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# Knowledge Synthesis of Relevant Spheres of Action for Promoting the Mental Health of Young Adults

Québec

# Knowledge Synthesis of Relevant Spheres of Action for Promoting the Mental Health of Young Adults

Direction du développement des individus et des communautés

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# Foreword

A large body of work has suggested that mental health is more than the absence of mental disorders, even though they are correlated. Fostering and preserving mental health therefore become goals worth pursuing, independently of the objectives of reducing mental disorders.

It is in this context that the Institut national de santé publique du Québec has been mandated to prepare a knowledge synthesis for the Direction générale de la santé publique of the Ministère de la Santé et des Services sociaux on 1) reference points that can serve to frame actions to promote the mental health, 2) life situations encountered during the passage to adulthood and the resources that can have a positive effect on the mental health, and 3) the most relevant spheres of action to promote mental health of young adults.

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# List of acronyms

| | |
|---|---|
| CCHS - MH | Canadian Community Health Survey |
| PNSP | Programme national de santé publique |
| INSPQ | Institut national de santé publique du Québec |
| MSSS | Ministère de la Santé et des Services sociaux |
| WHO | World Health Organization |
| IOM | Institute of Medicine |
| CIHI | Canadian Institute for Health Information |

# Key messages

The Institut national de santé publique du Québec has been mandated to prepare a knowledge synthesis for the Direction générale de la santé publique of the Ministère de la Santé et des Services sociaux on reference points underpinning actions to enhance mental health, on life situations encountered during the passage to adulthood and the resources that can have a positive effect on the mental health, and on the relevant spheres of action to promote mental health in young adults. To do this, a literature review from scientific literature and from grey literature was conducted.

This allowed the identification of four reference points: looking at mental health as a concept distinct from mental disorders, focusing on helping each and every person reach their potential by building on their strengths instead of focusing on their problems, addressing the social determinants of mental health and their distribution, and adopting a life-course approach.

The literature reviewed also highlights that, while young adults are called upon to make individual choices and decisions about their life course, the directions taken are significantly influenced by the opportunities afforded by the structures and institutions around them. Young peoples' life courses involve the interplay among multiple trajectories and transitions during which they may face challenges that influence mental health and their future life course. Young adults become autonomous, make choices about education and work and become citizens.

The review of the spheres of action shows that fostering and preserving the mental health of young adults involve a series of coordinated actions, at various levels, targeting the general population of young people, while taking into account their various needs. These actions must allow youth to have better control over their lives, to have access to material and social resources in their settings of daily life, and to be able to participate in economic and social life without facing discrimination or violence.

Lastly, several key findings and recommendations emerge from this literature review:

1. Young adults have issues distinct from other age groups which must be reflected in policies, interventions and research.
2. Promoting mental health in young adults requires adopting a holistic perspective based on their strengths and assets.
3. Comprehensive approaches in young adults' various daily settings must be supported to promote their mental health.
4. Having youth participate in developing and implementing actions aimed at them must be encouraged.
5. The development of competencies of professionals and managers that encourage a perspective of promoting young adults' mental health must be supported
6. Many interventions likely to affect mental health and reduce social inequalities in mental health should be the subject to a health impact assessment.
7. Measuring positive mental health and the related factors is an emerging sphere of knowledge, whose development should be continued.

# Summary

A large body of work has suggested that mental health is more than the absence of mental disorders, even though they are correlated. Fostering and preserving mental health therefore become goals worth pursuing, independently of the objectives of reducing mental disorders.

It is in this context that the Institut national de santé publique du Québec has been mandated to prepare a knowledge synthesis for the Direction générale de la santé publique of the Ministère de la Santé et des Services sociaux on 1) reference points that can serve to frame actions to promote the mental health, 2) life situations encountered during the passage to adulthood and the resources that can have a positive effect on the mental health, and 3) the most relevant spheres of action to promote mental health of young adults.

To do this, a literature review from scientific literature (meta-analyses, systematic reviews and reviews) and from grey literature (expert opinions from researchers and practitioners or guidance documents) was conducted. In total, 141 documents were selected and analyzed.

## Reference points to support action on mental health

Four reference points, taken from the literature, make up the framing for determining the relevance of actions to promote positive mental health:

- **Looking at mental health as a concept distinct from mental disorders**

  It is possible and advisable to consider mental health and mental disorders as distinct concepts. Fostering and preserving mental health are goals in themselves, distinct from the goal of reducing mental disorders. In addition, fostering and preserving mental health contributes to the reduction of mental disorders.

- **Helping everyone to thrive**

  Actions aimed at positive development of individuals and their settings of daily life have various beneficial impacts and a broader scope than those aimed at reducing deficits and fixing problems.

- **Acting on the determinants of mental health and their distribution**

  The determinants are interconnected and unequally distributed. Addressing societal determinants (e.g., opportunities for education, access to housing) increases and equalizes the opportunities available to youth. Action plans that focus on determinants at the level of settings of daily life (e.g., presence of social support, working conditions) or at the individual level (e.g., early childhood experiences, personal and social competencies) can alter the exposure of some groups to risk and protective factors, to directly intervene to reduce the vulnerability of socially and economically disadvantaged people or mitigate the consequences of poor mental health.

- **Adopting a life-course perspective**

  Life-long permanent and complex interaction among individuals, their settings of daily life and the global context influences their family, educational, occupational or civic trajectories, and creates both physical and mental health.

## Passage to adulthood

The work reviewed shows that while young adults are called upon to make individual choices and decisions about their life course, the directions taken are significantly influenced by the opportunities afforded by the structures and institutions around them. Young peoples' life courses involve the interplay among multiple trajectories and transitions during which they may face challenges that influence mental health.

### Trajectory to autonomy

Young adults become autonomous. They distance themselves from the family unit, while the parents remain a significant source of support. Their social network changes and their identity is forged through friendships and romantic relationships. They learn to manage their finances and keep up a routine that enhances a healthy lifestyle.

### Education and employment trajectory

Young adults make choices about education and work. When continuing their education, they must adapt to a new school environment, strive for work/family/academic balance, and make career decisions. As young workers, they must manage their ability to integrate into a job that is dependent on their level of qualification, adapt to the realities of the labour market and cope with a level of decisional latitude and experience that makes them vulnerable.

### Civic trajectory

Young adults become citizens. They develop their sense of belonging to a community, their concerns about social issues and their civic engagement develop.

## Spheres of action

The review of the spheres of action shows that fostering and preserving the mental health of young adults involve a series of coordinated actions, at various levels, targeting the general population of young people, while taking into account their various needs. These actions must allow youth to have better control over their lives, to have access to material and social resources in their settings of daily life, and to be able to participate in economic and social life without facing discrimination or violence.

### Societal level: policies that positively influence life trajectories

Policies that support families, education, employment integration, social inclusion, and access to high-quality mental health services which focus on well-being serve to equalize youth opportunities. They provide them with the resources they need to face various life situations and, as a result, promote and protect their mental health.

### Context and settings of daily life: environments favouring to the passage to adulthood:

Coordinated initiatives in the various settings of daily life and actors sensitive to the realities of youth create environments in which they can thrive, be successful and engaged. Examples of these would include creating community initiatives to reduce exposure to violence, promote healthy lifestyles, reinforce social ties and encourage youth participation; implementing a holistic approach to health in post-secondary settings; and implementing initiatives to protect and support young workers.

**Individual level: competent youth capable of meeting challenges**

Individual-level interventions should target developing youths' personal and social competencies, rather than simply providing them with information. These interventions will only have an impact if they are combined with actions that promote access to material, physical and social conditions in the various settings of daily life that allow youth to use their personal and social competencies.

## Key findings and recommendations

This knowledge synthesis shows that, as with physical health, mental health is the result of the dynamic interplay, at all stages of the life course, between individuals, groups, settings characteristics and the broader socioeconomic context. Several key findings and recommendations emerge from this literature review:

1. Young adults have issues distinct from other age groups which must be reflected in policies, interventions and research.
2. Promoting mental health in young adults requires adopting a holistic perspective based on their strengths and assets.
3. Comprehensive approaches in young adults' various daily settings must be supported to promote their mental health.
4. Having youth participate in developing and implementing actions aimed at them must be encouraged.
5. The development of competencies of professionals and managers that encourage a perspective of promoting young adults' mental health must be supported
6. Many interventions likely to affect mental health and reduce social inequalities in mental health should be the subject to a health impact assessment.
7. Measuring positive mental health and the related factors is an emerging sphere of knowledge, whose development should be continued

To sum up, fostering and preserving the mental health of young adults require a series of coordinated actions. These actions must lead to an improvement in living conditions, the implementation of standards and regulations that reduce social inequalities in mental health, better access to resources and services in the various communities and greater youth participation in economic and social life. These actions will only be possible through increased collaboration among public health actors and actors from other sectors.

# 1 Introduction

In the past decades, a large body of work has suggested that mental health is more than the absence of mental disorders. Epidemiological studies have confirmed that mental health can be measured apart from mental disorders, even though they are correlated (Gilmour, 2014; Hone et al., 2014; Keyes and Simoes, 2012). Indeed, the Canadian Community Health Survey – Mental Health (CCHS-MH) 2012 found that 4.5 percent of Canadians meeting the criteria for a mental disorder were nonetheless in optimal mental health (flourishing). By contrast, nearly one percent of Canadians who were in poor mental health (languishing) did not meet any of the criteria for mental disorder (Gilmour, 2014). Mental health therefore impacts everyone, whether or not they have a mental disorder. It is a resource to be protected and developed. Fostering and preserving mental health therefore become goals worth pursuing, independently of the objectives of reducing mental disorders. In addition, fostering and preserving mental health contributes to the reduction of mental disorders. (Herrman et al., 2004; World Health Organization, 2013; Health and Welfare Canada, 1988).As is the case with physical health, research suggests that actions to promote mental health aimed at the positive development of individuals and their settings of daily life have various beneficial impacts and a broader scope than actions involving deficit-based or problem-based approaches (Ball, 2010; Liu, 2013; Rowling, 2006). With this approach, everyone's needs are met, whether or not they have a mental disorder, while contributing to reinforce support measures offered to those having specific problems (Friedli, 2009; Ministry of Children and Youth Services of Ontario, 2012).

As early as 1996, Comité de la santé mentale du Québec was concerned about the significant increase in the rate of psychological distress among young adults. Therefore, it tasked the study group on mental health in young adults with examining the link between mental health, psychological distress and the social integration of young people. Their report concluded that the priority spheres of action to prevent distress needed to extend beyond treating it, and rely more on promoting mental health, by building on the strengths of youth and of the settings of their daily life as well as on the opportunities offered by various institutions (ex. education, work). The report explained that youth attain the various life stages through the social opportunities available to them (employment prospects, etc.), besides the simple individual willingness that can positively or negatively affect mental health, and that therefore, the main determinants of their mental health are sociocultural. They advocated the development of individual and collective strategies promoting physical and psychological well-being, high-quality interpersonal relationships and the potential for social and professional integration (Desmarais et al., 2000).

Since then, numerous publications that have examined the efficacy of mental health promotion interventions have confirmed that interventions that integrate actions involving individuals and their different settings of daily life, at the various stages of their life course, are the most promising, because they produce lasting changes (Barry, 2009; Herrman and Jané-Llopis, 2005; Huppert, 2009; Canadian Institute for Health Information, 2009; Institute of Medicine and National Research Council, 2014; Mantoura, 2014b; World Health Organization, 2013; Van Nieuwenhuyse and Dumas, 2012; World Health Organization and Calouste Gulbenkian Foundation, 2014).

