YWHO

Youth and Emerging Adult Focused Mental Health Care:

A Developmental Perspective

Abby L. Goldstein, PH.D., C.Psych

She understood that the hardest times in life to go through were when you were transitioning from one version of yourself to another.
– Sarah Addison Allen (Author)

Maturity is the capacity to endure uncertainty.
–John Finley (historian, mathematician)

Adults are just obsolete children and the hell with them.
– Dr. Seuss (Author)

Learning Objectives

By the end of this session the participant will be able to...

1. Describe adolescent and emerging adulthood development and links to mental health

2. Review youth treatment needs and barriers to effective service delivery

3. Discuss strategies for engaging with youth in developmentally-sensitive and informed ways

4. Describe youth-centred and developmentally-informed care & how it is relevant to policies, services, and practice in the context of integrated youth service settings

1

Adolescent and emerging adulthood development and links to mental health

Who are Canadian Youth?

Youth represent about 1/4 of the Canadian Population.

Youth in Canada are highly diverse (27% of 15-34 year olds identify as visible minority

- **In Toronto, 56.3% identify as a visible minority**

(Statistics Canada, 2018)

6% of Canadian youth identity as Indigenous and the number of young Indigenous people is growing

The context

Mental health concerns in youth

- 34% of Ontario students (grades 7 to 12) report moderate-to-serious level of psychological distress and 14% indicate serious distress

- Suicide is the second leading cause of death among youth people aged 15-24 (after accidents)

Mental health & service use

- Despite higher rates of mental health and substance use disorders, youth and emerging adults are not well-served by treatment systems

- High rates of disengagement from services during adolescence and emerging adulthood
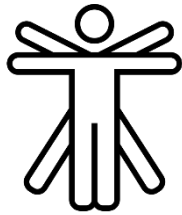
Adolescence:
12 - 18

Emerging adulthood:
18 - 25

Transitional Aged Youth (TAY):
15/16 - 25

Adulthood:
?

Rapid Changes During Adolescence and EA

Physical

Cognitive

Social

Identity

Physical changes

- Puberty

- Growth spurts (earlier for girls than boys)

- Alterations in sleep (need 9 to 9.5 hours)

- Increased self-consciousness

- Sexual interests and identity

Cognitive development in adolescence

- Increased abstract and hypothetical thinking ("what if?")
- Meta-cognition - able to think about thinking
- Use of mentalization
- "Personal fable"
- Advances in brain imaging
  - Better understanding of cognition-emotion-behaviour connections
  - Increased sensitivity of the brain at a time of reorganization and development

Developmental neurobiology

LIMBIC SYSTEM

- Major changes in limbic system during adolescence

- Supports emotion, behaviour, motivation, learning, memory

- Governs reward-based drives

- Amygdala – fear centre

PREFRONTAL CORTEXT

- Continuing refinements in neural connectivity continues into adolescence and EA (20's)

