Youth Mental Health: making the vision a reality in Ireland

A paper for submission to the Irish College of Psychiatry to launch the beginning of their chosen theme of *Youth Mental Health* in 2013.

INTRODUCTION

> "Even the intrepid among us might sink without someone to hold them"
>
> Laura Burke
> Playwright, poet and mental health advocate

Youth is defined as the period between childhood and adulthood. It is an extended phase of the lifespan[1] from the early teens to the mid to late 20s and incorporates the developmental periods of adolescence and emerging adulthood.[2] It is considered one of the most heterogeneous stages of life involving complex biological, psychological and social changes for young people.[3] During this period, individuals must negotiate a range of intrapersonal, relational, vocational and existential challenges before taking on the roles and responsibilities that await them in adulthood.

There has been a perception that the health and well-being of young people have never been better. While this may be true for the physical health of young people, the reality is that young people's psychological and mental health has never been worse[4] and the evidence points to high rates of both clinical and sub-clinical rates of psychological distress and mental disorder among young people.[5,6] From a lifespan perspective, youth is the peak period for the onset of mental ill-health and it is young people who carry the burden of mental ill-health.[7,8] World Health Organisation figures on the global burden of disease point to neuropsychiatric disorders as the leading cause of disability for young people aged 10-24 years, accounting for 45% of years lost to disability.[9] Using the disability-adjusted life year (DALY) measure, unipolar depressive disorders, schizophrenia, bipolar disorder, alcohol use and self-inflicted harm are ranked as 5 of the top ten causes of DALYs among young people in the 10-24 year age range.[9] With adolescence and emerging adulthood considered to be the most productive years of life, these figures raise significant concerns about the impact of mental ill-health, not only on young people themselves, but also on their families, communities and wider society.[10]

Not only are there worryingly high rates of mental ill-health among young people but, for 75% of adults with a mental disorder, the onset of that disorder will have occurred by the age of 25 years[11] suggesting high rates of continuity in psychopathology over time.[1] Thus, the onset of mental ill-health in youth places individuals at high risk of developing enduring and potentially intractable mental health difficulties, which carry with them additional risks including social and vocational exclusion, stigma and discrimination, restricted access to health and social services and higher rates of disability and premature death.[12]

From both an economic[13,14] and a human impact perspective, there is a strong rationale to invest in mental health service delivery for the youth population and there have been calls for a more

progressive and proactive response to the crisis in young people's mental health internationally.[3,15] Any such response will necessitate a commitment among leaders and professionals within the field to challenge traditional service delivery models and to consider how best to use available resources to better meet young people's mental health needs.

YOUTH MENTAL HEALTH IN IRELAND

While data on prevalence rates of mental ill-health among the youth population in Ireland have been limited, there have been a number of studies on the psychological and mental health of young people between the ages of 12 and 25 since the early 1990s. The majority of studies to date[16,17,18,19,20,21,22,23] have used standardised self-report measures to gather data and have uncovered high levels of psychopathology (particularly depression and anxiety), alcohol and substance use, self-harm and suicidal ideation or behaviour among young Irish people.

The most comprehensive survey on youth mental health to date has been the My World Survey[23] which was published last year. It collated data on over 14,000 young people aged 12-25 years from across Ireland using a variety of scales to determine both positive and negative mental health domains within an Irish youth population. Findings from that study suggest that over one-third of young people are outside the normal range for both depression (35%) and anxiety (34.5%) and that psychological difficulties increase among young people over time. Among the 8,221 young adults (17-25 years) surveyed, over one in five (21%) had engaged in deliberate self-harm, over one half (51%) reported suicidal ideation and 7% reported a past suicide attempt.

