



Understanding the Current Landscape of Emerging Adult Mental Health Services and Needs in Calgary and Surrounding Areas



Acknowledgments

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SHARING GUIDELINES

It is the hope of all those who contributed to this project that these findings are shared and used to benefit others and inform policy and practice to improve child, family, and community well-being. Hunter Family Foundation, Calgary Counselling Centre and PolicyWise asks the intent and quality of the work is retained; therefore, Calgary Counselling Centre, PolicyWise for Children & Families, and the Hunter Family Foundation ask to be acknowledged.

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Executive Summary

This report explores current mental health needs and availability of mental health services for emerging adults (i.e., 15 to 24 years old) in Calgary and surrounding areas¹. The report describes the mental health² experiences of emerging adults including their needs, types of supports and services they accessed, and barriers they faced. The report also explores ways the emerging adult population can be better supported.

To understand how emerging adults experience mental health services to meet their needs, three data components were used³:

 Client and Caregiver Experience Survey	 Population Trends	 Funding, Costs, Service Utilization
An online survey to identify what the current mental health needs and experiences are for emerging adults and their caregivers.	Analysis of Statistics Canada data to describe the current demographics of the emerging adult population in the Calgary Health Zone.	Funding Survey, Service Use Survey, inventory search and analysis of administrative data to identify funding distribution, available services and utilization of services for emerging adults.

Key Findings

1. There are subgroup populations who are less likely to seek or access mental health services (i.e., emerging adults from rural/remote areas, newcomers to Canada, gender diverse individuals, and distinct groups of parents/caregivers of emerging adults)
2. In addition to mental health concerns, emerging adults experience complex and unique challenges as they transition into adulthood such as relationship, housing, and financial concerns
3. Emerging adults often seek support from their friends, family or their family doctor and may rely on these supports to help access mental health services in different settings (e.g., health, education, or community)
4. Services provided in different settings (i.e., health, education and community) offer similar mental health support but are generally not well coordinated with one another
5. Lack of coordination among mental health services from different settings reduces continuity of care and emerging adults' ability to navigate and access services

¹ For the purposes of this project, the Alberta Health Services Calgary Zone will be used to define the geographic area. This includes: Airdrie, Banff, Black Diamond, Calgary, Canmore, Chestermere, Claresholm, Cochrane, Didsbury, High River, Nanton, Okotoks, Strathmore and Vulcan.

² This report focuses on services that support general mental health and well-being as opposed to mental illness

³ Data collection occurred during the first lock down due to the COVID-19 pandemic

Implications and Opportunities

1. The experience of emerging adulthood is generally not recognized nor supported across mental health settings. There are opportunities to bring awareness and normalize the emerging adult experience as a time of transition and as a unique developmental stage, these include the following:
 - Utilizing technology by communicating on various social media platforms for social marketing campaigns to increase awareness of emerging adults' experience and life stage.
 - Engaging and incorporating emerging adults' and their family's voices to guide how settings providing mental health care can better recognize their experiences and provide better support for emerging adulthood.
2. How different mental health settings offer support does not meet the needs of the emerging adult population. Strategies to better meet emerging adult needs include the following:
 - Streamline information that can empower and equip natural supports (i.e., family, friends) with reputable/evidence-informed mental health information and services.
 - Explore how technology can be used to encourage help-seeking behaviours for emerging adults and their natural supports. As well, how technology can be used to improve awareness of available mental health services and can reduce barriers to receive the help needed.
 - Engage emerging adults in developing strategies and improving how organizations can proactively reach out to the population.
3. In order to respond to the needs of youth and adults, mental health services in Alberta have developed across several settings (health, community, and education). While providing mental health supports in multiple settings is beneficial, the current structure presents a challenge to provide care in a timely, consistent, and coordinated way. At a system level, opportunities exist to:
 - Evaluate existing service delivery settings based on their scalability, affordability and acceptability. Where required, adapt service delivery models to account for the needs of emerging adults and clarify the roles and responsibilities of providers.
 - Promote client-centred access and reduce gate keeping between mental health delivery settings.
 - Reduce barriers to information sharing between mental health settings and service providers.
 - Promote and enhance targeted mental health training to allied professionals in a consistent, sustainable, and planned way.
 - Develop a strategic framework and implementation plan for emerging adult mental health services with representation from service providers in all settings.
 - Create a Mental Health Centre of Excellence that convenes industry experts, researchers, technologists, inventors, community agencies and funders to promote innovation and leading practices.

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Project Overview

It is well established that the onset of a majority of mental health concerns typically occurs prior to age 24 (Hetrick et al., 2017; Kutcher, Davidson, & Manion, 2009). In this time of emerging adulthood, youth are navigating between dependence and independence, which adds complexity to their service needs (Arnett, 2004; Arnett, Žukauskiene, & Sugimura, 2014). Youth often face many barriers to accessing mental health services. Commonly cited barriers include: perceived stigma and judgement, a lack of knowledge of available services, a lack of fit with available services or service providers, lack of eligibility, long waitlists, cost, lack of accessibility to the available services, a lack of trust in the system, and their own thoughts and feelings that prevent them from reaching out for help (e.g., feeling they can handle the issue alone) (British Columbia Ministry of Health, 2012; Hetrick et al., 2017; Ontario Centre of Excellence for Child and Youth Mental Health, 2016; Patton et al., 2016).

Project Goal

This project was undertaken by the Hunter Family Foundation (HFF) in an effort to better understand the mental health landscape in the Calgary area so as to inform philanthropic initiatives and leverage the non-capital resources of HFF (such as networks and expertise). Given that this was initiated by a foundation as a guide to direct their charitable dollars, the scope of this project was to identify the gaps or breakdowns in the system and present some opportunities to co-create solutions with experts in the field. Specifically, this project aims to build a foundational understanding about the need for, and availability of, Calgary and area¹ mental health² services for emerging adults (15-24 years old), and lay the groundwork for transformational change in service delivery.

Project Components³



Client and Caregiver Experience Survey

An online survey, conducted by Leger Marketing, to identify what the current mental health needs and experiences are for emerging adults and their caregivers.



Population Trends

Analysis of Statistics Canada data to describe the current demographics of the emerging adult population in the Calgary health zone.



Funding, Costs, Service Utilization

Funding Survey, Service Use Survey, an inventory search and analysis of administrative data to identify funding distribution, available services, and utilization of services for emerging adults.

¹ For the purposes of this project, the Alberta Health Services Calgary Zone will be used to define the geographic area. This includes: Airdrie, Banff, Black Diamond, Calgary, Canmore, Chestermere, Claresholm, Cochrane, Didsbury, High River, Nanton, Okotoks, Strathmore and Vulcan.

² This report focuses on services that support general mental health and well-being as opposed to mental illness

³ Data collection occurred during the first lock down due to the COVID-19 pandemic. For a description of data sources and notes, please refer to [Appendix A: Methods](#)

Project Component Notes

This report tells the story of mental health experiences of emerging adults in Calgary and surrounding areas. A number of key factors influenced the content and design of the report. For example, an underlying goal of this report is to ensure the findings and implications are accessible to non-academic audiences. As such, the project findings are conveyed in a cohesive, story-telling narrative that is supported by data and evidence. To keep to the story narrative, the report intentionally focuses on describing the high-level findings and themes from data sources rather than reporting in an academic, empirical format focusing on the statistics. The story is informed by evidence: data collected from and about emerging adults and their caregivers and service providers in the Calgary area which was then contextualized with bodies of literature and expertise knowledge from the Steering Committee.

This project was guided by the Steering Committee, composed of partners and agencies in the Calgary region who are experts in the areas of emerging adults and mental health and addiction service delivery. Members engaged in a collaborative, contextualizing discussions, providing a diversity of perspectives while working together to define the project, guide analysis, interpret findings, and identify implications and considerations.

This project, and the data collected, is a starting point and it will lead to more inquiry for future studies. As such, the volume of data collected through this project is extensive, the richness of it has not been fully realized.

For more information on data sources and limitations see [Appendix A: Methods](#). For detailed statistics, please contact the authors of the report by email info@policywise.com.

Background on Emerging Adults

Who are emerging adults?

