

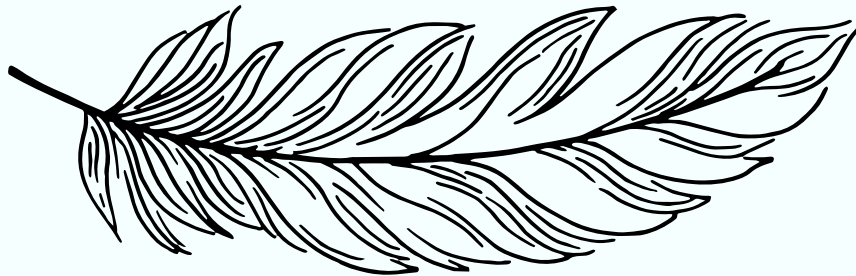
Adapting and Evolving Healthcare Education for Today's Mental Health Crisis Among Youth

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Land Acknowledgement

In the spirit of Truth and Reconciliation.
I acknowledge that this report was completed on
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Table of Contents

Page 4 - Introduction/What are Primary Care Networks?

Page 5 - The Research Question and Methodologies

Page 6 - The Beginning System

Page 7 - The Newer System

Page 8 - Mental Health within Youth Populations

- Page 8 - COVID-19 and Mental Health
- Page 9 - Indigenous Youth Mental Health Crisis
- Page 9 - Medicine Wheel
- Page 10 - Youth Mental Health Facilities in Alberta

Page 11- Health Services Education

- Page 11 - Youth and Family Physicians
- Page 12 - Culturally Responsive Health Care
- Page 12 - Implementing Health Services Education into Current School Curriculum

Page 13 - Conclusion

Page 14-15 - References

Introduction

“The Catamount Fellowship is a cohort-based learning experience for Mount Royal University students committed to building a more just and sustainable future for all” (Institute for Community Prosperity, n.d.). “The fellowship is one part community-partnered research and one-part transformational learning. Diving into social innovation frameworks, experiential learning and deep listening with community, students explore the root causes of community identified ecological, social, economic and cultural issues” (Institute for Community Prosperity, n.d.).

With the partnership of the Institute for Community Prosperity and Mosaic Primary Care Network, the Catamount Fellowship gave myself, a fellow, the opportunity to explore how the health care system could possibly adapt and evolve to meet the needs of today’s youth. The intention of this report is to give healthcare professionals the opportunity to gain insights into emerging trends found through the exploration of literature and other resources at hand.

What are Primary Care Networks?

