the conversation around youth transitioning to adult mental health and addiction services.

² All citations will be available in the full report.

“There are no intermediate steps between sitting at home alone or going to the hospital in crisis.”

–Youth service recipient

queer/questioning (LGBTQ) EA. Provincial/territorial policy leads and recent literature also underline significant lack of access and increased risks experienced by marginalized groups living in rural and remote areas. Many rural or remote EAs do not have access to primary care, let alone specialized or EA-responsive programs. EA with acute needs, or those requiring intensive services, must be transported out of rural jurisdictions. In remote locations, few specialized services are available locally beyond community supports, itinerant medical practitioners, and telemedicine.

WHAT HAVE WE LEARNED?

CURRENTLY IN CANADA:

- Promising models and best practices for EA do exist in various provinces and regions.
- Some youth-specific strategies have been developed, but few provinces or territories have implemented evidence-based approaches to transitions management or EA clinical service delivery approaches.
- No national government leadership, strategy, or pan-Canadian policy guidance exists to support policy makers, planners, and service providers working to support EA in transition.
- No province or territory has fully implemented transitional protocols for EA.
- No policy requiring that health authorities and providers follow protocols currently exists.
- No province or territory is tracking youth across this transition.
- No province or territory has mandated, designated community- or hospital-based specialist clinical services for EA, beyond First Episode Psychosis programs.
- EA are not seen as a distinct population from the policy, planning, funding, and/or service delivery perspective.

In relation to EA and their needs, current research, policy, and programming demonstrate that:

- Up to 52 per cent of young people engaging in the transition process disengage at a time when serious mental health problems or mental illnesses are most likely to occur.
- Connections with peers and families have been shown to support motivation to engage with services.
- As the brain matures, risk-taking behaviour decreases, and reasoning and capacity to modulate emotions increases. These neurobiological developments peak in the mid-20s.
- A high proportion of EA with mental health issues also use substances.
- Continued engagement with EA is key to improving their mental health outcomes, and for the development of responsive program models.
- Without access to needed assessment and treatment services, health, social, and employment outcomes are compromised, especially for the most vulnerable EA.
- Policy and dedicated funding with a clear priority on EA is important.
- A collaborative, cross-ministry policy approach responding to young people with mental health and addiction issues who are involved, or may need to be involved, with multiple systems and sectors of care is necessary.
- High-profile national champions with political influence and academic and clinical credibility have an impact.
- National research and training initiatives will drive program development.
- There is a need for nationally funded, evidence-based practice and clinical guidelines, based on EA-specific research.
- Collaborations between private and public funders can create change.

GUIDING PRINCIPLES FOR DEVELOPING TRANSITION SERVICES

- Responsive
- Developmentally appropriate and family-connected
- Youth-engaging and peer-driven
- Informed by research, education, and training
- Recovery oriented

An International Focus on Youth in Transition: Development and Evaluation of a Mental Health Transition Service Model (Cappelli et al., 2012)

Examples of innovative programs and promising models for serving EA do exist. In Australia, for example, the headspace program will have 90 storefront sites by 2015. These are one-stop centres that are highly visible, non-stigmatizing, timely first contact points for young people experiencing mental health concerns. There are similar programs in the UK and Ireland. These youth-friendly spaces and service models are designed to engage EA and respond to their unique cultural, social, and developmental needs.

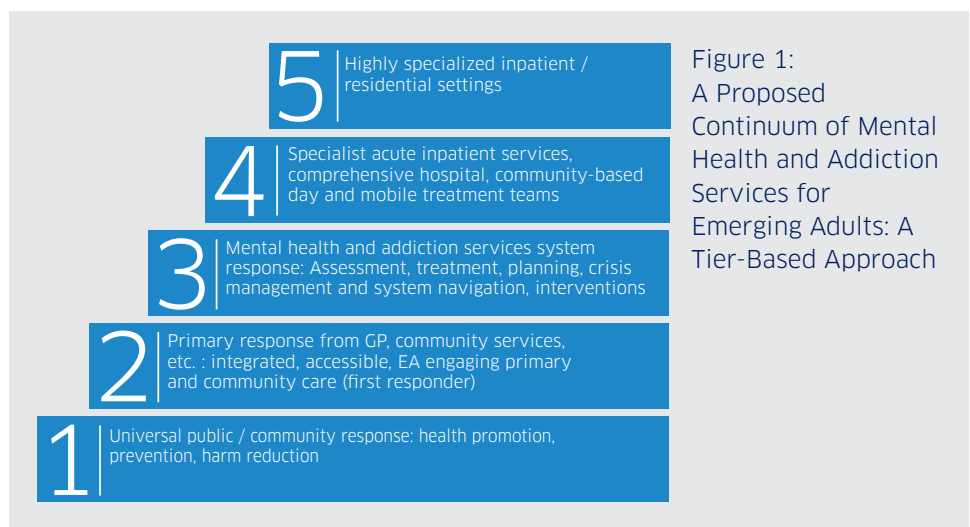
WHAT CAN WE DO?

