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Why Stella's Place

The idea of Stella's Place was born out of the shared experience of parents and young adults who found the Ontario mental health system was not meeting the needs of young adults with mood disorders and other mental health issues. They wondered whether their stories were unusual or truly indicative of serious gaps in the current system. So they began collecting evidence, including looking at current international practices and searching relevant research and literature.

Stella's Place has now become a registered national charity (2013) and has developed a comprehensive, peer-driven, community-based program, with a hub location, that includes a menu of services, co-designed with and for young adults with mental health needs. Training, engaging, hiring and supporting peers with lived experience as supporters and coaches, Stella's Place offers an innovative, responsive, and strengths-based approach to support young adults to live healthy, productive lives. Funding is from private donors and foundations, corporate support and government grants.

The mental health landscape has not changed perceptibly in 4 years. Numerous public documents have been developed by provincial governments and the Mental Health Commission of Canada that identify the needs of young adults as a priority¹. The story remains the same.

Connecting the Dots

- At any given time, 500,000 young adults (age 16 – 29) in Ontario are experiencing mental health issues²
- Rates of Emergency Department (ED) visits and inpatient hospitalizations for mental disorders among children and youth have increased 45% and 37%, respectively, between 2006–2007 and 2013–2014. During this period, rates of ED visits for other conditions among this age group remained relatively stable and inpatient hospitalizations declined 14%³
- Lack of community mental health services clearly contributes to the increase in hospital service use⁴
- Many youth and young adults are not accessing primary care before or after visiting hospital (CIHI, 2015)
- Retention rates in mental health services are lowest for the young adult age group⁵
- There has been an increase in the number of post secondary students with mental illness as well as an increase in the severity and complexity of mental health needs presented⁶

1 Mental Health Commission of Canada, 2015; CIHI, 2015;

2 Kessler et al, 2005; Statscan, 2015

3 CIHI, 2015

4 CIHI, 2011; CIHI, 2015; Kutcher & McCluckie, 2010

5 Edlund et al, 2002

6 Council of Ontario Universities' submission to the Ontario Ministry of Health and Long Term Care; 2010, Every Door is the Right Door: Toward a 10-year Mental Health and Addictions Strategy, p3

- Early leaving rates from post secondary are on the increase. Applicants with disabilities were almost twice as likely to be 'early leavers' from colleges in Ontario⁷. Ontario College Graduation rate overall was 65% in 2013/14, and University graduation rate is at its lowest since 1999 entry cohort⁸
- The three more common factors identified by post-secondary students as affecting their academic performance were: stress (38%); sleep difficulties (26%); and anxiety (26%)⁹. About one-third (29.2%) of undergraduates reported four or more symptoms indicative of elevated distress¹⁰.
- Academic achievement is closely linked to mental health¹¹
- Youth (16-24) unemployment rate is the highest of all age cohorts (14.9% as compared to 6.9% overall; in 2013, Ontario's youth unemployment rate fluctuated between 16% and 17.1% — higher than the Canadian youth unemployment rate, which has ranged between 13.5 to 14.5%. Job gains noted were concentrated among those who have completed postsecondary education.¹²
- Ontario's monthly youth employment rate – a measure that determines how many young people actually have jobs – fluctuated between 50 to 52 per cent, meaning half of all Ontario youth don't have jobs.
- The unemployment rate is highest for marginalized youth and youth with disabilities¹³.
- The unemployment rate for Ontario youth aged 15 to 24 is more than twice the rate for all Ontarians. Marginalized youth, such as visible minority youth, Aboriginal youth and young people with disabilities, experience even greater difficulty finding employment.
- Mental Health services need to address clinical, psychosocial, vocational needs of young adults in an integrated manner so require a continuum of care, based on intensity of need¹⁴
- Peer support and youth engagement strategies increase retention, clinical and vocational outcomes¹⁵
- New service responses in the community are needed that are specifically designed to address this age group, using technology, peer support, supported employment, engagement and strength-based approaches integrated with clinical services in order to support a diverse community of young adults through complex developmental processes, towards health self management, and to ensure they are able to get back on track to school and employment¹⁶
- Early intervention, diversion from hospital and community-based approaches will generate significant cost savings for Ontario¹⁷.
- Current expenditures on Mental Health in Canada are \$50 billion. With no change in course, the costs will be more than six-fold in the next 30 years¹⁸

7 Black, 2013

8 MTCU Key Performance Indicators, 2018

9 MacLean, 2011

10 MacLean, 2011

11 University of Toronto, 2014; Ansari & Stock, 2010; MacLean, 2011

12 Ontario Labour Market Statistics, 2015 <http://www.iaccess.gov.on.ca/OSAPRatesWeb/en/index.html>

13 Government of Ontario, 2014

14 Mental Health Commission of Canada, 2015; Kutcher & McCluckie, 2010.

15 Repper & Carter, 2011; Landers & Zhou, 2011

16 MHCC, 2015, Toronto Central LHIN, 2015

17 Smetanin, 2012

18 Smetanin, 2012



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What the literature tells us

There are many young adults with mental health needs

- There are more than 2,500,000 young adults between the ages of 15 and 30 in Ontario¹⁹. More than 500,000 of them have significant mental health needs as they emerge into adulthood. An Ontario-wide health survey shows that 24% of individuals between the ages of 15 and 24 had one or more psychiatric disorders in the year prior to the survey²⁰.
- In Canada, at least 70% of mental health problems appear before the age of 25²¹.
- Young adults with serious mental health conditions have high rates of homelessness (30%), arrests (60%) and dropping out of school (42%). They have higher unemployment rates (related to lower levels of education), more unplanned pregnancies, and more drug and alcohol addiction²².