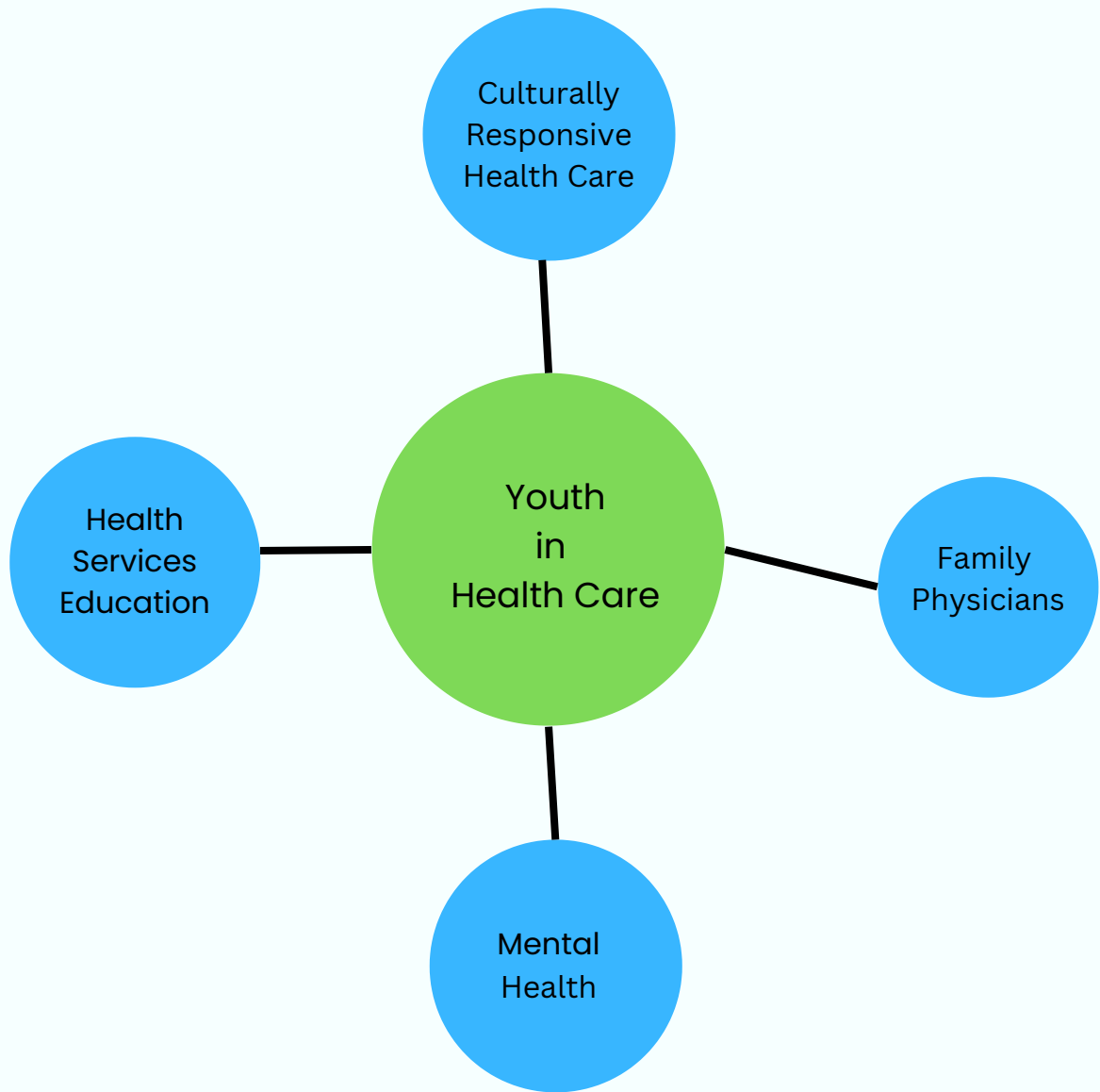
Primary Care Networks are an Alberta approach to improve and better coordinate patient access to primary healthcare (Mosaic Primary Care Network, n.d.). Primary healthcare is considered the first point of contact the population has with the healthcare system. Primary Care Networks bring family physicians and other healthcare professionals such as nurses, mental health therapists, dietitians, and more together to provide health care in a ‘medical home’ model (Mosaic Primary Care Network, n.d.).

The Research Question

Mosaic Primary Care Network put forth the original research question “how might we adapt and evolve the healthcare system to meet the needs of today’s youth?” This question was used with the future of the healthcare system in mind and considering the needs of future patients. The majority of youth seek their information from digital platforms as opposed to past generations. With this in mind, youth may not see the same value of seeing the same family physician for all of their healthcare needs and would prefer to look for other solutions such as searching online or visiting drop-in clinics for quick advice (McCormick, 2023). If youth continue to prefer this method of receiving healthcare it poses a potential risk to the existing primary care structure in Alberta. This is considered a potential risk because in Alberta, funding is based on how many patients a family physician has ‘paneled’ in their practice (McCormick, 2023). There is also another risk to the continuity of care and health outcomes for individuals (McCormick, 2023). After careful analysis of research found related to this topic on adapting and evolving the healthcare system to meet the needs of today’s youth, it was decided to shift the focus of the question to topics that are of primary importance to youth. As such, the research question was adapted to, “how might we adapt and evolve healthcare education to meet the mental health crisis facing today’s youth?”

