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

PolicyWise for Children & Families

Calgary counselling centre

HUNTER FAMILY FOUNDATION

Emerging Adult – Technical Report

Purpose

This document outlines all relevant data that was referred to in the *Understanding the Current Landscape of Emerging Adult Mental Health Services and Needs in Calgary and Surrounding Areas*[1] Report and information on how the data was interpreted to provide findings and themes.

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 process is not included in this document.

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. It is important to note that not all exploratory and descriptive analyses are included in this document. 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.

Structure

This document presents relevant data in two sections. First, a summary table showing the sources of data and the relevant findings used to answer each question.

- Who are emerging adults in the Calgary region?

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[1] Please contact info@policywise.com for the full report.

- Who is not accessing services?

- What are the mental health issues faced by emerging adults?

- Where are emerging adults seeking mental health support?

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

- What do mental health service settings provide?

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

Following that, the document presents results by data source. Each data source section provides brief notes about the data, definitions (if required), and the data tables. Tables and information are provided on how data was interpreted.

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Summary Tables

Below are summary tables for each of the seven findings questions found in the final report.

Who are emerging adults in the Calgary region?

In the final report, Statistics Canada 2016 census data was provided. Demographic information on emerging adult respondents from the Client/Caregiver Survey is also provided below.

	Statistics Canada 2016 15 to 24 year olds n=192,805	Client/Caregiver Survey Emerging adults respondents n=192
Age range	• 12.4% of entire Calgary Zone • 48% 15 to 19 years old • 52% 20 to 24 years old	• 25% (n=48) 15 to 17 years old • 53% (n=102) 18 to 21 year • 22% (n=42) 22 to 24 years old
Gender	• 51% male • 49% female	• 28% (n=54) male • 70% (n=133) female • 2% (n=4) gender diverse
Location	• 71% reside in urban areas • 29% reside in rural areas	• 17% (n=32) not born in Canada
Background	• 32% visible minority • 20% immigrants • 10% Aboriginal identity • 10% not Canadian citizens	Parent respondents (n=160)[1] • 18% (n=29) reside in rural areas • 11% (n=18) reside in Calgary NE • 31% (n=50) reside in Calgary NW • 10% (n=16) reside in Calgary SE 14% (n=22) reside in Calgary SW
Education	• 34% no certificate, diploma or degree • 44% secondary school diploma • 22% post-secondary certificate, diploma or degree	• 17% (n=32) some high school • 32% (n=61) high school diploma • 7% (n=14) college or post-secondary trades/ technical diploma • 29% (n=55) some university, college, or post-secondary education • 10% (n=18) completed university undergraduate degree
Employment	• 63% identified as being in the labor force • 83% of those in the labor force currently employed • 17% of those in the labor force are unemployed • 49.6% employed in sales and service (NOC 2016) • 19% full-time; 81% part-time and/or part-year	• 62% (n=120) students • 12% (n=23) employed 30 hours a week • 11% (n=22) employed less than 30 hours a week or unemployed

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[1] Note: Only parent respondents had postal code information. A total of 160 parents/caregivers responded to the survey and only 135 parents/caregivers provided postal code information.

Who is not accessing services?

Information on who is not accessing services was based on demographic breakdown of responses from the Client/Caregiver Survey. Groups that were identified as not accessing services were based respondents select "Yes" to following survey question:

Have any of the following reasons stopped you from getting any or enough of these kinds of help:
a) I preferred to manage myself
b) I didn't think anything would help I didn't know where to get help
c) I was afraid to ask for help or what others would think of me
d) I couldn't afford the money
e) I asked but didn't get help
Response Choices: Yes No Don't Know **Prefer not to answer**

Demographics of respondents who selected "Yes" to reasons that stopped them from getting any or enough help were compared to those who did not answer the question (i.e., had received help and had enough help). For more details, see Client/Caregiver Survey: Who is not accessing services?

	Client/Caregiver Survey
Individuals from rural communities	**Parents/Caregivers** • I didn't think anything would help or I didn't know where to get help: 30.0% (n=9/30)
Newcomers to Canada	**Emerging Adults** • Prefer to manage myself: 16% (n=16/72) • I didn't think anything would help or I didn't know where to get help: 21% (n=10/47) • I was afraid to ask for help…: 21.8% (n=12/55) **Parents/Caregivers** • Prefer to manage myself: 31.6% (n=12/38) • I didn't think anything would help or I didn't know where to get help: 30.0% (n=9/30) • I was afraid to ask for help…: 28.6% (n=6/21)
Distinct groups of parents/caregivers	**Younger Parents (age 18-34):** • Prefer to manage myself: (36.8% (n=14/38) • I didn't think anything would help or I didn't know where to get help: 36.7% (n=11/30) • I was afraid to ask for help…: 57.1% (n=12/21) • I couldn't afford the money: 28.6% (n=8/28) • I asked but didn't get help: 33.3% (n=7/21) **Single/Never Married Parents:** • Prefer to manage myself: 28.9% (n=11/38) • I didn't think anything would help or I didn't know where to get help: 13.3% (n=4/30) • I was afraid to ask for help…: 33.3% (n=7/21) • I couldn't afford the money: 21.4% (n=6/28) • I asked but didn't get help: 23.8% (n=5/21) **Male Parents:** • Prefer to manage myself: 44.7% (n=17/38) • I didn't think anything would help or I didn't know where to get help: 53.3% (n=16/30) • I was afraid to ask for help…: 57.1% (n=12/21)
Emerging adults from gender diverse groups	**Emerging Adults** • I didn't think anything would help or I didn't know where to get help: 6.4% (n=3/47) • I was afraid to ask for help…: 5.5% (n=3/55)

What are the mental health issues faced by emerging adults?

Common themes appeared across four data sources that provided information on the mental health issues and other concerns emerging adults' experience. For more details see corresponding links:

- Client/Caregiver Survey
- Alberta Health Services
- Organization Data
- Service Survey

	Client/Caregiver Survey	Alberta Health Services	Organization Data	Service Survey

Concerns or reasons for seeking help/ services	Emerging Adult Respondents
	Mental Health
	• 52.1% (n=100/192) indicated their mental health declined due to the COVID-19 pandemic
	• 52.1% (n=100/192) rated their mental health as poor/fair
	• 60.4% (n=116/192) reported someone expressing concern for their mental health
	• 37.9% (n=44/116) reported receiving a formal diagnosis
	
	Basic Needs
	• 24.0% (n=43/179) accessed or needed help to sort out practical issues (housing, money)
	   o 66.7% (n=12/18) were 18-21 years old
	• 42.9% (n=78/182) accessed or needed help to improve their ability to work, care for self, etc.
	   o 59.3% (n=16/27) were 18-21 years old
		Top diagnoses that emerging adults were _seen_ for:
		
		Mental Health
		• 34% (n=4,521/13,381) psychosocial factor
		• 28% (n=3,658/13,381) trauma-related disorder
		• 23% (n=3,136/13,381) anxiety disorder
		• 21% (n=2,837/13,381) depressive disorder
		• 19% (n=2,558/13,381) substance-related disorder
		Orders varied by age but these 5 were in the top
			Top concerns clients sought help for:
			
			Mental Health
			• Anxiety and/or depression
			• Depressive disorder
			• Substance-related disorder
			Relationship
			• Family/ relationship issues
			
			Basic Needs
			• housing, food, transportation
			
			Note: % cannot be reported in this summary table as it varies across different organization's data but present similar patterns
				Top concerns clients sought help for:
				
				Mental Health
				• 52.6% (n=20/38) anxiety
				• 42.1% (n=16/38) depression
				Relationships
				• 44.7% (n=17/38) relationships
				Basic Needs
				• 21.1% (n=8/38) living/ accommodation

Where are emerging adults seeking mental health support?

Information on where emerging adults are seeking support is based on the Client/Caregiver Survey and Organization Data. For details, see corresponding links.

	Client/Caregiver Survey	Organization Data
Supports/Services	**Emerging Adults:** • Peers/friends: 61.7% (n=58/94) • Family: 11.7% (n=11/94) • Family doctor: 48.9% (n=46/94) • Education supports: 46.8% (n=94) • Technology: 31.9% (n=30/94) - 46.7% (n=14) are 18 to 21 - 33.3% (n=10) are 22 to 24 - 53.3% (n=16) are students • 66.3% (n=77/116) friends/peers expressed concern for mental health • 39.7% (n=46/116) family member expressed concern for mental health **Parents/Caregivers:** • Family doctor: 71.2% (n=52/73) • Peers/friends: 35.6% (n=26/73) • Education supports: 52.1% (n=38/73) • Private psychologist: 42.5% (n=31/73) - 61.3% (n=19) have higher education - 38.7% (n=12) live in Calgary NW - 45.2% (n=14) employed 30 hours or more - 58.1% (n=18) have higher income levels	• Across four organization's administrative data – mostly serving 18 to 25 year olds • Crisis calls mostly from emerging adults between ages 18 to 24

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

Information on barriers to accessing support in different mental health service settings came from the Client/Caregiver Survey and the Inventory Search. For details, see corresponding links.

	Client/Caregiver Survey	Inventory Search
Barriers to Accessing/Receiving Help	**Emerging Adult Respondents:** • I preferred to manage myself: 54.2% (n=38/70) • I didn't think anything would help I didn't know where to get help: 42.3% (n=30/71) • I was afraid to ask for help or what others would think of me: 29.6% (n=21/71) • I couldn't afford the money: 39.4% (n=28/71) • I asked but didn't get help: 30.0% (n=21/70) **Parent/Caregivers Respondents:** • I preferred to manage myself: 54.2% (n=38/70) • I didn't think anything would help I didn't know where to get help: 42.3% (n=30/71) • I was afraid to ask for help or what others would think of me: 29.6% (n=21/71) • I couldn't afford the money: 39.4% (n=28/71) • I asked but didn't get help: 30.0% (n=21/70)	Google searches for mental health supports in Calgary and area • Pre-dominantly offered by Calgary-based supports (i.e., in the city of Calgary) and AHS services • Fewer search results for rural and remote areas

What do mental health service settings provide?

Information on what each mental health service settings provide and potential barriers came from five data sources. See corresponding links for more details:

- Client/Caregiver Survey
- Organization Data
- Service Use Survey
- Post-secondary
- Alberta Health Services

Client/Caregiver Survey	Organization Data	Service Use Survey	Post-Secondary	Alberta Health Services
Biggest use of and need for: Information • 39.0% (n=60/154) parents/caregivers • 52.2% (n=96/184) emerging adults Counselling outside of a hospital • 44.9% (n=70/156) parents/caregivers • 50.3% (n=91/181) emerging adults	Services provided: • counselling • distress line • housing **Referrals Made:** • Often no were referrals made • Most common referrals are made to social supports (e.g., family, friends) • Internal coping/care strategies provided • Other common referrals include counselling or health service (non-hospital)	Services provided: • Referrals (n=17/38, 44.7%) • Education (n=17,/38 44.7%) • Counselling (n=17/38, 44.7%) • Screening (n=14/38, 36.8%) • Single Session (n=9/38, 23.8%) Other common services received include single session therapy, peer support, case management, and assistance with applications **Overlap with other settings:** Most common referrals made to • AHS = 12 (44.4%) • Community Links/Resources = 5 (18.5%) • Counselling/Psychiatry = 4 (14.8%) • Hospital/Urgent Care = 4 (14.8%) **Potential Barriers** Most common reason for referrals is: • Specialized services (n=24/38, 63.2%) • Fit of therapeutic approach (n=12/38, 31.6%) • Limited organization capacity (n=7/38, 18.4%) Ease of access for client (n=6/38, 15.8%)	Counselling and wellness services on campus offers: • general counselling • initial assessment/ screening • referrals to other appropriate care within communities · *Wait times for initial appointments on campus (i.e., triage/ assessment/ screening) are typically minimal*	• **Crisis and urgent (33%, n=4,362)** o Crisis intervention and stabilization o Assess, advice, connect to services o Usually single-session episodes of care • **Acute inpatient (17%, n=2,256)** o Acute symptom reduction o Crisis management o Stabilize for discharge to community • **General community treatment (12%, n=1,619)** o Reduce symptoms o Improve functioning & illness management o Improve/maintain community integration • **Addiction and mental health (26%, n=3,413)** o Reduce symptoms o Reduce substance use o Improve functioning

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

Across five data sources, common themes appeared related to barriers/gaps emerging adults' experience in seeking support from mental health service settings. For more details, see corresponding links:

- Client/Caregiver Survey
- Service Use Survey
- Organization Data
- Post-Secondary
- Funding Survey

Client/Caregiver Survey	Service Use Survey	Organization Data	Post-Secondary	Funding Survey
Service coordination and access • Difficult to get services: 44.3% (n=27/61) parents/caregivers • Lack coordinated approach: 56.0% (n=28/50) parents/caregivers **Wait times** • Wait times not appropriate: 41.7% (n=25/60) parents/caregivers	**Barriers for making referral:** • Limited access to other organizations (e.g., long wait times) (n=19/38, 50.0%) - Respondents expanded on the accessibility to emphasize travel and distance for care is a large barrier for organizations making referrals. • Appropriate services not available (n=12/38, 31.6%) • Client refuses (n=10/38, 26.3%)	*Costs would be a barrier to receiving support for adults without insurance coverage.* **Do you have benefits?** • Adults o Yes = 44% (n=45/103) o No = 56% (n=58/103) If No, Will cost be a barrier? • No benefits: **o Yes, cost will be a barrier = 87% (n=62/71)** o No = 13% (n=9/71)	• *Wait times for ongoing sessions on campus (needed by students with more persistent, serious, or chronic mental health issues) are quite common* • *The range of time between appointments is difficult to estimate, but likely spans anywhere from 2 to 4 weeks, sometimes longer, and most years* • *Much of the reason for this rests with lack of access to "clinical" or "specialized" services in the community* • *Community programs and services are offered primarily during the day, which limits students' ability to pursue their academics and health at the same time.*	**System integration** • need improvements to integrate the system and services more • Need to enhance referrals and coordination b/w org. **Expanding services and resources** • Gap in specialized services for specific pop'ns: Indigenous, 'complex needs' • Scale up programming and services **Access** • Wait times for emerging adults living in rural parts • Involving family members as opport. to increase continuity of care

Statistics Canada 2016 Census

Who are emerging adults in the Calgary region?