Emerging adulthood is a newly recognized life stage for young people transitioning from adolescence to adulthood (Arnett, 2004). There are many psychosocial, economic, and environmental changes experienced by emerging adults during this period. They are exploring more independence and freedom from parental control, thus is not simply an “*extended adolescence*” (Arnett, 2004, p.2). Emerging adults are also switching from pediatric services to an adult service system (The Café Tac, 2011). Most young people are finishing secondary school and shifting into post-secondary education or entering the workforce full-time. All these changes encourage the development of individual capacity and independence (Arnett, 2004; The Café Tac, 2011). While emerging adults may leave their parental home for the first time at 18 or 19 years old, they do not have the characteristics historically associated with adulthood: most are not married, most do not have children, and few have found long-term careers (Arnett, 2004). From late teens to late twenties, emerging adults are exploring variety of opportunities and freedom. While this period is exciting, it also carries anxiety and uncertainty as their lives are in transition (Arnett, 2004).

Arnett (2004) identified five key features distinguishing emerging adulthood. The first feature, **identity exploration**, involves emerging adults answering the question of “*who am I?*” while also exploring various life options. The second feature of **instability** refers to areas of relationship, work, and residence that are changing and unstable. During emerging adulthood, changes and revisions to their plans can create uncertainty. Third, **self-focus** describes how emerging adults are making their own decisions and their obligations to others are low. Fourth, **feeling in-between** captures the transitioning life stage where emerging adults are neither adolescents nor adults. The feeling in-between is further perpetuated by challenges finding services that are catered to emerging adults and not children nor adults. Lastly, **possibilities and optimism** is a time when hope flourishes and there is a wide variety of opportunities for emerging adults to establish their own life journey.



Figure 1. Five features distinguishing emerging adulthood identified by Arnett (2004).

Why do emerging adults matter?

Emerging adulthood is a formative stage for health behaviours where individuals establish behaviors in diet, exercise, and drug and alcohol use (Allison et al., 2013). Additionally, emerging adulthood is a prolonged and unstable developmental stage with increased risks of mental illness (McGorry, Bates, & Birchwood, 2013). More than two-thirds of mental illness begins prior to the age of 24, and these disorders are primarily chronic, resulting in negative impacts on personal, interpersonal, social and health domains (Hetrick et al., 2017; Kutcher et al., 2009). Relative to other provinces, Alberta's emerging adults have one of the highest rates of first contact with the emergency department for a mental health-related reason (Butler et al., 2017). How well an individual transitions in their emerging adulthood and becomes fully independent depends on the balance of support from caregivers and society. Understanding that emerging adulthood is a unique stage of life with its own challenges offers the *"potential to enhance the effectiveness of mental health approaches"* (Arnett et al., 2014, p.507). Recognizing the level of instability emerging adults experience and their capacity for self-direction, self-reflection, and independence is also important to consider when providing support to this unique population (Arnett et al., 2014).

What challenges do they experience?

The challenges experienced by emerging adults as they transition into adulthood become complex with additional concerns associated with mental health, substance use, housing, stigma, and developmental barriers. Compared to younger and older populations, emerging adults generally access medical services less and therefore lack familiarity with their general practitioner and health services (British Columbia Ministry of Health, 2012). Key barriers within the emerging adult's transitional stage include: the lack of trust of professionals, concerns about confidentiality, fear of being judged, lack of knowledge about mental health and services, transition of care between pediatrician to general practitioner, age limitations, lack of fit with services, and financial burdens (British Columbia Ministry of Health, 2012; Ontario Centre of Excellence for Child and Youth Mental Health, 2016). Emerging adults will often access primary care through walk-in services or crisis clinics as these are accessible and provide some form of anonymity (British Columbia Ministry of Health, 2012). Emerging adults transitioning in between pediatric and 'adult' systems may fall through the cracks of with limited access to services and lack of coordinated service delivery (Macleod & Brownlie, 2014). Transitions of care from child/adolescent to adult mental health services are generally found to be *"poorly planned, poorly executed and poorly experienced"* by emerging adults (Singh et al., 2010, p.310). Moreover, emerging adults transitioning between these services often disengage at a higher rate than other age cohorts (Mental Health Commission of Canada, 2015). Canadian research shows that only 25% of emerging adults access the services they need and about 52% who receive care during their youth will stop accessing care as they transition into adulthood (Halsall et al., 2019; Mental Health Commission of Canada, 2015). It is important to recognize the unique service needs of emerging adults as mental disorders are the most prevalent illness affecting young people. Currently, systems are structured by separating child and adult health care between the ages 17 to 19 and consequently impeding the continuity of care and perpetuating uncertainty during a vulnerable life stage (Kutcher et al., 2009). Research has shown that young people respond better to services that are youth-specific rather than add-ons to child or adult services (Matthias, 2002).

Findings

This section summarizes high-level findings and themes from the analysis of multiple sources of data specific to the Calgary region (see [Appendix A](#) for details on data sources). For the purpose of this report, the Calgary region is defined by the Alberta Health Services Calgary Zone which includes: Airdrie, Banff, Black Diamond, Calgary, Canmore, Chestermere, Claresholm, Cochrane, Didsbury, High River, Okotoks, Strathmore and Vulcan.

Who are emerging adults in the Calgary region?

Based on Statistics Canada 2016 census data, emerging adults, ages 15 to 24 years, represent 12% (n=192,805/1,551,875) of the total population in the Calgary region. Majority of emerging adults live in urban areas (71%, n=137,480) while 29% (n=55,325) reside in rural areas. **Emerging adults come from diverse backgrounds:**

- 32% (n=62,135/192,775) identified as part of a visible minority
- 20% (n=38,010/192,790) identified as immigrants
- 10% (n=10,655/192,780) identified as Aboriginal
- 10% (n=18,710/192,785) were not Canadian citizens



A small proportion of emerging adults are married or living in a common law relationship (8%, n=16,140/192,795). As emerging adults are often transitioning from secondary to post-secondary education, 44% (n=85,645/192,780) received their secondary school diploma and 22% (n=41,295/192,780) received a post-secondary certificate, diploma or degree. Emerging adults are likely balancing school and work-life as a majority are employed (81%, n=106,405/131,875) with a part-time or a part-year job and in the sales and service industry.



Who is not accessing services?

Based on responses from the *Client/Caregiver Survey*, there are population subgroups that are less likely to seek and/or have access to mental health services, these include:

- Individuals from rural communities
- Newcomers to Canada
- Distinct groups of parents/caregivers of emerging adults (i.e., younger (18-34) parents, single/never married parents, and/or male parents)
- Emerging adults from gender diverse groups

It is important to recognize how the needs, culture and context of specific populations can impact their mental health and their access to support. For example, an emerging adult who identifies as gender diverse and whose parents are new to Canada may experience additional and more complex barriers to seeking and/or accessing services due to the convergence of characteristics. Emerging adults who occupy several of these subgroups are particularly vulnerable to having their mental health needs go unmet. Emerging adults and parents/caregivers from these subgroups often reported not accessing help for a number of reasons including *“I prefer to manage myself”, “I didn’t know where to get help”, “I was afraid to ask for help”, “I asked but didn’t get help”, or “I can’t afford help”*. Cultural, sociocultural, economic, and system factors may present barriers that limit and/or prevent individuals from seeking or accessing support. For example, emerging adults living in rural or remote areas have limited or no access to primary care nor specialized emerging adult programs (Mental Health Commission of Canada, 2015). Emerging adults that need mental health supports are then required to travel outside of their rural or remote community. Consequently, a lack of local and accessible care for emerging adults can increase their risk of experiencing poor outcomes (Mental Health Commission of Canada, 2015).

What are the mental health issues faced by emerging adults?

