

# Recommendations for a Comprehensive Youth Mental Health Strategy in Alberta

## Issue

- Even though 70% of mental illness begins before age 18, only 20% of youth with early signs of mental illness will receive support.
- Mental illness in youth has impacts across the lifespan, reducing educational achievement, employment, income, marriage rates, and life expectancy.
- Governments and community organizations have invested in youth mental health services and committed efforts to develop mental health strategies. This issue brief outlines three priority areas to develop and implement a 'Made in Alberta' youth mental health strategy.

## Priority Areas

Alberta needs a Comprehensive Youth Mental Health Strategy that is designed with youth and family input and incorporates the perspectives of marginalized groups. Three core elements of this strategy are:

1. Increase equitable access to mental healthcare for youth
2. Improve effectiveness by developing standardized ways to assess youth mental illness severity and monitor treatment progress
3. Increase efficiency by incentivizing clinicians to use evidence-based mental health interventions

## Recommendations

- In the immediate term, we recommend the formation of a government committee with collaboration between the Ministries of Health, Education and Children's Services.
- Youth and youth-serving organizations must be involved in key decisions.
- Implement a Comprehensive Youth Mental Health Strategy that commits to increasing equity, effectiveness and efficiency in mental health services.



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## Issue

Mental illness (including substance use disorders) is the leading cause of disability among youth under age 24 in Canada (1).

Mental health issues tend to be “managed” rather than “cured” so they can be conceptualized as chronic health conditions that are treated most effectively and at the lowest cost if interventions are applied as soon as symptoms emerge (2).



For every 100 Albertans...

6 will have mental illness onset as an adult, 3 will have mental illness onset as a child and receive effective treatment, 11 will have mental illness onset as a child and NOT receive effective treatment

Infographic data source: Mental Health Commission of Canada, n.d. (3)

Youth and families struggle to access mental health services that are scattered across governmental systems. There is a lack of coordination at the system- and individual service user-level between ministries in Alberta that provide mental health related supports and services for youth: Health, Education, Community and Social Services, Mental Health and Addictions, and Children’s Services (4). Low rates of pediatric mental health service utilization decline even further in young adulthood as clients transition from the pediatric system (where they receive support to access services) into the adult system (where they need to navigate the system themselves)(5).

A lack of access to youth mental health services in Alberta means that mental health issues often go unaddressed until a youth is in crisis and goes to the emergency room (ER) (6). One in four hospitalizations for Canadians age 5-24 is for mental health (7). Alberta youth and families report worse experiences when visiting the ER for mental health issues relative to physical health issues (6). These experiences in the ER are so negative that families report being less likely to use any mental health services in the future (6). Alberta ER staff agree that they are underprepared to manage mental health issues, contributing to fragmented and inconsistent treatment (6).

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**Data-driven decisions are uniquely uncommon in mental health treatment**, largely because key symptoms (such as anxiety) are thought to be difficult to quantify objectively. Indeed, the majority of mental health providers never use standardized measures to monitor client progress even though most providers simultaneously endorse the belief that using standardized measures would improve patient care (8).

**Around half of Albertans will not respond to a first line mental health treatment**, in part because clinicians are not always utilizing the latest evidence-based practice (6). The lack of uptake stems from two factors. The first is that mental health provider remuneration is the same regardless of whether the treatment provided is considered effective or not for a given condition (9).

The second is the scarcity of qualified providers to administer the best treatment available. For youth, psychotherapy interventions are considered the first line treatment as they are effective and associated with reduced adverse effects compared with psychotropic medications (10). However, there are multiple psychotherapies available, each with its own training and certification processes, making it difficult for individual providers to understand and implement the latest and most effective techniques. The result is that clinicians may not be trained to use the interventions that are considered best practice for a given condition.

