Key Challenges and Moments in the Journey of Transitional Aged Youth (TAY)

A snapshot of the transition from child and youth to adult community mental health services in Ontario.

A) Phases of transition

1. Prepare

TAY are approaching aging out of their child and youth services and may be thinking about what is next.

2. Transition

About this map

TAY begin the process of transitioning to adult care. They may be exploring new offerings or referrals and moving between past and new providers.

3. Maintain

transition to adulthood is individually and developmentally dependent.

Defining Transitional Aged Youth

TAY may have moved their care to the adult system or have disengaged from care for multiple reasons.

There is no consensus on the age range of TAY, though it is commonly defined as between the ages

of 12-25 years old. Children's Mental Health Ontario has previously recommended an increase in

range for specific programs to as low as 10 and as high as 30 years. The lack of consensus around a

definitive TAY age range reflects shifting ideas of what it means to be an adult, as well as how the

child and youth mental health services to 25 years old, and many providers have extended this

C) Systemic barriers

Barriers that further complicate access to mental health services

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

Disenfranchisement due to identity

TAY who belong to equity-deserving groups, such as BIPOC youth and those in the 2SLGBTQ+ community, experience further barriers such as mental health stigma, cultural insensitivity, racism, and discrimination.³ These barriers may cause negative experiences when seeking care, and lead TAY in these groups to fear disclosing their symptoms to family members and healthcare providers.

A lack of cultural sensitivity from service providers who do not understand the nuances associated with mental health and identity can cause BIPOC TAY to feel discouraged by the services available

TAY in the 2SLGBTO+ community can be extra cautious about who they trust and open up to because of fear of being misunderstood, trans- and homophobia, and threats of violence. Coming out to family or friends can result in complex family dynamics or a fractured support system.3

Family and caregiving conflict

During the transition process, changing dynamics between youth and their caregivers can be a source of conflict. Caregivers might struggle to relinquish responsibility, while youth may not feel ready to assume it.1 Disagreements can occur over decision-making, and both sides may find it challenging to adjust to changes in consent within the adult system.

History of substance use and addiction

If TAY are struggling with substance abuse or addiction, it may increase their mental health concerns, and make it more difficult to access and maintain treatment, especially if it requires sobriety.⁴ TAY may also experience judgement because of the stigma related to addiction.

Involvement in the justice system

TAY involved in the justice system have an increased risk of substance abuse, suicide attempts, and poor mental health. Their history can lead to stigma and blame, negatively impacting their interactions with service providers and employers. TAY may face additional barriers, such as interruptions in schooling, lengthy court processes, and incarceration.

Limited primary care access

If youth do not have a primary care provider they may not have a front door to access mental health care, coordinated records and referrals, or a trusted and knowledgeable source to start the discussion around mental health.

Lower income level

Private mental health services can be expensive, and many TAY may not be financially independent, or may work low-wage jobs without insurance benefits. This may lead TAY to deprioritize treatment and care until they're experiencing an emergency. Low-income status is associated with lower mental health outcomes due to the impact of poverty, housing insecurity, access to nutritious food, etc.³

Unstable housing status

Housing insecurity is a major stressor that can contribute to poor mental health. Without access to this basic need, it can be increasingly difficult to focus on one's mental health. If TAY do not have a consistent address, maintaining connections with service providers can be extremely challenging.

1. Markoulakis, R., Cader, H., Chan, S., Kodeeswaran, S., Addison, T., Walsh, C., Cheung, A., Charles, J., Sur, D., Scarpitti, M., Willis, D., & Levitt, A. (2023, May 10). Transitions in mental health and addiction care for youth and their families: A scoping review of needs, barriers, and facilitators - BMC Health Services Research. BioMed Central. https://

bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09430-7 2. Cleverley, K., Lenters, L. & McCann, E. "Objectively terrifying": a qualitative study of youth's experiences of transitions out of child and adolescent mental health services at age 18. BMC

Psychiatry 20, 147 (2020). https://doi.org/10.1186/s12888-020-02516-0. 3. CMHO Youth Action Committee, and The New Mentality. "Re-Centering Neglected BIPOC

Youth Voices Surrounding Mental Health." 2022. 4. Jackson, Brianna, "Exploring the Mental Health Care Experiences of Youth Transitioning from

Paediatric to Adult Psychiatric Services Using the Photovoice Method: A Participatory Analysis of the PhotoSTREAM Project" (2019). Electronic Thesis and Dissertation Repository. 6266.

B) Key moments, challenges



Aging out abruptly

Youth can abruptly 'age out' when they reach a key birthday, losing access to services or providers they trust and rely on. Youth are often not prepared in advance or are not developmentally ready for adult mental health services, and may be forced to make the transition without a plan. They may not have the confidence or independence skills to seek services on their own, resulting in gaps in service and care.²



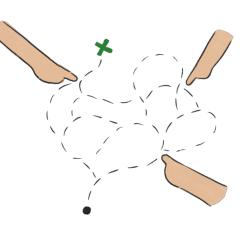
Caregiver impact At this point, caregivers may be less involved in the youth's healthcare and no longer able to help with planning and attending appointments.