Consistent with this scientific data, the Programme national de santé publique (PNSP) du Québec [Québec's public health program] places mental health as a cross-sectoral concern to be considered in all public health actions (Ministère de la Santé et des Services sociaux, 2015).This knowledge synthesis is being written in the same spirit and in line with the work carried out by the Institut national de santé publique du Québec (INSPQ) (Arcand et al., 2014; Desjardins et al., 2008; Desjardins and Denoncourt, 2012; Laforest, forthcoming; Palluy et al., 2010). It will elaborate on spheres of action in mental health promotion that have not been so thoroughly explored thus far. This

is without minimizing the importance of providing youth in need with individual support, nor the importance of preventive actions on risk factors for mental disorders, as well as the services that these youths should be offered , for which work has already been carried out.

### Mandate

The INSPQ has been mandated to prepare a knowledge synthesis for the Direction générale de la santé publique of the Ministère de la Santé et des Services sociaux (MSSS) setting out reference points underpinning actions to enhance mental health in young adults and on the relevant spheres of action to promote mental health in young adults, paying particular attention to public policies and environmental actions.

Young adults are youth making the transition from adolescence into adulthood. This is a period during which they take on more and more responsibilities related to their various new social roles and become autonomous in various spheres of life. The time period varies, between the end of compulsory education and the time when the youth become financially and materially independent (Franke, 2010). For example, The 2030 Québec Youth Policy concerns those aged between 15 and 29, while the CCHS -MH 2012 focuses on the 15 to 24 age group.

Furthermore, to provide the information requested in the mandate and in order to identify the most relevant spheres of action to promote mental health in young adults, we recognized the need to include a review of the literature about the passage to adulthood to document life situations that young adults face that can affect their mental health, so that they can be the target of the actions to be taken.

### Goal, Objectives and Methodology

The goal of this knowledge synthesis is to better support public health action regarding the mental health of young adults. The objectives are to:

- Describe the reference points that can serve to frame actions to promote the mental health of young adults.
- Identify life situations encountered during the passage to adulthood and the resources that can have a positive effect on the mental health of youth.
- Identify the most relevant spheres of action to promote the mental health of young adults, i.e., those that correspond to the reference points identified and make it possible to help youth cope with the life situations they encounter.

With the results of this synthesis, it will be possible to:

- Offer the various public health actors and their partners in other sectors a common frame in order to analyzing actions to be taken to foster the mental health of young adults.
- Identify the life situations associated with the passage to adulthood that can affect the mental health of youth.
- Have courses of action for including the mental health of young adults in public health interventions currently implemented in Québec or for implementing new interventions.

A literature review was conducted. In total, 141 documents were selected and analyzed. The details of the search and documentation analysis strategy are presented in an appendix.

The intention is to reflect the current state of knowledge and is not intended to be an examination of the quality and the levels of evidence. Meta-analyses, systematic reviews and reviews from scientific periodicals as well as expert opinions from researchers and practitioners or guidance documents from grey literature have been included.

This synthesis has four sections. The first one deals with identifying the reference points to support action. In the second one, the focus is on the real-life contexts of young adults and living situations associated with the passage to adulthood that can affect mental health. The third one consists in a review of the appropriate spheres of action. The last one is devoted to the key findings that emerged and recommendations.

# 2 Reference points to support action on mental health

Four reference points, taken from the literature, make up the framing for determining the relevance of actions to promote positive mental health: looking at mental health as a concept distinct from mental disorders, focusing on helping each and every person reach their potential by building on their strengths instead of focusing on their problems, addressing the social determinants of mental health and their distribution, and adopting a life-course approach.

## 2.1 Looking at mental health as a concept distinct from mental disorders

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal challenges of life, can work productively and fruitfully, and is able to make a contribution to society (Public Health Agency of Canada, 2015; World Health Organization, 2013). Mental health is therefore described in positive terms, rather than in terms of the presence or absence of a mental disorder[1] (World Health Organization, 2016).

This definition assumes that mental health and mental disorder are different but correlated concepts. Put forward by Health and Welfare Canada in the 80's, and since operationalized through cohort studies, this distinction emphasizes the fact that the absence of a mental disorder does not imply the presence of optimal mental health. It is also possible to be living with a mental disorder and still experience optimal mental health and that poor mental health can be experienced with or without a mental disorder (Keyes, 2012; Health and Welfare Canada, 1988). While several criticisms have been levelled regarding the varying conceptualizations of mental health and the measurement tools created based on these various conceptualizations, it appears possible to measure mental health and mental disorders separately in individuals (Gilmour, 2014; Hone et al., 2014; Keyes and Simoes, 2012).

Mental health indicators most often refer to the level of emotional (positive affect, absence of negative affect, life satisfaction), psychological (exercising mental capacities, ability to function, sense of usefulness) and social (quality of relationships within the community, sense of belonging) well-being (Keyes, 2012; Keyes and Simoes, 2012; King et al., 2014). Mental health is the result of the connection between the individual (ability to adapt, level of competence, level of control over life events), his or her settings of daily living (presence of social support, working conditions, opportunity for economic and social participation, protection against violence and discrimination) and the broader social context (healthy public policies: work, education, housing, income) (Barry and Friedli, 2008); (Barry, 2009; Friedli, 2009; Huppert, 2009). Therefore, it is not a static condition; it can fluctuate over a lifespan, depending on the situations individuals encounter and the resources they have to cope with these situations (Barry and Jenkins, 2007; MacDonald, 2006; Schulenberg and Zarrett, 2006).

From this perspective, mental health is everyone's concern, whether or not they have a mental disorder. Increasing the level of mental health within a population will be beneficial for everyone, including those suffering from mental disorders (Huppert, 2009; Friedli, 2009). It is also associated with a lower risk of developing a mental disorder (Keyes et al., 2010).

[1] A mental disorder is defined as alterations in thinking, mood or behaviour, or some combination thereof associated with clinically recognizable symptoms as classified by the DSM-IV or ICD-10 (e.g., common mental disorders such as anxiety and mood disorders, serious disorders such as schizophrenia, and in children, behavioural disorders and attention deficit hyperactivity disorder). Mental disorder is measured by the level of disability and distress associated with characteristic symptoms (Government of Canada, 2006; Lesage and Émond, 2012).

## 2.2 Helping everyone thrive

The international tendency in mental health is to adopt a positive view of individuals and place greater emphasis on actions aimed at strengthening capacities rather than simply trying to "fix problems" (Faculty of Public Health and Mental Health Foundation, 2016; Global Consortium for the Advancement of Promotion and Prevention in Mental Health, 2008; Institute of Medicine and National Research Council, 2013; Mantoura, 2014b; World Health Organization, 2013; Public Health England, 2015a; Van Nieuwenhuyse and Dumas, 2012; Wahlbeck, 2015). Improvement in mental health therefore entails addressing the root of the problem by promoting conditions that enhance the mental health of all individuals, whether or not they are in difficulty, and in accordance with age-specific needs, without minimizing the need for support for those experiencing specific problems (Chief Public Health Officer, 2011; Friedli, 2009).

In short, mental health promotion is supported by and part of the broader context of health promotion and consists, as stated in the Ottawa Charter, in supporting the development of people's capacities to effectively cope with life events, create environments that support good mental health, strengthen the power of communities to take action to meet the needs of their members, develop public policies that promote the psychological, emotional and social well-being of individuals and groups and align services to include promotion, prevention and early intervention (World Health Organization, 1986). It targets the population as a whole by focusing its action on the factors that protect mental health[2] (Herrman and Jané-Llopis, 2012; World Health Organization, 2014; Patterson, 2009).

The promotion of mental health plays a crucial role for everyone:

- On mental health by improving conditions that promote development of individuals and communities,
- On illness, by preventing or delaying the onset of some disorders, by relieving symptoms and by improving the quality of life of people experiencing a mental disorder.

Furthermore, if the conditions that foster mental health do not exist, it is unlikely that the support measures and services will be sufficient to meet all the needs of those in difficulty (Barry and Jenkins, 2007; Ministry of Children and Youth Services of Ontario, 2012; Patterson, 2009; Tilford, 2006).

## 2.3 Acting on the determinants of mental health and their distribution

Mental health is influenced by a variety of determinants at various levels, and by multiple actors who interact within these levels (Anctil, 2012; Barry and Jenkins, 2007; World Health Organization, 2013). These determinants tend to be correlated and to have cumulative impacts (National Research Council and Institute of Medicine, 2009). They are unequally distributed and can cause health disparities. Indeed, poor mental health and mental disorders follow a gradient, disproportionately affecting people who experience poor economic and social conditions (World Health Organization and Calouste Gulbenkian Foundation, 2014).

[2] Promotion is a concept distinct from prevention. The purpose of the latter is to reduce the factors that represent a risk for mental health or the development and aggravation of mental disorders. In real terms, prevention includes universal actions designed to benefit communities or the population as a whole, irrespective of the vulnerability factors of certain groups of individuals, selective actions for groups at a higher risk of developing mental disorders and indicated actions designed to benefit individuals who present signs or symptoms of recognizable mental disorders. However, promotion and prevention become overlapping, inextricably linked activities within a context of population health, where the goal is to reduce the level of distress and increase the level of well-being of a population (Herrman and Jané-Llopis, 2005).

From an ecological perspective, mental health determinants are, in most scientific literature, classed by level: societal (global context and systems), context and settings of daily life, individual. The following is a compilation of these determinants adapted to young adults taken from key documents (Chief Public Health Officer, 2011; Anctil, 2012; Barry and Jenkins, 2007; Barry and Friedli, 2008; Bronte-Tinkew et al., 2005; Canadian Association of College and University Student Services and Canadian Mental Health Association, 2013; Mental Health Commission of Canada, 2012; Cook et al., 2011; Keleher and Armstrong, 2005; Mantoura, 2014a; Rowling, 2006; Van Nieuwenhuyse and Dumas, 2012; Global Consortium for the Advancement of Promotion and Prevention in Mental Health, 2009; World Health Organization and Calouste Gulbenkian Foundation, 2014).

**Societal Level**

- Norms and policies addressing social inequalities:
  - Opportunities for education and job training,
  - Legal recognition of rights and freedoms, of fairness and of equality,
  - Access to housing, transportation, and to food security,
  - Land-use planning that encourage healthy lifestyles and public safety,
  - Job opportunities and employment support,
  - Access to quality health services.

**Context and settings of daily life**

- Supportive family context:
  - Healthy family relationships and parental support,
  - Parental encouragement with regard to schooling,
  - Material standard of living and socioeconomic circumstances of parents,
  - Physical and mental health of parents.
- Healthy interpersonal relationships:
  - Positive dating relationships,
  - Relationships with peers free of bullying,
  - Being included and supported by peers.
- Healthy, safe and inclusive settings of daily life:
  - Quality of the constructed and natural environment (access to parks, recreational facilities, and places where people can interact, quality and health of buildings, access to healthy food),
  - Validation of participation in society and civic engagement,
  - Validation of cultural diversity and cultural identity,
  - Presence of social support/social network,
  - Quality of working conditions: security, remuneration, job stability, social support, decisional latitude, job demands.
  - Free of violence and victimization,

- Free of discrimination and stigmatization.