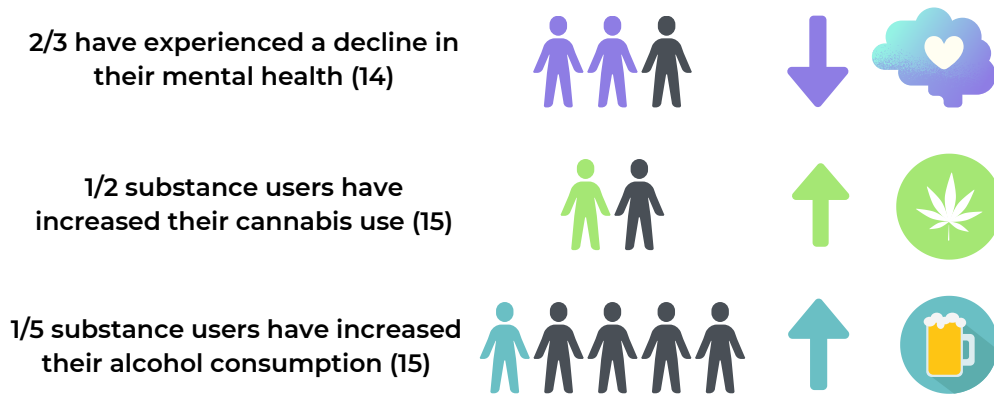
### **Implications of youth not receiving effective support are severe, including reduced quality of life, education, income, productivity, and life expectancy.**

- **Quality of life:** Between 2011 and 2018, federal population data indicated a 136% increase in the percent of people age 12-24 who describe their mental health as “poor” or “fair” (11).
- **Education and Income:** A national sample of 35,000 Americans surveyed over 40 years showed that individuals who experienced mental illness as a child accumulated 0.6 fewer years of education, had a 20% reduction in household income, and were 11% less likely to marry (12).
- **Productivity:** Among youth age 10-24, mental illness accounts for ~16% of all lost productivity due to health problems (1).
- **Life expectancy:** Suicide is the second leading cause of death for youth age 15-24 and the third leading cause of death among youth age 10-14 (13). Rates of suicide and self-harm are especially high among youth who identify as Indigenous or gender non-binary (13).

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## Current Context

The COVID-19 pandemic has exacerbated youth mental health concerns. Since the onset of the COVID-19 pandemic, several concerning trends have been noted in Canadian youth:



The crisis in youth mental health is significant enough that a synthesis of expert opinion and research by Child First Canada (2022) (16) labelled mental health as the second highest threat to Canadian children, just behind accidental injury and just ahead of discrimination and child abuse.

A multi-ministry mental health strategy was recommended in a landmark report in Alberta, yet a strategy has not been implemented. The Government of Alberta released “Valuing Mental Health” in 2015 (17), which made the case for developing a Comprehensive Mental Health Strategy across the lifespan. However, a 2022 report by the Auditor General of Alberta (18) indicated that most elements of the strategy had not been implemented and recommended several key strategic directions for Alberta, including increasing access to care, improving patient progress monitoring, and ensuring that clinics are using the most effective interventions. A comprehensive strategy for youth would share many core components with a strategy for adults, but with greater emphasis on engagement and early intervention (19).



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## Key Considerations in Next Steps Towards a Comprehensive Mental Health Strategy for Youth

It's time to start treating mental health like physical health by ensuring that all young Albertans have access to effective treatments. Alberta needs a Comprehensive Youth Mental Health Strategy to increase access to care, develop standardized ways to assess illness severity and ensure that clinicians are providing effective interventions. Such a strategy should be designed with input from all relevant Ministries as well as youth, caregivers, mental health providers and healthcare decision makers. Diverse stakeholder involvement will facilitate the development of a 'Made in Alberta' strategy that reflects the local context and is responsive to local needs.

**A Comprehensive Youth Mental Health Strategy must allow youth and families to be involved in making key decisions.** The traditional approach to healthcare is "top-down" in the sense that policy makers, researchers and healthcare providers make decisions on behalf of patients about what treatments to provide. Too often, this approach results in healthcare delivery that is confusing and impractical for patients. A review of the development of 41 health and well-being interventions targeting youth found that only 10 (24%) allowed youth to be involved in the decision-making process about the intervention (20).

