

# Evidence Brief

## Eight Strategies for Improving Access to Mental Health Services for Transitional Aged Youth in Ontario

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This Evidence Brief summarizes Nicole Marie Schram’s practice-based research paper, *Between Silos of Care: Accessing Mental Health Services as a Transitional Aged Youth in Ontario* (2020).<sup>\*</sup> Schram explores some of the key challenges that transitional aged youth face when trying to access mental health services in Ontario, and offers two practice strategies and six advocacy strategies for improving access.

### Definition of Key Terms

**Adulthood** refers to the “oppression experienced by children and young people at the hands of adults and adult-produced/adult-tailored systems” (p. 15, as cited from LeFrançois, 2014<sup>^</sup>). Similarly, **adult-centrism** is the tendency to view adult perspectives as superior to the perspectives of children and youth.

**Transitional aged youth** are young people in Ontario, typically between the ages of 16 and 25, who must make the ‘transition’ from child and adolescent mental health services to adult mental health services. This transition happens at varying times, but most often occurs at the age of 18.

**Neoliberalism** is a theory of political economy that endorses profit-making and the division of social service agencies into individual departments. Under neoliberalism, more costly (and, often, more beneficial) treatment options are replaced by short-term, cost-effective solutions. By framing mental health issues as an *individual* problem, neoliberal policies allow the government “to divest itself of any responsibility to ensure that citizens are receiving the care they need” (p. 43). Neoliberalism’s quest “to embed business practices in social service agencies has resulted in a cultural shift away from transformative change towards one of efficiency and fiscal sensibility” (p. 43).

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<sup>\*</sup> Schram, N. M. (2020). *Between silos of care: Accessing mental health services as a transitional aged youth in Ontario* [Unpublished practice-based research paper]. York University. Available from the Graduate Programme Library, Graduate Programme in Social Work, York University.

<sup>^</sup> LeFrançois, B. (2014). Adulthood. In T. Teo (Ed.), *Encyclopedia of Critical Psychology* (pp. 1-3). Springer.

## Setting the Context: Five Key Considerations

### 1. Transitional aged youth are not quite children and not yet adults.

As they grow older, youth often seek increased independence from their caregivers, including greater control over their own care. Through this process, many **unintentionally lose caregiver knowledge and resourcefulness** related to mental health systems and services. The loss of caregiver knowledge, coupled with **a lack of transitional support**, makes the shift from child and adolescent mental health services to adult mental health services nearly impossible.

**Neither service system is fully equipped to meet the needs of transitional aged youth.** Child and adolescent mental health service practitioners argue that they lack the training needed to provide informed support for older adolescents, while adult mental health service providers think that adult-orientated services are inadequate for helping youth develop independent coping skills. Additionally, many child and adolescent care providers **make decisions for, and not with, transitional aged youth**, creating an unequal power dynamic that deprives youth of the opportunity to be in charge of their own care.

### 2. Ontario mental health services are rooted in problematic developmental theories.

Adultism and adult-centrism are embedded within the developmental discourses that inform mental health service provision in Ontario. As a result, youth seeking care **lack agency, are positioned as passive, and are seen as incompetent and incomplete.**

These developmental discourses **also view childhood and adolescence as a means to an end:** young people are expected to “fulfill prescriptive roles on their way to adulthood in order to be considered as functioning ‘normally’” (p. 16). Any challenges that might cause youth to deviate from this predetermined developmental path are considered irrelevant. Since not all youth develop along a linear path, requiring transitional aged youth to move into systems that are built on linear assumptions can have detrimental impacts on their wellbeing.

### 3. Administrative inconsistencies between service systems pose a significant challenge for transitional aged youth.

Transitional aged youth face significant administrative barriers as they navigate between mental health service systems, including (p. 18):

- a lack of data sharing between service providers in different systems;
- disjointed/limited program funding;
- large differences in care philosophies; and
- no universal age cut off for accessing child and adolescent mental health services.

The transition from child and adolescent services – within a system that can prioritize a person-centered, nurturing, and protective approach, including individualized treatment and family involvement – to adult services – within a system that requires individuals to take responsibility for their own care and prioritizes short-term treatment – may cause ‘**culture shock**’ among some transitional aged youth. The lack of administrative continuity between systems “makes the transitional boundary one of the most significant challenges to face the health care system in modern history” (p. 19).

#### **4. Transitional aged youth are increasingly relying on crisis and acute care services.**

Evidence suggests that increased rates of youth disengagement from mental health services are correlated with increased rates of mental health-related emergency room visits and hospitalizations, and an increased reliance on distress lines. Insufficient access to community-based and non-acute services among youth has also caused emergency department visits to increase at a faster rate than outpatient visits.

This suggests that **inequitable service access**, especially for youth in rural areas, and a **lack of accessible, long-term service options** for youth approaching the transitional boundary “**leads to an overburdening of acute care and crisis services**” (p. 23). While these services may provide relief, they “are not and should not be considered a substitute for more intensive, well-rounded services that many [transitional aged youth] require” (p. 23).