Background: Statistics Canada provided a target profile of individuals in the Calgary health zone between ages 15 to 24 years old as .csv data files.

Analysis: Descriptive analysis was conducted using excel and audited. First descriptive analysis provided demographic information. Second analysis was conducted to explore differences in rural and urban areas however no significant differences were noted. Analyses were audited by a second PolicyWise staff member.

Summary: Emerging adults represent 12% of the total population in the Calgary zone. Most reside in urban areas than in rural areas. A small proportion of emerging adults identified as being married or living in a common law relationship. Emerging adults come from diverse backgrounds: 10% are not Canadian citizens, 20% identified as being immigrants, 6% identified with Aboriginal identity, and 32% identified as a visible minority. About 34% of emerging adults have no certificate, diploma or degree, 44% have a secondary school diploma, and 22% have a post-secondary certificate, diploma or degree. Majority of emerging adults are in the labor force (63%), employed part-time (81%), and are employed in the sales and service industry (49.6%).

- 12% (192,805) 15-24 year olds reside in the Calgary zone out of 1,551,875
- **Urban:** 71% (137,480) 15-24 year olds reside in urban areas
- **Rural:** 29% (55,325) 15-24 year olds reside in rural areas
- **Marital Status:**
  - 8% (16,140/192,795) identified that they are married or living in a common law relationship
- **Background:**
  - 10% (18,710/192,785) are not Canadian citizens
  - 20% (38,010/192,790) identified as being immigrants
  - 6% (10,655/192,780) identified as Aboriginal identity
  - 32% (62,135/192,775) identified as a visible minority
- **Education:**
  - 34% (65,855/192,780) no certificate, diploma or degree
  - 44% (85,645/192,780) secondary school diploma
  - 22% (41,295/192,780) post-secondary certificate, diploma or degree
- **Employment:**
  - 63% (121,905/192,790) identified as being in the labor force
    - 83% (101,605/121,905) of those in the labor force currently employed
    - 17% (20,330/121,905) of those in the labor force are unemployed
  - 49.6% (57,675/116,365) Sales and service
  - All Calgary zone: 19% (25,465/131,875) are employed full time and 81% (106,405/131,875) employed part-time and/or part year

Client/Caregiver Survey

Background: Leger Marketing Alberta Inc. was contracted to distribute an online survey to emerging adults and their caregivers. The survey was conducted between June and August, 2020. Data was coded and cleaned by Leger.

Analysis: Leger Marketing provided .csv files for analysis. Analysis was conducted using SAS Enterprise Guide 8.2. 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. Initial exploratory analyses provided insights into which specific questions were most relevant to the project's scope and directed further analysis to examine demographic differences with responses. Demographic breakdowns of specific questions gave an understanding of what were the characteristics of respondents and how they were experiencing or receiving services. Basic descriptive analyses for questionnaire responses and demographic breakdowns were conducted for parents/caregivers and emerging adults respondents separately. No assumptions or imputations were made for missing responses or responses of don't know and prefer not to answer. Analyses were audited by a second PolicyWise staff member.

Who is not accessing services?

Analysis: Groups that were identified as not accessing services was based on analysis of the following survey question:

Have any of the following reasons stopped you from getting any or enough of these kinds of help:
    f)   I preferred to manage myself
    g)   I didn't think anything would help I didn't know where to get help
    h)   I was afraid to ask for help or what others would think of me
    i)   I couldn't afford the money
    j)   I asked but didn't get help
Yes
No
Don't Know
Prefer not to answer

Demographics of respondents who selected "Yes" to reasons that stopped them from getting any or enough help were compared to those who did not answer the question as it did not pertain to them (had enough help or had received help).

Links for:
- Emerging Adult Respondents
- Parent/Caregiver Respondents

Emerging Adults Respondents

Summary: Across the different reasons of not seeking help or not receiving enough help – emerging adults were commonly from gender diverse groups and were not born in Canada

EA: Emerging Adult

EA: I preferred to manage myself

- 76% (n=72 of 94) youth preferred to manage themselves
- **Overall who prefer to manage themselves:**
  - Females
  - Those between ages 18 to 21
  - Those employed less than 30 h/w
  - Those who have some university/post-secondary education & completed high school
  - Those not born in Canada

	Count	Percent
Yes	72	76.6
No	22	23.4
Total	94	

Demographic breakdown for emerging adults who responded "Yes – I prefer to manage myself"

		Count	Percent
Gender	Male	17	23.6
	Female	**53**	**73.6**
	Gender diverse	2	2.8
Age	15 to 17	8	11.1
	18 to 21	**45**	**62.5**
	22 to 24	19	26.4
Employment status	Employed 30 hours a week or more	8	11.1
	Employed less than 30 hours per week	**15**	**20.8**
	Unemployed	9	12.5
	Student	38	52.8
	Not working due to disability	1	1.4
	Other	1	1.4
Education	Grade 9 or less	3	4.2
	Some high school	6	8.3
	High school diploma	**24**	**33.3**
	Some university, college or post-secondary trades/technical school	**25**	**34.7**
	College or post-secondary trades/technical diploma	7	9.7
	Completed university undergraduate degree	6	8.3
	Completed university graduate or professional degree	1	1.4
Born in Canada	Yes	56	77.8
	No	**16**	**22.2**

<u>EA: I didn't think anything would help or I didn't know where to get help</u>

- 49% (n=47 of 95) youth didn't think anything would help or didn't know where to get help
- Overall who didn't think anything would help or didn't know where to get help:
  - Those between ages 18 to 21
  - Those employed less than 30 h/w
  - Those who have some university/post-secondary education
  - Those not born in Canada

	Count	Percent
Yes	47	49.5
No	48	50.5
Total	95	

Demographic breakdown for emerging adults who responded "Yes – I didn't think anything would help or I didn't know where to get help"

		Count	Percent
Gender	Male	10	21.3
	Female	33	70.2
	Gender diverse	3	6.4
Age	15 to 17	11	23.4
	18 to 21	**26**	**55.3**
	22 to 24	10	21.3
Employment status	Employed 30 hours a week or more	4	8.5
	Employed less than 30 hours per week	**10**	**21.3**
	Unemployed	3	6.4
	Student	27	57.4
	Not working due to disability	2	4.3
	Other	1	2.1
Education	Grade 9 or less	3	6.4
	Some high school	7	14.9
	High school diploma	12	25.5
	Some university, college or post-secondary trades/technical school	**16**	**34.0**
	College or post-secondary trades/technical diploma	4	8.5
	Completed university undergraduate degree	5	10.6
	Completed university graduate or professional degree	0	0
Born in Canada	Yes	37	78.7
	No	**10**	**21**

EA: I was afraid to ask for help or what others would think

- 60% (n=55 of 92) youth were afraid to ask for help or what others would think
- Overall who were afraid to ask for help:
  - Females and those identified as gender diverse
  - Those between 18 to 21 year olds
  - Those employed less than 30 h/w
  - Those with some university/post-secondary education
  - Those not born in Canada

	Count	Percent
Yes	55	59.8
No	37	40.2
Total	92	

Demographic breakdown for emerging adults who responded "No, but I think I needed this kind of help"

		Count	Percent
Gender	Male	11	20.0
	Female	**41**	**74.5**
	Gender diverse	**3**	**5.5**
Age	**15 to 17**	**6**	**10.9**
	18 to 21	**34**	**61.8**
	22 to 24	15	27.3
Employment status	Employed 30 hours a week or more	5	9.1
	Employed less than 30 hours per week	**9**	**16.4**
	Unemployed	7	12.7
	Student	32	58.2
	Not working due to disability	1	1.8
	Other	1	1.8
Education	Grade 9 or less	2	3.6
	Some high school	5	9.1
	High school diploma	13	23.6
	Some university, college or post-secondary trades/technical school	**22**	**40.0**
	College or post-secondary trades/technical diploma	8	14.5
	Completed university undergraduate degree	5	9.1
	Completed university graduate or professional degree	0	0
Born in Canada	Yes	43	78.2
	No	**12**	**21.8**

EA: I asked but didn't get help

- 21% (n=20 of 95) youth asked for help but didn't get help
- **Overall who didn't get help when asked:**
    - Those identified as gender diverse
    - Those between ages 22 to 24 years old
    - Those employed less than 30 h/w
    - Those with some university/post-secondary education, college/trade/technical diploma

	Count	Percent
Yes	20	21.1
No	75	78.9
Total	95	

Demographic breakdown for emerging adults who responded "Yes – I asked but didn't get help"

		Count	Percent
Gender	Male	5	25.0
	Female	13	65.0
	Gender diverse	**2**	**10.0**
Age	15 to 17	4	20.0
	18 to 21	8	40.0
	22 to 24	**8**	**40.0**
Employment status	Employed 30 hours a week or more	2	10.0
	Employed less than 30 hours per week	**4**	**20.0**
	Unemployed	3	15.0
	Student	10	50.0
	Not working due to disability	1	5.0
	Other	0	0.0
Education	Grade 9 or less	0	0.0
	Some high school	3	15.0
	High school diploma	6	30.0
	Some university, college or post-secondary trades/technical school	**5**	**25.0**
	College or post-secondary trades/technical diploma	**4**	**20.0**
	Completed university undergraduate degree	1	5.0
	Completed university graduate or professional degree	1	5.0
Born in Canada	Yes	18	90.0
	No	2	10.0

Demographic breakdown of comparison group – emerging adults who didn't respond to the question as it did not pertain to them (they had enough help or had received help)

		Count	Percent
Answer to survey question	No	100	52.1
	Yes	92	47.9
Gender	Male	29	31.5
	Female	63	68.5
	Gender diverse	0	0
Age	15 to 17	27	29.3
	18 to 21	**45**	**48.9**
	22 to 24	20	21.7
Employment status	Employed 30 hours a week or more	12	13.0
	Employed less than 30 hours per week	6	6.5
	Unemployed	11	12.0
	Student	61	66.3
	Not working due to disability	1	1.1
	Other	1	1.1
Education	Grade 9 or less	18	19.6
	Some high school	33	35.9
	High school diploma	22	23.9
	Some university, college or post-secondary trades/technical school	5	5.4
	College or post-secondary trades/technical diploma	9	9.8
	Completed university undergraduate degree	3	3.3
	Completed university graduate or professional degree	0	0.0
Born in Canada	Yes	80	87.0
	No	11	12.0

Parents/Caregivers Respondents

Summary: Across the different reasons of not accessing or receiving enough help – parents/caregivers were commonly from rural communities, were not born in Canada, or were part of distinct groups of parents/caregivers.

Note: To determine '*Regions*', the first 3-postal characters were provided by parents/caregiver respondents and were cross-referenced with Statistic Canada's definition of rural and Calgary's NW, NE, SE, SW boundaries. Note, not all parent/caregiver respondents provided a valid postal code.

