

# Where You Are

## S6 Episode 2 – Navigating the Transition from Youth to Adult Mental Health Services: Part 2

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**Sarah Patrick:** I think a big theme is just starting these conversations early with their healthcare teams, starting conversations early with your child, and a lot of how they interpret the transition will come from taking your lead. And so if we can introduce it more as an opportunity like, it's so exciting you're growing up and that you're building this independence, let's work together on how you can feel really confident and take ownership over your health.

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**Char Black:** This is Where You Are, a podcast that helps families and their children promote their mental health and wellness. I'm Char Black.

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**Bryn Askwith:** And I'm Bryn Askwith. Last episode, we started the conversation about transitioning from youth to adult mental health services. While this experience is unique for each person, we learned about common challenges for families and strategies that they can use to help prepare for and ease of transition, but there's still so much more we can cover on this topic. And so today we're grateful to continue the conversation with three more guests who offer their insights.

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**Char Black:** In today's episode, we'll hear from a parent who shares their story, discuss how parent and caregivers relationships with their youth might change as a transition to adult mental health services, offer strategies to support your child's autonomy while ensuring their needs are met, and share resources that can be helpful to you and your child. Let's get into that conversation.

Our first guest today is Ruth, Ruth is a parent to three children and she has lived experience supporting her own child through the transition to adult mental health services. Ruth wants other parents and caregivers to know they are not alone, that hope exists and that their voices can create meaningful change. Welcome to the show, Ruth.

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**Ruth:** Hello, thank you for having me.

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**Char Black:** Can I start by asking you if you can tell us a little bit about what has been your family's experience with transitioning to adult services?

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**Ruth:** Yeah, I'd love to. I'm actually in the thick of it, to be honest, and I don't have all of the answers, but my daughter is going through all of this at the moment. She's 18 years old, and we were having to access and use adult mental health support when she was 15 years old. And the local hospital that you have to use to get those services may or may not have child mental health services, so you can be plummeted into this quite abruptly. Until it happened to me, I didn't realize that would happen.

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**Char Black:** Thanks, Ruth. One challenge we often hear about is finding the balance between giving your child independence while also making sure they stay on track. Have you experienced this as a parent, and can you share what that's like?

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**Ruth:** Yeah, that's a great question. Something I heard the other day that really resonated with me was, how can you be that silent advocate for your youth? And by that, I mean walking with them and being there for them and giving them the autonomy and the agency that they need. But also, maybe we know sometimes with mental health, it brings up some issues potentially around time management or procrastination with your youth or maybe some cognitive challenges, anxiety, all of this can be part of what your child is experiencing. And of course, as the caregiver, you want to go in there and advocate, we want to support them and say, you can be an advocate for yourself, and how do we do that? And so it's hard.

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**Bryn Askwith:** Thanks, Ruth. Our next guest that I want to bring into the conversation is Sarah Patrick, an occupational therapist at BC Children's Hospital who supports youth and their families in navigating transitions in the mental health and substance use system. Welcome to where you are, Sarah.

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**Sarah Patrick:** Thanks, Bryn, it's great to be here.

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**Bryn Askwith:** Sarah, can you tell us about your role as an occupational therapist and how you support youth who are transitioning to adult mental health services?

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**Sarah Patrick:** Yeah. In our team, we're a unique team since we're a consultation team, so rather than us working directly with youth and their families, our main method for doing this is working with their clinicians. So we support teams across BC to better understand transition aged youth 16 to 24 and what those needs are. So we can do case consultation, mentorship, we run a lot of education, and we're trying to build awareness about the unique needs of 16 to

24 year olds. So how can we better prepare them for the adult system? And how can the adult mental health system better catch them once they arrive on that side?

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**Bryn Askwith:** That's a really lovely concise summary, I appreciate that, but it sounds like quite the portfolio of work for sure. I know you heard Ruth share a little bit about her story as a parent, I'm wondering if any of those common challenges that Ruth shared are some of the ones that you hear from families entering the transition phase, and are there other common questions that you get from youth as well?

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**Sarah Patrick:** With what Ruth said, I think a lot resonated, I think that change in independence level where we know in the adult system, they are expected to be a lot more independent, and we know that youth are wanting to have more independence and break out from their family and their caregivers. And at the same time, it can be very anxiety inducing for the caregivers and the young people and they are also wanting their family support in bridging that transition. And so I think absolutely, that's a challenge we see a lot.