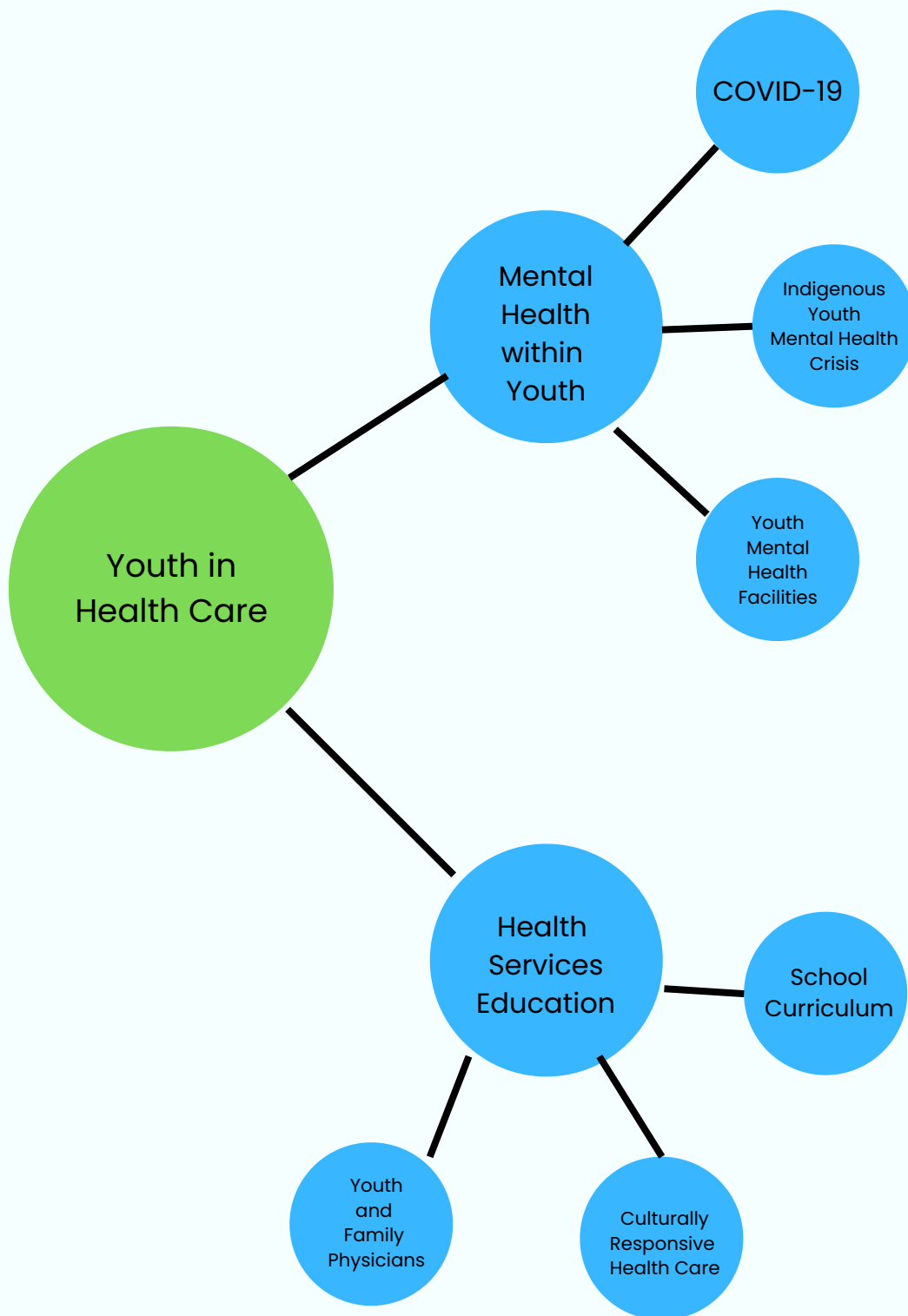
Methodologies

This report explores different barriers and opportunities to adapting and evolving healthcare education from a systems thinking approach. Multiple sources of information were found using sites such as Google Scholar, Government of Alberta website, Mosaic Primary Care Network, PubMed, and additional sources. The sources found were a mix of academic and non-academic sources that speak to the need and urgency of addressing systems level change to transform health care education and better serve youth populations in Alberta.



The Beginning System

In the beginning stages of the research, four big "trends" that popped up consistently were; Health Services Education, Mental Health, Family Physicians and Culturally Responsive Health Care. This system gave a broader scope into ways that the health care system can be adapted or evolved to help today's youth navigate the health care system themselves.



The Newer System

After careful analysis of the beginning system and further research, a newer system was developed. All of the "trends" that were involved in the beginning system have been included into this newer system. They all integrate into one another to produce ways the health care system can adapt and evolve for today's youth.

Mental Health within Youth Populations

Mental health is important when discussing healthcare especially with regards to youth. Mental health is defined as our emotional, psychological, and social well-being (MentalHealth.gov, n.d.). Adolescence is a high-risk period for the emergence of mental health problems, but mental health service provision for youth is often inadequate (Maxwell et al, 2018).

“Difficulties with access to mental health care is often noted as one of the primary barriers to young people’s using professional help” (Gibson, 2022). “Issues of access, include the location of services, the ease with which young people can make contact and arrange appointments, the degree to which they feel welcomed into these services, and whether they feel at ease in the space” (Gibson, 2022).. Looking at what has already been researched it seems there are a lot of mental health programs being created to support youth, but a lot of youth do not know about these services. According to Maxwell et al. (2018), there was the Norfolk Youth service, located in Norwich, United Kingdom, created in 2012 in response to calls to redesign mental health services to better meet the needs of young people. The new service model transcends traditional boundaries by creating a single, ‘youth friendly’ service for young people aged 14-25 years (Maxwell et al., 2018). The findings within this study were that referrals increased by 68% following implementation of the new service model, but the proportion of referrals accepted fell by 27% (Maxwell et al., 2018).