PC: Parent/caregiver

PC: I preferred to manage myself

- 54.3% (38 of 70) of parents indicated they preferred to manage themselves
- Overall who prefer to manage themselves:
  - Males
  - Those between ages 18 to 34
  - Those employed less than 30 h/w
  - With incomes between $80k-$99k
  - Max education - high school diploma
  - Are single (never been married)
  - Not born in Canada
  - Live in Calgary NW and SE

	Count	Percent
Yes	38	54.3
No	32	45.7
Total	70	

Demographic breakdown for parents/caregivers who responded "Yes – I preferred to manage myself"

		Count	Percent
Gender	Male	17	44.7
	Female	21	55.3
Age	18 to 34	14	36.8
	35 to 54	12	31.6
	55 or older	12	31.6
Employment status	Employed 30 hours a week or more	19	50.0
	Employed less than 30 hours per week	8	21.1
	Unemployed	6	15.8
	Student	3	7.9
	Not working due to disability	1	2.6

	Other	1	2.6
	Homemaker	0	0
	Retired	0	0
Income Level	$19,999 or less	2	5.3
	Between $20,000 and $39,999	3	7.9
	Between $40,000 and $59,999	5	13.2
	Between $60,000 and $79,999	1	2.6
	Between $80,000 and $99,999	**9**	**23.7**
	Between $100,000 and $124,999	5	13.2
	Between $125,000 and $149,999	4	10.5
	$150,000 or more	5	13.2
Education Level	Grade 9 or less	1	2.6
	Some high school	1	2.6
	High school diploma	**7**	**18.4**
	Some university, college or post-secondary trades/technical school	5	13.2
	College or post-secondary trades/technical diploma	4	10.5
	Completed university undergraduate degree	10	26.3
	Completed university graduate or professional degree	10	26.3
Marital Status	Married or common law	22	57.9
	Separated or divorced	3	7.9
	Widowed	2	5.3
	Single (never been married)	**11**	**28.9**
Born in Canada	Yes	26	68.4
	No	**12**	**31.6**
Regions	Rural	3	7.9
	Calgary NE	3	7.9
	Calgary NW	**14**	**36.8**
	Calgary SE	**6**	**15.8**
	Calgary SW	5	13.2

[PC: I didn't think anything would help or I didn't know where to get help](#)

- **42% (30 of 71) of parents indicated they didn't think anything would help or didn't know where to get help**
- **Overall who didn't think anything would help or didn't know where to get help:**
    - Males
    - Those between ages 18 to 34
    - Those employed less than 30 h/w
    - Those with incomes between $60k-$99k

- o Had completed university undergrad degree
- o Are single
- o Not born in Canada
- o Live in rural region and Calgary SE

	Count	Percent
Yes	30	42.3
No	38	53.5
Total	71	

Demographic breakdown for parents/caregivers who responded "Yes – I didn't think anything would help…"

		Count	Percent
Gender	Male	16	53.3
	Female	14	46.7
Age	18 to 34	11	36.7
	35 to 54	11	36.7
	55 or older	8	26.7
Employment status	Employed 30 hours a week or more	15	50.0
	Employed less than 30 hours per week	6	20.0
	Unemployed	5	16.7
	Student	2	6.7
	Not working due to disability	1	3.3
	Other	1	3.3
	Homemaker	0	0
	Retired	0	0
Income Level	$19,999 or less	2	6.7
	Between $20,000 and $39,999	2	6.7
	Between $40,000 and $59,999	4	13.3
	Between $60,000 and $79,999	8	26.7
	Between $80,000 and $99,999	8	26.7
	Between $100,000 and $124,999	2	6.7
	Between $125,000 and $149,999	4	13.3
	$150,000 or more	0	0
Education Level	Grade 9 or less	0	0
	Some high school	0	0
	High school diploma	4	13.3
	Some university, college or post-secondary trades/technical school	5	16.7

	College or post-secondary trades/technical diploma	4	13.3
	Completed university undergraduate degree	**11**	**36.7**
	Completed university graduate or professional degree	6	20.0
Marital Status	Married or common law	20	66.7
	Separated or divorced	5	16.7
	Widowed	1	3.3
	Single (never been married)	**4**	**13.3**
Born in Canada	Yes	21	70.0
	No	**9**	**30.0**
Regions	**Rural**	**9**	**30.0**
	Calgary NE	3	10.0
	Calgary NW	10	33.3
	Calgary SE	**4**	**13.3**
	Calgary SW	1	3.3

PC: I was afraid to ask for help or what others would think

- 29.6% (21 of 71) of parents indicated they were afraid to ask for hel
- Overall who were afraid to ask for help:
  - Males
  - Those between ages 18 to 34
  - Those employed less than 30 h/w
  - Those with income levels between $100k and $129k
  - Those with some university/post-secondary education
  - Single
  - Not born in Canada
  - Live in Calgary NW

	Count	Percent
Yes	21	29.6
No	50	70.4
Total	71	

Demographic breakdown for parents/caregivers who responded "Yes – I was afraid to ask for help..."

		Count	Percent
Gender	**Male**	**12**	**57.1**
	Female	9	42.9
Age	**18 to 34**	**12**	**57.1**
	35 to 54	6	28.6
	55 or older	3	14.3
Employment	Employed 30 hours a week or more	10	47.6

status

	Employed less than 30 hours per week	**5**	**23.8**
	Unemployed	4	19.0
	Student	2	9.5
	Not working due to disability	0	0
	Other	0	0
	Homemaker	0	0
	Retired	0	0
Income Level	$19,999 or less	0	0
	Between $20,000 and $39,999	3	14.3
	Between $40,000 and $59,999	3	14.3
	Between $60,000 and $79,999	0	0
	Between $80,000 and $99,999	3	14.3
	Between $100,000 and $124,999	**4**	**19.0**
	Between $125,000 and $149,999	1	4.8
	$150,000 or more	3	14.3
Education Level	Grade 9 or less	0	0
	Some high school	1	4.8
	High school diploma	3	14.3
	Some university, college or post-secondary trades/technical school	**5**	**23.8**
	College or post-secondary trades/technical diploma	2	9.5
	Completed university undergraduate degree	6	28.6
	Completed university graduate or professional degree	4	19.0
Marital Status	Married or common law	13	61.9
	Separated or divorced	1	4.8
	Widowed	0	0
	Single (never been married)	**7**	**33.3**
Born in Canada	Yes	15	71.4
	No	**6**	**28.6**
Regions	Rural	4	19.0
	Calgary NE	4	19.0
	Calgary NW	**10**	**47.6**
	Calgary SE	2	9.5
	Calgary SW	0	0

PC: I couldn't afford the money

- 39.4% (28 of 71) of parents indicated they couldn't afford the money
- Overall who couldn't afford the money:
    - Those between 18 and 34
    - Those employed less than 30 h/w
    - Those with income levels between $100k-$124k
    - Those with some university/post-secondary education
    - Single
    - Live in Calgary SE

	Count	Percent
Yes	28	39.4
No	43	60.6
Total	71	

Demographic breakdown for parents/caregivers who responded "Yes – I couldn't afford the money"

		Count	Percent
Gender	Male	12	42.9
	Female	16	57.1
Age	**18 to 34**	**8**	**28.6**
	35 to 54	12	42.9
	55 or older	8	28.6
Employment status	Employed 30 hours a week or more	10	35.7
	Employed less than 30 hours per week	**8**	**28.6**
	Unemployed	5	17.9
	Student	1	3.6
	Not working due to disability	1	3.6
	Other	2	7.1
	Homemaker	1	3.6
	Retired	0	0
Income Level	$19,999 or less	2	7.1
	Between $20,000 and $39,999	3	10.7
	Between $40,000 and $59,999	5	17.9
	Between $60,000 and $79,999	2	7.1
	Between $80,000 and $99,999	3	10.7
	Between $100,000 and $124,999	**6**	**21.4**
	Between $125,000 and $149,999	2	7.1
	$150,000 or more	2	7.1
Education Level	Grade 9 or less	1	3.6

	Some high school	0	0
	High school diploma	2	7.1
	Some university, college or post-secondary trades/technical school	**7**	**25.0**
	College or post-secondary trades/technical diploma	3	10.7
	Completed university undergraduate degree	8	28.6
	Completed university graduate or professional degree	7	25.0
Marital Status	Married or common law	16	57.1
	Separated or divorced	5	17.9
	Widowed	1	3.6
	Single (never been married)	**6**	**21.4**
Born in Canada	Yes	24	85.7
	No	4	14.3
Regions	Rural	5	17.9
	Calgary NE	5	17.9
	Calgary NW	8	28.6
	Calgary SE	**4**	**14.3**
	Calgary SW	4	14.3

PC: I asked but didn't get help

- **30.0% (21 of 70) of parents indicated they asked but didn't get help**
- Overall who didn't get help when asked:
    - o Those between 18 to 34
    - o Those employed less than 30h/w
    - o Those with income levels between $40k to 59k
    - o Those with max high school education
    - o Single
    - o Live in Calgary SE
    - o ***those not born in Canada did get help when asked - good

	Count	Percent
Yes	**21**	**30.0**
No	49	70.0
Total	70	

Demographic breakdown for parents/caregivers who responded "Yes – I asked but didn't get help"

		Count	Percent
Gender	Male	8	38.1
	Female	13	61.9
Age	**18 to 34**	**7**	**33.3**
	35 to 54	10	47.6
	55 or older	4	19.0
Employment status	Employed 30 hours a week or more	7	33.3
	Employed less than 30 hours per week	**7**	**33.3**
	Unemployed	3	14.3
	Student	0	0
	Not working due to disability	0	0
	Other	1	4.8
	Homemaker	1	4.8
	Retired	2	9.5
Income Level	$19,999 or less	1	4.8
	Between $20,000 and $39,999	1	4.8
	Between $40,000 and $59,999	**4**	**19.0**
	Between $60,000 and $79,999	1	4.8
	Between $80,000 and $99,999	3	14.3
	Between $100,000 and $124,999	2	9.5
	Between $125,000 and $149,999	3	14.3
	$150,000 or more	3	14.3
Education Level	Grade 9 or less	0	0
	Some high school	0	0
	High school diploma	**3**	**14.3**
	Some university, college or post-secondary trades/technical school	2	9.5
	College or post-secondary trades/technical diploma	5	23.8
	Completed university undergraduate degree	6	28.6
	Completed university graduate or professional degree	5	23.8
Marital Status	Married or common law	13	61.9
	Separated or divorced	2	9.5
	Widowed	1	4.8
	Single (never been married)	**5**	**23.8**
Born in Canada	Yes	18	85.7
	No	3	14.3
Regions	Rural	5	23.8
	Calgary NE	3	14.3

		Count	Percent
	Calgary NW	6	28.6
	Calgary SE	**4**	**19.0**
	Calgary SW	2	9.5

Demographic breakdown of comparison group – emerging adults who didn't respond to the question as it did not pertain to them (they had enough help or had received help)

		Count	Percent
Answered survey question	No	72	45.0
	Yes	88	55.0
Gender	Male	33	37.5
	Female	55	62.5
Age	18 to 34	8	9.1
	35 to 54	57	64.8
	55 or older	23	60.5
Employment status	Employed 30 hours a week or more	44	50.0
	Employed less than 30 hours per week	13	14.8
	Unemployed	14	15.9
	Student	2	2.3
	Not working due to disability	3	3.4
	Other	2	2.3
	Homemaker	7	8.0
	Retired	3	3.4
Income Level	$19,999 or less	1	1.1
	Between $20,000 and $39,999	4	4.5
	Between $40,000 and $59,999	11	12.5
	Between $60,000 and $79,999	8	9.1
	Between $80,000 and $99,999	9	10.2
	Between $100,000 and $124,999	8	9.1
	Between $125,000 and $149,999	12	13.6
	$150,000 or more	27	30.7
Education Level	Grade 9 or less	0	0
	Some high school	0	0
	High school diploma	5	5.7
	Some university, college or post-secondary trades/technical school	14	15.9
	College or post-secondary trades/technical diploma	21	23.9
	Completed university undergraduate degree	23	26.1
	Completed university graduate or professional degree	24	27.3

Marital Status	Married or common law		74	84.1
	Separated or divorced		8	9.1
	Widowed		1	1.1
	Single (never been married)		5	5.7
Born in Canada	Yes		73	83.0
	No		15	17.0
Regions	Rural		17	19.3
	Calgary NE		11	12.5
	Calgary NW		26	29.5
	Calgary SE		5	5.7
	Calgary SW		14	15.9

What are the mental health issues faced by emerging adults?

Emerging Adults Respondents

Tables below are descriptive analysis of emerging adult responses for specific questions that are referred to in the final report.