In terms of other challenges we see from youth and from their clinicians, the adult service system looks quite different, it tends to be a lot more independence expected, so showing up to your own appointments, not as many follow-ups if you're not getting back to them. Also, more of a case management focus where there's less access to counseling and it's a lot more of just getting them connected to services. So people do need to be able to advocate for their needs a bit more, speak to what they want, and rather than getting all their supports under one roof or team, sometimes they feel like they're needing to go to a couple of different services or resources to get those needs met.

The last thing I would say was often a change in how much family-centered care is focused on. While some people older than 19 might still live with their families or have that as a big support network, it might be a bit less of a family-centered model, even though we know that that's still a really effective model throughout someone's life. So that's one of our key advocacy pieces to adult mental health services, is really continuing to have that family-centered care even if it looks different.

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**Bryn Askwith:** I'm glad we're going to get a chance to highlight some of those pieces and things that are being addressed from the system perspective, but also things that are helpful to individuals as well.

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**Char Black:** I'd like to bring in our next guest, Dr. Andrea Wallace. Dr. Wallace works in the Adolescent health clinic and the BC Children's Hospital Provincial Eating Disorders program and is the division lead on transition to adult health. Welcome, Dr. Wallace.

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**Andrea Wallace:** Thanks for having me, it's great to be here.

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**Char Black:** Dr. Wallace, what does transitioning to adult services look like for youth who receive care for both mental health and physical health challenges?

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**Andrea Wallace:** I am really glad you asked that because that's a big part of what I do as an adolescent medicine specialist. So some people don't know what that is, but basically we're pediatricians, so our training is primarily medical, not psychiatric or mental health focus, but one of the big things we do is help support youth who have both physical and mental health concerns. So in a lot of ways, we're like a bridge both between physical and mental health and as well as between pediatric and adult care, and so this transition topic is something that we focus on a lot in my practice.

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**Char Black:** Great, thank you, Dr. Wallace. I just want to jump to Sarah, Sarah, do you have any thoughts that you want to add to that?

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**Sarah Patrick:** I think we can often think, someone's either needing mental health services and substance use services or they're needing physical health services. We can forget that those things can impact everybody, someone might be having mental health but also be having a chronic illness or someone might be in the hospital for a physical illness and having a lot of mental health as a result, so I think just building awareness about it.

There's been some amazing transition resources developed out of BC Children's called ON TRAC, it's spelled like ON and then T- R- A- C, so you can find those if you Google, but they are more focused on the physical health conditions. And so one project that is going to be going on soon that a number of people have been advocating for is having some resources for transition that are more specific to mental health and substance use as well. So I think when we look at transitions though, some people are transitioning their young kids with medical complexity and others are transitioning their loved ones with mental health or substance use. There's a lot of overlap and there's also some areas that it's important we develop some specific resources and guidance.

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**Bryn Askwith:** Great, thank you Sarah. Dr. Wallace, how can parents and caregivers relationship with their child in particular or their youth change when they transition to adult mental health services? And do you have any suggestions or tips for parents around navigating this shift?

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**Andrea Wallace:** One of the things Ruth alluded to already was trying to find that balance between allowing your child autonomy and independence and also on the flip side, letting them know that you're there for them and being able to provide that support. And I think a lot of parents and caregivers struggle with exactly how to find that balance. It's difficult sometimes as a care provider especially to provide one-size-fits-all advice because the reality is the transition process is different for every person, especially a youth's readiness for transition can be impacted by so many things. And so I think it's really important to just really have open conversations with young people. Are they feeling ready for transition? And what supports do they want or need?

There's a tool on the ON TRAC website that Sarah mentioned earlier that's called the Youth Readiness Quiz, and it goes through different areas of preparing for transition to adulthood and getting a sense of like, where is that youth in terms of their readiness to be able to take on things like their healthcare or their finances independently? Going through that with your child as a parent can help you to gauge, where does my child still need support, and which areas can I step back?

Because I think sometimes youth aren't always aware of exactly where they need help. Adolescence is a time of gaining independence, and part of that comes with testing boundaries and limits, and it's natural for them to make mistakes. And so I think it's important for parents to know that it's okay if finding that balance takes a little bit of trial and error. It's okay to give your child some more independence, and then you might realize together, that was too much, we actually need to take a step back and give you some more support because that level of independence isn't quite working for you right now. It's okay if you slip and fall here and there, and that doesn't mean you fail, that's actually a normal part of the transition to adulthood and adult healthcare.

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**Bryn Askwith:** That's such a good reminder, that really resonates with me. And I suspect it might with Ruth, Ruth, anything to add to what Dr. Wallace has shared?

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**Ruth:** Yeah, lots, it does bring up a few things. We were fortunate enough that our daughter actually did get to work one-on-one for almost about a year with an occupational therapist, which has been wonderful. And what our daughter does with some of her appointments, from a risk point of view, they're the ones that if she does fail, it's not so bad or she can get back in and we let her with those take the lead.

