

EVIDENCE SNAPSHOT

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Mental Health and Substance Use Among Young Adults

The period between 18 and 29 years of age is a key point of transition. While it may offer an opportunity for greater self-expression, a sudden lack of parental support and greater independence can lead to increased risk of mental health concerns.

For young adults with existing mental health issues, the challenges of navigating adult mental health services add an extra layer of difficulty that may put them at risk of poor or worsened mental health and substance misuse. This is of

particular concern as, in the long-term, poor mental health can escalate into more serious conditions.

The 2013 CAMH Monitor findings highlight the deteriorating mental health and increasing substance use experienced by young adults.

The mental health landscape in young adulthood

Mental illness and risky behaviours (including substance use) typically make their first appearance between the ages of 18 and 24. But the very nature of this period of transition often means that young adults can be exposed to situations that put them at even greater risk of mental health challenges. For instance:

- Young adults are expected to leave their families and other supports, and adopt adult roles and responsibilities, such as employment, financial responsibilities, new relationships, and parenthood;
- Independence is often assumed to be a prerequisite for success, but interdependence on peers and family is invaluable for many young adults, especially those from certain cultural groups;
- New roles and unfamiliar contexts may

About CAMH Monitor

CAMH Monitor is the longest running, ongoing survey of mental health and substance use among Canadian adults. The 2013 edition of this annual survey was based on data from 3,021 Ontario adults, and reported on substance use as well as mental health and well-being. The mental health indicators included: psychological distress, self-rated mental health, and use of anti-depressants and anti-anxiety medications. The substance use indicators included: use of alcohol, tobacco, cannabis, cocaine, and prescription opioid pain relievers.



conflict with the individual's needs and previously learned life skills;

- In a knowledge-based economy, the age of 18 years may no longer mark a move into the workforce, but rather a move into postsecondary education and away from institutional, family, and peer supports;
- Those attending postsecondary institutions may be exposed to stresses associated with living away from home, managing finances independently, and a competitive environment;
- Access to mental health services is fraught with its own unique challenges, including lack of integration between child/adolescent and adult services, stigma, privacy concerns, lack of understanding of mental health symptoms, lack of awareness of available services, lack of a perceived need for help.

CAMH Monitor Results

Youth between 18 and 24 years had:

- the highest rates of poor mental health;
- rates of psychological distress that were twice as high as for those 65 years and over;
- the highest non-medical use of prescription opioid pain relievers (seven times greater than use among 50 years and older);
- the highest rates of suicidal thoughts (more than two times greater than the 50 years and over age group);
- the highest rates of high-risk drinking, alcohol dependence, and cannabis use problems.

Summary

The CAMH Monitor results suggest a pattern of substance use and poor mental health among young adults. These findings may be useful in guiding further research, planning, and policy-planning for mental health in this age group.

References

1. Mandarino, K. (2014). Transitional-Age Youths: Barriers to Accessing Adult Mental Health Services and the Changing Definition of Adolescence. *Journal of Human Behavior in the Social Environment*, 24(4), 462-474.
2. Schulenberg, J. E., Sameroff, A. J., & Cicchetti, D. (2004). The transition to adulthood as a critical

juncture in the course of psychopathology and mental health. Development and psychopathology, 16(04), 799-806.

3. Ontario Undergraduate Student Association. (2012). Student health: Bringing healthy change to Ontario's universities.
4. Davidson, S. (2011). We've got growing up to do.
5. Vloet, M.A., Davidson, S., & Cappelli, M. (2011). "We suffer from being lost": formulating policies to reclaim youth in mental health transitions.
6. Ialomiteanu, A.R., Hamilton, H.A., Adlaf, E.M., & Mann, R.E. (2014). CAMH Monitor eReport.
7. Mental Health Commission of Canada (MHCC). (2013). Making the case for investing in mental health in Canada.

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