**Individual Level**

- Early childhood experiences.
- Socioeconomic circumstances: level of education, income, type of employment, ability to meet basic needs.
- Personal and social competencies:
  - Coping strategies for managing emotions and stress and resolving problematic situations,
  - Self-knowledge (e.g., needs, abilities, interests, motivations, academic and career aspirations),
  - Social skills (e.g., openness, respect, empathy, conflict resolution, mutual aid, solidarity),
  - Adopting personal lifestyle ethics (e.g., adopting a physically active lifestyle, planning and preparing highly nutritious meals, adopting alternative strategies to drinking and drugs, using social media/internet responsibly, responsible attitudes and behaviours regarding workplace health and safety for oneself and others, safe transportation, healthy and responsible sexuality),
  - Seeking help for oneself or others (e.g., ability to make use of services, disclosing situations that threaten physical and moral integrity).
- Physical health.

The presence of these determinants influences the capacity of individuals to take control of their lives, the availability of material and social resources in the communities (resilience and community assets) the opportunities for social and economic participation and protection against discrimination and violence. These elements are considered crucial for mental health (Cook et al., 2011; Keleher and Armstrong, 2005).

Mental health status is not randomly distributed, it follows a socioeconomic gradient. Some subgroups of the population are at higher risk of experiencing poor mental health or of developing mental health disorders owing to greater exposure to adverse social and economic circumstances. This unequal distribution of adverse social and economic circumstances within the population results in social inequalities in mental health or mental disorders, i.e., avoidable differences between socially, economically or geographically defined groups. (Friedli, 2009; Special Interest Group for Mental Health Improvement, 2010; World Health Organization and Calouste Gulbenkian Foundation, 2014).

Poor mental health can also reduce an individual's chances of success in several respects (e.g., education, integration into the work world, social network) and result in a deterioration in their social and economic circumstances (Friedli, 2009). Poor mental health and mental disorders are therefore a cause and a consequence of social inequalities (Barry and Friedli, 2008; Mantoura, 2014b). However, while having optimal mental health in a context of deprivation is clearly an advantage over having poor mental health, this advantage is less than for those in a privileged context. For example, among youth in a material and social deprivation context, those with a higher level of emotional well-being do better in school. However, these academic results remain lower than the results of youth from more privileged backgrounds, regardless of their level of mental health (Friedli, 2009).

In order to reduce social inequalities in mental health, greater attention must be paid to the contexts in which the individual attributes develop, rather than focusing interventions solely on the individual (Keleher and Armstrong, 2005; World Health Organization and Calouste Gulbenkian Foundation,

2014). It also requires focusing on the social processes underlying the unequal distribution of mental health determinants. Regarding this last point, the World Health Organization (WHO) stresses the crucial role of structural mechanisms underlying the socioeconomic position of individuals (societal determinants) as a cause of health inequalities. For example, institutions and social policies (family policies, education system, job market and pension plans) have an enormous impact on opportunities that allow people to choose their own pathways in life (Solar and Irwin, 2010). Actions that reduce social inequalities affecting mental health in the population as a whole must therefore be about determinants at the societal level, through policies that affect social stratification.

The actions can also be aimed at determinants of mental health connected with life settings, as well as individual determinants of mental health, but will not have the same effect across the gradient. Therefore, these are policies and interventions that are aimed at 1) reducing exposure to risk factors and increasing exposure to protective factors in settings of daily life; 2) reducing the vulnerability of socially and economically disadvantaged people; or 3) reducing the social and economic consequences of illness (Solar and Irwin, 2010). To this end, it is also necessary to consider the fact that, owing to their living conditions that expose them to a larger concentration of risk factors, some groups have a differentiated capacity to benefit from these interventions. The actions must, therefore, be adapted to reach the population as a whole and to reduce the obstacles that hinder access of some groups to interventions intended for them (Marmot et al., 2013).

## 2.4 Adopting a life-course perspective

Mental health determinants are interrelated. It is their complex interaction across the life course that influences mental health (Mantoura, 2014b; World Health Organization and Calouste Gulbenkian Foundation, 2014). In this respect, the life-course perspective becomes complementary to the health determinants framework. It acknowledges the fact that societal changes and changes in the settings of daily life affect individuals and links individual development, specifically the passage from adolescence to adulthood, to social time frames and expectations (Chief Public Health Officer, 2011; Gherghel and St-Jacques, 2013; Laforest, forthcoming). For example, a greater proportion of young adults leave the parental home and integrate into the labour market later than previous generations, which can be explained by the limited job opportunities and the requirements of the labour market with regard to level of education (Franke, 2010; Gaudet, 2015). It is then easier to understand the links that exist between the various life stages and the impact of socioeconomic circumstances on the course of states of health and of illness, as well as the creation of social health inequalities (World Health Organization's Regional Office for Europe, 2015; McDaniel and Bernard, 2011).

An individual's **life course** refers to all the **trajectories** of his or her life: family, housing, academic, occupational, civic. The various trajectories are linked and there is interplay among them (e.g., starting a career after university can affect the family trajectory, as having children will likely be put off). The various statuses that individuals occupy in their life trajectories help them define themselves. The trajectories are marked by **transitions**, i.e., periods that involve a change of state and status in a given trajectory (e.g., moving on from high school to post-secondary education). The life-course is strewn with events resulting in **bifurcations** that can alter several trajectories at once and potentially weaken individuals (e.g., parents divorcing, academic failures). Five principles are at the centre of the life course perspective:

- **Psychosocial development is a life-long process.** Constraints and opportunities of the past and present are the basis of an individual's future path in life. For example, mental health is not only dependent upon events that occur during childhood and adolescence, but also upon all the events that occur in all aspects of the lives of youth during the transition to adulthood.

- **Life always exists within a given place and period of time, within socially constructed settings**. The pathway of youth and the decisions they make about opportunities and circumstances are largely dependent upon the social context at the local and societal levels the young adults find themselves in.
- **Life happens sequentially (childhood, adolescence, etc.) with key moments (*timing*)**. The synchronization of transitions and the duration and timing between the stages of development are socially and historically anchored. There are social expectations regarding appropriate times and ages for the transitions depending on social groups, eras and the characteristics of the environment. Therefore, there are optimal times for making the transitions and filling the roles associated with them. When the time is not right, the transition (e.g., becoming a parent during adolescence without having obtained a diploma) can affect health and well-being, as well as the individual's ability to fill the new roles.
- **Lives are interconnected.** The life courses of individuals are closely connected to the life courses of the people around them. This leads to intergenerational transmission of advantages and disadvantages.
- **Individuals have the capacity to engage with the social structure (agency).** They have free will, to a certain extent. They make choices and create their own pathways within the constraints and opportunities constructed by social contexts (McDaniel and Bernard, 2011; Bernard and McDaniel, 2009; Gaudet, 2015; Elder, 1998).

Studies on how the life course affects the development of social inequalities in health reveal three types of effects.

First, a **latent effect** worsens health inequalities (Halfon et al., 2014; Quesnel-Vallée, 2008). Indeed, exposure to health risks during critical or sensitive periods, such as early childhood, will affect an individual later in life, irrespective of life contexts over their lifetime, which suggests that early prevention and intervention are strategies to focus on to address social disadvantages in early life.

As well, health inequalities develop as a result of a **cumulative effect** of adverse life conditions, regardless of when they occur. It is therefore accepted that the recurrence and the co-occurrence of events and circumstances is critical to life-long human development and that they need to be acted on, at all stages of an individual's development, to lessen their effects.

Lastly, health inequalities can be explained by a **trajectory effect**. The social status at a given life stage, as a result of the combination of advantages and disadvantages it provides, will affect social status later in life, which will have an impact on mental and physical health. It is therefore accepted that personal development and life trajectories are affected by changes in the labour market and the policies that affect status. The importance of supporting policies and interventions that positively affect the social status of individuals at all stages of their life courses has been accepted.

**Snapshot of the Reference Points**

It is possible and advisable to consider mental health and mental disorders as distinct concepts. Fostering and preserving mental health are goals in themselves, distinct from the goal of reducing mental disorders. In addition, fostering and preserving mental health contributes to the reduction of mental disorders.

Actions aimed at positive development of individuals and their settings of daily life have various beneficial impacts and a broader scope than those aimed at reducing deficits and fixing problems.

The determinants are interconnected and unequally distributed. Addressing societal determinants increases and equalizes the opportunities available to youth. Action plans that focus on determinants at the level of settings of daily life or at the individual level can alter the exposure of some groups to risk and protective factors, to directly intervene to reduce the vulnerability of socially and economically disadvantaged people or mitigate the consequences of poor mental health.

Life-long permanent and complex interaction among individuals, their settings of daily life and the global context influences their family, educational, occupational or civic trajectories, and creates both physical and mental health.

# 3 Passage to adulthood

For young people in western countries, the passage to adulthood is a time in the life course during which they take on new roles and responsibilities. It is a pivotal period, considering the adjustments that these changes require (Arnett, 2006; Bronte-Tinkew et al., 2005; Schulenberg and Zarrett, 2006) and since the resources available to help them cope with these adjustments and changes vary depending on the social contexts in which they find themselves (Andres and Adamuti-Trache, 2008; Bynner, 2005). In this respect, the data from the CCHS – MH 2012 showed that while 72 percent of the population of Québec aged 15 and older felt that they had an excellent or very good capacity to cope with the daily demands of life, this proportion was 66 percent in youth aged 15 to 24[3]. The same trends are observed for their capacity to cope with unexpected and difficult problems: 58 percent for youth aged 15 and older compared with 51 percent in youth aged 15 to 24[4]. Furthermore, these results vary depending on sociodemographic characteristics (Baraldi et al., 2015). One predictor of mental health in young people is their capacity to cope with situations inherent to this stage of the life course (Byrd and McKinney, 2012; Schulenberg and Zarrett, 2006), irrespective of their mental health prior to this stage (Chief Public Health Officer, 2011).

It is therefore essential to reach a better understanding of this pivotal period and tackle real-life situations and the opportunities afforded across these trajectories: trajectory to autonomy, educational and employment trajectory and civic trajectory.

## 3.1 A pivotal period

Throughout industrialized countries, the transition into adulthood is now more extended, is not as direct and is less predictable (Clark, 2007). In Québec, as in the rest of Canada, the survey data show that since the 1970s, youth have been experiencing the events that mark the beginning of adulthood (such as leaving the parental home, becoming financially independent, living as a couple or having children, leaving school, having a full-time job) later in life than previous generations (Institut de la statistique du Québec, 2013). Similarly, instability is inherent to this period. Young adults now spend their twenties exploring various educational, occupational, familial and relational possibilities, and gradually become autonomous and make commitments that have a long-term impact (Molgat, 2009). As well, young people navigate through the various spheres of their lives in a context that includes access to the Internet and social media, giving rise to a plethora of choices and opportunities.