There is no explanation as to why there was an increase and/or decrease to these categories, it could be speculated that they had to decline more individuals due to the increased volume and not having enough resources for the need. According to statistics, 15,258 children and youth in Alberta visited the emergency department for mental disorders in 2020-2021 (CIHI, 2022). Comparatively, 17,594 children and youth visited the emergency department for mental health disorders in the two years prior (2018-2019) (CIHI, 2022). This is a 11.3 percentage decrease in cases to the emergency department for mental health related issues. Of those youth who accessed emergency services 4,886 children and youth were hospitalized in 2020-2021 versus 4,945 in 2018-2019 (CIHI, 2022).

COVID-19 and Mental Health

When the COVID-19 pandemic shut down the world in March of 2020, a lot was unknown and scary, especially for youth. They were forced to stay home from school and activities along with their friends. This had a drastic effect on the well-being of youth throughout Alberta. In 2021, the Government of Alberta conducted a Child and Youth Well-Being Review to explore ways COVID-19 had affected children and youth. The government wanted to make sure that children and youth have the resources they need to process and cope in healthy ways with the effects of COVID-19 on their well-being.

It was found that public health measures during the pandemic substantially changed daily routines and limited or eliminated the opportunities for youth to engage in usual forms of socialization (Government of Alberta, 2021). Social isolation has been linked to a number of potential short-term and long-term impacts on mental health (Government of Alberta, 2021). Youth who participated in the survey identified that missed social interactions/activities and sports were the hardest thing to change or deal with during the pandemic (Government of Alberta, 2021). It is also important to note that youth preferred to interact with their family and friends in person as opposed to online.

Indigenous Youth Mental Health Crisis

Indigenous youth in Canada face high levels of mental health problems, including suicide (McMaster University, 2022). There are many different strategies put in place for the promotion of mental health and well-being that are similar for all youth but youth from Indigenous communities have unique challenges as a result of colonization, intergenerational trauma and cultural suppression (Kirmayer et al., 2016). Other factors also include the constant barriers put towards Indigenous peoples within the healthcare system. Some of these barriers include the high percentage of First Nations individuals in rural communities and on reserve, systemic racism towards Indigenous peoples, and communication/cultural barriers (Marrone, 2007). Numerous Indigenous communities have called upon their respective governments to help with the rising mental health crisis happening in youth.

In Manitoba, for example, four First Nations communities; Garden Hill First Nation, St. Theresa Point First Nation, Wasagamack First Nation, and Red Sucker Lake First Nations, advocated to the provincial and federal governments to do more to ensure equal access to healthcare and social services in order to deal with the rising mental health and addictions issues (Hoye, 2022). Unfortunately there are many stories of Indigenous people not receiving the equal amount of care they should be entitled to.

Medicine Wheel and Mental Health

The Medicine Wheel, sometimes known as the Sacred Hoop, is used by many First Nations, Métis, and Inuit tribes for health and healing (NIH National Library of Medicine, n.d.). "It highlights the four directions, along with Father Sky, Mother Earth and Spirit Tree, that all symbolize dimensions of health and our cycles of life" (NIH National Library of Medicine, n.d.). "The Medicine Wheel is found to be important to Indigenous peoples because it is believed to be the circle of awareness of the individual self; the circle of knowledge that provides the power we each have over our own lives" (Joseph, 2020). "Ties to the land in one's home community are powerful for mental health, when your soul is sick, what you need is not a pill, it's to go back into that place of connection to family, to homeland, to knowing who you are" (Kyoon-Achan, n.d.).



Youth Mental Health Facilities in Alberta

In response to the increase in mental health issues affecting youth as a result of COVID-19, Alberta Health Services introduced additional mental health clinics throughout the province. These clinics include: Calgary Centre for Child and Adolescent Mental Health, Mental Health Information, Promotion and Prevention (throughout Alberta) and the Child Adolescent Mental Health Program (Lethbridge, Alberta). All of these programs provide care for children and youth who have mental health concerns. Most of them offer community-based services for youth and families to manage mental health disorders, etc. There are also many non-profit organizations who have similar initiatives as the Alberta Health Services clinics, these include: The Alex Center, Impact Society and Action for Healthy Community, to name a few.



