

Early Intervention in Psychiatry

EDITORIAL

Towards a New Paradigm of Care: the International Declaration on Youth

Mental Health

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INTRODUCTION

A recent and growing body of evidence on young people's mental health has pointed to the need for an international response to the increasing and concerning rates of mental ill-health among young people.^{1,2} The periods of adolescence and emerging adulthood³ are considered the peak periods for the onset of mental ill-health⁴ with 75% of all adult diagnoses of mental ill-health having had an onset before the age of 25 years.⁵ In an era when the physical health of young people has never been better⁶ their psychological and mental health has never been worse.⁷ This leaves young people vulnerable to developing potentially intractable and

enduring mental health difficulties with the inevitable personal, familial, social and vocational consequences that accompany the experience of mental ill-health.^{4,8}

In spite of growing concerns about young people's mental health, service provision for young people remains largely inadequate and unsuited to their needs. A number of systemic factors can be implicated in insufficient and unsuitable mental health service provision for young people. Internationally, there has been an endemic failure to invest in mental health across the life span with an average global spend on mental health of less than US\$3 per capita per year.⁹ This global underinvestment brings with it particular challenges in relation to the level of priority afforded to youth mental health and the concurrent commitment needed to respond to the scale of young people's mental health needs.

Even in developed countries where mental health services exist, there are widespread problems with services targeting young people. Primary care and other front-line community agencies can struggle to respond to high levels of need, often with little support from specialist mental health services. Specialist mental health services have traditionally followed a paediatric-adult split, with child and adolescent services offering intervention up until the largely arbitrary ages of 16 or 18 years and adult services taking all young people 18 years and older.¹ In many instances, there have been gaps in service provision between the ages of 16 and 18 years.¹⁰ This has resulted in many young people being unable to access specialist mental health support during these critical years along with high rates of attrition and dissatisfaction by young people during this transitional period.^{11,12} With a recognition that, in many socio-cultural contexts, the transition from adolescence to adulthood is a variable one that spans a period from the mid-teens to the mid to late-20s¹³, both young people and youth mental health advocates have called for a reorganisation of mental health services to mirror this extended developmental period for young people.²

Not surprisingly, there has been a trend of poor help-seeking and engagement by young people in mental health services.^{14,15} A key challenge remains in supporting young people to reach out for help when they need it and early evidence suggests that factors such as ease of access, the physical environment, location, atmosphere, branding and peer influence can promote help seeking among young people.¹² It must be noted however, that even when services are youth-friendly and appropriate to their needs, individual and

psychological factors strongly influence help-seeking behaviour among young people experiencing emotional or psychological distress.^{16,17}

From both an economic¹⁸ and a human impact perspective, there is a strong rationale to invest in efforts to tackle the reality of mental ill-health among the youth population.² Efforts to establish a new youth mental health paradigm have already begun and are gaining momentum internationally, reflected most recently in the establishment of a new International Association for Youth Mental Health (www.iaymh.org). The first International Youth Mental Health Conference was held in Melbourne, Australia in 2010 and the second is being held in 2013 in Brighton, the UK (www.iaymh2013.com).

Those involved in the youth mental health movement recognise that positively impacting on young people's mental health trajectories requires transformative change. Along with a need for early promotion, detection and intervention, stemming the tide of mental ill-health among young people requires a fundamental change in how we think about young people and their mental health. It demands that we challenge traditional approaches to service development and delivery and replace them with approaches that are inclusive and empowering for young people and their families. Young people and their families need to be involved in designing and implementing more creative, responsive, accessible and youth-friendly mental health services that have the capacity to meet their needs.

THE ORIGINS OF THE DECLARATION FOR YOUTH MENTAL HEALTH

It has previously been reported¹⁹ that international health declarations have been effective in promoting and enhancing the quality care for individuals across a range of areas of medicine. Within the field of mental health, the Early Psychosis Declaration¹⁹ (formerly the Newcastle Declaration) has played a key role in embedding the paradigm of early intervention and contributing to the development of early intervention services in a number of jurisdictions. The origins of the Early Psychosis Declaration lay in the coming together of a small number of people in 2001 who wanted to reach a consensus on how to improve services for young people with psychosis and their families in the UK. Over the following three years, the original consensus statement was further developed, first nationally and later, internationally, culminating in the launch of the

Early Psychosis Declaration in 2004 with an endorsement from the World Health Organisation (www.iris-initiative.org.uk/the-early-psychosis-declaration/).