- Higher order cognitive tasks

  - Judgment

  - Inhibition

  - Decision-making

  - Reasoning

Cognitive changes in adolescence
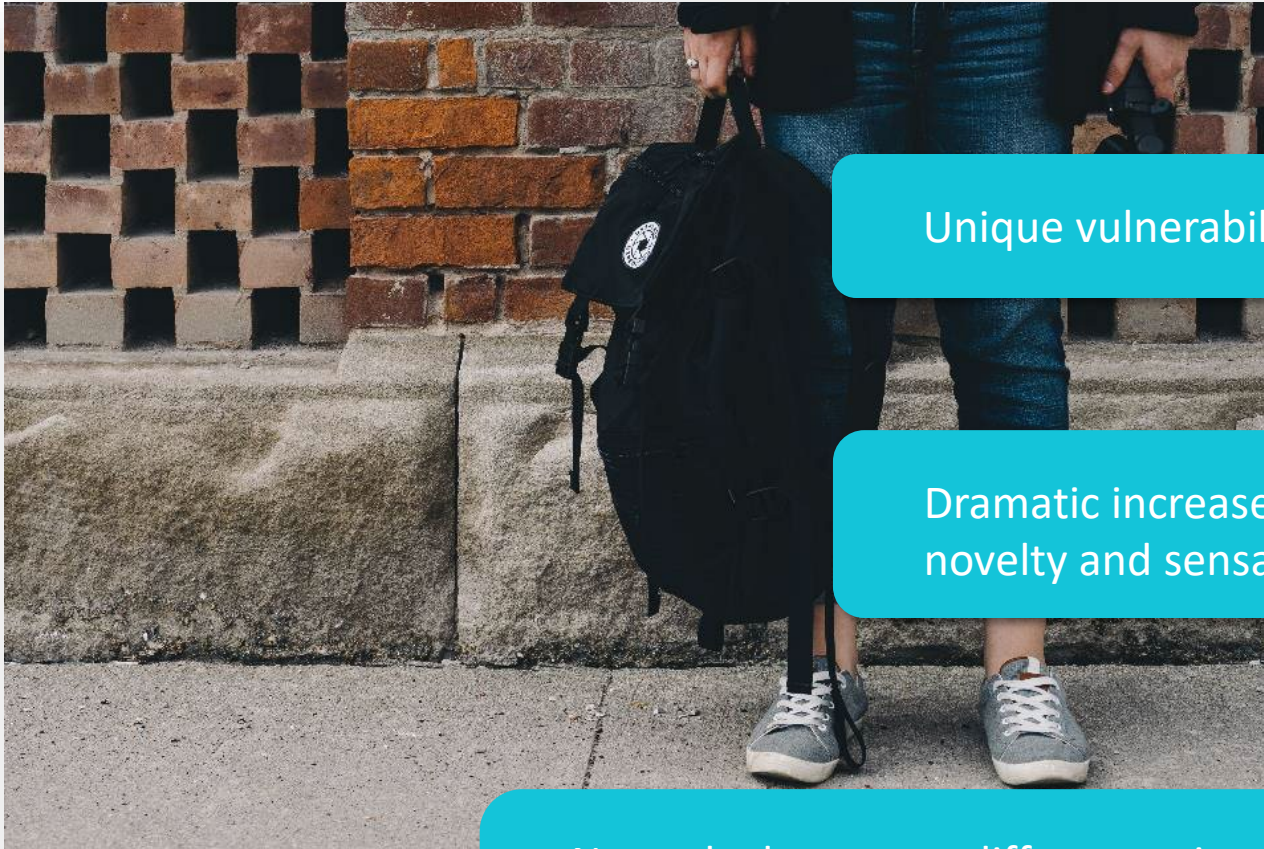
Unique vulnerability to risk-taking

Dramatic increase in pursuit of novelty and sensation seeking

Not only due to age differences in cognition but also factors that influence self regulation (Steinberg, 2007)

Big Engine – maturing bodies, independence-striving
Inexperienced driver – immature pre-frontal cortex
Faulty brake system – immature inhibitory mechanisms
High octane fuel – pubertal changes in hormones

Adapted from Kastner & Wyatt, 2018

Social development

- Increasing desire for independence and autonomy (self-determination)

- Need for age-appropriate support from parents despite less time with them

- Preference for spending time with peers and increasing intimacy with peers

- Relationships critical for comfort, support during periods of transition

- Difficulties in relationships → lack of support network during periods of transition

- Disconnection, isolation, narrowing of social network

Disconnection and lack of faith

- Spend more time alone then any other age except older adults (65+)

- Digital natives, technology and social media fully embedded within their lives (~85% of 18-24 year olds own a smartphone)

- Revaluation of values from family of origin and disengagement from faith, community

Arnett, 2014; Barry & Nelson, 2008; Coyne, Padilla-Walker, & Howard, 2013

Identity development

- Erikson – Identity vs. Role Confusion (who am I anyway??)

- Into 20's more integrated set of values

- In childhood, self worth often gained through external accolades

- External regulation removed = loss of self identity

- Self doubt, intense introspection

Transition to adulthood

Ambiguous waiting period

Identity exploration

Instability

Focus on self

Feeling in-between

Possibilities

Arnett, 2014

Patterns of Behaviour in Adolescence and Emerging Adulthood

Typical

- Changes in mood
- Less reliance on parents
- More influence and support-seeking from peers
- Increasing interest in sex
- Experimentation with smoking, alcohol, cannabis
- Self-focused
- Self-conscious

Less typical

- Lack of engagement with school
- Regular use of alcohol or cannabis
- Frequent and intense changes in mood (e.g., anger outbursts)
- Fear of leaving home
- Self harm
- Suicidal ideation or attempts

2

Additional Factors May Increase or Decrease Likelihood of Mental Health Concerns

Risk and protective factors should be considered in the context of this developmental period