Akiko is anxious because she is about to age out

I turn 18 next month and I just found out that I will no longer be able to see my youth counsellors who I've been working with for the last 5 years. They told me I've 'aged out'. I'm not sure what that really means



My current counsellors usually call my mom to help organize appointments and now I'll have to do it all on my own. It makes me really nervous because I have to figure everything out quickly.



I wish someone had told me sooner about what would happen because now I'm worried I'll be on a waitlist for a long time.

For more information see: Case study 1: Youth on their own

What TAY need

Flexibility in age cutoffs and support preparing in advance for the transition



The transition to adult services is essentially a re-entry, and youth can be faced with an administrative load that they are required--though perhaps unprepared--to take on. Since health records are not easily shared between providers, youth may be expected to repeatedly complete forms and assessments, manage waitlists, and reshare their mental health needs to different providers. These repetitive tasks can make youth feel discouraged, and cause them to disengage from services. Disengagement may cause youth to be labelled "lost to follow up", which can result in their file being closed and negatively affect future experiences with providers.



Caregiver impact Youth without a support network face a uniquely significant burden as they navigate the system on their own.

Divya feels overwhelmed by the fragmented mental health system

I'm trying to get a spot to see a new counsellor, but I have already filled out so many intake forms and assessments, all before I even get seen by anyone.



I think I missed a call from the counsellor's office and got moved down the waitlist. I'm not sure when I'll be able to receive any help. It's all too overwhelming.



For more information see: Case study 2: Youth (and families) who've lost trust

What TAY need

Navigational support to reduce the administrative burden of entering adult mental health care

3 School transition triggers stress

In Ontario, TAY must transition from child and youth to adult mental health services as

of care and increase the risk of youth losing access to services or disengaging from care

their mental wellbeing into adulthood. This map is intended to illustrate the key

entirely. This transitional age is also crucial in setting a foundation for youth to establish

challenges that TAY commonly experience when moving between these two siloed systems.

they approach adulthood. This shift is fraught with challenges that can impede continuity

Many TAY are also transitioning in and out of postsecondary school. On one hand, postsecondary schools increasingly offer mental health and wellness services, providing students with another point of entry to mental health services. On the other hand. the transition to and from school can be disruptive as pathways between postsecondary and community mental health supports can be limited.



Caregiver impact Families and caregivers may face communication and support challenges with youth moving away from their home and post-secondary schools not being able to share information with caregivers.

Sofia is worried about not having her school counsellors

I had never had a chance to try therapy until I moved away for college. I was excited that through my school services, found a queerpositive mental health counsellor.



As the year went on, school got too difficult for me. I'm thinking about taking a break from my studies but dropping out of school will mean that I won't have health coverage or access to my counsellor anymore.

I'm worried I won't be able to find someone similar in my small hometown.



For more information see: Case study 3: Youth becoming adults while studying

What TAY need

Better collaboration between schools and community support for continuity of care

Crisis seems like the only option

The period when youth are transitioning to adult services is a uniquely challenging time of life, putting youth at a higher risk for crisis.⁴ At the same time, many barriers can worsen crisis and hamper support during this critical period, including:

- Lack of awareness and stigma can cause symptoms of poor mental health to go unnoticed by families, educators, primary care, and youth themselves. This is experienced disproportionately by individuals and families from historically marginalized communities.³
- A high threshold for accessing and qualifying for preventative out-patient treatment, including before and after a crisis, perpetuate the cycle of inadequate mental health treatment.



Caregiver impact During a crisis, youth and caregivers may come into conflict over differing priorities about decision-making and responsibilities.

Nick feels isolated by his mental health crisis

After being discharged from the hospital, I haven't been able to find any support groups that fit what I'm looking for.





story with the group counsellors, but I feel like I need more support to help me deal with my addiction and depression.

To be honest, I'm not

ready to share my

For more information see: Case study 4: Youth in crisis after crisis

What TAY need

Care coordination between hospitals and community supports to stop cycles of crisis

Comprehensive supports that are accessible and fit their unique needs

Feeling like there's nowhere to go

Youth often find that adult mental health services are not as comprehensive or accessible as the programs they are used to. They may not be developmentally ready for adult mental health services, or may experience a 'culture shock' due to the differences in the service approach and level independence required. Scarcity of community mental health providers means many youth will need to pay for expensive private services in order to maintain care.



Caregiver impact TAY may feel a need to handle things on their own and struggle with involving their caregivers.

Kyle feels stuck because there isn't a service

For the last 5 years, I had a BIPOC psychiatrist who really understood me. But after I aged out I found that there are no similar groups or services near

I tried adult counselling groups but it felt weird because the age range is so large – the discussion topics don't mean anything to me, like



For more information see: **Case study 5: Youth from underserved communities**

What TAY need