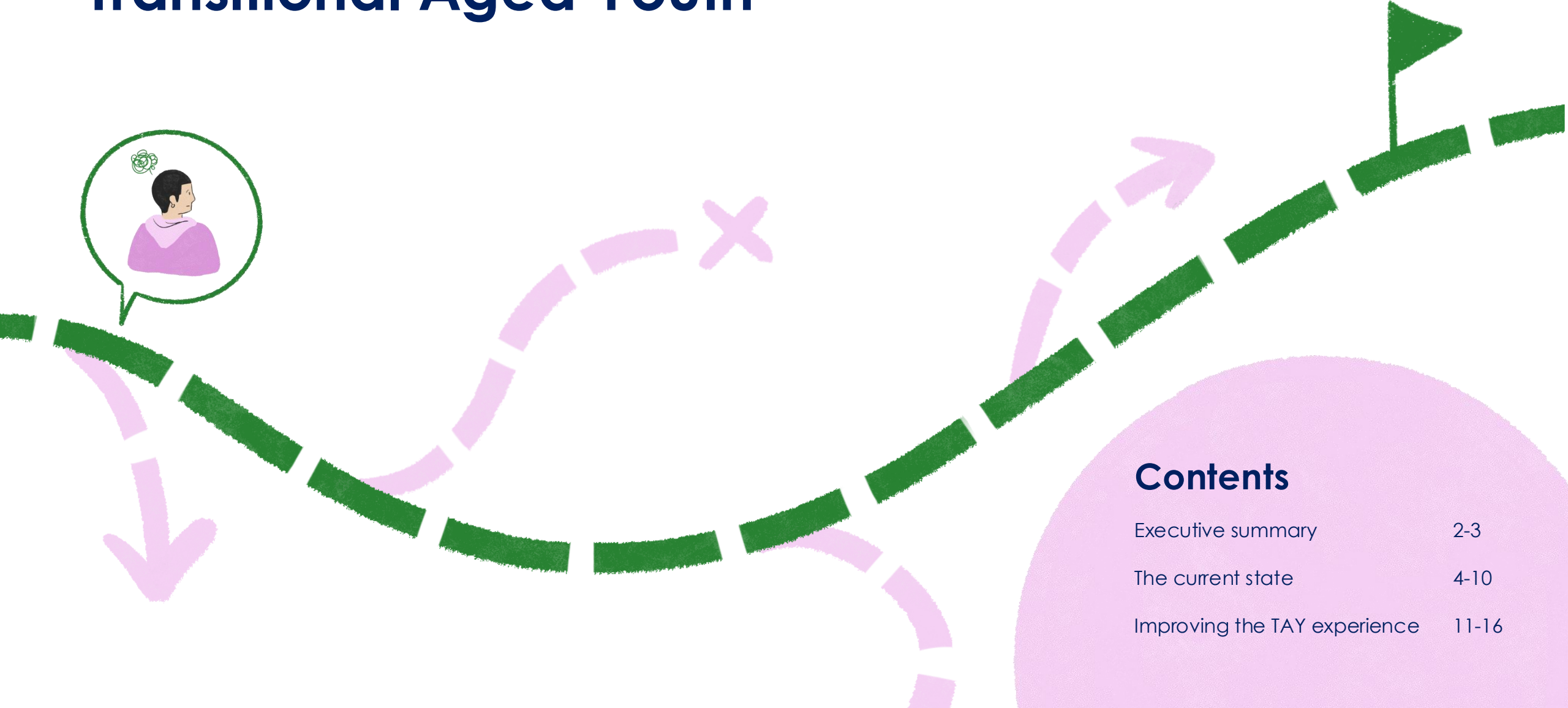


Improving Pathways for Transitional Aged Youth



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Transforming the experiences of transitional aged youth (TAY).

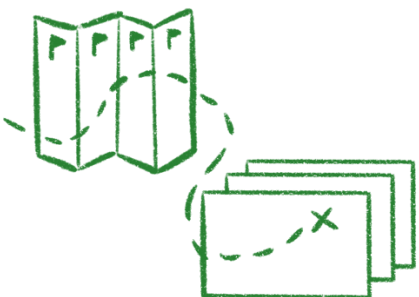
Where Ontario is today: a complex landscape

Community mental health services in Ontario are divided between two distinct systems: 1) child and youth services, and 2) adult services. TAY straddle these two systems, neither of which are specifically geared towards serving this unique population.