And part of her time management, is she puts them on the calendar on the family schedule and we can see, so she's making those appointments, she's following up, they're on there so we can just check in and say, I see you've got your appointment on Wednesday at 3: 00, do you need any help? Do you need us to come? No mom, I've got this covered. Or sometimes it might be a, yeah, can you just drive me and can we go get a coffee afterwards? Or sometimes we will say,

well, we'll just sit in reception and if you need me, come get me. So there's all these little things that you can do.

I was quite surprised, my daughter the other day had to call and rearrange something and she said, mom, I'll do it, and I was like, she actually did that really well, I was quite impressed, so don't underestimate your youth. It also depends on what's going on at the moment because we all have good days, bad days, and that's going to happen. One thing that we've also done, is help our daughter so that she has all of her history on medication and all of the past contacts, we have it all in a physical binder, I know I'm a bit old school maybe. So that is something that she can take to an appointment and she can help if she's struggling or feels a bit anxious in the meeting, it's all labeled up, okay, what are my medication? And she can actually discuss that with the practitioner, so that is something that is a practical help.

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**Bryn Askwith:** I really love exactly what you said, how practical those examples are. Because I can imagine for parents listening, they're trying to address or get at some of those, what is it exactly I can do questions that they might be having, especially if they're walking a similar journey. Sarah, anything you'd like to add from what Ruth has shared?

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**Sarah Patrick:** Yeah. I first just wanted to thank Ruth for being an OT cheerleader, we really love working with people across the lifespan, but we can be really helpful at this stage with building up their life skills and their function with some of those more adulting pieces with learning that independence. Just in terms of building on what was already said, I think a big theme is just starting these conversations early with their healthcare teams, starting conversations early with your child.

And a lot of how they interpret the transition will come from taking your lead, and so if we're getting messages to them about how we're so anxious about them transitioning, when youth are hearing things like that, it'll make them think, well, I probably need to be scared about this transition, and I've heard that feedback from young people. And so if we can introduce it more as an opportunity like, it's so exciting you're growing up and that you're building this independence, let's work together on how you can feel really confident and take ownership over your health.

Just another resource to add is a CanChild app called My Transition, it's free and it's designed as an app that a young person can use to track and plan for their transition to adult care. This app has a place where they can write down all their health provider's information, they can have notes about their health that they can bring to appointments. They can have a calendar in there that helps them track appointments, their prescriptions, and it has a checklist really similar to what Andrea said. And so they can take that transition quiz and then it will give them prompts and ideas for how to work on those goals.

And so lots of these resources are available, and I would say at least six months to a year before aging out is a great time to be looking at some of this planning. And even earlier if your child might be a bit more complex or have some neurodivergents, developmental delays, anything like that, really there's no such thing as too early to just start those open conversations.

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**Bryn Askwith:** You are listening to Where You Are, I'm Bryn Askwith. Are you supporting your child's mental health and wellness and could use someone to talk to who can relate? Contact a trained Kelty family peer support worker who can offer a non-judgmental listening ear and connect you to mental health resources in your community. Connect by phone, email or via Zoom, find out more @ [keltymentalhealth.ca contact-us](https://keltymentalhealth.ca/contact-us).

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**Char Black:** I love this conversation, I'm going to roll back to Dr. Wallace. One of the key concerns we get from parents and caregivers at the Kelty Center is that once youth are in the adult mental health system, if they choose not to go to appointments, parents then become concerned. How do you balance respecting a youth's autonomy with ensuring they get the support they need, especially when they might be reluctant to seek help once they're in adult services?

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**Andrea Wallace:** In the adult care system, patients are expected to be more autonomous and making their own decisions. And I think Sarah put it really nicely when she said it can sometimes seem like that's a scary thing. Whereas on the adult side, it is really an opportunity for youth to grow and develop their decision-making ability. And I think it's important for parents to know that there are safeguards in place.

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**Sarah Patrick:** Can I build on that actually?

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**Char Black:** Go ahead, Sarah.

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**Sarah Patrick:** I think one guardrail I always let parents know about is, even though we respect more autonomy and confidentiality as they age, if as a healthcare team, we were ever really worried about their safety or the safety of someone else, we would have a duty to disclose. And so just knowing we would be keeping the family and notifying them if we were really, really worried about their safety. And so that's one of the guardrails we have that would circumvent someone saying, I don't want you to tell my parents. In cases where we feel we need to, we will and we'll work with the young person to help build a plan so that they can help us with how we tell the family if there's cases where we need to do so.

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**Char Black:** Great. Thank you, Sarah. Is there anything else that you wanted to add about that?