Emerging adults are in a time of transition where they are finishing high school, beginning post-secondary education and/or leaving their homes for the first time (Black et al., 2019). As emerging adults are transitioning and becoming independent, they may experience challenges with their mental health and/or managing their basic needs. **According to the Client and Caregiver Survey, about half of emerging adults indicated their mental health was poor or fair and their mental health has further declined during the COVID-19 pandemic (52%, n=100/192).** Moreover, more than half of emerging adults indicated that someone expressed concern about their mental health (60%, n=116/192) and about one third indicated they received a formal mental health diagnosis (38%, n=44/116). Service Use Survey respondents, and data provided by Alberta Health Services (AHS) and community organizations¹ indicates that anxiety and/or depression are the most common issue experienced by emerging adults. According to AHS data, 34% (n=4,521/13,381) and 28% (n=3,685/13,381) of total emerging adult cases had presented with a psychosocial factor² and/or trauma-related disorder. Additionally, 23% (n=3,136/13,381) and 21% (n=2,837/13,381) of total emerging adult cases presented with an anxiety and/or depressive disorder diagnosis. Challenges to maintain a healthy work-life or school-life balance can impact emerging adults' mental well-being. High intensity work has been shown to have "*deleterious effects on mental health [and] academic achievement*" (Mortimer, Finch, Ryu, Shanahan, & Call, 1996, p.1243). In the Calgary region, 81% (n=106,405/131,875) of emerging adults are employed part-time and more than half of respondents indicated they were students (63%, n=120/192).



Additionally, a common concern among emerging adults was fulfilling their basic needs such as housing, food, and transportation. From the *Client and Caregiver Survey*, among emerging adults who indicated they needed support with housing, finances, and balance, more than half were between the ages 18 to 21 year olds. For example, 67% (n=12/18) respondents reported needing '*help to sort out practical issues such as housing or money problems*', and 59% (n=16/27) '*help to improve their ability to work, to care for self and manage time*' were between ages 18 to 21. Relationship concerns with family or partners were also another common issue emerging adults sought help for in community organizations. For instance, in

¹ Note that community organization findings are restricted to a sample of four organizations that provided administrative data.

² Psychosocial factor can include: parent-child relations/relationship distress with spouse or intimate partner; education and occupation problems such as academic or education; housing and economic problems which includes homelessness and low income; social environment which includes phase of life problems, problems related to living at home; crime and legal system; other health service encounters; other psychosocial, personal and environmental circumstances including unwanted pregnancy, religious or spiritual problems.

one organization, about 14% (n=340/2,446) of total clients presented with relationship concerns and similar patterns were seen across other community organizations². Emerging adults often have multiple, complex, and multifaceted concerns, while having “less structure and fewer emotional and financial resources” to support them (Black et al., 2019, p.113).

Where are emerging adults seeking mental health support?

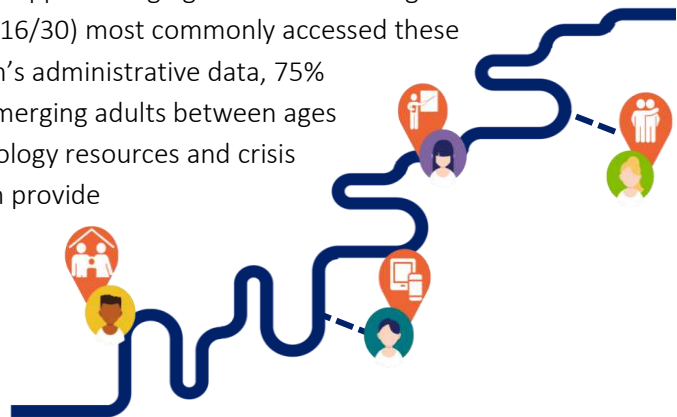
From the *Client/Caregiver Survey*, emerging adults often reported going to their peers/friends for support (62%, n=58/94), followed by family doctors (49%, n=46/94), support from the education setting¹ (47%, n=44/94) and family members² (12%, n=11/94). About 66% (n=77/116) of emerging adults reported their friends/peers expressed concern for their mental health while 40% (n=46/116) indicated a family member expressed concern. Seeking support from friends/peers and family is common among emerging adults as they “see psychiatrists and psychologists less; they turn to friends and family more often” (The Café Tac, 2011, p.4).

Education setting is defined as supports from education institutions including teachers, high school counsellors, professors, post-secondary counsellors, or school psychologists. Supports from the education sector are generally more accessible for emerging adults as the majority are students (63%, n=120/192), either in high school or post-secondary institutions. Additionally, teachers may express concern about emerging adults due to changes in behaviour and school performance. Parents/caregivers respondents noted that concerns were raised about their emerging adults due to failing grades or behaviour in the classroom.

“First time in school, teachers [notified] me he had mental health problems.”— Emerging Adult Survey Respondent

Private psychologists were another support frequently accessed by parents/caregivers of emerging adults (43%, n=31/73). Access to private psychologists is often dependent on having insurance coverage and/or income. Parents/caregivers who accessed private psychologists typically had higher incomes, educational level, and lived in wealthier areas of Calgary.

A new area for emerging adults is using technology to seek support, such as the internet for information, apps, text messaging, or calling help lines. About 32% (n=30/94) of emerging adults reported accessing support through either 1800 help lines, online or apps. Emerging adults between ages 18 to 24 years (80%, n=24/30) and are students (53%, n=16/30) most commonly accessed these types of supports. According to one organization’s administrative data, 75% (n=558/744) of total crisis calls were made by emerging adults between ages 18 to 24 years. Emerging adults may seek technology resources and crisis clinics for support as they are accessible and can provide some form of anonymity (British Columbia Ministry of Health, 2012).



¹ Supports from education settings includes teachers, high school counsellors, professors, post-secondary counsellors, and school psychologist

² Family members includes parents, aunts/uncles, cousins, and grandparents

How do emerging adults' access help in different service settings?

Depending on the type of support they sought, emerging adults may access or be referred to different service settings, such as community, health, or educational organizations. For example, an emerging adult that seeks support from their high school teacher may be referred to the high school counsellor, or if an emerging adult seeks support from their family they may be referred to their family doctor.

There are different access points and pathways to receiving mental health services from different settings. **Which pathway emerging adults are referred onto will depend on the knowledge and awareness of their supports and the specific needs and issues of emerging adults.** Most often it is friends and family who expressed concern for the emerging adult's mental health or substance misuse. As such, having natural supports (e.g., friends, family) informed about what resources are available, which ones to access and when to access, will help introduce emerging adults to service settings. Additionally, having a family doctor informed about different mental health services provided in community and health settings are important as they are often the first formal support emerging adults may seek with a mental health concern (Mental Health Commission of Canada, 2016).



Potential Barriers

Some emerging adults may not be referred to mental health services for further support and/or they may prefer to manage on their own. While emerging adults do access support from friends/peers or a family doctor, about half also reported they “*prefer to manage myself*” (54%, n=38/70). It is unclear if these emerging adults are not accessing any type of formal (e.g., family doctor) or natural (e.g., friends, family) supports; it is possible they are accessing information from online and virtual sources. Emerging adults may “prefer to manage” themselves through technology. It has been noted that emerging adults are “*more likely to seek information from the internet*” (The Café Tac, 2011, p.4). While technology and the internet can offer emerging adults an accessible way to seek support and information, these resources must be reputable and safe. However, limited broadband capacity for emerging adults in remote and rural communities can hinder their ability to access technology (Mental Health Commission of Canada, 2014). Knowing where to seek mental health services can also be challenging when there are few to none accessible supports in rural and remote communities. For instance, emerging adults and their parents/caregivers may seek information through Google searches to find mental health supports. However, search results may indicate there are limited mental health resources in their rural community compared to the City of Calgary¹. It has been noted that many rural and remote areas do not have access to primary care nor specialized emerging adult programs (Mental Health Commission of Canada, 2015).

¹ Refer to [Appendix B Service Delivery](#) maps to see the distribution of available services for emerging adults from Google searches

What do mental health service settings provide?

According to administrative data and survey responses, emerging adults' top concerns include anxiety/depression, relationships and accessing basic needs. Depending on their concern, they may seek support from their family, friends, or family doctor who subsequently, may refer them to one or more service settings (health, community, or education). **Each setting does not have discrete boundaries of care, rather there are areas of overlap. Within the areas of overlap, there is variation in the availability and the frequency of service varies across each setting.** Information on services provided by different mental health settings were obtained from community¹ and health organizations' administrative data, post-secondary qualitative descriptions, survey responses and expertise knowledge of the Steering Committee.

Health Service Setting

An emerging adult who is referred to a health service program by their family doctor may find the program focused on specialized needs. **Health programs and services are more likely to support emerging adults experiencing specialized or urgent mental health needs.** The most common types of health programs that emerging adults accessed include: crisis and urgent, acute inpatient, day treatment and other outpatient addiction and mental health services. These programs have in common the focus on reducing symptoms, improving functioning, and managing illness or crisis. Many health services are provided through Alberta Health Services or through contracts with non-profit and/or charitable organizations.