The challenge of improving the experiences of TAY in Ontario has received a significant amount of attention through research and youth engagement. This has surfaced many systemic challenges. Service providers and leaders across Ontario have been working to respond to these challenges by developing innovative programming and best practice care approaches, such as Youth in Transition Worker programs, Youth Wellness Hubs Ontario (YWHOs), and transition navigation support for TAY and caregivers.

While progress has been made, the volume of partners, initiatives, and policy recommendations has created a complex landscape without clarity on where the sector stands today, or a clear consensus on where the largest impact can be made next.

We brought together sector leaders, service providers, and TAY partners to build consensus and define...



1 | The most pressing challenges facing TAY today

We developed a journey map and case studies to support a shared understanding of the key challenges faced by TAY across Ontario. The map can be used as an educational tool to build awareness and support for addressing the needs of TAY.

2 | What actions are needed to support further progress

We created a roadmap to impact to outline the most pressing action that needs to be taken, including high-priority initiatives to drive impact in the sector.



Up to 60% of youth lose access to mental health services during the transitional period.¹

Thank you

Our approach was rooted in bringing together partners to facilitate cross-sectoral conversation, consensus-building, and co-creation of future solutions. The roadmap, TAY journey map and case studies are the result of collective effort and input from our working group and interviews with child and youth mental health sector agencies, researchers, and other service provision leaders and representatives.

Our insights on youth experience were derived from existing youth and family engagement research, as well as interviews with front-line service providers.

We know that the voice of youth experiencing these challenges is critical to this work; direct engagement with youth and family will be integral to the next steps outlined in this report.

We would like to acknowledge the contributions of:

Chetan Bahri, Ministry of Health
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Marv Johnston, Youturn

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Paul Van de Laar, Strides
Alex Branston, LOFT
Anne Wilson, LOFT
Andre a Itzkovitch, LOFT

Readying TAY for adulthood with integrated, youth-friendly services

THE CURRENT STATE

Key challenges for TAY

Currently, youth face several system-level challenges that can impede their ability to access care.

1 Aging out abruptly

Youth are often not adequately prepared in advance or not developmentally ready for adult mental services.

2 An administrative overload

With multiple entry points and lack of ability to easily share health records, youth may bear a heavy administrative burden to access services.

3 School transition triggers stress

Many TAY are also transitioning in and out of postsecondary school, adding extra complexity for youth seeking services.

4 Crisis seems like the only option

Lack of awareness, stigma and high thresholds for accessing care can lead to crisis.

5 Feeling like there's nowhere to go

Youth often find that adult mental health services are not as accessible or comprehensive as the programs they are used to.

THE CHANGE

What it will take to improve the TAY experience

The Ontario mental health sectors should come together to enact key initiatives to improve the experiences of TAY.

Recognize developmental readiness through:

- Flexible age cutoffs
- A province wide transition protocol

Connect systems and sectors involved in TAY care by building:

- A protocol for warm handoffs between providers within the TAY ecosystem
- A provincial front door to services
- A data capture and sharing protocol

Enhance awareness, access, and knowledge translation through:

- TAY mental health awareness education
- Expanded access to navigation

To take the next steps toward this impact, the sectors should:

1. Strike a TAY special taskforce
2. Engage a TAY advisory council (youth/caregivers)
3. Found a provincial TAY Centre of Excellence

THE FUTURE

A future where all TAY can access developmentally appropriate and culturally relevant mental health supports

Whether seeking services for the first time, or maintaining the care they received as children, TAY need to be empowered to:

- ✓ Feel prepared to transition to adult mental health services
- ✓ Confidently navigate to the *right* services
- ✓ Access preventative care and find community support after receiving hospital treatment
- ✓ Navigate between school and community supports
- ✓ Find continuity of care in the adult system

TAY Journey map: Key Challenges and Moments in the Transitional Aged Youth Journey

This map provides a snapshot of some of the key challenges TAY face as they move between mental health services in Ontario. It is intended to be used for awareness building and education for service providers, funders and other partners who are seeking to understand TAY experiences.