There is also a transfer of advantages and disadvantages from one generation to the next during this critical period in which the social status of young adults is defined (Lui et al., 2014). Young people from privileged backgrounds tend to make the transitions (e.g., from studying to working) later (Franke, 2010). As a result, they have more time to build up resources as well as individual, social and occupational skills. Conversely, young people from modest socioeconomic backgrounds tend to transition to adulthood at a younger age (Beaujot and Kerr, 2007), which gives them less time to develop these resources and skills. A greater proportion of young adults who are not in education, employment or training, who no longer live with their parents or who have children, fall into this category (Bynner, 2005). However, a large body of work shows that it is possible to positively affect the pathways of young people, despite the significant influence of the social and familial circumstances in which they grew up. Laws, policies and institutions shape the synchronization of

[3] 25-44 years: 73%; 45-64 years: 76%; 65 years and over: 67%.
[4] 25-44 years: 59%; 45-64 years: 61%; 65 years and over: 56%.

the transitions by influencing areas that are crucial for youth such as education or access to jobs or housing, to social security and to opportunities for social engagement (Lee, 2014; Lui et al., 2014).

As part of an extensive project recently carried out on the health, security and well-being of young adults in the United States, the Institute of Medicine (IOM) issued seven key findings that reflect the importance of focusing on this stage of the life course: 1) Young adulthood is a developmental period that can impact their future life course; 2) The global socioeconomic context has changed in ways that place greater demands on young adults; 3) Young adults today follow less predictable trajectories compared with young adults in previous generations; 4) Inequality can be magnified during the young adult years, with lasting effects throughout adulthood; 5) As the children of prior generations and the parents of future generations, young adults are deeply embedded in family systems, and as a result, young adult experiences are shaped by the advantages and disadvantages their parents bring to their lives; 6) Young adults are at the forefront of social change, often leading these changes; 7) Young adulthood is when many risky behaviours peak and this can hinder health and increase the level of psychological distress in young adults (Institute of Medicine and National Research Council, 2014).

## 3.2 Trajectory to autonomy

Young adulthood is associated with greater autonomy, i.e., the capacity to adopt standards of conduct and accept the consequences of these standards, and gradually distance oneself from one's family of origin (Franke, 2010). Autonomy, however, differs from independence, which refers to an individual's material and financial capacity. Young adults can therefore be autonomous while being dependent on their parents. This dialectic between the autonomy and independence of young adults requires renegotiating parental roles in terms of supervision, expressing expectations, control and support toward young adults (Bourdon et al., 2007).

### 3.2.1 Family Relationships

In 2011, 56 percent of young adults in Québec aged 15 to 29 lived with their parents and this trend has been accelerating over the last two decades (Institut de la statistique du Québec, 2013). The financial reasons related to extended studies, job instability or the unaffordable cost of housing explains this tendency (Bronte-Tinkew et al., 2005; Franke, 2010; Molgat, 2009). Young people who leave home but subsequently return do so mainly for financial reasons (Gaudet, 2007).

While the young people do become more autonomous, their parents continue to provide significant, and often first-line, support. Moreover, Québec studies conducted with CEGEP students show that they consider parental support, both instrumental and emotional, as the most important support in their life (Bourdon et al., 2007; Roy, 2007). Several publications confirm that family support, in all its forms, is essential for a successful passage to adulthood (Bronte-Tinkew et al., 2005; Conseil supérieur de l'éducation, 2010; Franke, 2010; Gaudet, 2007).

However, the characteristics of families (e.g., parents' incomes and education levels, presence of conflicts, quality of the parent-child relationship) affect the type and amount of support or resources offered (Aquilino, 2006). In this respect, financial and material support are greater in families with higher incomes, which contributes to increasing inequalities among young people from various family backgrounds. Furthermore, the difficulties some young people have in maintaining close relationships with their families compromises access to family resources (Institute of Medicine and National Research Council, 2014).

### 3.2.2 Social and Romantic Relationships, Parenthood

The passage from adolescence into adulthood is also a time for expanding and diversifying friendships, and dating and sexual relationships. After leaving home, young adults are taking longer than before to settle into a spousal relationship (Institut de la statistique du Québec, 2013). They first live alone, with roommates or with an intimate partner, without necessarily making a long-term commitment (Franke, 2010).These relationships allow young people to work towards self-actualization and form their identities. The creation of new networks can provide access to a set of resources (information, support, advice, etc.) that, depending on their reach and quality, are opportunities or constraints for their health and their well-being. A Based on a review of literature, the IOM notes that young people who have meaningful friendships say they are happier. Similarly, young people tend to share the same lifestyle and attitudes as the young people in their network (Institute of Medicine and National Research Council, 2014).

Loving commitment, as part of an equal and positive relationship, is associated with greater economic security, increased social support, better physical and mental health and the presence of prosocial behaviours (Chief Public Health Officer, 2011; Institute of Medicine and National Research Council, 2014). However, victimization rates between intimate partners reported by police is higher in young adults than in other age groups. Furthermore gay, lesbian or bisexual people were two times more likely than heterosexual people to report having been victims of spousal violence. In all cases, women were disproportionately more affected than men (Canadian Centre for Justice Statistics, 2016).

Since young people are starting life as part of a couple later in life, in parallel, women are having children later in their lives, a clear trend observed over the past 15 years (Institut de la statistique du Québec, 2013). However, young women of lower socioeconomic status often become mothers at a younger age, since they have a greater tendency to follow a pathway that does not include post-secondary education and regular employment (Saunders, 2008). Parenthood in this context is associated with a set of difficulties (food insecurity, family conflicts and violence, weak social support, difficulty entering the workforce, etc.) that weakens the physical and mental health of parents and their children (Serbin et al., 2011).

### 3.2.3 Personal Ethics

Becoming autonomous from the family and taking on the new roles associated with the passage to adulthood helps young adults to gradually take charge of managing their finances. The role of consumer is a major driving factor in young people's exploration and forging their identities (Gaudet, 2007). Young adults learn how to handle their finances and pick up consumer habits from their parents, but also from their friends and through their schools, community and the media (Franke, 2010). They tend to accumulate credit card debt, which can be a source of stress and distress. This is attributed to their lack of experience in making and keeping a budget (Cronce and Corbin, 2010).

Regarding health, young adults must also learn to set up and keep up routines including healthy eating, an active lifestyle and restorative sleep, despite, often, unusual schedules, the multiplicity of activities and a tight budget. In general, lifelong habits are formed during this period of their lives, which will greatly affect their future physical and mental health (Chief Public Health Officer, 2011).Young adults tend to see themselves as being in good physical health. Moreover, they are physically more active than their elders, while their level of physical activity decreases between ages 15 and 29 (Institut de la statistique du Québec, 2013).

The data from the CCHS – MH 2012 also shows that most young people aged 15 to 24 report excellent or very good self-perceived mental health (74%), indicating that they are satisfied or very satisfied with their lives (87%) and enjoy flourishing[5] mental health (75%). However, there are disparities related to sociodemographic characteristics: people aged 15 or older who do not have a high school diploma, those who do not have a job, those living alone, those living in a low-income household and those who report having a mental disorder, a physical health problem or a chronic health problem were less likely to report excellent or very good perceived mental health or say they are satisfied or very satisfied with their lives (Baraldi et al., 2015).

However, the data from this survey show that, as during adolescence, there is still a strong tendency for young people during the passage to adulthood to take risks, in particular regarding sexual behaviours, as well as drinking, using drugs and driving. For example, a larger number of young people than their elders, all things being equal, drink excessively (i.e., at least five drinks at one time at least 12 times during a year) and use drugs. In both cases, this trend is higher in young men than in young women. Furthermore, those reporting these behaviours are less likely to enjoy flourishing mental health or to report excellent or very good self-perceived mental health than those who do not report these behaviours. Moreover, other studies identify drinking as a predictor of mental health, depression and anxiety (Burris et al., 2009; Byrd and McKinney, 2012).

As well, a greater proportion of young adults, compared with other age groups, score high on the psychological distress index (i.e., feeling exhausted, nervous, hopeless, agitated, sad or depressed, worthless). The trend also varies depending on the sociodemographic characteristics of single people: those who have not earned a high school diploma, those who are unemployed, those in the lower income quintile and those with a chronic health problem were more likely to score high on the index. In 2012, there was also a disproportionately higher number of young people aged 15 to 24, compared with other age groups, who reported having had suicidal thoughts (5% vs. 3%), having experienced a depressive episode (8% vs. 4%) or having experienced generalized anxiety disorder (8% vs. 2%) over the previous 12 months. While the rates of death by suicide and traffic accidents is decreasing, they remain the two leading causes of death among young adults (Baraldi et al., 2015).

## 3.3 Education and employment trajectory

Education and employment, both significant issues for young adults, have been more closely examined, owing to their particularly critical influence on the other aspects of life and on the course of adult life (Gaudet, 2007). Perseverance and success in education, as well as in looking for and finding a job, are challenges for all young people, in particular those from underprivileged family backgrounds (Saunders, 2008), those who are not in education, employment or training, or those who have a handicap (Institute of Medicine and National Research Council, 2014). Young adults must cope with various situations connected with their education and employment trajectories that can be stressful and affect their mental health; work/study/personal-life balance, adjusting to a new school environment, job interviews, adjusting to a new job, exposure to low decisional latitude at work (Rowling, 2006).

[5] High level of emotional well-being and positive psychological and social functioning, measured according to the short form of the Mental Health Continuum.

### 3.3.1 CONTINUING EDUCATION

More young people than ever before are continuing their studies beyond the mandatory age of 16. Therefore, school enrolment rate (the number of students as compared with the total number of young people) among all young adults has been on the rise since 2005-2006. However, it declines with age. In 2011-2012, 92 percent of 17-year-olds, 83 percent of 18-year-olds, 73 percent of 19-year-olds, 49 percent of those aged 20 to 24 and 20 percent of those aged 25 to 29 were in school (Ministère de l'Enseignement supérieur de la Recherche et de la Science, 2015). There are many academic pathways to choose from (college, university, vocational training and adult education) and the educational pathway is not linear (Ministère de l'Enseignement supérieur de la Recherche et de la Science and Ministère de l'Éducation, du Loisir et du Sport, 2015). As well, a greater number of full-time students aged 15 to 24 hold a job while studying than at the end of the 90s (Institut de la statistique du Québec, 2013).

Studies on the transition from high school to post-secondary education reported several changes that face young adults (Conseil supérieur de l'éducation, 2013). They must adjust to a new physical and social environment, i.e., find their bearings and be aware of and understand how to use teacher availability or the services offered at the school. They must become familiar with new work methods requiring more autonomy, as well as a heavier workload and tighter deadlines. For many, this coincides with longer traveling. They are also called upon to form new relationships. They must adapt to new life contexts, particularly for students who are required to move and physically separate from their family. Some are employed and must manage their class schedule along with their work schedule. Others, a small proportion, have dependent children and must balance academic and parental life. Lastly, as they have often not yet made a final decision about the career they wish to pursue at this stage of the life course, young people are likely to have problems having a clear goal regarding their career aspirations. Moreover, the connection between the academic program and personal and occupational interests can become a source of concern (Conseil supérieur de l'éducation, 2010). While the length of the school semester dictates a rapid pace, students may integrate into their studies at varying paces and some will require more support to make it through their academic program satisfactorily (Roy, 2012). These changes and the desire to succeed are important sources of stress for students. A high level of stress can cause poor academic performance and can lead to anxiety, poorer mental health and dropping out (Cleary et al., 2011; Cronce and Corbin, 2010).