- Illness management
- Reducing symptoms
- Specialized mental health needs
- Acute inpatient and specialized programs

Community Service Setting

Emerging adults with less urgent or specialized mental health needs may prefer to seek support outside a health setting, such as in the community. Community organizations that provide mental health services are typically non-profit and/or charitable organizations. Counselling outside of a hospital setting was one of the most common services needed or accessed by emerging adults. Organizations that offer counselling may provide single session and/or ongoing therapy, peer support, case management, or referrals to other services. **Mental health services in the community setting are generally responsive, have flexible availability, and can provide care regardless of age.** Accessible counselling in the community provides an opportunity to improve connections with community services, build community resiliency, and ensure emerging adults feel connected to their community.



- Peer support
- Case management
- Building community connections

¹ Note that some community findings are restricted to a sample of four organizations that provided administrative data.

Health & Community Setting Overlap

The health and community settings are linked through community/health treatment programs that bridge services together. These programs focus on community integration for emerging adults. Additionally, both service settings are connected through referrals where health services may refer clients to a community setting or vice versa. Both settings provide urgent, crisis care, and non-urgent services.

Family doctors who are well-informed about available mental health services within the health system and in the community are critical for helping navigate the two systems.

Primary Care Networks (PCNs), a structure meant to link into these systems, is a large point of entry into the primary health care system for many clients. PCNs provide screening, single session therapy, counselling, education and information, and referrals. Most PCNs made referrals to other organizations for specialized services such as, AHS or community links. PCNs may contract with AHS or community agencies for service provision.



Education Setting

Education systems (i.e., secondary and post-secondary) provide another pathway for emerging adults to access support. Supports in the education systems include high school counsellors, teachers, post-secondary counsellors, professors, and school psychologists.

Supports from the education system are likely accessible for emerging adults who are students in either secondary or post-secondary institutions. For post-secondary students, counselling and wellness services on campus offers support through general counselling, initial assessment/screening, and referrals to other appropriate care within communities.

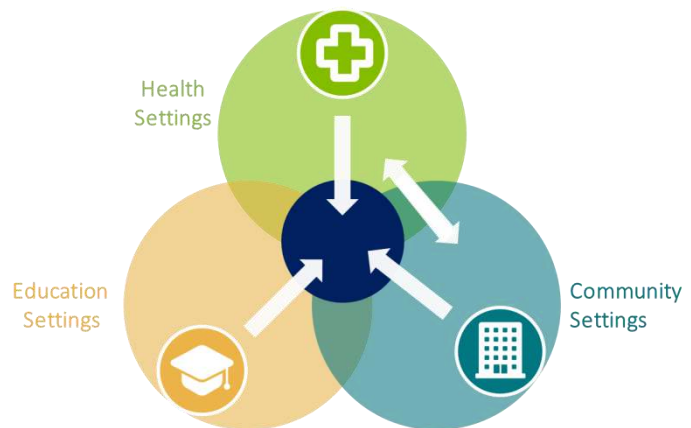


Overlap

Across all three settings common services provided include counselling, single-session appointments, assessment/screening, information and referrals to other organizations or services.

The overlap between these settings is necessary as emerging adults have different access points, pathways and needs for care.

Additionally, each setting offers services with differing availability and frequency; thus having similar services provided across the three settings enables greater opportunity for emerging adults to access the supports that they need. While these settings provide similar services, and health and community settings have connected programs, there is little overall coordination or communication between all three points of access.



Potential Barriers

Across the three settings, emerging adults can find information and counselling support. Additionally, information and counselling were the most common types of services emerging adults reported they accessed or needed (52%, n=96/184; 50%, n=91/181, respectively). However, there are times when services do not align with the needs of an emerging adult. Rather, an individual's concern, intensity, or urgency of need must align with the setting's mandate, capacity and resources to provide emerging adults' support. For instance, according to a respondent from the *Service Use Survey*, specialized addiction and mental health organizations or Primary Care Networks may not consistently have the capacity or resources to help clients who present with partner relationship or housing concerns. With increasing demand for mental health services and supports, these health, community, and education settings may not be structured to address multifaceted concerns such as, emerging adults presenting with anxiety, relationship concerns, and basic needs.

"We have no couples counselling in our area and the community has been feeling this gap during COVID." – Service Use Survey Respondent

Mental health settings seldom recognize the various unique challenges emerging adults' face, such as: living apart from parents, obtaining education or training, finding a career, and/or finding a life partner (Arnett et al., 2014). To address the discrepancies between what emerging adults need and what different settings can provide, organizations may refer clients onto other services that are specialized and match the needs of the emerging adult. According to the *Service Use Survey*, the most common reason to make referrals is for the client to receive more specialized services (63%, n=24/38), followed by ensuring therapy is appropriate for client (32%, n=12/38). However, barriers within each setting such as wait times and lack of available services can make it challenging for emerging adults to find the appropriate care.

What are emerging adults' experiences in mental health service settings?

About 39% (n=60/154) of parents/caregivers and 52% (n=96/184) of emerging adults indicated they accessed or needed information. A challenge that parents/caregivers and emerging adults may experience is difficulty navigating the large variety and spectrum of mental health information that is available. A respondent from the *Service Use Survey* indicated that while there are many resources available, clients may have difficulty knowing which ones exists and which ones to use. Contributing to the difficulty of navigating information is the lack of coordination between different settings providing mental health services.

Uncoordinated care and long wait times

With multiple settings offering mental health services, emerging adults and their parents/caregivers may have difficulty finding coordinated care that helps individuals transition into their adulthood. About 56% (n=28/50) of parents/caregivers reported there was a lack of coordination between professionals and 44% (n=27/61) reported it was difficult to access and receive services. **While some community and health settings provide referrals to one another, there is not enough communication or coordination to provide comprehensive support for emerging adults.** Survey responses from parents/caregivers and service providers indicated a common theme that mental health supports from health, community, and the education settings appear to be working in isolation of one another with little overlap or communication between these settings. For instance, emerging adults who are first assessed and received a single session appointment in their school's counselling services may require more specialized care in a health setting or in the community to address their mental health needs. However, *Service Use Survey* and post-secondary responses indicate that long wait lists for specialized care and/or unavailable appropriate services are often barriers to making referrals. According to the *Service Use Survey*, 50% (n=19/38) of respondents reported limited access to other organizations (e.g., long wait lists) was a primary barrier from making referrals. Wait times can vary by need, urgency, or program type. Wait times for initial appointments (i.e., assessment, screening) or single session appointments are typically minimal and may offer short-term support for emerging adults who are waiting for specialized support. But those who require ongoing care or more specialized addiction and mental health services may face longer and more variable wait times. According to Calgary post-secondary counselling/wellness services, the range of time between appointments for specialized or ongoing support is unpredictable as it can span between two to four weeks and sometimes longer. Notably, 42% (n=25/60) of parents/caregivers reported in the *Client/Caregiver Survey* that wait times were not appropriate¹.

"In our community we have been repeatedly informed that there is a long wait time and challenge to access these supports and services."
– *Service Use Survey Respondent*



¹ In the Client/Caregiver Survey, participants were asked "Were your wait times appropriate?" Those that responded "No" were noted as reporting wait times were *not* appropriate. The survey question does not define what deemed as an appropriate wait time.

Limited after-hours access

Recognizing that emerging adults are likely balancing work, school and their social lives is important to consider when providing services. **Post-secondary information indicates that some programs and services are primarily offered during the day, which limits students' ability to simultaneously balance their academics and health.** For instance, there have been cases where a student is offered entry into a treatment program in mid-semester but operates during the day. The student then has to decide between refusing treatment and worsening their mental health or quitting their academic courses and losing all the work they have accomplished thus far. A respondent from the *Service Use Survey* recommended that after hours availability should increase to serve emerging adults.



Limited specialized care in community

Lack of accessible specialized services can hinder emerging adults' opportunity to receive care. **Post-secondary information indicates that there is lack of access to clinical or specialized services in the community.** Additionally, post-secondary information notes that services in community and in health settings are overwhelmed with the increasing demand for support among emerging adults with complex and multifaceted concerns or illnesses. Responses from the *Service Use Survey* indicate that single-session appointments are a great addition to services by helping to alleviate the demand, and to triage the client towards the most appropriate services. However, there is a need for long-term and on-going counselling especially for emerging adults with persistent or chronic mental health illnesses.