Risk + protective factors

Source	Risk	Protective
Individual	Biological vulnerability Prenatal exposures LD	"easy" temperament
Life experiences	Poverty ACES	Housing stability Positive mentoring Supports at transition points
Family factors	Violence exposure Parental conflict	Secure attachment Authoritative parenting Monitoring
Social factors	Peer rejetion	Supportive relationship with other adult
School factors	Bullying Frequent school changes	Bonding with school
Community characteristics	Lack of community resources Violence Discimination	Access to support Cultural identity

Discussion + Reflection

Consider the following information about Jessica. In the context of your role and based on what you know about development, what factors might you consider in:
1) Engaging the youth
2) Assessment; and
3) Developing a care/treatment plan

Jessica is 17 years old. She has been in the mental health treatment system for the past 5 years. She has been diagnosed with ADHD, depression and an anxiety disorder. She currently lives at home with her mother, step-father and younger half-brother. She has a close relationship with her mother, with whom she immigrated from India when she was 2 years old. However, her relationship with her mother has been more strained since her mother married, almost 5 years ago.

Over the past few months Jessica's anxiety and drinking have escalated. There have been several instances of Jessica getting in trouble with a new group of friends due to her drinking and her mother has warned that she will have to leave the house if she has one more episode of intoxication. The last time Jessica had an assessment it was recommended that she start a CBT group, but she's been ambivalent about any ongoing treatment. For now, her main reason for coming to your service is her mother's warnings.

Strengths-Based Perspective

Focus on wellness not just psychopathology

Identify assets and resources to promote positive development in youth

Positive development model

1 Developing a positive identity, which incudes self-efficacy and empowerment

3 Developing skills that build mastery and facilitate capacity for adult roles

2 Capacity and motivation to make choices and follow through on tasks that are consistent with personally meaninful goals and values

4 Establish healthy, prosocial supportive relationships

Reflection: an exercise in finding our strengths

On your own or with a partner (if someone is there with you now), think of a story – any story – something you did yesterday or last week that was interesting or funny or descriptive of you in some way.

Reflect on this story. In what ways does this story speak to your (or your partners) strengths? What positive attributes about you (or your partner) are evident in the story? What are some affirmations or praise you can give yourself in response to this story?

What was it like to think about your story in this way? Did it change how you thought about yourself in relation to this event? If working with a partner, what was it like to get some feedback from your partner?

Pathways to service for adolescents and emerging adults

Adolescents and emerging adults often seek services at request or prompting by others.

May be encouraged to seek treatment by:
- Family doctor
- Parents
- School

Referrals from hospitals, often in context of crisis (e.g., ED)
- Self-referral

Discussion + Reflection

What are the Barriers to Engagement?

What are the main barriers for young people accessing your services?

What are the main barriers YOU experience working with young people (e.g., experience, knowledge, skill)

What are the characteristics of a youth friendly service?

Barriers and facilitators for treatment seeking

Barriers

- Service location

- Failure to provide youth-friendly environment

- Policies and processes (e.g., confidentiality)

