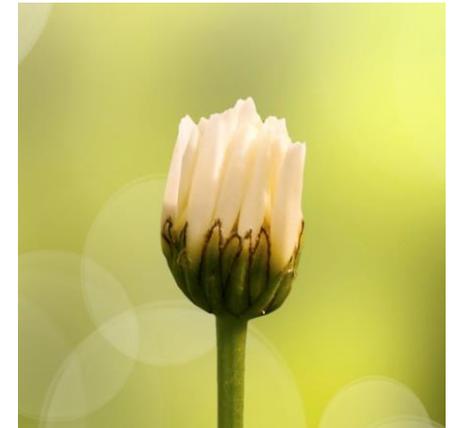
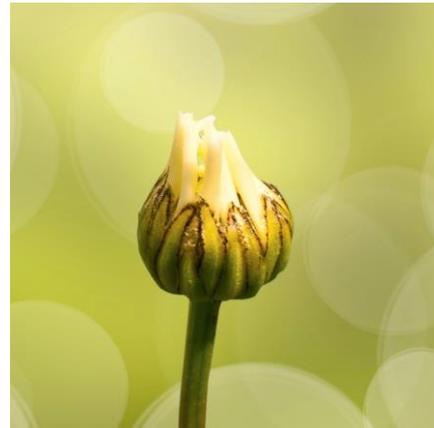


# Institutional Policy Barriers to “Appropriate” Care Settings: Youth Receiving Adult Mental Health Services in Ontario

Ashleigh Miatello  
May 11, 2016



*Youth to Adult Transitions  
in Health Care – The Case of  
Mental Health Services in Ontario*

# DID YOU KNOW?

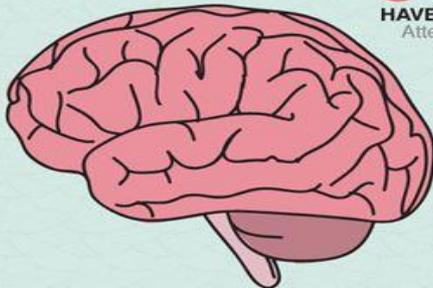
**8** out of 100 teens report having serious depression.

That's 2 out of every 25 teens. 



**8%** of all teens have an anxiety disorder.

**5%** HAVE ADD.  
Attention Deficit Disorder



**3%** HAVE ODD  
Oppositional Defiance Disorder

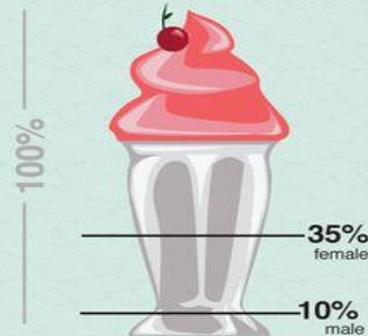
**1%** HAVE OCD  
Obsessive Compulsive Disorder

OVER **20%** OF YOUNG ADULTS HAVE A MENTAL ILLNESS

**35%** of teenaged girls have an eating disorder.

That's 7 out of every 25 teen girls.

**10%** of all teens suffering from an eating disorder are male.



**4000**

young Canadian teens commit suicide every year.

**1 in 5** will get the help they need.



only **38%** with mood disorders receive help.

only **15%** with substance abuse problems get the help they need.

only **13%** of Eating Disorder sufferers get help.

# Background



- Mental disorders often begin during adolescence<sup>1-2</sup>
  - Half of mental illnesses begin by age 14 with three-quarters beginning by age 24
- When youth are in need of acute mental health care, they often seek care at hospitals<sup>3</sup>
  - Emergency departments
  - In-patient units
- Mental health care services are often designed for children or adults<sup>1</sup>; and when youth are admitted, they typically stay in pediatric or adult units<sup>3</sup>
- Among youth admitted to adult in-patient mental health units, care experiences are often poor<sup>3-6</sup> with clinical staff feeling that the quality of care provided is sub-optimal<sup>3</sup>

# Study objectives



- To explore and describe the experiences of youth when they receive acute mental health care in adult-based settings
  - From the perspectives of youth, family members, service providers and decision makers in Ontario
- To discuss the institutional factors that contribute to youth receiving mental health care in adult-based settings

# Methods



- Qualitative content analysis<sup>8</sup> is used to describe participants' experiences
- Analysis of interview data collected as part of a larger study examining transitions from child to adult mental health services in Ontario.
  - 78 interviews
  - Questions focused on the transition from child and youth (CAMHS) to adult mental health services (AMHS)
  - Extracted data that described the experiences of youth receiving care in emergency departments or adult in-patient psychiatric units
    - 16 interview respondents described the experiences of youth receiving adult care –4 youth, 4 family members, 5 health care providers, 3 decision makers