How to read the map

There are three sections of the map that come together to provide a view of the TAY journey.

Phases of transition

Marks the 3 overall steps during the transition from child and youth services to adult services.

Key moments and challenges

Key moments are formative experiences for TAY during the transition to adult services. Each key moment is paired with an illustrative story that shows how these experiences may play out for an individual.

Systemic barriers

A list of factors that further impact TAY mental health outcomes.

Key Challenges and Moments in the Journey of Transitional Aged Youth (TAY)
A snapshot of the transition from child and youth to adult community mental health (CMH) services in Ontario.

1. Prepare
You are preparing yourself for the transition from child and youth to adult community mental health services.

2. Transition
You are moving from child and youth to adult community mental health services.

3. Maintain
You are maintaining your mental health services in adulthood.

Key Moments and Challenges:

- 1. Aging out abruptly:** Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.
- 2. An administrative overload:** Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.
- 3. School transition triggers stress:** Many TAY are also transitioning to a new school, which can be a stressful experience.
- 4. Crisis occurs like the only option:** Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.
- 5. Feeling like there's nowhere to go:** Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

Systemic Barriers:

- Flexibility in age cutoffs and support programming in adulthood for the transition.**
- Navigational support to reduce the organizational burden of navigating adult mental health care.**
- Collaboration between schools and community support for continuity of care.**
- Cost coordination between hospitals and community supports to ease cycles of crisis.**
- Comprehensive supports that are accessible and fit their unique needs.**



Barriers that further complicate access to mental health services
Systemic barriers are social, economic, and environmental factors that impact individual and community health, mental health outcomes and access to care.

Disenfranchisement due to identity
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

Family and caregiving conflict
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

History of substance use and addiction
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

Involvement in the justice system
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

Identified primary care needs
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

Lower income level
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

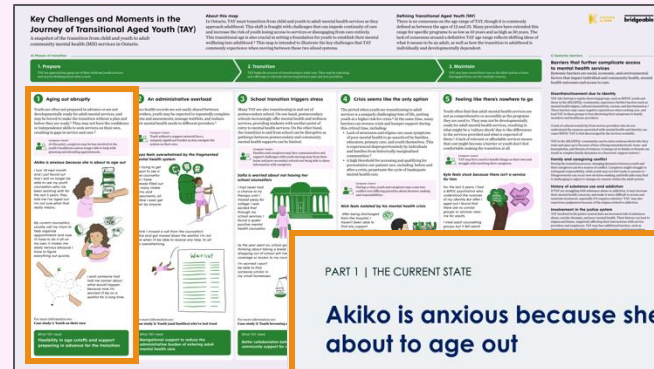
Unstable housing status
Youth often find themselves in a position where they are not developmentally ready for adult mental services, and may be forced to make the transition before they are ready.

A deeper look at the TAY experience

The following extended stories and case studies are intended to supplement the map **Key Challenges and Moments in the Journey of Transitional Aged Youth (TAY)**. We recommend reading the map first.

The extended stories provide additional depth to stories depicted on the map. The case studies provide further context for each key moment, including innovative solutions being used by service providers, and opportunities to further support youth.

Case studies have been developed through a series of interviews with service providers across a variety of contexts including in-patient treatment, wrap-around services, youth in transition programs, navigation and case management.



Key Moment 1

PART 1 | THE CURRENT STATE

Case study 1

Youth on their own

Deeper look at Key Moment 1
Aging out abruptly

Youth who are subject to crown wardship or have experiences in foster care or with child protective services often face several complex challenges that can amplify the "culture shock" of the adult system. They often have to 'grow up fast' but may lack supportive caregivers who would otherwise share the life skills needed to become more independent, such as how to cook, budget, seek information, and advocate for themselves.

Why this matters

Youth in this context may be particularly vulnerable to the challenges of finding appropriate care and need special programming to address their unique needs.