*Approximate location
of Mental Health
Programs and/or
Facilities in Alberta*

Health Services Education

One of the most important aspects to ensuring youth understand the healthcare system is education. There is limited knowledge around health insurance, how to access health services, family physicians, and immunization records (Mosaic Primary Care Network, n.d). In high school and post-secondary, sexual health education is prioritized as opposed to other health services. This can be valuable but youth also need to know how to navigate the healthcare system as a whole. One noteworthy barrier that emerged from the research is that youth do not know how to access their provincial health care number, one of the primary requirements to access health services. This poses a larger question as to whether youth are health literate. Health literacy is defined as the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, n.d.).

Youth and Family Physicians

A family physician is a medical doctor who has received at least three years of specialty training (beyond medical school) in the broad disciplines of primary care (Family Care Network, n.d.). The training includes an overview of medicine throughout a person's lifespan. Since family physicians have such broad training they are considered Primary Care Providers and they work in partnership with Primary Care Networks.

Although having a family physician sounds like an important piece of the puzzle, the reality is that most youth do not understand the importance of having one (Mosaic Primary Care Network, n.d). According to Malik et al. (2002), youth only want to access family physicians to address critical health issues as opposed to talk about non-acute health concerns. Some youth do not want to talk about health concerns with family physicians because of fears around confidentiality (Mosaic Primary Care Network, n.d). Youth do not want their family physicians to tell their parents why they are at an appointment. Finally, youth choose who they speak to based on comfort and it seems like discussing health concerns with a physician they hardly know is not at the top of their list. The conclusions of Malik et al. (2002) found that youth do not see the important role family physicians play in the idea of health promotion. It is a shame that youth do not see this and explains why they do not seek the help of a family physician when needed. There are many benefits to having a family physician such as: getting face-to-face attention, having them as your personal health trainer, treating the whole person, building trusting relationships with patients and being a resource center (Mosaic Primary Care Network, n.d.).

Culturally Responsive Health Care

Equity in the healthcare system is a big barrier for many minority groups in accessing the healthcare they need. In some cases they are not seen as equal and treated poorly while receiving care, if they receive any care at all. The importance of cultural safety and cultural competency is essential when working with youth from diverse ethnic and cultural backgrounds. **Cultural competence** is “loosely defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one’s own” (DeAngelis, 2015). **Cultural safety** is “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system” (First Nations Health Authority, n.d.). Systemic challenges in providing culturally responsive mental health and addiction services have produced widespread inequalities for ethnic service providers, clients and communities (Kurzawa et al., 2022). The purpose of this study by Kurzawa et al. (2022) was to examine what health care facilities were doing to advance racial equity in the child and youth mental health and addictions departments in Ontario. The conclusions show that all agencies had begun work on addressing racial equity and were at varying levels of implementation (Kurzawa, et al., 2022). Another article by Fante-Coleman & Jackson-Best (2020), suggests that Black children and youth in Canada face challenges in accessing mental health services. “There remain persistent health disparities among ethnic populations in Canada and Black youth are no exception” (Fante-Coleman & Jackson-Best, 2020).

“Black Canadians may delay or avoid seeking care because of mental illness and mistrust of mental healthcare professionals” (Fante-Coleman & Jackson-Best, 2020). Systemic racism within our populations is likely part of the reason why youth from ethnic backgrounds do not want to seek healthcare services.

Implementing Health Services Education into Current School Curriculum

An article by Coates et al. (2019) discusses incorporating a health education module on accessing community based healthcare services to youth living within a juvenile detention facility. This education module was a one hour interactive educational session about accessing health care and utilizing a youth based information booklet. The education module was evaluated with an anonymous self-administered written questionnaire assessing healthcare access knowledge and importance of and self-efficacy in accessing care (Coates et al., 2019). Overall the education module saw improvements of knowledge within the importance of accessing healthcare. It did show that additional focus on confidentiality and utilization of health insurance may be needed (Coates et al., 2019). The Centre for Disease Control and Prevention website highlights how important health education is to be able to mature and grow into well established adults. This demonstrates the need for health education within the curriculum, specifically related to accessing health services. This would be an important aspect to implement into schools because it would help youth gain more knowledge about accessing healthcare, the components involved and result in increased health literacy.

Conclusion

In conclusion, by integrating the importance of health services education into school curriculums it could potentially help the mental health crisis among today's youth. This would be a great opportunity to adapt and evolve the health care system. Bringing up a statement like this is only the bare minimum, this report has only scratched the surface on the research that has already been done on this topic over the years. This could be old or new ideas that need more development with the contributing factors in order to be effective.



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