Many young adults also choose adult education and vocational training. More than half of people enrolled in these programs are under 25 (Ministère de l'Éducation, du Loisir et du Sport, 2010; Marcotte et al., 2010). These programs are often associated with young people with learning difficulties, yet the profiles and educational plans of the people attending them are quite varied, as for those attending postsecondary institutions (Marcotte et al., 2010; Organisation for Economic Cooperation and Development, 2010; Richard, 2012). Work on characterization of students attending vocational training programs and adult education centres reveals that the greater majority of young people present academic characteristics similar to young adults in general and experience similar challenges: adapting to the school environment, work/academic/family balance, managing a tight budget, choosing a career. It shows however that, for many of them, there are fewer resources to cope with these challenges (e.g., parent’s capacity to help, working longer hours to be able to meet their needs, living conditions less conducive to learning) (Marcotte et al., 2010; Mazalon et al., 2012; Mazalon and Bourdon, 2013).

A review of the literature on mental health in post-secondary facilities reveals that many students show symptoms of psychological distress and addiction/dependency, that more young people with a diagnosed mental disorder move on to post-secondary education, and that more students are asking for help (MacKean, 2011). Likewise, in Québec, there has been a significant increase in the number of students with learning disorders, attention deficit disorders and mental disorders attending CEGEPs (Fédération des cégeps, 2012). Some young people enrolled in adult education and vocational training are also considered to be in acute distress (victimized or with problematic behaviours) and more likely to experience mental health problems and difficulty with social and professional adaptation (Marcotte et al., 2010; Garneau et al., 2009).

Meeting the needs of students with problems or mental disorders therefore becomes a priority concern for all levels of education and takes the form of a commitment to increasing the provision of psychosocial and medical services. Yet, the challenges faced by students goes beyond their health problems and equally relates to their living conditions and their lifestyle, appealing for a shift in focus regarding the services provided (Patterson and Kline, 2008).

On that point, a review of the literature on mental health policies and strategies in force at postsecondary institutions in Canada and the United Kingdom shows that the interventions targeted by these policies tend to be focused on compensatory measures and on individual support. While these are important, they are only addressed to students in difficulty and do not target the mental health determinants that affect all students and can influence the success of their transitions. The authors put forward that several other policies in force in post-secondary institutions recognized for having a positive impact on the mental health of students are rarely analyzed in this sense (Olding and Yip, 2014). The same phenomenon seems to have been observed for vocational training and adult education (Garneau et al., 2009).

The results of a survey carried out with two cohorts of university students showed that several factors connected with the opportunities offered in the school environment were predictors of the level of mental health[6] of students, in particular a supportive school climate that facilitates academic and social transitions, being able to trust the staff working at the institution, a sense of belonging to the institution and a sense of civic engagement (Fink, 2014). In Québec, a study carried out with CEGEP students showed that participation in extracurricular activities offered by the college helped the students better integrate into the school setting and was associated with their feeling less stressed and less depressed (Roy et al., 2007).

### 3.3.2 Employment Integration and Working Conditions

A high-school diploma or better still further studies have become enabling factors in adapting to a changing workplace and to increase chances of successful employment integration (Clark, 2007; Bronte-Tinkew et al., 2005; Franke, 2010).

Furthermore, young adults who do not complete their educational pathway weaken their chances of getting a full-time, high-quality job (Bronte-Tinkew et al., 2005). They are then propelled into situations of vulnerability characterized by unemployment and economic instability, situations associated with poorer mental health and a greater probability of social exclusion (Franke, 2010; Rowling, 2006). For women, early entery into the workforce has a greater effect on their long-term

[6] Emotional, psychological and social well-being measured using the short form of the Mental Health Continuum: MHC-SF (Keyes, 2012).

trajectory if they are unable to stabilize their employment situation before their first pregnancy (Gaudet, 2007).

Young adults at the beginning of their working lives represent a subgroup requiring specific consideration from work settings as concerns security, health and well-being. In Québec, these youth represent the group that has the highest occupational accident rate and this rate increases for those with unstable employment (Vézina et al., 2011). Young adults' vulnerability to accidents, physical illness and a lower level of well-being can be attributed to their lack of skills and experience. Their vulnerability can also result in an overestimation of their capacities, both by themselves and their employers, based on the presumption that "young people can take it" (Institute of Medicine and National Research Council, 2014; Lemieux, 2007). We know that youth aged 15 to 24 are the most exposed (often or all the time) to certain physical work stresses recognized as being pathogenic such as making repetitive movements, working bent over or with their hands above shoulder level, straining while using tools or moving heavy objects. Lastly, a greater number of youth are precariously employed (Vézina et al., 2011).

Often the last to arrive in the workplace, young adults are less likely to have control over their work environment, which is linked to the development of mental disorders and stress. Starting a new job can also lead to stress in young adults as this involves developing and maintaining good interpersonal relationships, meeting the expectations of colleagues and superiors, adopting a professional manner and conduct and learning the ropes of the work world (Auslander and Rosenthal, 2010).

## 3.4 Civic trajectory

Becoming a responsible citizen is a key aspect of the passage to adulthood. Civic engagement contributes to the development of the civic identity and social inclusion of youth. This engagement and the resulting social inclusion are factors that have a great impact on mental health (Cook et al., 2011; Swaner, 2007). Youth civic engagement helps them form their social networks, contributes to their educational and occupational trajectories and gives them the opportunity to see the collective dimension of societal challenges (Flanagan and Levine, 2010; Franke, 2010; Institute of Medicine and National Research Council, 2014).

### 3.4.1 Civic Engagement

Voter participation and volunteering for community services are indicators frequently used to illustrate the level of civic engagement. The survey data shows that fewer young adults vote than do older people in provincial and federal elections (Institut de la statistique du Québec, 2013). Furthermore, there has been a significant and steady decline in the rate at which young adults participate in elections in recent decades (Blais and Loewen, 2011). However, their low level of participation in official politics does not mean that they are disinterested and passive about public affairs (Gaudet, 2007; Molgat and Larose-Hébert, 2010). Instead, their civic engagement is manifested more through channels such as defending causes, ethics and individual responsibility in daily actions (e.g., consumption), participating in protests on key issues and formal or information mutual aid (O'Neill, 2007). The Internet and social media also contribute to the exploded and non-traditional dynamic of youth civic engagement, giving them the opportunity to become informed and act almost instantaneously on issues around the world (O'Neill, 2007; Ménard; 2010; Pasek et al., 2009). In the Québec population, the highest proportion of volunteers is in the 15 to 24 age group, i.e., more than half of youth (Institut de la statistique du Québec, 2013). As well, according to the CCHS – MH 2012

60 percent of youth aged 15 to 24 state that they have a very strong or strong sense of belonging to their local community. This proportion is higher than in the group aged 24 to 64 (Baraldi et al., 2015).

A review of the literature on the connection between civic engagement and the well-being of youth shows that there is a positive association between varied forms of volunteering and several indicators of well-being, both short- and long-term (Flanagan and Bundick, 2011). Civic engagement is also associated with academic performance and successful employment integration. The psychosocial benefits of civic engagement in young adults are attributed to a sense of belonging and identification with a community, group or issue, to a sense of collective effectiveness and usefulness towards something greater than oneself and to the relationships developed with others. As well, while the civic engagement of young people has positive effects on their individual development, it also has a positive effect on their community and the exercise of democracy in general (Flanagan and Levine, 2010; Franke, 2010; Ménard, 2010).

Not all young adults have the opportunity to get involved in civic activities. The inequalities in their participation is the result of their previous experiences in civic engagement, as well as the conditions that foster such engagement (e.g., family models of engagement, experience of engagement starting in primary school or high school), as well as the variable opportunities for participation during the transition period (Flanagan and Levine, 2010; Ménard, 2010). Privation with respect to social, family or economic conditions, individual attributes, interpersonal difficulties and the lack of opportunities for engagement available within the settings of daily life can limit the capacity of some youth to participate and can have a negative impact on their sense of belonging and inclusion (Franke, 2010; Institute of Medicine and National Research Council, 2014; Lemieux, 2005).

**Snapshot of the Passage to Adulthood**

While young adults are called upon to make individual choices and decisions about their life course, the directions taken are significantly influenced by the opportunities afforded by the structures and institutions around them. Young peoples' life courses involve the interplay among multiple trajectories and transitions during which they may face challenges that influence mental health.

Young adults become autonomous: they distance themselves from the family unit, while the parents remain a significant source of support; their social network changes and their identity is forged through friendships and romantic relationships; they learn to manage their finances and keep up a routine that enhances a healthy lifestyle.

Young adults make choices about education and work: when continuing their education, they must adapt to a new school environment, strive for work/family/academic balance, and make career decisions; as young workers, they must manage their ability to integrate into a job that is dependent on their level of qualification, adapt to the realities of the labour market and cope with a level of decisional latitude and experience that makes them vulnerable.

Young adults become citizens: their sense of belonging to a community, their concerns about social issues and their civic engagement develop.

# 4 Spheres of action

A review was carried out of the spheres of action for promoting mental health of young adults. The spheres of action accepted are those that:

- Relate to mental health rather than mental disorders,
- Are strength-based rather than problem-based,
- Act in a comprehensive way on the mental health determinants of young adults and their distribution,
- Influence in a positive way the life trajectories during the passage to adulthood.

To this end, interventions involving prevention of mental disorders were not accepted for consideration unless they are universal prevention interventions that include a mental health measure.

Furthermore, several research data and work on the best practices to promote mental health argue that coordinated actions that use several strategies at various levels are deemed the most promising. (Ball, 2010; Institute of Medicine and National Research Council, 2014; World Health Organization and Calouste Gulbenkian Foundation, 2014). In his report on youth and young adults transitioning to adulthood, the Chief Public Health Officer of Canada confirmed the importance of addressing situations that affect young adults using a coordinated, multimodal, intersectoral and multidisciplinary approach. According to this report, all sectors of society should contribute to different strategies such as community action or public policies that support youth mental health (Chief Public Health Officer, 2011). However, few studies evaluating the effects examine the capacities of settings of daily life or structural changes. They deal mainly with interventions aimed at changing individual behaviours or developing individual skills. On the other hand, several studies show that an improvement in life circumstances, access to resources and services in the various settings, as well as the implementation of policies supporting the reduction of social inequalities, are associated with better mental health (Balfour, 2007; Ball, 2010; Barry and Jenkins, 2007). As mental health and physical health are closely linked, several interventions promoting mental health will affect physical health, and conversely, several already well-established interventions promoting physical health will affect mental health (Power, 2010).

Lastly, taking a life-course perspective, a large body of work reiterates the importance of interventions starting in early childhood since they have recognized effects of protective factors for mental health in adulthood (level of education, type of employment, decrease in the level of symptoms of depression) (Ball, 2010; National Research Council and Institute of Medicine, 2009). Therefore, spheres of action identified specifically for young adults should be part of the continuity of the actions taken earlier in life. To this end, in his report assessing the performance of the health and social services system relating to mental health, the Commissaire à la santé et au bien-être du Québec recommends that concerted efforts be made to promote mental health and prevent mental disorders, making children, teenagers and young adults a priority (Van Nieuwenhuyse and Dumas, 2012).

The spheres of action are presented according to the levels of determinants.