Successes from the field

Youth in transition worker programs like Open Doors Lanark and Youturn support this unique population through:

- A determinants of health approach to help youth navigate housing, employment, or school enrolment
- A life-skill focus to support youth with skills such as goal setting, making appointments, or meal prep

Opportunities for further support

- Education to improve confidence and digital literacy of youth
- Guidance on transition planning for providers and youth/caregivers
- Financial supports to address prevalence of little or no insurance coverage for this population
- Coordination with social service supports, such as housing

Capitalize for KIDS bridgeable 6

Extended story for Key Moment 1

Case study for Key Moment 1

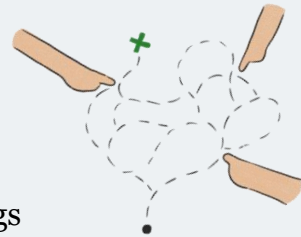
Akiko is anxious because she is about to age out

Extended story for Key Moment 1 *Aging out abruptly*

I turn 18 next month and I just found out that I will no longer be able to see my youth counsellors who I've been working with for the last 5 years. They told me I've 'aged out', but I'm not sure what that really means. My current counsellors usually call my mom to help organize appointments but now I'll have to do it all on my own.



It makes me really nervous doing all this coordination on my own. I hate making calls, and there are all these new forms that I need to complete, like for insurance. It's a lot to handle while I am trying to cook for myself, pay rent, and work.



I wish someone had told me sooner about what would happen because now I'm worried I'll be on a waitlist for a long time. It felt like just one day things changed, and I was kind of in the dark until then.

Case study 1

Youth on their own

Deeper look at Key Moment 1 *Aging out abruptly*

Youth who are subject to crown wardship or have experiences in foster care or with child protective services often face several complex challenges that can amplify the "culture shock" of the adult system. They often have to 'grow up fast' but may lack supportive caregivers who would otherwise share the life skills needed to become more independent, such as how to cook, budget, seek information, and advocate for themselves.

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Opportunities for further support

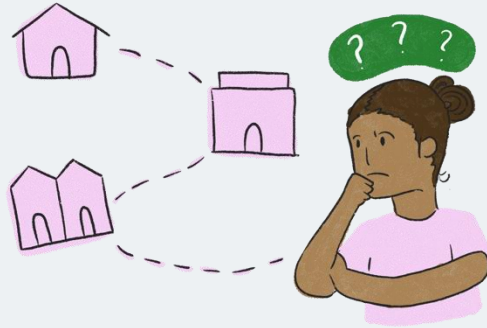
- Education to improve confidence and digital literacy of youth
- Guidance on transition planning for providers and youth/caregivers
- Financial supports to address prevalence of little or no insurance coverage for this population
- Coordination with social service supports, such as housing

Divya feels overwhelmed by the fragmented mental health system

Extended story for Key Moment 2

An administrative overload

Recently, I have been living in transitional housing, and never really have a real place to call home. I'm trying to get a spot to see a new counsellor, but I have already filled out so many intake forms and assessments, all before I even get seen by anyone.



It feels like once I finish one step, there is another form or application I need to do before I can even see someone. I'm also on a couple waitlists because these programs aren't available for a while.

It's gotten really overwhelming, and I think I missed a call and got moved down the waitlist.

I feel like I messed it all up, and my mistakes make it seem like I don't care, even though I'm trying. Now it's going to be even longer until I can get help.



Case study 2

Youth (and families) who've lost trust

Deeper look at Key Moment 2

An administrative overload

Accessing publicly-funded mental health services can be a lengthy administrative process, including phone calls, referrals and intake paperwork. Many youth and families have to try repeatedly to get connected with the services they need. This can be especially challenging for those unfamiliar with Ontario service navigation, such as newcomer families or international students.

Why this matters

The cumulative effect of repeated poor navigational experiences can be misinterpreted as a personal failure and may have a long-term impact on a young person's confidence and trust in the mental health system.