- Reliance on self

- Fears regarding stigma and being misunderstood

- Negative past experiences

Facilitators

- Interior design

- Social support and encouragement

- Trust in provider

- Convenient location and outreach

- Collaborations between services and agencies

Brown, Rice, Rickwood, & Parker, 2016; Gulliver, Griffiths, & Christensen, 2010

Developmentally-informed interventions

- Bridging gaps between child and adult systems of care

- Address the full continuum of care

- Support collaboration amongst sectors

- Address stigma

- Youth-Friendly services

- Family-Sensitive practices

- Incorporate health equity lens – target social determinants of health

- Evidence-informed practice

Hughes, Hebel, Badcock, & Parker, 2016; MacLeod & Brownlie, 2014

Bridging gaps

- Improve mental health literacy in people involved in young people's lives
- Timing of service delivery should be flexible
- "no wrong door" policy
- Avoid disruptions in service transitions
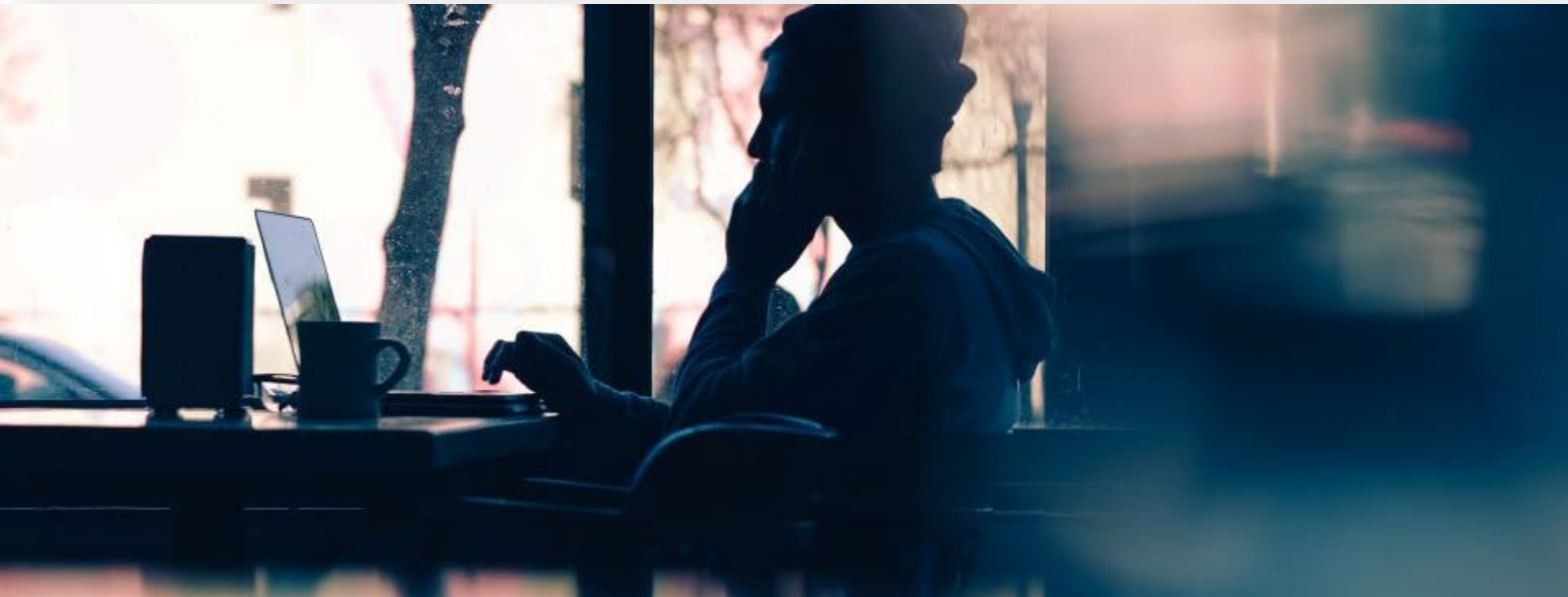
Prevention + early intervention

- Acknowledge full continuum of service response including prevention, early detection and intervention

- Deliver targeted prevention and intervention programs in partnership with other youth-related services

- Address early or subclinical issues (e.g., emotion dysregulation skills)

- Continuing care throughout treatment and maintenance

Youth-friendly services

Positive connections with young people

Value, respect, nonjudgment

Support competence for taking charge of their own health care

Meaningful youth participation

Meeting youth where they are at

Enhanced Collaboration with Other Services

- Partner with and support primary and secondary care providers such as homeless youth services, youth justice, child protection and medical system

- Promote strong interservice relationships

- Offer one-stop-shop for care (where possible)

Provide family-sensitive practices

- Family continues to be central component of social world

- Family **peer support programs**

- Balancing **family-sensitive practices** with needs of young people (such as when family is source of trauma)

Incorporate health equity lens

- Removing barriers that prevent access to mental health care

- Social determinants of health (e.g., gender identity, race, sexual orientation, income and education)