When a psychiatric disorder strikes at this vulnerable time of life, the impact is severe

- Mental health issues strike young people during a time of many transitions. They are addressing complex issues related to their transition to adulthood. They are seeking autonomy from their families²³. They are taking on adult roles in the workplace or moving on to post-secondary education. This transition is delayed and lengthened for those with mental health challenges²⁴. During this vulnerable period, the risk of suicide increases for these young people. Canadians are increasingly paying attention to the issues of self-injury and suicide – the second leading cause of death among Canadian youth²⁵.

It is important to carry out in-depth diagnosis and intervene early and effectively

- Research demonstrates that early identification and intervention lead to better outcomes for young adults with serious mental disorders²⁶. For example, the recent increase in specialized early intervention services for people experiencing a first episode of a psychotic disorder such as schizophrenia or very severe depression has resulted in demonstrable improvement in short-term recovery²⁷.

19 Stats Canada Census - Community Profiles, 2011

20 Government of Canada, 2006

21 Government of Canada, 2006; Kessler et al, 2005; Jones, 2013

22 Davis, Banks, Fisher & Grudzinskas, 2004; Wagner & Newman, 2012. Vander Stoep et al, 2000; Davis et al, 2012

23 Arnett, 2000; Facio & Micocci, 2003; Macek et al, 2007; Mayseless & Scharf, 2003; Nelson et al, 2004.

24 Singh et al, 2010; McGorry et al, 2013

25 Statscan, 2008

26 McGorry et al, 2013; McGorry, 2007; Birchwood et al, 1998

27 Malla & Norman, 2002; McGorry et al, 1996

Adult mental health services are not responding to these young adults

- In the adult mental health and addiction services sector there is a lack of capacity to effectively address youth mental health issues. There are no community-based clinical service options in Toronto for young adults with moderate and severe mood disorders and other mental health issues, that offer comprehensive, biopsychosocial services, except for those who are experiencing psychosis for the first time.
- Although there are currently efforts to develop multi-service, community-based hubs across Toronto, Ontario and Canada, these are in their infancy, and there has been minimal increase to community capacity. Initiatives underway are focused on walk-in programs for youth up to 18, and care teams administered by hospitals, accessed through emergency services and not focused on young adults up to 29.
- Young adults are often treated, assessed and supported by primary care practitioners or in the adult mental health system. But services are not addressing the multidimensional and developmental needs related to the time of life when they are developing identities, to the intersectionalities of emerging identities as they are beginning to engage as workers or students, and where peer involvement is so critical.
- Research demonstrates that many young adults do not engage with adult mental health services. Of those who do, many do not continue²⁸. Youth who disengage from service during their transition to adulthood are at significantly higher risk of developing more enduring mental health problems²⁹.
- Adult providers of mental health services are not equipped to address the diverse and complex needs of the many young adults who have combinations of mental health needs, harmful substance use (perhaps as high as 70% of this group), learning disabilities and Attention Deficit and Hyperactivity Disorder (ADHD)³⁰.
- Major gaps exist between adolescent and adult services – just at the stage when early intervention could be most effective³¹.

Special engagement strategies, skills and program approaches are needed

- The developmental demands and complex changes in this youth population require different service approaches from those services offered in Toronto and across Canada. New service structures and program responses are needed³².

28 Singh et al, 2010; Pottick et al, 2008; Davis, 2012; Davidson et al, 2011; Gilmer et al, 2012; Singh et al, 2010

29 Richards & Vostanis, 2004; O'Brien et al, 2008; Davis et al, 2004; Youth Advisory Committee of the Mental Health Commission of Canada, 2010

30 Jivanjee et al, 2007; Rush et al, 2009; OHSDUS, 2009

31 www.iaymh2013.com



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- Service providers often lack specific training to work with the diversity of young adults who experience mental health difficulties ³³.
- Specific engagement strategies are needed which do not alienate young adults and which respond to their needs – offering education, prevention, and family and peer engagement in addition to evidence-based clinical interventions at an early stage and using the technologies that young people are accustomed to ³⁴.
- Provision of these special services has been recommended by experts in Canada, the US, the UK and Australia ³⁵.

32 Jones, 2013; McGorry, 2007; McGorry, 2012; McGorry et al, 2013, Pottick et al, 2008; , Davis, 2012; Gilmer et al, 2012

33 Arnett, 2003; Clark & Unruh, 2009; Jivanjee et al, 2007; Vander Stoep et al, 2000

34 MHCC, 2015; Toronto Central LHIN, 2015; Walker and Gowan, 2011; Davis, et al, 2012; Davis, Koroloff & Ellison, 2012

35 Davis, 2011, 2012; Brodie et al, 2011; McGorry et al, 2013; Clarke & Unruh, 2009; Jones 2013; MHCC, 2015.



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