"Our office does not have the training to be more than peer support and referral...Qualified counselling and group support need qualified professionals, and so we refer."
- Service Use Survey Respondent

Costs and travel barriers

Respondents from the *Service Use Survey* emphasized that transportation and distance for care is also a major barrier that prevents them from making referrals and makes it challenging for emerging adults to **engage with services.** Groups living in rural and remote areas have little to no local services, therefore may have to travel to other communities for support or pay for private services (Mental Health Commission of Canada, 2015). The cost of counselling is also a potential barrier for emerging adults and their parents/caregivers. Results from one organization's data indicated that costs would be a barrier to receiving support for adults without insurance coverage. A parent/caregiver of an emerging adult also reported that financial problems prevent their family from accessing appropriate help and are unable to pay for therapy. Improving accessibility and coordinated care is important to prevent and reduce cascading problems that emerging adults may experience when their concerns or difficulties are not promptly addressed.

"[There are] very little consistent, accessible services in rural Alberta. Having to travel is a deterrent for many community members."
- Service Use Survey Respondent



Implications & Opportunities

Based on the previous findings, three key implications stand out and each propose several opportunities for change and impact. It should be noted that many of the opportunities presented would require new funding. Further, within Alberta, there are existing service delivery investments and initiatives in mental health that could be considered for additional leverage, these can be found in [Appendix B](#).

1. The experience of emerging adulthood is generally not recognized nor supported by mental health settings

While emerging adulthood is a unique developmental stage from adolescence to adulthood, the transition is not adequately supported (Arnett et al., 2014; Mental Health Commission of Canada, 2015). Emerging adults' transitions become more complex with additional concerns around mental health, substance use, housing, and developmental barriers (Arnett et al., 2014; British Columbia Ministry of Health, 2012; Patton et al., 2016). Survey responses and organization data indicates that emerging adults experience multifaceted concerns including anxiety/depression, relationship concerns, and concerns with their ability to manage practical issues such as finances, work, self-care, etc. Recognizing how emerging adults may experience multifaceted concerns is important to ensure that mental health services are structured to provide such supports. Additionally, it is important to understand how the diversity of needs, culture, and context among emerging adults can impact their mental health and access to services. Emerging adults who occupy multiple subgroups that are less likely to seek and/or have access to mental health services may experience more complex barriers that should be understood and addressed. **Exploring and recognizing the unique experiences the emerging adult population faces is important to inform how mental health settings can better provide support.** Additionally, recognizing how technology is playing an increasing role in meeting the needs of emerging adults presents an opportunity to connect with the emerging adult population and understand their experiences.

Opportunities

Bring awareness to, and normalization of, the emerging adult experience as a time of transition and as a unique developmental stage. As emerging adults are regular users of technology by communicating on various social media platforms, these modalities can be used for social marketing campaigns to increase awareness of their experience and life stage. Marketing efforts should be done at a population level to target formal supports (e.g., family doctors, educators) and elicit community response.

Engaging and incorporating emerging adults' and their family's voices to guide how settings providing mental health care can better recognize their experiences and provide better support for emerging adulthood.

2. How different mental health settings offer support does not meet the needs of the emerging adult population

Navigating multiple settings for mental health services and information is challenging for emerging adults and those whom they seek support from. Capacity to find support and ability to navigate different settings depends on emerging adults' social networks and their knowledge of available services. Information was often accessed or needed by emerging adults and their parents/caregivers. However, as noted by a respondent from the *Service Use Survey*, when information is abundant and disjointed between multiple mental health settings it can be difficult to determine what supports exists, which ones to access, and when to access. Involving and informing social networks (e.g., friends, family, teachers, etc.) presents an opportunity to help introduce emerging adults into different support settings and increase continuity of care. Additionally, it is important to recognize that emerging adults value their independence and understand how they exercise their self-direction (Arnett et al., 2014). For instance, about half of emerging adult respondents indicated they prefer to manage themselves. While it is unclear whether these emerging adults are not accessing any type of support due to possible mistrust in professionals, fear of judgement or concerns about confidentiality; it is possible emerging adults may find support on their own through technological means (British Columbia Ministry of Health, 2012; Hetrick et al., 2017; Ontario Centre of Excellence for Child and Youth Mental Health, 2016). Moreover, mental health settings must recognize that emerging adults are likely balancing academics, work, relationships, and their health and wellbeing, to ensure that programs and services are available and accessible in a way that meets the needs and lifestyle of emerging adults. **Collaborating with emerging adults and their natural supports can inform how to better improve their ability of navigating multiple mental health settings and information.**

Opportunities

Streamline information that can empower and equip natural supports (i.e., family, friends) with reputable/evidence-informed mental health information and services.

Explore how technology can be used to encourage help-seeking behaviours for emerging adults and their natural supports. As well, how technology can be used to improve awareness of available mental health services and can reduce barriers to receive the help needed.

Collaborate with community organizations and educators that serve emerging adults to engage with the population in developing strategies and improving how organizations can pro-actively reach out to the population.

3. The current mental health system is structured in a way that limits timely, consistent, and coordinated care

In order to respond to the needs of youth and adults, mental health services in Alberta have developed across several settings (health, community, and education). While providing mental health supports in multiple settings is beneficial, the current structure presents a challenge to provide care in a timely, consistent, and coordinated way. Gaps and barriers to mental health care are created when service is provided across multiple settings. Groups of mental health services often work independently and with limited understanding of other providers' roles, programming, and constraints. For instance, *Service Use Survey* responses indicated that limited access to other organizations (e.g., long wait times) prevented organizations from making referrals. Individual providers may rely on informal relationships and personal networks to navigate the mental health system resulting in incomplete information for those seeking help. The lack of understanding of the roles and responsibilities among mental health providers places emerging adults at additional risk of having their mental health needs go unmet. **To close mental health care gaps and reduce barriers requires integrating different service delivery models as “[n]o one model will address all problems” (Brenner, 2019, p.38). Integrating delivery models requires evaluating their scalability, affordability and acceptability to reach many emerging adults in a cost-effective manner and recognizing their diversity (Brenner, 2019).** For instance, mental health services offered in the community or education settings can connect with a large number of emerging adults in need of support due to its flexibility, however with increased workload demands these settings may experience inadequate resources. While health service settings can provide appropriate care for emerging adults with specialized needs, long wait times can hinder timely care. As each service settings have relative strengths, integrating them together can address their weaknesses and close the gaps in mental health care.

Opportunities

Evaluate existing service delivery settings based on their scalability, affordability and acceptability.

Where required, adapt service delivery models to account for the needs of emerging adults and clarify the roles and responsibilities of providers.

Promote client-centred access and reduce gate keeping between mental health delivery settings.

Reduce barriers to information sharing between mental health settings and service providers.

Promote and enhance targeted mental health training to allied professionals in a consistent, sustainable, and planned way.

Develop a strategic framework and implementation plan for emerging adult mental health services with representation from service providers in all settings.

Create a Mental Health Centre of Excellence that convenes industry experts, researchers, technologists, inventors, community agencies and funders to promote innovation and leading practices.