How would you assess the impact of social isolation and COVID-19 on your state of mental health?
Summary: Half of emerging adult respondents indicated their mental health declined due to the COVID-19 pandemic (52.1%, n=100).

	Count	Percent
Mental health was improved	23	11.98
Mental health stayed the same	69	35.94
Mental health has declined	**100**	**52.08**
Total	192	

In general, would you say your mental health is:
Summary: Half of emerging adult respondents rated their mental health as fair or poor (52.1%, n=100).

	Count	Percent
Excellent	5	2.6
Very good	35	18.23
Good	47	24.48
Fair	**59**	30.73
Poor	**41**	21.35
Total	192	

Fair + Poor mental health rating: 100/192=52.08%

Has anyone ever expressed concern over your mental health or emotional concerns?
Summary: More than half of emerging adult respondents indicated that someone expressed concern over their mental or emotional health (60.4%, n=116)

	Count	Percent
Yes	**116**	**60.42**
No	66	34.38
Don't know	9	4.69
Prefer not to answer	1	0.52
Total	192	

<u>Did you receive a formal diagnosis for a mental health or emotional concern?</u>

<u>Summary:</u> Some emerging adults (37.9%, n=44) received a formal diagnosis

	Count	Percent
Yes	**44**	**37.93**
No	68	58.62
Don't know	3	2.59
Prefer not to answer	1	0.86
Total	116	

<u>Reflecting back, have you received the following kinds of help because of concerns with your mental health, substance misuse, or addiction concerns?</u>

<u>Summary:</u> Concerns that emerging adults also reported in the survey they needed help to "*sort out practical issues*" and improve their *"ability to work, to care for self"*. This was also commonly seen from Organization Data.

1. Help to sort out practical issues such as housing or money problems
    a. For demographic breakdowns, see *Demographic breakdown of comparison group - emerging adults who responded "Yes"*

	Count	Percent
Yes	18	9.38
No, but I think I needed this kind of help	**25**	**13.02**
No, I did not need this kind of help	136	70.83
Don't know	11	5.73
Prefer not to answer	2	1.04
Total	192	

Accessed (yes) and needed = 18+25=43/179 = 24.0%

2. Help to improve your ability to work, to care for yourself, to use your time or to meet people
    a. For demographic breakdowns, see *Demographic breakdown of comparison group - emerging adults who responded "Yes"*

	Count	Percent
Yes	27	14.06
No, but I think I needed this kind of help	**51**	**26.56**
No, I did not need this kind of help	104	54.17
Don't know	10	5.21
Total	192	

Accessed (yes) and needed = 27+51=78/182 = 42.9%

Where are emerging adults seeking mental health support?

The tables below provide the descriptive analysis and demographic breakdowns for emerging adults and parents/caregivers that indicated "Yes" for the following survey question:

Did you seek support from any of the following professionals or services? [Select all that apply]

Family Doctor	Private psychologist	Faith-based counsellor
High School counsellor	1-800 Help Lines	Neighbor
Teacher	Online Supports	Mentor
Post-Secondary counsellor	Emergency room	Youth group leader
Professor	Walk in clinic	Aunt/Uncle
Counsellor at a community agency	Apps	Grandparents
Counsellor at your doctor's office	Peers/Friend	Cousins
School Psychologist	Workplace Supervisor	Coach
	Colleague	Self-help group
	Faith-based leader	Other: [PLEASE SPECIFY]

Emerging Adults Respondents

Summary: The top supports emerging adults seek are: peers/friends (61.7%), family doctor (48.9%), education supports (46.8%), technology (31.9%), and family members (11.7%)

	Peers/Friend	Family Doctor	Natural Supports			
			Parents	Aunt/Uncle	Grandparents	Cousins
No	36	48	10	90	93	88
Yes	**58**	**46**	0	4	1	6
Total	94	94	10	94	94	94
No (%)	38.3	51.1	100	95.7	98.9	93.6
Yes (%)	**61.7**	**48.9**	0	4.3	1.1	6.4

Family members: parents (0) + aunt/uncle (4) + grandparents (1) + cousins (6) = 11/94=11.7%

	High School counsellor	Teacher	PostSecondary counsellor	Professor	School Psychologist
			Education setting		
No	82	85	83	88	88
Yes	12	9	11	6	6
Total	94	94	94	94	94
No (%)	87.2	90.4	88.3	93.6	93.6
Yes (%)	12.8	9.6	11.7	6.4	6.4

Education setting = high school counsellor (12) + teacher (9) + postsecondary counsellor (11) + professor (6) + school psychologist (6) = 44/94=46.8%

	Technology		
	1800 Help Lines	Online Supports	Apps
No	87	81	84
Yes	7	13	10
Total	94	94	94
No (%)	92.6	86.2	89.4
Yes (%)	7.4	13.8	10.6

Technology: 1800 Help Lines (7) + online supports (13) + apps (10) = 30/94 = 31.9%

Tables below are descriptive analysis of responses for survey question on who expressed concern for their mental health:

Who has expressed concern over your mental health or emotional concerns?

	Peers/Friend	Family Doctor	Natural Supports			
			Parents	Aunt/Uncle	Grandparents	Cousins
No	39	94	0	110	109	114
Yes	**77**	**22**	31	6	7	2
Total	116	116	116	116	116	116
No (%)	33.6	81.0	0	94.8	94.0	98.3
Yes (%)	**66.4**	**19.0**	26.7	5.2	6.0	1.7

Family members: parents (31) + aunt/uncle (6) + grandparents (7) + cousins (2) = 46/116=39.7%

Demographics of Emerging Adults by Where They Received Support

Tables provided below are demographic breakdowns of emerging adults who indicated they accessed help from **technology sources (e.g., apps, online, help lines)**.

Summary: Emerging adults who sought support using technology were typically older (18 to 21, 46.7%, n=14; 22 to 24, 33.3%, n=10) and students (53.3%, n=16).

Demographic breakdown for emerging adults who sought technology for support

		Count	Percent
Gender	Male	7	23.3
	Female	20	66.7
	Gender diverse	2	6.7
Age	15 to 17	6	20.0

	18 to 21	14	46.7
	22 to 24	10	33.3
Employment status	Employed 30 hours a week or more	4	13.3
	Employed less than 30 hours per week	6	20.0
	Unemployed	2	6.7
	Student	**16**	**53.3**
	Not working due to disability	1	3.3
	Other	1	3.3
Education	Grade 9 or less	1	3.3
	Some high school	3	10.0
	High school diploma	6	20.0
	Some university, college or post-secondary trades/technical school	9	30.0
	College or post-secondary trades/technical diploma	4	13.3
	Completed university undergraduate degree	6	20.0
	Completed university graduate or professional degree	0	0
Born in Canada	Yes	26	86.7
	No	4	13.3

Parents/Caregiver Respondents

Summary: The top supports parents/caregivers seek are: family doctor (71.2%), education supports (52.1%), and peers/friends (35.6%)

	Family Doctor	Peers/Friend	Private Psychologist
No	21	47	42
Yes	**52**	**26**	**31**
Total	73	73	73
No (%)	28.8	64.4	57.5
Yes (%)	**71.2**	**35.6**	**42.5**

	Education setting				
	High School counsellor	Teacher	Post Secondary counsellor	Professor	School Psychologist
No	59	60	70	71	67
Yes	14	13	3	2	6
Total	73	73	73	73	73
No (%)	80.8	82.2	95.9	97.3	91.8
Yes (%)	19.2	17.8	4.1	2.7	8.2

Education supports: high school counsellor (14) + teacher (13) + post secondary counsellor (3) + professor (2) + school psychologist (6) = 38/73 = 52.1

Demographics of Parents/Caregivers by Where They Received Support

Tables provided below are demographic breakdowns of parents who indicated they accessed help from **private psychologists.**

Summary: Parents/caregivers who sought support from private psychologists were typically employed 30 hours or more/week (45.2%, n=14), had higher income levels (58.1%, n=18), had higher education (61.3%, n=19) and lived in wealthier areas (i.e., Calgary NW) (38.7%, n=12)

		Count	Percent
Gender	Male	7	22.6
	Female	24	77.4
Age	18 to 34	5	16.1
	35 to 54	16	51.6
	55 or older	10	32.3
Employment status	Employed 30 hours a week or more	**14**	**45.2**
	Employed less than 30 hours per week	9	29
	Unemployed	4	12.9
	Student	0	0

	Not working due to disability	0	0
	Other	1	3.2
	Homemaker	2	6.5
	Retired	1	3.2
Income Level	$19,999 or less	0	0
	Between $20,000 and $39,999	3	9.7
	Between $40,000 and $59,999	1	3.2
	Between $60,000 and $79,999	2	6.5
	Between $80,000 and $99,999	3	9.7
	Between $100,000 and $124,999	**4**	**12.9**
	Between $125,000 and $149,999	**5**	**16.1**
	$150,000 or more	**9**	**29**
Education Level	Grade 9 or less	0	0
	Some high school	0	0
	High school diploma	3	9.7
	Some university, college or post-secondary trades/technical school	3	9.7
	College or post-secondary trades/technical diploma	**6**	**19.4**
	Completed university undergraduate degree	**8**	**25.8**
	Completed university graduate or professional degree	**11**	**35.5**
Marital Status	Married or common law	21	67.7
	Separated or divorced	5	16.1
	Widowed	0	0
	Single (never been married)	5	16.1
Born in Canada	Yes	26	83.9
	No	5	16.1
Regions	Rural	4	12.9
	Calgary NE	3	9.7
	Calgary NW	**12**	**38.7**
	Calgary SE	3	9.7
	Calgary SW	3	9.7

Potential Barriers to Accessing/Receiving Help

Emerging Adult Respondents

In the Client/Caregiver Survey – participants who indicated "No, but I think I needed this kind of help" when asked if they sought any kinds of support OR indicated "No" when asked if they think they got as much help as they needed were asked:

> **Have any of the following reasons stopped you from getting any or enough of these kinds of help:**
>
> k) I preferred to manage myself
> l) I didn't think anything would help I didn't know where to get help
> m) I was afraid to ask for help or what others would think of me
> n) I couldn't afford the money
> o) I asked but didn't get help
>
> **Yes**
> No
> Don't Know
> Prefer not to answer

For demographic breakdown of responses – see:

-
-

<u>Summary:</u> About half of emerging adults indicated they "preferred to manage" themselves (54.3%, n=38) when asked what reasons stopped them from getting any or enough help. A high proportion also indicated they "didn't think anything would help or didn't know where to get help" (42.3%, n=30).

	I preferred to manage myself	I didn't think anything would help I didn't know where to get help	I was afraid to ask for help or what others would think of me	I couldn't afford the money	I asked but didn't get help
Yes	**38**	**30**	21	28	21
No	32	38	50	43	49
Total	70	71	71	71	70
Yes (%)	**54.3**	**42.3**	29.6	39.4	30.0
No (%)	45.7	53.5	70.4	60.6	70.0

Potential Barriers to Mental Health Service Settings

Tables below are descriptive analysis of emerging adult and parent/caregiver responses for specific questions that are referred to in the final report.

Emerging Adults Respondents

Summary: Most common types of services emerging adults reported they accessed or needed were information (52.2%) and counselling (50.3%).

1. Information about these problems, treatments, or available services

	Count	Percent	
Yes	67	36.4	Accessed (yes) and needed =
No, but I think I needed this kind of help	29	15.8	18+25 = 96/184 = 52.2%
No, I did not need this kind of help	88	47.8	
Total	184		

2. Counselling outside of a hospital including any kind of help to talk through your problems

	Count	Percent	
Yes	48	26.5	Accessed (yes) and needed =
No, but I think I needed this kind of help	43	23.8	48+43=91/181 = 50.3%
No, I did not need this kind of help	90	49.7	
Total	181		

Parents/Caregivers Respondents

Summary: Most common types of services parents/caregivers reported they accessed or needed was information (39.0%) and counselling (44.9%).

1. Information about these problems, treatments, or available services

	Count	Percent	
Yes	50	32.5	Accessed (yes) and needed =
No, but I think I needed this kind of help	10	6.5	50+10=60/154=38.96%
No, I did not need this kind of help	94	61.0	
Total	154		

2. Counselling outside of a hospital including any kind of help to talk through your problems

	Count	Percent	
Yes	47	30.1	Accessed (yes) and needed =
No, but I think I needed this kind of help	23	14.7	47+23=70/156 = 44.9%
No, I did not need this kind of help	86	55.1	
Total	156		

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

Parents/Caregivers Respondents

Thinking back on the professional supports you received:

	Was it difficult to get services?	Was there a coordinated approach between the professionals providing support?	Were your wait times appropriate?
No	34	28	25
Yes	27	22	35
Total	61	50	60
No (%)	55.7	56.0	41.7
Yes (%)	44.3	44.0	58.3

Parents/Caregivers - Open-ended responses

Opened-ended responses were examined and grouped based on similar themes.