## 4.1 Societal level: policies that positively influence life trajectories

While childhood and adolescence are highly structured periods, in particular through a school system that provides resources and information to children, youth and parents, there is nothing comparable for young adults (Cronce and Corbin, 2010). The external structures and the organizations that, during childhood and adolescence, standardized expectations about youth, narrowed as they enter adulthood (ex. school ceases to be a transition marker for all young adults (Arnett, 2004; Cleary et al., 2011; Gaudet, 2007). The needs and characteristics of young adults are given little consideration in policies and programs aimed at individuals aged 18 and older, being mainly aimed at adults. When they are specifically aimed at youth aged 18 to 25, they are, most of the time, fragmented, poorly-coordinated and dominated by a perspective of managing risk and problems rather than directed towards facilitating transitions (Institute of Medicine and National Research Council, 2014). To this end, the WHO indicates that several policies have an enormous impact on opportunities that allow youth to choose their own pathway and to cope with changing life situations. As a result, they can positively influence the life trajectories of individuals (World Health Organization and Calouste Gulbenkian Foundation, 2014).

The Canadian Institute for Health Information (CIHI) facilitated a deliberative process with various key actors on the best approaches and actions to promote the mental health of the general population. The participants, who were managers, planners, workers, and researchers working in the field of mental health promotion, stressed the importance of focusing on mental health determinants through policies (Canadian Institute for Health Information, 2011). Likewise, based on a review of literature and a discussion among various actors, the IOM notes that we must gain a better understanding of the mechanisms by which the social determinants and the trajectories taken contribute to social health inequalities among various groups of young adults. Some social contexts, we must recall, include norms, values, laws or policies that expose individuals and groups to increased risks of developing problems owing to their intrinsic characteristics (e.g., age, gender, origin, sexual orientation) (Institute of Medicine and National Research Council, 2014). It is therefore recommended that the policies of various sectors (justice, employment, education, health) be better coordinated and that their impact on the various life trajectories of youth and their mental health be evaluated (Institute of Medicine and National Research Council, 2013).

### 4.1.1 Assisting Families

In the same manner as for children and adolescents, family social support policies are essential for families with young adults, to support them in their parental role and so that they have the living conditions – housing, employment, income, food security – that allow them to meet the needs of their children throughout their life. To increase the chances of young adults in a materially-deprived situation, the IOM recommends reviewing the family support programs (e.g., family allowance, financial assistance for training) to take into account that many youth require parental assistance beyond age 18 (Institute of Medicine and National Research Council, 2014). Reviews of best practices to promote mental health confirm that the improvement of housing conditions for families, income support policies or family assistance interventions are actions that have been recognized to have a positive influence on mental health and the reduction of social mental health inequalities (Balfour, 2007). They also show promise in lessening the burden of depression in teenagers and young adults (Bramesfeld et al., 2006).

As for young adults with children, the IOM recommends that programs for vulnerable young families (e.g., home visits) be developed and evaluated in a bi-generational perspective, i.e., that they target both the overall development of children and the personal and social development of young parents (Institute of Medicine and National Research Council, 2014).

### 4.1.2 Supporting Education and Employment Integration

Policies that facilitate access to post-secondary education and obtaining a diploma, as well as those that encourage job creation and regulating working conditions for young adults have a positive impact on their physical and mental health (Balfour, 2007). To this end, a series of Canadian studies reveal the significant effect that supporting career development has on academic performance, getting hired, socioeconomic advancement and the reduction of social inequalities, all of which are determinants of mental health (Saunders, 2008). For example, job placement programs or assistance with career decision making, as well as implementing educational and workforce development approaches that are more closely linked to high-demand economic sectors (e.g., partnerships between employers and educational institutions, on-the-job training) are promising avenues (Institute of Medicine and National Research Council, 2014). Moreover, organizations serving youth are demanding that these avenues be developed (Lemieux, 2007). At present, it has been concluded that these programs and approaches are mainly developed at a local level, with little national coordination. Furthermore, particular attention needs to be focused on youth who drop out of school, those who are in the labour market or those who are far from urban centres and seem to have significantly less access to this type of services, where they exist at all (Saunders, 2008). Moreover, we also know that preventing youth from dropping out and helping them go back to school play an important role in promoting their healthy development and reducing social inequalities. To this end, several studies stress the importance of offering support not only for academic concerns, but also for concerns regarding all spheres of life, which involves intersectoral collaboration, in particular in offering financial support for transportation, daycare for children or purchasing school supplies (Chief Public Health Officer, 2011).

Considering that youth aged 15 to 24 have the greatest exposure to some physical stressors at work recognized as pathogenic and that more of them have unstable jobs, the policies related to youth employment must also be aimed at keeping them at work and helping them thrive there (Vézina et al., 2011). The notions of well-being and psychological freedom should be included in labour standards, focusing particular attention on newly-employed young adults (Canadian Institute for Health Information, 2011). Equally, organizations serving youth emphasize the importance of applying regulations to protect young workers in high-stress job sectors, where many of them are employed, such as the hotel management and food services industries (Lemieux, 2007).

### 4.1.3 Encouraging Social Inclusion

Addressing stigma and discrimination towards youth, as well as youth engagement are issues that must be reflected in the interventions intended for them. A review of the literature on the promotion of mental health and early support for youth aged 16 to 25 conducted as part of the Right Here project in England, reveals that youth are perceived, and often perceive themselves, only through the difficulties they encounter, which leads to stigmatization and discrimination, makes them hesitate to ask for help and increases the possibilities of social exclusion (Garcia, 2008). The actions should therefore focus on improving behaviours towards youth rather than being limited to trying to increase knowledge to reduce prejudices. As a result, implementing standards and regulations to address discrimination towards youth is essential, in particular to raise cultural and social sensitivity of those around young adults (Chief Public Health Officer, 2011; Eisenberg et al., 2012; Garcia, 2008).

Furthermore, the active participation of youth in the development of policies, projects or services intended for them (content development, membership on steering committees, etc.) is crucial. This gives youth greater empowerment, contributes to developing their personal and social skills, contributes to their social inclusion and allows for better alignment of actions (Chockoway, 2011; Finley, 2012; Garcia, 2008). In this sense, several studies suggest exploring how social media can be used to reach vulnerable and often socially-isolated young adults in order to strengthen their social inclusion (Chief Public Health Officer, 2011; Institute of Medicine and National Research Council, 2014; Liu, 2013).

#### 4.1.4 Making Mental Health Part of All Care and Services

To promote the mental health of all young adults, several studies suggest that it is paramount that we move from a culture of care to a culture of well-being, through the services offered. They also suggest that we develop programs and services specifically serving young adults, while ensuring that staff persons are trained accordingly. This implies offering preventive clinical services, social support and help adapted to various social contexts (e.g., poverty, unemployment) comprehensively covering all aspects of the physical and mental needs of youth and their families (Balfour, 2007; Canadian Institute for Health Information, 2011). Clinical, public health and community-based services must be more closely interconnected so that the signs of distress or problems that can lead to a deterioration in mental health (e.g., abuse of psychoactive substances, family burnout, violence or child abuse, unplanned pregnancy) can be recognized as early as possible, and the youth can be directed to the right resources (Faculty of Public Health and Mental Health Foundation, 2016; Institute of Medicine and National Research Council, 2014). These services should also encourage individuals and families to participate in identifying solutions and using approaches that strengthen their capacities to maintain optimal mental health (Chief Public Health Officer, 2011).

Furthermore, awareness campaigns designed to improve mental health literacy that reflects their diversity (age, gender, culture, level of knowledge, etc.) have the potential of increasing their knowledge. They should emphasize the importance of emotional, psychological and social well-being and make it easier to ask for help, rather than simply demystify mental disorders, as is often the case (Balfour, 2007). These should also include contents created by young people or involve them (Liu, 2013). Social media are also identified as being a good means to use to reach young adults on that matter (Chief Public Health Officer, 2011; Institute of Medicine and National Research Council, 2014).

Lastly, the policies of the health and social services sector (e.g., tobacco, alcohol and gambling regulation, policies dealing with violence and intimidation) that are not specific to, but connected with mental health, should be designed and evaluated taking into account their potential effects on mental health (Faculty of Public Health and Mental Health Foundation, 2016; Institute of Medicine and National Research Council, 2014; Jané-Llopis et al., 2011).

## 4.2 Context and settings of daily life: environments favouring to the passage to adulthood

The settings of daily life in which young adults evolve are determinant for their health and well-being (Chief Public Health Officer, 2011). A review of studies on the efficacy of interventions to promote mental health for youth aged 12 to 24 reveals that a consensus is emerging regarding the association between various elements of the social environment and mental health. In particular, the reduction of exposure to violence, the development of the skills of those working with youth, the strengthening of community ties, the participation of youth in community life and the creation of a positive (inclusive, safe, caring) school climate are positively associated with mental health (Ball, 2010). Similarly, a

systematic review of studies on the obstacles to and facilitators of good mental health show that youth see the loss of friends, family difficulties, violence and intimidation as obstacles to their mental health. They also see access to material or physical resources, as well as the capacity to adapt to life's challenges as positive influences on their mental health. The authors conclude that, while youth describe mental health in functional terms, the interventions often take a symptom-based approach (Oliver et al., 2008). In this sense, these interventions primarily target factors such as managing stress, practising physical activities, drug or alcohol use or knowledge on mental health, rather than the factors in the social environment that are of concern for youth (Smith Fowler and Lebel, 2013).

In short, many public policies are implemented locally, in the life settings of youth, and this is accomplished through the involvement of a multitude of actors in those settings of daily life. Through these settings it may be possible to provide ideal conditions in which youth can thrive, be successful and become engaged (Faculty of Public Health and Mental Health Foundation, 2016; Institute of Medicine and National Research Council, 2014). Similarly, youth need the support of their friends, families, teachers, employers and the community to navigate their transitions. All of these actors have a significant effect on the health and well-being of young adults (Chief Public Health Officer, 2011; Institute of Medicine and National Research Council, 2014).

### 4.2.1 Providing Community Opportunities

Developing community initiatives to address harassment and violence, keep the community safe, regulate the use of psychoactive substances and gambling, guarantee food security and provide access to healthy food help create environments that promote good mental health for youth (Balfour, 2007). Similarly, creating recreational and sports facilities and activities in communities should be encouraged, since adopting healthy lifestyles is positively associated with mental health (Liu, 2013).

The CIHI points to the importance of making sure that support is available within communities, as well as opportunities for quality social relationships (Canadian Institute for Health Information, 2011). At the same time, the communities become settings that contribute to strengthening social networks, social support, community spirit and a sense of belonging in young adults (Chief Public Health Officer, 2011; Rowling, 2006). It is therefore crucial that all young adults' opportunities for participation in and commitment to the community be increased and improved. As well, the programs and activities offered in community organizations play a very special role in reaching youth who are not connected with an educational institution or a workplace (Rowling, 2006). Indeed, according to a review of the best practices in mental health promotion, young adults report that participating in meaningful volunteer activities or being involved in community arts programs positively influence their mental health (Balfour, 2007).

While youth participation has positive effects on their individual development and on their health, it also has positive effects on their communities (Chockoway, 2011; Ménard, 2010). In fact, bringing new perspectives and solutions to their local communities' issues, as well as the broader social issues, by getting involved, young adults are drivers of change for their generation as well as the next generation (Flanagan and Levine, 2010). In order to increase the standing of young adults within communities, the IOM recommends that local communities establish a group of various actors, with youth inclusion a must, dedicated to healthy transitions to adulthood, with the aim of promoting education, health, safety and well-being (Institute of Medicine and National Research Council, 2014).