References

- Allison, S., Baune, B. T., Roeger, L., Coppin, B., Bastiampillia, T., & Reed, R. (2013). Youth consultation-liaison psychiatry: How can we improve outcomes for young people with chronic illness? *Australian & New Zealand Journal of Psychiatry*, 47(7), 613–616.
- Arnett, J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York, NY, US: Oxford University Press.
- Arnett, J., Žukauskiene, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. *The Lancet Psychiatry*, 1(7), 569–576. [https://doi.org/10.1016/S2215-0366\(14\)00080-7](https://doi.org/10.1016/S2215-0366(14)00080-7)
- Black, S. R., Fristad, M. A., Arnold, L. E., Birmaher, B., Findling, R. L., Youngstrom, E. A., & Horwitz, S. M. (2019). Factors Influencing Emerging Adults' Use of Outpatient Mental Health Services. *Evidence-Based Practice in Child and Adolescent Mental Health*, 4(2), 113–121. <https://doi.org/10.1080/23794925.2018.1501328>
- Brenner, E. (2019). The Crisis of Youth Mental Health. *Stanford Social Innovation Review*, 17(2), 34–40. Retrieved from <http://search.proquest.com.libraryproxy.griffith.edu.au/docview/2186991906?accountid=14543%0Ahttp://hy8fy9jj4b.search.serialssolutions.com/directLink?&atitle=The+Crisis+of+Youth+Mental+Health&author=Brenner%2C+Eliot&issn=15427099&title=Stanford+Social+Inn>
- British Columbia Ministry of Health. (2012). *Integrated models of primary care and mental health & substance use care in the community*. Retrieved from <http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-7036.pdf>
- Butler, A., Adair, C., Jones, W., Kurdyak, P., Vigod, S., Smith, M., ... Goldner, E. (2017). Toward Quality Mental Health Services in Canada. *Centre for Applied Research in Mental Health & Addiction*, (October), 1–34.
- Halsall, T., Manion, I., Iyer, S., Mathias, S., Purcell, R., & Henderson, J. (2019). Trends in mental health system transformation: Integrating youth services within the Canadian context. *Healthcare Management Forum*, 32(2), 51–55. Retrieved from doi:10.1177/0840470418808815
- Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., ... McGorry, P. D. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *The Medical Journal of Australia*, 207(10), S5–S18. <https://doi.org/10.5694/mja17.00694>
- Kutcher, S., Davidson, S., & Manion, L. (2009). Child and youth mental health: Integrated health care using contemporary competency-based teams. *Paediatrics and Child Health*, 14(5), 315–318. <https://doi.org/10.1093/pch/14.5.315>
- Macleod, K. B., & Brownlie, E. B. (2014). Mental health and transitions from adolescence to emerging adulthood: Developmental and diversity considerations. *Canadian Journal of Community Mental Health*, 33(1), 77–86. <https://doi.org/10.7870/cjcmh-2014-007>
- Matthias, K. (2002). *Youth-specific primary health care – access, utilisation and health outcomes: a critical appraisal of the literature*.
- McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK. *British Journal of Psychiatry*, 202, S30–S33.

<https://doi.org/10.1192/bjp.bp.112.119214>

Mental Health Commission of Canada. (2014). *E-Mental Health in Canada: Transforming the Mental Health System Using Technology*.

Mental Health Commission of Canada. (2015). *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults*. Ottawa, Ontario.
<https://doi.org/10.1002/jhm.798>

Mental Health Commission of Canada. (2016). *The Mental Health Strategy for Canada: A Youth Perspective*. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf

Mortimer, J. T., Finch, M. D., Ryu, S., Shanahan, M. J., & Call, K. T. (1996). The Effects of Work Intensity on Adolescent Mental Health, Achievement, and Behavioral Adjustment: New Evidence from a Prospective Study. *Child Development*, 67(3), 1243–1261. <https://doi.org/10.1111/j.1467-8624.1996.tb01793.x>

Ontario Centre of Excellence for Child and Youth Mental Health. (2016). *Youth perspectives on child and youth mental health services in Ontario*.

Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... Viner, R. M. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423–2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)

Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., ... White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: Multiperspective study. *British Journal of Psychiatry*, 197(4), 305–312. <https://doi.org/10.1192/bjp.bp.109.075135>

The Café Tac. (2011). *Emerging Adult Consumers of Mental Health Services*. Tallahassee.

Appendix A: Methods

The table below provides a brief description of the data sources that were gathered for the three project components. A brief literature review was also conducted to provide background information on the current mental health needs and experiences for emerging adults. Note that data collection occurred during the first lock down due to the COVID-19 pandemic.

An important strength of this project is the large number of data sources gathered to reveal rich information about the experience of emerging adults. Similarities across the data sources (i.e., surveys, administrative data) and congruence with literature reviews lends confidence that the findings and challenges are valid. Additionally, discussions with the Steering Committee provided strong insights that could validate (or invalidate) findings and provide further context. Alongside with these project strengths, there are some general limitations to the data to be noted:

1. Funding survey and service use survey: Each survey had a response rate of more than 50% however the sample size for each was small. This limits the strength of conclusions that can be drawn.
2. Administrative data from organizations: Given the project period occurred during the COVID-19 pandemic, it was especially challenging for mental health service delivery organizations to participate. It is a time-consuming process for organizations to provide administrative data. Further, administrative data is not collected for research purposes and there are differences in definitions, time period, and collection procedures which then limits the degree of analysis that can be performed.
3. Alberta Health Services (AHS) administrative data: The most voluminous and complex source of data was from Alberta Health Services. A key limiter for analysis was that total number of records were provided and not unique cases. Consequently, it could not be determined how patients move through the system at different points and what that experience entails at a more detailed level. Instead, broader patterns were noted on program use and wait times.

Components	Purpose	Data Source	Time Period	Analysis
Client and Caregiver Experience Survey	To identify what the current mental health needs and experiences are for emerging adults and their caregivers	Web-based survey across the Calgary region targeting emerging adults and their parents/caregivers	June to August 2020	Descriptive analysis on: demographics, mental health needs, and services
Population Trends	To describe the current demographics of the emerging adult population in the Calgary region	Statistics Canada: Target Group Profile of Population aged 15 to 24 years	2016	Descriptive analysis on: demographics, employment, education, etc.
Funding, Costs,	To identify services	1. Google Search: using	July to	Maps created based

Service Utilization	currently available, funding distribution and service utilization for the emerging adult population in Calgary	systematic search terms to recreate a typical search from emerging adults	September 2020	on locations of organizations identified
	To identify service utilization, funding and costs of addiction and mental health services for the emerging adult population	2. Web-based survey targeting organizations within the Calgary region that were identified from the inventory search	July 2020	Descriptive analysis on service use and funding for mental health services
	To identify service utilization among the emerging adult population	3. Administrative data provided by organizations (community & post-secondary), and Alberta Health Services (AHS)	Organizations: April 2019 to March 2020 AHS: April 2018 to March 2019	Descriptive analysis on demographics, reasons for visits, wait times, referrals, etc.

Client and Caregiver Experience Survey

Study Design, Setting, and Population

To identify what the current mental health needs and experiences are for emerging adults and their caregivers, a cross-sectional survey was conducted across the Calgary Health Region. The survey was conducted between June and August, 2020.

Survey Development

The survey content was derived from the initial gap map survey distributed in 2014. The initial gap map survey was targeted towards adults in the city of Edmonton; therefore, this survey was further refined to target the emerging adult population. During the development of the survey, a second survey was produced to target caregivers of the emerging adult population. Obtaining perspectives from emerging adults and their caregivers provides a more well-rounded understanding of the current needs and experiences. The emerging adult survey included a section on demographics (questions 29-37), mental health needs (questions 1-36), and general well-being and functioning (questions 3 to 5) from the validated tools of Personal Wellbeing Index and Patient Health Questionnaire. The survey was a web-based 40-item questionnaire.

Survey Administration

Leger Marketing Alberta Inc. was contracted to distribute an online survey to emerging adults and their caregivers. To ensure a representative and random sample, Leger utilized their panel to randomly recruit participants through random digit dialing (RDD) to web method. A short telephone survey was conducted to screen households having individuals aged 16 to 17, explain the study, and obtain an email address or phone number to send the survey link. The survey was completed online to help reduce biases that can occur with a phone-only approach. To sample 16 to 17 year olds, Leger random digit dialed households from their panel, screened households and asked caregivers to partake in the survey to which they would send the survey link. Individual incentive was offered to ensure completion of surveys. For 18 to 24 year olds, a short telephone survey was administered, followed by sending a link to the survey via email or SMS.

Survey Analysis

Data was coded and cleaned by Leger. Analysis was conducted using SAS. 160 parents/caregivers and 192 emerging adults completed the survey. Leger linked responses between parents/caregivers and emerging adults of which 60 records could be linked. Due to low sample size of linked records further analysis was not conducted. Basic descriptive analyses for questionnaire responses were conducted for parents/caregivers and emerging adults. Further analyses were conducted for specific questions to explore demographic differences in response. No assumptions or imputations were made for missing data. It is important to note that when interpreting the results, the survey has potential limitations with sample size.