# Findings

# Difficulty relating to other people receiving care



- “If you're 16 and up . . . you're admitted to adult psych and . . . once you're in adult psych it's everyone in there. They don't care if there was like old people, people who are schizophrenic, people who are **extremely scary.**” [Youth 1]
- “It was difficult because I was the youngest at that time. . . **I very much kept to myself** because it was difficult talking to older people” [Youth 3]
- “The average age . . . usually around 45 [on unit] . . . so, **they may be the only 18 year old or 16 year old in that whole unit . . . you have to question the appropriateness of that.**” [Decision Maker 2]
- “At 17, your mental health looks a lot different than if you've had a consistent life of significant mental health issues . . . it's frightening to them. They don't relate, so **they don't feel like they belong.** I think it **can be a traumatizing experience.**” [Service Provider 1]

# Traumatizing experiences when youth receive care in adult-based settings



- “I did not like it, **it was horrible**. They **did not respect you**. They didn't treat you right. If you . . . said one bad word, they put you in the restraints and put you strapped to a bed . . . **they didn't understand my disability** . . . they just did what they needed to do to do their job.” [Youth 4]
- “The first time I went to adult psych **I couldn't function and I actually got worse** because **it's such a scary place for a kid**.” [Youth 1]
- “I think it would be frankly **traumatizing for them** . . . they're 17 and they are in a group with 40 year- olds . . . and it's scary to them” [Service Provider 1]
- “Once you're over 18, then all a sudden you're on the adult side, and . . . that's **a really jarring, scary experience** . . . 19-year old on an inpatient unit with a 50-year old who's really struggling.” [Decision

# Treatment and admission decisions are inconsistent and



## ■ unclear

- “We see 16-year-olds there. So **it really depends on whoever is looking at your case** whether you get admitted to [adult] or whether you get to go to Peds . . . It's not even clear” [Youth 2]
- “The adult psychiatrist, the adult ER doctors, the ones who decide whether to admit or not really need to have had some **education about families and about listening to families** and what they've been through to get there” [Family Member 2]
- “**If you are 15 years and 364 days old, you go to one hospital and . . . if it's the next day and you're 16, you can't access the youth crisis services anymore, you have to go to adult [unit].**” [Service Provider 4]
- Not ideal . . . the idea of taking **someone at 17 and a half or 18 and a half, it's arbitrary**. Really **developmentally, they're at the same place** within that year . . . I think our rigidity around age comes from funding [Service Provider 3]

# Adult based programming not designed to meet the needs of youth



- “The adult unit . . . **didn't pay as much attention to us.** I felt like the nurses weren't as approachable . . . I felt like the nurses **didn't really care.** They were just there because it was their job to be there. [Youth 3]
- “The adult psychiatric unit . . . was just chaos. There was **no routine, there were no expectations of him.**” [Family Member 1]
- “The **practices are still zeroed in on serving an adult,** and an adult can be 63, and you could have an 18 year old there. That is the reality. It's a resource issue.” [Decision Maker 1]
- So the environment itself aren't really customized to the needs of the transitional aged youth. I mean, **our adult providers are really dealing with a much older population . . . dealing with long-term psychotic patients** [Service Provider 2]

# Institutional barriers



- Funding arrangements<sup>9</sup>
  - CAMHS and AMHS are funded through different Ministries
  
- Age cut-offs<sup>9</sup>
  - Organizational policies indicate the age cut-offs for admission into pediatric versus adult in-patient mental health units
  
- Roles of providers<sup>9</sup>
  - Lack of clarity about the roles of the different professionals in the admission process or differences in training
  
- Adolescent in-patient units concentrated in urban centres<sup>9</sup>
  - Child and youth emergency departments and in-patient mental health units are often located in large urban centres and not accessible to all youth who require immediate care

# Implications



- Impact on health outcomes
  - Youth – worsening symptoms, poor care experiences, increased likelihood of refusing or avoiding mental health care in future<sup>3</sup>
- Impact on supporting youth
  - Family – little or no information about their child’s care, poor care experiences
  - Healthcare providers & Decision makers – youth have difficulty relating to the programming in the adult in-patient unit, may reduce effectiveness of treatments
  - Need interactions tailored to the unique needs of youth
- Impact on the health care system
  - Poor care experiences may lead to increased costs
  - Need comprehensive, holistic way of determining the care pathway

# Conclusion



- It is well known that youth receive acute care that is designed for adults with complex needs yet there is a paucity of literature on the topic
- Youth receiving “inappropriate” care is a significant issue due to the impact these experiences can have on recovery
- Future research could investigate the frequency of youth receiving mental health care in “inappropriate” settings, costs to the health care system when youth receive care in sub-optimal settings, as well as exploring experience-based co-design as a method to develop solutions with with key stakeholders

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