Behaviour in school and failing grades

"First time in school teachers noticed me he had mental health problems. We contracted a doctor. He is diogonised as a autism."

"Couldn't get out of bed failing grades dropped out if school stayed in his room"

"His teachers wanted him tested for ADD which came back negative. He had anger issues and didn't care about school."

"Failing at school and depression"

"Did not want to participate in any high school activities in school or outside of school. Did not want to attend any graduating ceremonies. Shut himself off from making friends at school."

"My daughter was getting very easily overwhelmed by her school work. Was having separation anxiety when going to school."

"They started showing up in Grade 2. She would hold her breath and there were times she would choke her self in child care to cut off her own air flow. She had lots of behaviour problems in Elementary and lots of fights with other children which usually started from the other kids. This all progressed and she started to cut herself in her teen years."

Financial constraints

"Very complicated scenario..have raised this grandson since age 2..extreme tragic family dynamics since..suicide of grandfather etc..much more trauma for him physically & mentally while player in WHL..mother an addict..and extreme financial probs on my part so no ability to pay for therapy. Now Covid-19..he must live on own as working & im high risk so can't live w me..nor in his depressed state does he want to live w anyone! I'm formerly clinical instructor in Radiology..well informed & educated in psychological matters Re my family but unable because of finances to access the appropriate help. The deterioration in services in these areas is tragic..as good mental health is vital to all humans' well being."

"Frustration with universities and colleges the professors costs poor communication skills of the professors. Also lack of opportunities and jobs in areas of interest. Frustration with the high government debts and fear of future."

Emerging Adults - Open-ended responses

Opened-ended responses were examined and grouped based on similar themes.

<u>Behaviour in school and failing grades</u>

"Couldn't focus on school work and was pulling my hair out"

"I didnt care about myself or my appearence i didnt care about school i ate a lot i cried every night   i stayed up at night often not making it on time for school having bad attitude"

"I think that high school probably provided the first glimpses that I might have mental health/emotional concerns. But at the time those signs were very minor. My mental health has definitely deteriorated since entering university and has definitely been negatively affected by the pandemic as well."

"Around 8th grade I first really took notice of my anxiety in a school setting then slowly started to realize how much of those feelings were ever present in my day to day life. These concerns were quickly ramped up by my feelings of depression and various other mental health and emotional concerns."

"I was 16 when I first noticed and I was writing finals in school but I would have panic attacks when I tried to study. When my friendships and relationships got rocky I would panic and hyperventilate. My parents started getting really worried about my explosive temper at times and my reactions to small things going wrong like dropping a spoon in the kitchen."

Funding Survey

Background: 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. The survey was a web-based 8-item questionnaire. 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. The survey was distributed to 50 organizations and 29 people completed the survey, providing a response rate of 58%.

Analysis: Analysis was conducted using STATA. The table provided below is STATA output of responses. Quantitative data analyses were descriptive, indicating response patterns to survey questions. Qualitative data was analyzed and coded based on summary of key points each response was discussing. Codes from all responses were then grouped into themes based on similarities. Note: the quantitative data analysis did not provide conclusive insights related to the project's key questions and was limited by the small sample size. However, the qualitative data (open-ended responses) provided unique insights and direction for determining the implications of the project's findings. Analyses were audited by a second PolicyWise staff member.

What category does your organization fall under?	Freq.	Percent	Cum.
Community-based philanthropic funder	2	6.90	6.90
Municipal Government	8	27.59	34.48
Non-Profit	1	3.45	37.93
Philanthropy	8	27.59	65.52
Provincial Government	10	34.48	100.00
Total	29	100.00	

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

Analysis: Themes emerged from the survey's open-ended responses.

Summary: Based on the survey response, the primary desired outcomes of the initiatives or priority areas the organizations fund is related to access and navigation. Several respondents mentioned that through their funding they hoped to see an increase in access to services, such as reduced wait times and fewer barriers to receiving care. Together with increased access to services was improved navigation of services, as well as additional resources and system integration. For instance, respondents commonly mentioned "integration […] between primary care and publicly funded services and community services". There was a strong focus on the community when respondents wrote about desired outcomes, such as improved connection to community services, community resiliency, and the general sense of ensuring emerging adults were connected to their community.

Please briefly describe the desired outcomes of the initiatives or priority areas you fund (long answer, verbatim is listed below).

- Improved outcomes for young people. Improved access to services. Decreased wait times. Early intervention
  - Access
  - Wait times
  - Early intervention

- Increased ability to navigate services and supports; Improved peer support options; Improved support for those who are turned away from ER and those who are leaving acute care treatment facilities;
  - Access and navigation
  - Resource options

- Family and Community Support Services (FCSS) The City of Calgary, through FCSS invests in 52 programs across 33 organizations that support mental health. This includes 27 programs that provide counselling, and 24 programs that provide other mental health supports. Outcomes within these two categories include enhanced safety from inter-personal violence and improved basic functional life skills like access to transportation, having a bank account, and buying groceries. These two groups of programs also include a subset of 10 Indigenous programs that are focused on healing. Outcomes for these programs include improved historical Indigenous knowledge, and improved understanding/use of traditional healing practices.   Change Can't Wait! While all great ideas that can be tested now are considered funding priority areas to date are access and navigation, reducing stigma and community resiliency. Priority areas are identified in the Community Action on Mental health and Addiction Strategic framework.
  - Safety
  - Basic functional life skills
  - Indigenous programming (healing, knowledge)
  - Access and navigation
  - Reduced stigma
  - Community resiliency

- Increase access to recovery oriented addiction and mental health supports and services; increase connectivity between supports and services including integration, and between primary care and publicly funded services and community services; increase evidence based knowledge and practise; increase access to addiction and mental health supports for vulnerable/underserved populations; increased social connection and virtual supports to respond and support community recovery from COVID-19
  - Access
  - Integration of services/systems

- All students are successful in their education.
  - Education

- Our desired outcome was to have more training and familiar resources to share with our community. In addition, promoting worthwhile projects that can increase positive mental health,
  - Training
  - Resources

- System improvement.
  - System improvement

- Desired outcomes is to keep children safe at home in their community, to return children to parents safely as soon as possible, to connect children and families to their community, to ensure child safety and well being, to ensure permanency for those children who cannot return home and to support youth in care to successfully transition to adult supports
  - Safety of children (periphery mental health)

All the outcomes identified above are listed below and grouped together:
  - Access
  - Access and navigation
  - Access and navigation
  - Access
  - Wait times

  - Resource options
  - Resources
  - Early intervention

  - Integration of services/systems
  - System improvement
  - Reduced stigma
  - Community resiliency

  - Safety
  - Safety of children (periphery mental health)
  - Basic functional life skills
  - Indigenous programming (healing, knowledge)
  - Education
  - Training

Analysis: Common themes appeared based on survey responses regarding the gaps and strengths of mental health services and supports for emerging adults.

Summary: Overall, when respondents were asked if they had any thoughts or opinions on the current strengths and/or gaps in addiction and mental health services and supports for emerging adults in the Calgary zone, there were three prominent themes. The first was around system integration, in which respondents commonly made reference to the need for improvements to integrate the system and services more to better support emerging adults' addiction and mental health. Specifically, enhancing

referrals and coordination with other organizations were areas respondents noted for improvements. The second major theme was around expanding services and resources for emerging adults' addiction and mental health. Respondents noted that there was a gap in specialized services for specific populations, such as individuals who are high risk, or "with very complex needs", as well as Indigenous specific programs. Overall, there appeared to be a need to "scale up" programming and services for emerging adult addiction and mental health as there appears to be an overflow of mental health cases into organizations whose mandate is not specifically focused on addiction and mental health. The third theme was around access, in which respondents commonly noted the barriers emerging adults face when accessing addiction and mental health care. Wait times as well as emerging adults who live in the rural parts of the Calgary zone were noted to have additional barriers, such as travel, when accessing services. In addition, a handful of respondents commented on involving the family members of the emerging adult population as an opportunity to increase continuity of care. Overall, there was an identified need to make emerging adults' addiction and mental health a priority.

Do you have any thoughts or opinions on the current strengths and/or gaps in addiction and mental health services and supports for emerging adults (15-24 years) in the Calgary zone? (long answer, verbatim is listed below)

- There is a shortage of addiction treatment spaces for emerging adults in this age range. Particularly Indigenous treatment programs that provide culturally appropriate treatment and include cultural teachings and Elders (ex. Enviros Indigenous Treatment program pilot funded thought Change Can't Wait!).   While programs do exist currently (ex. WiseGuys - Centre for Sexuality & The Real me Program - Centre for Newcomers funded through the Crime Prevention investment Plan) there is a need to scale up programming that addresses social issues experienced by youth that impact mental health and well-being such as racism and toxic masculinity. Increasing the accessibility and capacity of organizations to deliver these types of programs through the education system and in community would be beneficial.   Additionally, the economic downturn that has been exacerbated by the impacts of COVID-19 has resulted in reduced economic opportunities for emerging adults. Advocacy for policies that will support emerging adults to transition into education and meaningful employment are critical to supporting mental health in this population.
    - o Indigenous addiction treatment programs
    - o Scale up programming and resources
    - o Transition into education and meaningful employment

- I feel that meeting the needs of this demographic should become more of a priority. I have heard of many cases where supports were not available in a timely manner for youth in crisis. Follow up for families should also be a priority when coping with mental health issues and addictions.
    - o Emerging adult become more of a priority
    - o Time of services (e.g., youth in crisis)
    - o Follow-up with family

- Pockets of innovation/great activity but opportunity to improve coordination and continuity for this cohort and their families is there.
    - o Improve coordination and continuity

- o Family

- In our community we have been repeatedly informed that there is a long wait time and challenge to access these supports and services.
  - o Long wait time
  - o Challenge to access supports and services

- I wish we could have someone from Addictions and Mental Health at our Interagency table. Don't have many connections to organizations serving the general public on this issue. Even the social worker at the hospital is only supposed to deal with hospital patients, not the general public.
  - o System integration (connection with other organizations)

- There is a significant gap in specialized services for this age group with very complex needs i.e. complex trauma causing concurrent mental health disorders with severe associated behaviors such as harm to self and others, flight risks, etc.
  - o Gap in specialized services for those with very complex needs

- In regard to gaps having different organizations/sectors not talking to each other and working together because of old framework or the mind set staying in their bubble. In regard to strengths the passion of people wanting to help and change things for the better.
  - o System integration lacking
  - o Passion of people wanting to help and change

- Very little consistent, accessible services in rural Alberta. Having to travel is a deterrent for many community members.
  - o Travel into the city is difficult (access)

- We recently lost funding (March 2020) for the [] program. This program was a youth homelessness prevention program. We have very few specialized programs to support high risk youth. We often rely on Calgary agencies to provide support, but there are often many barriers which prevent clients from accessing Calgary services. Programs and services for high risk youth is a huge gap in the Cochrane community.
  - o Few specialized programs for high risk youth
  - o Barriers to accessing services in Calgary (rural, access)

- There is often a wait time or other barrier for AHS mental health. Sometimes lack of diagnosis is a barrier for receiving supports and there is more funding needed for prevention and supports to parents whose children/youth are seeing concerns. still lack of mental health integration/supports for children in the school system although there has been some investment in this area.
  - o Access barriers (wait times, diagnosis)
  - o System integration (school system)

- Gaps in referral methodology, and /or no referral or poor choice of referral: When done well, services rate highly.

- System integration (referrals)

· There are significant gaps in emerging mental health in the Calgary Zone. Many children and youth come into the care of CS not because the parents are abusive or neglectful but simply because proper services and outreach do not exist in the community via AHS. There is a need for a health facility for youth in this community and outreach for parents. This is a significant worry that remains unaddressed. There are positive partnerships between Ministries but too often too many meetings with no clear deliverable. The [] program between AHS and [] should be significantly expanded
    - Overflow of mental health cases, spilling over into other systems (e.g., CS)
    - Expand services

· Gaps exist in the hand-off between clinical and community supports.
    - System integration (referrals)

All the thoughts identified above are listed below and grouped together:
    - System integration (referrals)
    - System integration (referrals)
    - System integration (school system)
    - System integration lacking
    - Improve coordination and continuity
    - System integration (connection with other organizations)

    - Expand services
    - Few specialized programs for high risk youth
    - Gap in specialized services for those with very complex needs
    - Indigenous addiction treatment programs
    - Scale up programming and resources
    - Overflow of mental health cases, spilling over into other systems (e.g., CS)

    - Access barriers (wait times, diagnosis)
    - Barriers to accessing services in Calgary (rural, access)
    - Travel into the city is difficult (access)
    - Time of services (e.g., youth in crisis)
    - Long wait time
    - Challenge to access supports and services

    - Follow-up with family
    - Family
    - Emerging adult become more of a priority
    - Transition into education and meaningful employment

Service Use Survey

Background: 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. The survey was a web-based 17-item questionnaire. 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. The survey was distributed to 69 organization and 38 respondents completed the survey, providing a response rate of 55%.