Four studies[24,25,26,27] have used clinical diagnostic interviews to determine prevalence rates of mental disorder among young people in Ireland. Two of these studies[24,27] are part of the Challenging Times study and provide the only longitudinal data on the prevalence of mental ill-health among Irish youth. The original Challenging Times study investigated the prevalence rates of mental ill-health among Irish adolescents between the ages of 12 and 15 years. Results from that study found that the weighted population prevalence of diagnosable mental disorders was 15.6%. The Challenging Times follow up study, which took place when the sample population was then aged 19-23 years, found a weighted population prevalence for current mental disorder of 19.5% with 55.3% of young people having had a lifetime experience of mental ill-health. These findings are similar to those in the Clonmel Project[25] which found a prevalence rate for mental disorder of 21% among their sample of 12-18 year olds. One further study using clinical diagnostic interviews with young people aged 11-13 years[26] found that 7.7% of their sample met criteria for an At Risk Mental State. In total 8.1% met criteria for current prodromal risk syndrome, 63% of whom also met criteria for at least Axis I disorder.

High rates of self-harm and suicide among young people have been of particular concern in Ireland over the past decade. Suicide is now the leading cause of death among 15-24 year olds in Ireland and Ireland has the 4th highest rate of youth suicide in the European Union.[28] Young men are at particular risk for suicide and the most recent figures put the rate of suicide in young men between the ages of 15 and 19 years at 18.8 per 100,000, rising to 30.7 per 100,000 in the 20-24 year age range.[28] Figures for the incidence of self-harm among young people are also concerning, with officially reported rates of self-harm among females peaking in the 15-24 year age range (at 639 per 100,000) and among males in the 20-24 year age range (at 626 per 100,000).[28]

While there is no question that further Irish research in the area of youth mental health is necessary to develop a more comprehensive picture of young people's mental health, the evidence to date supports the view that young people in Ireland are experiencing unacceptably high rates of psychopathology and mental ill-health. It also supports calls for more proactive approaches to providing accessible and youth-friendly mental health services for young people and their families.

THE EMERGENCE OF A YOUTH MENTAL HEALTH PARADIGM

In recent years the term *youth mental health* has become part of the lexicon of psychiatry and reflects the emergence of a new youth mental paradigm within the field. This paradigm is gaining momentum as evidenced in the recent establishment of the International Association of Youth Mental Health (IAYMH) (https://twitter.com/iaymh). The stated aims of the IAYMH are to 'change the way the global community thinks about young people and their mental health by ensuring that services are developmentally and age appropriate, and that young people have an active voice in determining what is best for them'.

The emergence of the youth mental health paradigm can be linked to three key factors. Firstly, there was the growing epidemiological evidence of high rates of mental ill-health among young people aged 12-25 and a peak in the onset of mental ill-health during the adolescent and emerging adult years. The onset of mental ill-health in youth was also implicated in the experience of mental ill-health continuing into and throughout the adult years with the inherent social, vocational and personal consequences associated with enduring mental illness. In light of this, advocates began to argue that youth was the critical period to focus efforts at early detection and intervention and that is was necessary to challenge the traditional paediatric-adult divide in mental health service structures.

Secondly, within the early intervention movement clinicians began to expand their thinking about the potential impact that an early intervention model could have beyond the narrow diagnostic category of psychosis. Concepts such as clinical staging[29] proposed that an early detection and intervention model could be applied more generally within the field of psychiatry to enhance earlier recognition and detection of psychopathology in order to minimise potential disease progression over time.

Thirdly, the emergence of the youth mental health paradigm was influenced by young people themselves who began to speak about their experiences of mental ill-health and of mental health services, arguing that traditional service structures and models of care were largely unsuited to their needs.[30] This was supported by additional evidence of high rates of attrition and dissatisfaction among young people when transitioning from CAMHS to AMHS services.[31] Young people began to stand up, speak out and to advocate for improvements in mental health services and support.

In recent years, innovative approaches to youth mental health service delivery have been piloted, offering an alternative to traditional specialist services that followed a CAMHS-AMHS split. Examples include Headstrong's *Jigsaw* initiative in Ireland (www.headstrong.ie & www.jigsaw.ie), headspace in Australia (www.headspace.org.au) and YouthSpace in the UK (www.youthspace.me).[32] Along with these developments, a group of professionals from Ireland, the UK and Australia came together to

try to embed the concept of youth mental health internationally and to progress efforts to respond to the scale of mental health need among young people. As part of that process, it was suggested that a declaration on youth mental health may provide some of leverage needed to promote the kind of changes needed to transform young people's experiences of mental health services and supports.