Successes from the field

Navigational services, such as the Family Navigation Project help youth and families to find the right services through:

- Facilitating introductions and warm hand-offs between providers
- Helping providers 'sequence' highest-priority needs and programs
- Providing a consistent point of contact, similar to a care 'concierge'
- Building autonomy and confidence by validating youth and caregiver needs

Opportunities for further support

- Standardized eligibility criteria and services to reduce workload for navigators to maintain and disseminate relevant sector knowledge
- Improved data sharing and integration between sectors and their electronic health records so client information can be more easily shared between providers

Sofia is worried about not having her school counsellors

Extended story for Key Moment 3 *School transition triggers stress*

I moved across Canada to go to university. This was the first time I've had a chance to try therapy! I was excited that through my school services, I found a queer-positive mental health counsellor I could talk to about how difficult it was to be alone in a new city and to find a welcoming community.

I have been feeling overwhelmed by the new environment and pace of school. I haven't talked to my parents about it yet but I'm thinking about taking a break from my studies and going home to focus on my mental health.



However, I realize that dropping out of school will mean that I'll lose access to my counsellor and insurance coverage, I'm worried I won't be able to find someone similar in my small hometown.



Case study 3

Youth becoming adults while studying

Deeper look at Key Moment 3

School transition triggers stress

Most youth in Ontario attend some form of postsecondary education, including university, college, or apprenticeship program.² Many post-secondary institutions provide mental health support for their students, often paid for through student fees.

Why this matters:

While attending post-secondary school can be an important entry point to services, it can also complicate continuity of care. Disconnection can occur for youth who move away from home for school, and youth who are graduating or leaving school will need to transition back to the community mental health system.

Successes from the field:

Many post-secondary schools are working to improve integration with community and acute service providers to ensure warm handoffs for students:

- Forming partnerships with community organizations and hospitals to co-provide mental health programming
- Encouraging youth to remain connected with existing providers, where possible, to ensure continuity of care

Opportunities for further support

- Resources and hand-offs to soon-to-be-graduates so they know what to expect when transitioning to community services
- Improved collaboration, coordination and planning between post-secondary services and community services

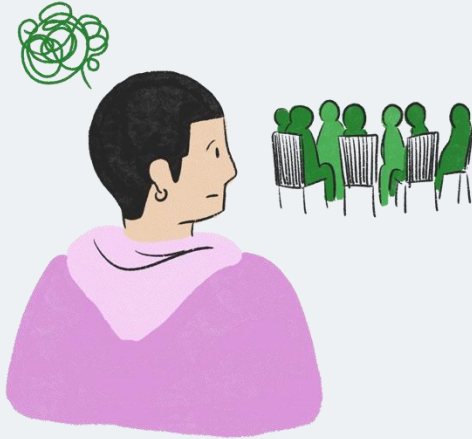
Nick feels isolated by his mental health crisis

Extended story for Key Moment 4

Crisis seems like the only option

I've been having a really low period for a while now. Eventually, it got really serious and I ended up in the hospital.

After leaving the hospital, my grandparents tried to find a support group for me to go to. We couldn't find one that felt right. To be honest, I'm not ready to share my story with a group of counsellors, but I feel like I need more support to help me deal with my addiction and depression.



My grandparents don't see me trying to get better and think I'm being lazy. I'm embarrassed that I can't get better on my own, so I have just stopped talking about it.

I am alone and worried. I don't want to end up back in the ER.



Case study 4

Youth in crisis after crisis

Deeper look at Key Moment 4

Crisis seems like the only option

A lot is in flux for youth who are becoming adults, often moving through key life milestones such as becoming independent from their caregivers, starting post-secondary education or careers, and potentially engaging in romantic relationships. Youth are also particularly vulnerable to the onset of major psychiatric disorders.³

Why this matters

Many mental health challenges can emerge or increase in severity and complexity during youth,⁴ including substance use, anxiety and mood disorders, self-harm, social isolation and suicidality. Given that suicide is the second leading cause of death among those aged 15 to 34,⁵ it is critical to provide crisis and prevention support for youth during this difficult time.

Successes from the field

In-patient programs that recognize youth in transition, such as the Mental Health Short Stay and Transitional Aged Youth Unit at St. Joseph's hospital provide stays for TAY who come from the ER.