Analysis: Analysis was conducted using STATA. Tables provided below are STATA outputs. Quantitative data analyses were descriptive indicating response patterns to survey questions. Analyses were audited by a second PolicyWise staff. Quantitative data analyses provided insights into what services are provided by different organizations, what were the main concerns clients presented with to organizations, and potential barriers organizations and clients experience. Qualitative data was analyzed and coded based on summary of key points each response was discussing. Qualitative data (open-ended responses) reinforced quantitative data analysis and findings from the Funding Survey and data analysis from the Client/Caregiver Survey. Similarities on main concerns of clients and barriers they experience was found between the Client/Caregiver Survey and the Service Use Survey

The survey was distributed to 69 organizations and 38 people filled out the survey, providing a response rate of 55%. The majority of respondents were from a non-profit organization (n=15, 39.5%), followed by Primary Care Networks (PCNs) (n=7, 18.4%), and other organizations (n=16, 42.1%) that consisted of specialized non-profits, for-profit organizations, as well as government entities (both provincial and municipal).

organization_name	Freq.	Percent	Cum.
Non-Profit – Other	15	39.47	39.47
Non-Profit – Specialized focus on addic	4	10.53	50.00
Other (please specify)	12	31.58	81.58
Primary Care Network	7	18.42	100.00
Total	38	100.00	

What are the mental health issues faced by emerging adults?

The tables provided below are outputs from STATA.

Summary: The top concerns emerging adults presented with in the past year, pre-COVID-19, were anxiety (n=20, 52.6%), relationships, such as with their partner or parents/guardians (n=17, 44.7%), and depression (n=16, 42.1%). Another common concern client's presented with was housing (n=8, 21.1%), for instance concern regarding housing arrangements, homelessness, or moving.

Thinking about individuals between the ages of 15-24 who used your organizations services within the past year, pre-COVID-19...What were the top 3 concerns clients presented with? [select the top 3 that apply]

Anxiety (n=20, 52.6%)
Relationships – 9+7+1[other category] (n=17, 44.7%)
        Partner (n=7, 18.4%)
        Parents (n=9, 23.7%)
Depression (n=16, 42.1%)
Living (n=8, 21.1%) – [other category]

Anxiety (n=20, 52.6%)

Concern_anxiety		Freq.	Percent	Cum.
No		18	47.37	47.37
Yes		20	52.63	100.00
	Total	38	100.00	

Depression (n=16, 42.1%)

Concern_depression		Freq.	Percent	Cum.
No		22	57.89	57.89
Yes		16	42.11	100.00
	Total	38	100.00	

Partner (n=7, 18.4%)

Concern_partner		Freq.	Percent	Cum.
No		31	81.58	81.58
Yes		7	18.42	100.00
	Total	38	100.00	

Parents (n=9, 23.7%)

Concern_parents		Freq.	Percent	Cum.
No		29	76.32	76.32
Yes		9	23.68	100.00
	Total	38	100.00	

Living (n=8, 21.1%) – [other category]

Concern_housing		Freq.	Percent	Cum.
No		31	81.58	81.58
Yes		7	18.42	100.00
	Total	38	100.00	

Concern_other	Freq.	Percent	Cum.
Domestic/sexual Violence (our primary..	1	20.00	20.00
Relationships in general	1	20.00	40.00
Trauma	1	20.00	60.00

Accommodation, basic needs		1	20.00	80.00
Basic needs		1	20.00	100.00
	Total	5	100.00	

What do mental health service settings provide?

Information on services provided by different mental health settings were obtained from community and health organizations' administrative data, post-secondary qualitative descriptions and survey responses.

Community Service Setting

The tables provided below are outputs from STATA.

Summary: The most common services emerging adults received from the organizations within the past year included referrals to other organizations (n=17, 44.7%), education and information (n=17, 44.7%), counselling (e.g., individual, couple, family, group) services (n=17, 44.7%), and screening and assessments (n=14, 36.8%). Other common services emerging adults received included, in order of frequency, single session therapy, peer support, case management, and assistance with applications.

Q: Thinking about individuals between the ages of 15-24 who used your organizations services within the past year, pre-COVID-19...If you provided service delivery, what did you provide? [select all that apply]
Referrals (n=17, 44.7%)
Education (n=17, 44.7%)
Counselling (n=17, 44.7%)
Screening (n=14, 36.8%)
Single Session (n=9, 23.8%)

Screening (n=14, 36.8%)

Service_screening		Freq.	Percent	Cum.
No		24	63.16	63.16
Yes		14	36.84	100.00
	Total	38	100.00	

Single Session (n=9, 23.8%)

Service_singlesess		Freq.	Percent	Cum.
No		29	76.32	76.32
Yes		9	23.68	100.00
	Total	38	100.00	

Counselling (n=17, 44.7%)

Service_counselling	Freq.	Percent	Cum.
No	21	55.26	55.26

Yes		17	44.74	100.00
	Total	38	100.00	

Education (n=17, 44.7%)

Service_education		Freq.	Percent	Cum.
No		21	55.26	55.26
Yes		17	44.74	100.00
	Total	38	100.00	

Peer Support (n=5, 13.2%)

Service_peersupport		Freq.	Percent	Cum.
No		33	86.84	86.84
Yes		5	13.16	100.00
	Total	38	100.00	

Referrals (n=17, 44.7%)

Service_referral		Freq.	Percent	Cum.
No		21	55.26	55.26
Yes		17	44.74	100.00
	Total	38	100.00	

Service_other		Freq.	Percent	Cum.
Family mediation		1	16.67	16.67
General case management – non-clinical		1	16.67	33.33
Housing, case management		1	16.67	50.00
Support, assistance and information		1	16.67	66.67
Assistance with applications, financi..		1	16.67	83.33
Case management		1	16.67	100.00
	Total	6	100.00	

Potential Barriers to Mental Health Service Settings

Summary: The most common reason organizations make referrals is for the client to receive more specialized services (n=24, 63.2%), followed by ensuring the fit of therapeutic approach is appropriate for the client (n=12, 31.6%), limited organization capacity (n=7, 18.4%), and ease of access for the client (n=6, 15.8%). A common theme among respondent's answers of other reasons for making referrals was around providing supplemental services for the client that their organization was unable to offer given their organizations mandate and/or intention.

Q: Why does your organization make referrals to other services/organizations?
Specialized services (n=24, 63.2%)
Ensuring fit of therapeutic approach is appropriate for client (n=12, 31.6%)
Limited organization capacity (n=7, 18.4%)
Ease of access for client (n=6, 15.8%)

Specialized services (n=24, 63.2%)

Referral_specialized	Freq.	Percent	Cum.
No	14	36.84	36.84
Yes	24	63.16	100.00
Total	38	100.00	

Limited organization capacity (n=7, 18.4%)

Referral_orgcapacity	Freq.	Percent	Cum.
No	31	81.58	81.58
Yes	7	18.42	100.00
Total	38	100.00	

Ensuring fit of therapeutic approach is appropriate for client (n=12, 31.6%)

Referral_fit	Freq.	Percent	Cum.
No	26	68.42	68.42
Yes	12	31.58	100.00
Total	38	100.00	

Ease of access for client (n=6, 15.8%)

Referral_access	Freq.	Percent	Cum.
No	32	84.21	84.21
Yes	6	15.79	100.00
Total	38	100.00	

Ref_other	Freq.	Percent	Cum.
Financial concerns	1	12.50	12.50
Organizations that provide additional..	1	12.50	25.00
Our office is for resource and referral	1	12.50	37.50

Our role is shelter for domestic viol…	1	12.50	50.00
Severe mental health clients	1	12.50	62.50
Supplemental services (Eg. Career cou..	1	12.50	75.00
financial concerns	1	12.50	87.50
Our role is t provide info, support, ..	1	12.50	100.00
Total	8	100.00	

Summary: The most common referral organizations made was to Alberta Health Services (n=12, 44.4%), followed by Community Links and community resources (n=5, 18.5%), counselling and psychiatry (n=4, 14.8%), and hospitals or urgent cares (n=4, 14.8%). Overall, the organizations appear to commonly refer clients to medical-based organizations.

Responses:
AHS = 12 (44.4%)
Community Links/Resources = 5 (18.5%)
Counselling/Psychiatry = 4 (14.8%)
Hospital/Urgent Care = 4 (14.8%)

Who does your organization commonly make referrals to?

Ref_who	Freq.	Percent	Cum.
ADTP	1	3.70	3.70
AHS	1	3.70	7.41
AHS Addiction and Mental Health; FCSS	1	3.70	11.11
AHS Mental Health & Addictions, Wheat..	1	3.70	14.81
AHS Mental Health and addictions	1	3.70	18.52
AHS or AB Works	1	3.70	22.22
Access Mental Health (for AHS program..	1	3.70	25.93
Access Mental Health provides assista..	1	3.70	29.63
Addiction services, basic needs and h..	1	3.70	33.33
Alberta Health Services, private coun..	1	3.70	37.04
Alberta Health Services; Wood's Homes..	1	3.70	40.74
Cochrane Addictions/Mental Health /	1	3.70	44.44
Community Links, AHS specialized serv..	1	3.70	48.15
Dr, hospital, urgent care, community ..	1	3.70	51.85
It really depends on the case. We wor..	1	3.70	55.56
Lawyers, Doctors, Education Facilities	1	3.70	59.26
Mental Health, Inclusion Foothills, G..	1	3.70	62.96
Okotoks Family Resource Centre	1	3.70	66.67
Rowan House, AADAC	1	3.70	70.37
Rural and addiction mental health, co..	1	3.70	74.07
School-based mental health supports ..	1	3.70	77.78
The Alex; Calgary Counselling; YWCA	1	3.70	81.48

AHS	1	3.70	85.19
AHS, carya, Calgary counseling, catho..	1	3.70	88.89
Police, victim services, Addictions a..	1	3.70	92.59
Psychiatry, free services	1	3.70	96.30
We refer to all sorts of community r..	1	3.70	100.00
Total	27	100.00	

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

Summary: The most common reason that prevented organizations from making referrals was limited access to other organizations (e.g., long wait lists) (n=19, 50.0%). Respondents expanded on the accessibility to emphasize travel and distance for care is a large barrier for organizations making referrals. Appropriate services not available (n=12, 31.6%) as well as client refuses (n=10, 26.3%) were common elements that prevented organizations from making referrals.

Q: What prevents your organization from making referrals? (Select all that apply)
Limited access to other organizations (n=19, 50.0%)

Appropriate services not available (n=12, 31.6%)

Client refuses (n=10, 26.3%)

Appropriate services not available (n=12, 31.6%)
→ tabulation of noref_notavil

Prevref_services		Freq.	Percent	Cum.
No		26	68.42	68.42
Yes		12	31.58	100.00
	Total	38	100.00	

Limited access to other organizations (n=19, 50.0%)
→ tabulation of noref_access

Prevref_access		Freq.	Percent	Cum.
No		19	50.00	50.00
Yes		19	50.00	100.00
	Total	38	100.00	

Client refuses (n=10, 26.3%)
→ tabulation of noref_client

Prevref_client		Freq.	Percent	Cum.
No		28	73.68	73.68
Yes		10	26.32	100.00
	Total	38	100.00	

Tab prevref_other

Prevref_other	Freq.	Percent	Cum.
Accessibility for client	1	11.11	11.11
Distance	1	11.11	22.22
Not sure where to send for specific i..	1	11.11	33.33
Often travel barriers are the issues ..	1	11.11	44.44
Some Calgary services will not see cl..	1	11.11	55.56

Transportation concerns		1	11.11	66.67
Financial concerns		1	11.11	77.78
Nothing		1	11.11	88.89
nothing prevents referrals		1	11.11	100.00
	Total	9	100.00	

Service Use Respondents - Open-ended responses

Do you have any thoughts or opinions on the current strengths and/or gaps in addiction and mental health services and supports for individuals between the ages of 15-24 in the Calgary zone?