In order to effectively address the needs of EA transitioning to adult mental health and addiction services, an integrated, accessible, and responsive service system needs to be in place. We require a full continuum of services – from universal prevention and health promotion to the most intensive level of services for a small proportion of EA with the most complex needs. Developmentally competent service providers must deliver evidence-based assessment and intervention services and supports across this continuum. We also need to keep track of how EA are faring as far as engagement and outcomes. *Taking the Next Step Forward* makes recommendations for a continuum of services offering seamless movement through and between levels of service intensity, based on individual, changing needs.

Coordinated approaches will need support and leadership from all levels of government and, most importantly, require the input and guidance of EA and their families and communities. In *Taking the Next Step Forward*, we offer a reframing of the problem: where we once asked how to support youth who are transitioning to adult mental health services, we now advance a systemic view that addresses more generally how to support EA and their engagement with the full range of prevention, assessment, treatment, and psychosocial services. We make recommendations around an EA service continuum adapted from, and building on, existing provincial/territorial and national mental health and addiction strategy and planning documents, including the MHCC's *Mental Health Strategy for Canada*. In order to prevent harm, address needs, and ensure access to services at the required level of intensity and specialization, our ultimate goal is to have a full continuum of EA services available in every jurisdiction (see Figure 1 below).

While there will never be a one-size-fits-all solution, it is important to reduce fragmentation and achieve better integration of services. In order to identify the areas requiring the most attention, it is helpful to think in terms of different “levels” or “tiers” to the system. Such an approach allows us to focus both on the settings where services are located and on the level of intensity of service. It provides a way of thinking about how to improve the flow and efficiency of mental health-related services, so that people are able to access the most appropriate and least intensive services, treatments or supports required to meet their needs.

– *Changing Directions, Changing Lives (MHCC, 2012)*



THIS PROPOSED CONTINUUM:

- includes a full range of required services, from prevention and health promotion for EA in community, health, and education settings (Tier 1), through to an intensive level of specialized mental health services for EA with the most complex needs (Tier 5).
- accounts for primary care response (Tier 2), including early identification and intervention in education and health settings, as well as access to generic social, community, and wellness supports to address the psychosocial aspects of mental health and addictions issues.

At one point, you know, I was 18 at the time, and was moving to the 19 – 20 year old range. And they followed me for a certain amount of time. And I was also lucky too, because I was first put in the hospital – right before my 18th birthday. So if I had been even a couple months older before all of this started to come about, you know, who knows what could have happened? Because I know that the adult services are just not quite as good. But, I remember my doctor saying at the time, “Well I know you’re supposed to go over to these other programs, I’m just not sure exactly how to do this.” And I was thinking, like, “You don’t do this?”, like “this doesn’t come up regularly?” “It’s just across the street, I’m sure you know somebody over there... pick up the phone.”

–Aaron Goodwin, Youth Participant

- requires access to an EA-responsive mental health and addictions service sector (Tier 3) in order to include more specialized assessment, treatment, and other evidence-based interventions and programmatic responses that support recovery.
- offers more intensive levels of specialist services (Tiers 4 and 5), both in the community and in inpatient and residential settings.
- assumes fluid movement across tiers, rather than a lock-step progression, given the shifting needs and episodic nature of mental health and addictions issues.
- requires responsive EA engagement and peer support approaches across all levels of the continuum in order to ensure access to services, and capacity to sustain EA in the treatment and recovery processes.

Although access to services is challenging in more rural and/or remote areas of Canada, services from Tiers 1 through 3 should be available locally. Access to more specialized services would likely use cross-regional approaches, including mobile specialized teams, e-Mental health and tele-health services.