Population Trends

To describe the current demographics of the emerging adult population in the Calgary region, publicly available data was analyzed.

A. Statistics Canada

To analyze publicly available population level data that describes the current demographics of the emerging adult population in the Calgary Health Region. The current demographics sheds light on the gaps in addiction and mental health service delivery and inform future policy and program development. A Target Group Profile of Population aged 15 to 24 years from Statistics Canada was requested. Analyses focused on the Calgary Health Region. Demographic analyses provide information on emerging adults' education level, employment status, ethnic or cultural background, etc.

Funding, Costs, and Service Utilization

To identify current funding, costs, and utilization of addiction and mental health services for the emerging adult population, systematic searches, surveys and administrative data requests were conducted.

A. Inventory search

To identify locations and distribution of currently available services for emerging adults, Google searches was used to recreate a typical search from an emerging adult seeking support. Systematic search terms were used including city and town names within the Calgary region and key words such as mental health, support, care, and non-profit. It is important to note that the inventory search is not an exhaustive list of organizations within the Calgary region. The information collected through the inventory search provides insight into the quantity and content of services and supports offered to the emerging adult population in the Calgary region. The inventory search was conducted between July and September 2020.

B. Service Use Survey

Study Design, Setting, and Population

A cross-sectional survey was conducted targeting organizations within the Calgary zone that were identified through the inventory search. The survey was conducted between July 10 and 24, 2020.

Survey Development

The survey was a web-based 17-item questionnaire.

Survey Administration

The survey was distributed to organizations electronically by PolicyWise on behalf of the steering committee using an email distribution list of identified organizations from the inventory search. A reminder email was sent by PolicyWise on behalf of the steering committee once during the study period.

Analysis

The survey was distributed to 69 organization and 38 respondents completed the survey, providing a response rate of 55%. Majority of respondents were from a non-profit organization, followed by Primary Care Networks and other organizations that consisted of specialized non-profits, for-profit organizations and government entities (provincial and municipal). Data analyses were descriptive. No assumptions or imputations were made for missing data.

C. Organization Data

Study Design, Setting, and Population

To identify service utilization among emerging adults, non-identifiable, client-level, administrative data was requests from specific organizations that were identified from the Service Use Survey. Data was provided from four community organizations during the period of April 1, 2019 to March 31, 2020.

Analysis

Data elements varied across the organizations, however common elements that were analyzed included: age, gender, geographic areas served, reason/concern for visit, and referral information.

D. Post-Secondary

Study Design, Setting, and Population

To identify service utilization in post-secondary institutions among emerging adults, post-secondary mental health information was requested from Calgary post-secondary Counselling/Wellness Services. Qualitative description and quantitative data were provided during the period of April 1, 2019 to March 31, 2020.

Analysis

Qualitative descriptions about wait times and service utilization among post-secondary students were provided. Descriptive data on number of appointments, referrals, and crisis presentation was also provided.

E. Alberta Health Services

Study Design, Setting, and Population

To identify service utilization among emerging adults in the health system, administrative data requested Alberta Health Services (AHS) was requested. Data was from the time period of April 1, 2018 to March 31, 2019.

Analysis

Data analysis was descriptive. Data elements that were analyzed include: wait times, program types, gender, age, referrals, and diagnostic information. Due to governing policies, unique clients could not be

determined, only total number of records. Accordingly, client journeys through different AHS programs and referral patterns could not be analyzed.

F. Funding Survey

Study Design, Setting, and Population

A cross-sectional survey was conducted targeting organizations within the Calgary zone that were identified through the inventory search. The survey was conducted between July 10 and 24, 2020.

Survey Development

The survey was a web-based 8-item questionnaire.

Survey Administration

The survey was distributed to organizations electronically by PolicyWise on behalf of the steering committee using an email distribution list of identified organizations from the inventory search. A reminder email was sent by PolicyWise on behalf of the steering committee once during the study period.

Analysis

The survey was distributed to 50 organizations and 29 people completed the survey, providing a response rate of 58%. The majority of respondents were from, provincial and municipal government, followed by philanthropy organizations, community-based philanthropic funders and non-profit organizations. Data analyses were descriptive. No assumptions or imputations were made for missing data. Qualitative data was analyzed and themed.

Appendix B: Leveraging Existing Service Delivery Investments and Initiatives

Service Delivery

There are many existing mental health services offered in Calgary zone that are not captured through the inventory search using Google. It was not within the scope of the project to conduct a comprehensive search of existing services in Calgary zone, rather the inventory search was used to recreate a typical search from an emerging adult seeking support. The maps provide insight into the quantity and spread of services and supports offered to the emerging adult population in the Calgary zone. It is important to note that for some services that serve multiple areas and/or have multiple locations, only one location is represented. Additionally, some services and supports work across the city (e.g., mobile teams). Colour gradient represents concentration of services in an area. The symbols (e.g., diamond) represent the approximate location of a service.

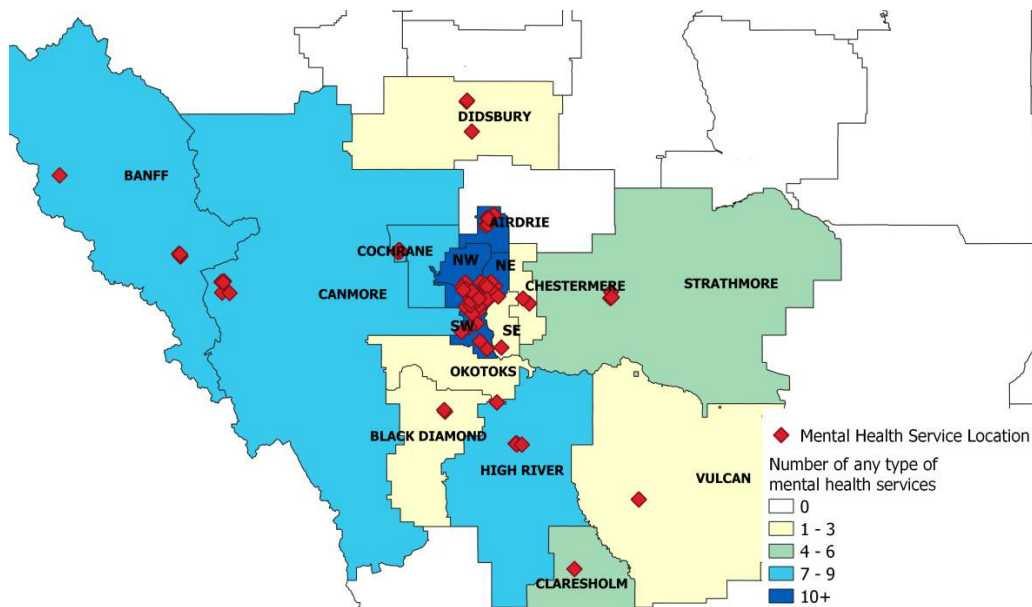


Figure 2. Map of any type of mental health services (i.e., health, community) identified through the inventory search offered throughout the city of Calgary and in the Calgary zone.

- Within the city of Calgary, the inventory search found that most mental health services are concentrated in central area of Calgary with very few in the south east area.

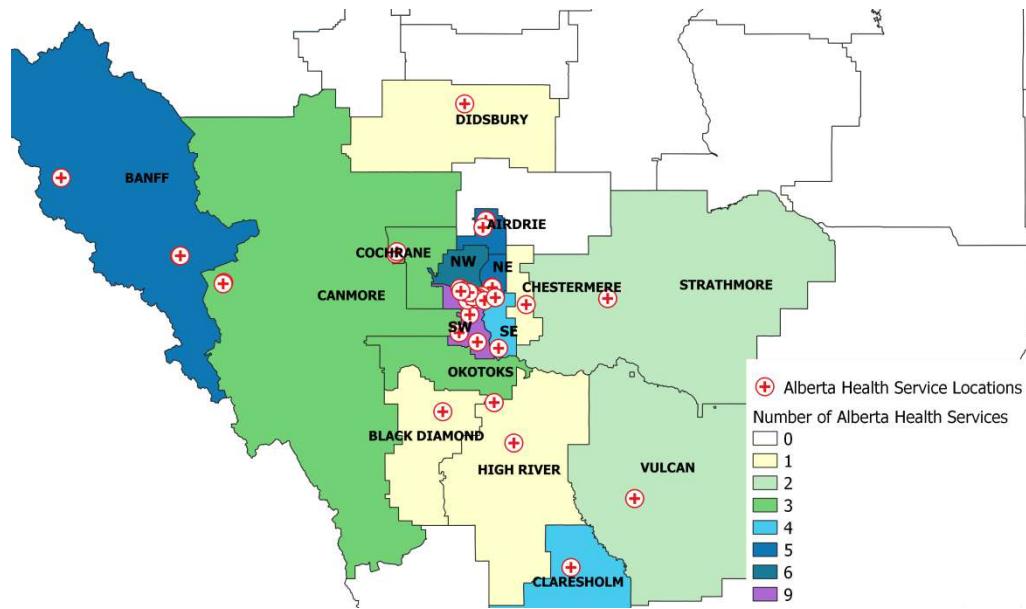


Figure 3. Map of Alberta Health Services (AHS) identified through the inventory search offered throughout the city of Calgary and in the Calgary zone.