### 4.2.2 Enhancing Parental Engagement

A safe, warm and supportive family environment, combined with appropriate structure and supervision, creates an environment favourable to the development of youth, their perseverance and their academic performance. The resources offered by the family contribute to the development and well-being of young adults (Chief Public Health Officer, 2011). Families can get support in this role through family assistance policies and services or through opportunities provided in the settings of daily life (Canadian Institute for Health Information, 2011; Institute of Medicine and National Research Council, 2014; Liu, 2013).

### 4.2.3 Encouraging Overall Youth Development in Post-Secondary Education Settings

Post-secondary institutions (CEGEPs, universities, vocational training centres or adult education centres) can significantly contribute to the short- and long-term well-being of youth and to a successful transition to adulthood. Besides the individual support services provided and already recognized as essential for supporting youth, they offer numerous learning opportunities that youth will need to develop and maintain their cognitive, physical, emotional and social skills (Rowling, 2006; Chief Public Health Officer, 2011; Institute of Medicine and National Research Council, 2014). In particular, they can help youth develop their civic identity and social engagement by offering opportunities to get involved (Chockoway, 2011; Finley, 2012). Similarly, the education policies regarding harassment, violence, education integration and intercultural education, as well as work placements and other opportunities of education and learning can help with perseverance, success, preparing for the labour market, forming relationships, civic identity and thriving (Olding and Yip, 2014). Again, providing support at the end of high school to facilitate the transition to post-secondary education contributes to the well-being of youth and facilitates their integration into their new environment (Conseil supérieur de l'éducation, 2010).

A review of the scientific literature and grey literature about how questions on the mental health of students are discussed in post-secondary settings indicates that there is growing recognition in many post-secondary settings in Canada, the United States, the United Kingdom and Australia, that an approach that focuses solely on treating those with problems is not the most effective or the most lasting way to promote mental health. It is important to pay attention to factors in students' lives that pose a risk to their mental health. It is also important to ensure that the learning experience does not contribute to the development of difficulties in youth or negatively affect their mental health (MacKean, 2011).

It is against this backdrop that the Canadian Mental Health Association and the Canadian Association of College and University Student Services created a guide for the development of a comprehensive approach to the mental health of students in post-secondary settings (Canadian Association of College and University Student Services and Canadian Mental Health Association, 2013). Mental health is known to have a decisive influence on the academic success of students and on how they thrive in the various spheres of their lives. Physical, cultural, spiritual, political, socioeconomic and organizational environmental factors significantly affect the well-being and learning of students. The importance of involving students as active participants in their own well-being has been recognized. Some propose that to enhance the well-being and learning potential of students, it is essential to consider reducing inequalities and discrimination. Lastly, the intervention must target the entire campus. Creating conditions that support learning and mental health is a collective and shared responsibility that involves all the actors in the academic setting.

As a result, the guide presents a comprehensive model for the mental health of students with seven key components for student mental health strategy development. Three components concern all students and staff: 1) the institution's strategic goals, policies and practices show a clear concern for the mental health of students and staff; 2) a positive climate in the campus environment focuses on youths' strengths and develops personal and social competencies, shows openness towards youth and their experiences, helps them develop caring interpersonal relationships and promotes youth engagement; and 3) mental health awareness initiatives for both students and staff increase their understanding of the determinants of mental health. Two of the key components are directed towards students with concerns about coping: 4) developing community capacity to respond to early indicators of student concern; and 5) implementing measures to help students with self-management competencies and coping skills. Lastly, two key components are directed toward students in distress: 6) providing accessible mental health services; and 7) setting up a crisis management protocol.

This model complements others, developed by various national associations. It proposes a comprehensive approach to student mental health, or more broadly, their general health[7]. These models build on the work done by the WHO on healthy settings (Tsouros et al., 1998). The literature also contains several models with similar aims that were developed locally by post-secondary institutions.

Similarly, a review of the literature on the types of support that enhance student persistence in the 12 to 35 age group, or encourages them to go back to school shows that besides academic measures (identifying youth who are having trouble coping at school, support for developing academic skills), measures to help youth meet the challenges of life are necessary. Indeed, the interventions intended to increase a sense of belonging in the school setting, develop their sense of responsibility or offer support in other spheres of life (e.g., finance, family) can improve academic performance. This work shows the importance of a concerted effort by the various actors who work with young adults and the importance of comprehensive actions that promote youths' development (Bourdon and Baril, 2016).

The general scope of the interventions in a post-secondary setting is also at the centre of a global movement of health promoting universities and institutions of higher education that led to the development of the Edmonton Charter (University of Alberta (Ed.), 2005) and more recently, the Okanagan Charter (Charter Working Group (Eds.), 2015). They reaffirm the importance of applying principles of health promotion in post-secondary institutions to create campuses that promote health and well-being. They encourage institutions to include a concern for health in all aspects of campus life (administrative, operational, educational, etc.).

### 4.2.4 Protecting Young Workers

Work is a key component for the social integration of youth, but also for building their identities (Rowling, 2006). However, the lower level of skills, experience and training of young adults, as well as a lack of control over their environments, places them at a higher risk of accidents and psychological distress (Institute of Medicine and National Research Council, 2014). In addition to government

[7] For example, from the United States, *A Guide to Campus Mental Health Action Planning (The Jed Foundation and Education Development Center Inc., 2011), The National Association of Student Personnel Administrators Ecological Model* (National Association of Student Personnel Administrators, 2004) or *Standards of Practice for Health Promotion in Higher Education* (American College Health Association, 2012); from the United Kingdom, the *UK Healthy Universities Model (Dooris et al., 2016)* and the *Guidelines for Mental Health Promotion in Higher Education* (Universities UK/Guild HE Working Group for the Promotion of Mental Well-being in Higher Education, 2007; Mental Wellbeing in Higher Education Working Group, 2015).

policies to protect young workers, it is also important that workplaces be concerned with promoting physical and psychological security and a sense of safety and belonging for young workers (Canadian Institute for Health Information, 2011). Avenues such as requiring companies to adopt standards concerning management practices for protecting health, supporting work/life/personal balance, preventing intimidation, harassment and violence, promoting healthy lifestyles and preventing accidents, specifically geared to the realities of young workers, are particularly relevant. Another interesting avenue is that of implementing mentoring programs, matching young workers with those who have more experience (Chief Public Health Officer, 2011; Lemieux, 2007).

## 4.3 Individual level: competent youth capable of meeting challenges

In general, the results of systematic reviews and meta-analyses show that interventions that allow youth to put their learning into practice and include feedback (support, supervision, etc.) will be more likely to have an effect on various measures of well-being, on the symptoms of depression or anxiety and on asking for help, than do interventions that focus solely on information (Bolier et al., 2013; Christensen et al., 2010; Clarke et al., 2015; Conley et al., 2015; Gulliver et al., 2012; Newton et al., 2010; Oliver et al., 2008). This type of intervention contributes to the development of youths' skills.

However, several authors stress the need for caution in interpreting the results, given the variety of characteristics of the interventions that were evaluated,[8] the high discontinuation rate of participants and the wide variation in the quality of the evidence in the studies. Several studies did not measure the long-term effects of the interventions, and when they did, the effects tended to diminish over time. Lastly, the diversity of the modalities (online, group, etc.) and the contents of the interventions makes it difficult to draw conclusions on the most effective components of each intervention.

### 4.3.1 Developing Personal and Social Competencies

The importance of developing skills has been corroborated by a large body of work. Therefore, a review addressing the components of the programs that are effective in promoting mental health concludes that efforts should be concentrated on implementing individual-level interventions focusing on developing personal and social competencies, rather than focusing solely on providing information (Balfour, 2007; Ball, 2010). Real-life situations should also be used when creating the contents of the interventions, which should be adapted to the age of the young people targeted (Liu, 2013). The development of personal and social competencies would help increase the assets associated with good mental health (Ball, 2010). These skills are also associated with successful academic performance and employment integration and retention (Lippman et al., 2008). The skills acquired also influence at-risk behaviours such as substance abuse (Reavley and Jorm, 2010). In this respect, interventions that encourage adopting a personal lifestyle ethic (nutrition, physical activity, sleep) will have beneficial effects on the various aspects of mental health and are also associated with a reduction in the likelihood of developing risky behaviours (Balfour, 2007; Ball, 2010).

Regarding universal interventions for preventing depression that target personal abilities (e.g., stress management techniques), reviews of programs show that while they reduce the symptoms of depression in the short-term, they have little or no effect on the prevalence of depression (Bramesfeld et al., 2006; Reavley and Jorm, 2010). Therefore, this type of depression prevention intervention should be provided only to youth who request it (demand oriented group intervention), considering the potential stigmatization associated with identifying youth at risk as well as the low cost-benefit

[8] Asking for help, providing information on mental health or mental disorders, developing social competencies (communication, interpersonal skills, problem solving), various techniques for managing emotions and stress (mindfulness, relaxation, cognitive-behavioral approach).

ratio of the interventions were they to be made widely available. Rather, universal interventions should focus on the development of personal and social competencies (Bramesfeld et al., 2006). As well, the results of a systematic review show that engaging in physical activity plays a protective role against depression and can therefore be considered a worthwhile intervention for promoting mental health (Mammen and Faulkner, 2013).

Regarding universal interventions addressing help-seeking, a review of the factors that influence requests for help by post-secondary students stresses the importance of paying particular attention to the obstacles to their asking for help when designing the interventions: perceived need for help, social contexts and networks and the cultural and social sensitivity of support workers (Eisenberg et al., 2012).

Lastly, several publications reveal that individual-level interventions should be combined with interventions that target various settings of daily life, to ensure that all youth have opportunities to strengthen what they have learned, thereby avoiding an increase in inequalities (Chief Public Health Officer, 2011; Balfour, 2007; Ball, 2010; Barry and Jenkins, 2007; Institute of Medicine and National Research Council, 2014; Jané-Llopis et al., 2011; World Health Organization and Calouste Gulbenkian Foundation, 2014).

**Snapshot of the Spheres of Action**

Fostering and preserving the mental health of young adults involve a series of coordinated actions, at various levels, targeting the general population of young people, while taking into account their various needs. These actions must allow youth to have better control over their lives, to have access to material and social resources in their settings of daily life, and to be able to participate in economic and social life without facing discrimination or violence.

Policies that support families, education, employment integration, social inclusion, and access to high-quality mental health services which focus on well-being serve to equalize youth opportunities, provide them with the resources they need to face various life situations and, as a result, promote and protect their mental health.

Coordinated initiatives in the various settings of daily life and actors sensitive to the realities of youth create environments in which they can thrive, be successful and engaged. Examples of these would include creating community initiatives to reduce exposure to violence, promote healthy lifestyles, reinforce social ties and encourage youth participation; implementing a holistic approach to health in post-secondary settings; and implementing initiatives to protect and support young workers.

Individual-level interventions should target developing youths' personal and social competencies, rather than simply providing them with information. These interventions will only have an impact if they are combined with actions that promote access to material, physical and social conditions in the various settings of daily life that allow youth to use their personal and social competencies.

# 5 Key findings and recommendations

This knowledge synthesis shows that, as with physical health, mental health is the result of the dynamic interplay, at all stages of the life course, between individuals, groups, settings characteristics and the broader socioeconomic context. Mental health fluctuates depending on the circumstances encountered and the resources available to cope with these circumstances. Public health action must therefore focus on conditions that promote developing and maintaining good mental health for all. It cannot be limited to support measures aimed at those in difficulty or "at risk." The literature reviewed shows that actions directed towards strengthening the capacities of settings of daily life and of individuals will have various beneficial impacts and a broader scope than those directed at reducing problems or deficits. Therefore, actions should target mental health determinants at all levels and their distribution across the life course, more specifically during transition periods such as the passage to adulthood.

