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Measuring what matters to young people ages 12-15 accessing mental health services: A patientresearch collaboration

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Introduction

Mental illness affects approximately 1 in 4 Canadian youth, with young people ages 12-24 experiencing the highest incidence of mental disorders of any age group. While significant progress has been made to understand the illness and self-management needs of youth ages 16-24 years, little attention has been focused on the needs of youth ages 12-15. To provide meaningful and impactful care to youth, we must understand what matters to these youth in their health and recovery, an evidence base that, to date, is underdeveloped.

Objectives

This study aims to understand (1) the care needs and priorities of young people ages 12-15 years accessing mental health and substance use services, (2) the extent to which the health and wellness needs of this population differ based on demographic and clinical factors, and community type (rural, small urban, urban), and (3) service innovations required to align with diverse needs and priorities of this population.

Approach/Methods

This project is informed by the principles of participatory action research, with a youth advisory committee guiding the research and youth researchers helping to collect and analyze data. Qualitative data will be collected from 30 youth ages 12-15 accessing mental health services across British Columbia (BC), Canada. Quota sampling will be used to obtain an equal distribution of youth across the five health regions in BC and across the age range of 12-15 years. Data will be collected using a semi-structured interview guide that has been co-developed with the youth advisory committee. Data will be analyzed using thematic analysis. As this is a query into understanding the health and recovery needs of youth where there is no pre-existing framework, an inductive approach will be used to allow the data to guide the themes and develop a framework.

Results

Data collection and analysis are in progress (expected completion summer 2022) and will report descriptive statistics, the main semantic themes, and their definitions and supporting quotes. Potential patterns in theme fit and their definitions for different ages (e.g., 12-13 vs. 14-15) will also be presented.

Conclusion

This study identifies youth-driven health definitions and recovery needs. These findings, alongside the youth codesign methods, are critical to inform how youth health services can grow, support, and sustain the capacity for a collaborative, interdisciplinary, and innovative youth-oriented research environment. The results will also contribute much needed evidence towards how to improve the standard of care for youth ages 12-15 years who experience mental illness and substance use challenges in Canada and beyond.