However, it is increasingly understood that involving young people and their families in designing healthcare and social service policy is critical towards developing policies that are effective, efficient and properly utilized by the target audience (20). Patient-centred policy design is beginning to be utilized in Alberta, for example, with Alberta Health Services (AHS) Patient and Family Advisory Councils.

**Patient-centred policy design needs to be paired with effective outreach to marginalized groups.** Basic patient-engagement strategies often result in overrepresentation of non-marginalized groups (e.g., white, cis-gender, high SES) because non-marginalized groups already have strong access to and affiliation with the healthcare system so they are easier for researchers, healthcare providers and policy makers to engage (21). Purposeful efforts must be made to engage marginalized groups, including working with community organizations serving marginalized groups and conducting engagement events that have minimal barriers to participation: for example, providing childcare, transportation and meals to help low resource families participate.

Governments and community organizations have invested in youth mental health services and committed efforts to develop mental health strategies. In this issue brief, we build on these efforts to outline three priority areas for developing and implementing a Comprehensive Youth Mental Health Strategy, guided by equity, effectiveness and efficiency. Each priority area includes examples of how this is being done elsewhere.

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## Priority Areas

### *1. Increasing equitable access to care*

Logistical and administrative barriers to accessing care can be mitigated through investing in virtual mental health, school-based mental health, integrated youth services and transition supports. Telemental health services can be used when youth are unable to attend in-person services because the best evidence from systematic reviews suggests that virtual mental health services may be equally effective compared to in-person services (22). Schools are the largest provider of youth mental health services in Alberta, so it is critical to strengthen support for these programs through collaborations between the Ministries of Health, Education and Children's Services (6). Integrated Youth Services, which offer a "one stop shop" for physical and mental health services for youth have proven to be an effective way to engage youth in mental health services, especially youth from a racial or gender minority that are normally very difficult to engage in services (23). Alberta lags behind other provinces in the use of integrated youth services, but implementation in Alberta is underway with at least two organizations: Kickstand ([mykickstand.ca](http://mykickstand.ca)) and Access Open Minds ([accessopenminds.ca](http://accessopenminds.ca)). Finally, additional supports are needed to facilitate continuity of care when transitioning from pediatric to adult mental health services. One promising approach uses 'transition navigators' and is the subject of an ongoing clinical trial in Alberta ([www.tntrial.org](http://www.tntrial.org)).

### *2. Developing standards to track mental health illness severity treatment progress*

Implementing standardized assessments will improve our understanding of the quality of services provided, which will help Alberta's healthcare providers prioritize the most effective treatments (24). Several international consortia have synthesized evidence to identify a core set of surveys that balance brevity, sensitivity and specificity to arrive at a comprehensive youth mental health assessment tool. These groups include the International Consortium for Health Outcomes Measurement ([www.ichom.org](http://www.ichom.org)) and the Patient-Reported Outcomes Measurement Information System ([www.promishealth.org](http://www.promishealth.org)). The recent implementation of Alberta Health Services' ConnectCare system, which is a central database for health-related information, provides the ideal opportunity to begin collecting standardized measures of mental health to better understand the value of the services provided. Linkage of databases across Alberta's ministries would further improve the ability to understand what treatments are effective (4).