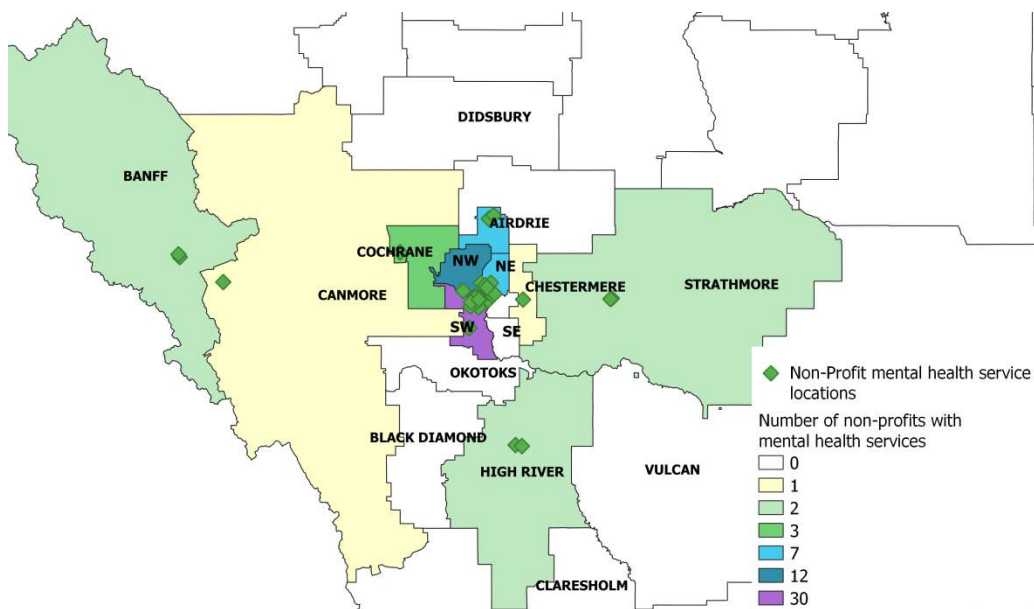


Figure 4. Map of non-profit organizations with mental health services identified through the inventory search offered throughout the city of Calgary and in the Calgary zone.

Initiatives

Similarly, there are many new and ongoing initiatives focused on improving mental health in Calgary and surrounding areas. Provided below is a list of initiatives that could be considered for additional leverage. Note that it was not within the project scope to provide an exhaustive list of current initiatives nor evaluate these as potential investments.

- **The Integrated Youth Service Delivery Hubs project** connects multiple, cross-sectoral community partners to create locally-led solutions to better meet mental health and addiction needs of youth ages 11-24, with a focus on prevention and early intervention. There are 12 communities, including three Indigenous communities, across Alberta in small to medium population centres that are in varying phases of implementation and operation. Each community includes youth and families as partners, engaging with them in a variety of ways throughout development, implementation, and operations to ensure appropriate diversity and inclusion of services based on community context and need. A collaborative governance framework for this initiative is pending.
- **The Rural Mental Health project** aims to build mental health capacity in rural communities in Alberta through community development. More than 70 Albertan communities now have trained Animators to lead development work in their communities. Animators conduct outreach with community members, some communities have chosen to work directly with youth.
- **The Alberta Centre of Excellence in Youth Mental Health (the Centre)** – also known as Kickstand – is a newly formed entity aimed at transforming youth mental health services in Alberta. Through collaboration, partnership and a comprehensive research agenda, the Centre’s vision is to improve outcomes for young people across the province by increasing access to integrated, community-based mental health and addition services in-person and on-line. The Centre has soft-launched a website, mykickstand.ca, as a provincial resource for young people and their families/caregivers. The site is themed around “More Good Days” and over time the goal is to be the one-stop-shop for young people to access information, hear from peers, subscribe to daily positive, evidenced-based text messages and access virtual clinical services. Initial support for Kickstand has been provided by the Graham Boeckh Foundation, Bell Let’s Talk, Stollery Children’s Hospital Foundation, RBC Foundation, and the Mental Health Foundation.
- Connecting with the new Emerging Adults Mental Health Initiative launching soon in partnership by Alberta Health Services and University of Calgary (supported by ACHF). This initiative will transform the philosophy of mental health care to be emerging adult-centered, transdisciplinary and focused on whole health. The team is creating an innovative research platform embedded in emerging adult care that will mobilize and expedite research discovery and translation into clinical practice. This integrated initiative will engage young people and their caregivers at every step, ensuring that research and care delivery are addressing the priorities of emerging adults and meeting their needs. The initiative also has an education arm to ensure care providers in the health, community and education systems are equipped with the most cutting-edge knowledge and tools specific to emerging adults.

- **Expansion of 211 Alberta and Kids Help Phone.** 211 Alberta is creating a digital navigation and crisis support hub that links service providers like Kids Help Phone, HealthLink/811, and other distress lines providing Albertans with more access to mental health and addiction supports through text and chat, and professional counselling by phone. Additionally, Kids Help Phone is expanding its 24-7, free, confidential and professional online and phone counselling and volunteer-led text-based crisis support.
- **The e-Mental Health for Youth and Young Adults in Alberta project** provides an electronic mental health platform for early identification and intervention (assessment, monitoring, and self-management) tools into care delivery. The project will assess whether the incorporation of the eMH platform (Innowell) into ten Alberta communities improves system cost-effectiveness and service-related as well as if the eMH platform improves youth and young adults' mental health. This initiative is funded in partnership by Alberta Health, Alberta Innovates (PRIHS) and the Alberta Children's Hospital Foundation.
- A team of experts at the Alberta Children's Hospital (ACH) has launched a family-centred acute mental health bundle that is designed to deliver the right care, delivered by the right people, at the right place and time to young people seeking mental health care in the Emergency Department. The initiative harmonizes screening and assessment practices leading to efficiencies in care, and are recommended based on evidence that they improve communication, decision-making and use of healthcare resources. Specifically, the initiative is targeting three areas that lack quality and efficiency: 1) ED wait times need to be reduced and expertise improved, 2) 'Gatekeeping' must be eliminated, and 3) Follow-up care must be facilitated.
- Connecting with existing innovation and commercialization initiatives at Innovate Calgary (University of Calgary) and Mount Royal University. For example, Innovate Calgary recently launched the UCeed Program, a pre-seed and seed funding program that spurs innovation, commercializes new technologies, and accelerates start-up companies. UCeed has two funds focused on health – one on child health and wellness (with scope inclusive of emerging adults) and one on general health.
- **YYC Connects** – for streamlining client appointments and client retention rates.
- Connect with **BranchOut Foundation's projects** to scale some of their EA research from lab to market.
- Integrate the **City of Calgary mental health mapping** that is being done with the HFF granting framework so that funding to grantees is more coordinated between funder(s).
- Coordinate with the **Mental Health Foundation and the GoA/AHS around mental health framework.**
- **Change Can't Wait!** A city of Calgary mental health funding opportunity meant to find innovative solutions to help Calgarians struggling with mental health and addiction challenges. Funding is made possible through the support of the Community Investment Table to test the solutions through a fast pilot process. A total of 29 projects received funding. The lessons learned from these fast test projects will inform the development of the Community Action on Mental Health and Addiction Strategy to be completed in 2021.