Like the Early Psychosis Declaration, the International Declaration on Youth Mental Health evolved from developments that were taking place within a small group of professionals from Ireland, the UK and Australia who were working to advance a new youth mental health paradigm both nationally and internationally. With all of the evidence pointing to a need to rethink mental health services for young people the group agreed that a declaration on youth mental health had the potential to provide some of the leverage needed to mobilise and strengthen mental health service developments for young people. A key aspect to the Declaration was its potential to articulate tangible and measurable targets for those services.

The idea for the Declaration was first presented at a Youth Mental Health Summit that took place in Killarney, Ireland in May 2010. The summit was attended by over 80 invited delegates from Ireland, the UK, the Netherlands, Germany, Norway, Singapore, Canada, the USA, Australia and New Zealand. They comprised young people, family members, leaders in the fields of early intervention and youth mental health, researchers, and policy makers, all of whom had come to share knowledge and practice innovation. Delegates were invited to discuss and debate the idea for a declaration and its content. This culminated in a consensus view being reached that a youth mental health declaration was a necessary component of international efforts to establish and embed responsive youth mental health services. Notes and minutes from each discussion group were collated at the end of the event and formed the basis for the writing of the Declaration in the months that followed. The voice of young people was considered integral to the Declaration and young people from the youth advisory panel of the National Centre for Youth Mental Health (www.headstrong.ie) and the Health Service Executive (www.hse.ie) in Ireland wrote a section of the Declaration representing young people's views.

To date, the Declaration has been launched in Ireland (September 2011) and the UK (April 2012) and is scheduled to have its international launch at the Second International Conference on Youth Mental Health in Brighton in September 2013.

THE INTERNATIONAL DECLARATION ON YOUTH MENTAL HEALTH

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 the stigma, discrimination and prejudice to ensure that no young person is disadvantaged or socially excluded by 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 and reflects the minimum standards that young people with mental ill-health and their families should expect.

The issue of youth mental health: young people's views¹

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.

¹ This section of the Declaration represents the voice of young people. It is based on a piece written by a member of the Youth Advisory Panel of Headstrong: the national centre for youth mental health in Ireland and incorporates comments and reviews from other Irish young people who acted as youth advisors during the writing phase of the Declaration.

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 the 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
<p>1. PUBLIC HEALTH TARGET TO REDUCE PREVENTABLE MORTALITY</p> <p><i>Objective:</i> Reduce mortality rates correlated with mental ill-health among the youth population.</p>	<p>1. Suicide rates for young people aged 12-25 years will have reduced by a minimum of 50% over the next ten years</p> <p>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 <i>we do not accept that the death of any young person by suicide is inevitable.</i></p>
<p>2. MENTAL HEALTH LITERACY</p> <p><i>Objectives:</i> 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.</p>	<p>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</p>
<p>3. RECOGNITION</p> <p><i>Objective:</i> Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.</p>	<p>3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes</p> <p>4. All primary care services will use youth mental health assessment and intervention protocols</p>

<p>4. ACCESS TO SPECIALIST SUPPORT</p> <p><i>Objectives:</i> 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 aged 12-25 years. 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.</p>	<p>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</p> <p>6. Specialist mental health assessment and intervention will be immediately accessible to every young person who urgently needs them</p> <p>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.</p> <p>8. 2 years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity</p>
<p>5. YOUTH AND FAMILY PARTICIPATION IN SERVICE DEVELOPMENT</p> <p><i>Objective:</i> 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.</p>	<p>9. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services</p> <p>10. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision</p> <p>11. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care</p>

NEXT STEPS

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. For this to happen, it is critical that the Declaration is used as a framework to develop programmes of action aimed at producing tangible service delivery improvements for young people and their families. To support this process it will be necessary to develop

broad guidelines to support people in their efforts to implement the kind of service developments the Declaration is calling for.

Delivering on the outcomes of this Declaration will mark a fundamental shift in how we think about young people and their mental health needs. It will demonstrate a commitment to listening to young people and to engaging young people and families in the creation and reorganisation of services to better meet their needs. Most importantly, it will enhance our potential to positively alter the mental health trajectories for thousands of young people and, in so doing, to reduce the experience of enduring mental health difficulties among our adult population into the future.