<u>Barriers (rural, travel, cost, wait times, accessibility)</u>

"gaps in rural services (Airdrie), all services are in the city and its difficult for this age group to access those services"

"Yes, the wait lists and process is not user friendly   Transportation is a barrier for access there is no coordinated access"

"We see much higher no-show rates for initial visits with individuals 18-24 and have had to soften/adapt our usual policies to try and increase engagement (vs. discharge). Accessibility is important and lacking in many of the programs/services that serve moderate-severe needs. Overall, there are a good range of programs and services available, but these programs may not be as inviting/accessible/easy to engage with for individuals 18-24 as they are for others."

"Seeing this population as unique is important, and the single session model has been a great addition to our services for this age group. I would say that 'after hours' availability needs to increase."

"We have no couples counselling in our area and the community has been feeling this gap during covid, as relational challenges are exacerbated for people during the pandemic."

"we are working on on-line booking for single session.   this should alleviate the immediate demand and triage to the best fit services."

"Young adults in our area with addiction and mental health concerns are with out emergent care options, the AHS mental health lady is a nurse who insists she is not for emergency and asks for several days before meeting with someone. Our office hears several cases a month that want someone to talk to that day and we send them to High River. We have pursued funding for a Lethbridge Family Ties remote counselling service that was not funded by the GOA. Our office does not have the training to be more that peer support and referral, from a mental health first aid stand point. Qualified counselling and group support need qualified professionals, and so we refer. The High River domestic violence outreach worker has in the past visited our office and sees clients in the area who can't afford to leave the area for service."

"There is a lack of affordable or funded services for group type therapy. For example DBT groups. There are DBT groups under AHS, but the wait lists are long. DBT groups offered in private practice are not affordable for many emerging adults."

"wait time can be long for families or for individuals under 18 wanting counselling. More youth counsellors please. "

"rural services are almost non existent for those who cannot afford to pay for private services."

Coordination and information disjointed

"There are many resources but the challenge is patients knowing they exist and when to use which ones. Also a bit of a barrier that many of the more specialized services are located in Calgary and transportation is a barrier."

"We need to better coordinate services and share information. This is starting to happen but needs to continue especially with non-health organizations such as schools, police, businesses, etc. Socio-economic security plays a large role in mental health and addictions with this age group."

Health and Community Setting Overlap

Summary: Overlap between health and community setting was determined from the similar services provided by each. This was identified from the AHS descriptions of program groupings and based on survey responses of service providers on which services they provide. As well, based on survey responses, the top overall referrals were made to AHS (44.4%; n=12), community links/resources (18.5%; n=5), counselling/psychiatry (14.8%; n=4), and hospital/urgent care (14.8%; n=4).

The tables provided below is output from STATA:

Responses:

AHS = 12 (44.4%)

Community Links/Resources = 5 (18.5%)

Counselling/Psychiatry = 4 (14.8%)

Hospital/Urgent Care = 4 (14.8%)

Who does your organization commonly make referrals to?

Ref_who	Freq.	Percent	Cum.
ADTP	1	3.70	3.70
AHS	1	3.70	7.41
AHS Addiction and Mental Health; FCSS	1	3.70	11.11

AHS Mental Health & Addictions, Wheat..	1	3.70	14.81
AHS Mental Health and addictions	1	3.70	18.52
AHS or AB Works	1	3.70	22.22
Access Mental Health (for AHS program..	1	3.70	25.93
Access Mental Health provides assista..	1	3.70	29.63
Addiction services, basic needs and h..	1	3.70	33.33
Alberta Health Services, private coun..	1	3.70	37.04
Alberta Health Services; Wood's Homes..	1	3.70	40.74
Cochrane Addictions/Mental Health /	1	3.70	44.44
Community Links, AHS specialized serv..	1	3.70	48.15
Dr, hospital, urgent care, community ..	1	3.70	51.85
It really depends on the case. We wor..	1	3.70	55.56
Lawyers, Doctors, Education Facilities	1	3.70	59.26
Mental Health, Inclusion Foothills, G..	1	3.70	62.96
Okotoks Family Resource Centre	1	3.70	66.67
Rowan House, AADAC	1	3.70	70.37
Rural and addiction mental health, co..	1	3.70	74.07
School-based mental health supports ..	1	3.70	77.78
The Alex; Calgary Counselling; YWCA	1	3.70	81.48
AHS	1	3.70	85.19
AHS, carya, Calgary counseling, catho..	1	3.70	88.89
Police, victim services, Addictions a..	1	3.70	92.59
Psychiatry, free services	1	3.70	96.30
We refer to all sorts of community r..	1	3.70	100.00
Total	27	100.00	

Organization Data

Background: PolicyWise requested non-identifiable administrative data from organizations identified through the inventory search and who participated in the Funding and Service Use Survey. Administrative data was requested to better understand current service use by emerging adults in the Calgary region. Data elements interested in receiving include: age, sex, repeat clients, medium of connection (email, phone, etc.), primary reason(s) for visiting, services accessed, referrals made/to whom, wait times, first three digits of their postal code. The aim to collect this information was between the timeframe of April 1, 2019 – March 31, 2020.

Analysis: Four organizations voluntary shared their administrative data that was aggregated and non-identifiable in accordance with privacy and confidentiality. Organizations provided administrative data in .excel file formats. For each organization, a codebook was created to gather what variables each organization collects in their respective datasets. Exploratory analysis was then conducted for each organization's datasets. Each organization's codebook was then gathered into an excel spreadsheet to compare similar variables collected across, this included: age, gender, postal code, geographic area, referrals, services needed, concerns/issues. After identifying similarities and possible analyses across organization's administrative data, findings were compiled into one spreadsheet to compare similarities and differences in clients accessing supports. A themes column was created that identified key findings that were found across the organization's results. Findings from this analysis reinforced data findings identified from the previous surveys (i.e., Client/Caregiver Survey, and Service Use Survey).

Important to note: Organization's administrative data is NOT collected for research purposes thus data analysis was limited due to differences in variables that each organization collected, time period of data collection, methodology of collecting and reporting the data, tracking/providing unique clientIDs. Strengths from organization's administrative data was there were similarities in variables that were collected:

- Demographic information – age, gender (note - age and gender variables differed too – different age groups, different gender groups)

- Referrals made – organizations tracked which service clients were referred too

- Concerns/issues – presenting concerns or issues that clients were seeking support for (note: categories also differed between organizations; some programs are focused on particular issue thus clients were predominately seeking support regarding those)

What are the mental health issues faced by emerging adults?

Summary: Common mains concerns were seen across the data provided by community organizations: anxiety and/or depression, and family/relationship issues.

14% (n=340/2,446) of total clients presented with relationship concerns (Agency A) – similar patterns across other organizations

	Agency A	Agency B		Agency C
		Program II	Program III	
Time period	Apr 2019 -Mar 2020	Apr-Dec 2019	Jan-Mar 2020	Dec 2019-Mar 2020
Total	Total Clients = 2,446	Total Clients = 2,120	Total Clients = 744	Total Clients = 139
Main Concerns	• Anxiety Panic Reaction = 26% (n=636) • Depression = 21% (n=505) • Stress = 9% (n=218) • Couple Marital Relations = 8% (n=187) • Family Relations = 6% (n=153) Similar pattern between Calgary and regions outside Calgary	• Anxiety or Depression = 39% (n=493/1,250) • Self-harm = 13% (n=163) • Relationship issues = 12% (n=156) • Family issues = 7% (n=92) • Loneliness = 4% (n=56) Similar pattern between Calgary and regions outside Calgary	• Anxiety or Depression = 42% (n=182) • Self-harm = 13% (n=56) • Family Issues = 9% (n=40) • Relationship issues = 5% (n=23) Self-harm concern was higher in Calgary than in regions outside.	• Depression = 21% (n=29) • Relationships = 13% (n=18) • Trauma = 9% (n=12) • Anxiety = 8% (n=11) o For Adults (n=106): Depression, Relationships, Anxiety, Depression/Anxiety, Trauma o For youth (n=9): Trauma, Parents separating, Depression, Stress, Anxiety, OCD o For child (n=11): Depression/Anxiety, Trauma, ADHD, Anxiety, Relationships
Relationship concerns	188+153=340/2,446 =13.9%	156+92=248/2,120= 11.7%	40+23=63/744= 8.46%	18/139=12.9%

	Agency B			Agency C	Agency D	
	Program I	Program II	Program III		Program I	Program II
Time period	Jan-Mar 2020	Apr-Dec 2019	Jan-Mar 2020	Dec 2019-Mar 2020	Apr 2019- Apr 2020	Apr 2019- Apr 2020
Total	Total Clients = 6,558	Total Clients = 2,120	Total Clients = 744	Total Clients = 139		
Other Information	**Among 16 to 24** • **Basic Needs** = 24% (n=168/701) • Income Support = 17% (n=122) • Organizational/Community/International Services = 14% (n=96) • Mental Health and Substance Use Disorder Services = 13% (n=94)			**Do you have benefits?** • Adults o Yes = 44% (n=45/103) o No = 56% (n=58/103) **If No, Will cost be a barrier?** • No benefits: o Yes, cost will be a barrier = 87% (n=62/71) o No = 13% (n=9/71)	**Basic Assistance** • Transportation = 69% (n=9/13) • Food = 69% (n=9) • Housing supplement = 69% (n=9) • Rent shortfall/subsidy = 46% (n=6) • Clothing = 38% (n=5) • Furniture = 38% (n=5) • Security deposit = 38% (n=5)	**Basic Assistance** • Food = 83% (n=39/47) • Transportation = 74% (n=35) • Housing supplement = 45% (n=21) • Medication = 26% (n=12) • Security deposit = 26% (n=12) • Identification = 23% (n=11) • Furniture = 21% (n=10)
					Gained Employment or Current Job Training n=4	Gained Employment or Current Job Training n=13
					Education Training n=1	Education Training n=11

Where are emerging adults seeking mental health support?

- Serving mostly 18 to 25 year olds
- *Crisis calls mostly emerging adults between ages 18 to 24 (Agency B, Jan-Mar 2020)*

	Agency A	Agency B			Agency D	
		Program I	Program II	Program III	Program I	Program II
Time period	Apr 2019-Mar 2020	Jan-Mar 2020	Apr-Dec 2019	Jan-Mar 2020	Apr 2019-Apr 2020	Apr 2019-Apr 2020
Total	Total Clients = 2,446	Total Clients = 6,558	Total Clients = 2,120	Total Clients = 744		
Age	• 15 to 17 = 9% (n=229) • 18 to 21 = 37% (n=895) • 22 to 24 = 54% (n=1,322)	• 16 to 17 = 0.2% (n=11/6,558) • 18 to 24 = 5% (n=314)	• 16 to 17 = 20% (n=419/2,120) • 18 to 19 = 16% (n=344) • 20 to 25 = 64% (n=1,357)	• 16 to 17 = 25% (n=186/744) • **18 to 24 = 75% (n=558)**	• 18 to 23 (100%, n=13)	• 18 to 25 (100%, n=47)

What do mental health service settings provide?

Information on services provided by different mental health settings were obtained from community and health organizations' administrative data, post-secondary qualitative descriptions and survey responses.

Community Service Setting

Based on the data gathered from various community organizations and what types of referrals that were made and other information they collected.

Summary: Based on organizations' administrative data, common referrals include: counselling, health service, social supports, or other organizations.