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**Sarah Patrick:** One other thing I'd add is really just knowledge is power. And so we've talked about some resources already, there's these workshops that are run through Recovery College YVR, and they're called Talking with Your Doctor. They're offered online and in person all across BC for free, and it's just a workshop to help you learn how to advocate for yourself in appointments with a doctor, which I think some people of all ages can have trouble with. And so a really good resource, especially for young people who might be starting to attend those appointments on their own.

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**Char Black:** Awesome. Sarah, I love the resources throughout our conversation, they seem really great, so we'll definitely make note of that in our show notes. Ruth, do you have anything else to add to what Dr. Wallace and Sarah have shared?

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**Ruth:** I think one thing is being proactive, sort of not procrastinating and thinking that this is a scary thing, but actually having those active conversations that this worked for us is to say to the doctors, to the health practitioners, we know this is coming up, we know it's going to happen, maybe there are some outstanding tests or things that need to be done, can we get ahead of this? That really has worked really, really well for us.

And I think some of our youth are completely done with the pediatrics because often it's very child centered, you go into places that are very geared for young children. And so I think there is a positive thing, there can be some positivity and some hope about stepping into that in more adult space as well.

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**Bryn Askwith:** Thank you so much. You may be aware, but on our podcast, we like to end our episode by asking each of our guests to share any words of wisdom that you might want to offer to our listeners today. Dr. Wallace, any words of wisdom?

00:20:24

**Andrea Wallace:** I'm going to borrow from Dr. Ken Ginsburg, who's an expert in adolescent medicine in the States, and he says that parenting a teenager is like parenting a toddler, you want to give them independence and freedom to roam around, but if they're about to touch the stove, you've got to pull their hand away. And so in teen years as well, there are those what he calls hand on the stove moments where you have to step in as a parent, and it's okay to step in at those moments and find those other moments where you can allow them their independence. And thinking about it in that way has helped a lot of parents that I've worked with to navigate finding that balance between support and autonomy.

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**Bryn Askwith:** Thanks so much, Dr. Wallace. Sarah?

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**Sarah Patrick:** Regardless of what the healthcare teams are planning or doing, as the caregiver, you and your youth can help to advocate. So if you're seeing those conversations not get started or you're wanting them to start earlier, just ask those questions with your healthcare team if you've heard about resources bringing them in. And one resource that I encourage a lot of families to let their healthcare providers know if they don't know about it is the Compass Service, which is a BC wide service that any healthcare provider can call if they're working with a patient or a client 25 and under.

If there's any adult mental health service providers who are receiving a new young adult who maybe feels a bit complex or has neurodivergence or a mix of developmental things making them not present like a "typical adult." Compass has some amazing resources, in any place in BC, they can help those clinicians over the phone to plan something that's developmentally appropriate for that child.

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**Bryn Askwith:** And Ruth?

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**Ruth:** I've learned so much today, it's been great. I think I'd just like to add that maybe as a parent, there's a little bit of almost like reframing and think of, if I had a good friend who needed my support and they wanted me to come in, of course I would be able to go into the appointment if my friend wanted and to be there and to take notes. Because your relationship is changing with your youth anyway, it's less of a hierarchical relationship, so maybe a little bit of reframing for us parents sometimes is what's needed.

And to get curious if your youth isn't going to appointments, well, then maybe as a parent, we need to ask them why? Maybe there was something else going on, maybe they don't like the health provider, maybe they don't understand, they're too embarrassed. Maybe they just were having a really bad day or they just forgot. Because it can be frustrating, but often it's because they're suffering, there's something underlying there. So again, maybe try and get a bit curious.

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**Bryn Askwith:** I really love that idea of reframing, how would we support a friend? I think as you say, and as many have said on the podcast today, your relationship with your youth evolves and grows as they do, so thank you so much. And a big thank you to each of you for making the time to be here, to have this conversation to share some wonderful resources with our listeners perspectives with families, and really taking it to that place of hope and knowledge sharing, so thank you so much.

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**Ruth:** Thank you.

00:23:57

**Andrea Wallace:** Thank you, it was so great to have this conversation.

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**Sarah Patrick:** Thank you so much.

00:24:05

**Bryn Askwith:** Thanks to our Where You Are listeners for tuning in today, we're grateful to have you join us each episode.

00:24:10

**Char Black:** If you enjoyed the conversation today, please leave us a rating wherever you might be listening now. This episode of Where You Are is brought to you by BC Children's Kelty Mental Health Resource Center. Our show is produced and edited by Jenny Cunningham with Audio Engineering by Ryan Clark, audio production by Jar Audio.

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