- These programs can often become the first point of entry and a major source of education for patients and their families
- Youth are connected to both TAY and adult services

Opportunities for further support

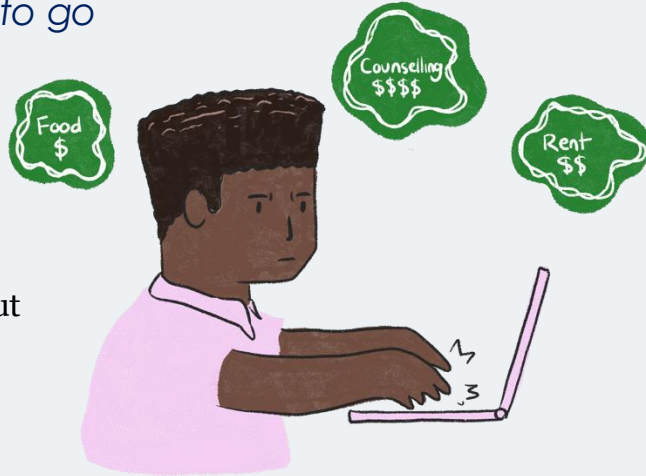
- Transitional/bridging programs between hospital and community supports to support the needs of specific populations, such as stigma and isolation, harm reduction or medication adherence

Kyle feels stuck because there isn't a service for him

Extended story for Key Moment 5 *Feeling like there's nowhere to go*

Steve, my therapist and I have started trying to plan ahead to find adult support for my anxiety.

I really like Steve and feel like he 'gets' me. He also runs a group for BIPOC teens that I like attending, but there are no similar groups or services near me.



I tried out some adult counselling groups, but it felt weird because there are a lot of older people--they talk about things that I don't know about, like their marriage, kids and finances. Plus, I don't have a serious mental health diagnosis, so I'm on a long waitlist for a psychiatrist I can afford. All the private mental health services are way too expensive.

I feel stuck, I can't afford the care I need right now, and I don't want to ask my parents for help because they wouldn't understand why I've been struggling. I wish that I could just keep seeing Steve.

Case study 5

Youth from underserved communities

Deeper look at Key Moment 5

Feeling like there's nowhere to go

Some communities, such as low-income and rural/remote communities, are disproportionately underserved by public services. Beyond mental health supports, a lack of primary care, psychiatric care, affordable housing, and viable public transportation compound to create major access barriers for youth and families.

Why this matters

For youth who need mental health and addiction support, living in an underserved community can exacerbate challenges, worsen health outcomes, and challenge socio-economic futures.

Successes from the field

Service providers, such as the Renfrew County YWHO, have stepped up to provide youth aged 12-25 with wraparound holistic services under one roof:

- Coordinated transportation with a dedicated van helps to ease access issues
- Dedicated space for in-house primary care, such as a nurse practitioner
- A youth advisory council helps guide programming to ensure that it is responsive to youth needs

Opportunities for further support

- Inclusion of public transit or transportation options as part of services for youth
- Wrap-around care to make it easier for youth to access other services, such as social services and primary care
- Resources for organizations to provide culturally-relevant services in their community

A roadmap to impact

The roadmap to impact outlines the pressing actions that can be taken to drive impact in the sector.

Pages 12 to 14 describe three priority areas, and accompanying initiatives, through which the Ontario mental health sectors can improve pathways for TAY.

Page 15 outlines how the Ontario Mental Health sectors should come together to take the next steps toward improving the experiences of TAY.

The roadmap was developed through input from the working group, interviews with child and youth mental health sector agencies, researchers, and service providers.

Priority areas

1. Recognize developmental readiness
The age of transition is marked by profound changes related to physical and cognitive development which TAY developmental...

2. Connect systems and stakeholders involved in TAY care
The transitional period is a time when many youth first experience a mental health crisis. At the same time, youth may be leaving home for the first time to attend post-secondary school. As a result, TAY often need to navigate the administrative burden of many new systems at once, which can become a barrier to access. To support continuity of care at this critical time, bridging between providers and across systems should be strengthened through:

3. Facilitate enhanced awareness, access, and knowledge translation
Awareness and access to available mental health services continues to be a major challenge for many TAY, their families, and health care providers. The Ontario mental health sector should support initiatives that address educational gaps for targeted groups and support these stakeholders to navigate complicated service pathways.