#### **5. The mental health needs of many transitional aged youth are complex.**

The needs of transitional aged youth with mental health and addiction issues are “complicated and compounded by the intersection of many important physical, sexual, psychosocial, familial, educational, and vocational developmental issues” (p. 24). However, the care that young people receive often focuses on the *individual*, without taking into account the many intersecting factors that shape young people’s lived realities.

### **Summary of Evidence: Two Practice Strategies for Improving Access to Services for Transitional Aged Youth**

#### **1. Always engage youth in decisions about their care and in organizational initiatives.**

In order to create systems that meet young people’s unique needs, organizations should **include youth’s voices, opinions, and experiences** in all mental health initiatives. Recognize that young people are the experts of their own lives and that their involvement contributes to both individual and system-level improvements. Service providers should acknowledge young people’s capacity to meaningfully contribute to the care they receive, and engage them in the development, planning, and delivery of services.

## 2. Ensure policies and programs are responsive to the unique needs of youth.

When accessing mental health services, each young person has a diverse set of needs based on their own intersecting identities and life experiences. However, many programs and services “are simply not meeting the needs of youth who do not identify with societal ideals of white, middle class, cisgender, heterosexual, able-bodied identities” (p. 39).

When developing policies and programs, service providers may want to:

- **Tailor services** to accommodate young people’s unique needs (e.g., re-evaluate fee models to make services more accessible to youth facing financial barriers).
- **Provide professional development opportunities** to ensure that practitioners have the competencies they need to provide meaningful support.
- **Ensure programs are multidimensional** and not focused on a single identity marker, as this fails to reflect young people’s complex lived realities.
- **Hire individuals** who understand how systems of oppression shape the needs of transitional aged youth, and who can effectively address and respond to complex needs.

## Summary of Evidence: Six Advocacy Strategies for Improving Access to Services for Transitional Aged Youth

### 1. Support the establishment of a universal transitional age cut off for child and adolescent mental health services.

Inconsistent transitional age cut offs create inequitable service access for transitional aged youth, as some youth are able to continue accessing child and adolescent services after the age of 18, while others are forced to transition to adult mental health services on the day they turn 18. Service providers should work with government agencies to determine an appropriate and universal transitional age cut off for child and adolescent mental health services.

### 2. Encourage the use of standardized transitional care plans across all of Ontario’s child and adolescent mental health services.

Standardized transitional care plans that can be customized to meet the diverse needs of each young person may help to define “a clearer pathway for youth and their services providers to collectively identify needs and navigate systems together” (p. 37). Service providers should **directly involve transitional aged youth** in the creation of care plans, and **question and challenge power dynamics** that result in care choices being made *for*, instead of *with*, youth.

### 3. Lobby the government to increase investment in mental health services.

Mental health service providers in Ontario are often forced to contend with chronic underfunding (and the potential defunding of programs) depending on the political climate. Inadequate government support has led to increasingly long waitlists, service provider burnout,

unprecedented case complexity, and short-term, solutions-based treatment options that are not sufficient for supporting the complex needs of transitional aged youth.

Organizations should **advocate for greater government investment** in long-term, holistic, person-centered, and accessible services for all transitional aged youth. Highlight the individual, program, and system-level benefits that these services provide; for example, increased funding can reduce waitlist times and ensure youth receive the care they need in a timely manner.

#### **4. Promote information sharing between service providers.**

Effective information sharing between child and adolescent and adult mental health service providers can help address the challenges that youth face when moving between the two siloed systems. Organizations should ensure that transitional aged youth **receive support from informed service providers who are knowledgeable about both systems**. This can help create a smoother transitional period for youth and mitigate any fears they may have related to perceived cultural differences between systems.

#### **5. Resist the neoliberal ideologies that define Ontario's health care system.**

Since neoliberalism prioritizes profit over meeting people's needs, "the quality of care and range of services [offered] is secondary to efficiency and outcomes" (p. 44). As a result, there is a limited number of comprehensive and accessible services available for transitional aged youth. Service providers should **challenge the encroachment of neoliberal ideologies in policy and program development** by fostering an organizational culture that prioritizes young people's needs over profit. It is critical that transitional aged youth "remain at the centre of care" (p. 44).

#### **6. Encourage the re-evaluation of existing government frameworks.**

The provincial government has not committed to supporting long-term projects that address the broad and diverse service needs of transitional aged youth. Organizations can **hold the government accountable** by:

- Contesting vague suggestions, unclear guidelines, and **the absence of actionable recommendations** in existing frameworks.
- Petitioning for **a transparent and concrete commitment** to improve access to mental health services for transitional aged youth, and to bridge the gap between service systems.
- Supporting **the allocation of funds** for research on effective transitions, as well as the development of comprehensive, accessible, and inclusive mental health services for all youth in Ontario.