THE INTERNATIONAL DECLARATION ON YOUTH MENTAL HEALTH

Background

The International Declaration on Youth Mental Health originated at a Youth Mental Health Summit in Killarney, Ireland, on 19th May 2010. The Summit provided a forum for young people, family members, clinicians, researchers and policy makers to share practice innovation and research in the field of youth mental health. An early draft of the declaration was tabled at the summit by Dr. David Shiers and Professor Patrick McGorry, both of whom had been key contributors to the Early Psychosis Declaration.[33] A vigorous debate about the content of the proposed youth mental health declaration then ensued. Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process. Their feedback and input activated a broader consultation process to formulate a consensus statement on youth mental health that would identify measurable outcomes that were relevant to young people and their families.

The Declaration writing group was primarily made up of members of the Association of Child and Adolescent Mental Health (ACAMH) Special Interest Group in Youth Mental Health in Ireland, supported by Patrick McGorry and David Shiers. Using feedback from the Killarney Summit a range of action areas and outcome points were generated over a period of over 12 months resulting in the Declaration as it stands today. The Declaration contains the voice and views of young people and a number of Irish young people have contributed their views on the Declaration during the writing process.

The vision

Our underpinning belief is that young people and their families, with the right kind of support, can navigate their way through a period of mental ill-health and go on to live meaningful lives. We hope this declaration will influence practitioners, service providers, policy makers and governments internationally to create more youth-friendly services which offer timely and appropriate assessment and intervention that are grounded in an ethos of hope, resilience and recovery.

The Declaration challenges the present configuration of systems arguing they are currently weakest where they should be strongest. This goes beyond requiring more appropriate levels of resource, essential as this is. We believe it also requires a fundamental shift in how we think about and respond to the mental

health needs of our young people. Paternalistic service-led approaches must give way to ones where young people themselves are included as respected equals in the process of designing and developing youth mental health services. Their expertise and that of their families is essential to achieve progressive service development and systemic change.

While the majority of the 10-year outcomes we describe focus on youth mental health service provision, the principles of this Declaration reflect a broader mental health agenda that includes mental health promotion and prevention. We hope to contribute to a wider effort to challenge stigma, discrimination and prejudice and to ensure that no young person is disadvantaged or socially excluded because of their experiences of mental ill-health.

Finally our vision is practical. By insisting on measurable outcomes we want to avoid simply generating a set of aspirations. The Declaration seeks change that is achievable within the time frame that has been set. The targets reflect minimum standards that young people with mental ill-health and their families should expect.

Objectives & Targets

To translate the vision into action, it is important that a range of targets are included against which progress can be measured. This declaration contains 11 target measures to be achieved over a 10-year period. The targets of this Declaration are ambitious but realistic and they reflect the minimum standards that young people and their families should expect from mental health services. As with the Early Psychosis Declaration actual outcomes may vary according to jurisdiction: it is recognised that the context of youth mental health in the developing world, for example, is very different to that in the developed world.

To transform mental health service provision, action is required under the five action areas below:

ACTION AREA	TARGETS
1. PUBLIC HEALTH TARGET TO REDUCE PREVENTABLE MORTALITY ***Objective:*** Reduce mortality rates correlated with mental ill-health among the youth population.	**1.** Suicide rates for young people aged 12-25 years will have reduced by a minimum of 50% over the next ten years. NOTE: We cannot accurately predict what rates of suicide reduction will be possible over a 10-year period. However, we believe that an ambitious target is necessary to mobilise proactive efforts to tackle the unacceptably high suicide rates among young people. Critically, this minimum target means that ***we do not accept that the death of any young person by suicide is inevitable.***

2. MENTAL HEALTH LITERACY ***Objectives:*** Raise awareness among young people, families and communities of the determinants of mental health and the mental health needs of young people aged 12-25 years. Minimise any impediments to young people with mental ill-health integrating fully into their communities and society.	**2.** Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. RECOGNITION ***Objective:*** Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.	**3.** Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes **4.** All primary care services will use youth mental health assessment and intervention protocols
4. ACCESS TO SPECIALIST SUPPORT ***Objectives:*** Create, enhance and evaluate comprehensive and dedicated youth mental health services provided by professionals with specialist knowledge in youth mental health and interventions for young people. Ensure that youth mental health services, including on-line services, are equitable, universally available and accessible to young people and their families when they need them.	**5.** All young people and their families or carers will have access to early mental health support and intervention through accessible, youth-friendly community settings (e.g. drop-in centres) and youth-serving organisations with clear pathways to more specialised support when that is required **6.** Specialist assessment and intervention will be immediately accessible to every young people who urgently needs them **7.** All young people aged 12-25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care. **8.** 2 years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity

5. YOUTH AND FAMILY PARTICIPATION IN SERVICE DEVELOPMENT ***Objective:*** Provide opportunities for young people and their families to participate fully in the planning, design and delivery of youth mental health services and promote partnership with young people and families within primary and specialist mental health care services.	**9.** Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services **10.** A minimum of 80% of young people will report satisfaction with their experience of mental health service provision **11.** A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care

What Should Happen

The Youth Mental Health Declaration provides a framework for change with two key aspirations which complement and synergise with each other:

- Produce **hard and concrete service delivery and quality changes** that young people and their families will be able to tangibly experience
- Equally **enable people to take action** through encouraging people to think 'out of the box', to change their mindset, to build new alliances between young people and professionals, to understand systems and their impact, to work collaboratively, to be able to take action however small that may seem, to create groups of communities who share a value base.

It is hoped that this declaration will be supported and adopted by professionals, services, policy-makers and governments internationally and will form the basis of policies, strategic plans and action to reform mental health service provision for young people across the world.

The Issue of Youth Mental Health: young people's views[†]

If young people don't feel like they have someone to talk to or somewhere they can go to for support and expert care, how can they be helped? The unfortunate truth for many is that they can't, which can lead to very sad, and often tragic, endings for some. This has resulted in high rates of youth suicide and premature death and disability. There are far too many thwarted and unhappy lives.

Poor access to quality mental health services and supports is hindering many young people's ability to fully participate as active participants in society. Every time a young person is overcome by the challenges they face and has no one to turn to for the support they need, an opportunity to foster their spirit of resilience and the chance of recovery from mental ill-health is lost.

Stigma is another barrier to young people seeking support. Although mental health is becoming less of a taboo than it was years ago, people are still scared and feel ashamed to share their experiences with others. The term mental illness is still frightening to most young people and the language used to explain mental ill-health can be daunting for them. It is important that the language of recovery is part of every young person's experience of mental health services and supports. Young people need to feel a sense of hope about their own ability to recover and to live a meaningful life.

By reaching out to young people and providing them with the space they need to find their path, it is possible to create a strong population of future leaders who have the skills to overcome the problems they will face along their journey.

Young people are ready for change. We are ready to engage in services and organisations to make our voice heard. We want our participation in the process to be assured and valued. What better experts can there be than the people who live through these things every day? How can services be redesigned, or stigma reduced without the guidance of such experts? Internationally we have seen how well listening to young people works in organisations working to support young people's mental health in Australia, the UK and Ireland.

Every young person, no matter where they live, has the same right to access quality services and supports that can help them overcome their experience of mental ill-health. This is why this declaration is of international significance and must be supported by all who value the contribution that young people make to our communities. Improving mental health services and changing the way people think about youth mental health worldwide is our key to change.

† This section is based on a piece written for this declaration by a member of the Youth Advisory Panel of Headstrong: the national centre for youth mental health, Ireland and incorporates comments and reviews from other Irish young people in Ireland

[end of declaration]

The Declaration was launched in Ireland at the ACAMH National Research Conference on Youth Mental Health in September 2011 and in the UK in May 2012. It will have its international launch later this year at the Second International Youth Mental Health Conference in Brighton (www.iaymh2013.com) preceded by an editorial on the Declaration in *Early Intervention in Psychiatry*.

THE INTERNATIONAL DECLARATION ON YOUTH MENTAL HEALTH & VISION FOR CHANGE

From an Irish perspective, it is important to consider whether and how to embrace a youth mental health agenda and to determine how best to translate the proposed outcomes of the Youth Mental Declaration into tangible action within the Irish health and mental health sectors. Key to this is assessing whether the Declaration is aligned to Ireland's seminal policy document, a Vision for

Change (2006), which sets out a blueprint for mental health service delivery and reform. In the context of Ireland's current fragile economic state, it is also necessary to consider whether committing to a youth mental health agenda will be an effective and cost-efficient way of transforming the mental health landscape and positively impacting on the mental health trajectories of the population at large.