	Agency B			Agency C	Agency D	
	Program I	Program II	Program III		Program I	Program II
	Jan-Mar 2020	Apr-Dec 2019	Jan-Mar 2020	Dec 2019-Mar 2020	Apr 2019- Apr 2020	Apr 2019- Apr 2020
	Total Clients = 6,558	Total Clients = 2,120	Total Clients = 744	Total Clients = 139		
Referrals Made	**Among 16 to 24** • Alberta Works - Emergency Needs Allowance = 8% (n=26/323) • Employment Insurance = 3% (n=10) • 211 Alberta = 3% (n=10) • 24 hour crisis line = 3% (n=10) Most referrals being made for those in Calgary (n=317) Those outside (n=6)	• No Referrals = 46% (n=779/1698) • Friend/Family = 7% (n=126) • MRT = 5% (n=79) • Counselling = 4% (n=73) Same pattern for outside Calgary (No referrals, Friend/family, Counselling, Social/Recreation) Referrals for those outside Calgary (n=155) Those in Calgary (n=1,543)	• Internal Coping/Self-Care Strategies (e.g., Read a book) = 8% (N=44/586) • Social Supports (e.g., self-help organizations, friends, family) = 6% (n=36) • Mental Health Resources = 3% (n=20) Most referrals being made for those in Calgary (n=551) Referrals for those outside Calgary (n=35)		• None = 54% (n=7/13) • Counselling = 69% (n=9) • Health service (non-hospital) = 38% (n=5) • Hospital = 8% (n=1) • Don't know = 23% (n=3)	• None = 53% (n=25/47) • Counselling = 51% (n=24) • Financial service = 40% (n=19) • Health service (non-hospital) = 34% (n=16) • Addictions service = 19% (n=9) • Hospital = 7% (n=7)
Other Information	**Among 16 to 24** • **Basic Needs** = 24% (n=168/701) • Income Support = 17% (n=122) • Organizational/Community/International Services = 14% (n=96) • Mental Health and Substance Use Disorder Services = 13% (n=94)			**Do you have benefits?** • Adults o Yes = 44% (n=45/103) o No = 56% (n=58/103) **If No, Will cost be a barrier?** • No benefits: o Yes, cost will be a barrier = 87% (n=62/71) o No = 13% (n=9/71)	**Basic Assistance** • Transportation = 69% (n=9/13) • Food = 69% (n=9) • Housing supplement = 69% (n=9) • Rent shortfall/subsidy = 46% (n=6) • Clothing = 38% (n=5) • Furniture = 38% (n=5) • Security deposit = 38% (n=5)	**Basic Assistance** • Food = 83% (n=39/47) • Transportation = 74% (n=35) • Housing supplement = 45% (n=21) • Medication = 26% (n=12) • Security deposit = 26% (n=12) • Identification = 23% (n=11) • Furniture = 21% (n=10)
					Gained Employment or Current Job Training n=4	Gained Employment or Current Job Training n=13
					Education Training n=1	Education Training n=11

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

Summary: Only 1 community organization had administrative data about insurance benefits and cost barriers. Among adults who indicated "no", they did not have benefits, majority had reported that cost would be a barrier.

- *Costs would be a barrier to receiving support for adults without insurance coverage.*

Agency C
Total Clients = 139
Do you have benefits? • Adults o Yes = 44% (n=45/103) o No = 56% (n=58/103) If No, Will cost be a barrier? • No benefits: **o Yes, cost will be a barrier = 87% (n=62/71)** o No = 13% (n=9/71)

Alberta Health Services Data

Background: Administrative data was requested from Alberta Health Services (AHS). Data was from time period of April 1, 2018 to March 31, 2019. Data was provided along with a codebook to define variables.

Limitation: Due to governing policies, unique clients could not be determined, only total number of records and postal code information could not be provided for geographical analyses.

Analysis: Initial exploratory analysis was conducted to provide an overall description of variables and patterns. Upon review and discussion with the project team and AHS staff members, it was determined that only total cases could be analyzed and reported rather than unique clients. Moreover, to provide unique client IDs without identifiable information would require a major time intensive task. As such, circuitous referral cycles that have been identified from the Service Use Survey and from expertise knowledge, could not be analyzed. Further analyses were conducted to examine differences in program types. Over 160 programs were provided in the AHS data and were grouped based on program type groupings and descriptions provided by AHS. For each of the 10 program types, analysis was conducted to determine demographic characteristics of clients served, wait times, length of stay, diagnoses and referrals. Within the 10 program types, there was variability within programs and services provided, thus wait times and length of stay had large standard deviations and could not draw conclusive interpretations of the data.

What are the mental health issues faced by emerging adults?

Diagnoses (Principal or Secondary)

	Count	Total	Percent
Psychosocial Factor	4,521	13,381	33.79
Trauma-Related Disorder	3,685	13,381	27.54
Anxiety Disorder	**3,136**	**13,381**	**23.44**
Depressive Disorder	**2,837**	**13,381**	**21.20**
Substance-Related Disorder	2,558	13,381	19.12
Neurodevelopmental Disorder	1,743	13,381	13.03
Personality Disorder	1,475	13,381	11.02
Schizophrenia Spectrum Disorder	1,042	13,381	7.79
Other Mental Disorder	872	13,381	6.52
Medical Condition	628	13,381	4.69
Bipolar Disorder	321	13,381	2.40
Eating Disorder	315	13,381	2.35
Obsessive-Compulsive Disorder	279	13,381	2.09
Disruptive or Conduct Disorder	244	13,381	1.82
Gender Dysphoria	162	13,381	1.21
Somatic Symptom Disorder	81	13,381	0.61
Sleep-Wake Disorder	25	13,381	0.19
Neurocognitive Disorder	25	13,381	0.19

Dissociative Disorder	18	13,381	0.13
Medication-Induced Disorder	8	13,381	0.06
Sexual Dysfunction	5	13,381	0.04
Paraphilic Disorder	3	13,381	0.02
Elimination Disorder	0	13,381	0.00

What do mental health service settings provide?

Information on services provided by different mental health settings were obtained from community and health organizations' administrative data, post-secondary qualitative descriptions and survey responses.

Health Service Setting

Based on the groupings provided by AHS, the top programs accessed by emerging adults were – Crisis and urgent, addiction and mental health, acute inpatient, and general community treatment.

- **Crisis and urgent**
    - Crisis intervention and stabilization
    - Assess, advice, connect to services
    - Usually single-session episodes of care
- **Acute inpatient**
    - Acute symptom reduction
    - Crisis management
    - Stabilize for discharge to community
- **General community treatment**
    - Reduce symptoms
    - Improve functioning & illness management
    - Improve/maintain community integration
- **Addiction and mental health**
    - Reduce symptoms
    - Reduce substance use
    - Improve functioning

Post-Secondary Data

Background: Data from post-secondary counselling and wellness services were requested from Calgary's post-secondary institutions. Calgary post-secondary Directors of Counselling/Wellness Services met and discussed the best way to share mental health information was to provide qualitative description of their expert knowledge and experience regarding post-secondary mental health services.

Analysis: A table with information that is consistently collected across different post-secondary institutions was provided. Data provides: number of appointments, crisis presentations, and referrals during the period of April 1, 2019 to March 31, 2020. However, data presented includes ALL ages of students attending post-secondary. The strength that came from the post-secondary data was the qualitative description around wait times, referrals, and services provided by post-secondary counselling and wellness centres

What do mental health service settings provide?

Education Setting

Extracted from post-secondary qualitative description:

"The Directors present during the meeting concluded the following:

· Wait times for initial appointments on campus (i.e., triage/assessment/screening) are typically minimal.

Five Calgary based post-secondary institutions representing a total of 81,142 students contributed their data to this table:

Non-clinical mental health or addiction counselling appointments filled on campus (excluding crisis interventions.)	Total: 16,376 Woman*:9,934 Man*: 5,450 X*: 279 Not collected/no response: 713
Number of crisis presentations by students to services	Total: 678
Number of referrals made to another organization for mental health services from the counselling unit/wellness centre/student services	Total: 1,622 Off-campus:478 On-campus:469 Location not provided: 675

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

Extracted from post-secondary qualitative description:

Wait times for ongoing sessions on campus (needed by students with more persistent, serious, or chronic mental health issues) are quite common. The range of time between appointments is difficult to estimate, but likely spans anywhere from 2 to 4 weeks, sometimes longer, and most years, these wait times are in

effect for the entire academic year. Much of the reason for this rests with lack of access to "clinical" or "specialized" services in the community (e.g., psychiatric consultation, counselling specific to clinical presenting concerns not typically addressed through short-term counselling available at post-secondary institutions, etc.)

- *For these students, university and college counselling centres tend to provide support, rather than treatment, while students are on waitlists for more appropriate care within the community.*

- *The need for psychiatric assessment and treatment, long-term counselling, and specialty programs such as Dialectical Behaviour Therapy, trauma counselling, and Autism Spectrum Disorder supports are critical to ensure positive outcomes for students.*

- *Community programs and services are offered primarily during the day, which limits students' ability to pursue their academics and health at the same time. For example, there have been cases where students have been offered entry mid-semester into a treatment program that runs during the day. The student then had to make the difficult decision of refusing treatment and worsening their mental health or quitting their academic courses mid-semester and losing all work accomplished thus far.*

Inventory Search

Analysis: Google searches were conducted to re-create a typical search from an emerging adult seeking support. System 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. Longitude and latitude coordinates of organizations were collected and used to create maps with QGIS Desktop 3.10.0.

Potential Barriers to Accessing/Receiving Help

Notes

- Maps are based on services that appeared in general mental health, non-profit targeted, and Calgary targeted google searches
- Important to note that for services that serve multiple areas and/or multiple locations, only one location is represented
  - As well, services on the maps do not represent all services available in different areas – rather represents services that appear with a google search
  - Services and programs may also have teams that can work across the city which is not represented on the map
- Colour gradient represents concentration of services in area
- Symbol (e.g., diamond) represents the approximate location of a service

All Services

- Concentration of all types of mental health services (e.g., AHS, non-profit, private, etc.) throughout the city of Calgary and in the Calgary zone
- Most common services include AHS and non-profit organizations
- Within the city of Calgary – most services are concentrated in central area of Calgary with very few in the South East
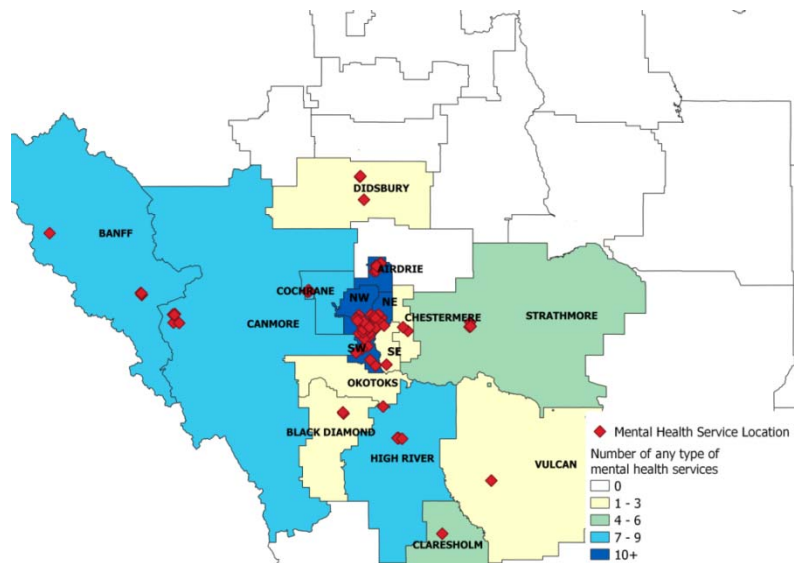
AHS

- AHS mental health services are concentrated in Calgary's North West and South West
    - Banff and Airdrie have a relatively high number of AHS services
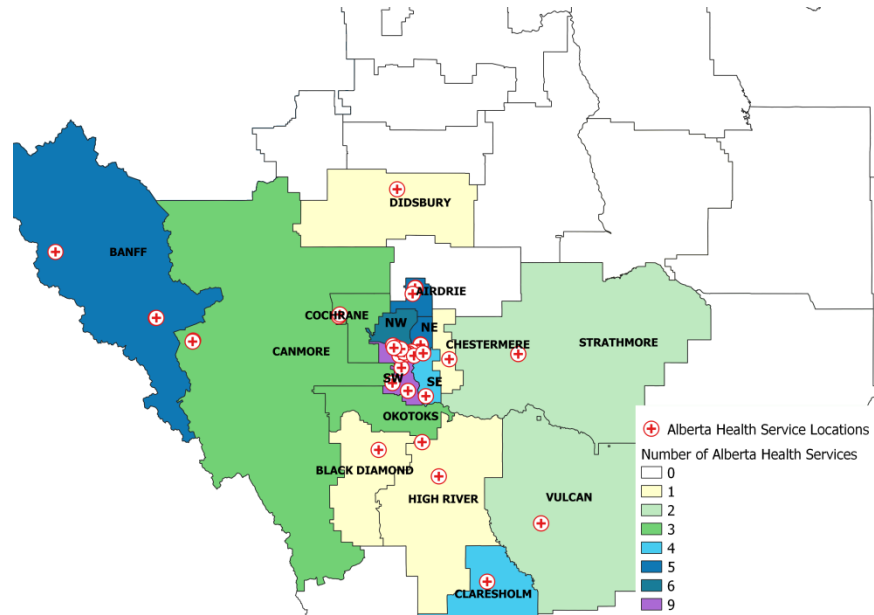
Non-Profits

- Calgary's South West and North West have a high concentration of non-profit organizations that offer mental health services
- Areas outside the city of Calgary have much fewer non-profit organizations that appear in google search