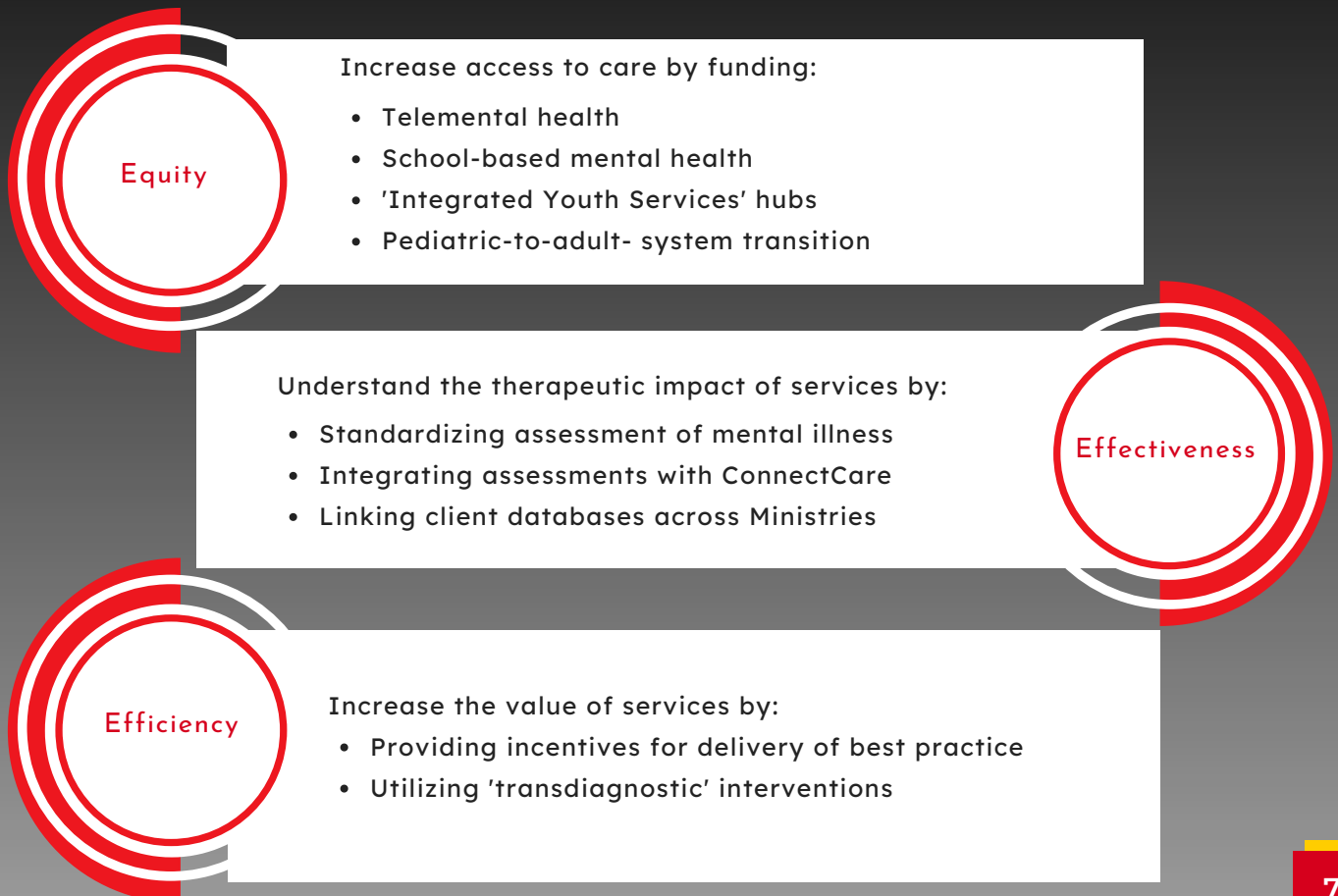
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### 3: Incentivizing the use of the most effective treatments

As a starting point, the province should identify a core set of “best practices” for common youth mental health issues (e.g. work in BC by Waddell et al. (25)) and identify incentives (financial and non-financial (26)) to encourage the delivery of these best practices. The feasibility and practicality of implementing such a requirement is aided by the recent development of ‘transdiagnostic’ psychotherapies, which utilize a core set of principles that are applied flexibly to treat a range of mental health issues, thus allowing clinicians to provide effective treatments for more disorders with less specialized training (27).

## Recommendations

There has been substantial work by multiple organizations, consortia and levels of government to develop the outlines of a Comprehensive Youth Mental Health Strategy. In this issue brief, we have outlined core elements that are needed to implement a comprehensive model. In the immediate term, we recommend the formation of a government committee with collaboration between the Ministries of Health, Education and Children’s Services. Since youth voice is critical in developing youth policy, youth and youth-serving organizations must be involved in key decisions. There is enough existing evidence from Alberta, from Canada and from international groups to make major strides towards implementing a ‘Made in Alberta’ Comprehensive Youth Mental Health Strategy.



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