There is very clear synthesis between what is proposed in Vision for Change and the International Declaration on Youth Mental Health. Critically, both are grounded in a set of core values and principles to guide efforts to progress mental health service delivery and embrace a rights-based view of mental health service delivery. They both call for mental health services to adopt an ethos of recovery and prioritise a needs-based model of care with the capacity to intervene early to respond to each individual and family that requires mental health assessment and care.

Like Vision for Change, the Declaration places service users and their families at the centre of the process and proposes a new approach to service planning and delivery that promotes and values the expertise of young people and their families. As an example of this, young service users and a representative from the National Service User's Executive in Ireland were involved in the process of developing and writing the Declaration and a target has been set within the Declaration for 100% of mental health services for young people to be able to demonstrate evidence of youth participation in the planning of those services.

As with what is proposed in Vision for Change, the Declaration advocates for youth mental health services that are locally based, accessible, multidisciplinary in nature and able to provide a comprehensive range of interventions to meet young people's needs. The importance of a coordinated response to mental health is central to both documents and both also stress how essential it is that people who access mental health services experience continuity of care both between services and across time.

FROM VISION INTO ACTION

As previously stated, there are strong health, social and economic arguments for ensuring that comprehensive and effective mental health supports and services are available to young people. If young people's mental health needs are detected and responded to during this critical phase of the lifespan, over time there is the potential to reduce the incidence, chronicity and impact of mental ill-health among all Irish citizens.

Ensuring that optimal mental health support and service provision are available to young people in Ireland requires action across a range of areas. Financial investment and a commitment to resourcing mental health teams are of fundamental importance, something that presents a real challenge in the current economic and political climate. However, while financial investment is a prerequisite for enhancing mental health services for young people, money alone will not be sufficient to activate the kind of transformational change that is needed. For example, organisations such as Headstrong are demonstrating that, even within the constraints of existing resources it is possible to coordinate and reengineer existing service systems that aim to provide better models of mental health care for young people.[32] Critically, what is required is a change in how we think about young people and their mental health and a willingness to step outside the bounds of what we know

and to consider more creative and innovative ways to organise services. This will require collaboration across CAMHS and AMHS services and an engagement with our political leaders, policy makers, young people, families and the NGO sector.

Advocating for service investment and reform in the area of youth does not take from a need to ensure that every Irish citizen across the lifespan has access to quality mental health services and support. However, without a focus on youth, our capacity to positively impact on mental health trajectories across the lifespan may never be fully realised. The International Declaration on Youth Mental Health provides a set of targets against which efforts to enhance mental health services for young people can be measured. Delivering on the targets of the Declaration would stand as an example of how to bridge the gap between the aspirational principles of Vision for Change and tangible and meaningful action.

ADVANCING A YOUTH MENTAL HEALTH AGENDA: THE ROLE OF THE COLLEGE OF PSYCHIATRISTS FOR 2013

In choosing the theme for 2013, the College of Psychiatrists is recognising the importance of Youth Mental Health. At present many of the faculties and committees within the College have input into youth mental health, and over the year we would like the faculties and membership to debate the recommendations under the Declaration. A goal for the College is that, by November, through the Faculties and the Policy committee, we will produce a document on Youth Mental Health, which will be informed by the activities of the year, and the work of the Special Interest Group in Youth Mental Health.

Issues we would like the membership to address include the following,

- An endorsement by the College of the Declaration.
- The role of youth mental health in the training programme.
- College members promoting the Declaration, at national, regional and local service levels.
- CAMHS and AMHS Faculty to develop a position on youth mental health services.
- Exploring innovative means to reduce waiting periods for access.
- Greater involvement of families and young people in service delivery planning and in direct care provision.
- Debating the issues around Early Intervention services.

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Attachments*: International Declaration on Youth Mental Health: full version*
International Declaration on Youth Mental Health: summary version

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