REFERENCES

- 1 Birchwood M & Singh SP Mental Health Services for Young People: matching the service to the need *British Journal of Psychiatry* 2013; 202 (suppl. 54): s1-s2
- 2 McGorry P, Purcell R, Hickie I and Jorm A Investing in Youth Mental Health is a Best Buy *Medical Journal of Australia* 2007;187(7): S5-S7
- 3 Arnett JJ Emerging Adulthood: a theory of development from the late teens through the twenties *American Psychologist* 2000;55 (5): 469-80
- 4 Jones PB Adult Mental Health Disorders and their Age at Onset *British Journal of Psychiatry* 2013;202 (suppl. 54): s5-s10
- 5 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR & Walters EE Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication *Arch Gen Psychiatry* 2005; 62(6): 593-602
- 6 Rutter M & Smith DJ *Psychosocial Disorders in Young People: time trends and their causes* Chichester, UK: John Wiley & Sons, 1995
- 7 Patel V, Flisher AJ, Hetrick S and McGorry, P Mental Health of Young People: a global public-health challenge *Lancet* 2007;369: 1302-13
- 8 Fergusson DM, Boden JM & Horwood LJ Recurrence of Major Depression in Adolescence and Early Adulthood, and Later Mental Health, Educational and Economic Outcomes *British Journal of Psychiatry* 2007; 191: 335-42
- 9 World Health Organisation *Mental Health Atlas*, October 2011
- 10 Paul M, Ford T, Kramer T, Islam Z, Harley K & Singh SP Transfers and Transitions Between Child and Adult Mental Health Services *British Journal of Psychiatry* 2013;202 (suppl. 54): s36-s40
- 11 Fraser M & Blishen S *Supporting Young People's Mental Health. Eight points for action: a policy briefing from the Mental Health Foundation* London: Mental Health Foundation, 2007
- 12 Garcia I, Vasiliou C & Penketh, K *Listen Up: person-centred approaches to help young people experiencing mental health and emotional problems* London: Mental Health Foundation, 2007
- 13 Arnett, JJ Emerging Adulthood: what is it and what is it good for? *Child Development Perspectives* 2007; 1(2): 68-73
- 14 Wilson CJ, Rickwood D, Ciarrochi J & Deane FP Adolescent Barriers to Seeking Professional Psychological Help for Personal-Emotional and Suicidal Problems *Conference Proceedings of the 9th Annual Conference for Suicide Prevention Australia*, Sydney, June 2002
- 15 Biddle L, Gunnell D, Sharp D & Donovan JL Factors Influencing Help Seeking in Mentally Distressed Young Adults: a cross-sectional survey *British Journal of General Practice* 2004; 54(501): 248-53
- 16 Rickwood D, Deane FP, Wilson CJ & Ciarrochi J Young People's Help-seeking for Mental Health Problems *Australian e-Journal for the Advancement of Mental Health (AeJAMH)* 2005; 4(3) (Supplement)

17 Ciarrochi J, Wilson CJ, Deane FP & Rickwood D Do Difficulties with Emotions Inhibit Help-seeking in Adolescence? The role of age and emotional competence in predicting help-seeking intentions *Counselling Psychology Quarterly* 2003; 16(2): 103-20

18 Murray CJL & Lopez AD *The Global Burden of Disease* Geneva: World Health Organization, 1996

19 Bertolote J & McGorry P Early Intervention and Recovery for Young People with Early Psychosis: consensus statement *British Journal of Psychiatry* 2005; 187(suppl. 48): s116-19

DECLARATION OF INTERESTS:

David Shiers: Current member of two Guideline Development Groups (GDG) for the National Institute for Health & Clinical Excellence (NICE): a) NICE guidance for children and young people affected by psychosis and schizophrenia; and b) NICE guidance for adults with psychosis and schizophrenia; the views expressed are not those of either GDG, NCCMH or NICE.

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The Declaration is currently being hosted on the following websites for download: www.inspireireland.ie, www.headstrong.ie, www.headspace.org.au, www.stpatrickshosp.ie and www.youthspace.me