Several key findings emerge from this synthesis, from which recommendations come forth:

1. **Young adults have issues distinct from other age groups.** The passage to adulthood is a period in the life course marked by several transitions and taking on new roles and responsibilities. Youths' abilities to cope with the life situations inherent in these transitions affect their life trajectories, their health and their well-being. This is also the time in which social inequalities increase. Yet, the literature reviewed highlights the fact that little consideration is given to the scope of the needs and realities of young adults in policies and interventions.

   **Recommendation**: Attention must be paid specifically to young adults in policies, interventions and research, rather than including them with other age groups, specifically adolescents or adults.

2. **Promoting mental health in young adults requires adopting a holistic perspective of youth based on strengths and assets.** There is a tendency to consider health and well-being as attributes of an individual. Interventions tend to be divided into as many actions as there are problems, thereby operating under a fragmented view of youth, focused on problems rather than on the abilities necessary to cope with life situations. The studies reviewed confirm the importance of considering all aspects of youth lives in order to get an overview of their needs. It is also important to consider the various opportunities afforded by the various social contexts in which youth grow up that will affect their ability to succeed, to live healthy lives and to become vital members of their communities.

   **Recommendation**: Redirect interventions from problem-based and symptom-based approaches to reflect a broader understanding of their individual and collective needs and provide the resources required to meet these needs. As such, programs and services specifically aimed at young adults that take into account all their needs (e.g., physical and mental health, financial, housing, family, peer and dating relationships, parenting, academic performance, work) are to be emphasised.

3. **Comprehensive approaches are the most likely to improve the mental health of all and reduce social inequalities in mental health.** Scientific knowledge in the field of the development of young adults reveals the limited effectiveness of mental health promotion actions that target individuals alone. According to this knowledge, it is important to make use of a coordinated series of intersectoral actions involving multiple strategies and targeting the determinants at various levels, while taking into consideration the various needs of youth. In addition, actions at the societal level such as policies and laws make it possible to simultaneously or jointly address the lifestyles of young adults, their persistence and their academic performance, their successful employment integration and their civic engagement. They contribute to equalizing youth

opportunities. These actions are embodied in the various settings of daily life by coordinated initiatives that affect the determinants of health, well-being and personal success. These initiatives lessen the impact of social inequalities by providing access to a set of resources necessary for youth to successfully make the various transitions involved in the passage to adulthood and promote mental health.

**Recommendation**: Support the development of comprehensive approaches in young adults' various daily settings to promote their mental health. As such, existing, well-developed models based on a comprehensive approach to mental health in post-secondary settings could be used. For example, the Canadian Mental Health Association and the Canadian Association of College and University Student Services created a guide for the development of a comprehensive approach to the mental health of students in post-secondary settings (Canadian Association of College and University Student Services and Canadian Mental Health Association, 2013).

4. **Having youth participate in developing and implementing actions aimed at them is key to their success.** The literature reviewed shows that having youth participate actively in developing policies, projects or services designed for them is crucial. This empowers them, contributes to developing their personal and social competencies, as well as to their social inclusion, and results in the actions being better adapted to youth.

   **Recommendation**: Adopt a collaborative and participative approach that empowers young adults and enhances their engagement. As such, opportunities provided by educational institutions or local organizations that actively engage youth (e.g., integration of young adults into decision-making committees, creation of community engagement projects for young adults) present interesting avenues.

5. **Professionals and managers must have the competencies to take this perspective on promoting mental health in young adults.** Implementing actions that promote mental health that are coordinated, multimodal, intersectoral and multidisciplinary, that adopt a positive view of young adults focusing on their strengths, that encourage them to participate and that are attuned to their realities involves a mix of knowledge, soft skills and know-how on the part of public health actors and their partners. Such actions should be supported.

   **Recommendation**: Support the development of competencies of professionals and managers that encourage a perspective of promoting young adults' mental health. To this end, existing competency frameworks in health promotion (Pan-Canadian Committee on Health Promoter Competencies, 2015; Dempsey et al., 2011; Martin and Brahimi, 2014) and mental health promotion (Public Health England, 2015b) can serve as benchmarks.

6. **Many interventions likely to affect mental health and reduce social inequalities in mental health are not evaluated from this perspective.** Many policies or interventions in different settings of daily life (preventing violence, regulating alcohol consumption, preparing youth for the labour market, etc.) provide the tools needed to address mental health determinants. The result is that several existing public health actions or actions from other sectors (ex. work, education) have the potential to positively affect the mental health of youth and reduce social inequalities in mental health, but are not implemented or evaluated in this perspective. Several documents from the literature reviewed highlighted the importance of measuring the impact of these actions on mental health and the inequalities in mental health.

   **Recommendation**: Adapt and apply the already recognized practice of health impact assessment to the field of mental health and social inequalities in mental health. This practice makes it possible to estimate the potential effects of projects, policies or interventions on mental health and its determinants. In this regard, tools already exist on which to build on (St-Pierre, 2016).

7. **Measuring positive mental health and the related factors is an emerging sphere of knowledge.** The literature reviewed regarding the development of young adults highlights the importance of gathering more information on their past and present life contexts as well as their physical and mental health to better meet their needs. Beyond monitoring indicators to identify problems experienced by youth (substance use, mental disorders, psychological distress, dropping out, etc.) it is necessary to use indicators to monitor the positive development of youth, such as measuring mental health by the level of emotional, psychological and social well-being. Furthermore, conducting longitudinal studies starting in early childhood would shed light on the determinants that influence the life course, identify trends and make it possible to adjust interventions accordingly.

   **Recommendation**: Continue developing and using positive mental health measures as well as other related measures in population surveys and in evaluation studies of interventions.

To sum up, fostering and preserving the mental health of young adults requires a series of coordinated actions. These actions must lead to an improvement in living conditions, the implementation of standards and regulations that reduce social inequalities in mental health, better access to resources and services in the various communities and greater youth participation in economic and social life. These actions will only be possible through increased collaboration among public health actors and actors from other sectors.

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# Appendix 1

# Selection and analysis of the documentation

## Selection and analysis of the documentation

The following platforms and databases were initially consulted in December 2013 and then periodically until 2016:

- ProQuest: ProQuest Sociology, Social Services Abstracts, Sociological Abstracts
- EBSCOHOST: Health Policy Reference Center, ERIC, MEDLINE with full text, Psychology and Behavioral Sciences Collection, PsychINFO, SocINDEX with full text, Francis
- OvidSP: Global Health

The search terms used were:

| | | | |
|---|---|---|---|
| ▪ Mental health<br>▪ Emotional health<br>▪ Psychological health<br>▪ Wellbeing<br>▪ Wellness<br>▪ Positive mental health<br>▪ Mental hygiene | ▪ Young adult<br>▪ Emerging adulthood<br>▪ Early adulthood<br>▪ Transition to adulthood<br>▪ Transitional adult<br>▪ Young people<br>▪ Young person<br>▪ University/college/post-secondary/undergraduate/ Higher education student | ▪ Determinant<br>▪ Influencing factors<br>▪ Risk factors<br>▪ Protective factors | ▪ **Types of publications**<br>▪ Scientific advice<br>▪ Policy<br>▪ Guideline<br>▪ Guide<br>▪ Literature review<br>▪ Systematic review<br>▪ Meta-analysis<br>▪ Knowledge synthesis<br>▪ Evidence briefing<br>▪ Government publication |

For the grey literature, the following resources were periodically explored until 2016 using the same search terms:

- Google/Google Scholar
- Worldcat
- Santécom
- Scientific watch tools and organization newsletters (e.g., UK Health Forum, Health Evidence)
- Organizational websites (e.g., World Health Organization, Institute of Medicine).

The inclusion and exclusion criteria used to select materials were:

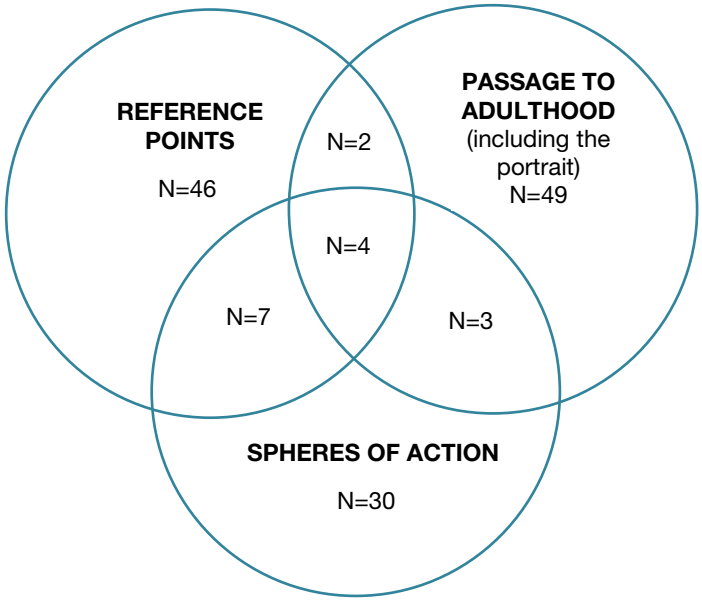
- Documents in French and in English published since 2004
- Documents clearly including the young adult age category
- Documents that look at the passage to adulthood and how it is connected with mental health.
- Documents that look at mental health or its determinants. Papers that look at care and services for treating mental disorders were excluded.

- For the evaluations of interventions, primary studies were eliminated. Only meta-analyses, systematic reviews or study reviews were kept. They had to include evaluations of interventions that use at least one measure of mental health and that are not limited to measures of mental disorders.

More than 1,500 documents were retrieved from the databases and the grey literature using the search terms. In total, 535 papers were assessed based on the inclusion and exclusion criteria. Lastly, after two rounds of elimination (1- elimination of duplications, reading abstracts, 2- reading texts), and after an interrater agreement, **141 documents** were finally selected for analysis. The types of documents accepted were:

| | | |
|---|---|---|
| **Primary studies**: | All primary studies evaluating programs were rejected.<br>However, survey data and descriptive or associative studies were accepted when they could be used to document the portrait of youth or the predictors of mental health. | N=31 |
| **Systematic reviews or meta-analyses** | Review of evaluations of interventions. | N=8 |
| **Literature reviews** | Review of best practices, the transition period or ways of conceptualizing mental health. | N=22 |
| **Expert opinions** | ▪ Opinions of researchers based on their previous research. | N=39 |
| | ▪ Expert bodies (e.g., IOM; CIHI). | N=9 |
| | ▪ Advocacy groups. | N=2 |
| **Guidance documents** | Progress reports prepared by government or world bodies to guide action. | N=30 |
| **TOTAL** | | **141** |

Some of the 141 documents were used for more than one purpose as the figure below illustrates.



Each of the documents was read and analyzed by at least two readers. The analyses were entered into the *Access* database created for the purposes of the study. An inter-rater agreement was conducted with the co-investigator for these documents.

The contents of the various sections of this knowledge synthesis have been validated by an external source. Key actors from various diverse backgrounds (research, planning, intervention) recognized for their expertise in public health, mental health or on the young adult population were asked to provide comments on the contents of the synthesis.

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