TAY mental health awareness education
Educational campaigns that support mental health awareness and crisis navigation for targeted groups such as primary care providers and communities that are disproportionately impacted by stigma around mental health.

Expanded navigation access
Maximized navigation support available to all TAY who are accessing mental health care.

Next steps

To take the next steps toward improving the experiences of TAY, the Ontario Mental Health sectors should come together to:

- 1. IMPLEMENT**
Strike a TAY special task force of mental health leaders to lead implementation of initiatives
- 2. ENGAGE**
Create a TAY advisory council to ensure youth and caregiver engagement in all initiatives
- 3. SCALE**
Found a Provincial TAY Centre of Excellence [CoE] to feature regional successes and scale efforts

Who might be involved

- Cross-sectoral representation
- Representation from the lead agency consortium
- YWHO Leadership

The potential mandate

- Prioritize and guide implementation of initiatives
- Implement flexible age cutoffs
- Set aside funds to address the gaps within both the child and youth and adult systems
- Develop a province-wide transition protocol
- Form a TAY Centre of Excellence (delegated to certain members)

Who might be involved

- Youth and caregivers from across the province, with representation from diverse communities
- Opportunity to leverage representatives from existing youth advisory councils from within organizations (YWHO, Knowledge Institute on Child and Youth Mental Health and Addictions)

The potential mandate

- Act as a partner to the TAY taskforce
- Ensure that the initiatives reflect youth and caregiver developmental readiness

Who might be involved

- Cross-sectoral representation
- Representation from the lead agency consortium
- Representatives from the Mental Health and Addictions Centre of Excellence

The potential mandate

- Conduct gap analyses for specific TAY initiatives
- Determine and evaluate best practices from across regions to understand what can be scaled
- Lead development of longitudinal tracking
- Lead knowledge translation efforts

1. Recognize developmental readiness

The age of transition is marked by profound changes related to physical and cognitive development which are experienced differently across individual youth. To recognize this, TAY developmental readiness should be prioritized rather than chronological age through:



Flexible age cutoffs

Elimination of or flexibility in age cutoffs for TAY-specific programming to ensure youth can transition to adult services when they are most ready. This flexibility will help mitigate service gaps by allowing for extended support according to individual and regional contexts, rather than arbitrary dates determined by birth.

This may include...

- Development of a flexible definition of readiness that provides guidance to service providers on when to graduate youth to adult services
- Tools and assessments for providers to better understand an individual's developmental readiness

Why this matters

Elimination of or flexibility in age cutoffs is the first step in recognizing that youth developmental readiness is a critical factor in assessing whether they should transition. Taking this step will enable providers to ensure youth are given the best chance to successfully connect with adult services when they are ready.

A province-wide transition protocol

Standardized guidance for what youth should expect as they transition between child and youth and adult mental health systems will create a minimum standard and pathway for the experience, ensuring processes are transparent and that youth are prepared for the transition. This protocol should cover transition planning and be able to be contextualized to community and individual needs.

This may include...

- TAY experience standards for both the child and youth and adult systems
- Guidance on how to assess youth readiness
- Guidance on how to build youth confidence and autonomy
- Guidance on how to involve caregivers

Why this matters

A standard protocol would ensure that best practices are scaled province-wide, that providers are equipped with the relevant guidance to better prepare youth and their caregivers, and that youth can make the transition when they are best positioned for success.

2. Connect systems and sectors involved in TAY care

The transitional period is a time when many youth first experience a mental health crisis. At the same time, youth may be leaving home for the first time to attend post-secondary school. As a result, TAY often need to navigate the administrative burden of many new systems at once, which can become a barrier to access. To support continuity of care at this critical time, bridging between providers and across systems should be strengthened through:



A protocol for warm handoffs between providers within the TAY ecosystem

A protocol for youth moving between systems such as acute/hospital care, postsecondary school supports, and community services.

This may include...

- Partnerships and communication channels between systems/sectors to enhance collaboration and referrals
- Strategies for supporting the needs of specific populations, such as stigma and isolation, harm reduction or medication adherence
- Guidance on how existing services, such as out-patient and ambulatory care, can be leveraged to support bridging to the community

Why this matters

Providing integrated support will ensure continuity of care between systems.