- Challenging the status quo

Arnett, 2014; Barry & Nelson, 2008; Coyne, Padilla-Walker, & Howard, 2013
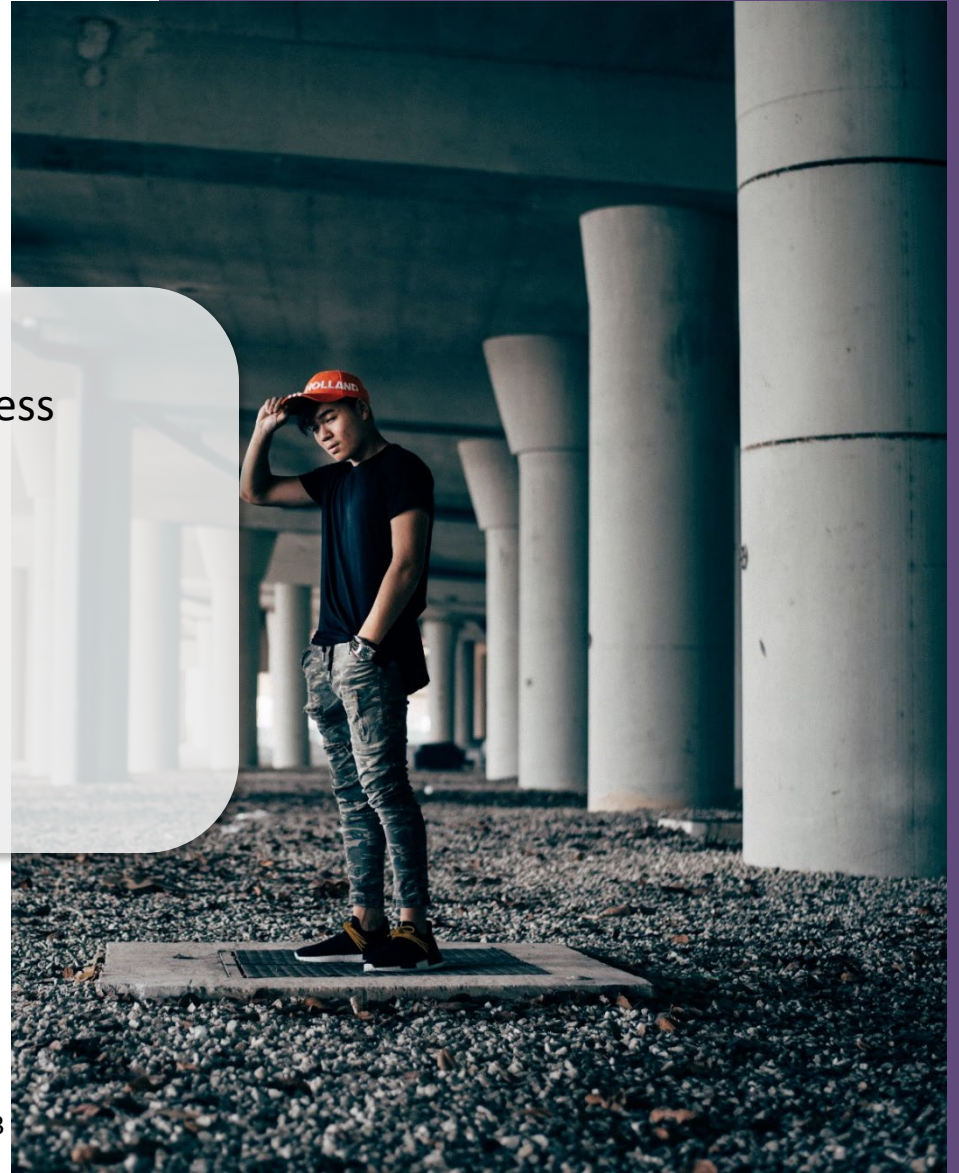
Establish Goals in Developmental Domains
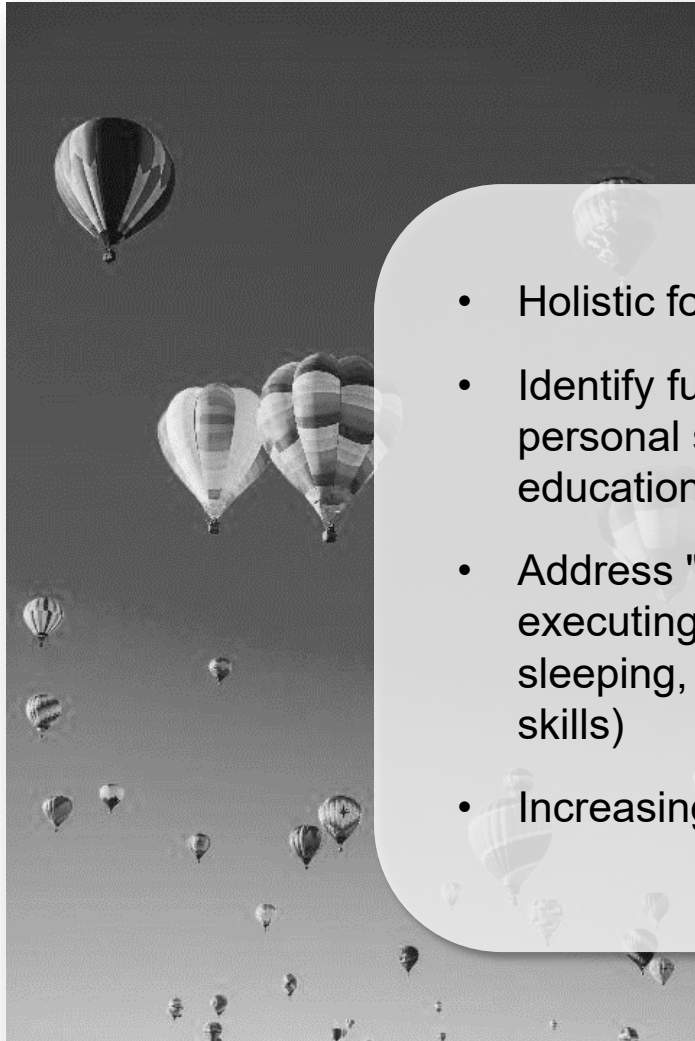
- Holistic focus on multiple aspects of development