These tiered levels of service provision must also ensure that EA can access social and community supports, and cross-sectoral services including housing, education, employment, social, and financial services. We must therefore build and sustain relationships with community-based services, more specialized support approaches (e.g., supported education, housing, employment within adult mental health and addiction services), and system navigation or case management. We also propose a more specific core basket of services for regional capacity building.

In any jurisdiction, it will be crucial that EA are involved in service development, design, and evaluation. Developmentally appropriate engagement strategies enhancing access to services are critical with this age group, in part because they have historically had the lowest uptake and highest dropout rates from services. Given the increasing awareness and media discourse about mental health and addictions issues – in particular for this age group – there is an urgent need to develop pathways to services, as well as to service capacity.

Better pathways to services and service capacity will depend on a dedicated effort between national, provincial, and regional stakeholders. The following actions and recommendations may serve as a starting place for advancing the EA agenda in Canada.

PROPOSED NATIONAL ACTIONS

- Identifying EA as a priority population in a national action plan for mental health and addictions
- Establishing a national EA mental health initiative, including funding a longitudinal tracking study, a national centre of excellence, and a knowledge exchange strategy
- Producing a bi-annual national report card, reporting on outcome indicators for EA with mental health and addiction issues
- Establishing a national young adult advisory group
- Funding a Canada Research Chair in emerging adult mental health and addictions

PROPOSED PROVINCIAL/TERRITORIAL ACTIONS

- Including EA as a priority population in provincial/territorial mental health reform and action plans, with specific strategies for the most vulnerable groups
- Establishing a premier-led inter-ministerial cabinet committee to oversee and assert policy implementation and provincial/territorial performance

“Transition – it’s kind of a funny word. It means that you’re taken from one place, and you’re kind of meshed into another. But what happened to me wasn’t really a transition. It was really a transfer. I was taken from one side of the system and forced out of it and pushed into another. And in between there, I had about a year of lack of service.”

– Emily Beaudoin, Youth Participant
(Cappelli et al., 2012)

“There is considerable convergence of evidence from epidemiology, clinical and basic neuroscience, population health and health service evaluation that supports an urgent new investment in development and evaluation of youth mental health initiatives.”

– (Hickie, 2011)

- Identifying a single ministry accountable for delivering and reporting in a provincial/territorial report card on outcomes for EA with mental health and addictions issues
- Developing and monitoring transition protocols and supports for youth aging out of child and adolescent services
- Confirming the provincial/territorial service continuum, including core services required at each tier (see Figure 1)
- Establishing a provincial/territorial EA advisory council with a clearly articulated and authentic role as a reference and leadership group

PROPOSED REGIONAL ACTIONS

- Including identification of EA as a priority population in any regional health service strategy, as well as an action plan for the most vulnerable EA
- Developing an accountability plan (such as regional report cards) to identify and report on engagement levels and outcomes
- Identifying the most pressing gaps in the full continuum of developmentally appropriate services, and taking action to develop capacity, with particular emphasis on delivering the core basket of services in a timely and accessible manner, including
 - » EA inpatient beds/spaces, based on per capita/population requirements per 100,000
 - » Specialist EA, community-based, comprehensive day treatment spaces
 - » Specialist EA, community-based, mobile, high-intensity community team spaces
 - » First episode/early intervention screening, assessment, and treatment services for all diagnoses
 - » EA specialized system navigators
 - » Peer support and mentoring models that are integrated with clinical and treatment services to enhance engagement
 - » Family engagement and education services
 - » Transition team coordination resources to ensure engagement and commitment of cross-sectoral providers
- Ensuring the presence of universal prevention and health promotion strategies, as well as strategies across all tiers to minimize impairment, and to build skills, resiliency, and protective factors to support full community, social, and employment participation
- Developing and monitoring the implementation of regional transition protocols and resources, including regional transition coordination functions

Throughout Canada, emerging adults, their family members, service providers, champions in the mental health field, and the national media are profiling the shortcomings of existing services and policies around EA, and the profound impact these shortcomings have on our nation’s young people. In our view, the next step forward is ensuring we have a clearly defined continuum of services within a provincial/territorial inter-ministerial policy framework, and one that is supported by a national action plan. At the same time, in order to develop innovative and responsive approaches, build evidence, address priority needs, and disseminate learnings about EA, we also need increased collaboration between EA and service providers at the local level.



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