A provincial approach to coordinated access

A streamlined process for accessing community mental health support for all Ontarians.

This may include...

- A digital entry point(s) that connects existing regional front doors
- A function for assessing, triaging, or directing youth to the appropriate providers
- Service pathways mapping and evaluation

Why this matters

Streamlining the entry points for intake and referral will improve service navigation.

A provincial TAY data capture and sharing protocol

A process for data capture and sharing between providers that eliminates the administrative burden and data capture redundancies for youth and providers.

This may include...

- Separate dashboards for youth and providers
- Standardizing a trauma-informed and youth-friendly approach to data collection and consent gathering
- Connecting EHRs across systems (post-secondary, hospital, primary care, social services)
- Providing youth with access to their own information into adulthood

Why this matters

A data protocol will ensure that youth are not asked to provide information unnecessarily and allow greater collaboration between providers.

3. Facilitate enhanced awareness, access, and knowledge translation

Awareness and access to available mental health services continues to be a major challenge for many TAY, their families, and health care providers. The Ontario mental health sector should support initiatives that address educational gaps for targeted groups and support the navigation of complicated service pathways.



TAY mental health awareness education

Educational campaigns that support mental health awareness and system navigation for targeted groups on both sides of care, such as primary care providers and communities that are disproportionately impacted by stigma around mental health.

This may include...

- Mental health training and resources for primary care and other providers so they can better support and refer youth
- Resilience building, such as coping and self-advocacy skills and knowledge about mental health supports, to support independent navigation
- Peer support or mentorship programs to build confidence and strengthen support networks

Why this matters

Building awareness will equip service providers to offer more relevant support and improve the ability of youth to advocate for themselves, potentially reducing the risk of preventable crisis through early recognition.

Expanded navigation access

Mandated navigation support available to all TAY who are accessing mental health care.

This may include...

- Scaling up existing navigation models, such as the Family Navigation Project and transition support workers
- Tracking service utilization through navigator follow-up

Why this matters

Smaller-scale navigation programs have been successful in building service-user confidence and supporting connections to appropriate services. Scaling the programs could also result in greater area impact.

To take the next steps toward improving the experiences of TAY, the Ontario Mental Health sectors should come together to:

1. IMPLEMENT

Strike a TAY special taskforce of mental health leaders to lead the implementation of initiatives

Who might be involved

- Cross-sectoral representation
- Representation from the lead agency consortium and government
- YWHO Leadership

The potential mandate

- Pilot and guide implementation of initiatives
- Implement flexible age cutoffs
- Set aside funds to address the gaps between the child/youth and adult systems, and with other sectors

2. ENGAGE

Create a TAY advisory council to prioritize youth and caregiver engagement in all initiatives

Who might be involved

- Youth and caregivers with representation from diverse communities, such as rural/northern regions, Indigenous populations and newcomers
- Opportunity to leverage representatives from existing youth advisory councils from within organizations (YWHOs, Knowledge Institute on Child and Youth Mental Health and Addictions)

The potential mandate

- Act as a partner to the TAY taskforce and the CoE
- Ensure that the initiatives reflect youth and caregiver needs

3. SCALE

Found a Provincial TAY Centre of Excellence (CoE) to feature regional successes and scale efforts

Who might be involved

- Cross-sectoral representation
- Representation from the lead agency consortium
- Representatives from the Mental Health and Addictions Centre of Excellence

The potential mandate

- Develop a province-wide transition protocol
- Conduct gap analyses to identify priorities
- Evaluate best practices from across regions to understand what can be scaled
- Invest in and support longitudinal tracking
- Lead advocacy and knowledge translation efforts

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If you'd like to learn more about next steps for this work, reach out to:

Jason Pun,
Chief Impact Officer,
Capitalize for Kids
jason@capitalizeforkids.com

If you'd like to learn more about the design-based approach to this project, reach out to:

Maddy Rowland-Roides,
Director, Design Strategy,
Bridgeable
maddy.rowland@bridgeable.com