- Identify functioning in domains such as self-regulation, personal self-care, money management, work, education

- Address "habits" that may stand in the way of executing daily goals (e.g., healthy eating and sleeping, organization and time management skills, life skills)

- Increasing competence in managing responsibilities

Deepening relationships

- Deepening relationships a critical task of emerging adulthood

- May be difficult in the context of mental health difficulties due to social impairments, social isolation, marginalization

- Peers and professionals acting as support networks and allies
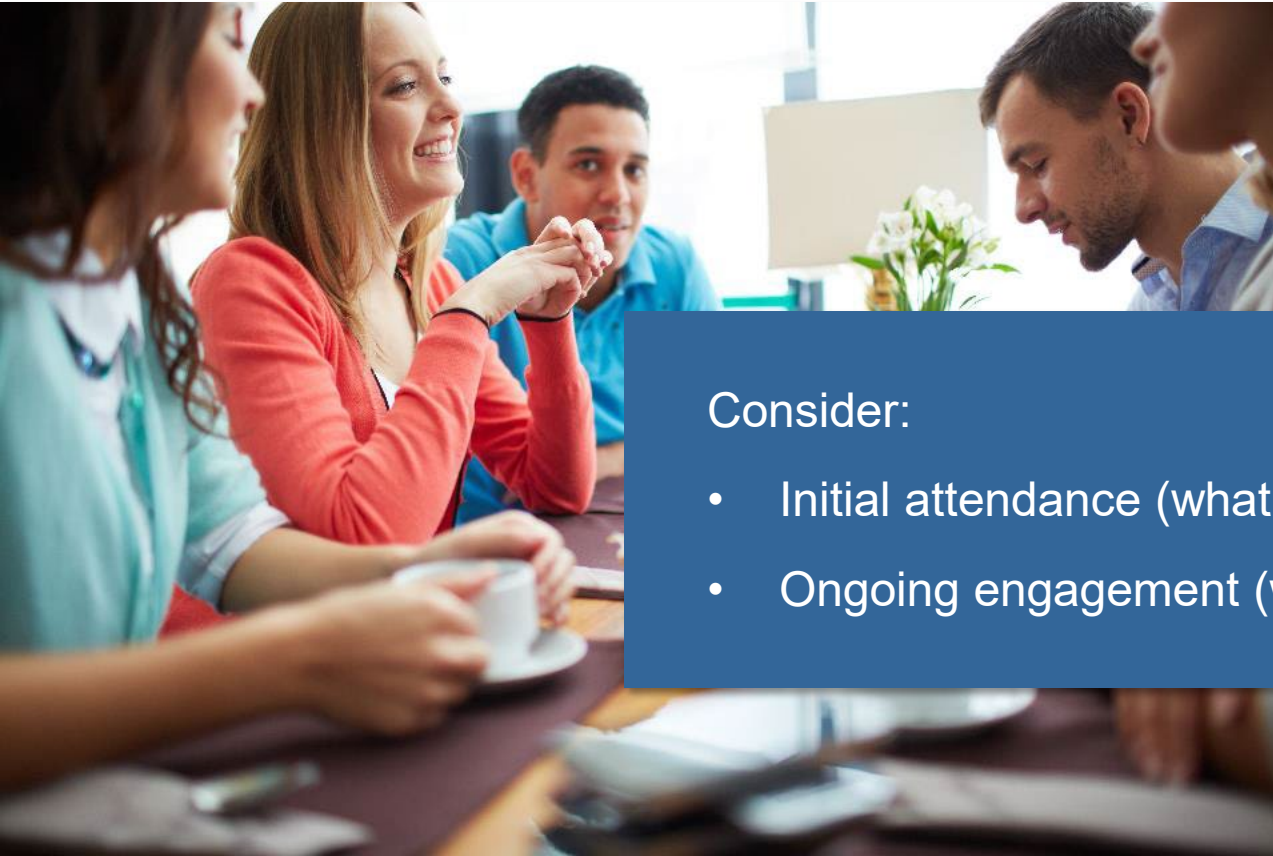
- May be in person or online

3

Considering youth engagement

Considering youth engagement

Youth engagement in services

Consider:

- Initial attendance (what brings people in?)

- Ongoing engagement (what keeps them there?)

Kim, Munson, & McKay, M. M. (2012)

Discussion + Reflection

What are the Barriers to Engagement?

Think about someone who was in a position to support you in making a change in your life (teacher, counsellor, supervisor) but whose influence you rejected.

What were the behaviours of the other person that led to you rejecting their support?

Think about someone who had a profound influence on you making a change in your life. What were the characteristics of that person that led them to have an impact on you?

Motivational interviewing (Miller & Rollnick, 2012)

- Emphasis on autonomy-support

- Freedom to choose, responsibility for choice

- Collaboration, partnership

- Coming alongside

- Resist righting-reflex/expert trap

- Youth as expert, respect/eliciting youth's perspective

Spirit of MI

Collaboration/Partnership	Evocation	Autonomy	Compassion
• Counsellor brings their expertise to the relationship, but youth is expert on themselves	• Counsellor role is to help draw out ideas • Evoke reasons and methods for change • Can offer suggestions, but done in the spirit of MI	• Choice to change comes from the youth • Respect right and capacity of self-direction • Affirmation – seek and acknowledge strengths	• Actively promote youth's welfare, give priority to their needs

Discussion + Reflection

Considering your role and responsibilities working with youth

What are the key ways your work with youth is framed within the developmental context?

What are some strategies that you will implement to enhance youth engagement with your YWHO service?

How will you monitor and assess whether your services are meeting the developmental needs of youth in your YWHO community?

What are the pros/cons of having parents involved in youth services? In what ways are parents/could parents be meaningfully involved in the services you deliver to youth?

www.youthhubs.ca

info@youthhubs.ca

THANK-YOU

References

Arnett, J. J. (2014). *Emerging adulthood: The winding road from the late teens through the twenties*. Oxford University Press, USA.

Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2016). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, *8*(1), 3-22.

Coyne, S. M., Padilla-Walker, L. M., & Howard, E. (2013). Emerging in a digital world: A decade review of media use, effects, and gratifications in emerging adulthood. *Emerging Adulthood*, *1*(2), 125-137.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC psychiatry*, *10*(1), 113.

Hughes, F., Hebel, L., Badcock, P., & Parker, A. G. (2018). Ten guiding principles for youth mental health services. *Early intervention in psychiatry*, *12*(3), 513-519.

Kastner, L. S., & Wyatt, J. (2018). *Getting to Calm: Cool-headed Strategies for Parenting Tweens+ Teens-Updated and Expanded*. ParentMap.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, *62*(6), 593-602.

Kim, H., Munson, M. R., & McKay, M. M. (2012). Engagement in mental health treatment among adolescents and young adults: A systematic review. *Child and Adolescent Social Work Journal*, *29*(3), 241-266.

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.

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

Steinberg, L. (2007). Risk taking in adolescence: New perspectives from brain and behavioral science. *Current directions in psychological science*, *16*(2), 55-59.

Zakarin, E. B., & Albano, A. M. (2016). 47.2 THE LAUNCHING EMERGING ADULTS PROGRAM: OVERVIEW OF THE COGNITIVE BEHAVIORAL AND DEVELOPMENTAL LAUNCHING EMERGING ADULTS PROGRAM MODEL AND IMPLEMENTATION IN A FACULTY PRACTICE. *Journal of the American Academy of Child & Adolescent Psychiatry*, *55*(10), S72.